

APPENDIX B - CONTEXT AND BACKGROUND TO EARLY INTERVENTION SERVICES

Services for young children and their families are provided on a multi-agency basis City wide.

It is necessary to understand the whole picture in order to ascertain what improvements could be made to the Continuum of Family Support. It is not possible to solely focus on aspects of the system due to the broader interdependencies.

Within the Council Family Support provision for the Under 11s is organised via:

- i) a set of Core Early Intervention Services within Poverty and Prevention with some of these services provided via an integrated model between the Council and the Health Board and other services commissioned and provided via the Third Sector and co-ordinated under the Families First Programme. Almost all of these services are funded entirely via external grants.
- ii) A set of ring-fenced Family Support Services within Child and Family Services to meet the need of children whose needs require a statutory social work intervention. These now also include the Integrated Family Support Service which is being brought into the Local Authority from the Regional Service. Almost all of these services are funded entirely via the Council's core funding.

Most Early Intervention services falling under the umbrella of Family Support, for the purposes of this Review, are also critical in contributing to a number of other key agendas and priorities. This is reflected, to an extent, within the performance measures of the Services.

The journey to transform the Continuum of services for Children commenced prior to the Commissioning Review Process being initiated. Over the last few years considerable work has been undertaken on a multi-agency basis to develop and review the pathways of support for children and their families. This has included:

- A full scale review of commissioned services in relation to quality and fit which has been recently updated for the purposes of this Review.
- On-going quality assurance cycles to monitor quality and influence EI service delivery.
- Exploration of good practice from other Local Authority areas in Wales and England which has been facilitated via the regular Welsh Government (WG) national meetings and learning sets.
- The Early Years audit and multi-agency Strategy, Action Plan and Governance.
- The close working with external academics to support practice and identify cutting edge evidenced new and emerging interventions drawn from the UK and internationally.
- The on-going planning and developments under the Family Support Continuum Board.
- Piloting new approaches as a result of the Continuum Board and building on approaches via the Prevention Fund i.e. the Family Well-being Team and the TAF in Schools.

- The development of detailed Business Cases under the Prevention Plan for Speech and Language and Early Years and continued collaboration with the Health Board to drive these forward.

The over-riding policy drive within the Social Services and Well-being Act (SSWBA) is a re-balancing of services for children and families so that their needs are met at the earliest possible stage to avoid the escalation of the need to the point where statutory services are required. This therefore provides the framework for this Review.

The Continuum of Need model for Children Under 11s and their Families

In line with the Social Services and Well-Being Act the model of family support for children under 11s and their families in Swansea reflects the continuum of need as follows:

Levels	
Level 1a	Universal Core Pathway
Level 1b	Universal Enhanced
Level 2	Targeted Needs
Level 3	Multiple Needs
Level 4	Complex Needs

It should however be noted that some services are difficult to map in this way as they are targeted to a geographical area or a particular need.

The model for the Under 11s is driven and shaped via the Universal Core Pathway. As such its significance to the model is reflected via the two levels of universal provision within the Continuum of Need.

The Universal Core Pathway for children and their families

Family Support provision for children under 11s and their Families is dependent on the “universal core pathway” for all children. As such the model of planning and delivery of provision of Family Support for Under 11s in Swansea has been developed to reflect this pathway’s central role in all children’s lives.

From -9 months until the end of Primary School there is a pipeline of support via universal services with responsibility for all children at different stages and ages as follows:

Midwifery – Health Visiting – Primary School and School Nursing.

These Universal services have a responsibility to be effective in assessment, identification of any needs at the earliest possible stage and initiating support where needed. Family Support Services for children and their families are required to respond to the needs identified by the universal services. The overall objective of the services is to improve outcomes and intervene at the earliest opportunity to prevent needs from escalating and requiring statutory intervention. The following message from the Report for the Local

Authority Research Consortium (LARC) “Supporting families with complex needs” articulates this approach as an important principle:

“Some families with complex needs remain unknown to support services and/or their needs are not well understood by the services with which they have contact. Since earlier intervention is in general less costly, with greater payback direct to the LA and other public services, there needs to be greater awareness and use of the common assessment process by universal services and by families themselves as a means of securing help when it is needed.”

In order for the Universal Core Pathway Model to work it requires an on-going investment in
i) workforce development across the Continuum and;
ii) direct family support provision ensuring that the right support is available at the right time and is effective.

Both these requirements will be explored below.

Workforce Development

From analysis of the C&F data it was evident that the highest numbers of contacts, enquiries and referrals into the Information, Advice and Assistance Team (IAA) for children under 11, apart from the family category, were from the Core Universal Services i.e Schools, Police and Health. Schools and Health were deemed to be workforces that were within reach to be influenced via this Review as the Police falls within the remit of the Domestic Abuse Hub.

