



Quarter 4 Supporting Families Overview Report

January 2022 to March 2022

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1) Executive Summary

Supporting Families First (S.F.F) remains one team. There are three pods within it to manage a county wide service split into geographical areas. Wyre Forest and Bromsgrove, Worcester and Malvern and Redditch and Wychavon. This model allows Supporting families First to continue to have a close working relationship with our partners and community resources in each geographical area and respond effectively to needs and risks.

Since May 2021 Supporting Families First widened its remit from that of Edge of Care to include children in need as a pilot up until September 2021; the success of this pilot led to a permanent expansion of the service as a multi-disciplinary approach to working with both child in need and edge of care. Currently S.F. F's principal and largest cohort of children is supporting children who are subject to Child in Need plans (CIN). S.F.F with the second cohort being children at risk of family breakdown and on the edge of care.

The team remain predominantly permanently staffed across all disciplines. The clinical lead will be leaving us in June 2022, and we have a vacancy for our Autism parenting support worker, admin and Advanced social Work practitioner at this time. Active recruitment is taking place to fill these positions.

In quarter 4 we worked with 449 children 201 were new referrals in this quarter and we have seen a slightly higher demand in the Worcester / Malvern area. Our cohort of children is predominantly boys by a slight margin, white British children with the highest age range being 13–16-year-olds.

Quarter 4 has seen us working with the largest cohort of children since the change in remit in May 2021. 99% of these children have remained at home with their families with 29 children escalating to child protection and 6 becoming Looked After. The rise in child protection and looked after children in this quarter is an unusual and unpredicted change in outcomes for children and the outcomes achieved for supporting families first therefore further analysis is being undertaken to understand this.

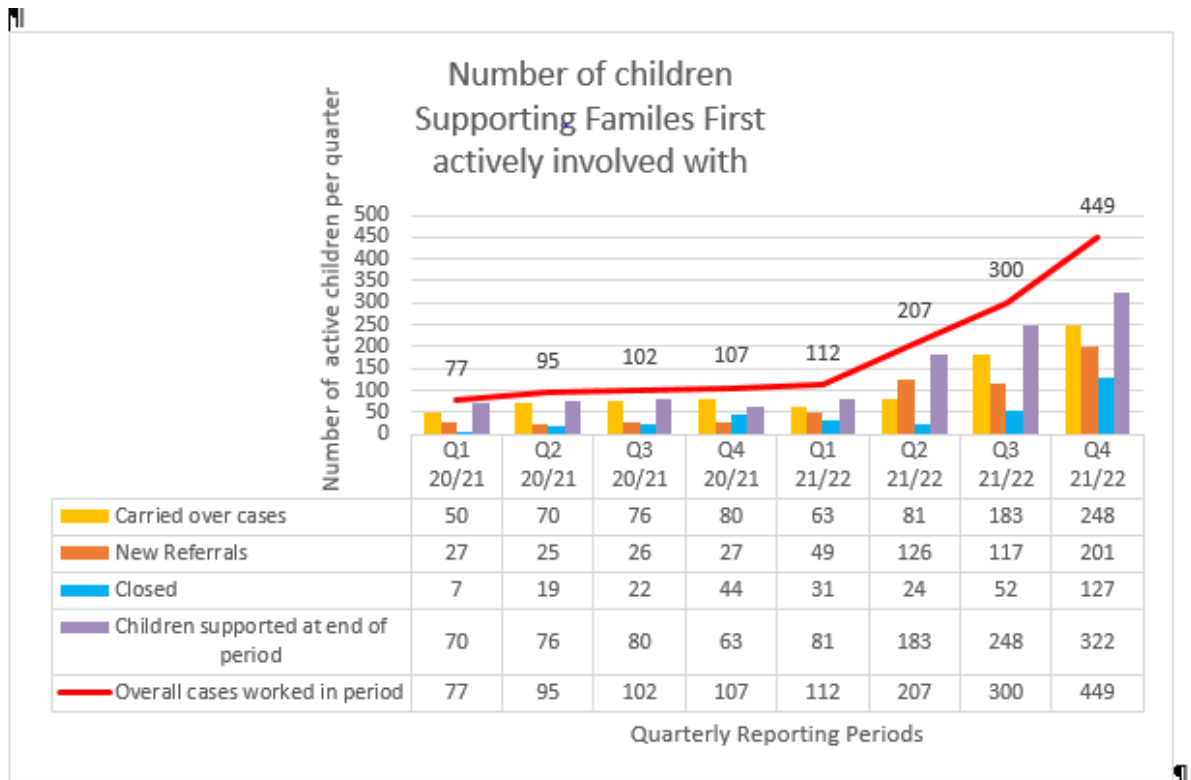
2) Impact and outcome for Children and Young People

Supporting Families First received 201 new cases in quarter 4: 1st January – 31st March 2022.

