**Edge of Care Service procedures**

Date: 24th August 2023

**Edge of Care Definition**

Every young person is an individual and it is important not to over generalise from specific situations. The journey through the care system includes periods of time that is often described as being on the “edge of care”.

**The Edge of Care Service**

This document focuses on the ‘Edge of Care’ arrangements for children and young people aged 11 to 17 years old in the London Borough of Tower Hamlets.

Our specialist Edge of Care Service was set up in January 2017. The Edge of Care Service sits within the Children’s Regulated Service and Resources, Children’s division.

Edge of Care is a multi-disciplinary Service made up from two Team managers, four Edge of Care Practitioners, four Social Workers, two Clinical Psychologists and a Family Therapist.

**Remit of the Edge of Care Service**

The Edge of Care Service provides **prevention** support for children and young people (ages 11-17) who are at imminent or potential risk of becoming looked after. This is done through a structured plan of interventions with young people and their families.

The service also supports children and young people’s **reunification** back to family where it is safe for this to happen. The Edge of Care Service offer two different types of reunification support.

One form of reunification support is offered when the plan is for a young person returning home or if a return home has happened at short notice or unplanned. The Edge of Care Service provides around six months of help to support individualised reunification plans with a family. The NSPCC model is not used as part of this support.

The other reunification support involves helping the decision-making process. It is about assessing whether it is safe enough for a return home to happen or to identify what support is needed to make it safe enough for a young person to return home. The Edge of Care Service can help the social work team in this work. The service is guided to use the steps of the NSPCC Evidence-informed framework for return home practice work where the steps of the model are followed. The framework supports practitioners and managers to apply professional judgment to complex decisions about whether a child should return home.

If reunification work is completed, (steps of NSPCC model), evidence of an analytical Chronology, Themes and patterns of the risk, the risk classification, a co-produced reunification plan are all completed and uploaded on documents. The social worker is then required to complete an updated assessment to consider a return home decision or if unplanned return to capture the change of situation.

**Case Consultations – (Curious)**

Case consultations are offered to all staff on request by either of the two team managers or the Social Work Advanced Practitioner in the team, who sometimes supports the managers with helping with this task.

During intervention stage, consultation from clinical psychologist / family therapist is visible and recorded on the mosaic case file.

**Referrals process – (Curious)**

There is a standard Tower Hamlets universal referral form social worker are required to complete as part of referring a young person to the resources panel. Once the referral is completed and sent to the panel clerk, she will send out timeslots for the next panel and confirms attendance.

**Resources Panel – (Curious, Connect, Community)**

We use the Resources Panel terms of reference document to set out expectations for children and young people brought to the panel by the social work team requesting support.

The Resources Panel takes place fortnightly and once involvement is agreed the offer is a worker allocated for the young person and their family, to give a whole family approach to the work. If we are not working directly with the younger children, their needs are considered as part of the family and parenting work.

The Resources Panel is chaired by the Group or Team Managers from Edge of Care Service. The panel includes a range of other partner services, namely Early Help Service, Family Group Conference Service and Exploitation Service. Clinical leads from Edge of Care also sit on the panel to share any CAMHS involvement or offer advice. An outcome of panel could lead to a child or young person going to a different service if deemed more suitable and timelier.

**Resources Panel criteria**

Consent - The social work team needs to ask the family to give verbal consent to work with Edge of Care Service as we are a consent-based service.

For a child or young person to be accepted for Edge of Care support, they need to remain open on a Child in Need / Child Protection / Child Looked After plan. They would also have an allocated social worker. The preference is for social work assessments to be completed at the point of referral so we can form a view of what work has already been tried with the family.

In urgent cases, if there is an imminent risk of family breakdown then we have an exception process where the social work team can request an urgent out of panel decision. This is when it is agreed by the panel chair that the Edge of Care will work with a child or young person sooner to prevent family breakdown.

There are also exceptions when the Edge of Care Service support the Housing Options Service Team (HOST). Support is offered to the specialist social worker in times of emergency or crisis, where 16 - 17year old young people are at risk of entering the (HOST) crash pad. In these cases, as per the LBTH 16 – 17-year-olds Homeless Pathway Protocol, we offer one-off piece of joint work that might take a few hours or a few days to provide mediation support with a family.

Edge of Care crisis intervention must be agreed at the Group manager level. HOST worker can also refer to the Resources Panel in the usual way for longer periods of support from the service if that is suitable and if the plan is for a young person to return home.

**Edge of Care case allocations – (Community, Collaborate)**

Once a case is accepted at the Resources panel, all cases are discussed in the staff team meeting and will be allocated to a worker within two days of attending the panel. The team managers allocate the cases following discussions with the team. The team managers are responsible for allocating the cases on the mosaic system. Once a worker is allocated, they are required to contact the social worker and set up an Edge of Care Service planning meeting within three working days. An initial plan will be made around the focus of the work and a date for a joint introduction meeting with the social worker is agreed.

The Edge of Care manager keeps a separate record of allocated children and young people on a spreadsheet for recording purposes. The reasons for referral are also documented on this spreadsheet.

