

25 November 2010

Multi Agency Preventative Working, an Integrated Team Approach

Ward(s): All

Portfolios: Councillor Z. Ali (Communities and Partnerships)
Councillor R. Andrew (Children's Services)

1. Executive Summary:

1.1 To advise the Community Services Scrutiny and Performance Panel of the proposed integrated team to develop targeted Family Intervention in accordance with national and local research evidence. Members to consider and comment on the ongoing work taking place in children's services concerning preventative work with vulnerable families.

Explain to the Panel the desire to broaden the focus of this team regarding community safety aspects, eg, links with: adults services, health, targeted youth support, crime, anti social behaviour, courts, integrated offender management, alcohol and substance misuse.

Ensure Scrutiny are aware of the proposed integrated Family Intervention Team and their work with priority families, for example whose children are on the edge of care, whose children have a child protection plan (CPP) and families who are linked via adults services, health, targeted youth support, crime, anti social behaviour, courts, integrated offender management, alcohol and substance misuse.

Finally consider how information regarding priority families can be shared to provide swift efficient access to refer into the integrated Family Intervention Team and increase the amount of priority families reached.

1.2 Recommendations for scrutiny:

Subject to any comments Members may wish to make, the report be noted.

2. Background papers:

2.1 Families with multiple problems are likely to undergo multiple assessments through a range of different services, depending on which agency comes in contact with the individual members. In many cases, these assessments are focused on one set of problems seen from the perspective of one agency and one family member.

2.2 Services are not always responding to problems which are interrelated. They are unlikely to be able to support the client as well as they could, because of not taking account of full family circumstances. Different pieces of information about

the family are therefore fragmented across the system. Support is often designed on the basis of only a partial understanding of the family's circumstances. Practitioners may fail to identify and address underlying causes and wider impacts of the presenting problem which lie within the wider family. For example some assessments carried out by adult services may not necessarily consider the impacts of parental problems and/or therapy on children.

2.3 Any assessment tool will only be as effective as the person using it. We need to recognise and enhance the skills needed to understand what is really happening in families and why. This is often difficult when practitioners are trying to both observe and record behaviours. **Joint assessments by practitioners with different areas of expertise, but mutual respect for each other's professional backgrounds, can enable greater understanding and interpretation of family functioning, this approach was reinforced from a visit to Hackney Council in October 2010.**

2.4 Locally in Walsall innovative approaches to prevention & early intervention are now embedded as a result of the improved performance of the 'Think Family' pathfinder project. The Think Family initiative is based on

Core Characteristics of Think Family and Whole Family Assessment

- **Assess the whole family:** Where appropriate including grandparents, family friends and other significant people to the family
- **Family-centred:** Involving both adults and children in assessing the family situation and looking at the situation from the family's point of view
- **Focus on strengths and potential:** to build resilience and capacity.
- **Setting realistic goals:** Recognising the possibility of setbacks and plan for crisis.
- **Assessment as the basis of an integrated support plan:** Agreeing a contract, monitoring progress and working towards shared goals.

2.5 From April 2009 to October 2010 performance has demonstrated that the Think Family pathfinder has achieved its families reached targets of over 100 vulnerable families and more notably the edge of care initiative has seen intensive working with 36 of those families amounting to 112 children, see **appendix 1** for the positive results for the edge of care intervention and my request to members in wanting to grow this area of work to reach more vulnerable families.

2.6 Nationally recent research has highlighted that there are a number of children on the "edge of care" because of their family circumstances, or who move in and out of care. Many children only stay looked after for a short period of time – but end up back in the care system again. Work with dysfunctional families could reduce the flow of children into care and the associated costs and negative outcomes, or enable successful returns from care. Estimated that investment of £28m per year on Family Intervention Projects (FIPs), targeted at around 2,000 families with children aged 10-15 on the "edge of care" could lead to "207m of savings over three years by fewer children going into care. The current Government is committed to taking a new approach to families with multiple problems. (Association of Directors of Children's Services, ADCS, 2010)

