University of Essex

Evaluation of the Family Action Edge of Care Service

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Background

Research by the Children's Commissioner[1] has identified that the number of children in care in England who were aged 13 or over rose by 21% between 2013 and 2018. There were 25% more over-16s entering care during 2017/18 than 2013/14, a bigger increase than for any other age group. As a result, 23% of children in care are now over 16. The Children's Commissioner warned that services were struggling to cope with the growth of teenagers in the care system because they were more likely to have vulnerabilities that required specialist or complex support.

The Family Action Edge of Care Service was established by Family Action in Croydon in 2018. It works with families where a child is on the edge of care and child care proceedings are likely/imminent, or where a child has recently been taken into care and support could enable them to return safely to their family home.

The service accepts Child Protection and Child in Need families that are at risk of a child going into care if changes are not made. Its aim is to give these complex families an opportunity to make positive changes through a dedicated worker for at least six months to avoid a child going into care. For those families where children have just been taken into care, the service offers an opportunity for parents to address the same issues to enable their child to return home safely. Where the intervention makes it clear that removing the child is the correct and safest course of action, the service also provides an opportunity for the Local Authority to gather additional evidence to strengthen its case in any care proceedings before the court for removing the child.

The three elements of the service are to provide:

- Therapeutic input to the parent and child.
- Practical support to the family.
- Financial Support (grants, rewards).

Family Action considers that these are their three Unique Selling Points that are often what makes the difference between their service and others.

The model is a high intensity family support service which is based on Jan Horwath's Supporting Families Enhancing Futures (SFEF) model but adjusted to draw upon Family Action's evidence-based whole family support model and the local context. Although the SFEF model is more prescriptive concerning the set-up of the wider Local Authority infrastructure, Family Action has drawn heavily on Jan Howarth's practice model and worked in consultation with the SFEF authors to shape their service's work. The service is delivered by two practitioners from a range of prior professional backgrounds. Referrals are only accepted via the weekly Care Panel.

A service development report has previously been prepared for Family Action covering the initial experiences of families and professionals providing, and engaging with, the service thus far.

[1] Children's Commissioner for England (2019). Stability Index 2019 Overview Report.

This evaluation report has been prepared by a team from the University of Essex. The team - led by Dr Susan McPherson, and including Prof Pamela Cox and Dr Danny Taggart - has completed evaluations and service development reports for three similar services: Positive Choices, run by Suffolk County Council[2]; Mpower, run by Ormiston Families in Suffolk[2]; and Rise, run by the Marigold Children's Centre in Southend, Essex[3]. Working in conjunction with Research in Practice and Lancaster University's Centre for Child and Family Justice Research, the team has advised 11 further local authorities in England seeking to develop or extend services to reduce recurrent care proceedings[4].

[2] Cox P, Barratt C, Blumenfeld F, Rahemtulla Z, Taggart D and Turton J (2015) Reducing Recurrent Care Proceedings: Service Evaluation of Positive Choices (Suffolk County Council) and Mpower (Ormiston Families). University of Essex.

[3] Blumenfeld, F., Taggart, D., and Cox, P. (2018) Reducing Recurrent Care Proceedings: Service Development Report for Rise (Marigold Children's Centre, Southend, Essex) Unpublished report, University of Essex.

[4] Research in Practice (2019) Change Project: Working with recurrent care-experienced birth mothers: Online resource pack.

Key findings

- The Edge of Care Service is perceived by other professionals to be effective and successful in producing positive outcomes for young people and their families.

- Engagement was a key element for the success of the service's interventions, with non-engagement acting as a significant barrier to the service.

- Without intervention, all of the 11 young people who engaged fully with the Edge of Care Service would have almost certainly become Looked After Children according to the referral criteria. However, just 1 was in care following the intervention.

- Building relationships with and within families is central to the delivery and success of the Edge of Care Service.

- Family Action practitioners report feeling hindered from providing therapeutic support as their clients' immediate practical problems needed to be addressed in the first instance.

- There are mixed views about the optimum duration of the support provided by the Edge of Care Service (currently provided for six months), with most professional interviewees preferring the option of a more tailored intervention to suit each family's needs.

- Most risky behaviours in young people were reduced after intervention from the Edge of Care Service. Risky behaviours included gang affiliations, cannabis usage, unprotected sexual activities and missing episodes[5].

- Other positive outcomes for young people reported by interviewees include improved emotional wellbeing, the building of stronger relationships with parents and siblings, improved educational outcomes and attendance, introduction of coping strategies and improved behaviours.

- Positive outcomes and support for parents or the whole family include supporting mothers and fathers with their parenting skills and communication strategies, emotional support for parents, referring parents to appropriate services for counselling or substance misuse issues, providing financial support, and liaising with other services.

[5] Missing episodes are where children and young people have run away or gone missing from home or care

Executive summary

NB: Throughout this report, the term 'practitioner' refers to staff employed by Family Action while the term 'professional' refers to staff employed by the Local Authority or other organisations.

The Family Action Edge of Care Service in Croydon works with families where a child is on the edge of care and child care proceedings are likely/imminent, or where a child has recently been taken into care and support could enable them to return safely to their family home.

Referrals to Edge of Care Service
Young people and families were referred to Family Action in particular when professionals felt that they required the frequent visits and intervention intensity offered by the Edge of Care Service. Each family was assigned a key worker/practitioner who typically spent up to eight hours per week working with them. The key worker/ practitioner was always supported by a Local Authority social worker.

A total of 32 young people from 29 families had been referred to the Edge of Care Service in Croydon as of the end of November 2019. They were from a range of ethnic/heritage backgrounds including White backgrounds, Caribbean and other Black backgrounds, various Asian backgrounds, and mixed backgrounds. Eleven parents from the families immigrated to the UK as adults. 66% of the young people were female (n= 21) and 34% were male (n=11). The average age at referral was 14, with an age range from 11 to 17.

Of the 32 young people, 6 were still active clients as at the end of November 2019. The case for 15 young people was closed early. 7 of these young people or their families declined the service and/or did not engage with the service despite considerable effort by practitioners (and including cases where young people were physically missing so that practitioners could not engage with them). The remaining 8 had their case closed due to other circumstances such as the need for specialist placements or moving out of the area.

The young people referred to the service faced a number of issues and risks:

- 63% of the young people had issues with school attendance and/or behaviour.
- 16% were in an unstable housing situation or were at risk of homelessness.
- 71% had experienced domestic abuse within their home environment and 35% had experienced child sexual exploitation.
- 48% suffered depression or anxiety, 27% showed suicidal ideation or had made suicide attempts, and 15% were self-harming.
- 39% were affiliated to a gang, 32% smoked cannabis and 40% were sexually active.
- 38% had had missing episodes within the previous 12 months.
- 41% had a confirmed SEN diagnosis or suspected SEND needs.
- 58% had had previous involvement with Child Protection.
- 38% had been involved with social services for many years.

The parents of 22% of the young people had alcohol and/or drug issues while the mothers of 85% had experienced childhood traumas and the mothers of 93% suffered from depression or anxiety.

Outcomes for young people
The positive outcomes reported for young people as a result of the work done by Family Action practitioners included reductions in the number of young people affiliated to a gang, smoking cannabis, showing suicidal ideation, going missing and being sexually active (plus there was an increase in the number using protection).

Reported risk factors for young people	At referral		At closure	
	n	%		%
Affiliated to a gang	9 (23)	39%	3 (21)	14%
Alcohol currently a problem	2 (24)	8%	0 (23)	0%
Use of recreational/street drugs currently a problem	7 (22)	32%	4 (23)	17%
Sexually active - not using protection	12 (26)	46%	3 (26)	12%
Sexually active - using protection	1 (26)	4%	5 (26)	19%
Depression or anxiety: (professional diagnosis)	15 (32)	48%	-	-
Suicidal attempts/ideation in last 6 months	7 (26)	27%	5 (26)	19%
Self-harming behaviour	4 (26)	15%	4 (26)	15%
Missing episodes	10 (26)	38%	5 (26)	19%

NB: The percentages in the table above exclude "unknown" values for young people.

Families engaged in the service either de-escalated on their safeguarding status or stayed the same. Of the 11 young people who engaged fully with the Edge of Care Service (and whose cases had been closed):

- 1 Looked After Child remained Looked After.
- 1 Looked After Child de-escalated to Child in Need status.
- 5 young people on Child Protection Plans remained on Child Protection Plans (mostly due to issues or risks around their mothers' behaviour).
- 3 young people with Child in Need status remained as Children in Need.
- 1 young person with Child in Need status de-escalated to no longer needing safeguarding.

Other positive outcomes reported for young people include improved mental health and wellbeing, the building of stronger relationships with parents and siblings, improved educational outcomes and attendance, coping strategies, improved behaviours, referrals to mental health services for support after case closure and support for them to deal with issues such as historic domestic abuse or anger management.

Other reported positive outcomes and support for parents or the whole family include supporting mothers and fathers with their parenting skills and communication strategies, emotional support and respite for them, referring them to appropriate services for counselling or substance misuse issues, providing financial support, liaising with housing services and liaising with Adult Social Services.

> *"Within the family, for myself, it's just been having someone there that I can really talk to and seems to relate to and it takes some of the pressure off of myself and that." (Family)*

Preventative outcomes

Without intervention, all of the 11 young people who engaged fully with the Edge of Care Service would have almost certainly become Looked After Children in the view of the referrers. However, just 1 (who was already being looked after at the time of referral) was in care at the time of case closure while 5 were on Child Protection Plans, 4 had Children in Need status and 1 no longer needed safeguarding.

Significant cost savings can be extrapolated based on the likely costs of 'avoided' care proceedings. Given that the cost of care proceedings is put at £32,263 per case[6] and that at least 10 proceedings are likely to have been avoided, the Edge of Care Service has potentially delivered gross savings of around £322,630 in the 12 month evaluation period. These savings are to be offset against the cost of staffing the service over that time.

In addition, had these 10 young people become Looked After, there would have been substantial on-going costs in securing their safety in the form of long-term foster care or residential care and associated expenditure for Looked After Children in each year until they turned 18. The estimated average annual cost of supporting each Looked After Child is £52,676 per child for foster care and £160,605 per child for residential care (£3,089 per week)[7]. Residential care is a more likely option for at least some of the young people given their level of needs and likely age at entry into care.

If we assume that the 10 young people who did not become Looked After following the intervention of the Edge of Care Service had done so, the annual cost to Croydon Local Authority would have been somewhere between £526,760 and £1.6m per year up until each child reached 18. Additional future savings may also have been accrued given the increased likelihood of children in care becoming young adults Not in Education or Employment (NEET).

Work undertaken

The activities undertaken by practitioners with families have been carefully tailored to individual needs but the overarching approach was a therapeutically informed intervention which was adapted to meet various different family needs and augmented by more practical/social support as appropriate. Each family's needs were quite distinct and

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[6] This comprises legal aid costs, local authority costs, court costs and Children and Family Court Advisory and Support Service (CAFCASS) costs. Source is the Unit Cost Database developed for the Department for Communities and Local Government's (DCLG) Troubled Families Unit (2105).

[7] Unit Cost Database developed for the Department for Communities and Local Government's (DCLG) Troubled Families Unit (2105).

varied over time, but patterns of dysfunctional relating[8], which maintained and exacerbated the young person's risk behaviours, were a consistent feature.

Practitioners reported that often their clients' immediate practical problems needed to be addressed before any therapeutic intervention could be initiated or sustained. This meant that practitioners had less time for therapeutically-oriented activities or the use of therapeutic tools (such as the 'day in the life' approach detailed below).

Relationship building

Building relationships was pivotal to the success of the intervention, both between the client and practitioner and within the family. Trust is built over time and the tailoring of the intervention needs to take into account the differences in the time taken to establish a relationship with families. Perseverance was also required on the part of the practitioners. For many families, the Family Action practitioners were the first consistent professional to support them, and this was felt to be a key contributor to a successful client-practitioner relationship.

> *"But we have, kind of initiated reflective discussions, and got them to think in ways that I hope will kind of stay with them. And it maybe means that they haven't immediately gone back home, but has kind of given them some foundations for the future to build that relationship. And I think we've done a lot of positive beginnings with families. And I just feel hopeful that we've created change, maybe change that we haven't even seen yet." (Family Action practitioner)*

Both families and social workers reported that Family Action practitioners seemed able to build effective relationships with families. Practitioners felt that the quality of their relationship with their clients was enhanced by their ability to work more intensively with families compared to Local Authority social work colleagues, due to their caseloads. Professionals felt that the most significant aspect of the intervention was the intensive work undertaken by Family Action practitioners with the family, including quality time with them and regular contact.

A major barrier to relationship building was engagement from families, with at least 7 of the young people and/or families choosing not to engage fully with Family Action, or to refuse the service offer.

The building of inter-agency relationships was also important due to the complexity of the families and the number of services involved in each Edge of Care case. Professionals felt that the Edge of Care Service has worked well in practical terms with their own work and pathways, and they valued the way that the Family Action practitioners updated them on their clients and the practitioners' communication skills. The relationship built between Family Action practitioners and the families has also assisted with building relationships with other professionals, which meant that vital assessments were then achievable.

[8] "Dysfunctional relating" means ways of forming and conducting relationships/ways of being with other people rather than just being in a dysfunctional relationship per se.

Effectiveness of intervention
The Edge of Care Service was perceived by professionals to be effective, proactive and successful in producing positive outcomes for young people and their families.

> *"Extremely worthwhile service added excellent support to young people and families of Croydon." (Other professional)*

It was perceived as a positive service for the young people and parents/guardians by the families and other professionals. It has helped parents to recognise certain differences in cultural and generational values between parents and young people or family members, and to help them improve familial relationships.

Therapeutic tools used
The traffic light system was perceived in a positive way, and was readily understood by families in terms of how it worked and what progression within the family looked like (i.e. a move from amber to green). The structured task of the traffic light system seemed to work particularly well with some of the young people.

The eco-map was described as a useful tool to identify the relationships within the immediate family, wider family and beyond the family circle, and peoples' identities within the family. It was also highlighted as an objective tool to show clients their support circles, to tackle isolation and loneliness.

Practitioners were less positive about the 'day in the life' tool as they felt its usability can be affected by changeable moods and because the information can be obtained through routine engagement with a family.

The Family Action practitioners used a flexible approach to provide their support to families, and other tools that they have used to assist with families' identified needs included anger management, behaviour contract, building boundaries and building social skills within the community through a positive role model.

