

**The Magu Project – Delivering specialist intensive pre-birth support  
across Early Intervention and Edge of Care Services in RCT**

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## **Background**

In September 2020, Children's Services commissioned the Institute of Public Care (IPC) at Oxford Brookes University to evaluate the progress to date in implementing the RCT Looked After Strategy written in 2017. Carried out between October 2020 and March 2021, the evaluation sought to measure the extent to which current services, arrangements and pathways support the achievement of two key aims of the strategy, namely:

1. Continuing to improve edge of care supports for families to safely prevent children from needing to become looked after.
2. Safely helping children to leave statutory care to go home or into a SGO / adoptive / kinship placement and to support them to thrive there.

A range of evaluation activities including rapid research into "what works"; analysis of management data; case file sampling; interviews with parent/carers and young people and interviews with Children's Services staff were employed to inform the findings and suggested recommendations within the Evaluation Report.

The Evaluation found that whilst early progress had been made in the reduction of the number of children becoming looked after aged under 1 year, the numbers had begun to rise again:

**Relatively high numbers and proportions of infants (under 1's) coming into care.** In the years 2016 to 2018, a high proportion of children became looked after aged under 1 year (29% in 2016-17 climbing to 34% in 2017-18). In 2019-20, the proportion of children coming into care aged under 1 year reduced significantly to 22% of the total. However, latest data up to January 2021, indicates that numbers are rising again, at 34% and are higher than the same period in the previous year. The trend shows that this age group continues to have the highest number of admissions. A detailed examination of the most recent figures suggest that the highest number of under 1's becoming looked after are brought into care within the first week after their birth.

The case file sampling (of children becoming looked after) found that 63% of the 'new-borns' who came into care after an edge of care intervention were from families where older children had already been removed or were on the child protection register themselves. 37% were a 'first child' and the concerns were due to the parent having been in care or subject to a child protection plan herself, and parental mental health, drug use and/or learning disability concerns.

IPC (2021) *'Evaluation of the Looked After Children Strategy. Final Report: What have we learned and where to go next?'* p.10

The evaluators highlighted a recent study by Broadhurst et al, (2018) that has cast a spotlight on a growing trend of local authorities to issue care proceedings at or soon after the birth of a child. This study raised concerns about what is described as a 'typically short window for pre-birth assessment' which means that prospective parents who are known to be vulnerable do not have enough opportunity to work purposefully on their parenting skills before the child is removed from their care. A recent study of the 'Positive Choices' Programme in Calderdale undertaken by IPC identified the potential for more effective intensive interventions with very vulnerable prospective parents *during* pregnancy (Burch et al, 2020).

The evaluation report went on to identify the Council's provision of pre-birth services as a suggested area of development, providing the following rationale:

**Review and development of pre-birth services** that can prevent separation at or soon after birth.

**Rational** - A gap identified in RCT is earlier work/specific programmes with parents of unborn children and 'newborns' at risk of harm and removal at or around birth. Referrals for this cohort have been increasing and local data indicates that many under 1s who become looked after do so as newborns within their 1<sup>st</sup> week. Research suggests that intensive, targeted work with very vulnerable parents during pregnancy and perinatally can have a significant positive effect. Timing of interventions (starting during pregnancy rather than at birth) seems to be critical.

IPC (2021) *'Evaluation of the Looked After Children Strategy. Final Report: What have we learned and where to go next?'* p.5

### **Scoping pre-birth service models**

As a result of the Institute of Public Care (IPC) at Oxford Brookes University evaluation and of the 2017 RCT Looked After Strategy, the Head of Edge of Care and Service Development and the Head of Community Wellbeing and Resilience undertook exploratory meetings with the following project teams in Bridgend, Newport and Swansea to research the models of pre-birth service delivery in place in these local authorities:

- Baby in Mind (Bridgend) 12.3.21
- Jigsaw (Swansea) 23.3.21
- Baby and Me (Newport) 13.4.21

