

# L-EDGE Final Evaluation

## Update to the Interim Report

### Introduction and brief background

London Edge-of-Care (L-EDGE) is an 18-month project funded by Children in Need (CiN) and delivered by St Giles Trust (SGT). The aim of the project is to create positive outcomes for 40 vulnerable children in Southwark and Lambeth who are on the edge of being taken into local authority care. L-EDGE intervenes before any formal care proceedings have taken place, providing a 'whole family approach' of specialist, holistic, emotional and practical support with the objective of making the following differences:

- **An improved sense of safety and security** – supporting families to address the practical issues such as housing, debt and the basic necessities of life so that children can focus on their futures
- **Improved family relationships** – helping parents/carers to build their parenting skills, increase their confidence and manage their emotions more effectively
- **Reductions in criminal exploitation** – where children are at risk of/are being criminally exploited, support to help them understand the grooming process and move away from involvement into more positive lifestyles

Central to the project is the concept of future proofing: *“The process of anticipating the future and developing methods of minimising the effects of shocks and stresses of future events.”* This helps children, young people and families to develop the resilience and skills that can help them not only to cope with life's challenges, but also to maximise their potential to create and sustain positive and stable lifestyles.

The final evaluation of L-EDGE was carried out in March and April 2022, focusing on assessing the full impact of the project as it comes to the end of the current funded period. This update builds on the interim report, providing an overview of achievement across the project period, reflecting on the development and progress since the autumn of 2021, and making recommendations to help take the work forward.

### Key findings

- ✓ L-EDGE has continued to support very disadvantaged families in the LB of Southwark, providing child centred help to create better environments for a varied cohort of highly vulnerable children. The project has made the differences that it set out to and in doing so has enabled a number of children to lead much safer and happier lives with real prospects of progression.
- ✓ For the 18 month project period, a total of 50 children (20 index and 30 siblings) aged between 5 and 18 years have been referred to L-EDGE, in 17 families that range from 10 members to just 2. The families supported experience often acute, multiple and enduring challenges including poverty, poor housing, abuse, mental/physical health issues and drug/alcohol dependency.
- ✓ Of the families that worked fully with the project, none have had children removed during engagement. In addition, all but one of these has improved their safety scores and five had been stepped down from CP to CiN by case closure.

- ✓ The majority of families have accessed between 3 and 6 months support, however, three families have been with the project for 11 months or more. This indicates the importance of offering support that is not time limited.
- ✓ Engaging families is difficult and not all those referred have accepted help. Reasons can include 'not having the right mindset' at the time of referral and 'service fatigue' where there are many professionals already involved. However, mistrust of any professional (statutory or otherwise) could be a factor for parents who are aware that their children may be taken into care.
- ✓ The highly challenging operating environment has continued, with further spikes in Covid-19 outbreaks and resulting impacts on services. More recently, the increasing cost of living is disproportionately affecting the families. Rising levels of poverty affecting families cannot be underestimated – all have been supported by the Pantry and the majority have needed debt and benefits advice and support.
- ✓ The skills, experience, dedication and approach of the staff is key to success – the relevant lived experience in particular provides the empathy and understanding that engages families who normally struggle to work with other services. Staffing has not been sufficient to meet the demands of the project without the caseworker *"always going the extra mile"*, including working many additional hours.
- ✓ Lack of good quality, appropriate and timely support from public services including social care, mental health provision, housing and welfare pose significant barriers for families whose children are on the edge of care. L-EDGE has worked remarkably to offset these issues as far as possible but there remain critical shortcomings that threaten the welfare and safety of vulnerable children.
- ✓ This pilot project has revealed the huge need for this type of flexible and specialist intervention, and is highly valued by other professionals. In addition to the original 'in danger of being taken into care' project remit, the need for support in the early stages of step down from Child Protection (CP) to Child in Need (CiN) and for those who are currently in danger of moving from CiN to CP has also been highlighted.
- ✓ As identified in the interim report, there are strong indications that by improving family life, living conditions and relationships, the project not only provides significant personal, community and social benefits but also cost savings to the public purse. These include the lower costs of CiN in comparison to CP, as well as reductions in criminal justice, health and costs resulting from school non-attendance.

## Success factors and pointers for the future

Drawing on the experience of the L-EDGE project over the last 18 months, **key success factors** include:

- ♦ **Caseworkers with relevant lived experience** – demonstrating an understanding of the practical and emotional impact of Child Protection and care arrangements. The resulting credibility leads to trusting relationships of mutual respect, facilitating engagement and progress.
- ♦ **Professional curiosity and perspective** to understand the whole, interconnected picture of a complex family, prioritise the most urgent issues to address and identify how best to do this.

