

Early Help

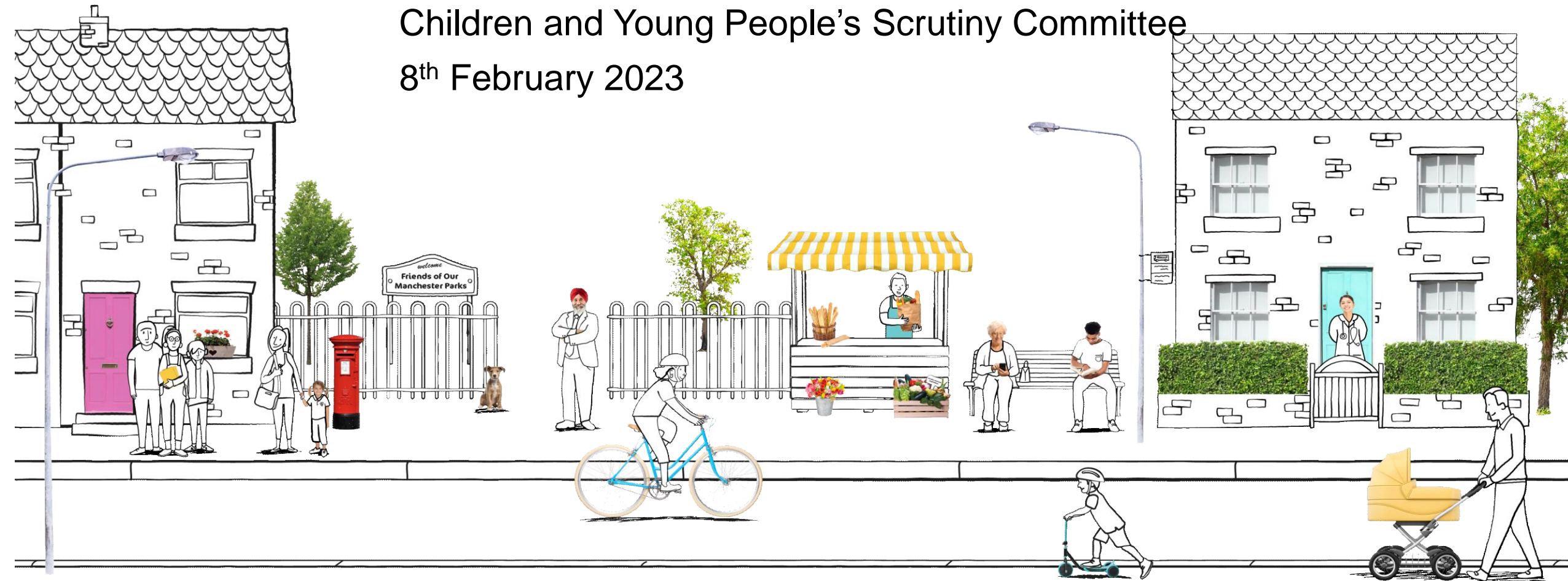
Thriving Babies, Confident Parents Programme.

Julie Heslop, Assistant Director, Early Intervention and Prevention.

Nicola Bailey, Team Manager, Thriving Babies.

Children and Young People's Scrutiny Committee

8th February 2023



Thriving Babies: Confident Parents



MANCHESTER
CITY COUNCIL



Manchester University
NHS Foundation Trust



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Overview

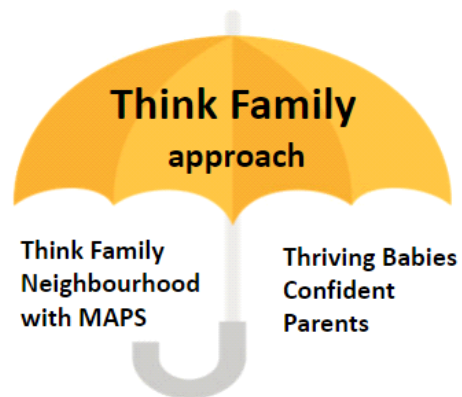
- Think Family Approach
- Overview on Thriving Babies Programme
- Impact And Evaluation
- Next Steps

Manchester Think Family Approach

Think Family is part of the wider Children's Reform Programme

Objectives include:

