SUBJECT:	**Delivering Excellence in Children's Services: Multi-agency Early Support and Prevention Referral and Intervention Pathway Including the Realignment of the Team Around the Family service**
DIRECTORATE:	**Social Care & Health**
MEETING:	**Cabinet**
DATE:	**6th December 2017**
DIVISION/WARDS AFFECTED:	

1. PURPOSE:

The purpose of this report is to provide a case for the realignment of the Team Around the Family service within the wider structure of family support services to better meet the needs of the local population and to contribute to Monmouthshire's delivery of the Social Services and Well-being Wales Act (2014) (SSW-bWA).

2. RECOMMENDATIONS:

The following recommendations are made:

1.1 To realign the activity of the existing TAF Team which currently facilitates the TAF process and undertakes only limited direct work, into a team that predominantly delivers programmes of early intervention family support and undertakes a smaller amount of facilitation of the TAF process.

1.2 To reconfigure the existing Co-ordinator post into a team-leader post using the anticipated cost saving to provide the necessary capacity to administrate an Early Intervention and Prevention Referral and Intervention Pathway (see Appendix 1).

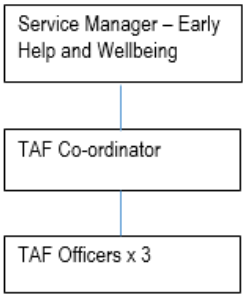
1.3 To locate the service within the Face to Face Therapeutic Service (see below).

1.4 To move the Face to Face Therapeutic Service to within the Children's Services management structure to bring increased coherency to the 'windscreen' pathway of family support and intervention.

1.5 To create a multi-agency Early Intervention and Prevention Referral and Intervention Pathway to manage referral and allocation of children and families seeking pre-statutory services family support (see Appendix 1).

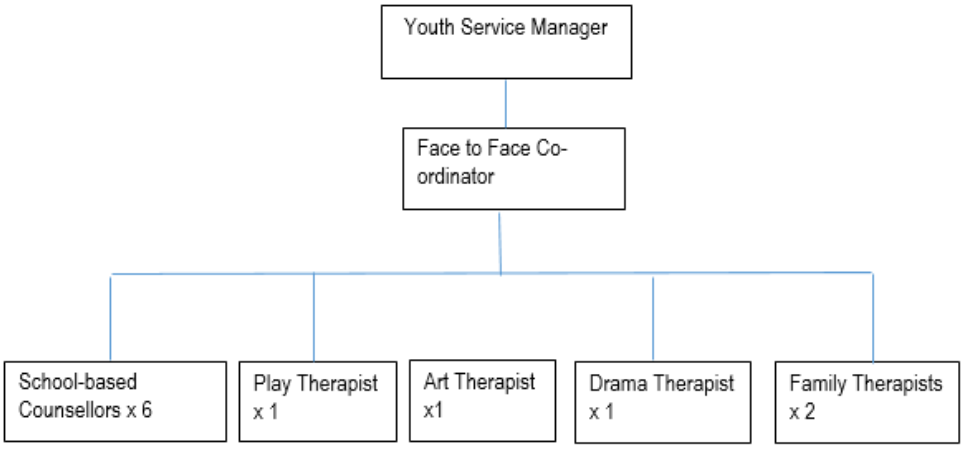
1.6 To develop a step-up/step-down protocol and referral pathway which enables vulnerable families accessing support at both a pre-statutory threshold level and a post--statutory threshold level to have their needs appropriately met and ultimately reduce the numbers of children requiring statutory support and in particular the need to be Looked After.[1]

