

**Joint Report of the Interim Head of Child & Family Social Services
& Interim Principal Officer for Wellbeing**

External Funding Panel – 6 April 2016

**OVERVIEW OF CURRENT AND FORTHCOMING EUROPEAN AND
EXTERNAL FUNDING APPLICATIONS**

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| Purpose: | WG funding for Group Therapy Pilot Project for Looked After & Care Leaving Teenagers at Risk of their own Children becoming LAC |
| Policy Framework: | Safe LAC Reduction Strategy. Sustainable Swansea. Early Years Prevention Strategy. |
| Reason for Decision: | <p>To accept the offered funding proposal from WG for a therapeutic initiative to break the generational cycle of LAC children becoming young parents who often have their own children become LAC.</p> <p>The funding will support a 3 year Pilot Project with the intended outcome of reducing future generations of families already know to Child & Family Social Services becoming LAC plus improving outcomes for our Children Leaving Care.</p> |
| Consultation: | Access to Services, Finance, Legal. WG. |
| Recommendation(s): | To accept the funding as set out in the Grant Offer Letter from WG. |
| Report Author: | Karen Benjamin. Julie Thomas. |
| Finance Officer: | Steve Davies. Chris Davies. |
| Legal Officer: | Stephen Holland |
| Access to Services Officer: | Rhian Millar |

1. Introduction

- 1.1. The purpose of this paper is to provide: evidence of the identified need and target group for the proposal; an outline of the proposed Pilot for external funding; the rationale for external funding of the Pilot and to secure agreement by the Panel to the Offer Letter provided by WG.
- 1.2. There is a national problem with instances of families with repeated removals of children into statutory social services care. With generation after generation in families experiencing a blueprint of poor parenting which the next generation repeats.
- 1.3. We intend to pilot a therapeutic intervention programme aimed at teenagers in care and care leaving parents, who are at risk of losing their children. The intention is to break the negative cycle and prevent the poor parenting legacy from continuing through generations of families.
- 1.4. The therapist would do individual / couple and predominantly group work sessions. The focus of the work is not practical parenting skills, but will be around developing emotional literacy. To aid understanding where the deficits from their parenting have hurt, damaged them, helping them make the links with their difficulties which could include aggressive, angry, violent outbursts, self-numbing, alcohol misuse, substance misuse, legal highs or young people involved in sexual exploitation and high risk behaviours.
- 1.5. A common feature for young care leavers is a history of disrupted attachments and trauma. With the right support these young people can learn to live, love and parent in a healthier way than they experienced in their childhoods.
- 1.6. Young people with attachment difficulties learn best with consistent people over a lengthy period of time; 2-3 years. This creates trusted relationships, consistency of care and support, a safe environment for open and difficult conversations, builds a secure base for sustainable change and resilience. Sustained change requires investment of time.

2. The Pilot Proposal

Context and Target Group

- 2.1. Our target group are young vulnerable Looked After Children and Care Leavers in Swansea who are or are about to become parents. And who are at risk of having their babies/ children removed from their care. Their babies / children will be on the Child Protection Register at risk of harm and / or in the Public Law Outline process at risk of Care Proceedings. Their babies / children will be identified as at risk of accommodation by statutory services.

2.2. Across the UK Looked after young people are at greater risk of teenage pregnancy and are 2.5 times more likely to become pregnant than other teenagers. Looked after children are more likely to become sexually active earlier than other groups of children. A quarter of young women leaving care are either pregnant or already mothers, and almost half of female care leavers become mothers between the ages of 18 and 24. Pregnant looked after children are less likely than other groups to choose abortions or adoption because of personal childhood experiences.

2.3. In Swansea we know from existing data that in the last 5 years 39 mothers in care or care leavers have had 41 children removed from their care. It is much harder to track data on young fathers who are in care or care leavers; however, it's likely to be a similar figure. The full picture may be bigger still as this has not been a specific KPI for measurement.

