London Borough of Hammersmith & Fulham

CHILDREN AND EDUCATION POLICY AND ACCOUNTABILITY COMMITTEE



29 February 2016

ACTION FOR CHANGE – BREAKING THE CYCLE OF REPEAT REMOVALS FROM BIRTH PARENTS

Report of the Director of Family Services - Steve Miley

Open Report

Classification: For review and comment

Key Decision: No

Wards Affected: All

Accountable Executive Director: Andrew Christie, Executive Director for Children's

services.

Report Author: Natasha Bishopp, Head of Early Help and Social Work, Royal

Borough of Kensington and Chelsea.

Contact Details:

Tel: 07739-316979

E-mail: Natasha.bishopp@rbkc.gov.uk

1. EXECUTIVE SUMMARY

This report aims to describe the Action for Change project, set out the performance of Action for Change against national birth averages and to demonstrate the cost effectiveness of Action for Change as a cost avoidance model.

2. RECOMMENDATIONS

That the Committee review and comment on the contents of the report.

3. BACKGROUND

Action for Change is a Children's Services project shared across Westminster, Kensington & Chelsea and Hammersmith and Fulham, and is based within Families Forward in the Royal Borough of Kensington and Chelsea. The project's priorities are to work with parents who have had one or more children removed from their care. A core function of the service is to provide intensive and assertive outreach on an individual basis, to assist this client group to make informed choices to effect positive change to their lives; with the overall aim to prevent unplanned pregnancies and future removals.

Engagement is crucial to the success of this project; the service works with clients on a one-to-one basis providing intensive therapeutic and practical support. The interventions are shaped by systemic practice to explore and address the reasons for repeat removals.

Action for Change (AFC) is also the vehicle by which we deliver a European Union (EU) funded project (DAPHNE), the aims being to improve the outcomes of survivors of domestic abuse who have had their children taken in to care. The EU component has run since January 2015 and will end in January 2017. Within the EU work, a domestic violence specialist from Advance Advocacy has been seconded to the Action for Change Team for a year. Group work including making films of the experience has been funded by the EU component. This breaks down the isolation linked to the guilt and shame of losing a child. It helps educate social workers and potential adopters.

The result is that our local services benefit from the specialist domestic violence work that the EU funding has afforded us. We also gain a wealth of knowledge in an area that has limited research locally, and an understanding of various delivery models and interventions that are effective, and finally we benefit from peer review with other countries, these being Italy, Romania, and Hungary.

As part of the EU component, we commissioned a research partner, the Learning and Work Institute, which has not only undertaken a desktop literature review but will also conduct an evaluation. This means that Action for Change will benefit from a rigorous evaluation process by an external body.

4. Summary of Activity between April 2014 – December 2015

Description	Total
Number of referrals to date	51
Intervention completed and closed	5
Number of no engagement	6
Number of pregnancies	1
Number of further removals	0

Description	Total
Number of reported SMU at the point of referral	29
Number of reported reduction in SMU at the point of latest review	7
Number of reported MH issues not accessing MH services at the point of referral	33
Number of reported MH issues accessing MH service at the point of latest review	20
Number reported in Domestic Abuse situation at the point of referral	18
Number reported in Domestic Abuse situation at the point of latest review	2

5. Break down of Referrals between April 2014 – December 2015

Borough	Referrals 2014/15	Referrals 2015/16	Total
LBHF	5	14	19
RBKC	4	8	12
WCC	3	11	14
TOTAL	12	33	45

4.1 From April 2014 – December 2015 there have been 45 referrals to Action for Change.

Only one service user, who has previously had two children removed, has had a child; she successfully engaged with the service and there are no care proceedings in place. Full care of her children has also been returned to her.

This demonstrates the validity of using the expected birthing calculation as a baseline to avoid costs.

4.2 It must be noted that in 2014/15, the Action for Change service received only 12 (38%) referrals out of a potential 31 mothers who had been subject to permanent removal of their child (ren). Based on a 75% success rate, if the additional mothers had been offered the service, there would have been potential for more significant savings. It is also important to note that not all referrals have come from Social Workers - several are from third party organisations and self-referrals.

6. Summary of Projected Cost Avoidance

Year	2014/15		2015/16		2016/17	
Description	Without intervention	With intervention	Without intervention	With intervention	Without intervention	With intervention
Cost incurred	£180,000 ¹	£60,000 ¹	£210,000 ¹	£60,000 ¹	£330,000 ¹	£90,000 ¹
Estimated number of births	6	2	7	2	11	3
Cost of model	N/A	£67,000	N/A	£97,500	N/A	£140,000
Total cost incurred	£180,000	£127,000	£210,000	£157,500	£330,000	£230,000
Total cost avoidance (includes cost of model and cost incurred)	£53,000		£52,500		£100,000	

- 6.1 In 2014/15, the pilot was projected to avoid £53K. We arrived at this figure by deducting the cost incurred with intervention (127K) from the cost incurred without intervention (180K).
- 6.2 In 2015/16, the pilot is projected to avoid £52.5K. We arrived at this figure by deducting the cost incurred with intervention (157.5K) from the cost incurred without intervention (210K).

