

**Manchester City Council
Report for Information**

Report to: Children and Young People Scrutiny Committee – 5 February 2019

Subject: Edge of Care Services

Report of: Strategic Director of Children’s Services

Summary

This report provides an update on the services and interventions supporting children on the edge of care (at risk of becoming ‘looked after’). The report will cover the range of approaches utilised, the impact achieved from the services and interventions and will outline new innovations being developed in Greater Manchester. The report will address challenges and will provide evidence of impact and value for money from the interventions.

Recommendations

Scrutiny Committee members are invited to:

1. Consider the progress and impact being achieved for children and young people from the edge of care services; and
 2. Request a further report in 2019/20 to update on progress and impact.
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Wards Affected: All

Alignment to the Our Manchester Strategy Outcomes (if applicable)

Manchester Strategy outcomes	Summary of how this report aligns to the OMS
A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities	Edge of care services are critical to ensuring the most vulnerable citizens are able to connect and support the drive towards a thriving and sustainable City
A highly skilled city: world class and home grown talent sustaining the city’s economic success	Effective edge of care services are critical to ensuring the most vulnerable citizens are able to connect and support the drive towards a thriving and sustainable City
A progressive and equitable city: making a positive contribution by unlocking the potential of our communities	An effective edge of care intervention helps build the resilience of children and families which they need to achieve their potential and be integrated into their communities.

A liveable and low carbon city: a destination of choice to live, visit, work	Improving outcomes for children and families across the city helps build and develop communities.
A connected city: world class infrastructure and connectivity to drive growth	Edge of Care Services support families to be successful who are then able to support the continuing growth of the City.

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Background documents (available for public inspection): None

1.0 Introduction

- 1.1 The purpose of this report is to provide an overview on the services and interventions utilised to support children and young people 'on the edge of care'. The report will cover the range of approaches, the impact achieved from the services and interventions and will outline how new innovations being developed in Greater Manchester will support this group of children and young people. The report will address the challenges, evidence impact and value for money.

2.0 Background

- 2.1 There is no national definition of what constitutes edge of care as there is no national requirement to do so; consequently, few Local Authorities track a distinct edge of care cohort of children and young people. However, children and young people in this cohort are often subject to child protection plans and / or are being supported as 'children in need' they often have an extensive previous history of referral to, and engagement with, Social Care and are likely to have difficulties with their education. To support our knowledge and understanding we undertook focused analysis of our children who are admitted and then discharged into care to enable us to have a better understanding of our edge of care cohort and to develop our edge of care offer. This is alongside the clear focus provided by having a distinct edge of care panel and edge of care offer.
- 2.2 A useful overview on delivering effective edge of care interventions was provided by Ofsted in a research publication 'Edging away from Care- How services successfully prevent young people entering Care' (2011) which undertook research into families' experience of edge of care services. As part of the study their focus was:

Young people aged 11 years and over for whom entry into care had been considered by the Local Authority, but who had not entered care.

- 2.3 Researchers undertook an analysis of the range of interventions focused on a targeted group of children and young people and identified that the consistent themes which emerged for successful engagement and intervention were;
- Quality of the professional involved (Lead Practitioner) was a crucial factor in helping to achieve success.
 - The Lead Practitioner should be persistent, reliable, open and honest and flexible.
 - The LP should use a strength based approach to understand, and work from, the families starting point.
 - Young people's needs to be a priority and the needs of parents had to be addressed.
 - Interventions must use explicit/clear goals and methods of intervention.
 - There should be clarity about expectations and consequences.
 - The approach must involve working alongside the family to achieve shared goals.

- There must be a clear plan to sustain progress.

2.4 The themes feature strongly in the approach we have taken to develop the range of edge of care services with a specific focus for young people in adolescence. In April 2017 we refocused our edge of care offer to focus on children and young people aged 11- 18 years old and established an edge of care panel as the gateway to receiving edge of care interventions. We have utilised learning from research such as the Adverse Childhood Experiences (ACES) to inform and strengthen our approach. This has included training and development for frontline staff to raise awareness and understanding of ACES and development of tools. This is developing a trauma informed approach to practice and how we respond to presenting behaviour; a knowledge of ACES means frontline staff understand that a different response to trauma and the environmental impact must shape and inform our response.

