

A photograph of two young children sitting in a colorful toy car. The girl on the left is smiling broadly, wearing a red shirt. The boy on the right is looking down at the steering wheel, wearing a blue shirt. The background is blurred, showing other parts of the toy car and a red surface.

A Sustainable Children's Social Care System for the Future

Annual Report of the Director of Public Health 2017
Executive Summary

Index

Foreword.....	2
Why focus on children’s social care?.....	3
Strategic recommendations.....	4
Financial challenges and opportunities.....	5
How the children’s social care system works.....	6
Key questions addressed in this report.....	7
What are the pressures? Is the number of children in the system rising?.....	8
What are the pressures? Budget and spending.....	9
Why are numbers rising faster in Thurrock than elsewhere?.....	10
How many children are likely to be in the social care system in future?.....	14
How can we reduce the number of children in the system?.....	15
Acknowledgements.....	19

Abbreviations

Abbreviation	Full form
CFAT	Child and Family Assessment Team
CiN	Child in Need
CPP	Child Protection Plan
LAC	Looked After Child
MASH	Multi-Agency Safeguarding Hub
NICE	National Institute for health and Care Excellence
PASS	Prevention and Support Service
SEND	Special Educational Needs and Disabilities

A copy of the full version of this report is available on the Thurrock Council website at:
<https://www.thurrock.gov.uk/healthy-living/health-statistics-and-information>

Foreword

Public Health as a professional discipline encompasses a unique skill set that includes epidemiological expertise such as the quantification of need, demand and supply, the assessment of evidence, and the predictive modelling of health and care systems. In the UK these skills have historically been applied to healthcare systems in order to assist the NHS to commission and deliver more efficient, effective and equitable health services. However the move of public health to local authorities has presented opportunities for these skills to be applied more widely.



My Annual Public Health Report last year used this public health skill set in answering the question, ‘what would make our adult health and care services more sustainable in financial and operational terms?’ By mapping how our residents, and the funding that accompanies their journeys, flow through different constituent organisations, we were able to understand how clinical and professional practice in each organisation impacted on the system as a whole. This led to a series of recommendations to reduce demand for the most expensive and high intensity interventions by improving clinical practice ‘upstream’ in primary and community care to prevent avoidable events such as strokes, heart attacks and falls. The findings and recommendations within the report were seized upon by our local clinicians and system leaders, and have resulted in a comprehensive programme of system transformation and improvement that will ultimately lead to a new Accountable Care Partnership for Thurrock, reduced demand on local hospital and adult social care services, and demonstrable improvements in the health of our population.

This year I asked my team to apply the same skill set to children’s social care services, with a view to answering a similar question: how can we make our children’s social care system financially and operationally sustainable, and more effective? There were two reasons for my choice of topic. Firstly, it has long been known that children and young people who enter the care system typically experience poorer health and wellbeing outcomes than those in the general population. Experiencing care as a child or young person is associated with poorer educational attainment, poorer mental health, an increased risk of teenage parenthood and an increased likelihood of entering the criminal justice system. Indeed children and young people who become ‘looked after’ by the state experience some of the worst health inequalities of any group in society. Secondly, demand on children’s social care services is increasing at an unsustainable rate both nationally and locally. Modelling famously done in the London Borough of Barnet suggested that if action is not taken to address this, local authorities will need to spend their entire budget on social care by 2025.

This report aims to understand our local children’s social care system, the factors that are driving demand and most importantly, the actions that we can take to address that demand and improve health and wellbeing outcomes for the children and young people we care for. The work has been led by Tim Elwell-Sutton, Consultant in Public Health and his team and I commend it as one of the highest quality and most detailed pieces of public health practice in this field. I trust that the findings and recommendations contained within the report will be useful to colleagues in children’s social care in understanding our care system, and will continue the conversation on how we improve that system and the life chances of children and young people who enter it in the future.

Ian Wake

Director of Public Health, November 2017

Why focus on children's social care?



One of the goals of Thurrock's Health and Wellbeing Strategy is to make Thurrock a place offering "Opportunity for All". This means making Thurrock somewhere children can flourish and achieve their full potential in life. We now understand better than ever before that distressing experiences in childhood are linked to poor health and wellbeing throughout life.

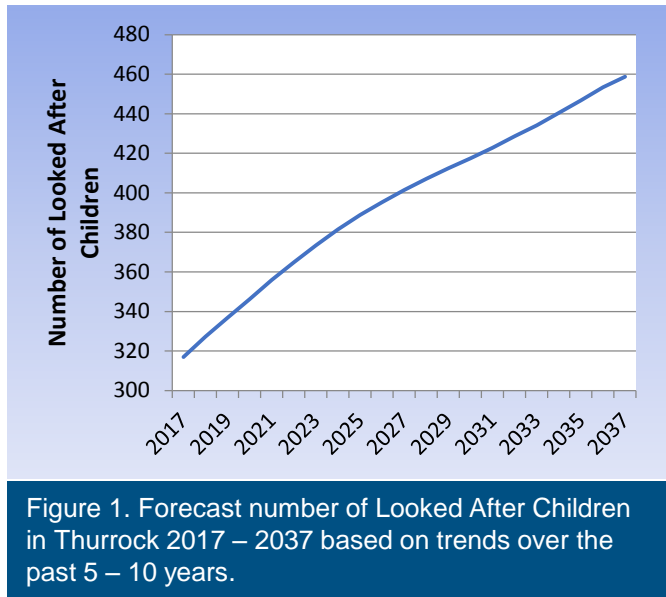
It is also increasingly understood that poor experiences in childhood can create intergenerational cycles of deprivation and poor health. People who have multiple adverse childhood experiences are more likely to make poor educational progress, have unplanned pregnancies and be unemployed. This in turn can have a negative impact on their parenting, perpetuating the cycle across generations.

