Benefits Proposal

<table>
<tr><td>Opportunity Name:</td><td colspan="3">CFS Targeted Prevention</td></tr>
<tr><td>Opportunity Description</td><td colspan="3">Improving outcomes for children and young people (CYP) and their families by working with families and the wider family network earlier to prevent escalations through different pathways including the safeguarding pathway, so enabling more children to safely and successfully stay within their family network ,and in turn preventing, where it is safe to do so coming into the care of the LA. This will be delivered in line with the Families First Partnership Programme (FFPP) through earlier identification of risk, stronger engagement with families, and better connection to the right support at the earliest, lower level of intervention that is necessary to effect change.</td></tr>
<tr><td>Existing MTFS lines relating to opportunity</td><td colspan="3">CF4 – Strand 3 –Families Together (£900k) – Full overlap has been accounted for in profile. Further design work needed to identify extent of overlap in impacted cohorts.</td></tr>
<tr><td>Quantified opportunity over MTFS Financial Value - net of ongoing costs and net of existing MTFS value</td><td>£1.12m</td><td rowspan="2">Confidence level of value</td><td rowspan="2">Low - confidence to be strengthened through detailed design and piloting</td></tr>
<tr><td>Further benefit beyond the MTFS</td><td>Full run rate achieved in FY 31/32: £3.30m</td></tr>
<tr><td colspan="4">Evidence behind opportunity and local levers

<u>Context</u>
• Leicestershire benchmarks low when compared with statistical neighbours for the number of children in care per 10,000 children with 42.1 children per 10,000 compared with a median of statistical neighbours of 50.6 as of March 2025.
• Whilst our LAC caseload fell by 12% from 20/21 to 22/23, trends in recent years alongside national context estimate that our LAC caseload could increase by ~ 100 CYP in the next 5 years.
• This increase in caseload is driven by a recent increase in the number of CYP entering care rather than fewer children exiting.
• Two-thirds of children entering care in FY24/25 were known to Children's Services and on a child protection, child in need, or early help plan in the year prior.

<u>Evidence behind opportunity</u>
Case review workshops were held with practitioners and system partners to understand the needs of children and their families prior to entry into care and to identify where we could have done things differently to support the family outside of care.
• For over two thirds of CYP, parental neglect was identified as a reason for why a child entered our care. Where this was the case, 80% of parents were identified as suffering from domestic abuse, experiencing mental health difficulties or having issues with substance misuse.
• There is significant overlap in these parental needs with 60% of parents experiencing at least 2 out of the 3.
• 2/3 of families were supported by or interacted with Family Safeguarding and/or the Police in the 12 months prior to the CYP entering care with wider services being accessed also such as Turning point, health services, probation, target family help amongst others.</td></tr>
</table>

- Attendees identified additional services that could have been utilised to provide more effective support to the family. Specialist domestic abuse services such as the ADAM project or Multi-Agency Risk Assessment Conference and substance misuse services such as Turning Point were called out as being helpful, as well CAMHS to provide support to children who have witnessed domestic violence or substance abuse. Particularly, in over 40% of cases, case review participants reflected that specialist domestic abuse services would have been beneficial.
- 80% of the time that families didn't benefit from these services was due to a lack of parental engagement and trust in the support being offered or a lack of joined up working between services and other local authorities.
- With each group of practitioners, having considered what we could have done differently when intervening with the CYP and their family, we asked how confident we were that we could have prevented the CYP from entering our care: for 5 out of 26 CYP, or 19%, we had confidence that the start was preventable. These findings are similar to what the Transformation Unit's work on parental mental health and substance misuse found last year – their case reviews identified 3 starts as being preventable from a sample of 13, or 23%. Equally, in a review of 29 CYP entering residential care, it was found that for up to 16% of CYP, their entry into care could have been prevented.