2.5 Governance and Accountability arrangements

2.6 A multi- agency working group provides coordination and delivery of the strategic aims and objectives in relation to edge of care. The Youth Matters: Edge of Care delivery group is chaired by the Strategic Head of Early Help and is a well- established group. The group is one of a number of subgroups that reports into the LAC Strategic Partnership Group and ultimately reports to the Corporate Parenting Panel.

2.7 Manchester City's Multi- Agency Our Children and Young People Strategy – A Corporate Parenting Strategy 2016/2019 identified edge of care as a priority area and recognised that good outcomes for children are best achieved in their own families if this can be safely supported.

The Corporate Parenting Strategy stated that we will;

- Continue to ensure the delivery of Manchester's multi-agency Early Help Strategy and continue to invest in early preventative services, expanding the number of families that access early help support in order to reduce demand and increase effectiveness.
- Use the new multi-agency Edge of Care Panel Work to ensure an appropriate range of evidence based interventions are commissioned for 11-17 year olds.
- Work as a joint partnership team to deliver coordinated support for children on the edge of care, including joint, high quality contributions to child protection and child in need planning meetings.
- Maximise use of a range of evidence based support for children and young people on the edge of care, including mental health services, Family Group Conferencing and Multi-Systemic Therapy, supporting families to stay together.
- Work with other authorities and research institutions to build the evidence base to identify what support works most effectively in different contexts.
- Use the new Family Support Unit (Alonzi House) to reduce the number of teenagers unnecessarily becoming looked after, to support rehabilitation

home and to act as a hub for all other family support services working with children and young people on the edge of care.

- Work with families using Signs of safety as our primary model.

2.8 The Edge of Care delivery group are responsible for the implementation of an action plan in relation to edge of care and a series of workshops was held in 2018 to understand the analysis, trends, and emerging themes. The priorities and action plan for the delivery group were refreshed in November 2018 and were informed by research and analysis, practice wisdom and understanding of the characteristics and circumstances of children and young people and the impact achieved from the interventions.

3.0 Value for money

3.1 We shouldn't underestimate the importance of early help and prevention as timely early intervention makes a real difference. Evidence increasingly demonstrates that interventions at an early stage are more likely to lead to improved outcomes for children and their families and reduce demand across the whole "children's system". This is essential for cost effectiveness but also recognises the inherent difficulties in repairing trauma in later years.

3.2 Different types of interventions in families are often age related with specific early years or adolescent focused interventions. All should focus on securing of permanency and this has been our approach along with ensuring cost avoidance (where safe and appropriate) with savings arising from young people not entering care. The sustainability in the longer term of outcomes requires more research and generally longer interventions are more suited to a chronic type of persistent neglect. This report will confirm that interventions such as Families First, Alonzi House and MST evidence impact, good improved outcomes and value for money.

3.3 In 2017/18 Manchester along with 18 other authorities participated in a Research in Practice (RIP) and Loughborough University, Edge of Care Cost Calculator Project. The purpose of the project was to develop a tool for calculating the financial costs of delivering services for young people who are on the 'edge of care'. The results of the change project were published in December 2018 and confirmed that there were a number of issues in developing an edge of care cost calculator as there are no clear definitions of edge of care, there is a wide variance in services provided and variance in the level of data.

3.4 The project confirmed that the focus must include children who are 'edging towards care' as without an intervention there is a strong likelihood that these children will progress to care. This endorses the analysis we have undertaken and the approach we have developed. Despite the challenges we will continue to participate in the cost calculator and cost benefit analysis work now being led by the GMCA to support our analysis.