The role of the children's social care system is to ensure that all children have the opportunities they deserve and that, when things go wrong, children are kept safe. Children's social workers have not traditionally been considered part of the public health workforce yet their work has at least as much impact on the health and wellbeing of some children as that of health professionals.

Pressures on social workers and the whole social care system are growing each year. Last year's Annual Public Health Report considered ways in which the adult health and social care system could be made more sustainable. This year, we consider the children's social care system, the pressures on it, and how we can create a system which gives every child in Thurrock the best possible start in life.

...poor experiences in childhood create intergenerational cycles of deprivation and poor health... social workers have at least as much impact on the health and wellbeing of some children as health professionals.

Strategic Recommendations



Unless action is taken to upgrade services which reduce demand, the cost of children's social care could become increasingly unsustainable. Work is already underway to make address this risk.

1. Make a long-term strategic commitment to invest in prevention

A high-level strategic commitment must be made to re-balance investment towards preventative activities. In recent years investment in preventative services has been eroded whilst spending on high-cost care placements has increased. By rebalancing investment towards preventative services, we can prevent children from ending up in care unnecessarily and, over time, relieve financial pressures on the social care system. This rebalancing has already begun but must be continued over the long-term to ensure sustainability.

2. Invest in the most effective preventative services

Making a strategic commitment to invest in prevention will only be effective if that investment is made in the right areas. We give specific recommendations about where to invest across the social care system and, where possible, we have made estimates of the cost-savings which would result from these investments.

3. Improve information on activity and spending

Reducing the number of children in the system and controlling costs can only be achieved if reliable activity and financial information are available, allowing us to understand current patterns of activity and spending. We make specific recommendations about how to improve our understanding of activity and spending.

Financial challenges and opportunities

Challenges

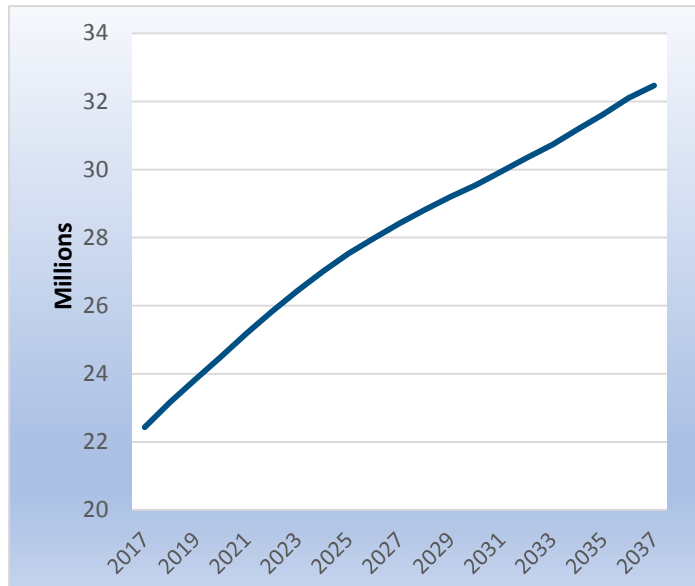


Figure 2. Forecast cost of Looked After Children in Thurrock 2017 – 2037 based on the past 5 – 10 years

