

SUBJECT:	Delivering Excellence in Children's Services: Family Support within 'Statutory' Children's Services
DIRECTORATE:	Social Care & Health
MEETING:	Individual Cabinet Member Decision
DATE:	June 2018
DIVISION/WARDS AFFECTED:	All

1. PURPOSE:

- To provide a summary of the proposals for the next phase of the Family Support Review within the 'Delivering Excellence in Children's Services' programme including the development of Edge of Care services.
- To present the evidence base and business cases to support the proposals.
- To set out how the proposed developments within family support align to the strategic intent of Children's Services, including how family support services are being developed to meet the needs of the local population and contribute to Monmouthshire's delivery of the Social Services and Well-being Wales Act (2014) (SSW-BWA).

2. RECOMMENDATIONS:

The following recommendations are made, as detailed in Section 7. 'Resource Implications':

1. Establish a Family Intervention Team to deliver intensive family support to children and families who are on the 'edge of care'.
2. To bring 'in house' the Family Group Conferencing Service currently provided by Action for Children and to locate the service within the Intensive Family Support Team.

3. To establish a 0.5 WTE Support Worker post currently on a temporary contract within the Early Help and Assessment Team.
4. To establish 1.6 WTE Assistant Social Work posts within the Family Support and Protection Team.
5. Continue with 0.6 WTE Contact Worker currently on a temporary contract plus one additional 0.5 WTE Contact Worker post within the contact team whilst we review the delivery model.
6. To establish a 0.5 WTE permanent Personal Assistant within the Long Term Team for care leavers.
7. To consolidate the management structure and 'suite' of family support and therapeutic services within Children's Services including BASE and increase the availability of play therapy to children Looked After by creating an additional 1 day a week post 0.2 WTE Play Therapist