As a result of this analysis, in 2015 the Team Around the Family secured seed funding from the Prevention Fund to build on an approach to work with the school workforce to up-skill and develop the confidence of Pastoral staff to identify and respond to the needs of children and families presented to them. This was to achieve early intervention and a more efficient use of resources across the Continuum.

There are now 61 primary schools engaged in the TAF in Schools Project and many positives identified to date including:

- 52.38% reduction into core TAF from schools,
- 44.2% reduction in the Family Partnership team referrals from schools
- Head teachers evidencing improved school attendance e.g. one school reporting an average increase in attendance from 89% to 93.5% across all those supported.
- School staff reporting more confidence/skills in identifying and responding to family support type issues.
- Schools have reported back that families benefit from receiving support earlier on as it can and has helped stop needs from escalating.
- Schools have reported back that they have received positive comments from Estyn whereby the TAF in Schools approach is part of the wider well-being agenda.

There has also been considerable investment and impetus in services within Early Intervention to develop a leadership and learning culture and this has resulted in a highly skilled workforce which has gained national recognition. There continues to be an emphasis

on building on recognised evidence based approaches and also opportunities for new and emerging development of the workforce and specialist knowledge via access to cutting edge practice.

There is a need therefore to ensure that this practice can influence and support wider provision across the Continuum of need and age.

What Family Support Provision is available for the under 11s and their families in Swansea?

An important consideration for this review is that services and approaches available are able to respond to the needs of the different ages and stages. A mapping exercise has been undertaken within the Framework of the Continuum Model, as seen in 2.3, to reflect the services according to need and in relation to ages and stages. It also highlights identified service gaps.

It is important to emphasise that most of the services reflected on the Mapping of provision, at Appendix 3, do not operate in isolation and work in some form of collaboration such as:

- via integrated models;
- via multi-disciplinary and multi-agency teams;
- via existing and developing pathways;
- via co-location.

Many services contribute to several pathways and therefore there are considerable interdependencies between different elements. It is however very difficult to adequately reflect the pathways within the diagram.

Demand

The following tables reflect the data relating to Child in Need, Child Protection and LAC for children under 11 over the last 2 financial years. This data shows an overall downward trend which in part can be attributed to the developments that have taken place over the last year from an early intervention perspective including establishment of the Family Well-Being Team, the strong links with the Information, Advice and Assessment Team and the new Jigso team which has started working with parents pre-birth to develop parenting skills so that they are in a stronger position at birth and has in some cases avoided the need for a mother and baby placement:

31/03/2015	Unborn	Under 1	1	2	3	4	5	6	7	8	9	10	Totals
CiN	28	69	64	58	65	76	80	76	94	71	75	75	831
CP	13	29	15	21	13	15	12	14	11	9	17	6	175
LAC	0	35	27	27	16	23	27	33	29	31	32	28	308
Totals	41	133	106	106	94	114	119	123	134	111	124	109	1,314

(Includes 20 clients who were both LAC & CP)

31/03/2016	Unborn	Under 1	1	2	3	4	5	6	7	8	9	10	
CiN	19	59	48	66	64	66	70	66	80	87	71	74	770
CP	15	30	27	17	19	12	11	13	8	11	7	7	177
LAC	0	37	31	19	24	26	18	26	32	21	29	31	294
Totals	34	126	106	102	107	104	99	105	120	119	107	112	1,241

(Includes 34 clients who were both LAC & CP)

Pressures on services within Early Intervention have been identified through the course of this review and the existing developments under the Continuum Board. Due to the expansion of TAF in Schools (61 schools) and the potential expansion into FS/health, the case management element of the TAF offer has been significantly reduced to be able to support thus far. The original co-ordination element of TAF now only has 3 dedicated workers (X2 FTE and X1 30 hr).

There is no capacity to expand into new schools requesting support or to progress with TAF in Health as planned until the current schools are ready to move into cluster based arrangements, which is the long term vision.

Previously Family Well-being Team workers have been asked to manage cases with the highest needs where there are multiple concerns from multiple professionals, who often feel these families should be supported by C&F services. The majority of the staff that were seconded into FWT have had no previous case management responsibility and have not had sufficient experience of multi-agency partnership working and dealing with matters of safeguarding.

In line with TAF being unable to manage demand and the FWT expansion to cover all of Swansea, it would make sense to align the EI practices with those in C&F and utilise TAF for co-ordination and broker in FWT as and when required. By doing this the FWT workers are not being asked to work in a way that is new to them, TAF are able to access more intensive offers of support without this becoming a time management/demand issue for them. Both offers should therefore potentially have more capacity to undertake their 'specialism' resulting in a wider shared capacity.

In addition there is a need to establish a single point of contact for Early Intervention Services in order to discuss needs of individual children and their families and provide advice and where appropriate a bespoke package of support. This would also avoid the need for referrals and to be able to more effectively maximise the available resources by ensuring that offers at the lowest possible level are exhausted first. This will be critical to **ensuring that school and health staff have exhausted all their own offers and EI offers prior to escalation to the IAA as opposed to going directly to the IAA when there are no immediate risks of harm.**

Whilst ensuring that support is exhausted within Early Intervention prior to escalation to Statutory Services the same principle should apply to families already within statutory

services so that social workers ensure that families receive a family support intervention to address the high levels of concerns whilst the case is open to them.

