

1.	Meeting:	Children and Young People's Scrutiny Panel
2.	Date:	Friday 10th December 2010
3.	Title:	Update on Progress of Prevention and Early Intervention Strategy and Parenting Support
4.	Directorate:	Children and Young People's Services

5. Summary

This Report was presented to the November meetings of the Rotherham Improvement Panel, the Children and Young Peoples Trust Board and the Safeguarding Children Board. It provides a picture of the progress made in the drive to prevent and intervene early to deal with risk factors for families and thereby improve the wellbeing of children. It also presents some initial thinking around the coordination of parenting and family support.

Through the use of the Common Assessment Framework [CAF], Children's Services professionals are being encouraged and supported to take ownership of issues and reject the notion that vulnerable children and young people are somebody else's responsibility.

Services are being challenged not to automatically refer vulnerable children and young people to other agencies but to take on responsibility for supporting families by engaging with the appropriate professionals and working collaboratively to provide solutions that address needs. They do this by carrying out common assessments, establishing teams around the child/family, identifying lead workers, agreeing joint actions and regularly reviewing progress towards achieving agreed outcomes.

The progress that has been made since January 2010 is now having an impact on improving the life chances of children, young people and families. This report uses case studies to evidence this impact, with a 'Family Savings Calculator', devised by the Government to measure the financial impact of prevention.

6. Recommendations

- a) That Children and Young People's Scrutiny receives this report and notes the progress being made in the full integration and implementation of the PEI Strategy.**

7. Proposals and Details

There has been a 59% increase in CAFs registered in 2010 compared to 2009. By the end of October 2010, 460 CAFs had been registered compared with 367 for the whole of 2009. The work being undertaken within individual Learning Communities around CAF is working to support the achievement of the target of 600 CAFs registered in 2010.

Initially, the priority of the CAF team has been to develop and deliver training to promote and increase the use of CAF. Whilst we have been able to give qualitative outcomes data on CAF for some time, the priority over the past couple of months has been to establish an effective **outcomes measurement tool**. From 1st November 2010, all CAFs will now be inputted on to Education Management System. A new outcomes framework has been developed which will identify the presenting need in the CAF and the outcome when the needs are met. EMS will give us the ability to provide much more sophisticated outcomes data on CAF in future. CAFs from 1st July (which is when the CAF Coordinators started in post) will retrospectively be imputed on to EMS so at the end of December we will be able to analyze six months worth of outcomes measurement.

Meanwhile, in order to illustrate the impact of the CAF process, six case studies from August-September 2010 are presented below.

Case Study A (Male, aged 5)

Case A was attending pre-school and was due to start primary education in September. He had been abused by his father who is now serving a 10 year jail sentence. The child was unhappy in pre-school and often sought adult company. There were concerns that he was playing with older children and not his peers. He was very sad about his father not being in his life, was confused about why he had gone away and blamed himself for this. He was reluctant to wipe himself when using the toilet. The family moved outside of the area after the abuse incident. School attendance had been inconsistent due to mum suffering from agoraphobia and he was often taken to school by his older sister. There were concerns from the pre-school that when playing with friends he displayed inappropriate behaviour

Action:

A CAF was initiated by the pre school manager with the support of the NSPCC. The manager took on the role of Lead Worker. The Lead Worker role will change at the next review meeting to coincide with the transition to primary school. A Team around the Child (TAC) meeting was held. The actions within the TAC plan include supporting the family to establish consistent boundaries and routines which will include ensuring that the child attends school and is punctual. School will share routines with mum and has liaised with the pre-school in order to develop a transition plan for the child to help him to feel safe, secure and develop a sense of trust. He will be encouraged to interact with his peers with the intention of raising his self esteem.

Outcome:

The outcome of the CAF process is that Mum is now becoming more confident in bringing the child to school and attendance has increased significantly, therefore reducing absenteeism and the involvement of the EWO. Mum has agreed to attend parenting classes as indicated in the CAF, and these are to be in place by end of October, prior to the next review meeting. A review meeting is to be held at the end of October.

Potential Negative Outcomes Avoided [so far]

Increased social exclusion. School absenteeism. Social Care referral.

Family Cost Calculation: Potential Saving of £19,355.16

Case Study B (Male, aged 15)

Case B presented with an escalation of behavioural difficulties. He refused to comply with reasonable requests both in school and at home. He was diagnosed as ADHD/ASD at an early age. He was using alcohol on a regular basis and had had a recent court appearance for theft. He frequently self-harms, threatens those around him and kicks and punches walls in frustration. At home he verbally abuses his mum, has stolen money and possessions from home and has damaged his bedroom door by kicking holes in it. His mum is experiencing verbal abuse from other students' parents due to his behaviour. Whilst his mum is at work he will arrive at her place of work demanding money, swearing at her in front of customers usually with an audience of peers. This young man had witnessed domestic violence by mum's boyfriend. He had been emotionally abused by mum's boyfriend and this was followed by a physical assault incident. The case was taken to court but later dropped due to lack of evidence. He says he now feels 'let down by authority figures'.

Action:

The SENCO took on the role of Lead Worker and initiated the CAF. The CAF was written with his permission and with his involvement. The outcome of the CAF was the agreement that he would attend the Pupil Referral Unit at Riverside. TAC meetings have taken place on a regular basis with the latest one signalling significant improvement especially in regards to his attendance at school. The TAC meeting has consisted of SENCO, Form Teacher, Head of Year, PSA, Riverside Head, EPS, YOT, BSS, EWO and JADE (youth project). Transportation had been arranged to enable him attend Riverside, ensuring that he gets to classes and the program is being closely monitored as to its appropriateness. Work is being undertaken to support mum with parenting strategies and to ensure that she has significant input into her son's education. .../cont

Outcome:

A settling in period was arranged to allow Case B to feel comfortable in his new surroundings and get to know both his peers and teachers. At the most recent TAC meeting it was reported that Case B has had 100% attendance at Riverside since September. The next TAC meeting will be held in November to review further progress.