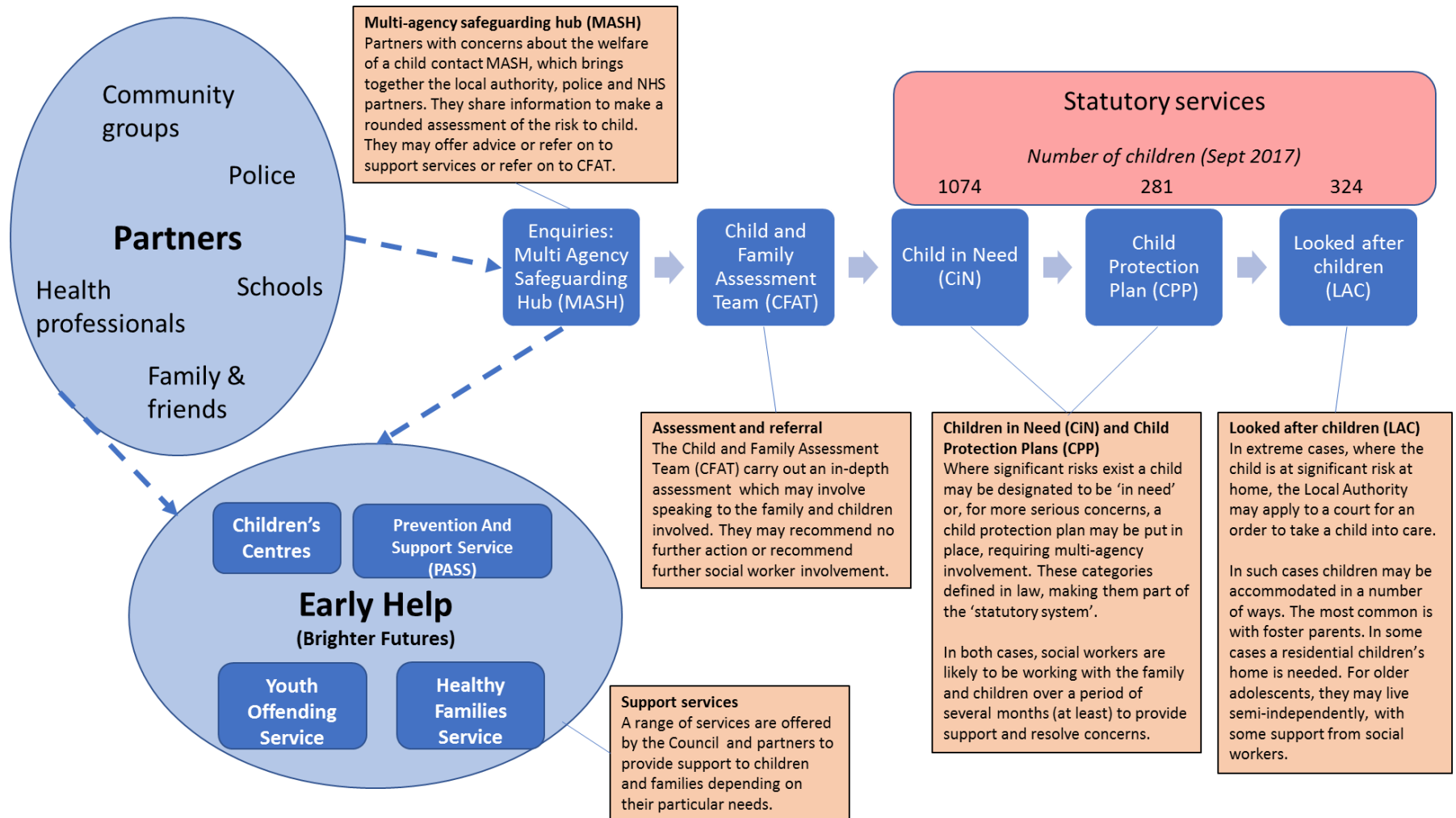
Based on trends over the past 5 – 10 years, we estimate that the annual cost of Looked After Children alone could rise by £6m over the next 10 years.

Opportunities

Impact and expected savings from investing in prevention

Intervention	Recommendation	Estimated Impact	Net savings
Edge-of-care service	A service offering intensive support to families where children are at high risk of coming into care. Estimated reach: 135 families per year	Preventing 22 children from coming into care per year	£1,225,153
Pause	A service working with 15 women per year who have had babies removed at birth	Preventing 2 –5 further children from being taken into care at birth.	£128,520 - £307,945
Domestic violence victims programme	Expand existing STEPS programme from current capacity of ~75 per year to ~135 per year	Preventing 144 additional incidents of domestic violence	£133,220
Domestic violence perpetrators programme	Expand current programme from 10 to 20 places per year	Preventing 19 additional incidents of domestic violence per year	-£7,293

How the children's social care system works in Thurrock



Key questions addressed in the report

Questions not addressed in this report

The report focusses on ways of reducing the number of children in the social care system. Other ways of reducing the costs of social care are not covered. These may include, for example, reducing the number of agency staff and more efficient procurement of foster care places.

There is evidence that a growing number of families and children are coming into contact with the social care system in Thurrock and nationally. The reasons for this have not been well understood but the pressures that this puts on the social care system are clear: social workers are increasingly over-burdened and the cost to the council is growing. In order to help alleviate those pressures, this report attempts to answer some key questions:

What are the pressures on the social care system?

- Is the number of children in the social care system rising and is it higher than in other areas?
- Why are the numbers rising in Thurrock?
- How many children are likely to be in the social care system in future?

How can we reduce the number of children in the social care system?

- What works in early help?
- What works for Children in Need (CiN) and Child Protection Plans (CPP)?
- What works for Looked After Children (LAC)?

What are the financial opportunities related to reducing the number of children in the system?

What are the pressures? Is the number of children in the system rising?