4.0 Edge of Care Panel

- 4.1 The Edge of Care Panel was revised in April 2017 to focus on 11 – 18 year olds and the main purpose of the panel is to prevent the escalation of risk and prevent children from entering the looked after system by ensuring that appropriate interventions are put into place. The panel oversees a robust resettlement offer for young people in custody and is the entry point for planned access to Alonzi House and interventions such as MST (Multi – Systemic Therapy).
- 4.2 The panel meets weekly with range of partners in attendance and social workers submit cases for discussion via a referral pathway and make request for a specific intervention to support the plan for the young person and reduce the risk of them being admitted into care. In 2017/18 there were 205 children and young people discussed at the edge of care panel. Alonzi House received the highest number of referrals (95) followed by MST (73) and the remainder either received a bespoke intervention or the support need was met via Early Help, a Complex Safeguarding Service or was not approved.
- 4.3 In relation to gender there were 132 requests to support male children and 73 requests to support female children. The age range is 11 – 18 years but peak requests fall within the 13 – 15 year age range. The majority of young people are supported at CIN level (120), 51 were on a Child Protection Plan, 14 were on Section 20 voluntary arrangements, 13 were on a range of orders including placed with friends and family and 7 require further analysis.
- 4.4 There were 18 individuals subject to a Youth Justice Resettlement offer with some young people subject to multiple review in the year. The resettlement young people have an upper age range of 16 – 19 years and follow up tracking identified that (39%) had not reoffended whilst (61%) had reoffended. The reoffending is due to a range of factors some due to outstanding charges; others breach of orders, the pull factors for criminality and continued vulnerability to exploitation and further offending. We are looking at the circumstances of these young people in more detail to reduce this rate, this must be seen in the context of an overall reduction in the Manchester rate of reoffending, which is 36.8% against the 41.65 average for England and Wales.
- 4.5 The young people presented at panel have a range of characteristics which are generally defined as:
- Children and young people with extensive previous history of referral to Children's Social Care.
 - Complex vulnerabilities and adverse childhood experiences (ACEs).
 - A range of SEND needs with a correlation between young people with Autistic Spectrum Disorders (ASD) and referral for interventions at the edge of care panel.
 - Disrupted education with alternative education provision; often poor school attendance or a part time education offer.
 - Often entrenched family issues with evidence of neglectful and harmful parenting.

- Increasing mental health and substance misuse in parents.
- Increasingly complex mental health and emotional well – being issues impacting on young people.
- In 2018 a trend of young people without an extensive history of referral to Children’s Social Care being referred due to exploitation, youth violence, and mental health issues.

4.6 In 2018 the edge of care panel saw a shift towards young people referred in at an earlier point with requests for Alonzi and Family Group Conference at an earlier stage of child in need planning. This is enabling an earlier response from Alonzi and Complex Safeguarding Services and is demonstrating positive impact in maintaining children and young people in their care of their families.

5.0 Edge of Care Services and Interventions

5.1 We have a range of approaches and services as part of our edge of care offer; these include: Early Help Practitioners and the Early Help Parenting Team, Alonzi House, Family Group Conferences, Multi Systemic Therapy, Families First, and Complex Safeguarding Services. Outlined below is a brief overview of the services and the impact that is being achieved from these services and the interventions they deliver.

5.2 Early Help Hubs

Early help practitioners are working alongside social workers to deliver effective child in need and child protection plans. Currently 26% of the Early Help practitioner caseload and 23% of the Parenting Team are supporting edge of care children. Support is varied and includes brief intervention, longer term support on behaviour, support for education, managing troubled adolescence, support for well –being and support to reduce missing. This is in addition to the targeted intervention delivered by evidence based parenting programmes.

5.3 In 2018 the Troubled Families Evaluation demonstrated that 81% of families see all child in need status removed within 12 months of the intervention ending. In relation to education positive impacts are achieved with issues of non-school attendance reducing from 54% to 9% post intervention. Demand for the Early Help ‘Parenting Your Team’ course is high and good outcomes have been achieved from the intervention.

5.4 Parents who completed a programme in October – December 2018 commented that ‘It’s helped me to deal with my son’s feelings and how he reacts to me and others’; ‘our relationship has massively improved’, ‘we talk more, laugh more and understand each other’s feelings’. Whilst one young person reported post course that ‘I’m getting on better with my Mum’.

5.5 Alonzi House

- 5.6 Alonzi House is a Registered Children's Home that provides a service to children on the edge of care. As a registered Children's Home Alonzi is subject to regular Ofsted Inspection arrangements works within the Children's Home Regulations and Quality Standards. Since it opened in December 2016 Alonzi House has achieved an outstanding judgement from Ofsted in all inspections.