The graph below shows the increase over the quarters of children entering S.F.F under its revised criteria, cases exiting and those remaining open within the service. The cases worked overall since the previous quarter has risen by 149 children. Which correlates with the timeframe of working with families over a period of time and the expansion of the recruitment into the team. We do see a significant increase in social work assessment outcomes for families meeting the threshold for child in need by quarter 4 from 117 in quarter 3 to 201 in quarter 4; an increase of 84 children.

The Supporting Families First team have been able to continue to step down and move families from level 4 needs to early help in the community. The rise in quarter 4 highlights the first 6 months of intervention outcomes for family's who needed the longer term multi-disciplinary support. In quarter 3; 52 children were stepped down in quarter 4; 127 children, showing an increase of 75 children which was expected given the complexities families are presenting with. This would relate to the 6 months of intervention by Supporting Families First for those cases that came into the pilot in May /

June and July, so an expected trend and reassuring that families are exiting positively following intervention.



3) District demand into Supporting Families First for children.

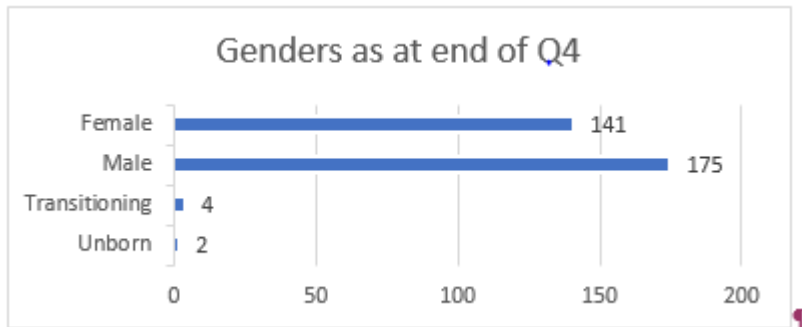
Part of the monitoring looks at the demand into the three district pod's. As of 31st March 2022 there 322 children open to Supporting Families First with the breakdown by district as follows:

District pod	Number of children
Wyre Forest and Bromsgrove	102
Redditch and Wychavon	98
Worcester and Malvern	122
Total for q4 only	322

The difference between the teams is part of the service demand monitoring and needs to be looked at in terms of the needs of families, length the SFF service is involved with a family, the outcomes achieved and the closure rates and the control cohort outcomes in the longer term.

4) Children and Young People Demographics

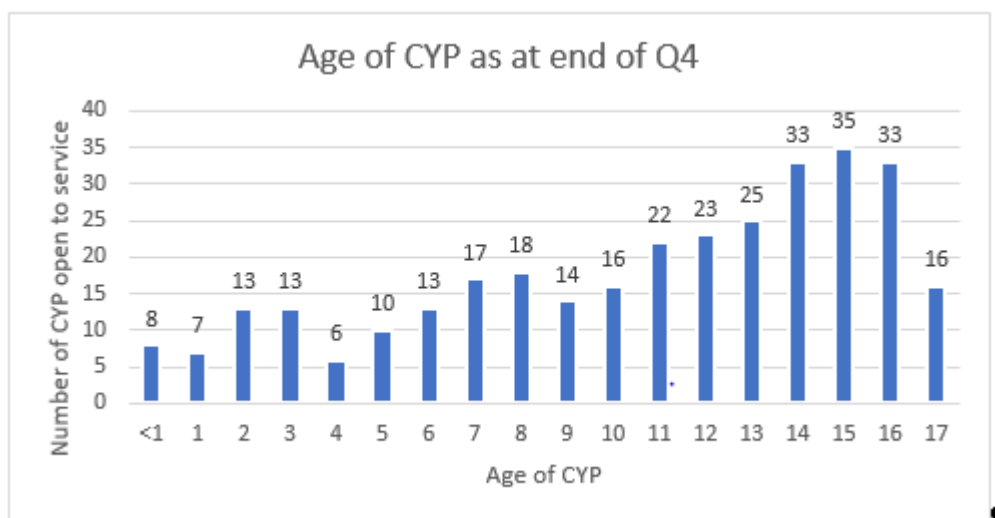
In respect of gender Supporting Families First has consistently worked with more male children than females, 175 and 141 respectively. Two unborn and four young people who are transitioning. Further analysis of genders in relation to edge of care v's children in need plans and the control cohort will help our understanding of needs and early intervention.



5) Age demographics

In respect of the chronological age, children aged 1-10 years equates to 135. The largest proportion of children are those aged 11 – 17 years old totalling 187. 4-year-olds are the lowest numbers of children the team works with, and 15-year-olds are the highest.

The largest proportion of children are teenagers aged between 13 – 16 years old for each age there is over 30 children in this cohort. The climb in numbers starts aged 11 years and peaks at 15 years. This data correlates with young people who will be experiencing adolescence and the challenges for the child and parents/ carers at that time. In quarter 1 we will now have our first year of Supporting families first CIN and edge of care data where we can identify patterns and trends in ages, genders, and needs.