- ♦ **Flexibility, tenacity and consistency** – providing support that demonstrates real understanding and empathy with their circumstances, recognising that families may be hesitant to accept help and find it difficult to trust and engage with professionals.
- ♦ **Informed and authoritative advocacy** – helping families who need a ‘champion’ to access housing, benefits and other services to which they are entitled.
- ♦ **Practical, creative solutions** – that help to address critical issues to improve family circumstances and build trust so that parents have the ‘space’ to be able to think about and develop their ability to be more effective parents.
- ♦ **Addressing urgent poverty** – in particular, access to the Pantry which not only provides fresh food but support, and specialist benefits/debt help
- ♦ **Partnership working** – as part of a team around the child with other service providers for the benefit of the children and families.
- ♦ **Not time limited** – to ensure that children and families can have the length of intervention that recognises their challenges and that will work best for their progress.

The project has delivered significant and lasting benefits for some of the most vulnerable children in LB Southwark and should be continued as there is a clear need and proven positive impact. **Suggestions to build on the success of L-EDGE** include:

- ➔ **Continue in Southwark and extend to other areas** – where children’s social care would welcome such an intervention and where they have the capacity and will to establish effective referral routes and partnership working. The project has replicability within London and nationally.
- ➔ **Increase staff capacity in each borough/area** – reflecting the unsustainable pressure on the current L-EDGE caseworker, given the very varied caseload and the need for intensive, long term intervention for some particularly challenging families. Consider including specialists for mental health support.
- ➔ **Continue to develop support for staff with lived experience** – in line with current cross SGT development around this core feature of the organisation’s work.
- ➔ **Consider a portfolio of skills in addition to relevant lived experience within a caseworker team** – caseworkers with particular specialist skills/areas of expertise eg: mental health/wellbeing, housing would help to build ‘expert teams’, enabling those with the relevant expertise to be called on for areas of casework that are especially demanding.
- ➔ **Skilled and trained Peer Advisors** – to enhance the support provided and give progression routes into paid work for people with relevant lived experience.
- ➔ **Specific inclusion of significant practical support** – to ensure sufficient financial and human resource capacity for help with essentials such as food and benefits/debt.
- ➔ **Enhanced data collection** – to create a more robust evidence base to highlight positive impacts – for SGT and commissioners/funders.
- ➔ **Improved statutory services** – beyond the remit of SGT but it is important to flag up that the success of any project such as L-EDGE is limited by poor or inadequate statutory service provision.

## Helping to keep vulnerable children safe

L-EDGE has continued the detailed, intensive and committed work outlined in the interim report. For the 18 month funded period to the end of March 2022, 20 index children<sup>1</sup> (8 female, 12 male) and 30 siblings (17 female, 13 male) from 17 families have been supported through L-EDGE.

Of the index children:

- Ages range from 5 to 18 years old, with the majority being aged 10 years or over, with 7 being of white British heritage, and 7 Caribbean or Caribbean mixed heritage.
- 16 children were referred by Southwark children's social care, however, 3 came via other SGT projects and one referral was through a healthcare provider.
- 9 of the 20 children do not attend school at all. One is home schooled by a local authority tutor whilst we awaits a place with an alternative learning provider.
- 8 children aged 11 and over (5 male, 3 female) are victims of or suspected of being victims of child criminal exploitation (CCE). 5 children (3 female, 2 male) are victims of or suspected of being victims of child sexual exploitation (CSE). One 11 year old girl is a victim of CCE and CSE.
- Of the 17 families, only one has both parents living together and only three children have contact with the absent parent. One father has joint residency and one has contact with the child but this does not include any residency.
- All the children live in families severely affected by poverty and deprivation.

The key achievements are that of the families that engaged with the project:

- none of the children have been taken into care whilst engaged on the project
- 7 of the 20 index children have improved safety scores
- 5 of the index children have been stepped down to CiN from CP
- All but one of the families who had sustained engagement with the project are significantly more stable and resilient
- A range of positive outcomes have resulted from engagement including improved housing, finance/debt management, family relationships, parenting skills, child engagement in education and mental health.

One family had to be closed to the project after a challenging 6 month engagement that culminated in the mother making serious threats of violence towards SGT staff. Subsequent to case closure care proceedings were issued in December 2021 but adjourned and it is not clear what has happened since.

It is important to stress that the positive impact of L-EDGE has been achieved through a period of unprecedented pandemic. Covid-19 and resulting impacts in terms of restrictions as well as on public services have disproportionately affected people who live in poverty and disadvantage. The increase in domestic violence and family conflict is also well publicised. For the project to have achieved so much in these circumstances demonstrates what an effective service it is. It also indicates the potential for even greater achievement in a time without pandemic. That said, the economic and cost of living crisis now

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<sup>1</sup> The index child is the child at the centre of the referral to L-EDGE

being experienced in the UK has brought a new set of rarely felt pressures on families which will impact on their wellbeing and ability to provide safe and secure homes.