The children's home provides highly effective services that consistently exceed the standards of good. The actions of the children's home contribute to significantly improved outcomes and positive experiences for children and young people who need help, protection and care' (Ofsted inspection report 2018).

- 5.7 Alonzi House provides a number of services including an outreach service working with children between the ages of 11 and 17 years. Planned respite support is provided for children to support the family through difficult times mitigating the risk of a crisis that may require a formal response. This allows most families to work through their problems and to stabilise their family situation in order for their children to remain at home. Involvement with Alonzi House is on a voluntary basis and families only accept this offer if they want to engage with the team. The voluntary nature of the service and the skills and ability of the team to engage families means families who previously have resisted support and intervention accept support from Alonzi House. Support ensures children receive the help and encouragement they need to take part in positive activities, develop pro-social friendships and access their education offer in order for them to reach their potential.
- 5.8 Alonzi House provides a Family Group Conference (FGC) service that runs alongside the outreach provision and includes children of any age including unborn babies, children with disabilities and those with a mental health diagnosis. The FGC process is family led and includes private time for the family to make a plan in response to concerns. The central focus of the FGC is the child/children and they are encouraged and supported to have their voice heard. Every family is unique and the FGC process reflects and respects the culture and specific needs of the family and is driven by them.
- 5.9 Analysis of performance demonstrates that Alonzi is having a very positive impact and is preventing edge of care children from being admitted to care. Referral data from April 2018 – December 2018 highlighted that Alonzi received 296 referrals for support including 175 FGC referrals and 6 AIM (sexually harmful behaviour) assessments. This related to 422 children and there were 17 children who were already 'our children' and remained 'our children' including 2 Unaccompanied Asylum Seeking Children.
- 5.10 Subsequently 9 young people became 'our children' due to a range of reasons and 2 young people were placed in supported accommodation. The overwhelming majority of children remained at home with their family and extended family members and Alonzi is achieving a 96% rate of safely

sustaining children at home in their communities. The approach, impact and positive feedback is demonstrating good cost avoidance, good outcomes for children as the wrap around offer from Alonzi includes a strong partnership offer which is helping young people to achieve safe, happy, healthy and successful outcomes.

- 5.11 Alonzi received 175 referrals for an FGC from February 2017 – December 2018 and this related to 373 children. Alonzi has dealt with 118 referrals, 48 have been completed with an FGC, 39 have not gone ahead and 31 are currently being worked.
- 5.12 The 39 referrals which did not result in an FGC were due to various reasons such as the family not engaging with the process, social workers understanding and engagement of the process needing to improve, and the in-house meeting revealing that the case is not appropriate for any services provided by Alonzi.
- 5.13 On occasions the referral and/or in-house meeting will reveal that outreach work would be a more suitable option whilst a change of circumstances whilst on waiting list, can confirm that the FGC is no longer needed. Where a FGC was held the outcomes were positive with 89% of the children remaining within their family. Demand for FGC is high and additional staff are being trained to meet this increasing need.

5.14 Multi-systemic Therapy (MST)

- 5.15 MST has been implemented in Manchester since 2014, under a contractual arrangement with Action for Children. The service supports the Our Manchester approach as therapists and team members emphasise the positives they find and use strengths in the young person's world as levers for positive change. Focusing on family strengths has numerous advantages, such as building on strategies the family already knows how to use, building feelings of hope, identifying protective factors, decreasing frustration by emphasising problem solving and enhancing parents or carers' confidence.
- 5.16 MST is an intensive family and community based intervention for children and young people aged 11-17 who are on the edge of care. It is targeted at high risk families where the young person's behaviour across a number of systems (home, school, community) is unmanageable within the current capacity of the family and supports parents to develop new strategies to keep their young person safe. Therapists carry low caseloads to support intensive contact and work with families for up to 20 weeks.
- 5.17 MST is firmly embedded within the Edge of Care offer with referrals screened and approved at a weekly panel. The MST Supervisor attends the Edge of Care Panel every week and on average the service accepts around 18-20 new referrals a month for suitability screening. It is very popular with Social Workers who see it as a valuable contribution to achieving the outcomes of the child/young person's care plan and compliments other interventions such as Families First and Alonzi House.