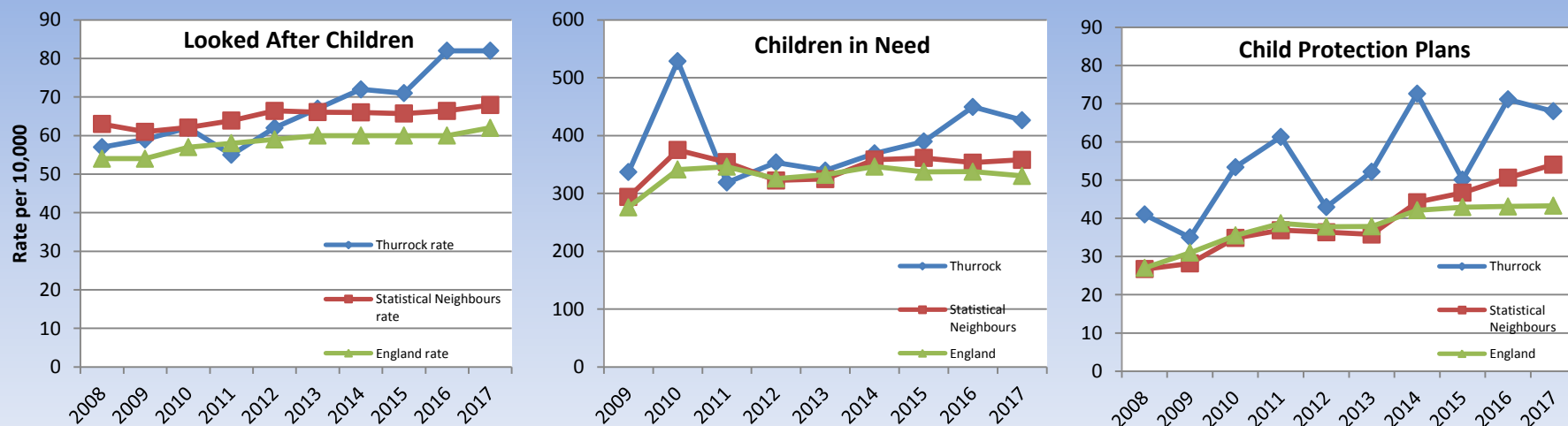
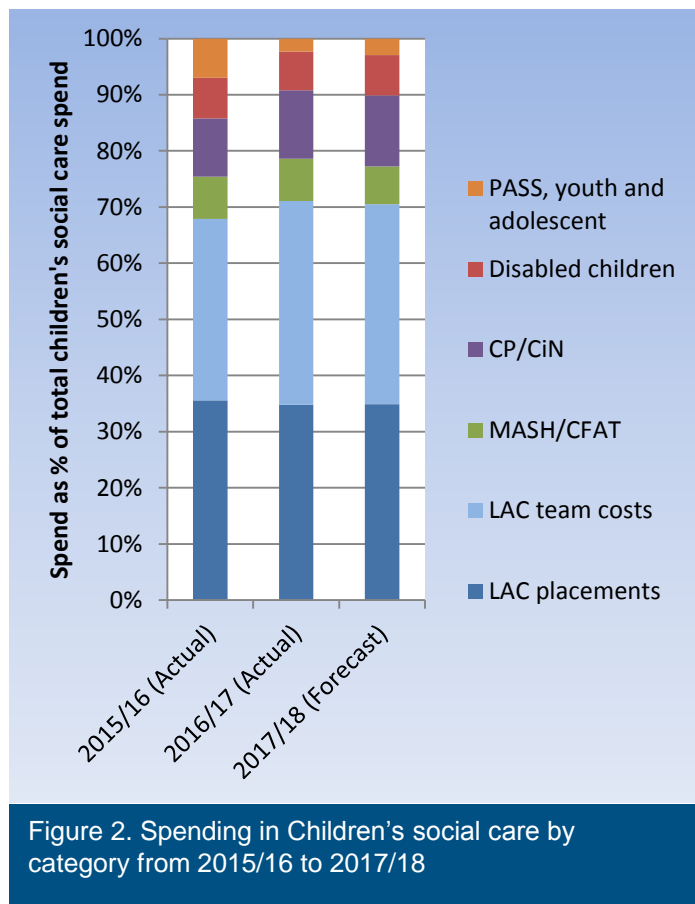


Figure 1. Rates of Looked After Children (LAC), Children in Need (CiN) and Child Protection Plans (CPP) on 31st March for each year

- There has been a significant increase in the number and rates of children in all parts of the social care system in recent years. Rates in Thurrock have risen faster than in other comparable areas in recent years though the most recent data suggests they are levelling off or even beginning to decline.
- The number of Looked After Children (LAC) has been growing nationally, though rates (per 10,000 children) have remained stable.
- In Thurrock the number of LAC has increased from 210 in March 2012 to 345 by March 2017

Rates in Thurrock have risen faster than in other comparable areas in recent years. The most recent data suggests they are levelling off or even beginning to decline though it is too early to tell if this is a long-term change in trajectory.

What are the pressures? Budget and spending



The National Picture

Spending on children's social care has been rising nationally and many Local Authorities are struggling to continue to fund the current system. Analysis for the Department of Education (2016) found that the main strategy pursued by local authorities was to try to reduce the number of children in the system through greater emphasis on early help and service integration.

However, actual spending on early help services has declined in most areas, even as spending on statutory services (CiN, CPP, and LAC) has risen. The main reason for this is that cutting spending on early help is generally much easier than reducing spending on statutory services.

The Local Situation

In Thurrock, as nationally, investment in early help services appears to have declined as a proportion of spend in recent years. For example, spending on Early Offer of Help services in Thurrock has declined from £0.93 million in 2015/16 to £0.39 million in 2017/18. At the same time spending on external purchasing of placements for Looked After Children rose from £8.9 million to £9.3 million. Much of the reduction in early help services followed the withdrawal of £450,000 of NHS funding previously contributed by Thurrock Clinical Commissioning Group.

We estimate that spending on Looked After Children now makes up around 71% of all children's social care spending.

Why have numbers been rising faster in Thurrock than elsewhere?