Meeting with project staff from each of the three local authority areas was helpful in being able to gauge the approaches taken at a strategic level as well as gather an insight into the experiences of implementing a specialist bespoke service at an operational level. Whilst there were commonalities in the approaches there were also

key differences in the way in which the services were structured and governed. Across the three areas the following key principles and considerations were identified:

- Referral at the earliest opportunity is key to securing the best outcomes;
- A multi-disciplinary approach including Midwives, Social Workers, Parenting Workers, Intervention / Support Workers provides the best support;
- A longer term approach is required – from point of referral through to up to 1 year old;
- Clear midwifery pathway and case management responsibilities need to be defined and agreed upfront;
- Step up arrangements at stage a pregnancy is viable need to be clear if support has already begun and provide continuity for families;
- The siting of a pre-birth support service needs to be considered to minimise the potential impact on progress as a result of transition between teams for families requiring step up.

### **Demand for a pre-birth service in RCT**

#### ***Performance Information***

Children's Services data from August 21 indicates increasing demand in the following areas:

- Assessment of unborn children where there are child protection concerns carried out by Children's Services statutory teams
  - 2018/19-146 assessments of these 55, child protection enquires
  - 2019/20- 229 assessments of these 60, child protection enquires
  - 2020/21-222 assessments of these 81, child protection enquires
- Pre -birth Initial Child Protection Conference (ICPC)
  - 2018/19- 68 ICPC 59 children registered at birth 87%
  - 2019/20- 75 ICPC 68 children registered at birth 90%
  - 2020/21- 80 ICPC 70 children registered at birth 90%
- Children looked after between 0-1, parents with history of Children's Services intervention, i.e., care or child protection register experienced (CPR)
  - 2018/19- 65, 38% within a week of birth, 20% care experienced parent 28% CPR experienced parent
  - 2019/20- 50, 46% within a week of birth, 40% care experienced parent 40% CPR experienced parent
  - 2020/21- 55, 38% within a week of birth, 50% care experienced parent 75% CPR experienced parent

➤ Children looked after current 10/15 year age group

- 2020/21 69, 27% of children from this age group came into care between the ages of 0/3 years and continue to be CLA

**Miskin Service data**

WCCIS data indicates 81 unborn babies were referred to Miskin Younger Teams (0-10 years) between 01/04/2019 and 31/03/2021. Outcome data is available for 66 children:

- 11 (16.7%) were in care at the end of Miskin involvement (9 already had in care status at time of referral).
- Therefore, 83.3%, 55 were living at home or with appropriate family members at the time of Miskin involvement ended.

**NB** these referrals were made at a much later point in pregnancy typically 28 weeks+ affording a very brief period of time to work with parents to affect change. The intention is to extend capacity and improve outcomes through the proposed Magu model providing an integrated care pathway for pregnant women and their families across early intervention and edge of care services, that focuses on building skills and resilience and reducing risk.

**Cost of Foster placements**

Set out below are the current costs to the Council for a foster placement for a young child as well as the costs of parent and child placements used to inform decisions often within the Court arena about whether parents can safely care for their children.

**0-3 year old internal placement per annum (most babies placed with in house carers)**

Narrative	RCT In House Fostering	
	Weekly Cost 21/22	Full Year 21/22
<b>Child Allow (0-4 years)</b>	£ 194	£ 10,088
<b>Carer Fee</b>	£ 181	£ 9,412
<b>Total</b>	<b>£ 375</b>	<b>£ 19,500</b>

**Parent and child placement**

Narrative	Independent Sector Fostering	
	Average Weekly cost	Average Full Year Cost
<b>Parent Cost</b>	£ 833	£ 43,299
<b>Child cost</b>	£ 792	£ 41,167
<b>Total</b>	<b>£ 1,624</b>	<b>£ 84,465</b>

Management information and current Miskin performance would suggest there is demand for an early intervention approach that would provide the opportunity to prevent children entering care at birth and potentially remaining looked after throughout their childhoods.

Investing in a specialist pre-birth service offers the opportunity to improve outcomes for children, young people and their families particularly those for whom the Council is or has been a corporate parent.