- 5.18 Analysis of the last 4 years performance confirms that 89.51% of young people worked with did not enter care and more importantly remained at home with parents following MST intervention. Data for the first two quarters of 2018 demonstrate a similar impact. The data also demonstrates the success of MST therapists in engaging families, especially given the complexity of the young people referred, many of whom have had extensive historical agency involvement and frequently disengaged from statutory services in the past.
- 5.19 Moreover, the data identified that just under half (48%) of all families supported are now closed to children's social care, indicating not only that the young person is no longer at risk of being accommodated, but that the safeguarding risks have reduced significantly so as to no longer require a social work intervention. Equipping parents with the skills to manage an older child's behaviour also has a positive impact on younger siblings within the family group who might also be likely to develop behavioural difficulties as they reach adolescence. As MST works to address behaviours across multiple systems, data also shows that the team consistently meet their targets around returning/keeping children in school and preventing reoffending, with 90-100% success rates across the last four quarters.
- 5.20 As can be seen, there is strong evidence to suggest that MST has had a positive and sustained effect on changing participant's behaviour, reducing demands on public services and providing an overall saving on investment.

5.21 Families First

- 5.22 The Families First Team provide a City wide service to support children on the edge of care; the service is commissioned by social workers who set clear goals including goals set at child protection conferences and bottom lines set within the legal arena. The focus of the work is with the main carer/educator within the family and there is an intensive day to day intervention suited to each family. The service is flexible to the family, and works between 8am and 10pm, working any five out of seven days per week.
- 5.23 Families First work with families intensively using some intensively researched and well evidenced proven interventions to focus on the family's values, beliefs & highlighting their strengths & resources. These include the Options 2 model, Motivational Interviewing, Solution Focused Brief Therapy, Cognitive Behavioural Therapy, Signs of Safety and A tipping point for families. Families First work predominantly with children aged 0 – 11 years and this enables edge of care interventions to be tailored to a children and families' circumstances and the presenting concerns.
- 5.24 The demand for the Families First service is high as the team increasingly support families at the pre proceedings stage and work intensively to prevent admission into care/or to confirm permanency outside the family will be required. The approach and model is flexible over the 6 week intervention and daily visits will only be carried out primarily where new born babies are being discharged home from hospital. Flexibility is offered to ensure a bespoke package of support is created for individual families in line with Pre-

proceedings bottom lines (over and up to 12 weeks) and Child Protection Plans.

5.25 Analysis of performance confirmed that from January 2017 to December 2018 the Families First Service worked with 511 families. In relation to pre proceedings from Jan 2017 to July 2018 305 children were de-escalated and Families First have worked with 189 of these children and thus two thirds of the families had an offer from Families First. Subsequently Families First have supported a further 66 families to de-escalate and thus prevent escalation into Care.

6.0 Our Children: Analysis of Admissions and Discharges into the Looked after System

6.1 In 2018 we undertook extensive analysis of our admissions and discharges into and from care in order to better understand our edge of care cohort. The focus was specifically on children aged over 11 years entering care in 2017/18; analysis of the data highlighted the following:

- 46% of those who entered care in 2017/18 were aged 11 years or older
- Two thirds were accommodated by the local authority with the agreement of their parents (Section 20 arrangements)
- A large proportion of the cohort were crisis admissions: crisis with family, mental/emotional health
- Most were known to Social Care for years before coming into care
- Some were staying with relatives/friends under informal arrangements or Special Guardian Orders (SGO) immediately prior to becoming LAC; often these informal arrangements break down and families experience severe pressure during adolescence.
- Child criminal exploitation and sexual exploitation cases was an increasing trend resulting in placements outside of the City.

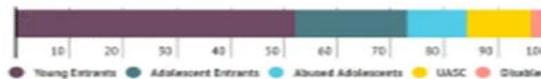
6.2 Some of the characteristics of the children being admitted indicated that there was a high percentage of 16 plus, fewer Police Protection Orders, more Care Orders, and a higher proportion of first time entrants to care – this increase was purely due to adolescents. Children had varied needs with a lower percentage for abuse and neglect and increase in homelessness, offending, chronic domestic abuse and substance misuse all featured.