In trying to understand the rise that has occurred in recent years, it is helpful to consider two types of force which may result in children ending up in the social care system. It might be that more children need a social care intervention than in the past (demand factors), or it could be that the social care system is more likely to intervene than in the past (supply factors). Therefore, we can address this question by considering the demand and supply factors (Bywaters P, et al., 2017) which may be at work in Thurrock.

Based on a review of the research literature we have identified the factors shown below as a framework for understanding growing demand for social care in Thurrock. We have tried, where possible, to quantify the impact of each of these factors in Thurrock in recent years.

Demand factors

- Population growth
- Deprivation
- Ethnicity
- Unaccompanied asylum-seeking children (UASC)
- Special Educational Needs and Disabilities

Interact with



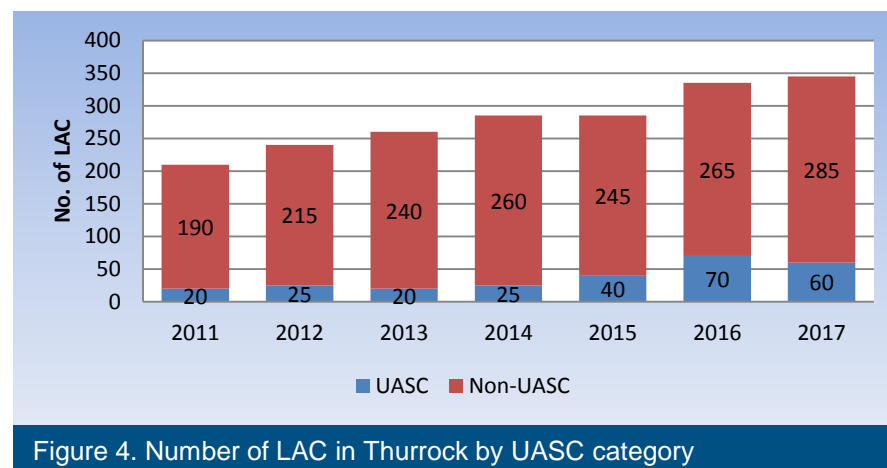
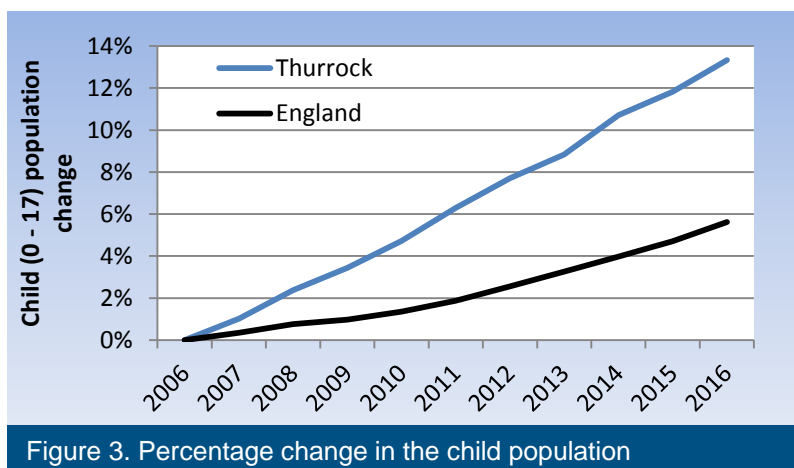
to produce LAC, CiN and CPP rates

Supply factors

- National legal and policy frameworks
- Risk tolerance
- Preventative services
- Re-referral (“failure demand”)

Why have numbers been rising faster in Thurrock than elsewhere? Demand factors

Demand factor	Possible impact in Thurrock
Population growth	Rapid economic and housing development make this a particularly strong pressure in Thurrock. Our child population grew by 13.3% from 2006 to 2016, compared to 6% for England as a whole.
Unaccompanied Asylum Seeking Children (UASC)	Thurrock has seen a large number of UASC become Looked After Children in recent years. At one point there were 103 UASC in the care system. A national agreement on the dispersal of UASC has helped to reduce the number to 38 (Aug 2017) and it is likely to fall further.
Deprivation	Evidence shows a strong association between deprivation and rates of social care intervention. There have been modest increases in child poverty in Thurrock in recent years.
Ethnicity	We found that the evidence linking ethnicity and social care activity is inconclusive.
Special Educational Needs and Disabilities	As child mortality rates decline, the number of children with complex needs is growing. A small number of these children become looked after but the costs of their care can be very high.