Figure 1: Current Family Support Structure Pre-threshold

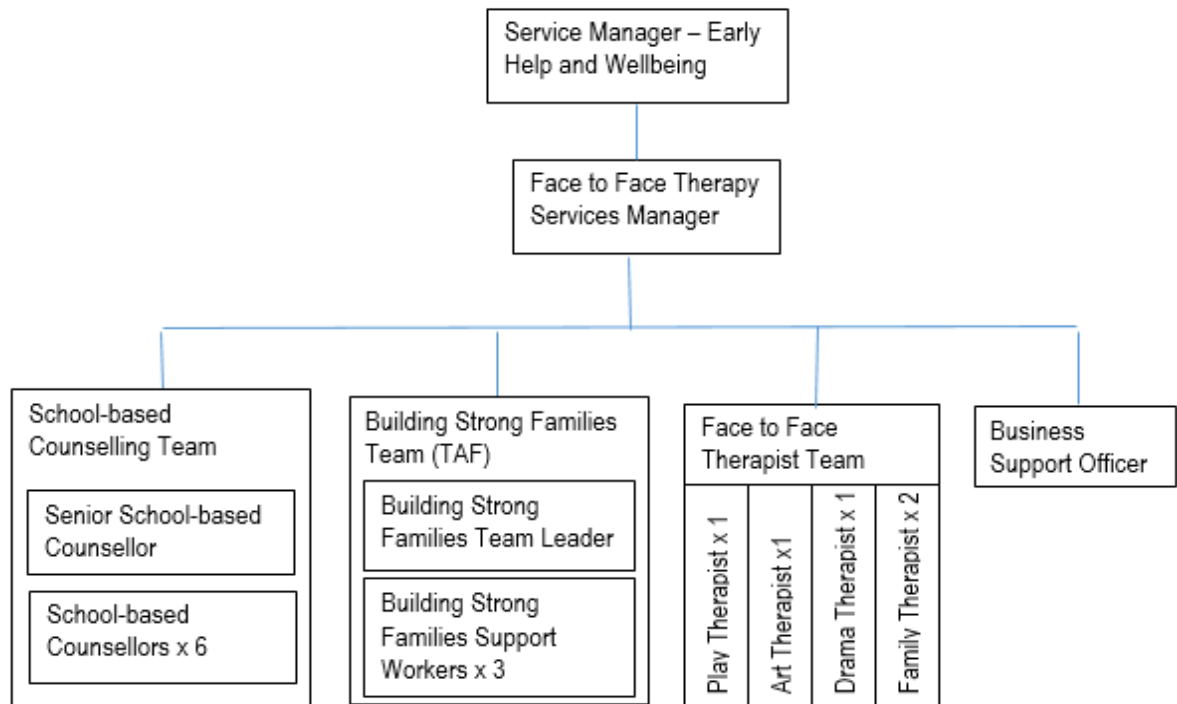


Figure 2: Current Family Support Structure Post-Threshold

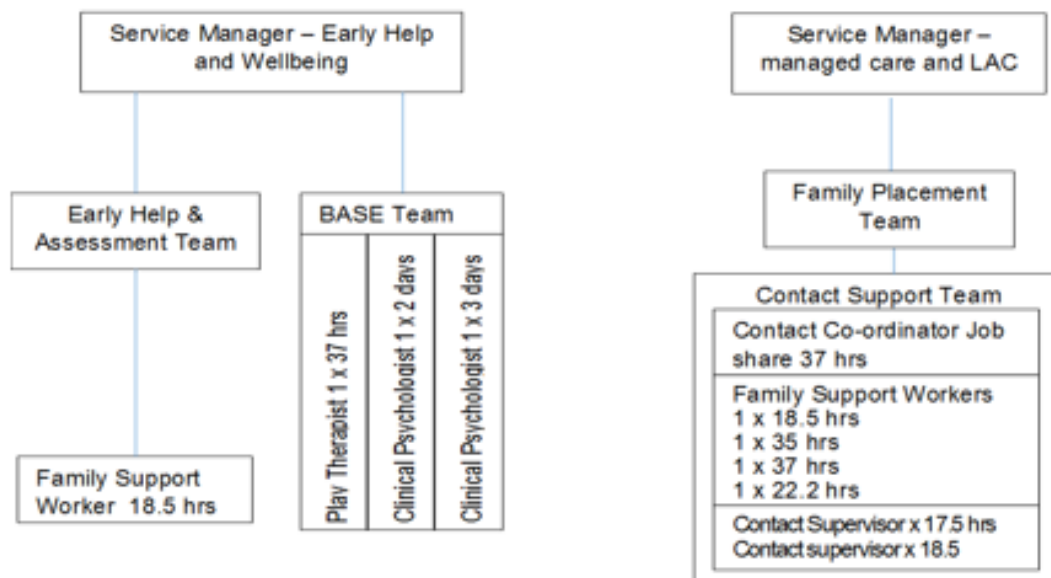
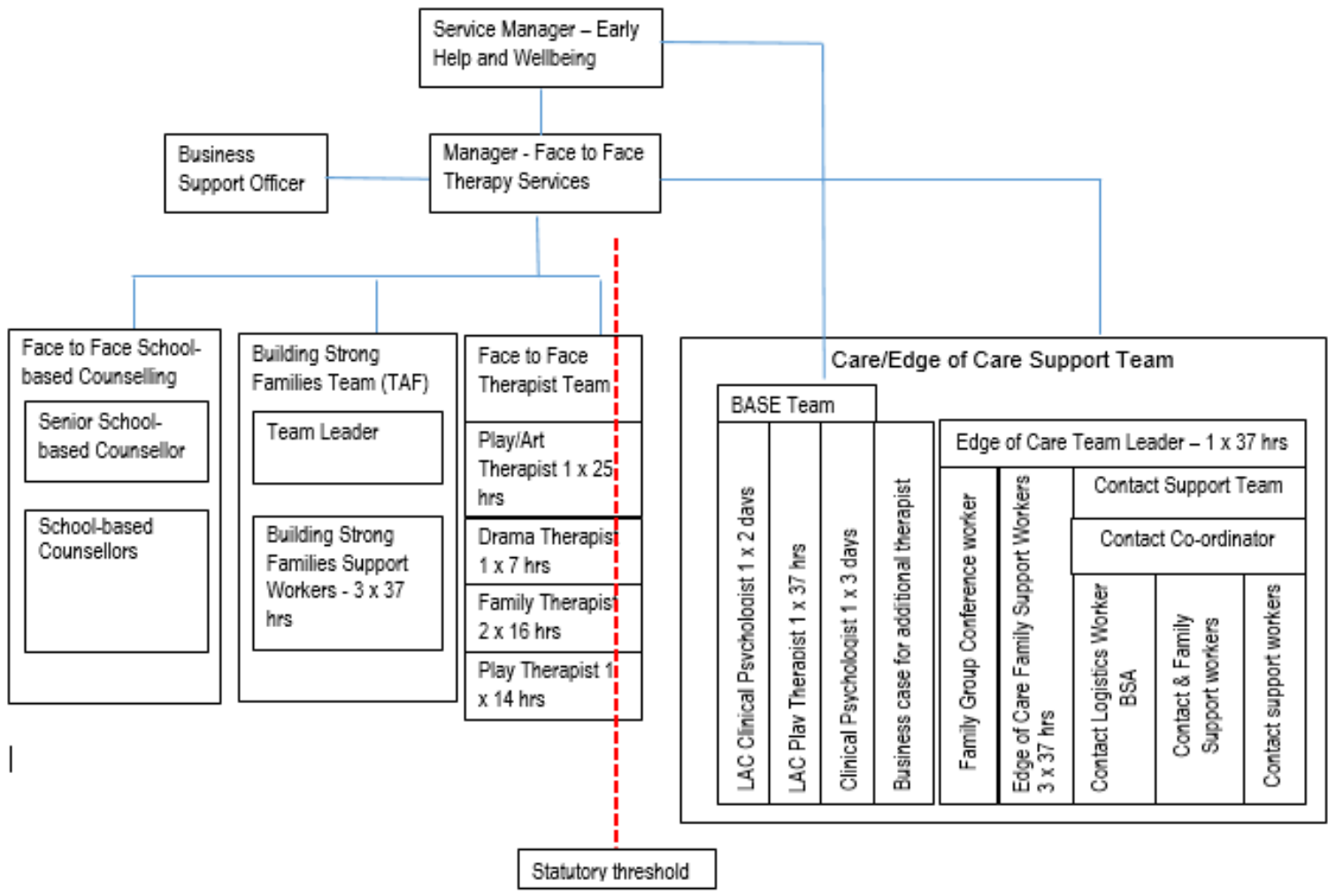


Figure 3: Proposed Consolidated Family Support Structure



KEY ISSUES

Background

In July 2016 the Council approved Monmouthshire Children's Services Strategy, 'Where I am Safe' as one of the key documents directing the work of the overarching improvement programme 'Delivering Excellence in Children's Services. This report is the next phase of delivering against the strategy 'Where I am Safe' and the overarching improvement programme.

The strategy supported the primary aims of Children's Service to:

- Work together with others to ensure that Monmouthshire's children and young people reach their full potential and live free from the harmful effects of abuse and neglect.
- Provide responsive, family orientated services which ensure that our most vulnerable children are effectively safeguarded, and to keep children and young people safe by preventing need from escalating.
- Work successfully with children and young people, their parents and families, and partner agencies to help children and young people achieve the best outcomes.
- Safely support children to achieve the best possible outcomes for them within their families, recognising this is the best environment for the majority of children and young people to develop and achieve their outcomes.

Key activities to support the implementation of the strategy included:

- The development of prevention and early intervention services to reduce need from escalating,
- To review the range of family support services Monmouthshire provides at all tiers of intervention to ensure that where possible children remain in their families and where they are in care that they can be effectively reunified;

IPC review – June 2016

"There are some well-regarded early intervention services provided by partners, but there is a clear reported significant gap in services which can offer interventions of depth and persistence to families with serious and enduring difficulties"

In December 2017 Children's Services received cabinet approval to progress with the re-positioning of the 'Team Around the Family Project' creating a 'Building Strong Families Services' with the emphasis on delivering programmes of early intervention family support targeted at vulnerable families with emerging, but complex needs. This additionally gave approval to Face to Face Therapeutic Services and School Based Counselling moving within the Children's Services management structure in order to bring increased coherency to the 'windscreen' pathway of family support and intervention. It was noted that this would form the basis of a longer-term piece of work to develop 'edge of care' services for Monmouthshire and that the pre-statutory threshold family support work would 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 Service Realignment

With the disaggregation of the Newport-based IFST, Monmouthshire Children's Services is able to utilise on a local level, resources previously directed towards the regional model. It is proposed that this resource, together with some Welsh Government grant money dedicated to 'edge of care' activity is utilised to build capacity within the Family Support and Protection Team (FSPT) and to establish an intensive support service to work with families where children are on the edge coming into the care of the local authority.