### Children and families facing trauma, poverty, health and other issues

For the 17 families referred to the project, the types of support provided illustrate the range of serious and deep seated issues facing them. Examples of the most frequently occurring support needs and the number of families helped include:

Mental health	12	Domestic and/or sexual violence	13	Family mediation	11
Parenting training/support	14	Advocacy around return to education	12	Referral to Pantry/foodbank	17
Housing	9	Welfare benefits	10	Child Sexual Exploitation	10
Court appearance	9	Finance/debt	7	Accessing community activity	12

Most families needed help with at least 15 different issues covering housing, health & wellbeing, education/employment, risk & safety, finance/debt/benefits and relationships (family, community). Mental health issues, housing and poverty are prevalent needs that hinder the development of good family relationships and parenting.

#### ***Practical help is essential***

As highlighted in the interim report, the practical help that L-EDGE provides is absolutely critical for these families. This has become more so since the sharp rise in the cost of living, with welfare benefits that are not increasing in line with inflation and the soaring costs of essentials such as energy and food. It is a very difficult balance to strike as explained by the caseworker: *“We don’t want to create dependency on the project or be seen to be ‘buying’ their engagement but the level of poverty is obscene – when you see children sleeping on a floor or not having shoes to wear. How can you begin to support someone with their parenting when they can’t even afford the basics for their children?”*

Rising levels of poverty in the UK are now well publicised, however, this should not diminish the impact of finding that so many children are living in the type of conditions generally associated with the history of this country and with much poorer economies than ours. The absolute necessity of the financial (vouchers) and material support (food, toiletries, clothes, furniture) provided by the project cannot be underestimated. This has been provided through leveraging in small pots of charitable funding for poverty relief and through appeals within SGT and wider for furniture etc to be donated.

Providing practical help with essentials such as beds and other furniture, shoes, clothes, school uniforms and the foodbank support offered by SGT’s Pantry and other sources demonstrates to families that project staff understand their struggles, as explained by a social worker - *“They (L-EDGE staff) get adversity – no-one would feel uncomfortable saying to them that they can’t pay a bill. They know what a key meter is – a lot of professionals don’t!”* As well as helping to establish a relationship of trust, this kind

of help can begin to alleviate some of the pressing worries and poor living conditions that need to be addressed before work on parenting skills and other key areas can begin.

Whilst it would be expected that a project such as L-EDGE would involve a level of practical support, the extent to which this has been necessary underlines the challenges facing these children and families, and the added value that it has brought. It also highlights the significant additional work undertaken by project staff to facilitate this, and should be factored in to any future work.

### ***Housing support***

L-EDGE has delivered very significant amounts of practical help over the life of the project, not just through finding grants and getting items that families need, but also in advocating strongly for them, particularly in respect of improving housing situations. The poor, unsanitary and unsafe housing that some families live in is hard to imagine in 2021/22. The housing crisis is well documented and the human misery that results from it affects a number of the children referred to L-EDGE. Helping people to improve their situations is time-consuming and requires knowledge, hard headedness and persistence. The tenacity of the L-EDGE caseworker has enabled a number of families to get the opportunity to improve their housing situation, including facilitating relocation for those whose lives are in danger from violent ex-partners and gangs.

### ***Mental health***

Mental health issues affect a number of the parents and it can be difficult for them to access the right help at the time they need it. A prime example of how the project has addressed this is Valerie, discussed in more detail in the following section but who was refused NHS therapy because of her cannabis use. The L-EDGE caseworker arranged 12 sessions with a private trauma therapist which has had a hugely positive impact on her wellbeing and that of her daughter who is now going to school regularly and taking part in other activities.

## **Continuing progress towards better lives for children and families**

In the interim report, some families being supported were analysed in more depth. Following up these examples at the final evaluation stage reveals further progress in tackling the complex issues facing each of them. The descriptions also illustrate the ongoing struggles experienced. It is the resilience that L-EDGE helps families develop that is enabling them to tackle these issues, beginning to build confidence that they will be able to continue the progress after project support ends.

Each example begins with a brief recap from the interim report for ease of reference and this is followed by an update to March 2022.

### **Simon, aged 10**

Lorraine and Frank are the parents of Simon, the index child (aged 10) who has complex disabilities and his sister Hope (aged 16). At referral, Simon had learning age of around 4-5 years old, was non-verbal, non-continent and struggled to eat and drink. He has an ASD diagnosis but there is some concern on the part of his school that he may be suffering from complex PTSD. The parents have been separated

for 18 months. Arrangements for Simon have been contentious but currently he stays with Lorraine from Monday to Thursday and with Frank for the remainder of the week.

After much conflict, relations between Lorraine and Frank broke down and all contact is via school. Both parents have alcohol abuse issues and there is also a history of domestic violence. Frank is seeking help for his alcohol issues but Lorraine remains in denial about hers.