Why have numbers been rising faster in Thurrock than elsewhere? Demand factors

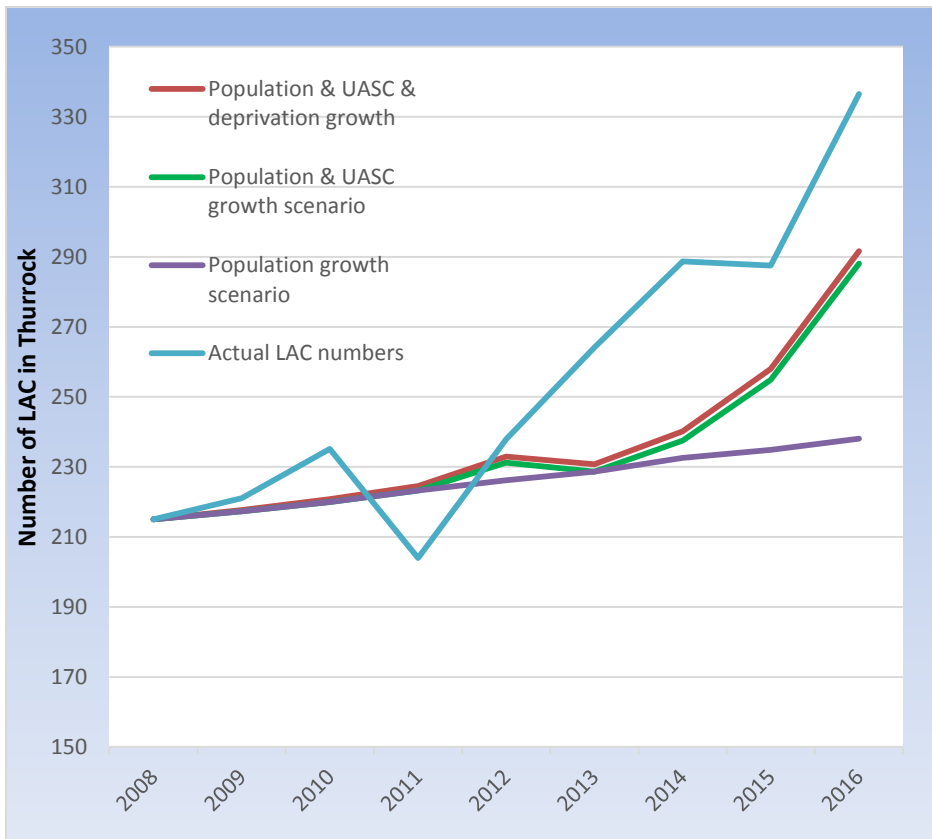


Figure 5. Actual number of LAC in Thurrock vs modelled scenarios for different demand factors, 2008 – 2016

Quantifying the impact of demand factors

To understand the impact of factors on the numbers of LAC in Thurrock, we modelled different scenarios.

In Figure 5, the blue line shows the actual numbers of Looked After Children on 31 March each year (2008 – 2016).

The purple line (population growth scenario) shows what the numbers would have been if the rate of LAC had stayed constant at 2008 levels. Population growth alone would have led to a modest rise in LAC numbers.

The green line (population & UASC growth), adds in the actual numbers of UASC who entered the system in those years.

The red line (population & UASC & deprivation) adds in an estimate of the impact of slightly higher levels of child poverty.

Other demand factors were not easily quantified in this way but are unlikely to make a significant difference.

Conclusion: Demand factors can account for some but not all of the rise in LAC numbers, it is likely that supply factors have also contributed.

Why have numbers been rising faster in Thurrock than elsewhere? Supply factors

Supply factor	Possible impact in Thurrock
National legal and policy frameworks & Risk tolerance	High profile, national cases of child protection failure have shaped the policy environment over a number of years. New policy and guidance may have contributed to a decline in risk tolerance amongst social workers. This is likely to have had a long-term affect on the number of children entering and staying in the social care system though the impact is hard to quantify.
Preventative services	The amount of money spent on preventative services has fallen significantly in recent years (see above). This has led to the decommissioning of services such as the Family Intervention Programme and community substance misuse services. Other services have had their capacity reduced. Within statutory services, social workers now have less time to focus on working with families who have had children removed from their care.

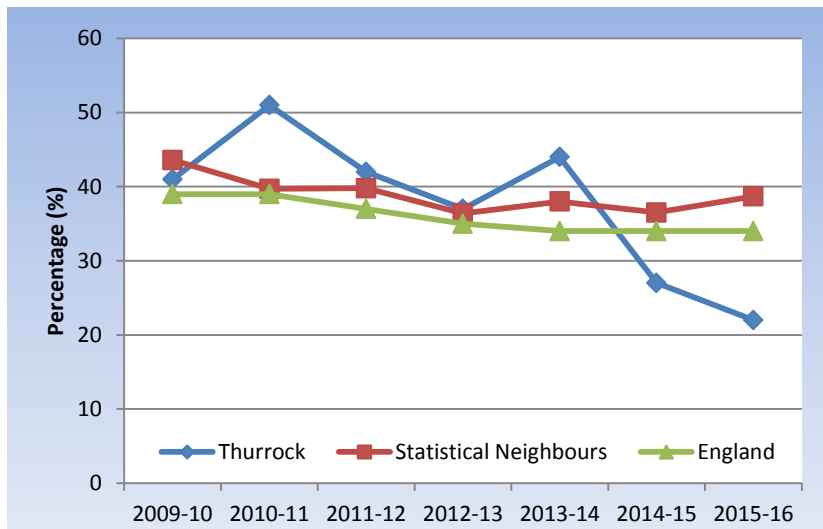


Figure 6. Percentage of children returning home after a period of being looked after

Even once children become looked it is sometimes possible for them to return to their own families once significant issues have been resolved. The proportion of children returning home decline from a peak of 51% in 2010/11 to just 22% in 2015/16. The reasons for this decline need to be investigated further but it is possible that the squeeze on resources has left social workers and support services little time to continue working with the families of children who have been taken into care. This trend has major consequences for the children and families involved as well as an impact on the number of children who remain looked after by the local authority.

How many children are likely to be in the social care system in future?