The Early Help and Assessment Team (EHAT) is staffed by social workers who undertake assessments and the initial intervention (Care and Support, Child Protection or Care Proceedings) work with families. The Family Support and Protection Team (FSPT) is staffed by social workers who work with families where the risk is such that children are registered on the Child Protection Register or where court proceedings are underway or where families have complex support needs requiring longer-term support under a Care and Support Plan. Three (2.1) WTE Family Support Worker (FSW) posts have been trialled in these teams (one .5 WTE in EHAT, and two - 1.6 WTE – in FSPT) to underpin the work of the social workers. The EHAT FSW undertakes time limited interventions with families who have a Care and Support Plan to stop concerns

escalating and reduce risk so that cases can be closed to Children's Services. FSPT FSWs have been utilised to enable programmes of direct work to be undertaken alongside the work of the social workers. Their activity ranges from life story work where children are being placed for adoption, to bespoke pieces of direct work where children are on Care and Support or Child Protection Plans. The work undertaken by these FSW is directly aligned to the activity of the teams concerned and so these posts are most appropriately located in these teams.

The edge of care team will work as a dedicated team under a team leader alongside the contact support team and Family Group Conference Co-coordinator. The team will comprise three family support workers who will provide intensive family support to families where there are children currently on the cusp of coming into local authority care, or who are currently in the Looked After system where safe rehabilitation home is a viable prospect but where families need some intensive support to achieve this.

The contact team currently sits within the Placement and Support Team. Although the team's core business is to provide children with the opportunity to spend time with their parents in a safe and enjoyable way, the team has highly trained, skilled and experienced workers able to support parents in engaging with their children through a wide range of activities including opportunities to practice newly acquired parenting skills within Contact Centres that have been refurbished for this purpose. Realigning this team so it works alongside the Edge of Care family support workers will allow for greater flexibility to enable the best use to be made of the resource available. Increasing capacity in the Contact Support Team will reduce the need for externally commissioned contracts whilst still ensuring that Monmouthshire children exercise their rights to spend time with their parents and siblings in a safe environment.

The Family Group Conference (FGC) Co-ordinator is currently a commissioned service delivered by Action for Children. FGC has a sound evidence base and an internal review of the FGC service suggests that the service is seen as potentially useful by social workers, however Action for Children have experienced difficulties in recruiting and retaining staff which has meant that there has been a limited service for some of the time and outcomes have not always been evident. Creating this team structure will enable

the management costs to be absorbed and the available resource to be deployed more efficiently to deliver more service for the same cost.

One of the crucial benefits of this structure is the alignment of pre and post statutory family support services and the creation of coherent referral and intervention pathways for families. The implementation of an 'Early Help Panel' for pre-statutory family support has already reduced duplication and improved management of referrals. The panel has reduced the 'bouncing' of referrals between agencies which occurs as the result of being referred to the wrong service first time round. The development of a post-statutory family support services model alongside services providing pre-statutory threshold family support, and therapeutic and other support services, such as family group conferencing, school-based counselling and the Building Strong Families (TAF) team, means that families can be seamlessly 'stepped down' into services in a managed way reducing the risk of them failing by suddenly finding themselves without support once they no longer meet the threshold for statutory intervention. A step-up/step-down protocol and referral pathway is already in place 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.

Demand Data

The Looked After Child population has been steadily increasing and the numbers of children on the Child Protection Register also shows an upward trend, although the increase in child protection rates has been more recent and more marked, tripling from 2015/2016. If we are to stem this increase and ultimately reduce the numbers of children entering the care system then we need to invest in services that support families at an early stage before difficulties become entrenched; and when difficulties are placing children at risk of becoming looked after, intensively to support parents to parent safely. Currently however, the increase of children at risk, and in care is increasing demand on social workers and services such as life story work, therapeutic support, psychological support for looked after children who have experienced trauma and contact support. With insufficient capacity in house, therapeutic, psychological and contact support is having to be out-sourced from costly independent providers.

Table 1.

Yearly	LAC	CP
2012/13	102	55
2013/14	103	37
2014/15	108	49
2015/16	130	33
2016/17	133	91
2017/18	141	91

