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RESEARCH UPDATES

DfE Children's Social Care Innovation Programme

Thematic report 1 - What have we learned about good social work systems and practice?

Draws on the 17 projects in Wave 1 of the Innovation Programme on social work systems and practice. Central challenge was how to deliver effective services and achieve positive outcomes for children and families within limited resources.

Approaches included:

Systemic practice. 4 projects in 10 local authorities implemented Systemic Practice – focusing on the family rather than individuals, relationships crucial in the solution of problems.

Motivational interviewing. 2 projects in 2 LAs implemented Motivational Interviewing - communication emphasising empathy, autonomy and collaboration.

Signs of safety. 4 projects covering 15 LAs implemented Signs of Safety, a strengths-based and safety-focused approach to child protection.

Restorative Practice. 3 projects in 3 LAs implemented Restorative Practice approaches to social work - bringing all parties together to improve their mutual understanding of a problem.

Family Group Conferencing. 2 social work projects (and one other) implemented Family Group Conferencing – establishing consensus around the proposed plan to avert need for court proceedings.

Cross-programme findings:

Numbers in care reduced (Leeds, Hertfordshire, the 5 Morning Lane LAs).

Social work practice improved (some MTM LAs, Leeds and the 5 Morning Lane LAs).

Reduction in costs reported in those projects using Family Group Conferencing, non-social work staff to support social workers and less high cost placements e.g. Hertfordshire saved £2.6m on reduced care placements and child protection through better earlier support.

What does good social work practice look like?

- Consistent and clear expectations. Underpinned by common understanding;
- Effective direct work with families. Confidence, skills, admin support enables this;
- Engaging the whole family to address multiple problems through a single worker;
- Cultural competence. Engaging effectively with people from different backgrounds;
- Effective supervision central to support and challenge of SW practice.

Thematic report 2 - Adolescent service change and the edge of care

Draws on 9 projects addressing services for adolescents on the edge of care. Adolescents on the edge of care make up 45% of children in need, 23% of children on a child protection plan and 24% of serious case reviews. Interpretation of the edge of care across the 9 projects was not consistent. Most of the projects focused on preventing cases escalating to the point where care was necessary, rather than diversion from care at the point the decision was imminent. The report describes a screening tool developed by one LA (Sefton) to identify young people for referral to the Community Adolescent Service intervention. The tool lists significant contributory risk factors in the journey towards care, as well as 'edge of care/risk of accommodation' criterion.

Reduction in costs: Relatively few projects provided data for a robust cost benefit analysis. Projects that embraced economic evaluation from the start, reported on value for money (e.g. Enfield, North Yorkshire, and to a lesser extent Ealing). In North Yorkshire, for example, estimated cost savings associated with cases being assessed within their project, *No Wrong Door*, rather than being referred to CAMHS, were in the region of £160,000 per annum.

What recommendations emerged?

- Definition of edge of care requires greater clarity to be of functional use;
- Young people closest to the edge of care remain the hardest to engage, so need regular monitoring of information, strong leadership and management;
- Flexibility in the service enables referrals to be needs-led rather than service-led;
- Central facilitation of local data sharing agreements is needed to reassure local partners currently reluctant to make such commitments;
- Multi-professional co-location should be encouraged as it leads to genuine multi-professional decision-making, rather than multi-agency inputs into a system;
- Short-term residential placements can be effective in helping young people to engage but the provider needs to resist pressures to fill places from outside the target cohort;
- Training should be multi-professional as more likely to raise managers' confidence that it is making a difference, irrespective of professional background.

Thematic report 3 - Childhood sexual exploitation and mental health

Draws on 8 projects in Wave 1 of the Innovation Programme focused specifically on groups of young people who were experiencing, or at risk of experiencing childhood sexual exploitation (CSE) or mental health issues. 8.5% of children aged 5-17 years show symptoms that are consistent with a diagnosable mental health condition. In socially disadvantaged children, the figure rises to 14.6%, and in looked after children 46.4%.