Duration of intervention
The current six month intervention has received mixed feedback from clients, Family Action practitioners and other professionals. Clients and their families expressed a strong desire for a longer programme, with some feeling they wanted the work to continue given the progress that has been made.

Practitioners and professionals noted that the support offered by the Edge of Care Service was of a longer and more intense duration than that of other services. Family Action practitioners felt that the six month duration was useful as an end point, particularly for clients where progress was stalled. It also provided a timeframe to structure the intervention around. However, they suggested that there may need to be a degree of flexibility in terms of reducing or lengthening the duration of support for those families that require either limited support or intensive support.

Looking forward
Families, Family Action practitioners and professionals working with the Edge of Care Service wanted the service to continue as it is an asset to families on the edge of care, and can help bridge the gap with other services that may not have the capacity to do the intensive work that the Edge of Care Service does.

Interviewees made a number of suggestions about how the Edge of Care Service could improve moving forward. These included increasing the number of staff, improving the referral process, referring earlier to the service, and providing or signposting parents to support after they have been discharged from the service.

Methodology

Quantitative data collection

Client data was collected (from December 2018 to November 2019) by the practitioners from case referral and at case closure using a tool developed by the Health and Care Research Service and adapted for this evaluation. Data included; reason for referral, demographic details, housing status, safeguarding status, risk behaviours and reason for case closure.

We originally proposed that a set of 'validated' questionnaires should be completed by families at initial engagement and then at case closure. They included questions about young people's emotional wellbeing, behaviours and feelings, and family relationships. However, these questionnaires were not used by Family Action due to administrative issues arising mainly from the difficulty of building a relationship with families at the start (which meant it was sometimes hard to complete the other tools being used and families were not willing to complete another questionnaire). There were also issues with online connectivity when out in the community. We are therefore unable to provide an objective or clinical assessment of any improvements in young people's mental health and wellbeing apart from the opinions reported within the data or by interviewees.

To gather further quantitative data on the Edge of Care Service, Family Action sent professionals an online survey (designed by the Health and Care Research Service) to complete. This focused on perceived communication between agencies, the support provided by the Edge of Care Service and the impact of the service on young people and parents. 8 responses were received between August and November 2019.

Qualitative data collection

A total of 12 in depth interviews (both telephone, face-to-face) were carried out with 18 people between July and October 2019, including the Family Action Edge of Care Service team, other professionals and families. The aim of these was to enhance our understanding of the Edge of Care Service from a project management point of view, and the impact of the service on families. A semi-structured interview schedule was used, developed by the interviewing team based on their preliminary discussions with Family Action staff and their previous evaluations of recurrent care services. The clients had

engaged with Family Action for up to six months at the time of the interviews. The staff were recruited to the Family Action Edge of Care Service at the start of the project.

Interviews lasted for between 30 and 90 minutes. Information sheets were presented prior to consent being obtained, and consent, confidentiality and right to withdraw were reviewed at the start of the interview. The interviews were recorded, transcribed verbatim and anonymised.

Interviews with Edge of Care Service team (x3)
We interviewed the team manager (once, in October) and both practitioners (twice, in July and October) in the Edge of Care Service to gain their experience of the pilot service, including lessons learnt while setting up the project, facilitators and barriers to the project, and what has worked well or what could be improved.

Interviews with other professionals (x5)
We interviewed 5 other professionals between July and October to find out the impact of the Edge of Care Service on the families involved. Family Action practitioners and other professionals were interviewed about their work, including their views on the impact for families, and their experience of the pilot to inform service development recommendations.

Interviews with families (x4)
In depth interviews were conducted (in July and October) with parents and young people in 4 families to gather further information on the impact of the service on family relationships, usefulness of the practical support provided, behaviour change, usefulness of the parenting support provided and the impact on the emotional and mental wellbeing of parents and young people.

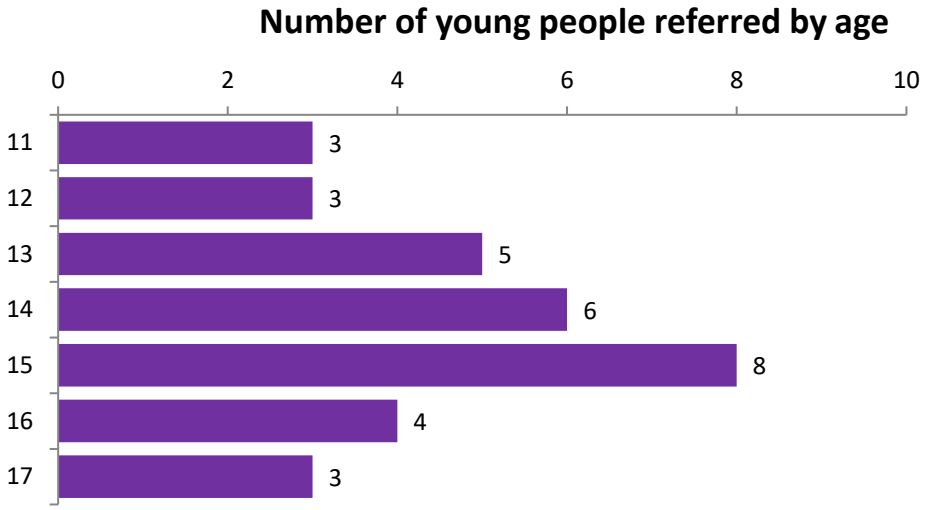
Detailed Findings

Background and contextual data about families

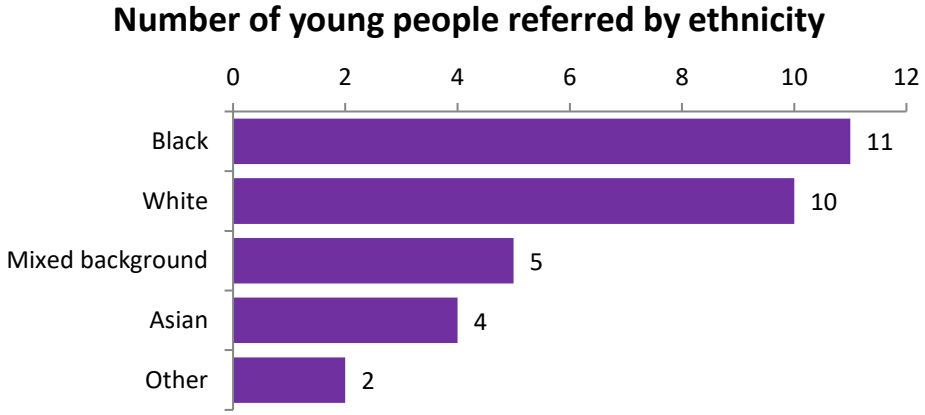
Referrals

The Edge of Care Service received referrals for 32 young people from 29 families between December 2018 and November 2019. Of these, 6 were still active clients as at the end of November 2019.

66% of the young people were female (n= 21) and 34% were male (n=11). The average age at referral was 14.2, with an age range from 11 to 17.



A third of the young people were identified as White British and two thirds were identified as BME.



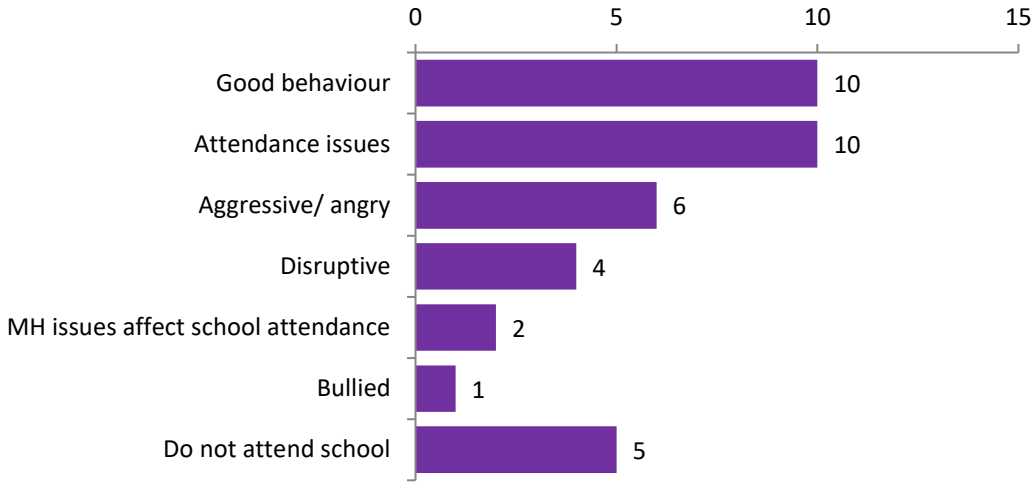
7 of the young people had a confirmed SEND diagnosis while another 6 had suspected SEND needs. These were mostly learning difficulties, autism and/or ADHD.

58% of young people (n=18) had had previous involvement with Local Authority services. All of these 18 young people had been involved with Child Protection (with 12 having

been involved with Social Services for many years), 7 had been involved with Children in Need services and 2 had been involved with Early Help services. 23% of young people (n=7) were involved with the Youth Offending Team prior to, or during, the evaluation period.

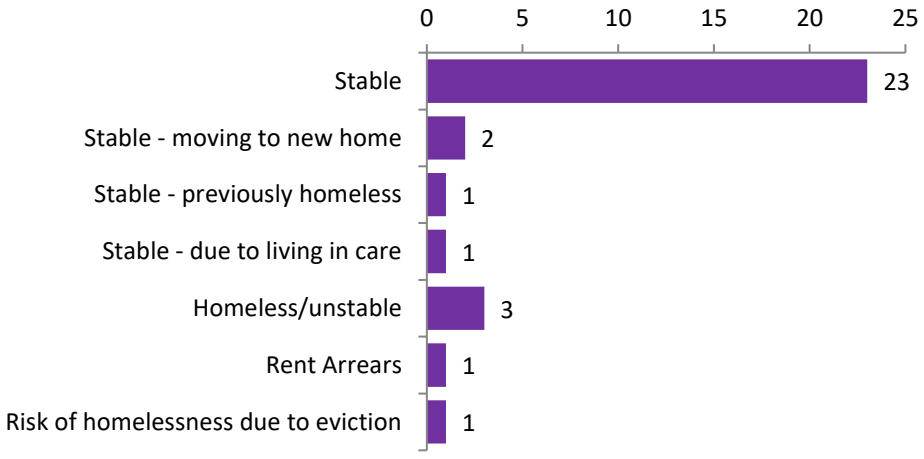
There is data about the attendance and behaviour at school for 27 young people. While 10 had good behaviour at school, 10 had attendance issues, 6 were angry or aggressive at school and 4 were disruptive. 5 did not attend school or were in Pupil Referral Units.

School attendance/behaviour of young people



While 84% of the young people (n=27) were in stable housing, 16% were in an unstable housing situation or were at risk of homelessness.

Family housing status



Trauma and abuse

11 young people had experienced historical child sexual exploitation (CSE), with 9 of these 11 experiencing it within the last six months. This included practitioner and parental reports of young people "putting themselves at risk" by mixing with "inappropriate" peers and adults, inappropriate sexualised behaviour, sexual assault by peers and sexual abuse in childhood by a parent's previous partner.

22 had experienced domestic abuse within their home environment more than six months ago, with 8 of them experiencing it within the last six months. For most young people, the domestic abuse had been ongoing throughout their childhood, either between parents, by a single parent or by the partner of a parent, or in 2 cases by a parent and older siblings.

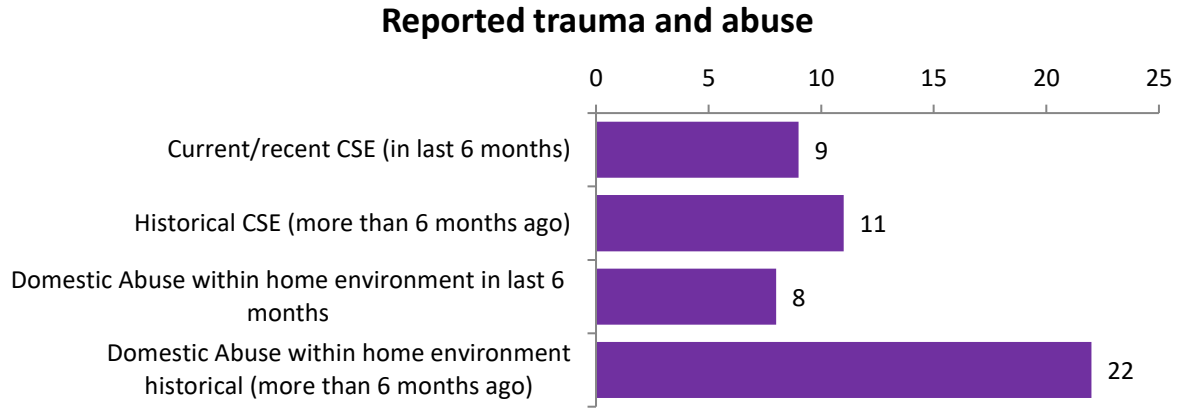


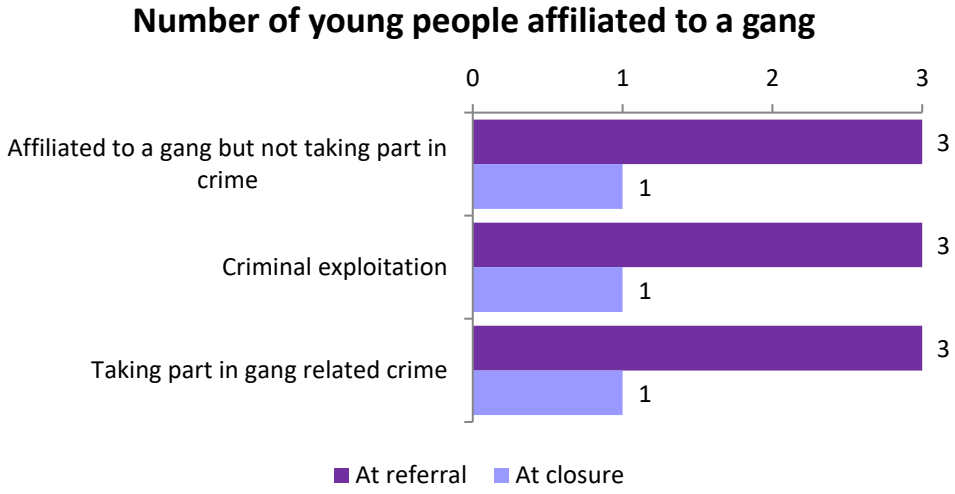
Table 1: Reported trauma and abuse for young people

	n	%
Current/recent CSE (in last 6 months)	9	29%
Historical CSE (more than 6 months ago)	11	35%
Domestic Abuse within home environment in last 6 months	8	26%
Domestic Abuse within home environment historical (more than 6 months ago)	22	71%
Total	**32**	

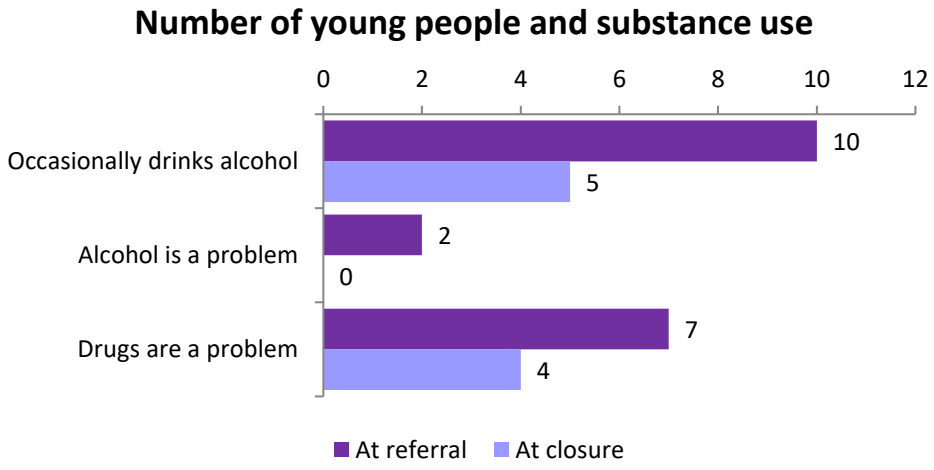
Risk factors

The following data only includes the 26 young people whose cases have been closed.