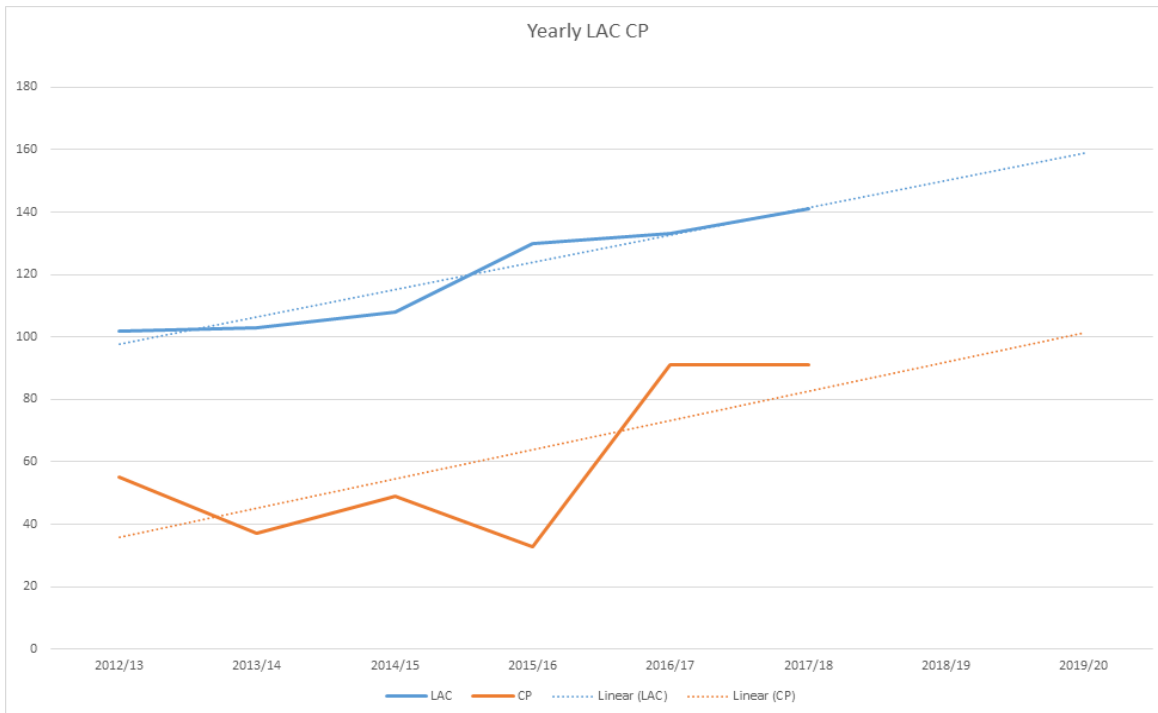


Figure 4

The available data shows that year on year costs for sport purchase of external therapists is increasing each year. The hourly unit cost of private providers varies but starts at approximately £75 per therapeutic hour, with travel, reports and meetings being charged in addition. Therapeutic support is frequently demanded by the Courts. Increasing the therapeutic offer within BASE by a day a week will cost approximately £8,781 pa, this equates to an hourly rate of £22.82, representing a significant saving on the unit cost of a private provider.

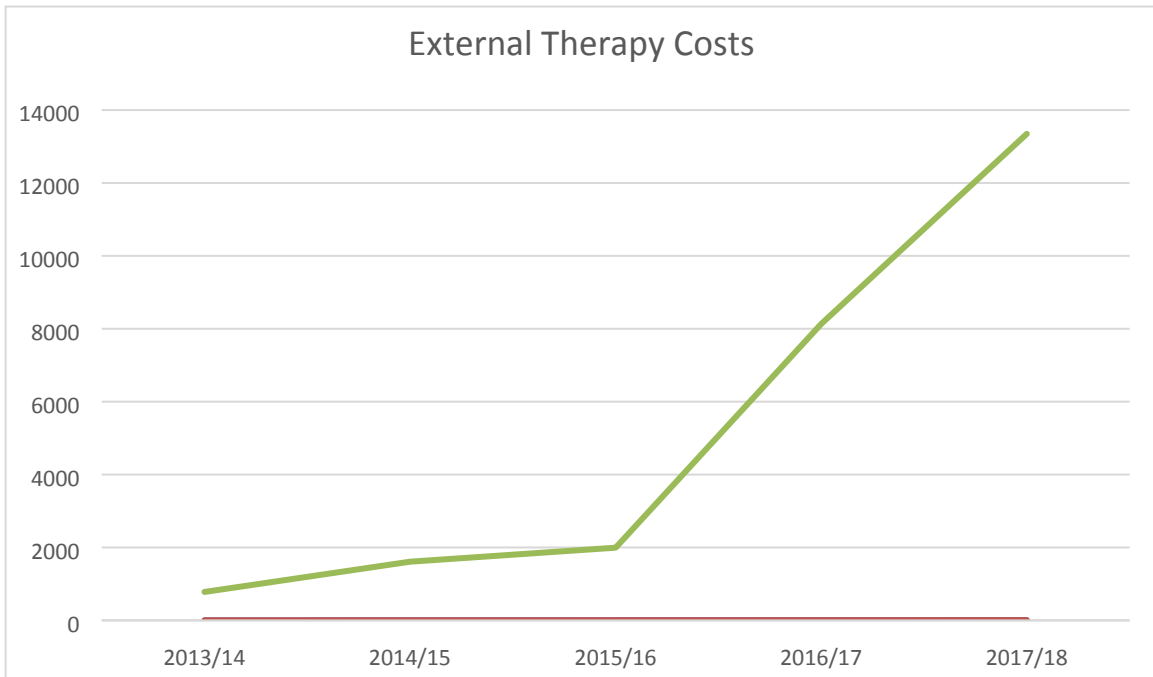


Figure 5

Contact Support Team

With an increase of 50% in children being looked after in the last five years the pressure on the contact service has meant that independent providers have had to be used to ensure children have been able to access their right to see their parents safely. The amount and nature of contact individual children require will vary depending on the plan for the child and the individual needs of the family. For children on a plan for rehabilitation home or for babies and very young children where the plan for permanence is not yet finalised, contact may be several times a week or even daily. It is important that children do not miss out on school and so most contact must be arranged outside of school hours.

In order to deliver an effective contact service a flexible workforce needs to be created that can operate predominantly after school hours and at weekends to accommodate demand that meets the needs of children, their families and foster families. Contact demand has resulted in an increasing number of contacts being commissioned from independent providers. The cost of commissioning external providers has risen from £4,300 per month approx., during 2016-2017, to £7,100 per month for the current year. Previously, independent providers were used predominantly to cover contact timed to take place over the weekend, however pressure on the service has meant that approximately 80% of the contact commissioned from independent sector providers

takes place in normal working hours. This could be covered more cost effectively by contact workers from the in-house service if there was sufficient staffing capacity.

BASE (Building Attachments, Security and Emotional Well-being)

The BASE team comprises Clinical Psychologist (1 WTE) and a Full Time Play therapist. They provide a range of services to support Looked After Children and the networks that support them. They also provide psychological consultations on an individual, group, and network basis to social workers, foster carers and other professionals, and provide some training to Children's Services staff around understanding the psychological, developmental and therapeutic needs of children. In addition, they support the Placement Support Team with recruitment, assessment and training of foster carers. A lack of capacity means that the service is currently running a six-month waiting list and urgent cases must be prioritised through costly externally commissioning psychological and/or therapeutic support. A review of the BASE service is currently underway and may form the basis of a future paper exploring the model of delivery and how this very limited resource can best be utilised to promote foster placement stability and the emotional wellbeing of children in care who have experienced trauma and whether there is 'invest to save' case to be made for expanding the therapeutic capacity of BASE to reduce the need for external commissioning.