<u>Proposed solutions</u>

This benefit proposal suggests building on Leicestershire's current plans in line with national reforms and the Families First Partnership Programme (FFPP) to strengthen our approach and deliver whole system change to design and implement a model that:

- Identifies children and families at risk sooner
- Focusses more resource into preventative work, working with families earlier to prevent escalations along safeguarding pathways
- Works with families and family networks to support them to make changes to safely care for CYP and enable them to support CYP to achieve their goals and feel a sense of belonging within their community and network

Based on evidence identified within the Efficiency Review, aligning design of FFPP with the following principles in mind will enable us to support more CYP to thrive within their existing family network, reduce the number of escalations to a child protection (CP) plan, and in the long term prevent children and young people from entering care where this can safely be avoided:

1. Identification of CYP not known to Children's Services: How do we bring data together to predict the CYP we should be proactively targeting through an integrated data platform and using predictive machine learning?
    - 17% of CYP who entered our care were not known to Children's Services in the year prior (excluding UASC) but engaged with partners in the Safeguarding Partnership.
    - As part of reforms to children's social care, each child will be able to be linked across agencies with a Single Unique Identifier. However, this reform will take a significant amount of time to implement, and we should explore how we can implement the spirit of the principle of matching data quicker, to enable the benefits to visibility of families and therefore prevention of escalation in need sooner.
    - A potential solution is Xantura's OneView platform, which can match data from different organisations back to a single child, and use this data to understand the risk factors associated with a child entering care. We would recommend further detailed design around how we could implement this, which questions that need to be answered including:
        - What is our and our partners' ethical positions on predictive analytics and data sharing for that purpose?
        - Which of our partners hold data that would be useful? e.g. education and school attendance data, or primary health and GP contact data
        - How do we set up the right information governance to enable our partners to share data with us?
        - How can we learn from examples such as the Violence Reduction Network or the HAF scheme, where we are already starting to use data to target interventions?

- How does the identification process interface with the Family Help model of delivering support?

2. Developing the Family Help Lead Practitioner: How do we develop these roles, have the right capability and capacity and have a clear progression in the roles?
   - As part of the Families First Partnership Programme (FFPP), the role of the Family Help Lead Practitioner (FHLP) will be introduced, changing how we engage with children and families that we support. The purpose of the role is to ensure the multi-agency support is coordinated and tailored to the family and provide a trusted and consistent point of contact for the family.
   - FFPP enables flexibility in which a professional is designated the FHLP for each family, to allow the most appropriate individual to be placed in the role based on the family's needs. In Leicestershire, LCC-employed alternatively qualified key workers will act as FHLPs for families where there isn't a child protection risk. These key workers often have backgrounds in education or health. Social workers will have oversight in these cases and hold the role themselves where there are child protection issues. With FHLPs assigned, these workers will then set goal-based outcomes with the family and support them to achieve these.
   - However, for the implementation of FHLPs to result in better outcomes we need to ensure we are thinking about:
     - How do we ensure we have the right number of FHLPs, to ensure manageable caseloads and that the right FHLP for a family has the capacity to hold the case?
     - What does progression look like for a FHLP?
     - What skills do we want and expect alternatively qualified workers to have?
     - What metrics will we use to check whether we the introduction of FHLPs is driving better outcomes?

3. Testing the Team Around the Family (TAF) model with the right services: How do we ensure TAF are working with the right CYP, have the right teams in TAF pulling on external support where needed and we can see measurable impact?
   - FHLPs will coordinate a multidisciplinary TAF, to ensure the right agencies are involved to support the different needs of the child and their family. However, we need to ensure we are ensuring that this drives better outcomes:
     - What level of support do we expect FHLPs to be able to provide, and where do we expect them to pull in specialist support?
     - What is the threshold for requiring specialist support?
     - Where are there gaps in our commissioned services to provide the support needed by the families we work with? Where do we need to recruit?
     - What capacity do we need in our external services and agencies to meet the needs of our population? How do we create this capacity and enable it to flex and evolve over time?
     - What metrics will we use to measure the impact of TAFs?
   - The specification for commissioned services such as Turning Point, for supporting those experiencing substance misuse, and Living Without Abuse, for supporting those experiencing domestic violence, are being updated to reflect what will be needed for FFPP. Expectations are being set both in regard to participating as a member of a TAF providing specialist support, and providing consultancy, advice and multi-agency training to help them understand they can support families with lower-level needs.
   - However, there is potentially a gap in how we provide specialist adult mental health support to families, with there being no commissioned services currently available to be brought into TAFs. We have also seen from case reviews that education and policing services frequently interact with children and families at risk, and so should be brought into TAFs. Education services have expressed keenness to engage, but police services are less mature.