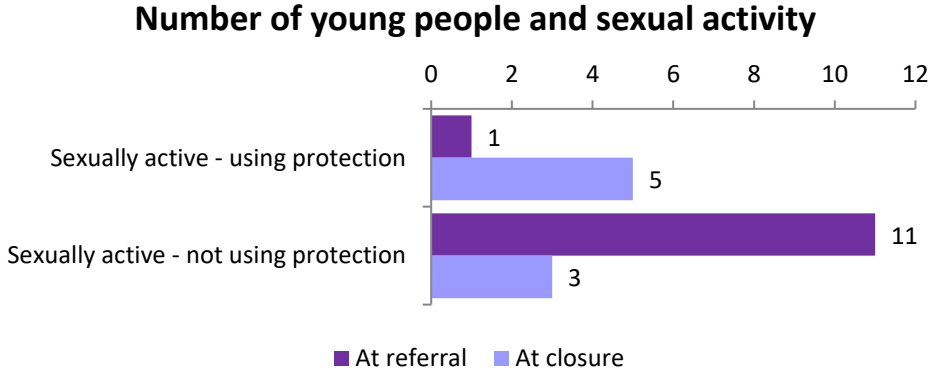
While 9 young people were affiliated to a gang at referral, just 3 remained so at closure.



Alcohol was a problem for 2 young people at referral but none at closure, while recreational drugs were a problem for 7 young people at referral (all smoked cannabis) but just 4 at closure.

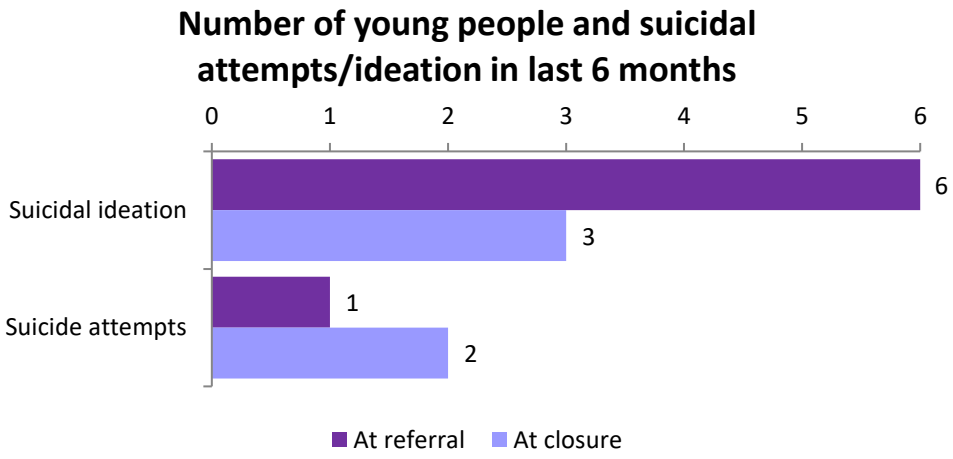


12 young people were sexually active at referral (with just 1 using protection) while 8 were active at case closure (with 5 using protection). These young people were aged 13 (n=1), 14 (n=3), 15 (n=5), 16 (n=3) and 17 (n=1).

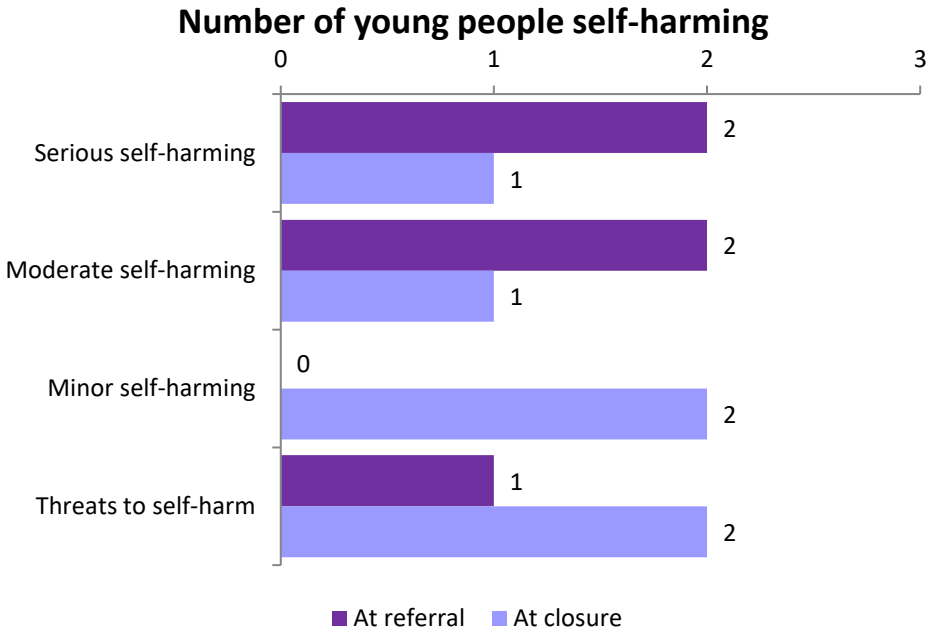


15 of the young people had a professional diagnosis of depression or anxiety at their referral to Family Action. Data on young people's mental health was not collected at the time of case closure, but this is where pre and post psychometric measures collected would be helpful.

At referral, 7 young people showed suicidal ideation or had made suicide attempts within the last six months. 3 of these young people still showed suicidal ideation at case closure, 2 had made a suicide attempt in the last 6 months and 2 no longer showed suicidal ideation at case closure.



4 young people were self-harming at referral (1 daily, 1 more than ten times per month and 3 less than ten times per month), with 1 other young person making threats to self-harm. At case closure, 2 young people were self-harming seriously or moderately while 2 were self-harming in a minor way and 2 were threatening to self-harm. 5 young people had decreased the frequency of their self-harming while 2 had increased their frequency.



While 10 young people had had missing episodes in the 12 months prior to referral (7 of them with numerous episodes), at the closure of their cases just 5 had had missing episodes since their referral to Family Action.

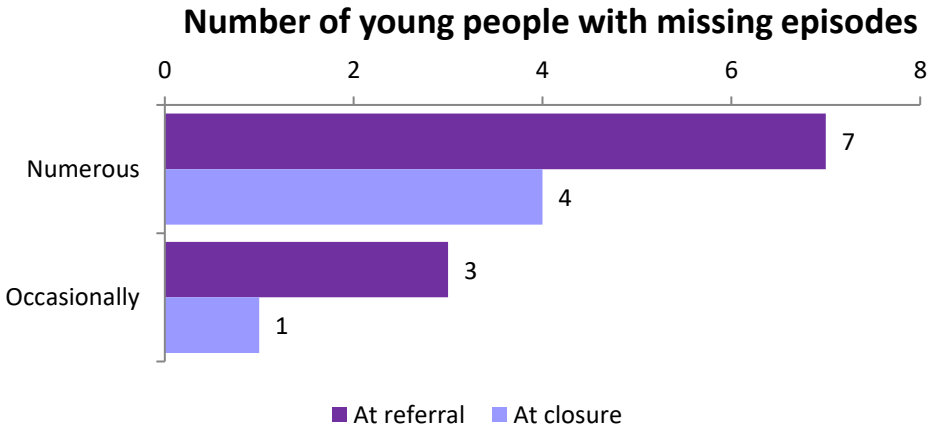


Table 2: Reported risk factors for young people

	At referral		At closure	
	n	%		%
Affiliated to a gang	9 (23)	39%	3 (21)	14%
Alcohol currently a problem	2 (24)	8%	0 (23)	0%
Use of recreational/street drugs currently a problem	7 (22)	32%	4 (23)	17%
Sexually active - not using protection	12 (26)	46%	3 (26)	12%
Sexually active - using protection	1 (26)	4%	5 (26)	19%
Depression or anxiety: (professional diagnosis)	15 (32)	48%	-	-
Suicidal attempts/ideation in last 6 months	7 (26)	27%	5 (26)	19%
Self-harming behaviour	4 (26)	15%	4 (26)	15%
Missing episodes	10 (26)	38%	5 (26)	19%

NB: The percentages in the table above exclude “unknown” values for young people.

Reported parental risk factors

At the time of referral, both alcohol and recreational/street drugs were a problem for a parent or adult in the household of 4 young people, while alcohol alone was a problem for a parent of 2 further young people. 5 of these 6 parents were mothers of a young person.

The mothers of 11 young people had experienced childhood traumas (e.g. sexual abuse, physical abuse, emotional abuse). The mothers of 14 young people had a professional diagnosis of depression or anxiety (plus 1 other mother reported suffering from depression or anxiety but had not been professionally diagnosed).

Number of parents with risk factors at time of referral

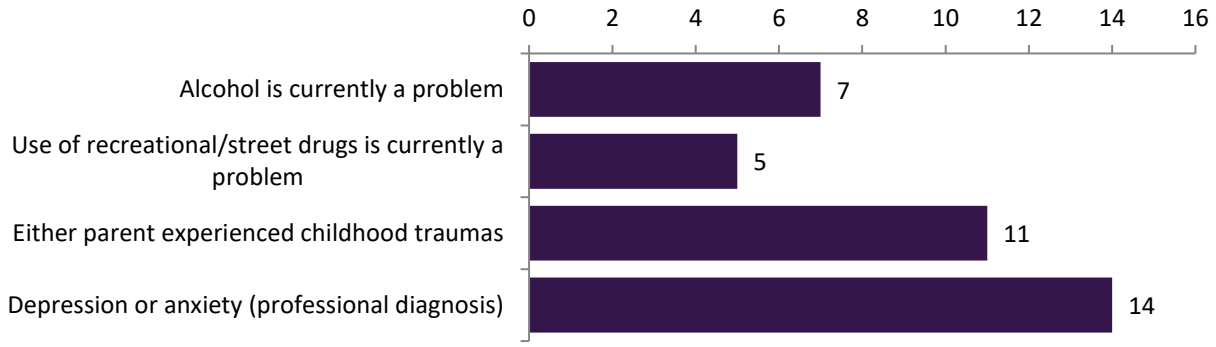


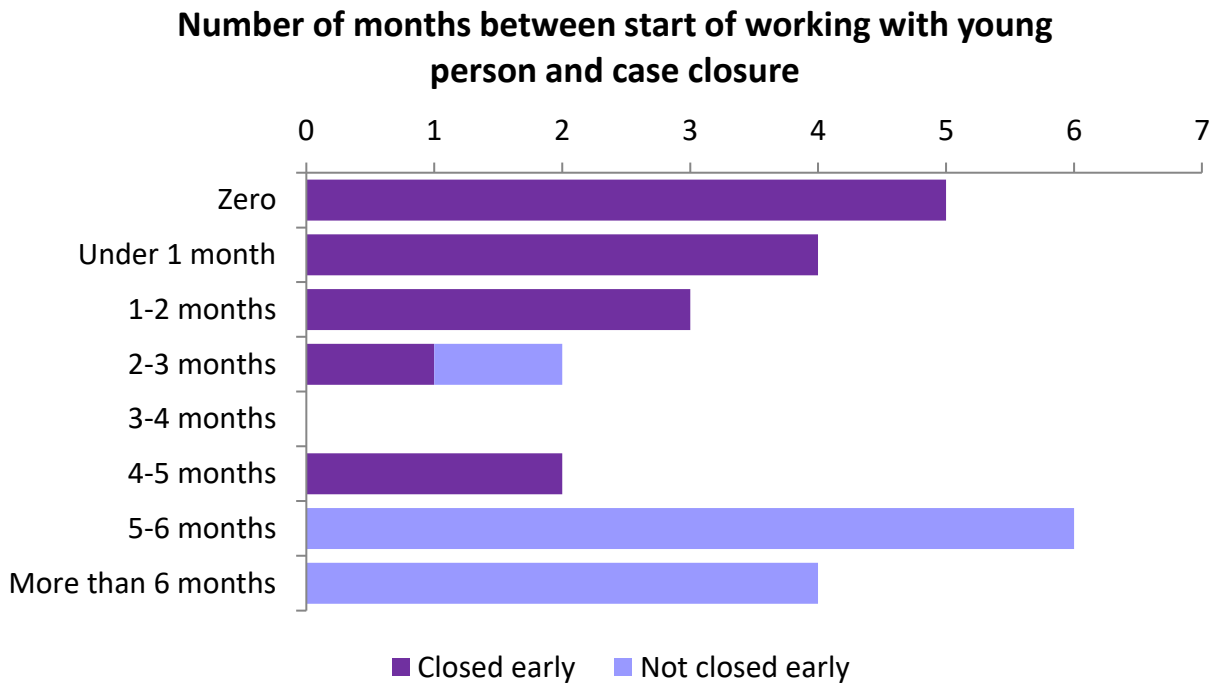
Table 3: Reported parental risk factors at time of referral

	n	%
Alcohol is currently a problem	7 (32)	22%
Use of recreational/street drugs is currently a problem	5 (32)	16%
Either parent experienced childhood traumas (e.g. sexual abuse, physical abuse, emotional abuse)	11 (13)	85%
Depression or anxiety (professional diagnosis)	14 (15)	93%

NB: The numbers in brackets refer to the number of young people, so there will be some double counting of parents where Family Action are working with two children in the same family.