Hope has taken on a lot of responsibility for Simon's care for a number of years. She is resilient but has missed out on many opportunities. She was initially very reluctant to engage with L-EDGE but the trainee caseworker was tenacious and eventually got her trust. This support helped her to make significant progress including workplace training with SGT's social enterprise café – Brewbird, developing her CV and working towards her getting stable part-time work.

All members of the family are supported by L-EDGE, Chloe who works with the parents, and trainee caseworker, Frankie who works with Hope. In addition to ongoing emotional support, both parents have been referred to the Pantry, and Chloe works closely with the social worker to try and improve Simon's experience of moving between parents. Support has also been provided for court appearances. Frankie is helping Hope to look at how she can move forward with her aspirations for study and work, trying to provide a more positive future and relieve the pressure of caring for Simon.

### **Update**

*The family had been making good progress and were being considered for a step down from CP to CiN. However, Lorraine has continued to struggle with alcohol and now appears to be quite unwell, with the school raising concerns about Simon's attendance (50%) and physical state when he is with her. When Simon is with his father his attendance is much better and he appears clean and well cared for. Police were called to an incident in December when mum had been drinking and claimed her ex-partner was in the garden and the children kidnapped. This was not the case. Police raised concerns about the state of the house and Lorraine. She was taken to hospital and medication was changed. There are still significant concerns about mum's ability to care for Simon and her alcohol use is now being monitored through hair strand tests. She has been referred into an alcohol abuse programme. There will be a review in the summer.*

*Simon appears to be thriving with dad. He's engaging with lots of activities and his safety score has increased from 2 to 8<sup>2</sup>. His speech and language is much improved. He's attending medical appointments and his toileting is better although has a long way to go. He has been accepted into a mainstream secondary school that has confirmed they can meet his needs in a special unit. Frank is still very anxious and does use alcohol although he claims he doesn't drink around Simon.*

*Frank engages much more positively than mum with the L-EDGE caseworker who sees him regularly. Lorraine is less open to support and doesn't like having anyone in the house. While the future for Simon is not guaranteed, especially with the ongoing animosity between his parents and his mother's apparent inability to care for him, he has made significant progress. This is despite the fact that the social worker has been off sick since January and there is no current replacement. The positive impact of L-EDGE is put into particularly sharp focus in view of this situation. The caseworker has liaised closely with social care and a family support worker has been allocated to work with them as the case will now be closed.*

*Hope, Simon's sister is doing well at college and it is hoped that she will continue there, although she clearly worries about her mother and has said that she wants to leave and work full time to support her.*

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<sup>2</sup> Safety scores are used by local authorities to assess the safety of a child, with 10 being the highest score.

### **Evie, aged 6**

Valerie is a single parent with two children living with her. Evie, the index child, (aged 6) has an ASD diagnosis and severe behavioural issues, and Dylan (aged 17) is on the autism spectrum. Neither fathers of the two children are present and there is a history of drug abuse and DV. Evie's father has stated that he has a terminal disease although he has refused access to his medical records so this cannot be verified. He harasses Valerie. Valerie has had significant childhood trauma, suffers with anxiety and agoraphobia, and uses cannabis on a daily basis. Evie has not been attending school regularly, despite transport being arranged and legal action for non-attendance was eventually put into motion.

### **Update**

*Evie's school attendance dipped dramatically to around 30% because of Valerie's inability to get her ready for school. Chloe (L-EDGE caseworker) felt that the impact of ongoing trauma was a significant factor in her lack of parenting ability. Valerie was refused a referral for mental health support via the GP because of her cannabis use. However, Chloe managed to get funding for and arrange 12 sessions of trauma therapy privately. This has made a huge difference. Valerie's wellbeing has improved significantly, Evie's school attendance has gone up to 85% and legal proceedings for non-attendance have been dropped. Chloe has also managed to support Valerie with a non-molestation order against her partner which has again reduced the stress on the family and the potential for Valerie to be retraumatised in relation to the domestic violence. To date, it has not been breached.*

*Evie is doing very well. Chloe has managed to arrange for her to attend a dance and drama class. Her speech and reading has improved and she is generally progressing much more positively.*

*Evie's social worker is very happy with her progress and the support that Chloe has provided. Evie is due to be stepped down to CiN and her safety score has gone from 2 to 4. The social worker would like Chloe to carry with support as part of the step down to CiN, and Valerie has been vocal in saying that she wants the same level of support from the social worker and Chloe. However, both understand that the support plan has been completed and so the case will need to be closed.*

### **Lila, aged 5**

Ruby is a highly motivated and bright young woman. She and her partner Chris are parents to three children Lila (5), Peter (18 months), Thomas (4 months). Thomas's birth was extremely traumatic, leaving Ruby with an ongoing medical condition. The family live in inappropriate and inadequate housing – a one bedroom flat on the third floor of a block with no lift. Ruby and Lila share a bunk bed. Chris sleeps in the other bunk and the baby in a cot. This emergency housing has been provided after the family had to leave a two bedroomed, damp, rat infested flat. The family were offered another flat in the same block and were advised by their social worker to turn it down because it was in a similar condition. As a consequence, their right to bid for other housing was suspended several months ago by the local authority. The social worker has so far taken no action. The suspension is now being challenged by SGT. Chris has a previous conviction for child sexual abuse and is not allowed to care for the male children on his own. However, he does have a good relationship with the children. The childcare situation restricts Ruby's ability to pursue her very positive ambitions to undertake a law degree. Ruby has fragile mental health and there are concerns about her getting pregnant again.