Several of these services have been developed in isolation from each other, under different service managers, heads of service and directorates there has not been an opportunity until now to look at the whole system of family support and to consider opportunities for constructive co-working and communication meaning that children have sometimes fallen between the gaps and families have experienced frustration at being referred from one service to another and being subject sometimes to multiple assessments before a service is provided to support them. This duplication and delay is not only costly but also makes families more resistant to intervention meaning intervention is less likely to be effective. The earlier a family can be offered the right support, the more likely it is that the intervention will be effective. Ultimately what is needed is a range of services across the continuum of support that are responsive rather than reactive, that are co-ordinated, communicate effectively and enable families to move seamlessly between services as needed.

What works?

There is empirical evidence to support the following features as being 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 – intervening before difficulties become entrenched
- Early-intervention - attachment-based support especially during the first 1000 days
- Strengths based
- Relational
- Bespoke – designed around a families individual needs
- Fidelity to specific models where these are used
- Ecological/systemic models

There is not an extensive literature on the effectiveness of specific interventions, however there is evidence that 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). Intervention through play, in particular, is noted as important in helping children develop interpersonal and reflective skills to enable them to communicate what they have experienced and how they feel.

Empirical evidence suggests that whilst the manner in which interventions are delivered (strengths-based, relational, theory-based etc.) is more significant than the specific model used, there is an evidence base for certain interventions, such as Motivational Interviewing and Family Group Conferencing. There is also evidence that interventions such as Motivational Interviewing can be used to scaffold the effectiveness of other interventions.

The Case for Prioritisation

Cuts in funding in recent years make it essential that scarce and increasingly limited resources are prioritised to fund services that are judged to provide the greatest impact for the investment. The review of children's services resulting in the model being

proposed about has been undertaken 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 and evidence from research and evaluation undertaken by Cordis Bright (2013) and IPC (2016, 2017 and 2018).

Social care services in Wales are changing in line with the SSW-bWA and Wellbeing of Future Generations Act. This requires public bodies to think about the long term impact of their decisions, to work better with people, communities and each other, and to prevent persistent problems, such as poverty and health inequalities. Part 6 of the SSW-bWA sets out the Local Authority's duty to assess and meet a child's needs for accommodation if that child cannot reside within their family of origin and there is no viable alternative to placement. However, evidence shows that as well as being costly in financial terms, outcomes for children in care are not always good. The safe prevention of children becoming looked after, therefore, is a preferable option from a moral, legislative and financial perspective. Welsh Government is looking for services to children to evidence increased partnership working between health and social care workforce and all parties involved in a child's care including joint assessments of therapeutic needs, a focus on early intervention and increasing preventative services and promotion of person-centred care which gives people more control over the services that support them and their individual well-being goals.

The children and young people accessing the services above will all have experienced a number of Adverse Childhood Experiences (ACEs). Children experiencing four or more ACEs are at significantly higher risk of a range of physical, mental, social and emotional difficulties into adulthood.

Welsh Government guidance on the continuum of support 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).

OPTIONS APPRAISAL

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.	Fails to utilise the available resources effectively Low productivity Current model does not address the gap in service provision	No
Option 2	Build family support within teams, as dedicated workers rather than within a Family Support structure. Locate FGC in FSPT	Low cost	This would utilise the available resource and address the need for an 'edge of care' intensive support service	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	Establish an 'Edge of Care' team centralising all the family support workers	Low cost	This would utilise the available resource and address the need for an 'edge of care' intensive support service	The three FSW it is proposed be deployed in FSPT and EHAT are undertaking work that delivers entirely to the purpose of those teams, placing them in a centralised team risks undermining the relationships between the social workers and FSW and creating an unnecessary layer of bureaucracy as a referral	No

	across the service.			and allocation process would have to be introduced for tasks that can currently just be directly picked up by FSW embedded within the teams.	
Option 4	Utilise the resource to fund additional social workers	Low cost	This would utilise the available resource and go some way to addressing the need for an 'edge of care' intensive support service	The relative expense of social workers means that the resource would fund fewer workers as a whole, thereby reducing the potential capacity available for this work. Creating additional social work posts rather than a dedicated team risks the 'edge of care' work becoming a competing priority within a mixed caseload. Social workers are required to prioritise and therefore it is possible that the families identified as 'edge of care' may not be prioritised until their children have already come into the care or court system undermining the potential of the work that could be done. In addition because social workers carry higher and more varied and complex caseloads, they cannot work as intensively with families as is intended under the proposed model.	No
Option 5	Expand the contact team to meet all Family Support needs within the service	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 6	Proposal	Low cost	<p>This creates family support capacity in teams where it is needed to enable social workers to focus on aspects of the role that only qualified social workers can undertake. It creates a dedicated team to work intensively where children are on the edge of care to reduce the numbers of children entering the care system. It aligns teams within an overarching structure that will enable team members to develop their knowledge, skills and confidence and families to experience a more seamless journey through the services they make use of.</p>	<p>This will create some disruption for workers whilst the model beds in and will require a lead in time whilst workers are recruited to the edge of care team. The proposed model has implications for some members of staff. Unions, finance and staff members are included within the consultation process and protection of employment policies will apply. A clear referral and intervention pathway will need to be created to ensure social work teams are clear about the role, purpose and how to access the team.</p>	Yes
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5. EVALUATION CRITERIA

Evaluation Criteria – Cabinet, Individual Cabinet Member Decisions & Council

Title of Report:	Delivering Excellence in Children’s Services: Family Support within ‘Statutory’ Children’s Services
Date decision was made:	
Report Author:	Charlotte Drury

What will happen as a result of this decision being approved by Cabinet or Council?
<p>The proposed model is intended to achieve the following outcomes:</p> <ul style="list-style-type: none"> • Establishing an intensive Family Support Team to work with families where there are children on the edge of care will provide social workers with a dedicated resource to rate (which is currently increasing year on year) and ultimately the overall number of children coming into the care system. • Situating this team within an Integrated Family Support Service structure and aligning it with other support and therapeutic services will enable an effective referral and intervention pathway which families and workers will benefit from. • Situating this team within an Integrated Family Support Service structure and aligning it with other support and therapeutic services will provide the team with a range of support and a high level of supervision for the more complex direct work they will be taking on. • Building flexible capacity into the Contact Support Team will reduce our reliance on expensive spot purchasing of contact supervision from private providers whilst still ensuring children exercise their rights to spend quality time with their parents in a safe environment. • Building capacity in the EHAT and FSPT by establishing family support workers to undertake key tasks such as focussed pieces of direct work including life story work will ensure that the more costly social work resource is deployed effectively whilst still ensuring that these important tasks are undertaken to a high standard. • 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. • Increasing therapeutic capacity in-house reduces the amount of money spent on more costly private providers. <p>The decision will impact the public/officers in the following ways:</p>

- The existing FSWs being trialled on a temporary basis within the EHAT and FSPT will be made permanent. New posts will be created within the edge of care team and a review of the current contact service will ensure that the resource is deployed to 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.
- The proposed model has implications for some members of staff. Unions, finance and staff members are included within the consultation process and protection of employment policies will apply.
- New and refocused 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
- Total number of children in care benchmarked with neighbouring authorities
- Number of children in families being worked with who subsequently come into care
- Number of children in care from families being worked with who subsequently are rehabilitated home
- Number of contact sessions provided in house as a percentage of all contact
- 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 fared 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?