4. KPIs, feedback, follow-up and learning

- There are currently several teams working on prevention related services within Children and Family Services. An effective and holistic prevention approach will require co-ordination across these services, ensuring the right decisions and support are given to CYP at the right time, and having the intended impact. Alongside delivery of the above principles, creation of a full suite of reporting metrics and KPIs will ensure that we can make data-driven decisions on how best to utilise service resources to support CYP and understand which resources and ways of working are having the biggest and most positive impact.
- To ensure the reforms are linked to driving better outcomes, we need to ensure the right continuous improvement cycles are set up around the programme, to understand if it's working and what can be improved. Data that should be collected includes:
    - Proportion of incoming requests appropriately screened and triaged at the Integrated Front Door, and reasons where this was not the case
    - Proportion of cases where the best person possible was assigned as FHLP for a family, and reasons why this was not possible
    - Proportion of cases where all the necessary agencies were involved in the TAF, and where this was not the case, which disciplines were not present and the reasons why they were not
    - How many handovers between FHLPs are occurring for a family, and what is causing them to occur

<u>Operational impact</u>

We consider an achievable prevention target based on a range of evidence sources:

Triangulation Methodology	% change achievable	Annual avoided starts	Caseload by end of MTFS*	Explanation
Baseline	***0%***	***0***	**734 CYP**	***LCC had 260 children and young people enter care in the 12 months to October 2025. In the MTFS, we expect 734 CYP in our care in FY 29/30 (excluding UASC)***
Best statistical neighbour	26%	68	600 CYP	The best-performing of LCC's statistical neighbours is Wiltshire, LCC had 33% more care starts per capita in 2024/25 (excluding UASC). Wiltshire had 1.7% fewer CLA per 10,000 in 2024/25 than LCC (excluding UASC)
Starts in 2022/23 in LCC	25%	65	606 CYP	In 2024/25, 240 CYP excluding UASC entered care in Leicestershire, whereas in 2022/23 the number of starts was 176, the lowest in the last 5 years. Reducing starts to 2022/23 levels would be equivalent to a 25% reduction, when accounting for population growth.
TU review	23%	60	616 CYP	A TU piece of work found that 3 starts from a sample of 13 they reviewed were preventable.
Upper bound of other Newton diagnostics	18%	47	642 CYP	In previous Newton diagnostics, the upper bound of the proportion of CYP entries into we have found to be preventable was 18%.
Family-based placements case reviews	16%	42	652 CYP	In the family-based placements workstream, case reviews found that out of 49 CYP, 8 could have had their entry into care prevented entirely.
Prevention case reviews	**15.7%**	**41**	**653 CYP**	**Case reviews found that a weighted 15.7% of CYP starts in care were preventable.**
CCN case reviews	15%	39	657 CYP	CCN-sponsored case reviews conducted at other local authorities found on average a weighted 15% of care starts were preventable.
Age group benchmarking	9%	23	688 CYP	Achieving the median of statistical neighbours for under 1 year starts and 16 year and older starts would lead to a 13% and 20% reduction respectively in starts, equivalent to an overall 9% reduction in starts.
Lower bound of other Newton diagnostics	8%	21	693 CYP	In previous Newton diagnostics, the lower bound of the proportion of CYP entries into we have found to be preventable was 8%.
Average of statistical neighbours	-8%	-21	775 CYP**	LCC's statistical neighbours had on average 8% more CYP start care per capita in 2024/25, excluding UASC.

based on estimated delivery timelines, average duration in care of 153.1 weeks, and no growth in starts

*** increase in caseload compared to LCC*

The agreed target is an 8% reduction in the number of children entering care per year which assuming the average duration in care remains constant, will result in a mitigation in caseload growth and spend. It is anticipated that there would also be a reduction in starts and number of CYP on a CIN/CP plan. The scale of this would need to be further understood through further design.