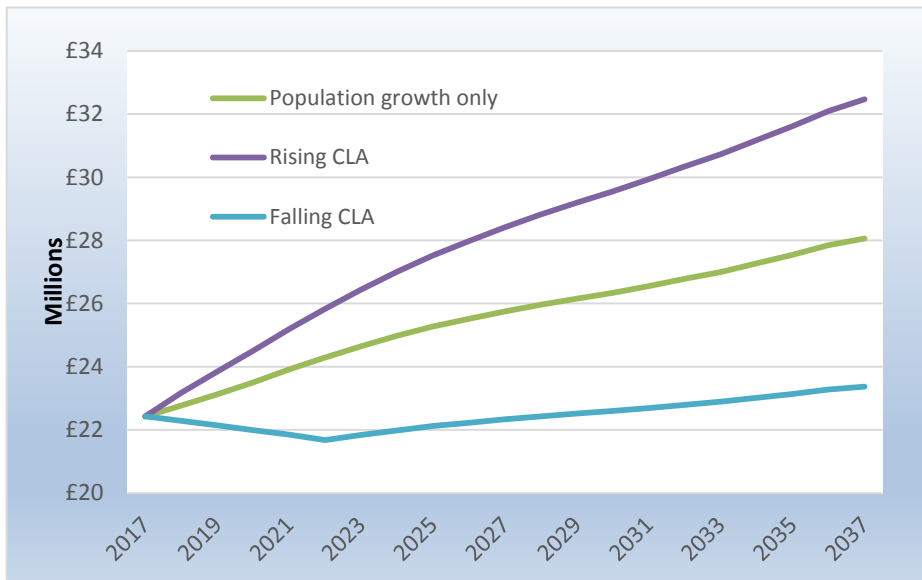


Figure 7. Forecast impact of changes in LAC rates and population growth on the cost of services for Looked After Children in Thurrock 2017 - 2037

How to forecast future numbers

Forecasting future numbers is challenging and involves a lot of uncertainty. We have developed a new forecasting methodology for Thurrock. The alternative scenarios presented here represent our best estimate of future costs **if** a given set of assumptions holds true.

The cost of doing nothing

Projected changes in LAC costs over the next 10 years

Scenario	3 years	5 years	10 years
<i>Rising CLA</i>	£2.08M	£4.01M	£5.98M
<i>Population growth only</i>	£1.07M	£2.22M	£3.32M
<i>Falling CLA</i>	-£0.44M	-£0.59M	£0.94M

Forecast scenarios

Rising CLA scenario: This is based on trends over the past 5 – 10 years and forecasts a 27% increase in activity over 10 years.

Population growth only: This scenario shows that even if LAC rates remain stable in future, population growth will drive up costs significantly.

Falling CLA: This shows the impact of bringing LAC rates down to the current national average over the next 5 years and then staying steady after that.

Action is underway to move Thurrock from the upper to the lower trajectory.

How can we reduce the number of children in the system?

Recent Trends and Action

A new Prevention and Support Service: this brings together a number of previous prevention services including the Early Offer of Help and Troubled Families. This has also been integrated into Brighter Futures.

Brighter Futures has been established to integrate Thurrock's early years and preventative services. Providing a more joined-up service is designed to prevent issues from escalating to the level where social worker intervention is required

Targeting social work. A data system called Xantura has been commissioned to provide 'predictive analytics'. The system uses data from a variety of sources to flag up children at high risk, allowing social workers to intervene earlier and more effectively.

Reductions in agency staffing have been pursued. Agency numbers now appear to be in steady decline.

Signs of Safety. This is a strengths-based approach to child protection work which is being rolled out in Thurrock to improve case work and risk assessment.

Service review. The council's Service Review Board is working closely with Children's services to find ways of working more efficiently.

LAC numbers may have started to decline according to the most recent data, since April 2017, the number of LAC in the system has started to decline. Much of this is due to reductions in the number of Unaccompanied Asylum Seeking Children.

Recommended * future developments on early help	Expected Impact
<p>Expand the capacity of parenting services by 90% to meet current demand.</p> <p>Review the referral system into early help and especially investigate the lack of referrals into Triple-P parenting programmes.</p>	<p>Expanding capacity of existing services will prevent escalation to CiN/CP/LAC stage or enable de-escalation for families already at those stages.</p>
<p>Consider expanding inclusion criteria of some early help services to families of CiN/CP children and families who have had children removed. Capacity may need to be expanded accordingly.</p>	<p>Prevent escalation to LAC and promote children returning home to their families.</p>
<p>Ensure end of Troubled Families (TF) funding is used to strengthen prevention</p> <p>Planned changes to TF funding should be treated as an opportunity to focus the service on preventing children from becoming looked after in line with the evidence base presented in the full report.</p>	<p>Ensure that the balance of investment is moving towards prevention rather than away from it, reducing costs in more expensive parts of the system.</p>

* All recommendations are based on an extensive review of research evidence for reducing numbers in the social care system

How can we reduce the number of children in the system?

Estimated financial impact of a new edge of care service

Plans are being drawn up to design an edge-of-care service. Based on a cost-effectiveness study of Multi-Systemic Therapy we estimated the possible costs and benefits for Thurrock

Eligible families	135.5
Cost per family	£2,285
Total cost	£309,618
No. of LAC prevented	21.7
Gross savings	£1,534,771
Net savings	£1,225,153
Directly cashable net savings*	£649,331

* "Directly cashable" savings can quickly be removed from budgets. Here, only placement costs are considered to be directly cashable. Other savings (e.g. staff time) may take longer to translate into reduced spending.