**Edge of Care initial planning meeting – (Connect, Collaborate)**

The Edge of Care Initial planning meeting is recorded onto case notes showing an agreed plan of introduction and the work plan. This happens usually within 3 working days the case being allocated in the team. A leaflet of what support the team can provide is shared with the family at the introduction meeting and the plan of work is agreed with the family.

**Edge of Care case recording - (Co-produce)**

The Edge of Care worker documents all their case recordings and visits they do with children, young people, and their families under Edge of Care visits on case notes on the mosaic system. Visits are not documented on a separate mosaic episode. All Edge of Care direct work completed with children, young people and their families is uploaded under documents on the mosaic system titled Edge of Care direct work.

We have a new aim in the team, to practice recording write ups and discharge summaries recorded directly to young people or their parents / carers.

**Goal setting and outcome measures – (Collaborate)**

At the start of intervention, the Edge of Care Service draws on the use of the Collaborative helping map to set goals of the work with young people and their families. They use the Score 15 outcome measures to calculate improvements in overall family function as tools to show change over the period of intervention. These are collected at the beginning and end of intervention. Any co-produced plans are shown clearly on the case file and shared with the social work team.

**Intervention timescales**

For our work on prevention, the Edge of Care work is on average around 6 months in length for intervention with a family.

For our work on reunification, the length of intervention can be longer. Following the recommended research guidance or reunification success, it is advised where possible to support a child or young person for about 6 months before a return home and for at least 6 months after a return home from care.

**Reviews – (Check-back)**

To help keep the intervention focused and purposeful, Edge of Care Service review the involvement at 3 months, 6 months intervals as required. Family voices and views are gathered as part of these meetings.

**End of intervention – (Curious, Connect, Community)**

At the end of the intervention, the worker is required to complete the ending outcome measures and review of the goals, and whether they have been achieved.

The Edge of Care worker is required to complete a discharge summary report of their work, with a family, highlighting the strengths, progress, and achievements the family have made. This report is often shared with the family in a form of a therapeutic letter as a reminder of the work done together with the family.

**Management oversight – (Check)**

An Edge of Care managers case note confirming the case closure has been agreed will be documented on the case file, along with regular monthly case supervision records titled Edge of Care Supervision discussion.

**Family feedback – (Check-back)a**

Family feedback is gathered at the end of intervention by the team managers who contacts the young person or family member to seek their views on ending intervention of how they have found the support from the Edge of Care Service. This feedback is evaluated, and shared with the staff members and used as part of team improvement discussions within the service meetings.

**Professional feedback – (Check-back)**

The Edge of Care worker is responsible for contacting any relevant professionals they have worked alongside to seek their views on how the work has progressed.

**Group Supervision – (Collaborate, Curiosity, Community)**

Group supervision is prioritised and well received in the Edge of Care Service; a problem-solving six stage process is used. The group supervision process is based on one individual sharing an issue or a problem that is either related to a child they are working with or an organisational problem/issue and the creativity of colleagues/peers seeking to understand and then offer possible solutions in a non-judgemental way in a supportive circle to come together as a team. A record of the group supervision record is then documented on mosaic file.

**Networking - (Collaborate and Co-production)**

The Edge of Care staff support the SWT’s by attending the network meetings required, the Child in Need, Child Protection, Child Looked After review meetings. Strategy meetings and Care planning meetings. Where required the Edge of Care staff provide written reports and updates for these meetings. Joint working is a regular occurrence with professionals involved in the wider network to help support the work.

**Edge of Care Service Projects – (Community)**

We currently have two projects in the Service.

**The Diamond Project** - The Diamond Project is funded by Tower Hamlets Council (TH) and the London Innovation and Improvement Alliance (LIIA), and it is endorsed by the East London Family Court (ELFC). The project was set up to address the issue of the repeated separation of infant children from their mothers within care proceedings. It is a one-year pilot service, that is locally developed with input from partner agencies, it started in February 2023 to offer post proceedings support to affected parents. There is one Diamond Project practitioner, who is providing a tailor-made intensive package of support for the parent. She is supervised and the project is managed by a team manager within the multi-disciplinary ‘Edge of Care’ Service. The project is being evaluated by an external consultant who helped set up the project and the main evaluation report is expected before the end of September 2023.

**Your Choice Program -** A London wide program that uses ideas from Cognitive Behaviour Therapy (CBT) to support young people 11-17 years olds affected by extra- familial violence and related harms. It’s a way of working using different ideas to support them to stay safe, healthy and to achieve their goals. This slightly different way of working can help more young people to achieve their goals, as we know it can be hard sometimes to access other types of support. Edge of Care Service were initially the control group/ comparison for the research program in January 2023, and in August 2023, we became the treatment group. This means the whole service have now attended the 4 days of Your Choice training to help offer additional skills and training to the staff to start working with young people. There is a research program running alongside the program, and this is carried out by two organisations- Anna Freud National Centre for Children and Families and the Institute of Fiscal Studies.