- 6.3 In 2016/17, we expect the total cost avoidance to increase as more mothers have been identified by the Action for Change program.
- 6.4 The projected cost avoidance is based on the overall Action for Change cohort and does not include the pending engagement cases. However, we expect an increase in the total size of the cohort worked with across the Local Authorities.
- 6.5 In 2014/15 to 2015/16, the cost of the model is estimated to increase from 67K to £97.5K because the FTE Family Practitioner only worked 3 months in 14/15.
- 6.6 Beyond 2015/16, the cost of the model will increase again (likely to £140K) because funding for the Domestic Violence specialist funded by the EU budget will end in June/July 2016.

7. Summary of Actual Cost Avoidance and Action for Change performance

Year	2014	/15	2015/16	
Description	Without intervention	With intervention	Without intervention	With intervention
Cost incurred	£180,000	£0*	£210,000	£0
Estimated number of births	6	1	7	No births yet
 Cost of care proceedings per child 	£30,000	£30,000	£30,000	£30,000 ¹
Cost of model	N/A	£67,500	N/A	£106,750
Total cost incurred	£180,000	£67,500	£210,000	£106,750
Total cost avoidance (includes cost of model and cost incurred)	£112,500		£103	,250

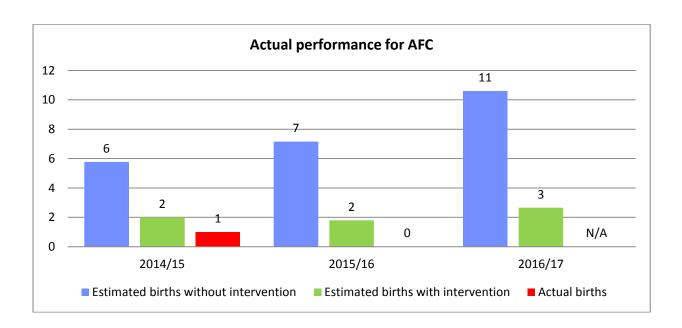
- 6.1 In 2014/15, the cost avoidance of the pilot was £112,500. We arrived at this figure by deducting the cost incurred with intervention (£67,500) from the cost incurred without intervention (£180,000).
- 6.2 *Although one client did experience pregnancy and gave birth, the child remained in the care of the mother and therefore did not incur any care proceedings costs.
- 6.3 In 2015/16, the pilot is projected to avoid approximately £103K. We arrived at this figure by deducting the cost incurred with intervention (£106,750) from the cost incurred without intervention (£210,000).
- 6.4 In 2015/16, the total cost avoidance is lower than 2015/16 due to increased staffing costs to manage the increased caseload. We expect more mothers to conceive and more mothers are being identified by Action for Change.

¹ 'PSSRU: Cost Per Unit', which breaks down the cost of care proceedings to just under £30K, allowing for a London multiplier.

- 6.5 The projected cost avoidance is based on the overall Action for Change cohort. However, we expect an increase in the total size of the cohort worked with across the Local Authorities.
- 6.6 In 2014/15 to 2015/16, the cost of the model increases from £67.5K to £106.7K because the FTE Family Practitioner only worked 3 months in 14/15.
- 6.7 Beyond 2015/16, the cost of the model will increase again (likely to £140K) because funding for the Domestic Violence specialist funded by the EU budget will end in June/July 2016.

8. Actual performance of Action for Change

- 7.1 Using the findings below, we expected an estimate of 6 births to occur in 2014/15 if no intervention was put in place. Using a similar calculation, we can expect an estimate of 7 births in 2015/16 if no intervention is put in place.
- 7.2 Based on these findings, the fact that care proceedings cost approximately 30K, and the actual performance of the project, we can conclude that the running of the project in 2014/15 avoided 5 births. The one birth that did take place, the child remained in the care of his/her mother and has not incurred any care proceedings costs.



9. Calculating the Baseline (Estimated Birth Rate)

8.1 From February 2014, 40 women have been and are currently being worked with as part of the Action for Change program with an average age of 33 years. These women have had a recorded total of 86 children and young people permanently removed from their care and 19 women have been subject to multiple care proceedings within the three boroughs or elsewhere.