6) Ethnicity demographics

The tables below show the ethnicity and nationality of the children and young people who S.F.F have worked with throughout 2021-22.

Note: There are a number of records where ethnicity and nationality data are not captured, 136 are not identified. In order to rectify this, the administration team within Supporting Families First are screening all cases to ensure we have this where families will / have shared this personal data.

The largest ethnic group which S.F.F works with is White British at 67% and the smallest is any other Asian background at 0.2%. British is the largest nationality with Portuguese and Latvian being the smallest with 0.2% respectively. The accessibility and inclusion of families is very important, and the team use interpreters and ensure our work is culturally sensitive and diverse in our delivery.

Ethnicity	% of CYP
White British	67 %
Any other White background	3.2 %
Any other mixed background	2.5 %
White and Asian	2 %
White and Black Caribbean	1.8 %
Gypsy / Roma	1.3 %
Indian	0.4 %
Pakistani	0.4 %
Any other Asian background	0.2 %
Refused	0.2 %
Not recorded	21.2 %

Nationality	% of CYP
British	73.6 %
Polish	0.9 %
Latvian	0.4 %
Other Nationality	0.4 %
Portuguese	0.2 %
Sri Lankan	0.2 %
not recorded	24.4 %

7) Presenting risk and needs of our edge of care cases in Quarter 4

In quarter 4 we were working with 27 edge of care children. When looking at the factors in respect of children being deemed to be edge of care the top three in order were:

Presenting factor	% of edge of care children
Mental Health	31%
Domestic Abuse	15%
GET SAFE concerns	12%
Neglect was the lowest factor	2%

The next table gives a more global overview of all the presenting needs and risks for the edge of care children worked with in quarter 4.

Edge of Care Children and Young People open to SFF in Q4 – Assessment Factors

Assessment Factor (Please note that some children will have more than one factor)	Number of Children and Young People
Abuse	4
Domestic Violent	8
GETSAFE	6
Learning Disability	5
Mental Health	16
Neglect	1
Physical Disability	3
Substance	5
Other	4

8) Presenting risk and needs of our Children in Need in Quarter 4

In quarter 4 we had 295 children in need, mental health and domestic abuse both feature; but we see a rise in substance misuse for this cohort of families and a drop in Get safe factors although we know these factors can increase vulnerability to exploitation for these children. The factors are specified in percentages below:

Presenting factor	% of CIN Children
Mental Health	24%
Domestic abuse	17%
Substance Misuse	17%
Neglect is the lowest factor	4%

Children in Need, Children and Young People open to SFF in Q4 by Assessment Factors

Assessment Factor (Please note that some children will have more than one factor)	Number of Children and Young People
Abuse	88
Domestic Violent	136
GETSAFE	72
Learning Disability	49
Mental Health	191
Neglect	35
Physical Disability	38
Substance	137
Other	62

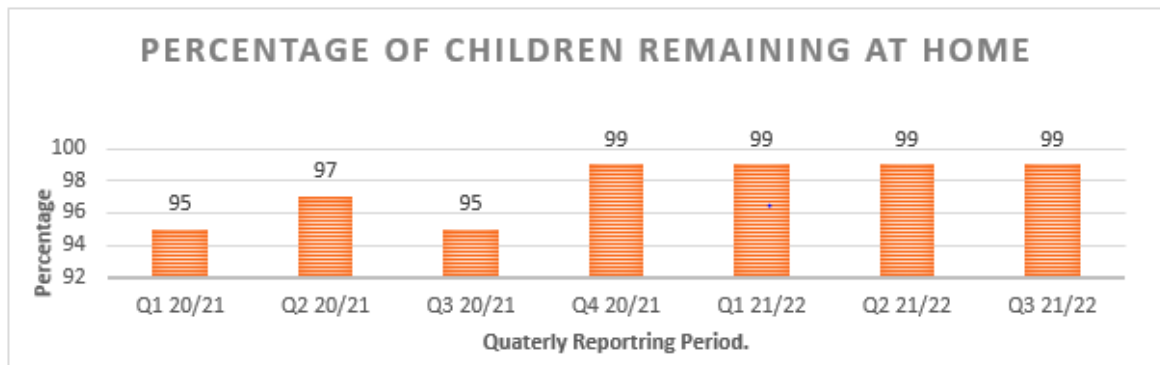
When we look at the data set above, the factors below must also be taken into consideration:

- *Tables represent a count of factors, not children – children may have multiple factors so some factors will be greater than number of children.*
- *Some factors may be identified against child, parent or other householder.*

- Factors are taken from the most recent assessment on entry to SFF and not needs identified during intervention or closure outcomes.
- Factors in the above tables may have been amalgamated from more granular data on the child's records and in assessment forms, e.g., "Getsafe" consists of Missing, CSE, Trafficking, Gangs, socially unacceptable behaviour, FGM, Abuse linked to faith or belief, Child criminal exploitation

9) Intervention outcomes for families

The percentage of children remaining at home who are open to S.F.F in Quarter 4 remains at 99%. Quarter 4 is the largest cohort the team have been working with as the service has developed in its first year. The figure continues to demonstrate that this intensive multi-disciplinary targeted approach to edge of care and Children in need can create changes and prevent escalation to child protection and becoming looked after for the majority of children and families. The control tracking of the 50 Children in need cases will start to inform us of the longer-term outcomes for these children.