Previous Structure - TAF



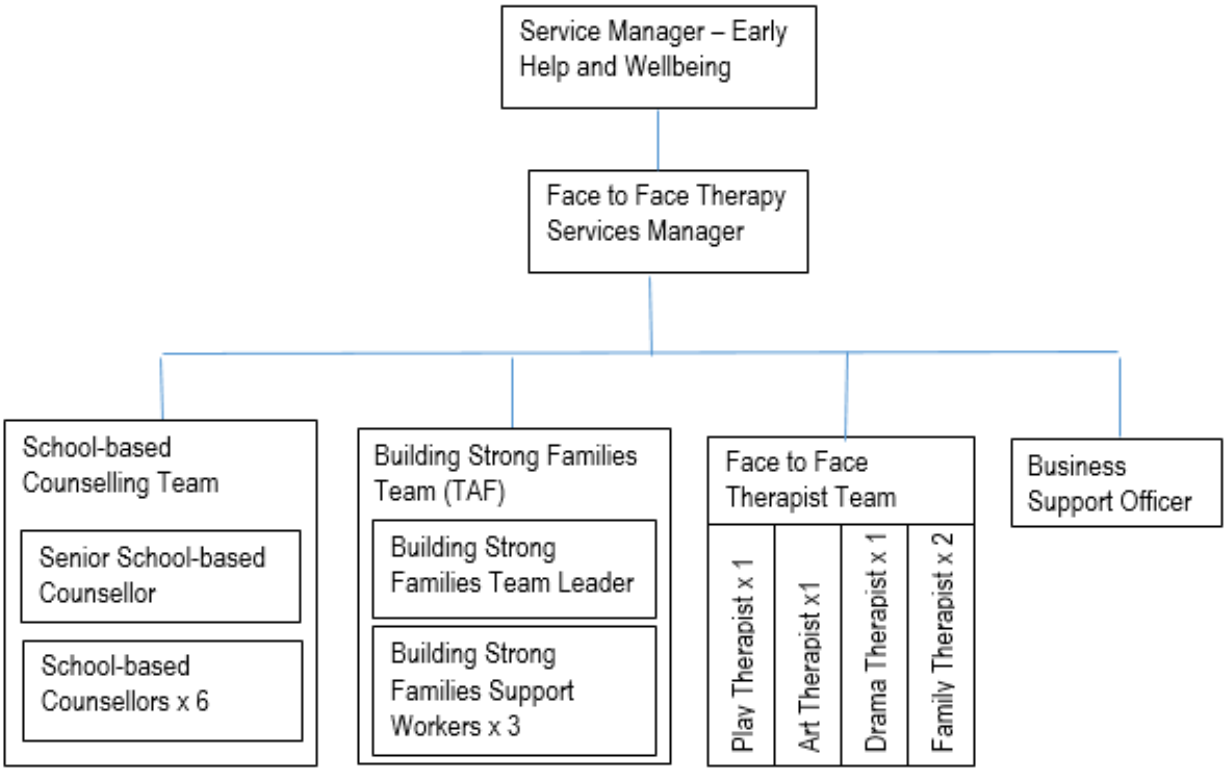
Previous Structure – Face to Face

[1] This last is part of a longer-term piece of work to develop an 'edge of care' service to reduce the numbers of Children Looked After in Monmouthshire. Subsequent papers will address this in more detail, however it is important to mention here that the pre-statutory threshold family support work will need to be aligned with and work in a coherent way with similar support offered to families where there are children at the edge of care.



Proposed structure

|



3. KEY ISSUES:

3.1 Rationale

3.1.1 *Description of current model of service delivery*

Currently the TAF team consists of a TAF Co-ordinator and three TAF Project Workers. The function of the team is predominantly one of care co-ordination, assessing families referred for a service, liaising with service providers and co-ordinating TAF meetings with service providers and families where a package of support is co-ordinated. The TAF team remain involved for between 6 and 12 months with each family, chairing meetings at which progress is reviewed. They currently work with approximately 60 families a year.

3.1.2 The TAF Team is funded through Families First. Monmouthshire County Council is a small authority from a population perspective, and although it has pockets of deep deprivation, it is generally an affluent community, this means that grant funding such as Families First, is relatively small, and it is essential that resources are focussed so as to achieve the greatest return on investment.