8.2 For the purposes of this Business Case, the following assumptions were made based on findings from "Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England". A new sibling was born in a first repeat care proceeding episode twenty-one months after his or her older sibling. In a second repeat care proceeding episode, a pregnancy interval of 13 months would have elapsed between the care proceedings episodes².

8.3 The following findings have been made regarding this cohort:

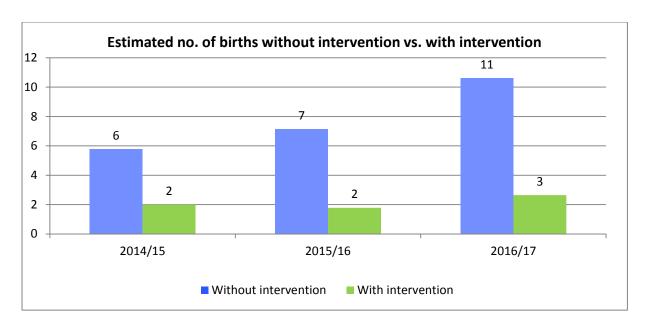
- Of this cohort 19 mothers had previously been subject to multiple care proceedings which resulted in the permanent removal of their children. Using Age Specific fertility rates³ it was estimated that 11 women would conceive between 2014 and 2017. This has been broken down further with 4 mothers predicted to conceive between 2014/15, 3 mothers during the 15/16 period and 7 mothers during the 16/17 period.
- Of this cohort 21 mothers had only experienced one subsequent care proceeding which resulted in the permanent removal. Using Age Specific fertility rates⁴ it was estimated that 10 women would conceive between 2014 and 2017. This has been broken down further with 2 mothers predicted to conceive between 2014/15, 4 mothers during the 15/16 period and 4 mothers during the 16/17 period.
- It was assumed that the two mothers over 50 were unlikely to conceive during this period.
- Fathers who attend the Action for Change program were also excluded from this analysis.

8.4 We can therefore expect an estimate of 6 births to occur in 2014/15 if no intervention is put in place. Using a similar calculation, we can expect an estimate of 7 births in 2015/16 if no intervention is put in place.

² Connecting Events in Time to Identify a Hidden Population: Birth Mothers and Their Children in Recurrent Care Proceedings in England, 2015, p2252

³ Source: Office for National Statistics (ONS), Northern Ireland Statistics and Research Agency (NISRA) and National Records of Scotland (NRS). Produced by the Fertility and Family Analysis Unit.

⁴ Source: Office for National Statistics (ONS), Northern Ireland Statistics and Research Agency (NISRA) and National Records of Scotland (NRS). Produced by the Fertility and Family Analysis Unit.



8.5 Based on these findings, the fact that care proceedings cost approximately 30K, and a 75% engagement rate in the program, we were able to project conservative cost avoidance estimates in the Summary of Projected Cost Avoidance table. This is also based on an assumption that all births to this cohort within this timeframe would lead to care proceedings.

10. Detailed breakdown of cost of Action For Change

9.1 In 2014/15, Action for Change consisted initially of a Senior Action for Change Practitioner. A full time family practitioner started in the last three months of the year. A number of Action for Change cases remain allocated within the Families Forward Team.

9.2 In June 2015, a domestic violence specialist joined the team to improve outcomes for survivors of domestic violence children who have had their children taken into care.

Description	FTE	14/15	15/16	16/17	Funding source
Family Intervention Practitioner	1 FTE	£7,000	£37,000	£37,000	Funded by Tri-Borough
Senior Practitioner	1 FTE	£42,000	£42,000	£42,000	Funded by Tri-Borough
Family Intervention Practitioner	-	£18,500 (0.5 FTE)	£27,750 (9 months in post only as FTE due to staff departure)	£37,000 (1 FTE)	This post has been covered until the end of 15/16 by the Families Forward staff budget, as a small amount of Action for Change cases are allocated to Families Forward Practitioners.
Advance Advocacy Worker	1 FTE	N/A	£0	£24,000	Action for Change (EU) budget funds the specialist DV post for 15/16, however, the funding runs out end of June 16, and we will seek to retain this role at 32K with on costs.
TOTAL		£67,500	£106,750	£140,000	

Note:

- £24K for the Advance Advocacy Worker represents the 9 months remaining from July 2016 to the end of March 2017 where EU funding ceases.
- The Senior Action for Change Practitioner provides case management and team management.
- Additionally, from January 2015 until January 2017, project support is provided via Action for Change which is funded from the EU budget (i.e. a Project Manager 3 days per week and a full time Project Officer).