10) Children who have escalating needs as an outcome

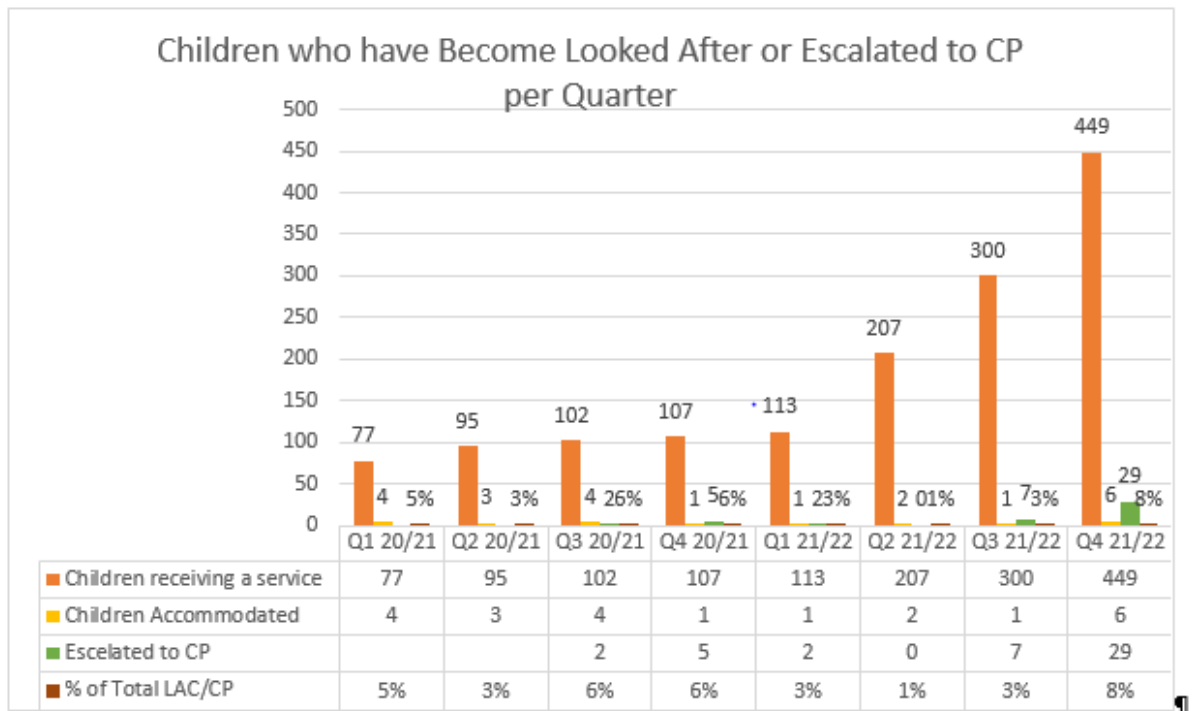
The percentage of children becoming Looked After or escalating to Child Protection in Quarter 4 is 8% of 449 children. Although this percentage is the highest out of the previous quarters the numbers it is significant in that the numbers of children worked with in quarter 4 is significantly higher than the other quarters and the work undertaken by the team to prevent escalation of risk will for some families have been longer and more intensive.

Therefore, quarter 4 we can see that six children/young people became looked after. Four of these children were part of a sibling group where issues of parental neglect were a factor.

The other two young people were accommodated due to an irretrievable breakdown in relationships with their parents and no wider family members being able to / not wanting to care for them.

The escalation to child protection plans is very significant in this quarter and there is a joint audit planned between the Group Manager for Supporting Families First and the Group Manager for the Assessment teams to look at this cohort to analysis and understand this further for both service areas learning and development. Management of risk and prevention of risk is part of these teams work and we need to respond as appropriate when it is not safe for children and therefore, we will

expect to see some children escalate in these areas, but we need to understand this and look at this in more detail.



11) Webstar impact and outcomes for families

Webstar Data at end of Quarter 4

Supporting Families First continues to use Webstar to understand the impact and effectiveness of the intervention on families experiences in working with us. A Webstar is utilised at the beginning and at the end of intervention, it is a visual tool which assists the people within the family to see change/progress and any areas that require further development:

- 167 active Webstars were completed with 75 families in quarter 4.
- 93 Webstars were undertaken with adults.
- 74 Webstars were undertaken with children.
- 25 Closure Webstar were completed with Children.
- 28 Closure Webstars were completed with Adults.