Early Intervention Parenting services supported 1,443 children during 2015/16. During the same year the Parenting services within Statutory services supported 281 children out of 1,073 allocated social work cases which equates to 26% of all children that were allocated. Whilst it is expected that the Parenting services on offer within the Statutory Family Support Services may not have been required to meet the needs of all families, this suggests a significant under-utilisation of a valuable resource by social workers. Further consideration is required of the demand on the Family Support Services within Child and Family to ascertain the required resource to respond to this in a proportionate and sustainable way. This will need exploration of the impact of the Supported Care Planning re-structure on the level of demand as well as whether resource should be shifted into Early Intervention in the short or longer term.

How is Family Support for the Under 11s and their families in Swansea resourced?

Most family support services for Under 11s are 100% dependent on grant funding. Only health staff and Family Support services in Child and Family are in receipt of core funding from their respective organisations. The reality is that if the grant funding reduced the continuum would be significantly de-stabilised. If however the grant funding ceased then there would be virtually no Early Intervention Family Support Services. This would have a catastrophic impact on the Continuum and the System and thus importantly on children's outcomes.

Whilst there are no savings to be made from within Family Support outside the statutory sector for the Under 11s, a shift of resource to early intervention will be required in order to further reduce pressures on statutory/universal services. For example this would include a reduction in Child in Need of Care and Support cases and the LAC population and an increase in school attendance.

The vision for Family Support for Under 11s and their families in Swansea

In line with the evidence of what works, the Local Authority's priorities relating to Prevention as well as prominent new legislation (e.g SSWBA), there is a strong case made for a greater investment in early intervention. Not achieving this or reducing capacity lower down the continuum, would result in less families receiving early intervention. This would have an adverse impact on the well-being of children and their families and will put greater pressure on the system itself and ultimately this would be very costly to society as a whole.

To achieve the vision for early intervention, which is illustrated at Appendix 1, there are several actions that are planned or need to be undertaken as well as options to consider.

The vision has been articulated throughout the Report for the Under 11s and the Over 11s draws all these main elements together:

- Effective Core Universal Pathway to assess and identify and respond appropriately to exhaust their own offers and other early intervention offers.
- Highly skilled workforce at all levels with a consistency of approaches able to respond to the expectations of the SSWB Act.
- Age responsive effective family support interventions and pathways across all levels of the Continuum with a greater emphasis on early intervention.
- A robust point of entry into early intervention services to ensure that all offers have been exhausted by universal services at the lowest point of the continuum as possible.

How do the Family Support services perform and fit the model?

The Under 11s family support model draws heavily on evidence of what works from external independent evidence and has also been tested and has shown that it complements the local priorities and landscape.

A Mapping of existing services which also captures some of the identified gaps in provision. Addressing the gaps will help to fully achieve the Model.

The following table captures a set of consistent data from projects/services from 2015/16. A full breakdown is available.

Overarching Measures	Overall
Number of Cases Engaged with	2538
Number of Individuals Engaged with	4236
Closed cases that completed an end of service Distance Travelled Evaluation	59.78%
Cases engaged with that live in targeted areas	47.33%
Cases that were signposted/referred to another agency/agencies	27.29%
Cases that were signposted/referred to an EET pathway	14.28%
Cases that were stepped up to Social Services	3.93%
Cases that were closed with a positive outcome	67.98%
Distance Travelled Evaluations that showed a forward movement	85.30%

National Performance Measure	Overall
Outcome 1: Percentage of participants whose financial situation has stabilised or improved	64.73%
Outcome 2: Percentage of participant adults (25 years and over) attaining a nationally recognised qualification or accreditation	53.66%
Outcome 7: Percentage of primary school children who have improved their school attendance	94.67%

Outcome 11: Percentage of participant parents with improved ability to support their child's learning and development needs.	90.78%
Outcome 12: Percentage of participants with improved emotional/mental wellbeing	83.79%
Outcome 14: Percentage of families affected by disability that report an improvement in family resilience	83.97%
Outcome 15: Percentage of families that report they feel they can contribute to changes to their lifestyle/behaviours	82.12%
Outcome 16: Percentage of individuals that report improved family dynamics	82.52%
Outcome 17: Percentage of participant parents completing an evidence-based parenting programme	80.40%
Outcome 18: Percentage of parents benefitting from a parenting intervention	73.46%

A detailed service review has been undertaken of all services against key criteria which are:

- Fit with the Under 11s Family Support Model
- Fit to Families First Requirements (where applicable)
- Quality of Provision
- Organisational Requirements
- Demand, Capacity and Resources
- Gaps/Duplication

The full summary of the Review is available.