In addition, there are potential savings to be made on placement costs, and also on more hidden resources which include Social Workers and Independent Reviewing Officers capacity and likely reduced demand in other parts of the Children's Service such as placements, Child Protection Conferences and Edge of Care services.

### **Existing opportunities in RCT**

It became evident early on that there were existing resources in RCT that if reconfigured could assist in delivering a comprehensive response to the current challenge of reducing the relatively high numbers and proportions of infants (under 1's) coming into care. These resources in the form of both staff and existing service delivery pathways spanned both the Resilient Families Service and Edge of Care services in Miskin / IFST and could be further enhanced by the Youth Engagement and Participation Service in the provision of targeted youth work support for pregnant women under the age of 25 years. The following existing resources were identified as having a part to play in the creation of a systems approach to delivering effective pre-birth support services:

#### ***Pathways***

- RFS Midwifery and Health Visiting Pathways
- IAA and RFS work to track and support families pre-birth

#### ***Service arrangements***

- Miskin / IFST model of working, delivering intensive family focused evidence based interventions which aim to improve parenting capacity to enable families to care for their children with the minimum statutory intervention. Services are currently delivered through individual, family, and group work
- Miskin strength-based Solution Focused Approach and Motivational Interviewing techniques.
- The Therapeutic Families Team (TFT) a multidisciplinary team, offering consultation, therapeutic assessments and interventions to children and families.

#### ***Staff***

- RFS Specialist Midwives
- RFS Health Visitors
- RFS Parenting Workers
- RFS Intervention Workers

- YEPS Youth Engagement and Progression Workers
- YEPS Transitional Support Workers
- YEPS Youth Homelessness Worker / Emphasis Worker
- YEPS Mental Health and Wellbeing Officers
- Miskin/IFST Consultant /Social workers,
- Miskin/IFST Intervention Workers/Support Workers
- IFST Specialist Substance misuse workers
- IFST Health Visitor/Midwife
- Therapeutic Families Team Therapists and Psychologists

Whilst there is a range of existing resource in place to support a systems approach, additional capacity is also needed to create a small bespoke specialist team to deliver intensive targeted work with very vulnerable parents during pregnancy and perinatally.

### **Proposal**

It is proposed that the Magu Project is established to deliver an integrated care pathway for pregnant women and their families across early intervention and edge of care services, that focuses on building skills and resilience and reducing risk. A single agreed early intervention approach would deliver the opportunity to prevent children entering care at birth as well as provide consistency and continuity for families whose care requires step to statutory intervention. The term 'Magu' translates from Welsh as *'to bring up, rear, nurture, raise, gain'* and promotes the ongoing long term nature of the support required to deliver better outcomes.

### ***Intervention***

The service will deliver evidence based interventions to achieve the best outcomes for families:

- RFS and Miskin, currently use a common operating model which is strengths based, relational approaches and are trained in the same parenting programmes e.g., gro brain.
- The RFS Parenting Team are trained in the use of a range of formal licenced parenting programmes including 'Welcome to the World' which has well evidenced outcomes for both parent and child including
  - Improving attunement and bonding
  - Improving parental wellbeing
  - Improving knowledge and skills in breastfeeding and practical care of babies
  - Parents reflect on their own values and their hopes and fears for the future and begin to understand the needs and intentions of their baby

This programme is accessed during pregnancy. Topics include empathy and loving attentiveness, infant brain development, healthy eating choices, breastfeeding, infant care, managing stress and difficult feelings, promoting self-esteem and confidence, and the couple relationship.