The SGT caseworker is providing significant emotional support for Ruby, as well as practical help to try to improve the housing situation and find childcare solutions so that Ruby can return to study. She has also led on facilitating specialist father support for Chris, working with the LB Southwark.

### **Update**

*Ruby is now in college two days per week and has conditional offers from 3 universities for her law degree. The housing situation is still very difficult but they are now able to bid for a larger and permanent home, thanks to the work of Chloe who has also been helping to get furniture – a bed for Ruby - to make the current situation a little less inadequate. The children are doing well. Lila has good school attendance and Peter is at nursery two days per week. Chris has been assessed as no longer posing a risk to children and is therefore allowed to look after the baby on his own.*

*The result of all this progress is that the home atmosphere is much better, despite the ongoing cramped conditions. The safety score has gone from 2 to 8, demonstrating the marked improvement. Aside from the housing issue, a further ongoing challenge for the family is that Chris seems unable to hold down a job. The referral to SGT for benefits advice discovered that there had been an £8,000 overpayment (which would not be covered by a debt relief order). This combined with £4,000 in rent arrears is a crippling debt for anyone, and especially a family with so few resources. The SGT benefits advisor has managed to negotiate a monthly repayment of £5 which is impressive given that legally the authorities are entitled to take 30% of the debt.*

*Chloe has organised a male parenting coach for Chris to try and help him develop his skills and motivation – he can be very good with the children but is inconsistent with them, as well as in recognising his role providing for the family.*

*The support plan put in place by Chloe has been completed and so the case will now be closed.*

These three cases highlight the range of very positive progress, clearly enabling the children to lead much more balanced, fulfilling, happy and safe lives. That said, they also illustrate the huge complexity and enduring challenges faced by the three families, reflected in the states of play at the point at which cases were closed.

### **SGT's unique approach to the lived experience model**

Central to the progress of children and their families is the skill, dedication and relevant lived experience of project staff. The qualities of the L-EDGE caseworker are detailed in this report and the interim evaluation.

This element is pivotal to project success. There are a number of organisations that now employ paid staff with lived experience and it is a term that is widely used but can mean very different things to different people. SGT has been at the vanguard of the development of employing people with lived experience and has, over many years, established a model that maximises the benefits of this for service users, as well as the volunteers and staff with the experience. The model includes:

- ➔ understanding the importance of lived experience that is **relevant to the service users** of a particular project, and recruiting staff and volunteers accordingly
- ➔ **acknowledging and assessing risks** - being able to assess when an individual is stable enough to use their lived experience positively in working with vulnerable clients and avoid re-traumatisation, being drawn back into addiction/criminality etc.

- **putting in place a range of ongoing safeguards and support** to identify and address any difficulties arising, including a universal offer of clinical supervision and where needed, additional specialist support, ensuring that individuals are not working in sensitive geographical areas eg: former gang involvement areas
- **a well-defined and supported progression pathway from service user to volunteer to paid staff** which includes nationally recognised, tailored, accredited Level 3 qualifications and recognises the trauma and often poor prior educational experiences of individuals

Volunteers and staff will not have had identical experiences to those for whom they are providing support – each person’s experience is unique. However, what is important is that they have the key elements of experience that has meant they have ‘walked in their shoes’. Depending on the project, this would include one or more elements, for example: trauma, addiction, offending, custody, exploitation, domestic violence, abuse (sexual, coercive etc.), being a care leaver etc.

The L-EDGE caseworker has given permission for some of her experience to be shared to illustrate that lived experience not only brings great advantages but also challenges that have needed the support of SGT. Chloe has lived experience that involves being a care leaver, having an eating disorder and a range of trauma from past events that includes domestic abuse which culminated in the suicide of her ex-partner. She explained that the main reason for the dedication she gives to her job is because *“I want to be the person that I never had when I was younger. I needed someone who was consistent, who would be there for me and go the extra mile. I never had that.”*

Chloe has delivered exceptionally and under very difficult circumstances including the pandemic. On a daily basis she deals with issues that she has previously experienced, drawing on clinical supervision where needed. For the majority of the time, she takes this in her stride, using her experience to provide the empathetic, imaginative approach that means so much to children and families. However, during the project she experienced the break up of her relationship which affected her wider circumstances. These were triggers for re-traumatisation and she recognised the need for more specialist help. Her manager was able to arrange that SGT paid for a number of sessions with Chloe’s therapist (of 15 years) – Chloe couldn’t afford the cost – and, importantly, the time off each week to have space around the sessions. This financial support, acceptance and understanding meant that she recovered and was able to return to the level of delivery.

