

APPENDIX D

Schools Forum – Central Expenditure Contribution

Impact Statement

September 2019

Schools Forum contribution underpins placement for children in care (CiC). Current numbers of CiC are 626 (as of 09.09.19).

Overview of the Services: CiC Placements

Total Budget: <small>NB: this is budget not actual spend. Some services are needs-led and may be over-spending to meet the needs of service users (any overspends are picked up by the LA) Also, figures quoted cover direct costs only and do not include any overhead/support costs incurred by other Council departments e.g. HR/Finance.</small>	£35.041m
CEG Contribution:	£1.327m (3.8% of budget, excluding other contributions)
Other Contributions:	£1.377m UASC Grant £2.000 Health Contribution
Number of Children Supported:	626 (as at 9 th September 2017)

Funding Allocation:

Area	Intervention/Support	Reach
Placements (Internal and External)	<p>Internal Placements – Foster Care or Internal Residential Provision</p> <p>External Placements – External Residential or Independent Fostering Association.</p> <p>All carers are commissioned to support the educational outcomes for children in their care including but not limited to:</p> <ul style="list-style-type: none"> • Encouraging and enabling children and young people to achieve their academic potential and promote study and learning, in line with national guidance • Working in line with individual care plans, education health care plans, personal education plans, pathway plan and attend and contribute at all reviews • Supporting the education provision of the child, including all home to school transport, encouragement and clear expectations in relation to attendance • Supporting with homework assignments and extra-curricular activities • Providing school books and educational 	<p>626 (9th September 2019) versus 609 (4th September 2018)</p>

	<p>equipment where required, to supplement learning, for example through home tuition</p> <ul style="list-style-type: none"> • Supporting and funding day school outings and visits and overnight trips • Attendance at Personal Education Plan (PEP) meetings • Attendance at parents evening, sports days, etc • Providing all school uniforms and clothing, including and specialist or replacement clothing requirements, e.g. unusual sizes or for children or young people with disabilities • Providing all individual educational resources and sports or hobby equipment, within reason, to support the child or young person develop their talents and life chances • Providing access to a computer in the home that is principally for education and homework. • Providing equipment for a disabled child or young person • Maintain all health checks and appointments (dental, opticians, statutory LAC health reviews), which may ultimately reduce the instances of absence due to sickness • Collect and return absconding child or young person to care placement • Take all reasonable steps to avoid the criminalisation of the child and young person • Provide appropriate specialist resources to meet the needs of specialist placements. This may include evidence based therapeutic input, DfE registered education or care for young people with complex medical needs. These resources are in addition to existing mainstream or specialist NHS and Placing Authority funded Services already available to young people, which are free at point of delivery. 	
<p>Edge of Care Interventions</p>	<p>We currently fund three interventions to provide intensive 24/7 support for families who have children on the edge of care. These services are Multi Systemic Therapy (MST), Multi Systemic Therapy Child Abuse and Neglect (MST-CAN) and a new programme, PAUSE, to support Mums who have had multiple children removed from their care. These services work with our complex edge of care cohort to provide holistic, therapeutic support to build resilience in families and address issues that are impacting negatively on children and young people. These services cost a total of £1.02m.</p> <p>See case studies attached to see how they improve educational outcomes for children and young people.</p>	<p>Capacity to work 75 families per year (multiple children)</p>

Intended Outcomes:

- Provide a safe and stable home environment that is able to meet the child/young person's holistic needs so that they can play an active and positive part in their community (school, neighbourhood etc.)
- Keep children with their families wherever possible or if accommodated to provide placement stability and increase the number of children placed within 20 miles of Nottingham City to reduce pupil mobility.
- Provide a parenting experience that encourages positive behaviour, attendance at school and that builds on a child/young person's aspirations.
- Avoid persistent absenteeism, exclusions or poor behaviour that means that children are at risk of exclusion in a mainstream school setting.
- Ensure that children access health services (dentists, GPs etc.) to reduce the likelihood of absence from schools.
- Improve the social and emotional wellbeing of children in care to support their self-confidence and self-esteem.
- Contribute to the child/young person's attainment, achievement and progress at school/college.