The table below highlights the admissions by category and where the focus for our edge of care offer needed to be.

LAC Admissions Typologies

Category	% of 2017 / 2018 Admissions	Description
Young Entrants	57%	<ul style="list-style-type: none"> Under 11 Looked after due to abuse and neglect Average length placement likely to be higher More likely to be on a Full Care Order/Interim Care Order
Adolescent Entrants	19%	<ul style="list-style-type: none"> First admitted 11yrs+ When relationships at home broken down and show challenging behaviour Most likely to return home repeatedly Most likely to be Sec 20s
Abused Adolescents	9%	<ul style="list-style-type: none"> First admitted over 11yrs+ Due to abuse and neglect Highly likely to return home repeatedly Emotional and behavioural difficulties, struggle to settle and integrate into new placements due to repeat rejection
UASC	12%	<ul style="list-style-type: none"> Usually over age 11 Less challenging behaviour
Disabled	3%	<ul style="list-style-type: none"> High levels of challenging behaviour plus families to have many problems in their own right Highest users of Residential Home placements

Adapted from: Sinclair, I., Baker, C., Lee, J. and Gibbs, I. (2007) The pursuit of permanence: a study of the English care system



Clearly children under 11 years remain the key age range for admission into care and the presenting factors are strongly linked to abuse and neglect. Progressing a timely plan of permanence is key and services such as Families First have a role to achieve this. Members may wish to request a future report on how we are securing a timely plan of permanence for our children and young people.

- 6.3 There can be challenges with providing the right intervention at the right time for edge of care children as fixed eligibility criteria of services can limit the ability to reach certain groups. Often informal arrangements with relatives/friends caring for young people breakdown and there is a need for more kinship carer support to develop resilience and coping skills. However, our edge of care services are demonstrating good impact and the learning for our edge of care offer confirmed that we need to prevent cases escalating to the point where care is necessary, rather than diverting from care at the point the decision was imminent. To achieve this we are focusing on children and young people who are 'edging towards care' rather than being on the cliff edge of care. This means earlier intervention and a stronger focus on children in need and delivering good outcomes for children in need.
- 6.4 We are developing a range of screening tools to enable us to better identify, prevent and support children and young people edging towards care. There are key indicators that can be used to predict edge of care and these alongside our impact chronologies, vulnerability assessment, our signs of safety approach and developing work on Adverse Childhood Experiences (ACES) is developing our practice knowledge and response.

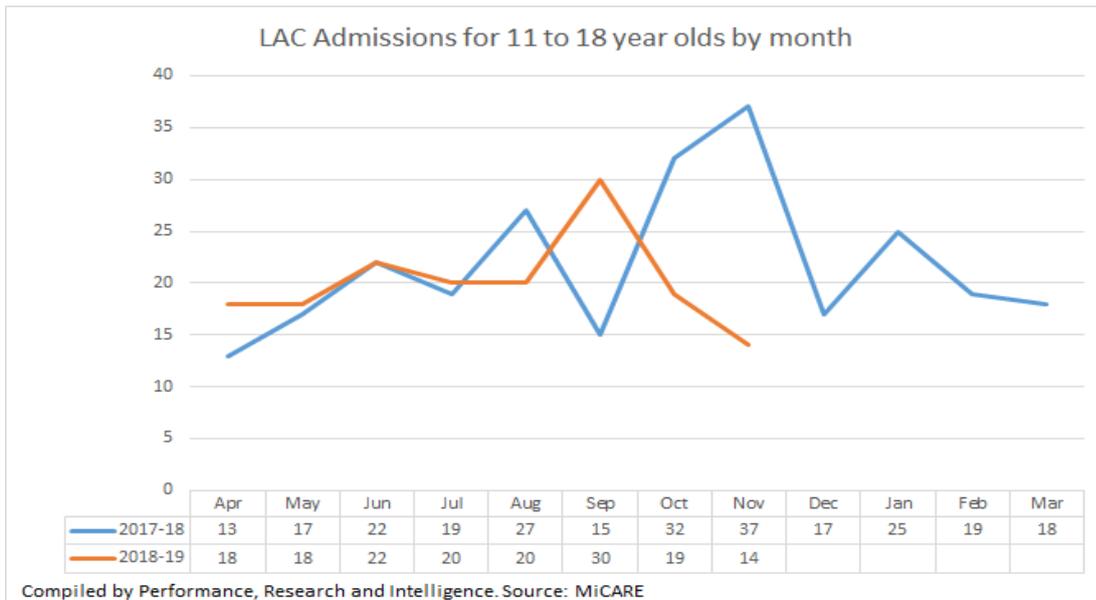
7.0 Impact from Edge of Care Interventions