Engagement with the Edge of Care Service

Of the 32 young people referred to the Edge of Care Service between November 2018 and November 2019, 6 were still active clients as at the end of November 2019. The case for 15 young people was closed early (after an average of 1.2 months), while 11 had not had their case closed early and had worked with the service for an average of 5.7 months.



Of the 15 young people whose cases were closed early, 7 young people or their families declined the service and/or did not engage with the service, including some cases where practitioners were unable to start work with young people who were physically missing. The reasons for the remaining 8 cases being closed early were as follows:

- Case was escalated.
- Specialist residential placement was agreed due to high risk of suicide.
- Inappropriate referral due to specialist needs (referral to Disability Team).
- Moved into independent living as young person did not want to live back with parents.
- Custodial sentence received by young person.
- Young person left country with parent for a long period.
- Young person moved out of area to live with other parent.
- Young person was happy to stay living with relative.

Outcomes for young people

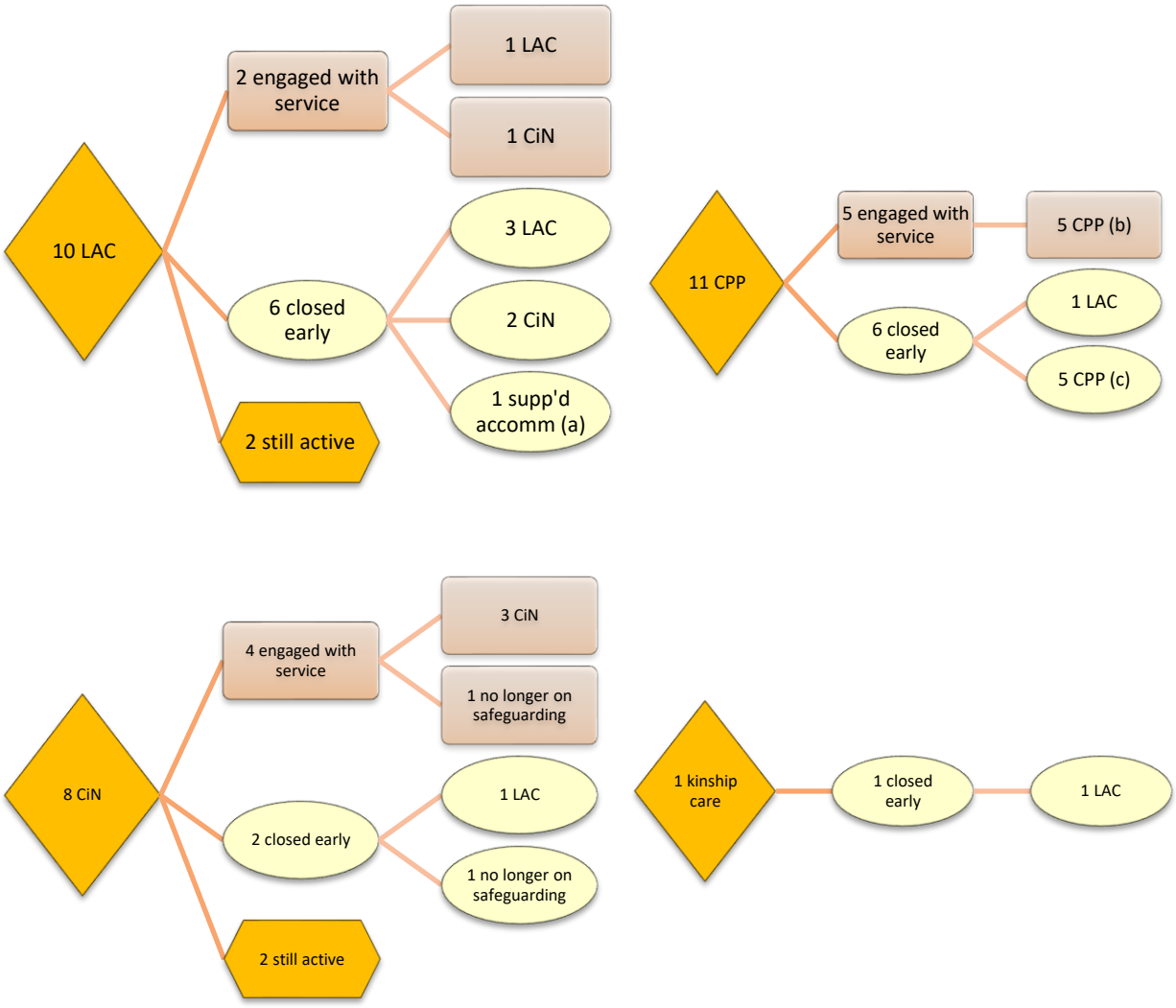
Safeguarding status at referral: 10 of the 32 young people referred were Looked After Children (LAC), 11 were on Section 47 (Child Protection Plans - CPP), 8 were on Section 17 (Children in Need - CiN), 1 was in kinship care (Section 20) and 2 were under Early Help Services[9].

[9] The referral of this family was a 'one off' as although the case was originally under Social Care it is now under Early Help Services, which means it is not under any Social Care safeguarding remits. However,

Safeguarding status at closure: 7 of the 26 young people referred and whose case has been closed were LAC, 10 were on CPP, 6 were CiN, 1 was in kinship care and 2 were no longer on safeguarding measures.

Of the 16 young people who engaged with the service, 1 was LAC at case closure, 5 were on CPP, 4 were CiN and 1 was no longer on safeguarding (the remainder were still active clients).

Diagram 1: Status of young people at closure compared to referral



The 2 young people who were on Early Help support at referral are still active cases.

(a) It was decided that the relationship between this young person and their parents was not at the right time for reconciliaton.

(b) Two of the young people were still on CPP status and in Public Law Outline[10] proceedings as their mother was not willing to get support for her own emotional needs. Another family has stayed on CPP with PLO proceedings taking place due

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Family Action managers agreed that the Edge of Care Service could work with the family as one of the practitioners had already met with them, and they were prepared to engage despite feeling extremely let down by the system.

[10] The Public Law Outline (PLO) sets out the duties local authorities have when thinking about taking a case to court to ask for a Care Order to take a child into care or for a Supervision Order to be made.

to the mother still not being able to manage her substance misuse and staying in a "toxic" abusive relationship.

(c) Unfortunately this young person did not comply with Youth Offending Team conditions so they received a custodial sentence. However, the practitioner stayed in place to deliver a smooth ending of their engagement with the mother of this young person.

Data gathered from the sources listed in the Methodology indicated the following positive outcomes for, and work done with, young people:

- ✓ Building of stronger relationships for six young people with their parent.
- ✓ Building a stronger relationship with a younger sibling.
- ✓ Liaising with schools to improve six young people's educational outcomes and attendance.
- ✓ Encouraging a young person to attend school.
- ✓ Supporting a young person at school with difficult relationships and encouraging them to look at the risky consequences by continuing to mix with the wrong people.
- ✓ Liaising with Education Services to get a home tutor for a young person, with whom they are now fully engaging.
- ✓ Helping a young person to look at colleges and fill out application forms.
- ✓ Referral of four young people to a psychiatrist, CAMHS and/or youth counselling for support after case closure, including specialist support for self-harming and counselling for bereavement.
- ✓ One-to-one support for a young person helping them explore their feelings around historic domestic abuse, not seeing their father, a sexual assault that took place, and recognising what healthy relationships look like.
- ✓ Supporting a young person with anger management.
- ✓ Supporting two young people to deal with all the conflict in their household from older siblings and a difficult relationship with their father.
- ✓ Liaising with a sexual health nurse for a young person.
- ✓ Improving the confidence of a young person through patience and consistency, and engaging them in creative activities.
- ✓ Supporting a young person into independent living.

Positive outcomes and support for parents or the whole family included the following:

- ✓ Supporting eight parents with their parenting skills, including the setting of boundaries and reward contracts.
- ✓ Referring two parents to MIND to access their own counselling.
- ✓ Supporting a parent to attend substance misuse services.
- ✓ Therapeutic interventions for a number of families within family sessions.
- ✓ Supporting a parent with financial problems, helping them clear rent arrears and practical support working on the positive in their lives.
- ✓ Liasing with Adult Social Cervices on behalf of grandparents.
- ✓ Liaising with Housing Services to help three families with a move to alternative accommodation, and providing financial support to help with one family's move to their new house.
- ✓ Working with a translator to support a family whose first language is not English. The parents now openly accept that the young person has a boyfriend and is welcome in the family home.

Despite numerous attempts to engage with two young people, they both refused to engage with the service – one said that they felt that it is not the right time for them to seek help. The reasons for other young people and/or families not engaging with the Edge of Care Service were as follows:

- × The urgent need for a specialist therapeutic placement for a young person due to the risk of their suicide.
- × Following a CiN meeting, one young person was placed out of area in a therapeutic placement.
- × The Disability Team taking on the young person, meaning that there was no need for the Edge of Care Service involvement.
- × A young person went to Bangladesh with their father for a long period. (However, the Edge of Care Service helped them to build on their relationship with their mother before going away, and the young person is now back in England with their own flat and a job.)
- × A young person absconded again to her mother's house on the South coast and stayed there.
- × One family was already at crisis point at the initial visit, and although work started with the step-mother and young person, the young person then ran away, their father refused to have them back home and they were taken into care. Both the young person and family then stopped engaging with all services.
- × An "overload" of services already in place with one family.
- × The Edge of Care Service was starting to achieve some good work with one young person and their mother but then the social worker changed and the young person rebelled by not engaging with any services.
- × One young person had moved on from when the original referral was made, so that they and their parent felt their behaviour had improved and that there wasn't a need for the Edge of Care Service.
- × One young person and their parent were in a better place by the time of the initial visit to family, and the parent declined the service as they said things were better.
- × One young person was happily living with their aunt (since their parents had split up and were both homeless, there was no settled abode for them to move back to) so did not feel they need the Edge of Care Service.

Summary

- The young people referred to the service faced a number of issues and risks including poor school attendance and/or behaviour, domestic abuse at home, child sexual exploitation, mental health problems, missing episodes, gang affiliation and cannabis smoking.
- Many parents had mental health issues, had experienced childhood trauma or had substance misuse issues.
- Positive outcomes seen included reductions in the number of young people affiliated to a gang, smoking cannabis, showing suicidal ideation, going missing and being sexually active.
- Other positive outcomes reported were the building of stronger relationships within the whole family, improved parenting skills, improved educational outcomes and improved behaviours.
- Without intervention, all of the 11 young people who engaged fully with the Edge of Care Service would have almost certainly become Looked After Children according to the referral criteria. However, just 1 was in care following the intervention.

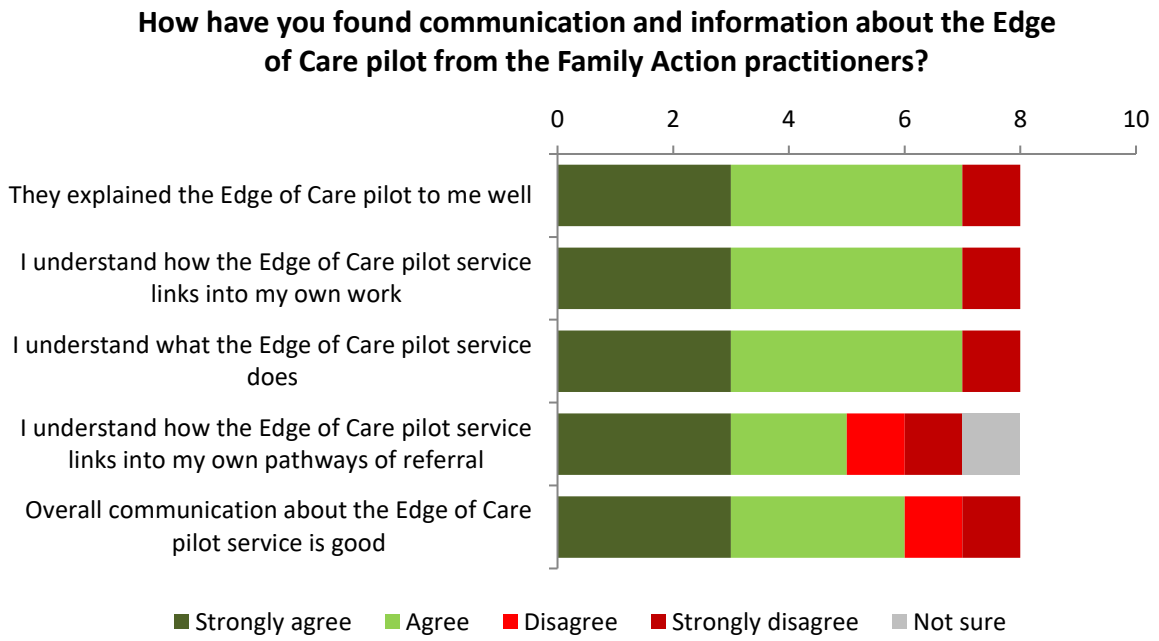
Findings from survey of professionals

NB: Throughout this report, the term 'practitioner' refers to staff employed by Family Action while the term 'professional' refers to staff employed by the Local Authority or other organisations.

8 professionals completed the online survey between August and November 2019: 3 social workers, 2 school members of staff, 1 YOT worker, 1 mental health practitioner and 1 other professional.

How the project links into professionals' own work

Most of the professionals said that the Family Action practitioners explained the Edge of Care pilot to them well, that they understood how the Edge of Care pilot service links into their own work and that they understood what the Edge of Care pilot service does. All but two felt that overall communication about the Edge of Care pilot service was good and that they understood how the Edge of Care pilot service links into their own pathways of referral.



"Good communication with other professionals, clear plans and interventions. Work well to advocate for families and YP, as well as reinforcing messages from social care."

"Excellent communication from practitioners with both families and professionals."