- To develop **collaborative working** and joined up services across children's services, mental health, adult services, health services and integrated neighbourhood teams to support children and adults, particularly those experiencing multiple and complex problems
- This will support wider integration and **place based agendas** through development of shared objectives and working principles and practice



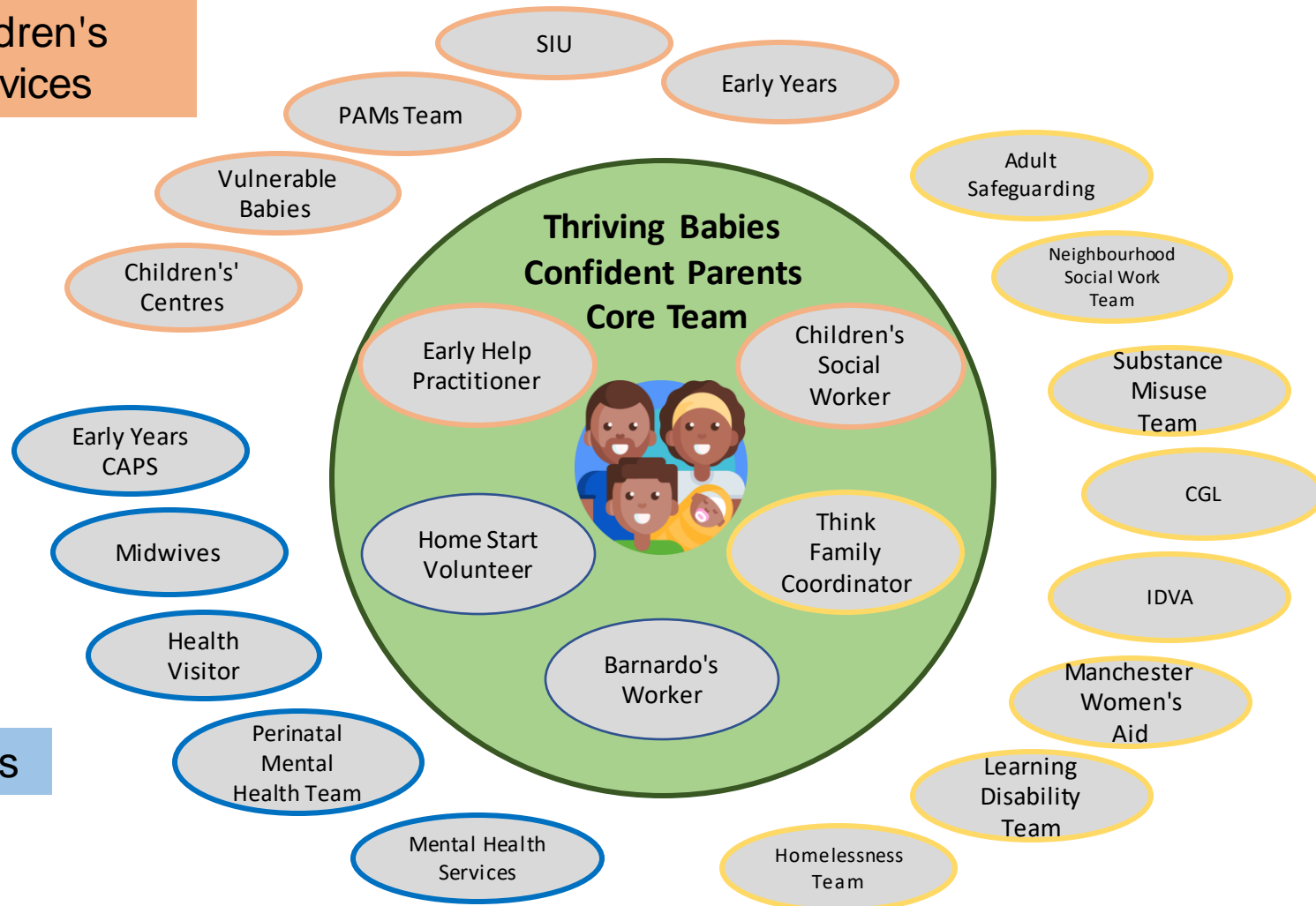
TBCP Background

- Developed from a previous 'Edge of Care Babies' pilot in 2019/20
- Extended to include broader group of partners including VCSE
- Pre pilot identified 249 babies cared for before their first birthday with 85% still cared for
- Responding to the over representation of Black, Asian and minority ethnic families within the care population. (52% of babies becoming cared for in their first year)
- Feedback from Start Well consultation in 2021 and engagement with residents and staff directly contributed to programme design
- What Works Well for Social Care bid