CSE projects: 2 projects established dedicated residential settings for young people experiencing, or at risk of CSE. Two further projects aimed to reduce the use of out of area placements and secure units, but did so by enabling young people to remain safely at home, or in stable foster care.

Mental health projects: 1 project tested a new residential facility, the others built on existing services. One built on an existing therapeutic education service.

Findings on service use: Use of social care services was reduced in two mental health and two CSE projects. E.g In Norfolk and Suffolk's Compass, 9 children who were admitted with a legal status were discharged without one, and only 3 children could not be prevented from becoming looked after.

In Wigan's SHARE, although 37 young people who entered the project were identified by clinicians as at risk of requiring respite or planned short-term breaks, only 7 became Children in Need; of 19 young people who were identified at risk of becoming looked after, only 2 (11%) became looked after children.

The Extended HOPE project showed reductions in hospitalisation rates for mental health issues: 23% (126) of the Assessment and Support Service's telephone support contacts and 27% (34) of the face-to-face contacts prevented Tier 4 admissions; and 17% (92) of telephone contacts and 26% (33) of face-to-face contacts prevented Accidents & Emergency presentations.

Reduction in risks of CSE: there was a reduction in key CSE risk factors (e.g. missing episodes) and an increase in protective factors (e.g. a positive relationship with at least one supportive adult) in all four CSE projects. In Sheffield's SYEP, 9 of the 14 young people showed a reduction in risk. In Wigan and Rochdale, all of the 9 young people showed a reduction in risks in some key areas. Parents/carers and other professionals reported improvements in young people's emotional and behavioural well-being and mental health across the projects, but findings from quantitative measures of well-being were more equivocal.

Reduction in Costs: the 4 mental health projects produced positive results, albeit with a number of caveats around their calculations e.g. the Extended HOPE project showed a positive Fiscal Return on Investment (FROI) of 3.0, meaning that there was £3 savings for every pound invested. Limited financial information available on the 4 CSE projects, but a cost-benefit analysis of the Wigan and Rochdale project indicated potential annual benefits of over £1.6m through reduced and avoided accommodation costs.

What worked well:

- Strong leadership, supervision of staff, support to family members, centrality of positive relationships;
- Supporting young people and families to manage their needs before they reach a crisis situation benefits well-being, placement stability, and reduced service use;
- Approaches that work with the whole family rather than only the young person can provide strategies for managing difficulties without the need to involve services;
- Enabling young people and their families to manage their own needs and life choices increases their confidence and self-esteem;
- Relationships were viewed as the key mechanism of change across projects.

Thematic report 4 - What are the systemic conditions for innovation in children's social care?

Draws on projects across the Innovation Programme to identify the systemic conditions that enable innovation in children's social care services. Defines innovation and how it can be a driver for change.

Key conditions for innovation:

Wide stakeholder engagement is needed to develop clear shared aims – early misunderstandings about aims were a barrier to progress e.g. in Wigan's mental health project at the start;

Successful innovation requires strong, consistent senior leadership communicating a clear vision. This was evident in for example, Hertfordshire, Hampshire, Leeds, North Yorkshire County Council and Triborough. Changes in leadership or weak or absent leaders were barriers in some other LAs;

Changes in regulation and statutory functions require a long lead in time. Wave 2 projects have allowed much longer for set up;

Recruitment to interventions is challenging so target higher numbers than intended;

Referral processes don't always provide target population intended e.g. Aycliffe's CSE project recruited from much further afield causing post-programme support problems, Calderdale's Right Home project recruited young people with greater needs than intended;

Effective multi-agency working is a feature of many of the more successful projects e.g. Enfield, MOPAC, North Yorkshire County Council, Leeds, Surrey, Priory. Some projects experienced major challenges in getting services to cooperate and their established cultures were a barrier to this.

Would the same progress have been made without the Innovation Programme? For most projects, the Programme kick-started the initial investment of resources, planning with support of the coach and contact with other projects facing similar challenges.