- A whole family systemic approach to deliver a structured, intensive, accessible programme of learning, role modelling and tailored support
- Offer very intensive support as required to ensure that risks can be closely monitored and managed
- Use Family Group Meeting to identify and build on any family supports including who can help when the baby is born
- Work with partners and families to change the culture from presumption of failure to one of seeking success
- 8 weeks before birth, produce a detailed parenting assessment to guide short, and medium future work

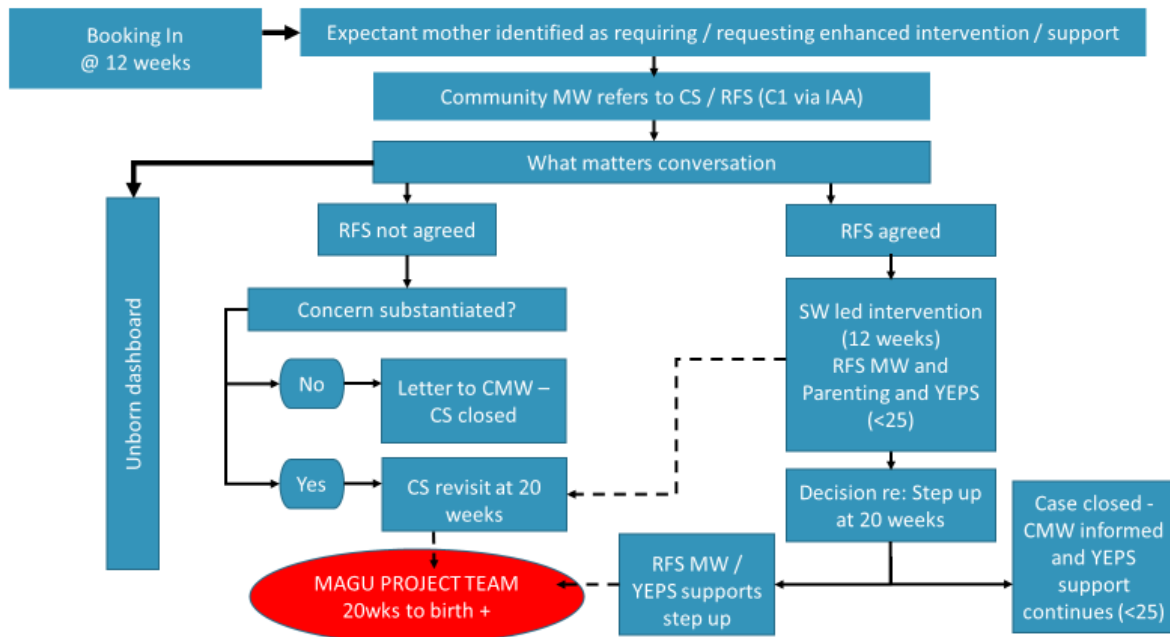
Research and evaluation of similar projects indicate such an approach can:

- Improve child to parent attachment
- Improve parenting skills including being able to manage behaviour when frustrated and life is difficult
- Reduction in risk factors such as domestic abuse, substance misuse or exploitative friendship groups
- Improved resilience amongst parents i.e., parenting without risk or crisis for a sustained period of time
- Better adult/child interactions and the child more likely to remain with their birth parent

### ***Pathway***

Whilst all Children's Services Teams and Health colleagues have a part to play in the successful delivery of the Magu Project, operational delivery mechanisms will be managed by the Resilient Families Service and the Miskin Service. The diagram below identifies the proposed care pathway that focuses on early engagement and supported transition between teams and professionals:





In order to accommodate the requirements of this pathway the following service changes are required in the Resilient Families Service, the IAA Team and the Miskin Service:

### **Resilient Families Service / IAA Team**

- Existing RFS Midwifery Pathway is amended to request that Community Midwifery refer all women requiring or requesting support (including safeguarding concerns) to the IAA Team at 12 weeks following booking in appointments.
- RFS automatically extend intervention period to full 12 weeks for pregnant women to maximise the opportunity to remove of barriers to engagement (e.g., housing, finance, health etc) and to start parenting preparation work.
- An additional Social Work post is created in RFS to provide capacity to delivery of social work led specialist early intervention supported by RFS Midwives, RFS Parenting Team and YEPS for women under the age of 25.
- During this time, RFS Midwives provide a single point of contact for Community Midwives, to ensure there is regular communication between Children's Services and Health in relation to the RFS Family Plan and interventions being delivered.
- Enhanced step up arrangements are established to support case handover and ensure continuity of interventions i.e., parenting preparation work started in RFS can be carried on by the Magu Team.