All of the professionals felt that the Edge of Care Service has worked well in practical terms with their own work and pathways.

"The service has offered additional support to complex young people and their families lives, enabling them to spend more time with the family and young person than other professionals i.e. social workers."

"Without the input from the Edge of Care worker it would have been virtually impossible for me to achieve engagement with the student. The student had established a trusting relationship with the worker, and this allowed us to build together to stimulate engagement and support her learning."

"I feel the service is proactive and provides a level of intervention that works with the current services in place. Sometimes work could be more joined up."

Five of the other professionals had participated in decision making and planning meetings held with Family Action practitioners and families (outside of any statutory meetings relating to Children in Need and Child Protection plans), while two had not. These meetings were mainly: to discuss the current plan; to identify the core issues; to understand the work required from each service and make sure there were no overlaps in support; to share information; and to discuss strategies and how to move forward together.

These meetings were felt to be effective by all of the professionals who commented.

"Working in a multi-agency setting and communicating at all times is what makes the work effective, enabling successful outcomes for the young person and families."

"Very effective. Recognised the areas that EoC would need to focus on and helped develop a plan going forward."

"Communication has been excellent and targets set and met each time the professionals met. Difficult to improve something that ensures progress."

Three professionals identified issues in terms of working practices.

"I think there became a bit of a disconnect towards the end of the work. It ended up with EoC worker working predominantly with one child and SW working with the others, may have been more helpful for both practitioners to work with the whole family and delegate differing pieces of work. Ended up a bit disjointed and then the work appeared at times to focus on the individual rather than the family unit - which ultimately is what would effect the change."

"At times it has been hard to co-ordinate with social workers as their turnover is high. Some families have multiple social workers during our working time with young person and families."

"Excellent intervention. Our Family Action Practitioner also recognised that the family needed more time with the service. This must be a longer piece of work than just 6 or 12 weeks it should be what the family require and this can be fast or take time. This should not have a set time but a time when the family can use the strategies provided effectively and ensure cases do not turn into another referral to SPOC [Single Point of Contact]."

Support provided

All of the professionals felt that the support and intervention(s) by Family Action staff in the Edge of Care pilot have been effective.

> *"Very good skill set regarding working holistically with families to achieve good outcomes."*

> *"Compassionate and client centred approach with a can do attitude."*

> *"I'm sure you're already aware however I just want to reinforce all the wonderful work [Family Action practitioner] did with the family. They presented as a complex and challenging dynamic at times to which [practitioner] continued to go above and beyond to support all of the family members. In particular, I know [young person] formed a special bond with [practitioner] and treasured the 1:1 time they spent together. At times professionally I found this case quite draining and I'm not sure how I would have managed the last 6 months without the joint work and support from [practitioner]. [Their] positive attitude and vibrant personality is such a pleasure to work alongside. I truly believe [practitioner] working with the family has made a positive difference for them and at least planted seeds which will grow and support the family and their relationships in the future."*

Professionals identified a number of additional support and interventions that Family Action practitioners provided through the Edge of Care pilot that their own agency or others had not been able to provide. The main thing was the more intensive work that Family Action practitioners were able to undertake with the young person and their family due to frequent contacts with them. Other things identified were the practical support provided, flexibility and time spent with each family to identify the concerns they have and build communication within the family.

> *"Having more time to spend with young person and families, working more intensively with them on a regular basis."*

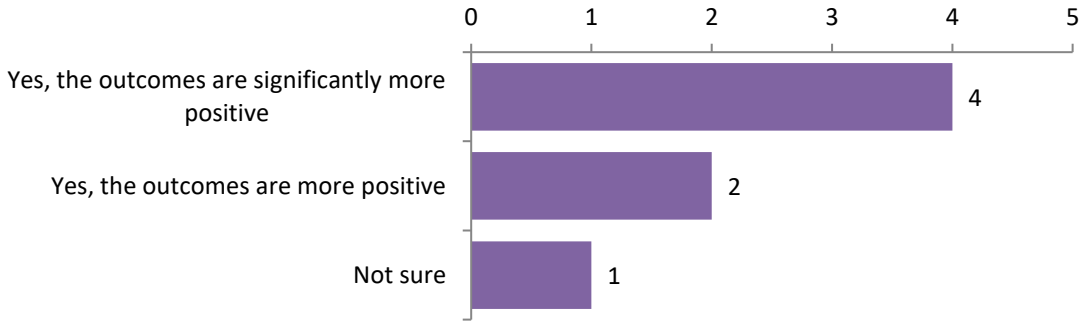
> *"More intensive family work with all the family and each individual. Offering practical support, taking the family out on day trips and spending time with them to reinforce changes that need to happen, in everyday life and real life scenarios."*

> *"From my observation, the support has been holistic, flexible and varied. It has catered specifically to the individual needs of the student and her family."*

Outcomes for young people and parents

Four of the professionals felt that the young people have had significantly more positive outcomes as a result of the work done with Family Action practitioners, while two felt that the outcomes were more positive (and one was not sure).

Do you feel that the young people have had positive outcomes as a result of the work done with Family Action practitioners?

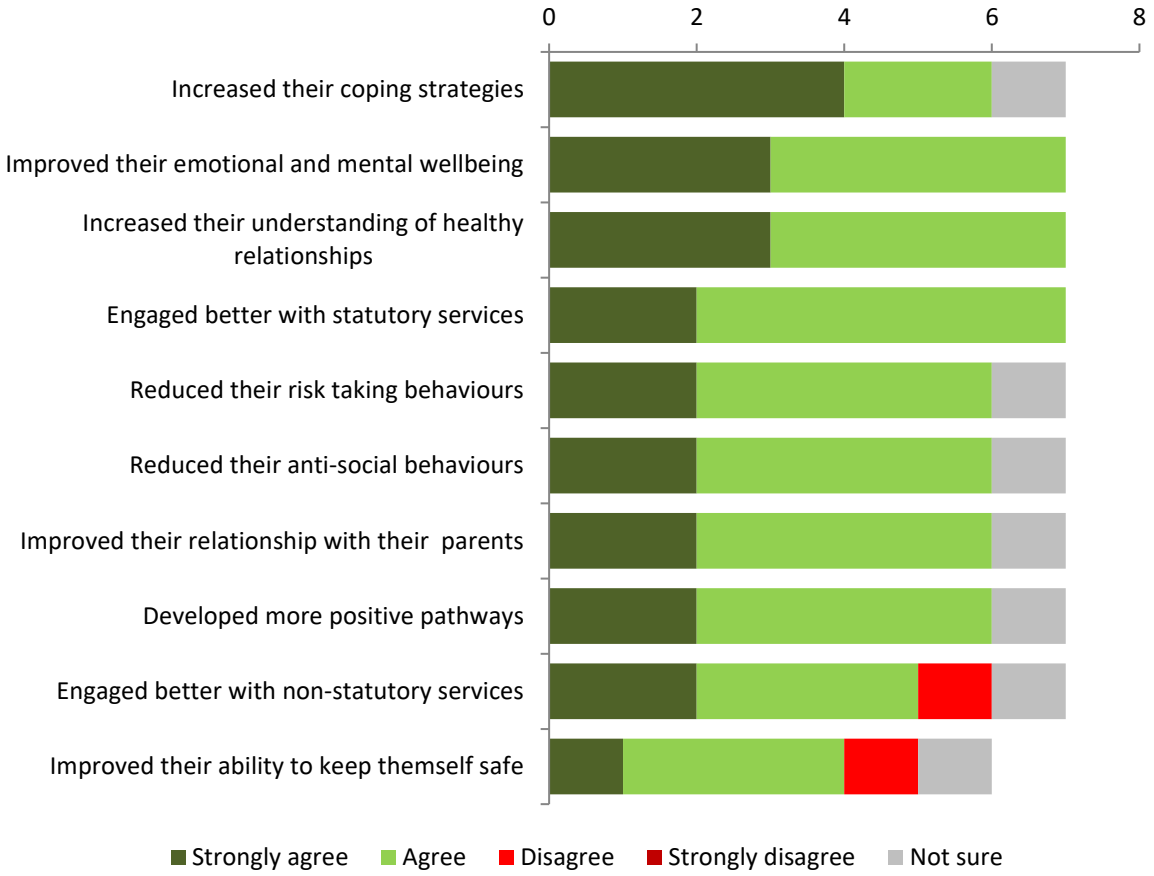


"Overall Family Action have added positive improvements in all their young person and families lives whilst working with them."

"I only have one experience with the Edge of Care Pilot scheme but it has been a successful outcome for the family with the communication improved in the home and the child remaining in the home where the sibling, who is older, did not. So this child was extremely likely to end up in care."

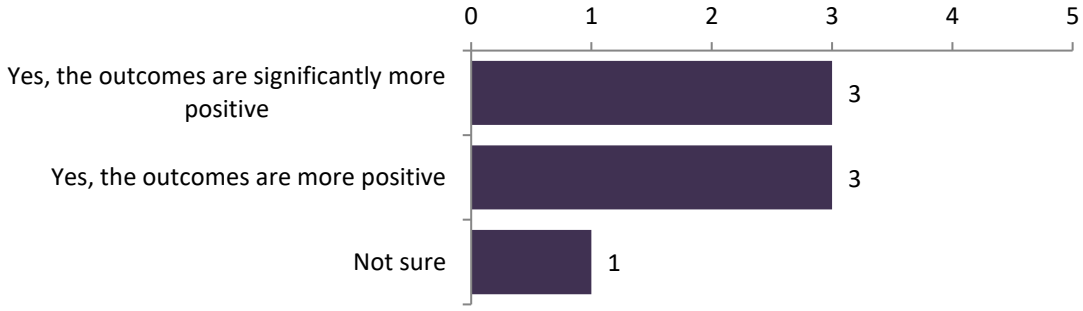
Respondents were asked whether they had seen a number of different outcomes for the young person/people they have worked with as a result of the work done by the Family Action practitioners. All felt that the young people had improved their emotional and mental wellbeing, increased their understanding of healthy relationships and engaged better with statutory services. Almost all felt that the young people had developed other positive behavioural changes.

Do you feel that as a result of the work done by the Family Action practitioners the young person/people you have worked with have…



Three of the professionals felt that the parents have had significantly more positive outcomes as a result of the work done with Family Action practitioners, while three felt that the outcomes were more positive (one was not sure).

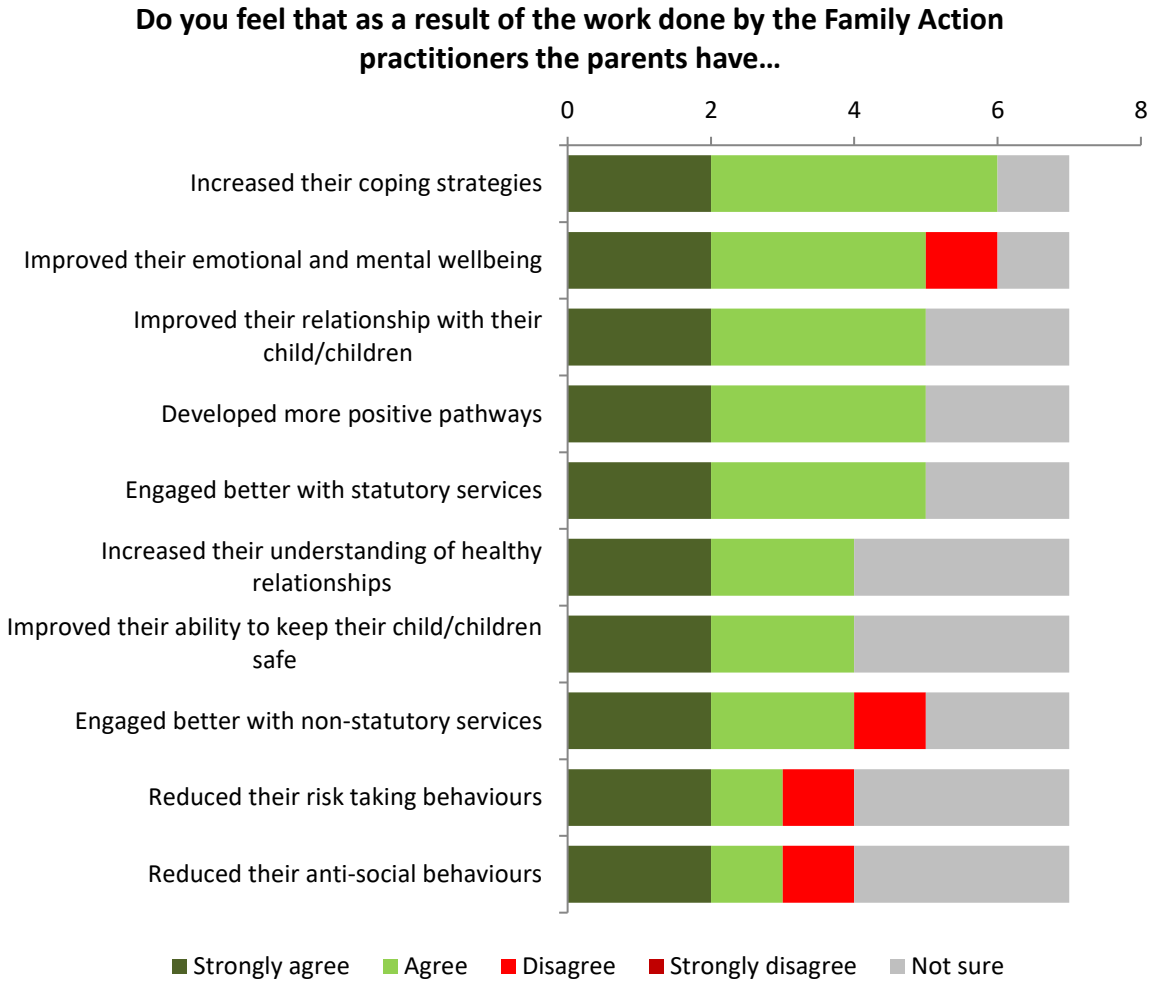
Do you feel that the parents have had positive outcomes as a result of the work done with Family Action practitioners?



"I believe the joint work with [Family Action practitioner] was crucial to positive outcomes for the family and also to supporting me in my work and allow my client to successfully complete his Order. In addition, it took some pressure off myself in working with the parent who was difficult and draining at times."

"Family Action have supported many parents to identify their strengths and areas they can improve on. Even if at end of working they do not always see the positives, longer term they will."