EVENTS

'Uprooted from everything that attaches you': Long-term outcomes of former Child Migrants

Speaker: Elizabeth Fernandez, Professor of Social Work, University of New South Wales Australia

Rees Centre Public Seminar Wednesday 18 October 2017, 5-6.30pm

Oxford University Department of Education

15 Norham Gardens, Oxford OX2 6PY

Please join us for drinks following the seminar.

[Rees Centre Events page](#)

REES CENTRE NEWS

Vacancy - Senior Research Associate

We are looking for a [Senior Research Associate](#) to work on our new project, the [Educational Attainment and Progress of Children in Care and Children in Need](#), led by Professor David Berridge from Bristol University with Dr Nikki Luke from the Rees Centre. Based in Bristol, the closing date for applications is 11 October.

International Conferences

Several researchers from the Rees Centre are presenting papers at the 9th International Foster Care Research Network [Conference](#), 27-29 September in Paris.

Publications & Reviews

Nikki is a co-author of the following journal article published in Translational Psychiatry July 2017:

[Modifiable predictors of depression following childhood maltreatment: a systematic review and meta-analysis](#)

Ellie Ott has completed a review of the research literature on the matching process in foster care for Community Care Inform. Subscribers can access the findings via the following link: [Research review on matching process in foster care](#)

Fundraising

Message from Nikki: I'm doing the Manchester Half this October in aid of Become, an excellent charity that supports children in care and care leavers. Please donate whatever you can towards this important work, and make a difference to a young person's life today. Thank you.

<https://www.justgiving.com/fundraising/nikki-luke>

Money raised at our Rees Centre annual cake sale (Wednesday morning 11 October) will also be donated to the charity.

BECOME.

FOSTER CARE IN THE NEWS

[It's hard enough as a foster carer without being demonised](#), Guardian Social Care, 21 September 2017

[National Implementation Advisor for Care Leavers Appointed](#), DfE Press Release, 4 September 2017

[The Muslim fostering row is a culture war in action](#) The Guardian, 31 August 2017

[The fostering stocktake in England: evidence review](#) DfE, July 2017

[I went from care to Cambridge University](#), The Guardian, 12 July 2017

[Care system not to blame for children being more at risk of mental health issues](#), ESRC funded study by the University of York, 20 June 2017

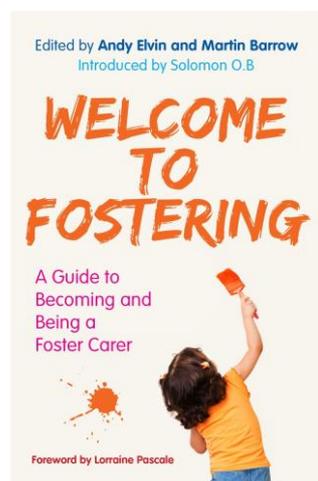
BOOK REVIEW

Welcome to Fostering, A Guide to Becoming and Being a Foster Carer

Edited by Andy Elvin and Martin Barrow.

Available from [Jessica Kingsley Publishers](#) £10.99

Reviewed by foster carer Hilary Shearer.



The book provides a realistic overview of fostering. It contains lots of information in an easy to read and well-structured design. It guides potential foster carers and uses understandable language to explain the process of becoming a foster carer and what fostering involves.

The book is also a useful reference tool for existing foster carers with topics such as managing allegations, birth families, unaccompanied asylum-seeking children and special guardianship orders. It prompts thoughtful reflection and helps to consider different perspectives which is important within fostering to help truly understand the situation.

The simple, comprehensive format makes this book an enjoyable read. It is a valuable resource, both for potential and existing foster carers. It provides lots of information and has a good grasp of modern fostering. I would highly recommend it. *Hilary Shearer*

YOUNG VOICES

From the Anna Freud Centre, Talking Mental Health is an animation designed to help begin conversations about mental health in the classroom and beyond:

Main animation: <https://www.youtube.com/watch?v=2hVAPFyukvY>

Behind the Scenes: <https://www.youtube.com/watch?v=vBrGOpwxEa0>

With thanks to Valerie Dunn, University of Cambridge/ NIHR CLAHRC for bringing these to our attention.