It is anticipated that the implementation of the Intensive Family Support Team will be cost neutral within the existing budget and grant funding. The additional contact workers will incur an immediate cost of .5 WTE Grade D - £25,521 plus 2%, however this will ultimately reduce the current cost of contact by reducing the current reliance on private providers.

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

REASONS

Work by the authority and IPC on Children’s Services has identified direct work at the edge of care as a particular gap. This paper follows on from a previous paper submitted in December 2017 that set out the case for realignment of resources at an early intervention level in order to ensure that the available resources were concentrated at the point at which they could realise maximum return.

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, see figure 5 below.

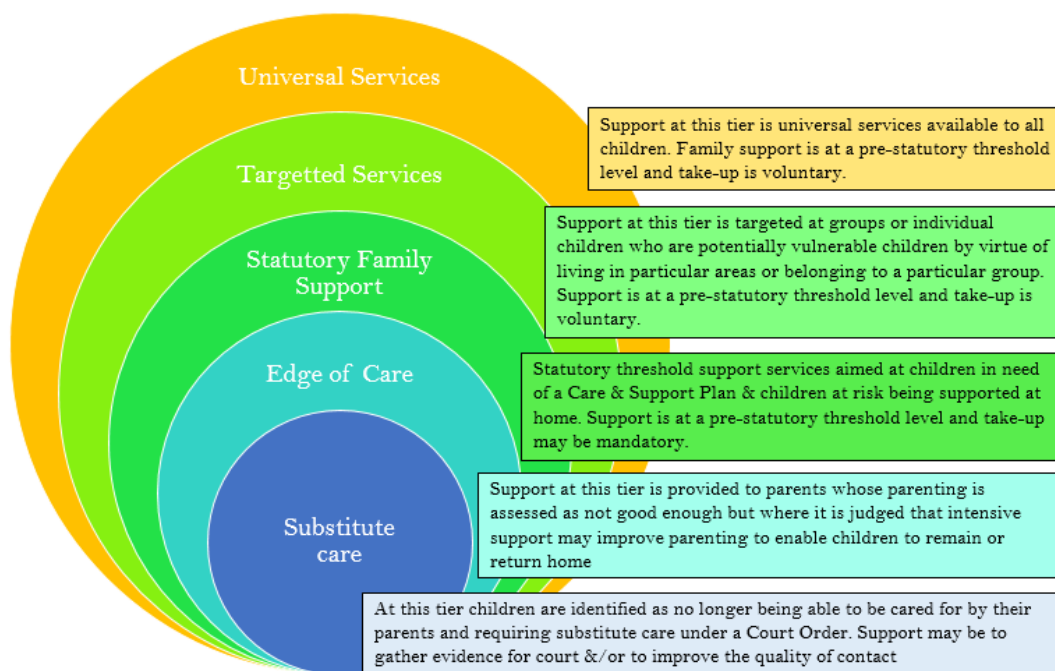


Figure 5

The work undertaken last year (2017) refocussing the activity of the TAF team into the Building Strong Families (TAF) Team, aligning services that can work across phases and creating a pre-statutory threshold Early Intervention and Referral Pathway and Early Help Panel has seen a decrease in the number of families ‘bouncing’ between service providers and a reduction in duplication maximising the potential of limited resources. Developing parallel systems at the post statutory phase 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.

The proposed model is intended to achieve the following outcomes:

- Locating the team within an Integrated Family Support Services Structure will enable an effective referral and intervention pathway enabling families to access appropriate services in a more seamless way and reducing delay and duplication.
- Locating the team within an Integrated Family Support Services Structure will provide the 'edge of care' team with a range of support and a high level of supervision for the more complex direct work they will be taking on.
- Aligning the Contact Team, the Edge of Care team and incorporating the FGC co-ordinator will maximise the potential of these available resources and deploy skilled staff in the most appropriate way to meet families' needs.
- 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.

Proposed outcome measures

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

- Number of families worked with
- Total number of children in care benchmarked with neighbouring authorities
- Number of children in families being worked with who subsequently come into care
- Number of children in care from families being worked with who subsequently are rehabilitated home
- Number of contact sessions provided in house as a percentage of all contact
- 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

Change	Posts	Financing
1. Establish family intervention team	4 posts - salary including on costs = £134,802 pa Family Intervention Workers (3 WTE - Band E) and Senior Intervention Worker/Team Leader (1 WTE - Band H)	Cost neutral - MCC is retaining £130,000 from disaggregation of Gwent wide IFST team. WG has also provided funding of £83,420 into RSG to provide an Edge of Care Service (delivered as a grant 2017/18). Total budget available = £213,420
2. Bring FGC service in house within Intensive Family Support Service	Cost £36,000 pa	Cost neutral - afforded by no longer providing contribution for this service to Action for Children
3. Make permanent the temporary part time (0.5 WTE) Support worker position in Early Help and Assessment team	0.5 WTE (Band E) - salary including on costs = £14,617 pa	Cost neutral - see financing for post 1 above – funded from £213,420 budget available
4. Establish Social Work Assistant positions (1.6 WTE) within Family Support and Protection Team	1.6 WTE (Band E) - salary including on costs = £48,034 pa	Cost neutral - see financing for post 1 above – funded from £213,420 budget available – total cost for posts 1, 3 & 4 = £197,453. Variance between budget available and staffing costs to cover expenses, training and other associated costs (variance = £15,967)