- 7.1 One measure of the effectiveness and impact of edge of care interventions is in relation to the numbers of children and young people admitted into care. We

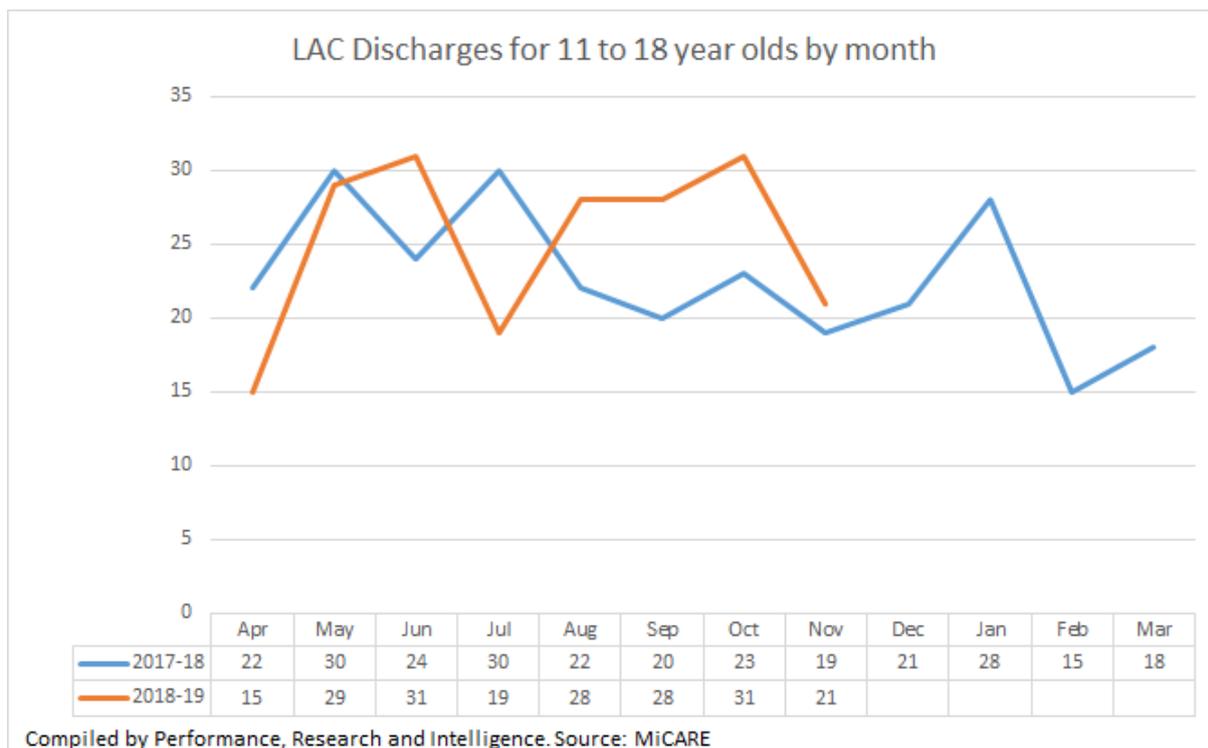
have undertaken a focused approach to reduce the number of admissions; to avoid unnecessary short term admissions and to ensure our edge of care resources has been utilised to avoid use of emergency and a crisis response.

7.2 The picture that emerged in 2018 indicated that whilst there remains volatility in our system in the latter part of 2018 a calmer picture emerged with signs that we are beginning to see a reduction in the number of admissions. Analysis of admissions from August 18 – November 18 evidences relatively significant reduction of admissions.