This demonstrates not only the importance of organisational values that recognise the need to have a flexible and responsive range of support for staff (and volunteers) with lived experience, but also that this must be factored into project costs if they are to be provided with a working environment that makes the most of their highly valuable experience.

### Highly valued by children’s social care

L-EDGE has built strong and positive relationships with LB Southwark’s children’s social care and the project is clearly valued as service that makes a difference for children and families. The social worker for Ruby’s children and who is also familiar with a number of other families which Chloe the caseworker supports explained her experience of working with L-EDGE:

*“This family has been on CP for many years for a variety of reasons. Chloe is brilliant. As soon as I started working with her, she had loads of ideas about how she could help – just from a conversation. It’s so refreshing to have someone who comes up with things like that – and little pots of money for*

*some things too. Chloe is like a net – she works on so many things surrounding the family – practical and emotional. It’s really helped my family in quite a short time.*

*Adults need to be mothered too. All the things that she does would be really difficult for us to do. She’s literally a lifeline for some people – she went to the Lithuanian Embassy with one of our mums. That was something that she really needed and there wasn’t anyone else to help her. It was essential.*

*It’s like she asks ‘Let me hold your hand and then Chloe has their hand to help them.’ The lived experience she has really shows – families feel at ease because of that. Her manager is really good too. They get adversity – no-one would feel uncomfortable saying to them that they can’t pay a bill. They know what a key meter is – a lot of professionals don’t!*

*Chloe is so resourceful. She’s helped with referrals to the Pantry, vouchers for food and other essentials, furniture – she got furniture for a family of 5 who had nothing – and even at Christmas she was able to secure parcels and gifts for families. It’s just amazing.*

*We had a mum who was turned away by the GP for counselling. They said she was too complex and had too much going on. Chloe sorted something out for them and it’s made a huge difference.*

*She’s very honest and confident in case conferences and meetings too. She impresses professionals with having solutions and she gives really good updates.*

*My experience has been great – I’m so, so happy with it. They go above and beyond all the time. She’s fought for families to get what they need. I’m upset I didn’t find her earlier. I had a school asking me about her the other day and I said, ‘Hands off, she’s mine!’ There need to be more Chloes. The referral is really straightforward too and that’s really important because families don’t get referred if it’s too complicated.*

*We could really do with it before they get into CP. We have high risk CiNs that can move into CP at any point. We’re also worried about the step downs from CP to CiN – sometimes they still need that extra support to stop them moving back into CP.”*

This feedback and that of other local authority professionals not only underlines the high quality of a service that really does deliver positive impact, but also highlights the need for greater capacity and for a widening of scope to include the ‘peri CP-CiN’ phase where families are either being stepped down or in danger of being stepped up.

Statutory services of course need to review this critical transition period in terms of the support that they provide. However, there may also be a valuable role for a project such as L-EDGE to provide some initial ‘hand holding’ for step downs, given that social care involvement will lessen and the continuity of light touch SGT caseworker support could ease the transition. In addition, some ‘just in time’ intervention for those on the cusp of being moved from CiN to CP could enable some families to avoid this escalation. It will not be enough in some cases, but, reflecting on some of the shorter term, highly effective intervention delivered on this project (see pages 11-12) it could be of benefit to some.

The project was originally intended to take referrals from LB Lambeth as well as Southwark, however, despite many efforts a referral relationship with the former failed to be established. It is not clear if this is because LB Lambeth has its own in-house edge of care service, but, given that this has a much higher threshold for referral, there is clearly a place for a project such as L-EDGE. Lambeth has been experiencing significant challenges including many staff changes and this may also account for the lack of referrals.

The project has uncovered a significant need and gap in services for very vulnerable children and families. Its success also points to the potential for replication in other London boroughs and beyond. Given the pressure nationally on children’s services and the positive outcomes that the project has produced, it is likely that there would be significant demand in other areas. Of course, as highlighted in the interim

report, care would need to be taken to provide sufficient staff capacity to avoid caseworker overload and burnout which could dilute the impact of the service. The inclusion of suitably skilled and experienced volunteer Peer Advisors could be of significant benefit.

### ***A note on cost savings and benefits***

The interim report highlighted the potential cost savings that L-EDGE could bring for statutory sector services. The high success rate of keeping children with their families, and the average costs of local authority care alone (a minimum of £60,000 per year for residential care and £36,300 for foster care), it is clear that L-EDGE does provide significant cost benefits. For the three cases discussed above, involving 5 children who might otherwise have been taken into care, the cost would be around £300,000 per year. This does not include other costs such as for persistent school absenteeism (£3,900 per year at a conservative estimate not including legal proceedings costs).