Aims and Objectives

- Provide support to new or prospective parents of babies, where vulnerability factors include care/social care experiences, previous children removed through care proceedings, learning disability or difficulty
- Promote the health, wellbeing and safeguarding of children, so babies can thrive by having safe, stable permanent homes, remaining with their families and communities
- Reduction in the number of babies becoming cared for within first year
- Achieving early permanency through earlier intervention
- Support good or improved child attachment to birth parents, improved parenting confidence and efficacy
- Tailored support for families from ethnic minority communities, culturally attuned practice supporting positive engagement

Children's Services



Health Services

Adult's Services

Workforce Roles and Training

Core staff were supported by an intensive and well-resourced training offer, consisting of the following elements:

- Motivational interviewing techniques.
- Bespoke Cultural Competence Training.
- Attachment and Endings.
- New-born Behavioural Observations (NBO) Training.
- Domestic abuse (Safe & Together).
- Presentations by invited professionals from partner agencies often responding to specific demand during the implementation of the Programme (e.g. on perinatal mental health, foetal alcohol syndrome).
- Enhanced training for Home-Start volunteers (particularly around safeguarding).
- Trauma-informed approach with ACES training
- Focus on culture, behaviours and development of Manchester 'Think Family' approach

Think Family Approach: TBCP

- TBCP panel - combined Children's & Adult's
 - *Social work, CGL, Perinatal MH, IDVA*
- Supporting joint working across services
 - *Good practice week, Communities of Practice, Wise Wednesdays, peer led training*
- Parental support following child removal
 - *Maternal MH services, GM incident review*
- Joint Working Protocol
 - *Children's services and the Community Learning Disability*
- Advocacy support for parents
 - *Joint Adult & Children's*

Presenting Needs

On average interventions started around **16 weeks** before EDD

Contact was made within **48 hours** of initial referral being accepted at panel

Interventions last on average around **6 months**



Third of parents were **care experienced**
16% were **care leavers** and;
over half of the primary carers were already **known to social care** prior to intervention



In nearly all families parents had experiences significant **adverse childhood experiences** and trauma

Two thirds of parents had presented with a trio of **mental health, domestic abuse and substance misuse**

Homelessness was also a potential risk in half of the families

Impact

120 families accessed TBCP so far



112 babies born

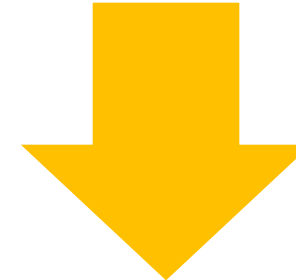


93 at home with one or both their parents

51% of babies identified as Black, Asian, Ethnic Minority or Dual Heritage



Just **19*** children cared for following TBCP intervention



Also overall reduction in babies becoming Looked After in Manchester since TBCP implementation

Jun-20 to May-21

Jun-21 to May-22

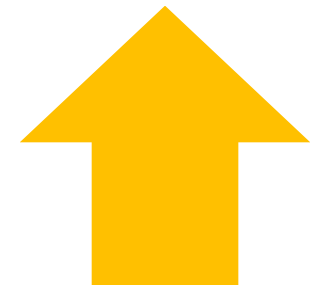
84 babies into Care
19.4% of all Admissions



71 babies into Care
13.6% of all Admissions

Based on children under 1yrs old

Previously Primary Care Givers had **100** children removed from their care



*6 cared for by family and being assessed with shared responsibility and 13 in Foster Care