Impact

Children in care are often negatively impacted by their experiences in their families before being accommodated. There is a wealth of national research that evidences that these historical experiences will impact on the outcomes for that child/young person for the rest of their lives. Whilst care provides a safe and stable environment and often mitigates the impact of these experiences (particularly where children have been in care from a young age or for a significant amount of time) the outcomes of this cohort are generally worse than their peers.

- The attendance rate has remained relatively static this year, from 94.5% in 2018-19 to 94.6% in the previous academic year.
- There was one permanent exclusions for a CiC in 2018/19 and 122 incidents of fixed term exclusion, down from 132 incidents in the previous academic year.

See attached data re: educational attainment for CiC.

In relation to broader outcomes (also detailed below):

- The % of care leavers in education, training and employment is above the last available statistical neighbours comparator.
- The % of CiC who offend has continued to reduce year on year and is significantly lower than statistical neighbours.
- The majority of eligible CiC have had their development checks, health assessments, dental checks and immunisations.

- The average score for strengths and difficulties questionnaires (SDQs) is reducing over time, which suggests that the mental health and wellbeing of this cohort is improving.

Measure	2017	2018	2019	2018 SNG average
Children Looked After				
CLA As At 31st March	622	618	629	803
Total CLA in year	824	830	838	1,072
CLA rate per 10,000 child population	93	91	92.6	94
Of which are UASC	33	31	41	38
% of CLA that are UASC	5.3%	5.0%	6.5%	4.8%
Admissions	235	212	224	315
Discharges	216	217	216	279
Care Leavers				
Suitable Accommodation, 19 - 21 year olds	85.4%	86.2%	89.2%	84.0%
Suitable Accommodation, 17 -18 year olds	92.1%	88.2%	90.5%	87.0%
Suitable Accommodation (All ages)	86.9%	87.4%	89.6%	N/A
EET, 19 - 21 year olds	67.3%	57.3%	55.6%	52.0%
EET, 17-18 year olds	81.0%	66.7%	64.6%	67.0%
EET (All ages)	70.4%	60.0%	57.6%	N/A
OC2				
Offending	4.8%	5.5%	2.7%	4.3%
Development checks	100.0 %	100.0 %	100.0 %	85.1%
Immunisation	95.2%	97.4%	96.2%	88.2%

Health Assessments	88.2%	88.7%	93.9%	89.1%
Dental checks	86.8%	92.8%	93.0%	87.7%
Substance Misuse	4.5%	7.0%	4.0%	3.1%
Number of CLA for 12 months at 31st March	440	459	445	574.7
SDQ - % Complete	73.0%	81.0%	78.6%	82.6%
SDQ - Average Score	14.6	15.3	15.1	14.1
SDQ - Normal	41.9%	46.6%	43.3%	51.9%
SDQ - Borderline	16.6%	10.7%	10.8%	11.8%
SDQ - Concern	41.5%	42.7%	45.8%	36.3%
Reviews				
Proportion of reviews in-time (Monthly Report)	92.9%	95.9%	95.9%	N/A
NI66 Childs reviews all within timescales. (% of CLA which should have been reviewed during year that were reviewed on time during the year, excl V4 and PFA)	83.0%	83.2%	87.3%	N/A
Proportion participated at review (Monthly Report)	92.9%	92.3%	89.9%	N/A
PAF C69 Child Participated in all reviews	86.8%	88.0%	84.3%	N/A
Placements				
NI63 Long Term Placement Stability	76.3%	73.5%	68.7%	69.0%
NI62 Placement changes	7.8%	9.4%	10.2%	N/A
The % of CLA at 31 March placed Less than 20 miles from where they used to live	78.7%	78.8%	75.5%	74.2%

MST Good New Story: 2018-2019

Recovery Following Stabbing

X was referred to MST in 2018 via the edge of care panel. Concerns were raised after X was refusing to attend school, having been stabbed outside the school gates by a group of young people known to be gang affiliated. X had become physically and verbally aggressive at home towards family members, often smashing up the house and throwing objects. X would leave the house in a rage in the middle of the night- leaving parents feeling frightened for his safety. X would not always recall leaving the housing or recall what triggered his rages.