For young people who are criminally exploited the costs are even higher, including missing episodes (£3,000 per incident), secure placements (£271,000), secure training centre places (£201,000) and young offender institutions (£119,000). There will also be health costs.

Whilst saving public money isn't the focus of the project, it is an important factor to consider, especially when budgets and services are so stretched. Combined with the positive impacts for children and families, it serves to underline the importance and value of L-EDGE.

### **Tailored, specialist support for timely positive outcomes**

Analysis of the length of intervention for the families involved shows that:

- over half received support for between 3-7 months
- three have been supported for 11 months or longer
- three have been supported for up to 2 months

This range highlights the importance of not having time-limited support and reflects the varied cohort of families and children, their challenges and needs. The examples of families presented on pages 6-9 of the report represent those who have received the longest period of support because of their very complex and enduring needs.

The examples that follow demonstrate that shorter highly tailored, flexible and insightful interventions can also make a real and lasting impact where they understand and respond effectively to the key issues facing children and families, including where young people are subject to exploitation by gangs and county lines.

**High level of service involvement requiring only brief intervention (1 month):** Roman, a 13 year old suspected of involvement in county lines had been removed into temporary care. He was placed with an elderly couple in another part of London but kept coming back to Southwark. He was then transferred to another placement but there was a suspicion that he was being groomed by another child also resident there. His mother desperately wanted help because of her 8 younger children and this risk of them being taken into care. Chloe referred Roman to SGT's R&R project which is specifically designed for county lines exploited young people. She also supported the move to provide the rest of the family with Early Help which is now happening. As there was a lot of professional involvement at that point, it was decided that this was the most appropriate way to support the family and children.

**Supporting a complex yet positive statutory sector led process (6 months):** Sean, aged 11 was referred to L-EDGE from SGT's Early Help project. He comes from a very complex family background. Prior to his referral, Sean and his three younger siblings had been removed from their mother and two each placed with two older half sisters (in their 20s) as a preferable alternative to being taken into care. Chloe supported Sean's older sister Stacey through the foster panel process, arranged for furniture, support from the Pantry and other essentials to create a comfortable home. Stacey successfully passed the foster panel, enabling Sean to stay with his family and avoid local authority care and the case was positively closed.

**Advocating and supporting a relocation to safety (2 months):** Tina, aged 12 looks much older and displays very sexualised and risky behaviours, including being found with a 22 year old man. She has diagnosed ADHD and an ongoing assessment for ASD. She has been sexually and criminally exploited by a group/gang of boys aged 12-18 years who are involved in cannabis dealing and other criminal activity. She was permanently excluded from mainstream school for taking a machete into school for protection. Tina has been banned from seeing the group but has found it difficult to keep away and her mum finds it difficult to keep her safe. Tina also had threats of rape and murder from the gang, one of whom broke into the family home and assaulted her.

It was clear that relocation was the best option, however, the housing officer initially refused this request. Chloe worked closely with the police and social worker to successfully appeal and get them moved out of borough on the following day. She also arranged furniture for the new flat to avoid a noticeable move that may have resulted in the gang following them, and worked with the police to reduce the danger of further gang attention. Chloe provided initial support for around 6 weeks after the move. Tina is now in mainstream education and has made friends of her own age. Chloe made a warm handover to a local SGT specialist girls project. Mum declined the service but they appear to be doing well.

**Supporting a foreign national who is a victim of domestic abuse (3 months+):** Archie, 6 and Lily 4 are children of Gabi who is not a British national but has lived here for about 10 years with the father of the children who is British. The children have been under CP for two years. Gabi was subject to abuse and controlling behaviour and fled her partner 9 months ago, going to her mother-in-law who is very supportive of her and does not have contact with her son. Gabi's partner was arrested for sexting a 13 year old girl and is currently on bail with the condition that he has no contact with children. The police judge that he does not pose a threat to his own children. Gabi and professionals do not agree. He currently has FaceTime contact with the children but never attends conferences, meetings etc. about them and has requested his own core group. He has destroyed Gabi's passport and immigration card. Gabi is determined to establish a good life for her and the children. Chloe has gone with her to her embassy to have new documents issued. She has been paying rent to her mother-in-law and bidding for a council rental which finally resulted in her getting a tenancy. She struggles financially and Chloe managed to get all the basics for her new flat through an appeal within SGT, arranging delivery to her. Unfortunately her ex-partner followed her to the new flat and she is now not safe there and wants to relocate outside of London. Chloe will need to close the case as Gabi will be outside of London but she is working with the authorities to make sure that she can be supported in her new location.

### **The challenge of engaging complex families in crisis**

The interim evaluation provided clear first hand evidence of the value placed on L-EDGE by parents and children. This is further underlined by the very fact that the caseworker has gained positive engagement

from parents who are in the most difficult of circumstances – experiencing high stress, significant mental health and/or alcohol/cannabis dependency issues, poverty, poor housing, domestic violence and other trauma, relationship breakdown, lack of positive networks, children who have a range of challenging physical, mental and emotional issues and poor experiences of statutory services that may not have served them well and that they do not trust.