Respondents were asked whether they had seen a number of different outcomes for the parents as a result of the work done by the Family Action practitioners. Almost all felt that parents had increased their coping strategies, improved their emotional and mental wellbeing, improved their relationship with their child/children, developed more positive pathways and engaged better with statutory services. Several felt that the parents had developed other positive behavioural changes.



Effectiveness of Service

Professionals were asked what they thought had been the most important aspects of the project for ensuring positive outcomes for families and young people, and what has worked well. The main aspects mentioned were as follows:

- Intensive work undertaken with the family, including quality time with them and regular contact.
- Relationship building.
- Joint working and achieving good professional relationships.
- Sharing of information.
- Flexibility and adaptability of the support to the individual's needs.
- The calm, consistent and positive approach employed by the Family Action practitioner.
- Communication.
- Reflection with the young people and families.
- Taking the family out for day outings and activities.
- Asking family what their concerns are.
- Matching the appropriate worker to the family.
- The Family Action practitioner supporting the work that the professional was doing with the young person.

> *"That all agencies work together and communicate regularly with each other and the family. That pieces of work with the family are done for as long as is needed and that young people have their say in the work that is done and a fully involved in the meetings."*

> *"Individualised approach taking account of impact on whole lifetime wellbeing/ mental health, social opportunities, education."*

> *"Being able to offer more time and work intensively with the young person and families has led to ensuring positive outcomes."*

Professionals were asked what may not have worked very well with the Edge of Care Service and whether anything could be improved. The main thing identified was the limited time available for the practitioners to work with a family.

> *"Only that we wish the service could stay working with a family for a longer period than six months."*

> *"Allow workers to remain with a family until certain goals have been attained, rather than for a specific period of time."*

One professional identified a parent's resistance to make changes as an issue. Another felt that referrals have been too reactive as the Edge of Care Service should probably have been involved earlier if the interventions were to have had a greater impact. Another felt that there would have been a greater potential if Croydon Local Authority agencies had taken a collaborative approach with the Edge of Care Service in its own internal service development strategy. One professional felt that the team needs to be bigger so they have more capacity to work with young people and families. One felt that parents may need further support once the service finishes so should be signposted to

advice or help in order to stop them regressing back to the original issues. One suggested that schools should be able to refer to the Edge of Care Service, plus they suggested training for schools to understand the work being undertaken by practitioners.

Four professionals rated the effectiveness and successfulness of the Edge of Care Service overall as very good and three rated it as good.

> *"Extremely worthwhile service added excellent support to young people and families of Croydon."*

> *"I have found this an excellent pilot scheme and would thoroughly recommend this as a Local Authority service to ensure families can access expert advice and ensure that children stay out of care."*

Summary

- Professionals on the whole were satisfied with the communication and information that they had received about the Edge of Care service.
- The interventions were perceived to be either effective or very effective.
- The most significant aspect of the intervention was seen to be the intensive work undertaken by Family Action practitioners with the family, including quality time with them and regular contact.
- Professionals perceived that the Edge of Service enabled positive outcomes for both young people and parents.
- Young people were perceived to have improved their coping strategies, emotional and mental wellbeing, behaviours and relationships with parents.
- Most professionals felt that parents improved their coping strategies, emotional and mental wellbeing, improved their relationship with their child/children and were engaging better with the statutory services.
- The Edge of Care service was rated either 'good' or 'very good' by professionals for being effective and successful as a service.

Qualitative findings

NB: Throughout this report, the term 'practitioner' refers to staff employed by Family Action while the term 'professional' refers to staff employed by the Local Authority or other organisations.

A total of 18 people took part in the interviews (held in July and October) including:

- Family Action personnel: both Family Action practitioners and the Edge of Care Service Manager.
- 4 families: 5 young people and 5 guardians or parents.
- Other professionals: 3 social workers, 1 clinical psychologist, and 1 safeguarding lead.

Edge of care referrals

In their interviews, Family Action practitioners and professionals referring clients to Family Action's Edge of Care Service described the broad range of individual and familial problems leading to referral. These included: young people's psychological problems; family bereavement; acculturation issues, intergenerational tensions; parental mental health and substance use problems.

There were substantial risk behaviours identified including; absconding from home, self-harming, emotional and domestic abuse. Thus, while the primary reason for referral might be summarised as family difficulties resulting in increased risk to children and young people, up to and including their designation as being on the 'edge of care', the underlying, or even symptom level, problems linked to this were very variable. In our view, and in our experience of evaluating similar services, this variability requires a flexible approach on the part of practitioners.

The Edge of Care Service has been working with a small number of families (usually about five) at any one time. Each family was assigned a key worker/practitioner who typically spent up to eight hours per week working with them. The key worker/ practitioner was always supported by a Local Authority social worker.

Inter-agency professionals referred families to Family Action for reasons including managing complex behaviours and parental respite. In particular, professionals felt that these individuals/families required the frequent visits and intervention intensity offered by Family Action.

> *"She's still struggling with managing the behaviours and understanding the autistic child…. Because I know of what [practitioner] can do and what Edge of Care can do I thought of that service because mum is at her last ends, she's basically saying she wants the child to come into care." (Social worker)*

> *"…that they wouldn't have gotten the intensity because my caseload is a bit more than practitioner had." (Social worker)*

Tools used within interventions

Therapeutic tools: traffic light system

The traffic light system focuses on three key areas including; things that must change (red), areas for development (amber) and things that are going well (green). This allows practitioners to focus on the key areas that "must change" or "areas for development" during their meetings with families.

> *"So, the traffic light is a really helpful tool to focus in on areas for change that I can then focus in on as a practitioner and support the young person."(Family Action practitioner).*

> *"Two weeks ago I was sat down with the family and I thought I've got to do a traffic light because I need to know what is red, what's amber and what's green and I need to know, forget the amber and the green, I just want to know what's red. And I was working with this family and they were so chaotic, in the end I did manage to get the reds and I thought forget the rest I've got the reds, I've got something to work with." (Family Action practitioner).*

The traffic light system was perceived in a positive way, and was understandable to families in terms of how the tool worked and what progression within the family looked like (i.e. a move from green to amber).

> *"It's been really good to see the red ones that we need to really focus on, what's really going good in terms of the green and the amber one: that's been good. So, we were able to really talk it through, but we need to see that again and then go over it and have a review and see how things have changed." (Family)*

> *"So, we were able to articulate what was going well in the family, what was not going well in the family, what was really something that we need to… the most emergent thing." (Family)*

> *"I've seen the traffic light one that [practitioner] tends to use. And I think it's quite good because then it tells you - I think it was [young person] that he did a piece of work with and she said where she was, and what the green meant for her, what the red meant, what the amber meant. She was able to explain where she was using the traffic light piece of work. I'm not sure I've seen the other direct work that he's used but I'm very much aware of the traffic light one." (Social worker)*

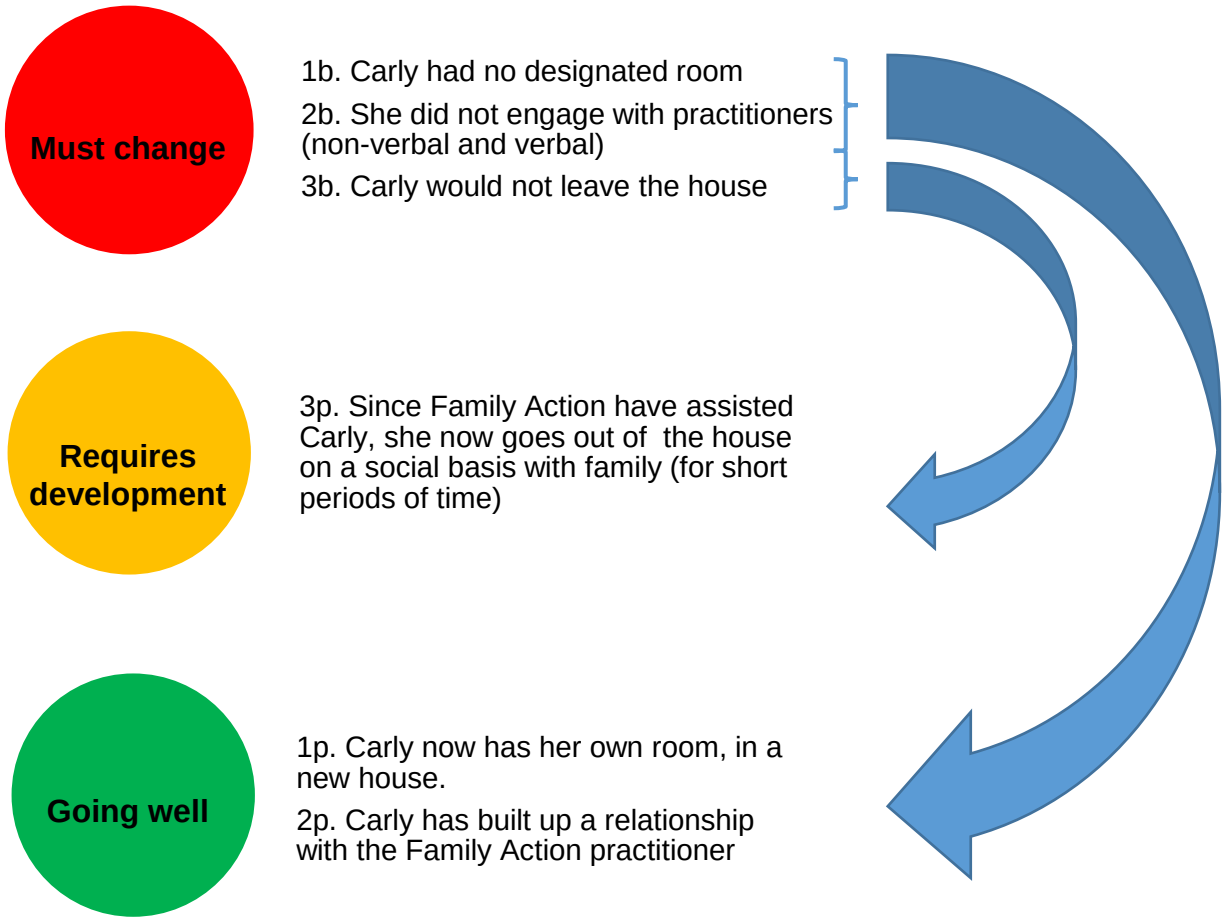
The structured task of the traffic light system seems to work particularly well with some of the young people.

> *"I think [young person] is very specific and she likes things to be ordered. So, for her everything that was going on for her was put into red, amber, green. Three simple boxes. So, it gave structure to what might feel like quite a chaotic situation for her. What I'm hoping is that I will go back, and I will show them this, and we will do another one and she will then be able to visually see the progress in a very structured ordered way. Look we have moved amber to green, red to amber, see all these changing in a really structured way. She will be able to see for herself the progress and the change that has happened for her that she has been part of and that she has been responsible for." (Family Action practitioner)*

Traffic light case study

Below is a case study of a young person that used the traffic light tool with a Family Action practitioner. It shows their progression from the red to the green in several key areas including their housing situation and engagement with the Family Action practitioner.

Please note that the young person's name has been changed to a pseudonym, to ensure anonymity.



Key: b= before the Edge of Care Service's involvement p= post the Edge of Care Service's involvement

Therapeutic tools: Eco-map

The eco-map was described as a useful tool to identify the relationships within the immediate family, wider family and beyond the family circle, and peoples' identities within the family. It was also highlighted as an objective tool to show clients their support circles, to tackle isolation and loneliness.

> *"We begin to look at a lot of the generation ecological side of it. I believe that a geno doesn't actually look at the ecological, it doesn't look at the environmental factors, and the eco-mapping looks at the environmental factors. It could be*

friends, it could be people you've met, it could be work colleagues…" (Family Action practitioner)

"The young person said to me, "wow, I didn't know we had that many people that we know. I didn't even think we knew that many people." (Family Action practitioner)

"Where families are feeling isolated and where families cannot find other supports or do not know supports around them, I generally say to them, "look at this, look at the supports around you, and there are a lot of supports around you, and you can tap on any of these supports at any time." (Family Action practitioner)

Therapeutic tools: 'Day in the life'

Practitioners were less positive about the 'day in the life' tool in comparison to the traffic light tool, as its usability can be affected by changeable moods and because the information was obtained elsewhere through knowing the family itself.

"Because it feels very surface. It's like if you asked me about my day, it's all depending on how you ask me, and my mood right now. So, if you asked me about my morning, I'd be like, "Oh, I had a lovely morning, my boyfriend made me coffee and he never does that," you know. But it feels quite surface level. And I feel like when you ask families it's even more so. Because it's like, "Well, I got up, went to work, had lunch." And you can obviously ask more questions and say, "Okay, how do you sleep, what's your housing arrangement like, do you have breakfast?" (Family Action practitioner)

"I think it's trying to capture their days and their lives and the nuances within that, and how they might complement or conflict with each other. And give us a deeper understanding of what life is like for them. But I don't feel… I don't know if I should be saying this, but I just don't feel like… I get that from getting to know the family, rather than from sitting down and doing an exercise with them." (Family Action practitioner)

Other practitioner tools

The Family Action practitioners used a flexible approach to provide their support to families, and other "tools" that they have used to assist with families' identified needs included anger management, behaviour contract, building boundaries and building social skills within the community through a positive role model.

"So, looking at the [family], the work that [practitioner] has been trying to do, alongside myself, working with [young person] and [young person] and Mum. One of the main things that we've been focusing on is boundaries. And Mum being able to put boundaries in place. And also [young person] being able to follow those boundaries and actually obey." (Social worker)

"It hasn't been very easy with [young person] because he gets really angry, extremely angry. And when he's angry, he doesn't actually pay attention to what anybody's saying. So, what we've been trying to do is a piece of work on anger management. And him trying to understand that we're human beings and we react, but it's not all the time that we have to react. Sometimes we should take the

time to reflect or walk away from the situation so that it doesn't escalate. So, with [young person] we've been trying to have some strategies on how he can actually handle the situation." (Family Action practitioner)

"To take [young person] out, expose him to the community and not in a negative way. Take him maybe to do some of his activities: go boxing, go to the gym, even take him to the cinema. So that he knows that, in terms of interaction with other people, that would obviously help increase it. I don't know if I'm putting it the right way. But him constantly staying indoors, he's not going to be able to express what is going out there. Not in a bad way but if he was to go out there and be very positive, have a positive mindset, communicate with his peers, do things with his peers that are positive, I think in terms of his social interaction or stimulation, I think it would increase. And also having a sense of identity, he would also have that sense of identity because he could then relate to other people apart from him just going to school and coming back home. And then staying at home with [young person] and Mum and then playing. There would be a sense of purpose for him, I think." (Family Action practitioner)

Interventions

The service's Theory of Change is rooted in helping families to change patterns of communication between family members and with local services. One practitioner described how this was operationalised.