2.7 The importance of agencies working in partnership to meet the needs of children and families lies at the heart of recent changes in approach to service

development and delivery. Many of the examples of effective early intervention arise explicitly from such practice, either in the form of multi-disciplinary teams working with children and families – often making use of the CAF (Common assessment framework) to determine the action to be taken – or, in some cases, through one group of highly trained professionals supporting colleagues from other disciplines in the identification of need, facilitating a joint approach to resolving them. Staff in all settings need to have an increased understanding of the principles of early intervention, of how they can identify early difficulties, of how they should respond, and the role of others. Some interventions, particularly those involving outreach or intensive support, require changes of practice to enable services of be offered out of ‘normal’ hours in order to meet families’ needs. These often involve specialist staff working closely with colleagues from other agencies, with lead professional or key worker providing consistent support.(Centre for Excellence and Outcomes, C4EO, 2010)

- 2.8 Preliminary illustrative findings from the **national pathfinder evaluation** suggest that family focused support generates net programme benefits. One million pounds of family intervention costs is estimated to generate savings of £2.5m by avoiding adverse outcomes of family members; a net benefit saving of £1.5m. This emerged from an initial Social Return on Investment (SROI) analysis of 53 families immediately on exit from Pathfinder support (within one Pathfinder area). It should be noted that the data only includes outcomes where risk has deemed to have been removed. (Department for Education, 2010, Redesigning provision for families with multiple problems-an early impact of different local approached. <http://www.education.gov.uk/research/data/uploadfiles/DFE-RR046.pdf>)

3.0 Resource and legal considerations:

- 3.1 Many of the Prevention Grants in 2010-11 have been unringfenced in line with Central Government initiative. As part of the Think Family Pathfinder Programme, it is anticipated that investing in these activities could attract additional top up grants in 2011-12 to assist with service delivery.

- 3.2 **Legal:**
N/A

- 3.3 **Staffing:**
The priorities contained within the Children and Young Peoples Plan help inform the Corporate Workforce Plan and the Children’s Integrated Workforce Strategy which aims to ensure that the authority has the right people, with the right skills to **work smarter** to deliver effective integrated services. Proposed additions to the 2 workers are an additional 3 FT Intensive Support Workers, 1 Family Group Conference worker and a Social Work Team Manager which have been funded as part of an unringfenced grant to build on the positive evidence reflected in **appendix 1**. 2 Health workers are also proposed to join the Team subject to a successful commission in April 2011.

- 3.4 **Citizen impact:**
The strategic purpose of the proposed integrated Family Intervention Team is outward focussed and is based on the outcomes of the Sustainable Communities Strategy (SCS) which informs one of the main priorities from the Children and Young People’s Plan (CYPP) and was itself based on thorough consultation and

a detailed needs analysis of Walsall citizens.

3.5 Environmental impact:

Improving the quality of our environment is considered within the proposed integrated team planning arrangements.

3.6 Performance Management:

The proposed Integrated Team will use local and national data to source the effectiveness of the amount of families worked with to evidence impact of prevention and early intervention. The performance reporting will be managed via the Specialist Services Performance Board, and the quarterly Children's Partnership Board and Safeguarding Board.

3.7 Equality Implications:

The report reiterates the Council's core values, which include respect and equality. Equality is an integral theme running throughout all our planning activity, an equality impact assessment has not been carried out.

3.8 Consultation:

Officers	Consulted - Who	Date	Comments
(a) Legal Services	NA	NA	NA
(b) Finance	D. Mortiboys	Nov 2010	Agreed
(c) HRD	A. Mendonca	Oct 2010	Agreed
(d) Heads of other relevant service(s)	Multi Agency Partners (see comments section)	Oct-Nov 2010	Agreed All partners represented at the Children's Partnership Board, Children & Young People's Maternity Board and the Safeguarding Board have been consulted on the proposed Integrated Team.

Proposed Timeline

Children & Young People Maternity Partnership Board	4.11.10
Safeguarding Board	10.11.10
Community Services Scrutiny and Performance Panel	25.11.10
Corporate Management Team (CMT)	2.12.10
Recruitment of Team Manager	Dec 2010
Integrate 6 staff to The Hub (office base)	Dec 2010
Commission Health Workers	April 2011

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Appendix 1

