

Proposed Therapeutic Residential Service for children aged 5-12 Report by Joan Tranent, Chief Officer, Children's Services, Partnerships and Communities

Report for Decision

- 1 Purpose of Report/Executive Summary
- 1.1 This report outlines the proposal for Council to consider the purchase and development of a local, therapeutic residential care home to accommodate our younger distressed and traumatised children aged 5-12.

2 Recommendations

Council is requested to:

- 1. Consider and agree the rationale for the proposed service.
- 2. Agree Capital funding required to develop the resource.
- 3. Agree the development of a project team and plan.

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3 Background

- 3.1 A key driver for the directorate and children's services is the need to maintain children and young people in their families and local communities. The rationale for doing so is underpinned by national research and our local data which evidences that children achieve better outcomes when they remain within their own communities. The recent Independent Care Review (ICR) endorsed this approach as a national recommendation. In particular, the ICR report and its subsequent publication, 'the Promise' highlighted the negative outcomes associated with children being away from their families, siblings, schools, communities and those they had already developed relationships with.
- 3.2 Children's services have been fortunate that Council has invested in its workforce and services to make our aspirations a reality. Over the past 5 years we have seen a marked reduction in children and young people being placed externally. This has been possible with a renewed focus on the local workforce, particularly the residential care homes focusing on relationship based, trauma informed approaches. This has allowed us to support our young people (aged 12 plus) to maintain local links with education, professionals and families.
- 3.3 However our recent data suggests that there is a change in the age and profile of children who have been placed externally. Increasingly, we are seeing younger children who exhibit extreme forms of distressed and traumatised behaviours because of the level of neglect and abuse experienced. Initially, we tried to place these young children with local foster families but these children were so distressed they were unable to cope with the intimacy of family living. In turn, foster carers were unable to maintain the level of safe care required to support these traumatised children to feel safe. In this context, we have seen an increased number of disrupted placements for young children and negative consequences for carers who have found the experience of being unable to meet these children's needs distressing.
- 3.4 An example of such a child is C aged 6 who has had two periods in foster care and is now accommodated in a residential care home. C has been exposed to verbal, physical, sexual and emotional abuse during her life. C presents with chaotic and disruptive behaviour, she is unable to regulate her emotions or her behaviour. When C was removed from her family she was placed with experienced foster carers. However, after 15 months they were unable to continue to meet C's high level of needs and she has now been placed in a residential care home in another local authority. The distance means C is accessing education and supports out-with her community. The distance impacts on the level of contact with her family and support from professionals known to her.

4. Current Position

4.1 Given the gap in our local services we have had to purchase external placements. We currently have 3 children aged between 5-10 who are accommodated in external residential care services because we do not offer a similar provision in Midlothian. The costs for all three children is £600k per annum, which does not cover travel or back office costs. Given that we purchase this service based on need we have little ability to negotiate fees which fluctuate out with our control.

- 4.2 Furthermore, we know that the need will continue beyond these three children. We currently have another young child R, aged 6, who was accommodated just prior to Christmas and is currently in her third foster placement, which is at risk of disruption. Research highlights that no child should be subjected to more than three family based placements. Mainly, because the child cannot cope with the intimacy of the environment and to introduce family placements at that stage families leads to further distress and trauma.
- 4.3 Given the current demand and changing profile of children who present with distressing and challenging behaviours we believe there is a demand for a local therapeutic care home. Our proposal is that we establish a local 3-bedded residential care home for children aged 5-12. The proposal would include an experienced, multi-disciplinary nurture team who are able to adopt a therapeutic approach in an attempt to address and arrest the impact of the children's earlier relationships and neglectful experiences. The intention would be that the care home is a transitional step for children, so they can be supported, when they are ready, to return to the care of their own family or long term carers. Providing this level of intervention and therapy at an earlier stage means the children will learn to build positive relationships, self-regulate and self-soothe and eventually be ready to participate in some type of family living.

5 Report Implications (Resource, Digital and Risk)

5.1 Resource

To develop this proposal further we would require the following from the Capital budget:

Proposed Budget	
Purchase of Property	450,000
Furniture, fittings and digital equipment	50,000
Care Inspectorate compliance/alterations	75,000
Electric vehicle and charging provision	25,000
TOTAL	600,000

Our rationale for developing the service is not predicated on achieving savings at this stage. However, we are confident that within 2-years the expenditure currently being paid from the Multi-Agency Resource Group (MARG) can be offset against any future costs for external provisions. This would therefore be a spend to save approach.

Based on the current expenditure and the future needs of our service users, the proposal is aimed to reach cost effective service provision that is in line with the ethos of local support driven by national and local policy. We would achieve this by developing this type of provision locally.

5.2 Digital

We will require access to digital equipment and internet access.

5.3 Risk

The risk of not having our own provision means we continue to place young children externally, which contradicts our own policy direction to maintain children locally. We would also be in contradiction of the Scottish Government drivers, namely, 'the Promise' and potentially UNCRC.

Having no local provision means, we will continue to pay for external services of which we have no control. We have evidence that within Midlothian we are able to support our most traumatised children and young people and achieve better outcomes.

5.4 Ensuring Equalities (if required a separate IIA must be completed)

This report does not recommend any change to policy or practice and therefore does not require an Equalities Impact Assessment.

5.5 Additional Report Implications

See Appendix A

Appendices

Appendix A – Additional Report Implications
Appendix B – Background information

APPENDIX A – Report Implications

A.1 Key Priorities within the Single Midlothian Plan

The purchasing of a house for children aged 5-12 would support the all the priorities within the Single Midlothian Plan, namely:

- > Reducing the gap in learning outcomes
- > Reducing the gap in health outcomes
- > Reducing the gap in economic circumstances
- Reducing carbon emissions in Midlothian to net zero by 2030

A.2 Key Drivers for Change

Key drivers addressed in this report:

\boxtimes 1	Holistic Working
	Hub and Spoke
\boxtimes 1	Modern
\boxtimes	Sustainable
\boxtimes	Transformational
\boxtimes I	Preventative
\boxtimes	Asset-based
\boxtimes	Continuous Improvement
\boxtimes	One size fits one
\boxtimes I	None of the above

A.3 Key Delivery Streams

Key delivery streams addressed in this report:

☐ One Council Working with you, for you
□ Preventative and Sustainable
□ Efficient and Modern
None of the above

A.4 Delivering Best Value

The report supports the principle of delivering best value.

A.5 Involving Communities and Other Stakeholders

The report does not directly relate to involving communities at this stage, however we would of course consult with those living in the community where we purchase the house.

A.6 Impact on Performance and Outcomes

The report does not directly impact on Midlothian Council's performance and outcomes.

A.7 Adopting a Preventative Approach

Having a dedicated team that support children using a therapeutic approach and who are trauma informed could be of benefit to other children within Midlothian who may be at risk of being accommodated.

A.8 Supporting Sustainable Development

Not applicable