3.1.3 *Proposed Service realignment*

This paper is proposing that the focus of the team on TAF be retained, as per Welsh Government policy, but that the activity be re-aligned so that the work of the team focusses more on working directly with vulnerable families on the cusp of statutory intervention to prevent them requiring statutory support. The team will be tasked and supported to delivery brief interventions that are outcomes focussed around what matters to children and families in line with the Social Services and Well-Being Act (SSW-bWA). Working in this way should increase productivity from 60 families a year to 150 families a year.

3.2 Evidence base

3.2.1 *Early intervention*

The importance of preventive work and early intervention is well-recognised. It is a fundamental principal of the SSW-bWA. The intention of the Act is to create a legal framework which makes it clear what vulnerable children and their families can expect in terms of support and assistance, and which balances the need to safeguard with the importance of proportionate intervention that recognises that providing support at an early stage may well reduce the need for more intensive, and potentially invasive, intervention at a later stage. The Act clearly aligns itself

with the belief that the provision of early intervention and preventive services will ultimately contribute to the prevention, delay or reduction of people needing care and support, including children suffering abuse and neglect. It draws on the significant evidence that exists that shows that preventing the emergence of problems rather than tackling their consequences offers a 'triple dividend' in terms of improving social outcomes, reducing costs to the state, and strengthening prospects for growth.

3.2.2 *The value of intervention throughout childhood and adolescence*

The arguments for prevention are particularly associated with children and young people, especially under-fives. The social and emotional foundations established in the first three years of a child's life, to a large extent attributable to the standard of parenting, are arguably the biggest determinants of positive outcomes throughout the life course. The benefits of promoting the Welsh Government's aim of giving children a flying start in life are important for all generations. Older people who have experienced positive foundations (e.g. good education and health, strong social networks), are more likely to have a healthier transition into independent old age. However, recent research into adolescent neuroscience indicate that adolescence offers a unique window of opportunity to significantly ameliorate the impact of early trauma and poor parenting. Stein *et al*'s (2009)[2] research on adolescent neglect evidences that neglect is damaging irrespective of age. There is value therefore in providing intervention both early and late, relative to the child's age.

3.2.3 *Adverse Childhood Experiences*

There is a growing body of evidence that shows how profoundly health throughout the life course is negatively affected by adverse childhood experiences (ACEs) such as verbal/emotional, physical or sexual abuse and neglect, parental separation, incarceration, mental illness, drug and alcohol use or domestic abuse. These stressors are cumulative, the more adverse experiences a child faces, the more likely they are to experience poor outcomes. They are less likely to perform

[2] Stein, M., Rees, G., Hicks, L. and Gorin, S. (2009) *Neglected Adolescents – Literature Review*, Department for Children, Schools and Families

well in school, more likely to be involved in crime and ultimately less likely to be a productive member of society. The recent research undertaken by Public Health Wales (2015)[3] provides robust Welsh-based evidence that children experiencing these stressors, especially children experiencing for or more of these are more likely to adopt health-harming behaviours during adolescence which can themselves lead to mental health illnesses and diseases such as cancer, heart disease and diabetes later in life. This study cites evidence that shows that chronic traumatic stress in early life alters how a child's brain develops fundamentally altering nervous, hormonal and immunological system development. As adolescents and adults, these individuals become hair-triggered for stress, thus increasing the risk of premature ill health such as cancer, heart disease and mental illness. This hyper-vigilance can mean that as children these individuals are in a constantly anxious state and consequently frequently distracted, aggressive and confrontational. Furthermore, the psychological problems associated with exposure to ACEs can leave both adults and children with low self-esteem and with a propensity to engage in behaviours that will offer them short-term relief at the expense of their longer-term health, such as smoking, harmful alcohol consumption, poor diet, substance misuse and early sexual activity. Further there is significant evidence to suggest that whilst this is not necessarily the case, if the effects of expose to ACEs are not mitigated then the children of those affected by ACEs are at increased risk of exposing their own children to ACEs. Consequently, preventing ACEs in a single generation or reducing their impact on children can benefit not only those individuals but also future generations across Wales. The ACE research clearly supports the case for intervention both to reduce the number of ACEs children experience and to offer support to mitigate the impact of ACEs on children.