Following the stabbing X had become withdrawn from social groups. X attended court to give evidence and the young person responsible for his stabbing received a custodial sentence. The young person's associates made threats to harm X following court and X felt in fear of his life.

During MST intervention, X's mother talked through her own trauma at witnessing her son having a knife removed from his body. Her most painful memory was arriving at school and the ambulance crew informing her that although he was breathing, when they remove the knife, he could decline rapidly. X's mother's trauma was further compounded due to her brother being murdered following a stabbing incident. The combination of both traumatic events had left X's mother feeling overwhelmed and struggling to regulate her own emotional states and consequently found it hard to help her son regulate and recover from his trauma.

Within MST we focused on the following interventions to help the family recover;

Trauma focused physical aggression safety plan for the family

This safety plan identified strategies the family could use to help de-escalate conflict and prevent physical harm towards each other. The plan aimed to help each family member recognise trauma triggers, signs and symptoms of trauma related bodily states and reactions. In addition the plan looked at how each person could re-regulate when becoming hyper-aroused.

Trauma focused CBT

This intervention focused on providing the family with psycho-education on trauma to help them understand and make sense of their day to day reactions and interactions following the traumatic event. Within this intervention we developed further understanding of trauma triggers – sequencing conflicts and helping the family to reflect on sequences to identify their

underlying thoughts, feelings and to evaluate how this shaped their interactions and behaviours. X was able to talk through his fears about returning back to school and was able to express how this life event had changed him. Mum had also started her own counselling to further support her emotional needs.

In vivo Exposure.

We developed an in vivo hierarchy – this involves listing all the situations, places and people X avoided after he was stabbed. The function of avoidance is often to avoid triggering any memories or emotions connected to the trauma. Although, avoidance strategies initially help the person feel safe, avoidance normally leads to people feeling restricted and daily functioning interrupted – for example, X not attending school.

Within in vivo we identified 10 situations and places X avoided and listed them in order of 1-10 in relation to the amount of anxiety they provoked. We slowly worked our way through the list and over the course of treatment exposed X to each place and situation with the support of the therapist. The intention of this intervention is to help X master each situation until he no longer feels anxious about that situation or place. This intervention's biggest success was X returning back to school and developing friendships again!

Restorative Justice

The final intervention was done in collaboration with the YX. Together the MST therapist and Youth Justice Worker worked with X family and the family *and* young person who stabbed X to enable both families to come together in a restorative justice session (*this took a lot of risk assessing and preparation*). X was able to let the young person who stabbed him know what impact this had on his life, he was understandably emotional and incredibly brave to have faced the young person who harmed him. That young person was able to take responsibility and communicated his remorse. Both Mothers were able to support each other and both showed empathy for the other mother's situation. Both boys agreed to not follow through with any retributions and X walked away feeling he could breathe again, not having to look over his shoulder, not having to wait until next time.

X described feeling like he could live his life again, was attending school and had a girlfriend and friends again. X is firmly on the road to recovery 😊

Case Study

Edge of Care Hub

Child 1, aged 7

Child 1 had been out of school for several months when the case was allocated to Edge of Care Hub (EoCH). The family presented with multiple complex issues including DV and poor parental mental health.

The support focused on supporting the child to return to school but on a reduced timetable.

Child 1 was encouraged to take part in EoCH Soft Toy Project. This entailed the Family Support Worker (FSW) writing a letter to the child and their parent inviting them to take part. Once they had agreed the FSW sent a letter from the soft toy asking if they could come to stay for a week. A story book that related to the toy and matched some of the issues the child faced came with the toy. As did a disposable camera and a diary.

Child 1 responded very well to the intervention, and after a week of looking after the toy she took it in to school for Show and Tell. She showed the diary and pictures, and read the story to the class.

Child 1 reported that it was the first time she felt good in the classroom and that for the first time the attention she received was positive.