2.4. It is recognised through research that the health and educational needs of looked after children are different from and greater than many other groups of children and young people. Research by Action for Children indicates that 75% of adult mental health problems (excluding dementia) start before someone is 18 with over 50% starting before a child is 14 (*DoH & NHS England 2015*). Dr Marina Amaral's research into depression amongst care leavers (in Scotland) 2014 identified significant differences in the mental health rates between children aged 11 to 15, the prevalence of mental disorders for children looked after by local authorities compared with non-looked after children were as follows:

- Emotional disorders: 14% compared with 5%.
- Conduct disorders: 35% compared with 6%.
- Hyperkinetic disorders: 8% compared with 1%.
- Any childhood mental disorder: 41% compared with 9%.

Only 6% of care leavers go to university - compared with 38% of all young people. 23% of the adult prison population has been in care and almost 40% of prisoners under 21 were in care as children (only 2% of the general population spend time in prison).

2.5. Teenagers who become parents are known to experience more educational, health, social and economic difficulties than young people who are not parents. Consequently, their children may be exposed to greater social deprivation and disadvantage. These outcomes have been demonstrated to be more adverse still in the case of looked-after children who become parents. This is because this group is more likely than others to be unemployed, have more mental health problems, be expected to be independent and have little appropriate support.

Why Group work?

2.6. Group Work is used positively and widely in a variety of settings from; business, schools, universities, social activity settings, to; parenting programmes and therapy settings. Group work has a number of evidenced benefits:

- It reduces isolation and improves social support networks;
- It can help maintain motivation and commitment to shared goals;
- Gives individuals the opportunity to share and hear experiences from their peers;
- Peer involvement works like a mirror to reflect back onto individual's experience;
- It Increases the opportunity for young people to identify in their own lives the difficulties that are being targeted. Examples are young people recognising domestic violence, controlling behaviours, and grooming behaviours in other people's situations and transferring that knowledge to themselves.

What is different about our Pilot Proposal?

2.7. Group work in social care is usually short term, 12-16 week, manualised programmes, addressing single issues, for example; practical parenting, domestic violence, anger management, anxiety, self-esteem, confidence building. They are targeted at the problematic behaviours or symptoms and have benefit where situations are single issue problems. However most interventions are not aimed at the underlying emotional, mental health, vulnerability needs of Looked after children and care leavers, who are at higher risk of having a history of insecure attachments, poor parenting experiences, with shame, self-blaming belief systems and dysfunctional coping styles.

2.8. This pilot proposes a medium term, up to 3 year, programme of therapeutic input in order to help these young parents develop the skills and insight necessary to parent their own children in a different, healthier way; whilst also developing an understanding of the impact of their own history, learning about attachment, trauma recovery, self-compassion and reflective parenting.

2.9. In Swansea the young care leaving parents referred to the ITS-therapy team are described as having anger management problems; volatile and often violent relationships with partners/ peers; poor communication capabilities. All have histories of trauma/ emotional abuse/ sexual abuse/ neglect/ insecure attachment patterns. There are a number of local support groups for: young dads, domestic abuse, Prada plus practical parenting programmes providing a valuable role in practical parenting skills. These are often run by social workers, support workers or staff with specialist training in the target area.

2.10. In contrast the Pilot group would be led by a qualified therapist who is able to understand and meet the underlying needs of complex traumatised young people rather than single issue interventions. This intervention is already working with individual parents via our ITS-therapy team. We would like to reach more parents using a group therapy model and increase our capacity for this target group with this Pilot project.

- 2.11. With the right support more of these young parents can develop the ability to understand the impact of their experiences on them, their relationships and their parenting ability. They can develop self-compassion, reflective skills and emotional containment and regulation.
- 2.12. The anticipated result is better emotional and mental health for young parents, less need for self-numbing behaviours, addictions, better capacity for communication and relationships. Thereby:
- Reducing the need to remove children from their parents and becoming LAC. (In line with the safe lac reduction strategy)
 - Increasing the likelihood of successfully and positively parenting their child. (Breaking the generational cycle of poor outcomes)
 - Increasing the opportunities to secure training, employment, moving out of poverty and to contribute positively to local Swansea communities. (Sustainable Swansea)
 - Decreasing the reliance on statutory services with significant future cost reductions (Safe lac reduction strategy and Sustainable Swansea)
- 2.13. Goal setting and review through collation of quantitative and qualitative data would be a crucial part of the project. Outcomes would be monitored and reported annually throughout the 3 year project.