3.2.4 *What Works?*

Empirical research provides evidence of the value of intervening early, before difficulties become entrenched and long-standing. If intervention is to be effective then families need first of all to be able to engage with professionals offering

[3] Public Health Wales (2015) Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population

support. Research into effective practice evidences that enabling opportunities to cultivate supportive relationships that develop self-worth and feelings of self-efficacy are significant in creating environments conducive to healing and to change (Ruch, 2012).[4] There is an extensive evidence base around the importance of promoting attachment, not just in infants, but throughout childhood (Howe, 2005)[5]. In terms of what we know works, the academic discourse supports the idea that intervention that takes account of, and builds, individual and family strengths and resources helps build resilience and reduce risk (Daniel *et al*. 2011).[6] McAuley *et al.* (2006)[7] present evidence that suggests that providing isolated parents with opportunities for social support, as well as positive relationships with professionals, may also serve a protective function for parents.

3.2.5 Macdonald's (2005)[8] research indicates that therapeutic interventions are more likely to be successful if they take account of the broad range of factors outside the family that also have an influence on family functioning. The 'ecological' model is widely used in helping understand child neglect in that it enables practitioners to consider the broad range of factors that affect parents in common and then to focus on the specific features that are of particular importance in a particular family. This model recognises that, just as individual family members interact and are influenced by each other, so they also interact and are influenced by the wider family, their local community and wider society. This view of family functioning is holistic and identifies that change occurs across a number of dimensions.

3.2.6 Whilst there is not an extensive literature on the effectiveness of specific interventions, the provision of services such as play therapy, educational support and speech and language therapy may help address specific deficits around social skills, education and learning and communication (Howe, 2005).

[4] Ruch, G. (2013) Helping children is a human process: researching the challenges social workers face in communicating with children. British Journal of *Social Work* Vol. (44)8 pp.2145-2162
[5] Howe. D. (2005) *Child Abuse and Neglect*
[6] Daniel, B.; Taylor, J. and Scott, J. (2011) *Recognizing and Helping the Neglected Child: Evidence-Based Practice.* London: Jessica Kingsley Publishers.
[7] McAuley, C., Pecora, P. and Rose, W. (2006) *Enhancing the well-being of children and families through effective interventions: International evidence for practice*, London, Jessica Kingsley.
[8] Macdonald, G. (2005) Intervening with Neglect. In Taylor, J. and Daniel, B. (eds.) *Child Neglect: Practical Issues for Health and Social Care.* London: Jessica Kingsley.

Intervention through play, in particular, is important in helping children develop interpersonal and reflective skills to enable them to communicate what they have experienced and how they feel.

3.2.7 Although evidence suggests that it is the manner in which intervention is delivered (strengths-based, relational, theory-based etc.) rather than the specific model used that matters, there is an evidence base for certain interventions, such as Motivational Interviewing (MI), and Family Group Conferencing (FGC). There is also evidence that interventions such as MI can be used to scaffold the effectiveness of other interventions.

3.2.8 In summary, the following features are significant in terms of interventions that are effective and evidence suggests that these features of effective practice are more important than fidelity to a specific model.

- Early-intervention – before difficulties become long-standing
- Early-intervention - attachment-based
- Strengths based
- Relational
- Bespoke – designed around a families individual needs
- Fidelity to specific models where these are used
- Ecological/systemic models

3.3 The Case for Prioritisation

3.3.1 Whilst it is recognised that there are numerous interventions that would be of benefit to the children and families of Monmouthshire, it is essential that scarce and increasingly limited resources are prioritised to fund services that are judged to provide the greatest impact for the investment. In light of the pressures Monmouthshire faces, the policy and practice imperatives created by the SSW-bWA and Well-being of Future Generations (Wales) Act 2015, Monmouthshire has undertaken a review of children's services. This paper draws on evidence from research and evaluation undertaken by Cordis Bright (2013) and IPC (2016 and 2017).