Findings from External Evaluation

by Institute of Public Care, Oxford Brookes University

- Consistently high quality including evidence and strength based interventions led by keyworkers, characterised by a mix of educational and therapeutic sessional work with parents and practical support.
 - TBCP demonstrates strong triangulated evidence of positive parenting practices, parent attunement, secure child/parent attachments and reduced parent risk factors.
 - The importance of working with parents and families during the perinatal period in the context of the COVID-19 pandemic was recognised by stakeholders.
 - Evaluators found evidence of effective operational and management structures, governance procedures, and leadership. TBCP has been delivered as planned and intended.
 - Provided effectively engaging, multi disciplinary and culturally attuned support for parents presenting with high and risks and complex needs.
 - Programme / intervention acceptance is high: limited disengagement, valued by parents. With qualitative evidence suggesting improved resilience, coping skills and ability to make positive choices
 - Intensive intervention during pre proceedings has enabled relatively swift decision making around permanency planning.
 - Costs between £5,287 and £6,661.
- Link to the full evaluation report [Thriving Babies: Confident Parents - What Works for Children's Social Care \(whatworks-csc.org.uk\)](https://www.whatworks-csc.org.uk/Thriving-Babies-Confident-Parents-What-Works-for-Childrens-Social-Care)

Costed Case Study Findings

Unit Costs taken from the Greater Manchester
Combined Authority Unit Cost Database 2022

A random sample of TBCP families were analysed to determine potential cost savings to the public sector based on costs avoided due to successful intervention.

Examples of costs avoided include:

SMOKING CESSATION

Additional healthcare costs per person to the NHS of children born to pregnant smokers during the first year following birth: **£97**.

Cost per case for the NHS of pregnancy outcomes for the mother caused by maternal smoking: **£667**

Cost of pre-term birth attributable to smoking in pregnancy for the NHS: **£4,421**.

REDUCTION IN DOMESTIC ABUSE INCIDENTS

The average cost of domestic abuse per incident: **£254** for children's services and **£546** for the police

AVOIDANCE OF CHILDREN TAKEN INTO CARE

The cost of a specialised mother and baby unit can range from **£32,000** to **£60,000** for a 12-week residential placement. A mother and baby foster placement can cost between **£500** and **£600** per week

Average costs to the local authority of a child being taken into care is **£67,877** per year based on an average of all placement types

MENTAL HEALTH SUPPORT

Unaddressed mental health issues could result in cross sectoral service use costing health partners and the local authority upwards of **£2,698** per year with demand likely to be reoccurring

TREATMENT FOR SUBSTANCE MISUSE

The average annual savings resulting from reductions in drug-related offending and health and social care costs as a result of delivery of a structured, effective treatment programme: **£4,351**

Evaluation: Conclusion & Recommendations

The Oxford Brookes evaluation suggests that this pilot programme has been well-implemented and has become consolidated in Manchester. The programme has demonstrated strong evidence of promise in terms of its impact. Key learning from the pilot study regarding the implementation of a model like this includes the importance of:

- Having a clear model with clear aims and desired outcomes.
- Early and sustained messaging and ‘publicity’ about the model across all statutory and partner services (just at the start is not enough).
- Highly committed staff who have the capacity to engage effectively with parents in this cohort, to work effectively with children’s social care services as well as a range of partner organisations, and to learn new skills.
- Regular, high-quality supervision for operational staff, alongside regular review and monitoring of outcomes for children and families.

What do families think?

- *I will miss her [key practitioner] because she was like my little fairy godmother to be honest. That's what I call it. She was brilliant. Absolutely amazing. Anything that I needed she helped with and she actually got me a lot help with other things that other organisations that even social services didn't know about. She got me a lot of help with things*
- *They would teach us things like how to understand emotions, how babies develop and stuff we wouldn't have known. And also, about safe sleep and how to sterilise bottles*
- *The most useful thing I got out of TBCP was] probably the way you interact with baby. We don't talk to them like a baby, we talk to them like a little adult basically. Like they understand and [are] getting cleverer by the day, learning all the time. And we wouldn't have done that, we wouldn't have got as involved as we do now, without [key practitioner's] input. It's definitely got the best out of baby, everyone always says how developed they are for their age.*
- *She was so nice, she was really nice, she helped me a lot with everything. She explained this stuff. It's a lot different [from when I had my other children]. I was really scared when social services came back on my case and I lost my confidence and she helped me with that*

Thriving Babies: Confident Parents Video





Next Steps

- Tracking longer term outcomes - sustainability of children remaining out of care and what (if any) further statutory intervention did TBCP families experience
- Optimal timing for starting intervention during pregnancy, early years
- Expansion of criteria and scope
- Impact of the Think Family approach on wider outcomes for parents and children
- Full Cost Benefit Analysis modelling