### **Miskin Service**

- The creation of a Magu Team, to deliver intensive specialist support, based on the existing service model within Miskin and managed within that service.

Interventions would be led, directed, and monitored by the Consultant Social Worker and delivered by a combination of Intervention Workers and Social Workers depending on the level of risk and need. The proposed team would comprise of the following eight posts:

- 1 x Consultant Social Worker
  - 1 x Principal Social Worker
  - 1x Social Worker
  - 4 x Intervention Workers
  - 1 x Business Support
- 
- The team would create the opportunity of intervention earlier in pregnancy to deliver a combination of evidence based interventions, parenting programmes and practical advice/support and consequently a chance to effect change pre-birth and improve the quality and timeliness of decision made about children most at risk.
  - The service would be particularly relevant for women and their partners that have experienced or who are at risk of repeat removals of children from their care as well as pregnant care experienced young women.
  - The team would be led by a Consultant Social Worker to provide capacity to deliver specialist social work led evidence based interventions to 'parents of unborn children and 'new-borns' at risk of harm and removal at or around birth'.
  - The intervention plan would be supported by Intervention and Support workers within the team alongside other specialist workers including therapist and health staff within TFT and IFST.
  - The work would inform decisions about parents' ability to look after their children safely and meet their needs. This would include the necessity for care proceedings or Child Protection registration.
  - The service could provide support after the birth of the child for an agreed maximum period and ensure appropriate step down arrangements through existing processes.

## **Finance**

Whilst the reconfiguration of existing services and amendments to service delivery pathways will support the establishment of the Magu Project, additional capacity is required to create the Magu Team to provide specialist intensive pre-birth support for those families requiring statutory intervention. The table below offers a breakdown of the proposed costs:

Post	Grade 21/22	Hrs / Week	FTE	Cost with pay review
<b>CONSULTANT SOCIAL WORKER</b>	GR14	37	1.00	59,466
<b>PRINCIPAL SOCIAL WORKER</b>	GR13	37	1.00	55,513
<b>SOCIAL WORKER (1 RFS and 1 Miskin)</b>	GR11/12	37	2.00	105,097
<b>INTERVENTION WORKER</b>	GR9	37	4.00	156,816
<b>BUSINESS SUPPORT</b>	GR6	37	1.00	29,158
<b>TOTAL REVISED SALARY BUDGET 2021/22</b>			<b>9.00</b>	<b>406,050</b>
<b>Associated Staff Costs at £1.5k per FTE</b>				<b>12,000</b>
<b>TOTAL</b>				<b>418,050</b>

## Evaluation

It is proposed that the new Magu Service is evaluated following the first full year of operation to assess the impact the service has had. Measures will include:

### **RFS**

- No of referrals to RFS accessing Magu intervention
- No of families completing RFS Magu intervention
- No of cases closed at end of Magu intervention
- No of cases stepped up at end of RFS Magu intervention

### **Magu Team within Miskin**

- No of referrals to Magu Team
- No of referrals accepted
- No women and families-disengaged
- Parents' status – e.g., care experienced (CLA), Child Protection Register (CPR), Care and Support Plan (CASP) history, previous children removed from their care
- Outcomes child's status at conclusion of Magu intervention CLA, CASP, CPR, RFS (utilising, current Miskin format - post intervention 6 and 12 months)
- Customer feedback for each intervention

## Conclusion

Addressing the significant number of children removed from parents care at birth, is a clear priority in RCT. The creation of the Magu Project provides the opportunity to provide a continuum of support for pregnant women and their families from the earliest opportunity to prevent the need for statutory intervention. Investing additional resources now alongside existing efforts to ensure children and families receive the right support at the right time, will deliver cost saving longer term benefits to the Council.

The service delivery pathway the Magu Project offers will improve both the quality and timeliness of decisions that need to be made for those children most at risk. Tailored and intensive support throughout pregnancy and beyond offers the means to enhance parenting confidence and capability in the longer term, securing positive outcomes for children and families.