"Within that it's looking at their network of support; so, doing like an eco-map and going, 'Where are you – mum – getting your support from, where are you finding your identity?' 'Okay young person where are you getting your support?' Doing the traffic lights in regard to mum and daughters' relationships; so, 'What's working well within your relationship, what isn't working well, can you give me examples of when things escalate? How could we diffuse that escalating? What would help in that situation? What would make things worse in that situation?'" (Family Action practitioner)

The activities undertaken with families have varied but, to date, have included:

- Direct therapeutic work with a young person.
- Systemic family therapy interventions.
- Practical support around social needs as they arise.
- Liaison with other professionals (teachers, SENCO staff etc.).
- Acculturation work with migrant families.
- Parent-child dyadic therapeutic work.
- A range of other bespoke interventions as the need arises for different families.

The overarching approach - consistent across families and project workers, and supported by the management team - was a therapeutically informed intervention which was adapted to meet various family needs and augmented by more practical/social support when needed. The practical support was used to build trust with families which then enabled therapeutic work to begin; this varied but was consistently focused on improving patterns of familial communication. Each family's needs were quite distinct and

varied over time, but patterns of dysfunctional relating[11], which maintained and exacerbated the young person's risk behaviours, were a consistent feature.

Practical support

The Edge of Care Service has provided a wide range of practical support to clients where needed, including; assistance with moving home, writing to local housing agencies, assisting with college applications and arranging family days.

> *"So, we can offer them something concrete and go, so I'm going to write a letter to the Housing Council and I'm going to CC you in this week. That is something that they've got concrete that's like, well [Family Action's] done this. Or I'm going to top up this young person's phone so that she can text me and her Mum back. Or you know, I'm going to get a tent for [client], so that she has some down time outside….They can go, well [Family Action] sorted that for us, [Family Action] helped us with that and it's…so, they work well together I think." (Family Action practitioner)*

> *"He's organising to go to Brighton….. I think they were going horse riding as well and I think another visit to a museum or something, I think it's Chessington Zoo he was arranging as well."*
> *(Family)*

Practitioners reported that they often felt that their clients' immediate practical problems (outside of the usual practical support provided by Family Action) merited their immediate attention. Addressing these practical problems – that might be linked, for example, to housing, benefits or securing a medical appointment – meant that the practitioner opted to devote less time to the therapeutically-oriented activities that they might have had planned for that particular session with the client. Despite these practical tasks gaining trust with clients, it meant that practitioners did not fully utilise all therapeutic tools (i.e. the 'day in the life' approach). However, practitioners recognised that without addressing these practical problems, their Edge of Care Service support would in effect fail to progress.

> *"I've had a young person say to me, I took them to top up their phone and they said, "I don't know where I am sleeping tonight." And it was five o'clock on a Thursday, I was like "what do you mean?" and she said "oh I'll just sleep on buses tonight probably." (Family Action practitioner)*

> *"But [Family Action practitioner] also expanded that in terms of [their] one-to-one work with each individual in the family. So that involved basically support with housing because that was one of the primary concerns that the family became known to us." (Other professional)*

> *"I'm going to have to park our job and I'm going to have to deal with this woman's benefits system because I see it as there's no way I'm going to get anywhere if this woman's telling me that her benefits have been cut and she's got no money*

[11] "Dysfunctional relating" means ways of forming and conducting relationships/ways of being with other people rather than just being in a dysfunctional relationship per se.

and she's got nothing to live on, so I have to park all the 'days in your life' [exercises]." (Family Action practitioner)

However, the practical support provided by the Edge of Care Service - regardless of whether this is part of the service's usual provision - could have potentially halted a young person from going in to care, whilst ensuring that the practitioners could have the opportunity to provide the family with the necessary Edge of Care support.

> *"Her residency permit was expired, and she needed it renewed. She had already started a process, but I wasn't quite sure how that was progressing so I spoke to the solicitor that was dealing with it, and was able to understand what's going on, and able to give them pointers on how they could move it on and we were able to resolve that ….And I believe that without doing that, it would have gone further, and that child would have definitely been taken into care because she would have lost the roof over her head. She would have lost a lot of things." (Family Action practitioner)*

Relationship building

Client-practitioner relationship

Building relationships was pivotal to the success of the intervention, both between the client and practitioner and within the family. Trust is built over time (sometimes weeks or months) through taking the time to listen to family members. Therefore, individual differences in the time taken to establish a relationship with the families must be accounted for in the flexibility of the intervention. Practitioners reported the value of listening to clients as a first step to establishing the trust that will underpin their work together. Additionally, perseverance was a key requirement for the Edge of Care Service, recognised by the Family Action practitioners.

> *"It took eight weeks before [young person] would sit in the same room and actually talk with [practitioner]." (Family)*

> *"Then I can sit down, and okay let's look at what's working for you right now, what's not working, and how you want to change things. But that takes a few weeks for me to get in and be a positive professional in their minds, someone that they can trust." (Family Action practitioner)*

> *"So, I know that, from experience, if you keep on showing that, 'I'm not going to go away, I'm here for you, I'm here for your good,' eventually the families will open up to you and they will allow you in." (Family Action practitioner)*

For the majority of families, the Family Action practitioners were experienced as being the first consistent professional that they have had to support their needs, and this was felt to be a key contributor to a successful client-practitioner relationship. Overall, both families and social workers reported that Family Action practitioners seemed able to build effective relationships with families.

> *"He's consistent. He's honest. He's reliable." (Family).*

"I think this is the first time that we've really got someone who's consistent, focusing on the two younger ones." (Family)

"And also, I think when he does his one-to-one as well, when I just happen to do a home visit with him and I see how he interacts with the families, I can see that close relationship with [young person] and [young person] and Mum with Practitioner. It's like he's part of the family. I mean, he's not a family member but the work that he's been doing, I can see that they really appreciate it." (Social worker)

In contrast, clients and professionals working with them tended to be critical of social care more generally referring to, for example, high turnover, alleged poor communication and perceived interference of Local Authority social workers.

"In fact to be candid, to be honest from the point of social services it was like a complete abomination for the first 18 months… But you ask the new social worker, 'have you read up on [young person]? What the problems are, why she's here.' 'Well, no. I couldn't find anything on the system,' seven times in a year." (Family)

"The social worker is just [sighs] they just tell us things and they're not consistent. They don't carry out - they say they're going to work with you sometimes they don't even phone you, communicate with you. Nothing." (Family)

"Well, I think what he's done, he's built a relationship with the family and it was a trusting relationship. So, therefore, if I mention Edge of Care, then I was getting a positive feedback. If you mentioned social services, for obvious reasons, there might be more negative feedback. Because it feels more interference. Whereas, this particular pilot is more supportive." (Other professional)

The quality of the relationship between family and practitioner was seen as key by both parties. Practitioners also felt that the quality of their relationship with their clients was enhanced by their ability to work more intensively with families compared to Local Authority social work colleagues, due to their caseloads.

"I don't think social workers, for one, have enough time to formulate a relationship like how I can, and how we can, and how our service allows us a timescale to be able to do so. I believe, if I had 30 others on our caseload, there's no way I'd be able to have the time to be able to persevere and persevere and persevere and keep going" (Family Action practitioner)

"I think sometimes families do need that time. A lot of times they need that bit of time. I think a service like Family Action could provide that. Yeah definitely, if it could be a permanent fixture, then I think it would do a lot of good." (Social worker)

"And I think, as much as I know the family's needs and things like that, I can't be there daily, weekly because sometimes [practitioner] would actually go there twice a week to the family. And the capacity that I have is not the degree that [they] have." (Social worker)

Family relationship building

Building family relationships was central to the Edge of Care Service's therapeutic approach, and practitioners felt it was imperative to build family relationships in order to reduce risk behaviours and to prevent children going in to care. Family relationships were described as being built through talking and listening exercises (in a non-judgmental environment), building positive happy memories through family trips (provided by the Edge of Care Service) and educating family members.

> *"I think that when [practitioner] does his family sessions, he gets everyone to talk, gets [young person] to talk, gets Mum and [young person]. If there's an issue, they all talk about it, the way to handle it and then move forward from there. I think that's a good approach. There's no blame culture. He's not trying to blame Mum or blame [young person] or blame [young person]. It's about everyone coming together and talking about it and seeing how not to let such a situation repeat itself again. Or ways to handle the situation if it was to happen again." (Social worker)*

> *"Well, I think that the relationship breakdown is at a point where the young person is so isolated from the family that the risk taking behaviour goes through the roof, in different capacities."(Family Action practitioner)*

> *"I believe if I can project a positive relationship right across a family, then I don't see a need for a family to go into care. If they are happy, functioning effectively as a family, then there's no need for care proceedings." (Family Action practitioner)*

However, it was clear that interviewees felt that the work done by the Edge of Care Service was only the beginning for relationship building within families.

> *"Relationships take time to fix." (Family)*

> *"I think, we've planted a lot of seeds within families that have developed whilst we've supported them, but will continue to develop. I kind of feel like, we've worked with a lot of families, some of which we've done the full six months, some of which we haven't. But we have, kind of initiated reflective discussions, and got them to think in ways that I hope will kind of stay with them. And it maybe means that they haven't immediately gone back home, but has kind of given them some foundations for the future to build that relationship. And I think we've done a lot of positive beginnings with families. And I just feel hopeful that we've created change, maybe change that we haven't even seen yet, and we might not ever see, but we have created change in families, because of the nature of the work we've done." (Family Action practitioner)*

A major barrier to relationship building was engagement from families, with many families choosing not to engage with Family Action, or to refuse the service, as demonstrated in the quantitative findings. This finding was supported by Family Action and other professionals.

> *"I mean there's a lack of engagement from the family so it's very difficult for them to do anything at the moment, if they're not engaging." (Social Worker)*

"But I didn't feel like Mum really engaged with the questions and the reflections that I was asking her to engage with.… Just every week I was like, "I haven't got anywhere. She hasn't said one thing that… She's taken. She hasn't reflected one thing that she's heard, or taken, or… It's just like a wall."(Family Action Practitioner)

"… you get to a point where there's so many sessions where they don't come or they make excuses not to come and you talk to them and they're very uncommittal or demotivated to really engage with the work." (Family Action Practitioner)

To tackle engagement issues, practitioners tried to be flexible with their working approaches and the meeting times that they offered.

"We do keep going back and saying what about this date or shall we try it here, to try and be flexible and accommodate and encourage them to engage." (Family Action Practitioner)

Potential reasons for non-engagement were appointment burden and childcare arrangements.

"Too many people involved. I wouldn't say too many, but there's a lot involved and although it's all with good intention, as a young person if you have to see this person on a Monday, another person on a Tuesday and a Wednesday and a Friday, it's a lot. So, eventually you're going to get a bit like, 'Come on, I need a bit of a break from all these new faces and all these people'. That's why I suspect it could be happening. I don't know for certain, I'm due to have a conversation this week with them, actually, to find out where we are with it all. So, I think it's…I'd really like them to give it a chance to support them in a similar way to the other case in terms of building relationships and supporting family functioning." (Social Worker)

" So this family...mum had issues with childcare. So it was about finding an appropriate childminder to look after the children. And obviously, if she can't find anyone...we offer that, if she comes in here we can hold them for a little while, but I think she wanted the childminder to look after the children just so she can focus on a piece of work, with the worker. But that didn't really happen. Most of the time she couldn't attend appointments because she had no one to look after her three younger kids." (Social worker)

As this final example shows, there are many dimensions to 'non-engagement' or 'poor engagement.' Recent work on this subject by Taggart and Mason (unpublished) suggests that a 'lack of engagement' on the part of adults in 'edge of care' or 'care experienced' families is often linked to underlying trauma that they have experienced in their own childhoods and young adulthoods.

Inter-agency relationships with Family Action

It has been important for Family Action to build inter-agency relationships due to the complexity of the families that the Edge of Care Service works with, and the number of services involved in each case. Professionals appeared to value the way that the Family Action practitioners updated them on their clients and their communication skills.

"So, [practitioner] communicates very well. Most times, we tend to do our visits together. But when we don't, and he does a visit, he would always come back and share vital information with me. That is one thing that he does all the time. So, if he goes to visit and things are said to him that I wasn't aware of or maybe I knew but I needed to follow up, he always keeps me updated. He's very good at communicating. He will send me an email to say: "Can we talk?" if something's come up, you know, "Can we have two minutes to talk about this quickly?" So, in terms of communicating, he's very good at communicating. I think that's always the key factor in anything that we do. If we don't communicate, then we don't actually know what we're doing- if we're progressing or if we're not progressing. But with [practitioner], he communicates very, very well. I haven't had any issues at all". (Social worker)

"So even when he didn't call me, which he invariably did, I'd see an alert in my tray that told me that he'd left a case note for me to read. So, he'd update, and he's pretty good at doing that, he's better than me. He'd get regular information as to what was going on and our conversations about what was happening, so he was very helpful." (Social worker)

"I thought she was very approachable, very friendly, easy to talk to, and easy to get hold of on the phone which is what you want from a professional." (Other professional)

One social worker spoke highly about how Family Action practitioners were able to build relationships with families.

"It's very difficult to get buy-in from families, in such a short period of time because we're asking people to develop relationships; I want to see outcomes, I want to see results. In really short spaces of time and it takes a lot of doing. You really have to have something about you to do that and so far, I've seen that from them. Which has been very positive." (Social worker)

Inter-agency and family relationships

It was noted by several professionals that the relationship built between Edge of Care practitioners and the families could assist with building relationships with other professionals, and due to this vital assessments were achievable.

Initially, a clinical psychologist was unable to do a mental health assessment on a young person as they were not engaging with any professionals to get the required information. However, the relationship built between the young person and a Family Action practitioner enabled the assessment to be carried out in a constructive manner. Eligibility criteria for these particular mental health services include that the person has to be engaging with professionals, so without the relationship formed, the young person would not have been eligible for therapy.