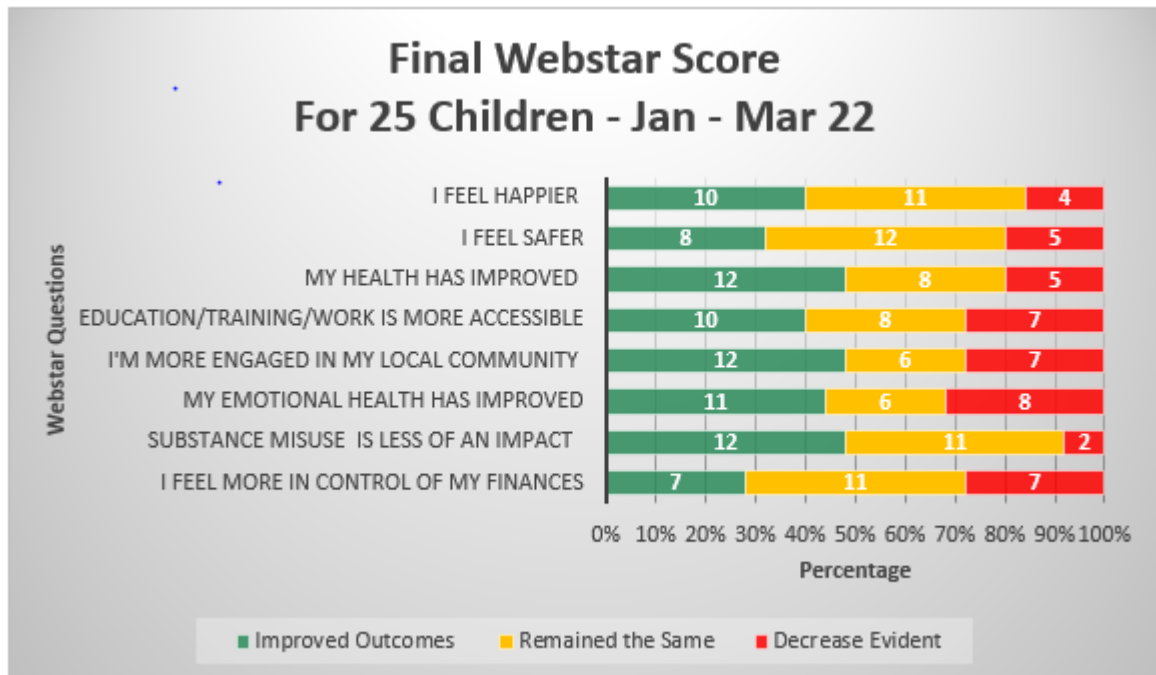
Webstar Scoring for Children upon closure

This tells us that children felt:

- 40% of children told us they felt happier.
- 32% of children told us they felt safer, with 48% reporting no change.
- 40% of children told us that their access to Education/Training had improved.
- 28% of children told us their financial situation had improved.

- 48% of children felt more in control of substance misuse, 12% by 5 or more scores.

For some children they have decreased their score from their initial score, and this needs further understanding and therefore we have also planned a direct conversation through service user feedback which will take place in quarter 1 of this year to understand in more detail children and young people’s experiences now. The details and findings of this will be published in quarter 1 report.



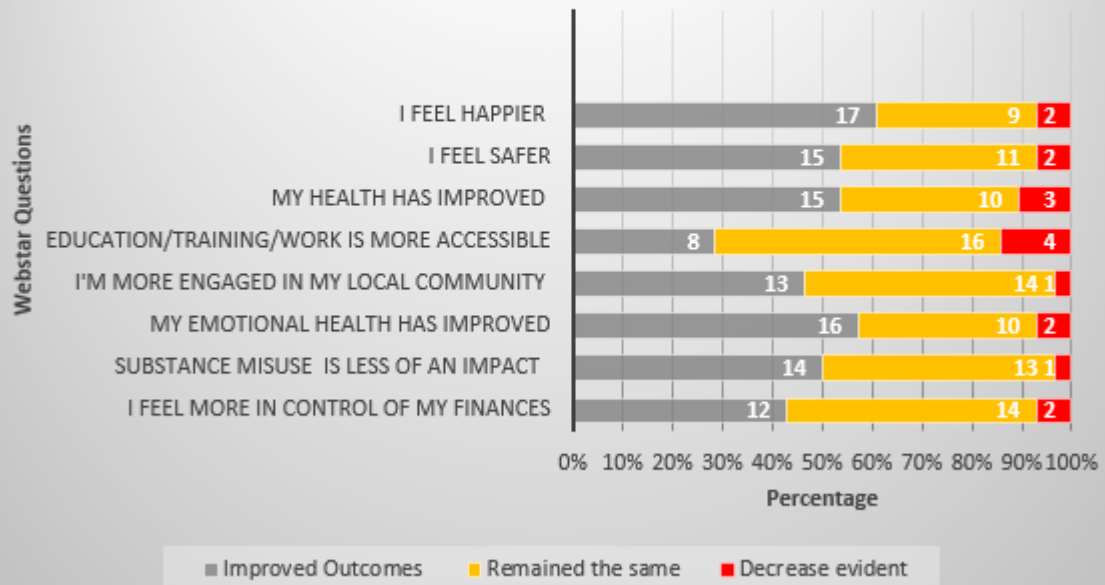
Webstar scoring for Adult’s upon closure