Benefits profile over the MTFS (net of ongoing investment)

	In-year spend reduction *(with no FFP grant)*	**Cumulative benefit** *(with no FFP grant)*
FY 26/27	-£0.50m	-£0.50m
FY 27/28	-£1m	-£1.50m
FY 28/29	£0.93m	-£0.57m
FY 29/30	£1.69m	£1.12m

Benefit profile assumptions

- 260 CYP enter care per year (Baseline starts based on 2025 exc. UASC)
- Average unit cost of a care placement is £1,487
- Average duration of a care placement is 153.1 weeks (post removal of reunification overlap)

Growth assumptions

- Based on MTFS mitigated mix assumptions there is no growth in care starts and average unit cost inflation is 4%.
- There is overlap with the family-based placements opportunity, which will result in a lower % of LAC in residential care. This has been accounted for by a reduction in the baseline average unit cost of £149/week.
- There is also overlap with the reunification opportunity, which will result in a % of looked after children achieving permanence sooner. This has been accounted for by a reduction in the baseline duration of 4.4 weeks

Timeline Assumptions:

Project start date: 1st August 2026

Programme aligns with FFPP timelines for design and mobilisation

Pilot phase: 4 months of pilot (till November '26 as in FFPP plan)

Rollout of changes: 6 months

Lead time between intervention and placement avoided: 8.5 months *(Based on average duration of a CP plan)*

NB: At full run rate, annual benefit net of ongoing investment would be £3.30m, achieved in FY31/32 i.e. outside of the MTFS period.

Initial view of one investment required to realise opportunity

The level of investment required to deliver Families First Prevention Programme (FFPP) outcomes, alongside the additional outcomes aligned specifically to this opportunity, is still to be confirmed and will be determined through further detailed design.

Early indications suggest that delivery will require a minimum of £1.5m of infrastructure investment above existing service spend, to support workforce capacity, enabling systems, and supporting commissioned activity. This figure should be treated as an initial minimum assumption rather than a capped or fully scoped cost.

National policy intent recognises that reform of this nature is likely to incur additional cost, and this expectation is reflected at a high level within the Children and Families funding framework. However, given Leicestershire's comparatively strong existing family offer, and the fact that several current services and ways of working are already aligned to FFPP objectives, the precise scale of additional investment required locally remains uncertain.

For MTFS planning purposes, existing Children and Families grant funding is currently supporting the wider MTFS financial position, rather than being allocated to specific reform initiatives. Any additional investment required above existing levels to deliver FFPP outcomes and the outcomes associated with this opportunity will therefore need to be incorporated into the wider MTFS planning process, alongside consideration of funding sources and affordability.
Risks & Dependencies (Known today) The expectations of the Dept of Education to be fully compliant with the FFPP model, which is based on a whole system change and not built on an efficiency model, and further will be linked to the impending Children's Wellbeing and Schools Act, means that there is low confidence on the savings being achieved. Success of the model is linked to full engagement of partner agencies. Their lack of engagement will be a risk to the success of the FFPP model. Ofsted will inspect the service against compliance with the expected model. Failure to implement will result in a risk to a positive outcome of the inspection.

Expected impact	
Residents impact	More children remain safely with their families, reduced trauma from care entry, and improved long-term outcomes.
Staffing impact	Changes to ways of working will be required and there is anticipated increase in headcount required to deliver the FFPP.
Service levels impact	Targeted prevention activity should reduce future service demand, leading to improvements in service levels.
How would LGR impact this opportunity?	LGR increases the opportunity through broader data, shared services and more consistent family help models across the system
Officer Recommendation for next steps	The Families First Partnership programme is transformational in how we design and deliver services to children and their families. The proposal outlines what we need and hope to achieve but at this stage for reasons clearly outlined the confidence rating on the benefit proposals is low
Newton Recommendation for next steps	The next step is to prioritise the beginning of a detailed design phase lasting around 6+ months. This will allow for: • Outline solutions to be developed into detailed operational plans / designs • Detailed timelines for solution implementation to be developed • Metrics and evaluation criteria to be designed and agreed • Key stakeholders across the safeguarding partnership to be engaged with • New teams, governance and processes to be stood up and piloted