3.3.2 Welsh Government guidance on Families First and the continuum of support (see figure 1 below) recognises the importance of the whole network of services in supporting families, and in particular identifies a differentiation between services and support for children and families needing early intervention and those needing intensive intervention. The framework is based on research evidence which indicates that different forms of intervention require very different levels of support and skill on the part of those undertaking assessment, care and support. The IPC analysis identified that whilst there are services available to support families in Monmouthshire, they are fragmented, lacking in an underpinning practice approach or theoretical framework and therefore risk duplication and delay in families accessing the right support at the right time. In particular there are gaps at the edge of statutory intervention (insufficient services to reduce risk and scaffold those families who are not quite managing without support to prevent them coming into statutory services) and the edge of care (insufficient support to reduce risk to families who could, with some time-limited, intensive intervention be supported to enable them to parent safely to avoid their children coming into care).

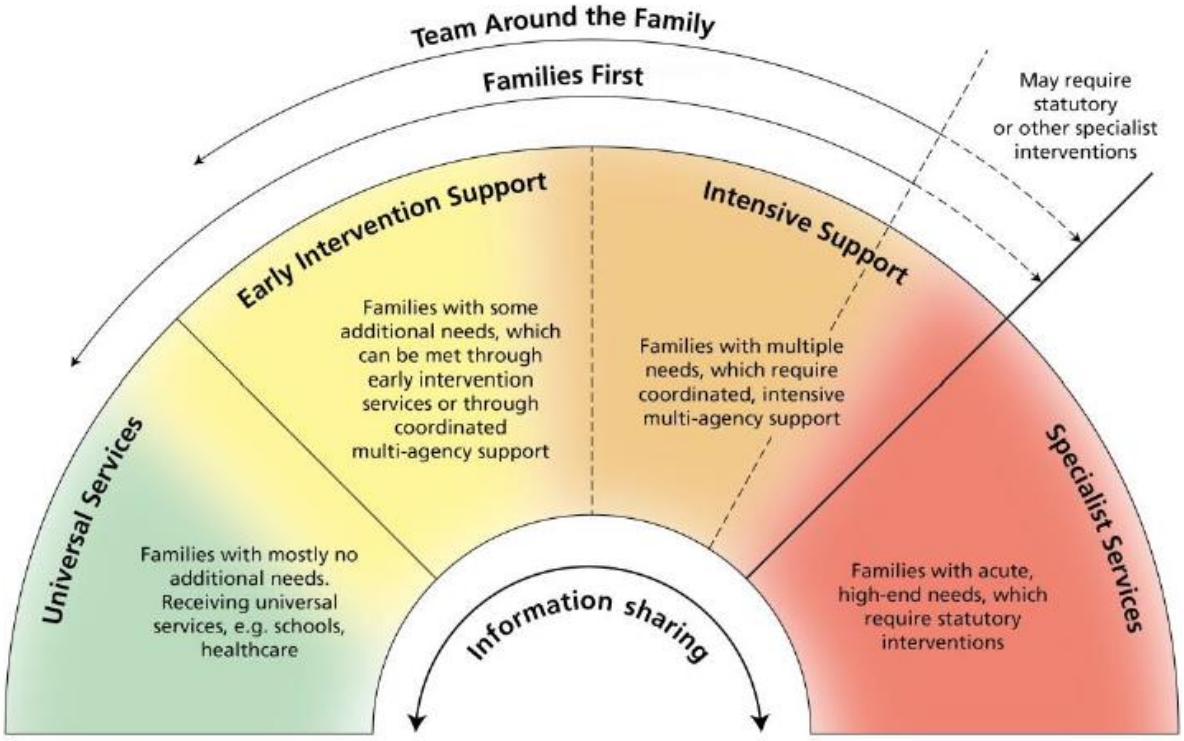


figure 1 Families First and the continuum of support

4. OPTIONS APPRAISAL

4.1 The options are set out in the table below:

	Description	Costs	Benefits	Disbenefits/risks	Recommended
Option 1	Do nothing	Cost neutral	Retains a stable system that people who are currently involved understand.	Low productivity Current model does not address the gap in service provision	No
Option 2	Change the focus of the team but retain them as a separate unit within children's services outside of a wider service area	Cost neutral	Addresses the productivity issue and enables the team to focus on direct work with more complex cases which is where there is a gap in service provision currently	This could create problems in terms of line management. The two alternative options for line management are: the Early Help and Assessment Team Manager who does not have the capacity to take on an additional team and this would also risk mission creep putting pressure on the team to pick up case work that should be undertaken by social workers and therefore contravening the grant conditions; the Service Manager for Early Help and Well-being who is not sufficiently connected to practice nor sufficiently available on a day to day basis to provide the quality and intensity of support required for the team.	No
Option 3	Change the focus of the team and locate within Face to Face Service and retain a qualified social work post as the team coordinator	Low cost	Maintains the workforce as is and potentially reduces any disruption. Social Work post would be undertaking some Family Support Work	This option does not release any resource to allow for building Business Support into the service. This option does not allow for family support workers to be supported by a senior family support worker, so does not follow the principals of 'delivering what only you can deliver'.	No