11. The national picture

- 10.1 According to recent CAFCASS data (2014)⁵ 15.5% of mothers involved in care proceedings have been through the process previously and 25% of all children subject to proceedings have a parent who has been through this process before.
- 10.2 Analysis of this data completed by Dr Karen Broadhurst, as detailed in the Guardian⁶ (2014), at the University of Manchester found that 22,790 babies and children were removed from 7,143 women between 2007 and 2014 in England: an average of over three children for each mother.
- 10.3 The average annual cost to a local authority in respect of children subject to either a care or placement order, is calculated to be approximately £30,000⁷ per care proceedings. Nationally, the average cost per looked after child per annum in 2013 was £52,075⁸ (Audit Commission, 2013).
- 10.4 A feasibility study carried out as referenced in the Guardian (2014) for the Pause Project in Hackney, illustrates that in the 14 months it's been operating, not one of the 20 women who agreed to be in the pilot project had a baby. Research supports the argument that without the project's support, the women's previous birth patterns suggest the cohort could have had at least 16 more children all of whom would likely to have been taken into care. Over a five-year period, and without intervention, this same group of women were projected to have had a total of 40 children, with a direct cost to the council of around £1.5m (Guardian, October 2014).

⁵ June 23rd 2014; CAFCASS data shines light on recurrent care proceedings' http://www.cafcass.gov.uk/news/2014/june/cascaff-data-shines-light-on-recurrent-care-proceedings.aspx

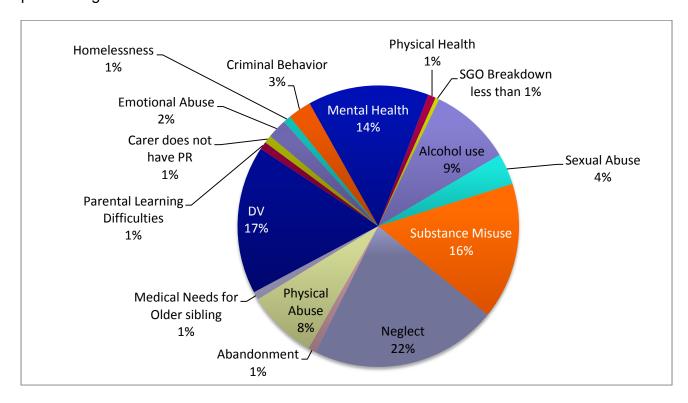
⁶ The Guardian; October 20th 2014, 'project for women with repeat children taken into care gains £3m boost'

⁷ 'PSSRU: Cost Per Unit', which breaks down the cost of care proceedings to just under £30K, allowing for a London multiplier.

⁸ Audit Commission, Protecting the Public Purse, 21st of August 2014, '12 percent more children in council care at an overall cost of £3.4 billion'.

12. Local Picture Across the three authorities

12.1 Presenting Issues between 2012 and 2015 for mothers of multiple care proceedings



12.2 Care proceedings 2013/14 1st April 2013 – 30th September 2014:

Borough	Total cases issued proceedings	Number and (%) with previous removal (families)
LBHF	61	11 (18%)
RBKC	31	8 (25%)
WCC	38	9 (24%)
All 3 boroughs	130	28 (22%)

13. Referrals (individuals) April 2014 – December 2015

Borough	Referrals 2014/15	Referrals 2015/16	Total
LBHF	5	13	18
RBKC	4	7	11
WCC	3	11	14
TOTAL	12	31	43

- From April 2014 December 2015 there have been 43 referrals to Action for Change.
- Only one service user, who has previously had two children removed, has had a child; she successfully engaged with the service and there are no care proceedings in place. Full care of her children has also been returned to her.
- This demonstrates the validity of using the expected birthing calculation as a baseline to avoid costs.

It must be noted that in 2014/15, the Action for Change service received only 12 (38%) referrals out of a potential 31 mothers who had been subject to permanent removal of their child(ren). Based on a 75% success rate, if the additional mothers had been offered the service, there would have been potential for more significant savings. It is also important to note that not all referrals have come from Social Workers - several are from third party organisations and self-referrals.

14. Service User Feedback

"Thank you very much for telling our story in a different way to how everyone else is seeing it", says a father / main carer for a child removed and who is expecting another child with the same mother."

"Throughout the proceeding and involvement with Social Services, at no point I felt support or understood what was going on or that anyone actually tried to help me to be a better mother – this is the first time I have felt supported without being judged and what I need to do to be a better mother for my boys", says a mother.

"The social workers were fine, but it was all about the baby. I didn't feel that they even wanted for me to have my baby back and it felt like they were just making sure they can prove that I'm not a fit mother. Being involved with Support for Change, I now understand and accept why I wasn't in a place to look after my child and once I feel stronger and older I can try to have another one," says a mother.