This tells us that adults felt:

- 61% of adults said their happiness has improved.
- 54% of adults reported feeling safer.
- 54% of adults reported their physical health had improved.
- 35% of adult reported no change, which is a comparable percentage with the feedback from children (32%).
- 57% of adults told us their Emotional Health & Well-Being had improved.
- 50% of adults said substance misuse was less of an impact in their family.
- 43% of adults reported improvements in their financial position.

Based on the presenting needs of families and the Webstar outcomes in this quarterly report we have focused on the impact and outcome of certain roles with supporting families first and the learning we have seen:

Final Webstar Score For 28 Adults - Jan to Mar 22



a) Service impact - Money Mentor

2022 continues to be a challenging climate economically due to a number of factors, the rising cost of living, and inflation being at 9% which is the highest in 40 years. In terms of increased prices of food, energy prices and petrol/diesel the situation is set to continue for some time.

There have been changes in personnel for this role and we now have 2x full time Money Mentors who have been in post since March 2022 and will undoubtedly see increased demand for their help and support.

In 2021/22, Supporting Families First has issued 53 foodbank vouchers to 20 families in need during their intervention and support. Ten of these were families that the money mentor had identified needed urgent help and they started working with them.

Involvement from Money Mentors has started to now evidence a reduced need for foodbank vouchers, with 70% of families not needing a further voucher post their involvement.

The Webstar data shows that 21% attributed improvement as a result of Money Mentor input.

b) Service Impact – Substance Misuse Worker

Substance misuse continues to be one of the top risks and needs of our Child in Need cohort of children and young people.

In our 2021/22 initial Webstar data, 51 children reported that substance misuse impacted their lives, 25 reported it was impacting themselves and 26 reported their family's substance misuse impacted them. 64 parents/carers reported substance misuse impacted their lives, with 11 referring to their children and young people's substance misuse as impacting on them.

Based on the final Webstar data for this period, 18 children and young people reported an improvement on the impact of substance misuse on their lives. 10 of these (55% of all increased scores) were attributed to the work of a substance misuse worker, with 3 Children and Young people reporting an increase of 9 points. 10 adults (45% of the 32 scores showing an increase) reported improvements following working with a substance misuse worker, with 4 parents scaling an improvement by 5 or more points.

c) Service Impact – Emotional Health and Wellbeing team

In 2021/22, 54% of 378 children and parents scaled their emotional health and wellbeing as 5 or below on their initial Webstar data.

In our 2021/22 final Webstar data, 25 children and 32 parents reported an improvement in their emotional health and wellbeing.

Of those final scores, 6 young people reported an improvement to their own emotional health and wellbeing after their parents had received a service.

38% of the improvements of adult's emotional health and wellbeing scoring was following intervention from the emotional health and well-being team.

12) Learning from complaints and compliments

a) Complaints

In Quarter 4 there were two formal complaints in respect of Supporting Families First representing 3.5%. In total there were 57 complaints investigated at stage 1 across WCF. The complaints were both dealt with at stage one with only one point being upheld in respect of the timeliness of a CIN meeting not being convened within timescales (6-8 weeks). One complaint was a parent stating that they felt that the CIN plan ended prematurely, the other was the complaint where one point was upheld. This complaint was made by a Special Guardian (Maternal Grandmother) who wanted her Granddaughter accommodated.

b) Compliments:

Compliments received by the team in quarter 4 have been from both professionals and families and are captured below as examples.

Feedback from our families:

From a Young Person: *"Everything was done well, I was in a dark place, the help I got from people helped me get out of it"*

From a Parent: *"Luke and Caroline helped a lot, always answered my calls and they came out regularly and I saw Luke once or twice a week. Caroline visited once a week and twice a week towards the end. I did build up a good bond with both of them especially Luke."*

From a Parent: *"I don't think she could have done anything better, she listened and talked me through things, and she helped. I found it helpful, and it helped a lot. Becki was lovely and she listened, but she let me talk as well which was good."*

From a Parent: *"Whole team were brilliant, mum now has more confidence and feels things are moving forward, she doesn't feel like anything could have been done better"*

From a Parent: *"N has really benefitted from Rebecca's support, and this has helped her to open up more at home"*

From a Parent: *"AW said she has valued having someone independent and non-judgemental to talk to about the impact on her wellbeing, she has said that she has found talking to someone who understands from a personal perspective has helped her to feel that someone 'gets it'. This she says has helped her to understand L better and attempt to make adjustments to her own behaviour to better support him."*