Option 4	Change the focus of the team and locate them within the Face to Face Therapeutic Service	Low cost	Addresses the productivity issue and enables the team to focus on direct work with more complex cases which is where there is a gap in service provision currently. Situates the team within a relevant setting of alongside other early intervention services and within a management structure which will enable them to develop their knowledge, skills and confidence.	This will require the regrading of the current TAF co-ordinator role and current Face to Face co-ordinator role, resulting in potential disruption to individual employees. It is possible that this may require some limited additional resourcing that it is anticipated could be managed as part of the Families First grant review.	Yes

5. EVALUATION CRITERIA

Evaluation Criteria – Cabinet, Individual Cabinet Member Decisions & Council

Title of Report:	
Date decision was made:	
Report Author:	

What will happen as a result of this decision being approved by Cabinet or Council?

The proposed model is intended to achieve the following outcomes:

- Locating the team within the Face to Face Therapeutic Service, a large amount of which is already funded through Families First will enable an effective referral and intervention pathway.
- Relocating the team within the Face-to-Face Therapeutic Service will provide them with a range of support and a high level of supervision for the more complex direct work they will be taking on.
- Focussing the existing TAF resource into working directly with families in order to deliver change (rather than managing processes and co-ordinating activity) will focus the resource where it is most needed and should also significantly increase the productivity of the team from approximately 60 families a year to 150 families a year;
- Building resources to develop services that sit just below threshold (edge of statutory and edge of care) should reduce those families requiring a higher tier of support;
- Aligning services across the windscreen model should ensure they avoid duplication, create economies of scale, add value to each other and maximise the potential of the resources available.

The decision will impact the public/officers in the following ways:

- Members of the existing TAF team will have re-focussed job roles and activity and be deployed to better meet the needs of vulnerable families in Monmouthshire whilst there may be some natural anxiety around the changes, the team will be provided with training and support to enable them to deliver effectively and are keen and feeling excited at the prospect.

- Refocussed activity and increased productivity will enable more families to receive support

12 month appraisal

Was the desired outcome achieved? What has changed as a result of the decision? Have things improved overall as a result of the decision being taken?

What benchmarks and/or criteria will you use to determine whether the decision has been successfully implemented?

The following outcome measures are proposed to evaluate whether the model is delivering effectively:

- Number of families worked with
- School attendance
- School exclusion rates
- Distance Travelled Data (a tool developed for measuring family progress based on the Framework for Assessment)
- Family Goals Data (the extent to which families identify they achieve the goals set for intervention)

Supervision, monitoring of sickness and seeking feedback from the team in terms of implementation will be used to ensure that the well-being needs of the team are addressed and the team continues to be and feel supported through the change process.