"She was refusing contact with any other adult professionals. She was refusing to see any teachers or doctors; people trying to go in to help assess. She didn't want to see me either, whereas [Family Action practitioner] was able to develop that relationship with her. Which was a really key part of my assessment,

because then I was able to use the information that [Family Action practitioner] got from meeting with the young person." (Other professional)

"…we then would have only been able to go on reports from grandparents and mum, then teachers, but teachers weren't actively involved at that point. So, it would have been really difficult to kind of get a sense of what was going on and the difficulties without having an additional professional meeting with her and getting a sense of what was going on for her at the time. As a result, we've now kind of allocated her a therapist. As I said before, we said we couldn't offer anything and closed the CAMHS." (Other professional)

In a different example, Family Action practitioners were seen as able to bridge the relationship gap between a school and a parent, who previously would not engage with school staff at meetings.

"I mean, I dealt with this family for many years and it's very rare because the mum blames the school or blames everything else other than herself or what's happening, she wouldn't attend meetings. She wouldn't come and talk to us. So, I think the only way we got her there was because of that trust relationship with the keyworker. And she trusted if she came, she wouldn't be attacked in that meeting. She wasn't going to be judged in that meeting. She was very much part of the meeting. So, it's actually, so I know when [Family Action practitioner] does back away, that we would still have that communication with that parent." (Other professional)

Understanding the system and values

The Edge of Care Service was perceived by professionals to help parents who have not grown up in the UK to understand the 'system' and its values where the children of these families are growing up with the UK's values and have developed difficult behaviours.

"That's what I'm beginning to find… there's this chain of foreign kids that are now going into care because a lot of their parents do not understand the system and cannot discipline their children the way the system prescribed them to be able to do it in a safe way." (Family Action practitioner)

"With the child, the mother has already had the oldest child gone into care, it's almost like this is a rite of passage for no reason being a teenager and becoming more difficult is that they expect the care services to pick them up. Because she's also got her older daughter out of care now because she's too old to be in care. And they've got a relationship again. So, I think there's some families that find this almost a sort of intervention that supports their parenting. So, it's just almost to me, and I know if we got a registered key worker in there that we wouldn't be repeating that pattern again." (Other professional)

The Edge of Care Service has helped parents to recognise the differences in cultural values between the parents and young people/or family members, to educate them and to help form better familial relationships.

> *"Yes we communicate better, we try doing things in a different way because culture was …Because my background is different from this culture. So, we were trying to walk on a different path." (Family)*

> *"I'm like, hold on here, let's look at this from this woman's perspective. She's leaving everything she knows; she's leaving her culture; she's alienating the wider… distant family. There's a lot that we don't understand that's going on for this woman, so that's why she's not leaving." (Family Action practitioner)*

> *"You've got to understand that this girl wasn't born in Pakistan and brought up in Pakistan. She's born to a Pakistani family, living in England, born in England. You've got to try and meet her halfway here." (Family Action practitioner)*

Outcomes for young people, parents and carers

Young people were able to speak to practitioners about sensitive topics and their emotional, communication and social skills improved.

> *"And in terms of the elder child, she's very guarded and it's not a negative guarded it's more from loss and she's started to open up to [practitioner] as well in terms of after opening up to school about certain emotional struggles she was okay with [practitioner] talking to her about it." (Social worker)*

> *"Last two or three months she's achieved when she says "Goodnight," when she says "I love you." Now that, the first year she was living with us…We never got that. We didn't even get a kiss goodnight." (Carer)*

> *"[Young person] managed to let him into her life to help her, to support her, and she has received a lot of support even when she's able to talk to me about her feelings, in the past she wouldn't even talk to me, let alone…" (Family Action practitioner)*

> "*Massive changes, yeah. I mean they're communicating; they're smiling, talking about love between them - which was definitely not there before… the child is coming to school, is accessing education. The parent is talking to school, which was never happening before. There's less anger. There's less sensitive stuff going on. it's more communicative now. So, everyone's communicating a lot more – which is a massive improvement." (Other professional)*

Reported benefits to the carer, guardian or parent included respite, having someone to confide in and the aforementioned relationship improvements with the young person.

> *"…we're able to go shopping now. At one point we couldn't leave her with [practitioner]. Now when [practitioner] comes she goes to me "Are you going shopping soon nan?" (Family)*

"Within the family, for myself, it's just been having someone there that I can really talk to and seems to relate to and it takes some of the pressure off of myself and that." (Family)

Duration of intervention

The Edge of Care Service currently offers a six month intervention (approximately) to their clients. Levels of contact have varied between families and over the period of their engagement. This received mixed feedback from clients, Family Action practitioners and other professionals.

Clients and their families expressed a strong desire for a longer programme. There were very strong views expressed from one family about the time-limited nature of the intervention (up to six months' work). They felt that they wanted the work to continue given the progress that has been made.

"To whomever it may concern, I really, really, really want [Practitioner] to stay. She helps me loads and I really do think she can help me in the future so please, please can you let [practitioner] stay? Please, please, please." (Letter from young person)

"I'm quite concerned if they pull this away from us because I honestly don't know how [young person] will cope and at the moment she's really doing well, isn't she?" (Family of young person)

Practitioners and professionals noted that the support offered by the Edge of Care Service was of a longer and more intense duration than that of other services such as those interventions offered by Child and Adolescent Mental Health Services.

"Yeah lots of Child and Adolescent Mental Health Services (CAMHS) interventions…. All of these things tend to go in 6 week clusters. Which, I am not saying that's not appropriate in some cases. I just think that all cases are individual, and we can't just say 6 weeks would be enough. It has to be bespoke and it has to take into account all the difficulties that are with that family, which the edge of care service certainly did." (Other professional)

Family Action practitioners felt that the six month duration was useful as an end point, particularly for clients where progress was stalled. It also provided a timeframe to structure the intervention around.

"...do think it's quite a helpful thing though, like, I had a case where it was like, we did the full six months, but it was quite a struggle. And they kind of engaged but, half-heartedly, they engaged enough to keep us in, but not enough to do any meaningful work….. If I hadn't had that six months in there, I probably would have been drawn in for longer and longer, just because she was engaging just enough. So, it is quite a helpful, kind of boundary, I think." (Family Action practitioner)

"I know, it's that beginning and then the middle and then the end. So two month periods which is what I think I stated, the beginning is two months then the middle

is the third and fourth months, the fifth and sixth roughly is the ending, that's what we've worked towards." (Family Action practitioner)

One professional agreed that six months is the optimal length of time for client engagement.

"I think six months is good... if they are committed and if they're engaged. I think it's good enough. Because if we go...if we're doing like a year piece of work, people just get tired. It's like the same routines over and over, talking about the same thing. But if it's six months, or even less, then within that period you can review, see the progress, is it working, is it not working. What else can we do? How can we change things? So I think it's a good time still." (Social worker)

However, another felt that some families needed more time.

"I would've liked to keep it open a bit longer but that's kind of out of my hands. I can't keep cases open for an extended period of time. But there's only so much you can get involved in these sorts of situations. There's a lot of grey areas involved, there's no definites. So, there's only so far we can take things. And I feel we've brought it to a point where it's stable enough. If things were still very rocky, I'd have grounds to keep it open, but things seem stable enough, she's engaging at a decent level. Things could be better but it could be better for a lot of families, but it doesn't mean we have to get involved, you know?" (Social worker)

Family Action practitioners and some professionals suggested that there may need to be a degree of flexibility in terms of reducing or lengthening the period of Family Action's assistance, for those families that either required limited support, or those families that required intensive support.

"For example, I had one case… we had a young person who was struggling in a lot of different ways so we did actually extend it by a month so that I could do a smooth transition with a therapist that said she could come to the house and meet the young person as a handover process. Because we never want to leave them so that they feel completely abandoned or isolated, sometimes they're quite happy to be like no I feel good now. And they don't need necessarily another professional to step in, sometimes we're referring to family therapy." (Family Action practitioner)

"Six months sounds a long time. But it could be quite a short time if things are missed. If everyone's attending and talking and doing, then six months probably is enough. I think again, it's one of those, I just wish we didn't have a sort of cut-off period at all. It could be that you do a piece of work within three months and that family understands, take it on board and you can shut the case and move on. But I just think it's very individual and it has to be looked at individually….I think the bigger cost is when we leave these families too soon and too early, that they will eventually come onto our books. And more work needs to be done so, I think having an individual programme, no matter what the time it takes, is important. I think six months is great, it's the longest I've heard. So, that's great. But I still think it needs to be looked at on an individual case basis." (Other professional)

Looking forward: practitioner perspectives

Families and professionals working with the Edge of Care Service supported the notion that the service should continue, and that it is an asset to families on the edge of care, and can help bridge the gap with other services that may not have the capacity to do the intensive work that the Edge of Care Service does.

> *"No, I think it's a brilliant service. Because in terms of obviously the prevent...when you're looking at preventing a young person, whatever could be happening at home. But if you're trying to work with that family to prevent that young person from going into care...Going into care doesn't particularly mean that it'll be all ready for the young person. It could even be worse for them. So I think the whole approach of: "we don't want to send kids into care, let's try and work with the family and see how we can support them." I think it's very good. Every young person wants to be with their family, unless for whatever reason there's safeguarding concerns. But I think it is a good programme." (Social worker)*

> *"I'm quite concerned if they pull this away from us because I honestly don't know how [child client] will cope and at the moment she's really doing well, isn't she?" (Family)*

> *"I think all parties involved in this particular process found it really effective. And I have no doubt that, that child would have gone into care had that intervention not taken place." (Other professional)*

Family Action practitioners also wanted the service to continue.

> *"I think it would be a real shame for it not to continue." (Family Action practitioner)*

Interviewees made a number of suggestions about how the Edge of Care Service could improve moving forward. These included increasing the number of staff, improving the referral process and providing or signposting parents to parenting courses after they have been discharged from the service.

Several professionals noted that for the service to continue it would require more staff to reach more families.

> *"I just feel because you've only got two workers there's only so much they can do. And they might not be able to take on a lot of families. But if you've got a couple of workers within the team then a lot of cases will be coming." (Social worker).*

The referral process was seen as a possible barrier by professionals that wanted to refer clients to the Edge of Care Service.

> *"I just think that the referral process should be...shouldn't have to go through a Care Panel. Yeah. If you're looking for...if you need services outside of Croydon, like external services, you're not having to go to Care Panel or …all these panels, you can just chat, email them, or enquire or call. …I don't understand the whole process of...you've put a service in place to help a family. And then we're having to still go to Panel to see if it meets the threshold for the service to work on a family." (Social worker)*

Several professionals felt that the service should offer further support for parents beyond the Edge of Care Service.

> *"I think there could be ongoing parenting courses that could help that parent maybe. Because it's really easy for parents to slip back to type and slip back to old behaviours. So, it's great when someone's involved and talking them through an eventuality. But what you need then is consistency when the piece of work's finished and for that to continue. So, I would say that further parenting courses would be ideal." (Other professional)*

Summary

- Practitioners were perceived to be able to build relationships with young people, parents/guardians and other services, whilst also bridging the relationship gap between families and other services.
- However, some families chose not to engage with the service. Lack of engagement was perceived as the main barrier to the service, with engagement being key to forming relationships and working on parenting interventions.
- The Edge of Care Service was perceived as a positive service for the young people and parents/guardians by the families and other professionals.
- In some instances it was perceived that the service was able to keep young people out of care, and in some cases improve their circumstances such as housing and living situation. However, there is limited quantitative data to provide support for this notion. Further data is required.
- Young people and parents developed better coping strategies and reduced their risk behaviours.
- Parents/guardians benefited from respite and better familial relationships.
- The duration of the support provided by the Edge of Care Service received mixed views, with practitioners and professionals suggesting a flexible timeline to accommodate each individual family's needs.
- Suggestions for the service included increasing the staffing levels and adapting the referral procedures.

Recommendations

For commissioners of an edge of care service:

- Explore the major barriers to an edge of care service such as ‘lack of engagement’, to establish whether in some circumstances this can be resolved, therefore allowing the Edge of Care practitioners to impact a wider range of clients.

- Continue to enable Family Action practitioners to work flexibly with clients, drawing on their own expertise and knowledge of therapeutic tools that are beneficial to individual clients. This work should be carried out within agreed organisational guidelines and a clearly articulated Theory of Change for this particular service.

- If the Edge of Care Service is expanded to accommodate a greater number of clients, there would need to be consideration of the accessibility of the referral process to other professionals and the staffing levels necessary to meet caseloads. This is particularly important since a key strength of the service is the time commitment and the intensive approach that the practitioners are able to offer clients.

For the Family Action Edge of Care (Croydon) Service team:

- Continue to offer practical support to clients to build trust and, where necessary, provide other practical provisions which are necessary to prevent a young person from going in to care and that, if not done, may hinder the Edge of Care Service’s work.

- Be flexible in terms of the duration of support provided to families, according to the family’s level of need and also how long it takes for the family to engage with the Family Action practitioners.

- Signpost clients to additional support once they have been discharged from the service to ensure that the family’s support is continued beyond the Edge of Care Service.

- The current evaluation is unable to report on any objective indicators of mental health or wellbeing among the parents or young people that engaged with the Edge of Care Service. It is recommended that the service routinize the gathering of psychometric outcome data using the online tool that HCRS have devised for the service.

- Future evaluative work is suggested for the Edge of Care Service with a larger client dataset, including psychometric measures in order to provide a more robust basis for judging the overall benefits of the service to young people on the ‘edge of care’.

References

Blumenfeld, F., Taggart, D., and Cox, P. (2018) Reducing Recurrent Care Proceedings: Service Development Report for Rise (Marigold Children's Centre, Southend, Essex) *Unpublished report, University of Essex*

Children's Commissioner for England (2019). Stability Index 2019 Overview Report.

Cox P, Barratt C, Blumenfeld F, Rahemtulla Z, Taggart D and Turton J (2015) Reducing Recurrent Care Proceedings: Service Evaluation of Positive Choices (Suffolk County Council) and Mpower (Ormiston Families). University of Essex. Available online: http://www.essex.ac.uk/-/media/documents/research/recurrent-care-proceedings.pdf

McPherson, S., Andrews, L., Taggart, D., Cox, P., Pratt, R., Smith, V. and Thandi, J., (2018). Evaluating integrative services in edge-of-care work. *Journal of Social Welfare and Family Law*

Research in Practice (2019) Change Project: Working with recurrent care-experienced birth mothers: Online resource pack: https://www.rip.org.uk/resources/recurrent-care/

Unit Cost Database developed for the Department for Communities and Local Government's (DCLG) Troubled Families Unit (2105). http://www.neweconomymanchester.com/media/1446/3316-150327-unit-cost-database-v1-4.xlsx