3. The Rationale for Invest to Save Funding

- 3.1. The invest to save element of this project is in essence cost reduction in the following Child & Family budget areas:
- Cost of Care proceedings
 - Cost of legal hours based on time recording for year 14/15
 - Cost of social worker hours based on equivalent estimate time recording for the year 14/15
 - Average cost of LAC placement based on the 26 weeks of care proceedings
 - Cost of average Interagency Adoption fees / support package
- 3.2. The Grant from WG has the benefit of covering the majority of the cost of a temporary full time equivalent Therapist post for the duration of the 3 year Pilot.
- 3.3. The Grant is repayable but in reduced instalments over future years. No interest is charged on the monies. At the point of repayment the cost reduction 'savings' from the pilot will have freed up sufficient element of the therapeutic budget to repay the Grant without risk of budget overspend.
- 3.4. A WG funded Pilot may also attract a higher calibre of applicant for the Therapist post. Within this labour market there is a tendency for applicants to want only part time contracts that allow them to supplement their income with private work at a potentially higher

remuneration. However the structured nature of the Pilot, potential research benefits and links with WG are likely to prove more attractive to candidates as a means of future career development.

- 3.5. The Pilot proposal has already been submitted to WG for funding on an Invest to Save Initiative circulated for consideration corporately. The application was submitted on 22nd January 2016. Confirmation of successful completion of Stage 1 was received shortly after.
- 3.6. Interim Principal Officer Karen Benjamin and ITS-therapy Assistant Team Leader Frances Charles attended a Stage 2 Interview Panel at the WG offices on 15th February 2016.
- 3.7. Confirmation of a successful bid ratified by the Minister was received on 23rd February 2016.
- 3.8. Offer letter with associated terms and conditions of accepting the Grant received on 4th March 2016. Attached at Appendix A

4. Equality and Engagement Implications

- 4.1. An EIA Screening Form has been completed with the agreed outcome that a full EIA report was not required. Attached at Appendix B.
- 4.2. The EIA process takes into account the United Nations Convention on the Rights of the Child (UNCRC) which Council has embedded into the Authority's Policy Framework. The UNCRC is relevant to the report as it relates to an area within Child & Family Social Services where the Pilot works positively to support the right to family life and the rights of a child to live safely without fear of harm
- 4.3. The Pilot will comply with Welsh Language Standards: specifically, we have considered how to maximise any benefits and minimise any adverse effects on:
 - 4.3.1. opportunities for people to use the Welsh language
 - 4.3.2. treating the Welsh language no less favourably than English.Welsh speaking applicants for the new Therapist post will be encouraged at point of recruitment. Any literature or reports produced for or relating to the Pilot will be available bilingually.

5. Financial Implications

- 5.1. This paper recommends the acceptance of a Financial Invest to Save Grant from the WG. The total amount of the Grant is £105,792.
- 5.2. The monies are to be claimed annually throughout the 3 year project. If the monies are not claimed in full by April 2019 the monies will be lost. WG must receive the signed letter on or before end of April 2016 or this award of Funding will automatically be withdrawn.

5.3. The details of the financial implications of the Grant are set out clearly in the Offer Letter attached at Appendix A.

5.4. The remainder of the monies (£11,755.20 pa for 3 years) required to finance the Pilot will be paid from the Therapeutic Budget code within Child & Family Social Services. This Budget has sufficient funds to pay the contribution. This has been agreed with the relevant Budget Officer for Child & Family Social Services.

6. Legal Implications

6.1. There are legal implications attached to the acceptance of the funding from WG. These are set out in detail in the Offer Letter attached at Appendix A

7. Background Papers: None

8. Appendices:

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| Appendix A | WG Offer Letter |
| Appendix B | EIA Screening Tool |