7.3 A peak in September 2018 of 56 admissions was due to high numbers of UASC, increased remands and larger sibling groups; this compares to 28 admissions in November 18 and 28 admissions in December 2018. This change is due to good use of edge of care interventions, strong scrutiny and continued tracking of all admissions and discharges by Children Social Care Managers together with a reduction in the number of large sibling groups and a recent reduction in remands. The table below illustrates admissions for the 11 – 18 age range and highlights an improving trend.



7.4 Similarly an analysis of discharges is beginning to evidence discharges are overtaking admissions as the effectiveness of care planning has been subject to a concentrated period of care planning improvement.



8.0 New Developments - No Wrong Door and ACT

- 8.1 Analysis of our edge of care children and young people highlighted an increasing trend of complex adolescents requiring a range of support and interventions. This is in line with the National picture with increase in youth violence, increase in child criminal exploitation cases and complex mental health problems impacting on children's development. Additionally, support is required for parents and kinship carer and this has included more recent development of relationship based model of practice for young people who have experienced trauma.
- 8.2 In Greater Manchester DfE Innovation Funds have supported the development of the ACT (Achieving Change Together) Model for children and young people at risk of/being sexually exploited. This relationship based model is strength based and is suitable to prevent young people requiring placements outside of the City, to stabilise placements and to deliver trauma informed practice. The complex safeguarding hub staff are now trained in this model and are identifying young people suitable for this intervention. The Act model will be complemented by the introduction of the 'No Wrong Door' model.
- 8.3 'No Wrong Door' is an integrated service for adolescents with complex needs that brings together a team of specialists working together through a shared practice framework. The service works with young people to prevent them from coming into care, and to support them to move back with their families; 80% of the children supported are living in the community.
- 8.4 'No Wrong Door' was originally developed in North Yorkshire County Council and has already been adopted in a number of local areas including Wigan, Bradford and Sheffield. The model is key worker based and draws upon the

support of a multi – disciplinary team, with a range of options available including accommodation, services and outreach support. The key difference it makes are demonstrated in improved emotional mental wellbeing for children, placement stability including remaining at home, a reduction in missing and fewer referrals/reduction in high cost and secure accommodation.

- 8.5 We will develop a version of ‘No Wrong Door’ in Manchester and our model will build upon the success already achieved by Alonzi House and will add to the team already in place by providing an additional deputy manager, 2 key workers and a speech and language therapist. Alonzi House will develop to align with the ‘No Wrong Door’ model but will retain the core functions of outreach, respite, FGC and partnership working. Additionally will be provided by developing support to carers of Connected Children (cared for by relative, friend, or other person previously connected with the child) with an outreach support. There will be an offer to young people who present with complex mental health needs often due to trauma who can be escalated into being admitted into care following a CAMHS assessment yet have no previous history of being in our care.

We will develop a workforce development programme to increase the skills of the existing key workers to enable them to work with more complex cohorts.

- 8.6 There will be a strong focus on monitoring and evaluation to demonstrate the effectiveness of investing in the service, cost benefit analysis and links with other innovations such as ACT. This will focus on building an evidence base for sustainability of the model. The first phase of implementation is already underway with development of the model, recruitment and shadowing of other Local Authorities.

9.0 Summary

- 9.1 There is a good edge of care offer available to support children and young people and we are responding to increasing trends such as criminal exploitation, missing and youth violence utilising an approach that evaluates evidence of effectiveness to inform our investment in services.
- 9.2 There is a varied menu of interventions and the refocus of the edge of care panel has enabled interventions to be utilised at an earlier point for some children and young people. Admissions into care are well managed and continue to be influenced by the number of UASC, remands and complex parenting issues.
- 9.3 We will expand our edge of care offer with the development of innovations and ensure children and their families are appropriately supported in their communities. There remains volatility in relation to admissions into care and our edge of care offer needs to be flexible and responsive to achieve good outcomes for children and young people, there is some recent evidence to suggest increasing minimisation of this volatility. Our investments in a good edge of care offer is a moral and financial imperative and current edge of care

services are demonstrating value for money and supporting the achievement of safe, happy, healthy and successful outcomes.