12 month appraisal

Paint a picture of what has happened since the decision was implemented. Give an overview of how you faired against the criteria. What worked well, what didn't work well. The reasons why you might not have achieved the desired level of outcome. Detail the positive outcomes as a direct result of the decision. If something didn't work, why didn't it work and how has that effected implementation.

What is the estimate cost of implementing this decision or, if the decision is designed to save money, what is the proposed saving that the decision will achieve?

Jobs are currently being Job Evaluated, it is anticipated that the restructure of the current TAF team will be cost neutral within the existing budget, however there is the possibility that the reconfigured Face to Face manager's post will require additional resourcing and if so this may need to be taken into account within the Families First review.
12 month appraisal *Give an overview of whether the decision was implemented within the budget set out in the report or whether the desired amount of savings was realised. If not, give a brief overview of the reasons why and what the actual costs/savings were.*

Any other comments

6. REASONS

6.1 Work by the authority on Families First and IPC on Children's Services has identified direct work at the threshold of statutory intervention as a particular gap. This paper argues that there needs to be investment in resources at an early intervention level however it is recognised that in the absence of additional resources being available then a realignment of existing resources is required to ensure that what we have is concentrated at the point at which they realise maximum return and not spread so thinly that it limits the impact of services provided. It will be important to approach this from a whole systems perspective, understanding the relationship between the tiers of delivery and how ensuring the right provision at the Early Intervention phase and Intensive Intervention phase changes need at the Remedial Intervention phase. By refocussing the activity of the current TAF team from a service predominantly focussed on co-ordinating the activity of other services to one which delivers family intervention, situating this within a wider service which can scaffold and support the work and then aligning services that can work across phases (such as Face to Face therapeutic services) with those that are specifically designed to work at the remedial phase (such as B.A.S.E)[9] it is hoped to develop a more cost effective model that will ensure that families get the right support at the right time and ultimately reduce the need for children to come into the child protection and looked after systems.

6.2 The proposed model is intended to achieve the following outcomes:

- Locating the team within the Face to Face Therapeutic Service, a large amount of which is already funded through Families First will enable an effective referral and intervention pathway.
- Relocating the team within the Face-to-Face Therapeutic Service will provide them with a range of support and a high level of supervision for the more complex direct work they will be taking on.
- Focussing the existing TAF resource into working directly with families in order to deliver change (rather than managing processes and co-ordinating

[9] Building Attachments, Security and Emotional well-being, clinical psychological support service for Looked After Children

activity) will focus the resource where it is most needed and should also significantly increase the productivity of the team from approximately 60 families a year to 150 families a year;

- Building resources to develop services that sit just below threshold (edge of statutory and edge of care) should reduce those families requiring a higher tier of support;
- Aligning services across the windscreen model should ensure they avoid duplication, create economies of scale, add value to each other and maximise the potential of the resources available.

6.3 Proposed outcome measures

The following outcome measures are proposed to evaluate whether the model is delivering effectively:

- Number of families worked with
- School attendance
- School exclusion rates
- Distance Travelled Data (a tool developed for measuring family progress based on the Framework for Assessment)
- Family Goals Data (the extent to which families identify they achieve the goals set for intervention)

7. RESOURCE IMPLICATIONS

7.1 The realignment of the TAF Team itself should be cost neutral within existing resources currently funded through Families First grant funding. Job roles are currently being job evaluated and costs will be included to evidence this once they are available. It is anticipated that the envisaged Team Leader role will be graded at a lower grade that the existing TAF Co-ordinator role and it is not intended to require the post to possess a social work qualification. The council's protection of employment policy will be followed for any staff who are affected by the potential regrading. However, in order to provide as many opportunities as possible, there are ring-fenced posts being identified for any individual who is potentially affected. Other posts within the revised structure are also be job evaluated to ensure that changes to the role and responsibilities of any positions are reflected. It is possible

that this may have some resource implications that may need to be taken into account within the overall Families First budget. Costings will be provided as soon as they are available.