From a Parent: *"Thank you so much u let me open up to u and it's all down to u that we can now get on with our lives"*

From a Parent: *"I just wanted to say it was such a lovely visit today and I can't believe C took to you so well, I finally feel listened to and that means a lot"*

From a Parent: *"I never thought I would see the day when I could be rid of so much #%!@, thank you for always believing in me and making me realise I am worth it, from the bottom of my heart you have made such a difference to all of us and if I win the lottery you will be the first person I give a million too"*

From a Parent: *"Thank you for your patience and understanding with us all as a family, you will be missed"*

Partner agency feedback:

From a TM (LSG): *"I just wanted to send my compliments to Anna – Anna has been involved with a number of my workers where FGM's have taken place. All my workers have advised me that Anna has been brilliant. She's calm, supportive, considerate and helps facilitate what are often difficult meetings and all the prep that goes along with this. We look forward to working with Anna in future."*

From an ASWP: *"Mum spoke incredibly highly of the support that we have put in place, which I believe has mainly be completed by Dave and Holly. She could not thank us enough for everything we have and are doing. Also, it was clear the children have an amazing relationship with Dave which was really lovely to see. "*

13) The Supporting Families First Team

In quarter 3 we had achieved our establishment in the main but had some changes within the workforce creating a vacancy for an advanced social work practitioner, Administrator and the Clinical lead informing us of his intention to move onto private practice. The development of an Autism parenting worker was put on hold as the person who was identified had a change of circumstances and Worcestershire Children first wants to look at this role across both Supporting Families First and SEND. There is planned recruitment drives to fill all these vacant positions.

14) Service Impact – Section 17 spend data

The team work effectively with community-based partners and resources to promote the needs of children e.g., the use of the Half term holidays and activities fund (HAF) to ensure families have access to the right support in their community for longer term outcomes and sustainability for them. Supporting Families First do have a section 17 support budget and the needs identified that this has been used of is as follows:

The summary of how this was distributed in 21/22

Type of Cost	Value
Allocated Workers Direct Work	£217
Childminding/Nursery Fees	£14
Household & Personal Items	£2,001
Sport & Leisure Activities	£1,289
Travel Costs	£1,478
Total	£4,999

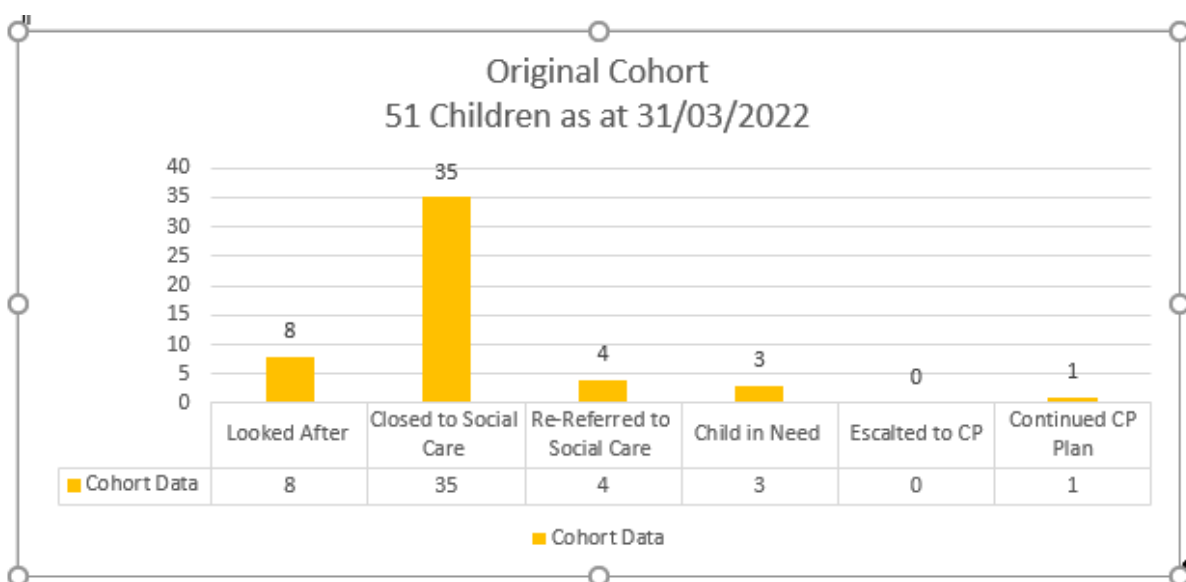
15) Tracking the Original Cohort of edge of care Children

The original cohort data is developed from the 51 children who were deemed on the edge of care at the “Go Live “date in January 2020 and were open to Supporting Families First.

The original edge of care cohort is tracked and report on in each quarterly report to provide the latest evaluation of care prevention sustainability within those families.

We can see here that in twenty-five months on of the 51 children 35 /69% remain closed to Children’s Social Care. Four have been re-referred, one was escalated and remains on a child protection plan. Three are open to Child In Need Plans. Eight children (16%) are Looked after.