Recommended future developments on CiN and CPP	Expected Impact
<p>Establish an "edge of care" service to work intensively with children who are at risk of becoming looked after.</p> <p>Design this service based on Functional Family Therapy (FFT) or Multi-Systemic Therapy (MST) which have the strongest evidence base.</p> <p>Put in place a robust evaluation plan to establish effectiveness and cost-effectiveness</p>	Prevent children in the social care system (CIN and CPP) from becoming looked after.
<p>Expand existing domestic violence programmes</p> <p>Expand the two existing programmes (for victims and perpetrators). An increase of 50% - 100% would be needed to meet current demand.</p>	Reduce: risk to parents and children who are victims of domestic violence; the impact of domestic violence on children; escalation within the social care system.
<p>Targeted drug and alcohol outreach to families of Children in Need or on a Child Protection Plan</p>	Prevent escalation and reduce the duration of social care intervention by dealing with underlying substance misuse

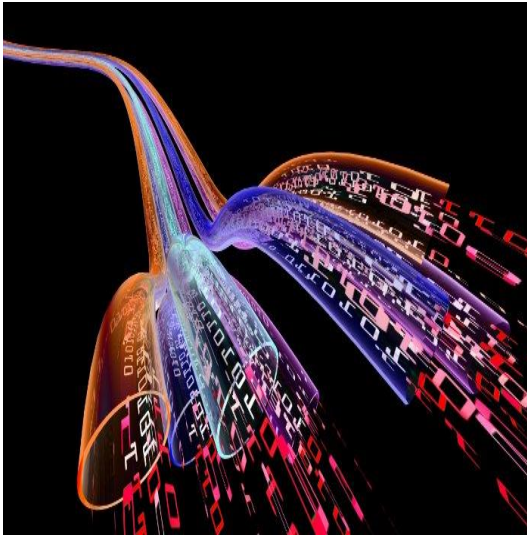
How can we reduce the number of children in the system?



For women aged 16 – 17, when their first child is removed, there is a 32% chance of this being repeated... and 40% of mothers who have multiple children removed at birth have themselves experienced being in care

Recommended future developments on Looked After Children	Expected Impact
<p>Invest in services which allow Looked After Children to return home</p> <p>Work systematically with families of children who have been taken into care to resolve problems and, where possible, to allow them to return home.</p> <p>Consider including this within the remit of the edge-of-care service.</p> <p>Design of this service should begin with an in-depth analysis of why rates of children returning home to their families appear to have declined significantly in recent years.</p>	<p>Increase the number of Looked After Children able to return home to their families and reduce the amount of time they spend in care and reduce costs significantly.</p>
<p>Prevent mothers from having multiple babies taken into care</p> <p>Commission the Pause programme (or something similar) to provide intensive support to mothers who have had a baby removed.</p> <p>Put in place robust evaluation of the programme to assess effectiveness and cost-effectiveness.</p>	<p>Reduce the number of mothers who have multiple babies removed from their care and reduce the number of children taken into care.</p>

How can we reduce the number of children in the system? Improving information



Monitoring trends in key cost drivers will help to control costs and evaluate the effectiveness of preventative strategies

Recommendation	Details
Monitor trends in key cost drivers	Key cost drivers identified are: <ol style="list-style-type: none"> 1. The numbers of weeks of care provided by the Council over the course of a year; 2. The average length of stay of children in care; 3. The average cost of placements of different kinds.
Link data on activity and spend	Linking data systems recording activity and spend will allow more accurate understanding of why costs are changing.
Carry out a financial deep dive on Looked After Children	A more accurate understanding is needed of all the costs associated with Looked After Children.
Investigate the decline in the number of children returning to their families after a period of being looked after	This may be an important factor increasing the number of children in care and, therefore, costs. Further data analysis and case-note audit may be required to understand the rapid decline in recent years.
Develop and update the forecasting model	The forecasting here is based on a new modelling method which could be significantly improved in detail and accuracy.

Acknowledgements

- **Report authors:**
- Tim Elwell-Sutton, Assistant Director and Consultant in Public Health
- Elozona Umeh, Senior Public Health Programme Manager – Children
- Maria Payne, Senior Public Health Programme Manager – Health Intelligence
- Annelies Willerton, Public Health Graduate Trainee

A large number of people contributed to this project and it would be impossible to thank them all. We would especially like to thank and acknowledge the important contributions made by the following people who have assisted in the production of this report:

- Alex McLellan, Business Intelligence Analyst for Children’s Services
- Emma Sanford, Strategic Lead – Health and Social Care Public Health
- Kareema Olaleye, Public Health Graduate Trainee
- Kelly Clarke, Public Health Intelligence Information Support Officer
- Mark Livermore, Commissioning Officer – Children’s Services
- Manbir Virk, Report Writer/Developer
- Mun Arthur, Business Intelligence & Data Analytics Manager
- Nicola Smith, Public Health Intelligence Analyst
- Nilufa Begum, Management Accountant

Thanks also to the Aubrey Keep Library service which supported the literature review work in this report and to all the managers within Children’s Services who contributed their time and knowledge to this project.