<p>5. Continue temporary Contact Support Worker (0.6 WTE) and supplement with an additional temporary Contact Support Worker (0.5 WTE) within Contact Team whilst delivery model reviewed</p>	<p>0.6 WTE post plus 0.5 WTE post (both Band D) – salary cost including on cost = £28,498 pa</p>	<p>The current model of service delivery within the contact team is not fit for purpose and this adds to the Children’s Services overspend. A model needs to be developed that will deliver the amount of contact needed in-house without the need to rely on costly spot purchase of private provision. Whilst this model is being developed the service needs to continue to deliver an in-house contact service. Without adequate staffing Children’s Services will be required to rely on more costly external providers. Continuing to fund these posts will reduce the over spend for statutory provision of contact and the costs of these posts could be covered within the existing budget once the new model is established making them cost neutral. A paper setting this out will be brought to Cabinet within the next three months.</p>
<p>6. Establish part time Personal Assistant position within LTT Team (0.5 WTE)</p>	<p>0.5 WTE (Band F) – salary cost including on cost £16,888 pa</p>	<p>Cost neutral - afforded through core budget which was previously specific Welsh Government grant money</p>
<p>7. Increase therapeutic play provision within BASE by an additional Play Therapist (0.2 WTE)</p>	<p>0.2 WTE (Band H) - salary cost including on cost = £8,781</p>	<p>Cost neutral - afforded through core budget.</p>
<p>TOTAL</p>	<p>£287,620 pa</p>	

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

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.

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.

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 and investing in services in this way maximises the direct support that can be offered to families and increases the number of families that can be worked with intensively.

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

There are robust child protection policies in place to ensure that safeguarding issues are appropriately addressed. In seeking to reduce the rate at which children are coming into care in Monmouthshire and ultimately reduce the overall number of children in care, providing a service that will enable those children who can either remain or return home to their parents' safely this proposal supports the authority's policies on corporate parenting.

9. Consultees

The relevant team managers and leads have been kept informed and have been consulted on 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:

- EHAT, FSPT, PST and LTT Team Managers
- Contact Team Co-ordinators
- Manager of the Face-to-Face Team and Therapy Services
- BASE
- Head of Children's Services
- Principal Inclusion Behaviour Improvement Officer
- Director, Children and Young People
- LSB Development Manager, Governance, Engagement & Improvement

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

- HR – Julie Anthony
- Social Care and Health - DMT
- Finance
- Unions
- Face to Face Therapeutic Services
- Governance, Engagement and Improvement – ASB
- Strategic Partnerships Team
- Children's Services
- BASE
- YOS
- LSB Development Manager, Governance, Engagement & Improvement

10. **BACKGROUND PAPERS:** n/a

11. **AUTHOR:** Charlotte Drury

11. **CONTACT DETAILS**

E-mail: charlottedrury@monmouthshire.gov.uk



Future Generations Evaluation (includes Equalities & Sustainability Impact Assessments)

<p>Name of the Officer Charlotte Drury</p> <p>Phone no: 07811 234244 E-mail: chalottedrury@monmouthsire.gov.uk</p>	<p>Please give a brief description of the aims of the proposal</p> <p>To provide a summary of the proposals, evidence base and business case for the next phase of the Family Support Review within the 'Delivering Excellence in Children's Services' programme including the development of Edge of Care services. To set out how the proposed developments within family support align to the strategic intent of Children's Services, including how family support services are being developed to meet the needs of the local population and contribute to Monmouthshire's delivery of the Social Services and Well-being Wales Act (2014) (SSW-bWA).</p>
<p>Name of Service Children's Services – Family Support, Contact and Edge of Care</p>	<p>Date Future Generations Evaluation 8th June 2018</p>

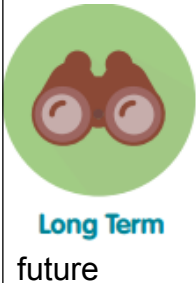
NB. Key strategies and documents that may help you identify your contribution to the wellbeing goals and sustainable development principles include: Single Integrated Plan, Continuance Agreement, Improvement Plan, Local Development Plan, People Strategy, Asset Management Plan, Green Infrastructure SPG, Welsh Language Standards, etc



- 1. Does your proposal deliver any of the well-being goals below?** Please explain the impact (positive and negative) you expect, together with suggestions of how to mitigate negative impacts or better contribute to the goal.



Well Being Goal	Does the proposal contribute to this goal? Describe the positive and negative impacts.	What actions have been/will be taken to mitigate any negative impacts or better contribute to positive impacts?
<p>A prosperous Wales Efficient use of resources, skilled, educated people, generates wealth, provides jobs</p>	<p>Provides an opportunity to train, develop and upskill staff within the service. Better deployment of resources to increase productivity and ultimately reduce reliance on statutory services and private sector provision.</p>	<p>Better use of resources in order to achieve max effectiveness and job creation. Supports workforce succession planning.</p>
<p>A resilient Wales Maintain and enhance biodiversity and ecosystems that support resilience and can adapt to change (e.g. climate change)</p>	<p>N/A</p>	
<p>A healthier Wales People's physical and mental wellbeing is maximized and health impacts are understood</p>	<p>The proposed change help ensure that children and families receive the right support and assistance. It seems to promote and support, where possible, children being supported to remain with their parents, and where they need to be cared for in other settings, ensuring they can access their rights for safe, good quality contact with family members. Aligning this with therapeutic support and a psychologically informed model promotes the emotional health and wellbeing of children. This promotes children's rights in line with the UNCRC and families/parents in line with the delivery of the SSW-bWA.</p>	<p>Better use of resources in order to achieve the contribution indicated.</p>
<p>A Wales of cohesive communities Communities are attractive, viable, safe and well connected</p>	<p>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</p>	<p>Better use of resources in order to achieve the contribution indicated.</p>

	to them to ultimately reduce their future dependency on services.	
A globally responsible Wales Taking account of impact on global well-being when considering local social, economic and environmental wellbeing	n/a	n/a
A Wales of vibrant culture and thriving Welsh language Culture, heritage and Welsh language are promoted and protected. People are encouraged to do sport, art and recreation	N/A The active offer in relation to Welsh language, culture and heritage applies to posts in this model and across the structure in children's services.	N/A
A more equal Wales People can fulfil their potential no matter what their background or circumstances	Equal opportunities apply to posts in this model.	N/A