This demonstrates positive long-term outcomes for 69% of edge of care children who have remained at home safely with their families without the need of further statutory support at level 4 needs. This demonstrates that this model of multi-disciplinary work is effective in care and child protection prevention in both the short and longer term for edge of care children.



16) Tracking the CIN cohort

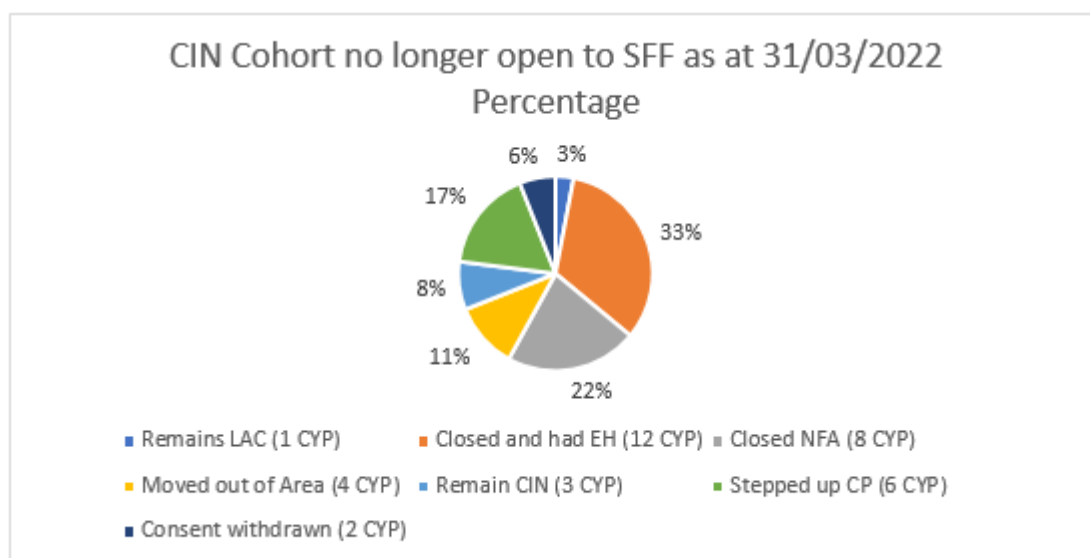
To continue to learn and monitor the impact and effectiveness of this approach with children in need; we have also set up tracking of 50 new CIN cases that entered Supporting Families First in Quarter One 2021 which was the start of the pilot phase May 2021.

In terms of this cohort of 50 identified children currently:

- 14 Children (28%) remain open to Supporting Families First,
- 20 children have been closed and / or stepped down to early help/universal services.
- 1 child has become Looked After,
- 3 children are open as children in need in Locality Safeguarding as it no longer met the remit of SFF e.g., privately fostered.
- 6 children have escalated to Child Protection,
- 4 children moved out of Worcestershire during the Supporting Families engagement.
- 2 children's parents did not consent to a child in need plan and support from Supporting Families First.

Closed no further action is defined as no follow up by any Worcestershire Children First social care teams including our early help teams as the family are accessing community-based early help support.

Therefore, this control group will continue to be monitored on a quarterly basis to look at longer term impact and outcomes for the children.



17) Next Steps for Supporting Families First

1) In quarter one 2022, we are one year on from the pilot stage starting so going forward we will be tracking the patterns and trends we have experienced in this first year for our families and taking that learning into our practice but also how it can inform early help in the community. An example of this is the audit of cases that escalated to child protection and LAC in quarter 4 by the Group Managers and the gender and age range trends for CIN and edge of care.

2) The Webstar outcomes continue to shape the impact and effectiveness of the service for both CIN and Edge of care children by analysing the changes made across the intervention period aligned with the tracking of outcomes both in the short and longer term.

3) The control group of CIN and edge of care children will continue to be monitored 6 monthly to understand the longer-term impact and outcomes after closure to Supporting Families First.

4) The pivotal support around supporting children with their emotional health and wellbeing in school continues. This further development will look at how we work collaboratively in terms of education offer for children who are subject to Child in need at level 4 need but in need with a focus on the emerging needs outlined below:

- Existing emotional health/wellbeing and mental health needs
- Challenge to care.
- Get Safe risks/vulnerability
- Excluded or not subject to a full-time timetable
- Diagnosed Autistic or on the umbrella pathway
- SEND
- GRT children

5) Continue the work with the virtual head on educational outcomes for children on the edge of care and children in need and how we work with educational settings and WCF team.

6) Service user feedback on what made a difference to families after closure. This will help us understand the impact of the different roles and functions within the team and their effectiveness for families.

7) Further work on the development of the models of practice, tools and direct work the multi-disciplinary team uses.

8) recruit to the Clinical lead and any new multi-disciplinary vacancies.

Report produced by:

Kevin Bryan, Group Manager, Supporting Families First

Dated: 6th June 2022