The main barrier to engagement has been mothers who have not responded to attempts to contact them, making it difficult to understand why they don't want to work with the project. There are some reasons that are more obvious including significant drug use and for one mother her lack of English language which involved a very costly interpreter which would have not been sustainable on the project budget.

For those where there is no obvious reason for non-engagement, it may be the case that they are reluctant to respond to what they may perceive as *“just another person who wants to poke their nose in and make judgements,”* especially when they know that they are in danger of having their child/children taken into care. Where the project staff are unable to even make initial contact this would seem a fairly likely and understandable reason for non-engagement. Although the project could look at the use of testimonials from families who are being worked with as a way of reducing this fear, SGT would need to be careful to avoid the suggestion that by engaging with L-EDGE that parents could guarantee that they would avoid care proceedings.

The L-EDGE caseworker will put significant effort into trying to engage young people and families over weeks, including various types of messaging, trying to arrange face-to-face visits or meet ups in neutral, non-threatening environments. She may get some 'fragile' engagement from some families that doesn't develop fully. The following examples explain a little more about what happens and some of the reasons why support may not progress.

- **Terry, a 12 year old boy who has the appearance of a 7 year old**, already has a significant criminal history including serious assault, burglary and armed robbery. Most recently, Terry drove a moped through his school and assaulted the head teacher. He has so far avoided being brought to court. He was referred to YOS prevention but his case closed after non-engagement. Terry's mum is a recovering drug and alcohol addict. She had been doing very well for the last two years but then began drinking to excess again and had a complete breakdown with multiple suicide attempts culminating in being admitted to a psychiatric ward. Two older, now adult, children of mum's who have been in and out of care through their lives currently live with nan. Terry has also moved in with nan and she is struggling with him. Nan and her partner live in a two bedroomed bungalow. They have given up work and are home schooling Terry. Nan is very angry and scared. Despite repeated efforts, establishing engagement has been difficult. There are currently around 12 other professionals involved and in view of this and the non-engagement a decision has been made to close the case.
  
- **Cecile, a 17 year old young care leaver** who was referred by a healthcare organisation that had assisted her with a third pregnancy termination in a 4 month period. It transpired that she had had around 7 previous pregnancies. She had subsequently become pregnant again with the real possibility that the baby would be taken into care after birth. She claimed to be heavily gang/county lines involved, carrying weapons etc., but she had no criminal record and was not known by the police to be involved. The suspicion was that she 'invented' her involvement, perhaps as a way of having status, or as a proxy for other traumatic experiences in her life. Cecile sporadically spoke to Chloe but didn't turn up for meetings. Reluctantly, after 12 weeks her case was closed. It was clear that she desperately needed help but that she wasn't going to benefit from L-EDGE because of not being able to establish consistent contact. She returned to SGT on

another project, Expect Respect, which is specifically designed to support girls and young women affected by gangs, abuse and violence. At this point she had given birth to the baby which had been removed into care.

- **Troy, a young looking 14 year old with ADHD and ASD**, and an ongoing crisis around gender identity and sexual orientation, as well as school non-attendance and alleged perpetration of sexual abuse and exploitation. Chloe worked for 3 months with his mum and older brother (who holds homophobic views and is abusive) with the aim of also eventually getting Troy's engagement. The family were subject to numerous changes in social worker which was unsettling. They maintained that they wanted Chloe's ongoing support but were not replying to repeated attempts to contact them and so the case was eventually closed. However, the family still accessed the Pantry and is receiving welfare benefits advice from SGT. In line with SGT's practice, if the family wanted to re-establish support at any point, attempts would be made to offer it.

The positive to take away from these cases is that the young people and families are now aware of the support that SGT (and other organisations) could provide for them and, as happens in other cases, they may choose to recontact SGT when they feel ready to accept help and move forward. In addition, some are still making use of various types of support. What should be emphasised is that whilst these children have not sustained the kind of progression hoped for, each case has involved significant time and effort to establish the engagement needed for this to happen.

## Conclusion

This end of funding period evaluation confirms that L-EDGE is an effective and highly valuable service that has uncovered a significant need. The extremely challenged families supported by the project have visibly improved their ability to provide safer, more secure and happier environments for their children, enabling them to keep the family together. They continue to face serious issues, particularly in terms of poverty and the rise in the cost of living, that can put significant pressure on any family, but the skills, improved relationships and, for some, better housing will help them to have more resilience. That said, there is an urgent need for statutory services and support to improve the help provided for these children and families.

Potential funders should feel confident that their investment will make a real difference to some of the most vulnerable in our communities. The project should be funded to continue its work in Southwark and has the potential to be replicated in other parts of London and beyond.