7.2 Realigning the team will address a current lack of capacity in direct work with families on the cusp of statutory intervention and ultimately it is hoped that investment in early help at a pre-statutory threshold level will prevent some families from requiring statutory intervention at a later stage. It will also enable statutory teams within children's services to 'step-down' families in need of pre-statutory support and reduce the need to these families to remain within social services and reduce the numbers of families returning to statutory services through a 'revolving door'. This model should also greatly increase the productivity of the team from 60 families a year. 150 families a year is a realistic target based on similar models across creating a lower unit cost per family and thus improving efficiency.

8. WELLBEING OF FUTURE GENERATIONS IMPLICATIONS (INCORPORATING EQUALITIES, SUSTAINABILITY, SAFEGUARDING AND CORPORATE PARENTING):

8.1 By seeking to address ACEs (reducing the number and ameliorating the impact) in childhood, it is intended that this model of service delivery will contribute towards a healthier and more equal Wales.

8.2 The model seeks to build family resilience and facilitate children and families making maximum use of the resources that they possess themselves and that are available to them to ultimately reduce their future dependency on services.

8.3 In keeping with the principles of the UNCRC this model seeks to help children and young people fulfil their potential irrespective of their background or circumstances. The model integrates a range of family support and therapeutic services in order to help equip them participate effectively in education and training and participate effectively and responsibly in the life of their communities and ultimately to equip them to access opportunities for employment. Welsh

Government recognises that not all young people get the support they need from their home environment and so it is vital parents are able to receive the right services which can help them cope with the pressures of raising children and children and young people must have access to appropriate targeted services to help them reach their potential and improve their life chances. Realigning the TAF service in this way maximises the direct support that can be offered to families and increases the number of families that can be worked with.

8.4 It will be important to build in performance measures to monitor the impact (see 6.3).

8.5 There are robust child protection policies in place to ensure that safeguarding issues are appropriately addressed. There are no corporate parenting issues in relation to this paper.

9. Consultees

9.1 The TAF project workers have been fully involved in the service realignment and are keen to move the service forward in a way that better meets the needs of the authority and children and young people of Monmouthshire.

Consultation responses and feedback are set out at Annexe 1

In addition the following individuals and organisations have been included in the development of the model:

- TAF Co-ordinator
- TAF Project Officers
- Face-to-Face Co-ordinator
- Head of Children's Services
- Principal Inclusion Behaviour Improvement Officer
- Director, Children and Young People
- LSB Development Manager, Governance, Engagement & Improvement
- Children's and Sure Start Manager

9.2 The following organisations have been included in consultation on the model:

- HR
- TAF
- Face to Face Therapeutic Services
- Home Start
- Young Carers
- Acorn Family Centre
- Youth Service
- Primary Care Mental Health Services
- Housing
- Inspire
- Women's Aid
- Governance, Engagement and Improvement – ASB
- Strategic Partnerships Team
- Children's Services
- BASE
- YOS

9.3 The team has been fully involved in the proposed service development and are keen to transition into the revised model of delivery. They have come up with a new name for the team, the 'Building Strong Families Team'. The team has already accessed a wide range of training to support their move into an alternative model of delivery. A bespoke training programme has been delivered to address the gaps in their knowledge and ensure the existing team are confident in the revised model of service delivery.

9.4 A preliminary meeting has taken place with a range of service providers including Flying Start, Families First funded projects, Housing and Primary Care Mental Health Services and the proposed model has been well received.

9.5 The model has been shared at Children's Services Leadership Team and Senior Leadership Team and has been well received.

10. BACKGROUND PAPERS:

11. AUTHOR: Charlotte Drury

11. CONTACT DETAILS:

Tel: 07811 234244

E-mail: CharlotteDrury@monmouthshire.gov.uk

Appendix 1

Early Intervention and Prevention Referral and Intervention Pathway