2. How has your proposal embedded and prioritised the sustainable governance principles in its development?

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
 <p>Balancing short term need with long term and planning for the future</p>	<p>The proposal has assessed the current position and considered what needs to be done going forward. This proposal delivers short/medium term needs and will provide an opportunity to develop future service needs underpinning a longer term approach in the most sustainable way.</p>	N/A

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
 <p>Collaboration objectives</p> <p>Working together with other partners to deliver</p>	<p>The proposals seeks to align services in such a way to maximise the value of the available resources. It is aligned with the Early Help model of pre-statutory threshold intervention which promotes collaboration in order to minimise duplication and ensure families access the right service first time.</p>	<p>N/A</p>
 <p>Involvement</p> <p>Involving those with an interest and seeking their views</p>	<p>All relevant stakeholders are being involved on an on-going basis with this development.</p>	<p>N/A</p>

Sustainable Development Principle	Does your proposal demonstrate you have met this principle? If yes, describe how. If not explain why.	Are there any additional actions to be taken to mitigate any negative impacts or better contribute to positive impacts?
 <p>Putting</p> <p>Prevention resources into preventing problems occurring or getting worse</p>	<p>This establishment ensures full utilisation of all resources. Establishing an edge of care model alongside the contact support team is intended to promote parent’s ability to care safely for their children, prevent the need for children to come into care and increase the numbers of children able to be rehabilitated home safely. This team will sit alongside the BASE psychology team which works to support the system that sits around looked after children, to enable them to better meet the needs of children in the looked after system, as well as providing therapeutic intervention for children who have experienced trauma. These features are based on evidence informed models of practice in order to reduce and mitigate the experience of ACEs in our LAC population.</p>	
 <p>Integration Considering impact on all wellbeing goals together and on other bodies</p>	<p>The model is aligned with early help services, health/psychology services, Gwent Wide Attachment Service and understands service delivery from the perspective of the child’s journey through Monmouthshire services.</p>	N/A

3. Are your proposals going to affect any people or groups of people with protected characteristics? Please explain the impact, the evidence you have used and any action you are taking below. For more detailed information on the protected characteristics, the Equality Act 2010 and the Welsh Language Standards that apply to Monmouthshire Council please follow this link: <http://hub/corporatedocs/Equalities/Forms/AllItems.aspx> or contact Alan Burkitt on 01633 644010 or alanburkitt@monmouthshire.gov.uk

Protected Characteristics	Describe any positive impacts your proposal has on the protected characteristic	Describe any negative impacts your proposal has on the protected characteristic	What has been/will be done to mitigate any negative impacts or better contribute to positive impacts?
Age	N/A	N/A	
Disability	N/A	N/A	
Gender reassignment	N/A	N/A	
Marriage or civil partnership	N/A	N/A	
Pregnancy or maternity	N/A	N/A	
Race	N/A	N/A	
Religion or Belief	N/A	N/A	
Sex	N/A	N/A	
Sexual Orientation	N/A	N/A	
Welsh Language	Any documents, forms, guidance or information will be made available in Welsh.	N/A	

4. Council has agreed the need to consider the impact its decisions has on important responsibilities of Corporate Parenting and safeguarding. Are your proposals going to affect either of these responsibilities? For more information please see the guidance <http://hub/corporatedocs/Democratic%20Services/Safeguarding%20Guidance.docx> and for more on Monmouthshire's Corporate Parenting Strategy see <http://hub/corporatedocs/SitePages/Corporate%20Parenting%20Strategy.aspx>

	Describe any positive impacts your proposal has on safeguarding and corporate parenting	Describe any negative impacts your proposal has on safeguarding and corporate parenting	What will you do/ have you done to mitigate any negative impacts or better contribute to positive impacts?
Safeguarding	Establishing an edge of care model alongside the contact support team is intended to promote parent's ability to care safely for their children and increase the numbers of children able to be rehabilitated home safely.	N/A	

Corporate Parenting	<p>Establishing an edge of care model alongside the contact support team is intended to promote parent's ability to care safely for their children, prevent the need for children to come into care and increase the numbers of children able to be rehabilitated home safely. This team will sit alongside the BASE psychology team which works to support the system that sits around looked after children, to enable them to better meet the needs of children in the looked after system, as well as providing therapeutic intervention for children who have experienced trauma. These features are based on evidence informed models of practice in order to reduce and mitigate the experience of ACEs in our LAC population. Thus the model promotes the authority's responsibilities as corporate parents.</p>	N/A	
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5. What evidence and data has informed the development of your proposal?

1. Budget
2. Job evaluation.
3. CS structure and workforce planning information.

6. SUMMARY: As a result of completing this form, what are the main positive and negative impacts of your proposal, how have they informed/changed the development of the proposal so far and what will you be doing in future?

This proposal outlines the evidence base and business case for the next phase of the Family Support Review within the 'Delivering Excellence in Children's Services' programme including the development of Edge of Care services and sets out how the proposed developments within family support align to the strategic intent of Children's Services, including how family support services are being developed to meet the needs of the local population and contribute to Monmouthshire's delivery of the Social Services and Well-being Wales Act (2014) (SSW-bWA).

7. ACTIONS: As a result of completing this form are there any further actions you will be undertaking? Please detail them below, if applicable.

What are you going to do	When are you going to do it?	Who is responsible	Progress
Monitor the implementation of the model and develop a contact team model that is fit for purpose and cost effective.	Within 6 months	C Drury	

8. MONITORING: The impacts of this proposal will need to be monitored and reviewed. Please specify the date at which you will evaluate the impact, and where you will report the results of the review.

The impacts of this proposal will be evaluated on:	Ongoing on a continuous basis considering service needs.
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9. VERSION CONTROL: The Future Generations Evaluation should be used at the earliest stages of decision making, and then honed and refined throughout the decision making process. It is important to keep a record of this process so that we can demonstrate how we have considered and built in sustainable development wherever possible.

Version No.	Decision making stage	Date considered	Brief description of any amendments made following consideration
V1	DMT	06.06.18	Amendments made to recognise that employment policies would be followed. Process for consultation with Unions made.
V2	Paper circulated to relevant officers and all Cabinet Members	08.06.18	Amendments made to increase transparency of income and expenditure and slight adjustments made to costings to ensure accuracy