Potential Negative Outcomes Avoided [so far]

School exclusion. Crime and anti-social behaviour. Becoming LAC / family breakdown.

Family Cost Calculation: Potential Saving of £49,225.85

Case Study C (Female age 15)

Case C has a history of violent behaviour towards her peers and this has resulted in one student attempting suicide and a family moving out of the area due to the bullying behaviour towards the children of the families. She currently has a youth offending worker from the Early Intervention Team supporting her. Her mum died in 2005 and she has no contact with dad, she was living with grandparents until very recently but now refuses to live there as sister whom she has fallen out with also lives there. She now resides with Auntie and Uncle who are very supportive but struggling with ways to support her. She has a long term boyfriend who allegedly incites her to fight with peers. However, he has also been attacked by her on occasions.

Action:

A meeting was held with the ASBO panel and various other agencies to consider the issuing Case C with an ASBO. However, given the circumstances of the change in living arrangements it was agreed that she would be given one last chance. The CAF Coordinator was present at the ASBO panel meeting and suggested that a Common Assessment be undertaken with her to determine need and coordinate support for her. School staff agreed to initiate the CAF. The Y10 manager, now the Lead Worker and a Youth Worker completed the CAF with the girl present and contributing. Shortly afterwards a TAC meeting was held and it was agreed that a referral to SPA would be made along with the continuing support from the ASBO team worker, a youth worker and the alternative curriculum team to ensure she continued to engage in education.

Outcome:

At the latest TAC review meeting it was reported that Case C had undergone an assessment by the SPA team and that although no evidence of depression or any other mental health disorder was identified, there was clearly some emotional distress as a result of past events and advice was given as to which agency could support with this. The support was secured from Youth Start and there have been no further allegations of violent or threatening behaviour brought to the attention of anyone working with her. She is continuing to access her educational provision with the Alternative Curriculum Team and is doing very well.

Potential Negative Outcomes Avoided [so far]

Criminal justice system. Family eviction. School exclusion. Family breakdown.

Family Cost Calculation: Potential Saving of £34,771.07

Case Study D (Female aged 21, Baby aged 13 weeks)

Case D was placed in care at the age of 3 years and has been in and out of care until she was 17 years of age. She went back to mum at the age of 14 for a year and during this time was subject to a horrendous attack by her mother during which her mother set light to the house and the girl almost died. She does not speak freely about this, other than to say it was very frightening. Her mum was diagnosed as a paranoid schizophrenic and sectioned under the Mental Health Act and is currently in a mental hospital. The girl is now residing at Fleming Gardens and has done since May 2010. Prior to living here she was in a women's refuge in Sheffield. She was placed in the refuge after an incident with her ex partner when they got into a fight. She had been in two other refuges previously. Case D has a daughter who is 13 weeks. The daughter is developing well and there are no concerns. The baby is currently subject to a Child Protection Plan and her mother is working towards getting her baby off this. Case D wants the best for her child and does not want to put her through the life she had when she was growing up. Case D has used cannabis since the age of 14 years and has found it very hard to stop. She has debts due to non payment of rent arrears from the short time she was living in local authority housing.

Action:

Case D resides at the Fleming Gardens Supported Housing Project and all residents and children residing at the project have a Common Assessment in order to plan the support that they receive. A CAF has also been completed for the baby daughter. Both CAF's were initiated on by a Fleming Gardens support worker who is also the Lead Worker. A comprehensive action plan was composed along with the CAF which identified many actions for Case D to work on.

Outcome:

A review was held in September 2010 which showed that Case D has done really well since moving into Fleming Gardens and has managed to achieve 10 of her goals. Her baby remains subject to a Child Protection Plan. Case D is happy that she has achieved so many goals and has stated she is happy with what she is now able to achieve. She has had her teeth repaired which was a big step for her as she has never had the courage to do this before. . Work will continue on helping her to achieve more goals.

Potential Negative Outcomes Avoided [so far]

High risk factors indicate probability of baby being Looked After. Life experiences and family history indicate probability of mental health problems.

Family Cost Calculation: Potential Saving for family of £36.955,00

Case Study E (female aged 16)

Case E moved to Rotherham from Derby. She was residing at the refuge after fleeing domestic violence. During key worker sessions, she disclosed that she had been sexually abused at the age of 13 by her mother's partner. A Police investigation took place; however, no charges were brought about. Her mother has a criminal record for cultivation as the perpetrator of the sexual abuse was her mother's ex-partner. Case E has no contact with her wider family and finds it hard to understand past events in her life. Her mother was absent for long periods of time throughout her childhood and there was Social Care involvement, resulting in two of her siblings being adopted. There is a history of drug use, her father was a heroin user and her Mum has had previous relationships where drug use has been apparent. She did live with her sister and sister's boyfriend, but was thrown out due to a relationship breakdown. She was not accessing education and has bereavement issues regarding her father's sudden death. It was thought that this girl would need further support in terms of her education and work on attachment issues with Mum as she was leaving the refuge.

Action:

The CAF Coordinator contacted the Refuge and advised that a CAF could be used as a tool to identify appropriate support. Agreement was made that the Refuge would initiate a CAF and take on the Lead Worker role. As Case E was not in education, work with Connexions took place to assist in finding suitable further education courses. Refuge staff worked with both the girl and her Mum to overcome relationship barriers. Case E agreed to write down her feelings and unanswered questions in order to work on her emotional development and attachment issues with Mum.

Outcome:

Case E has now overcome her relationship barriers with Mum and is coming to terms with her father's death. Mum and her daughter have now left the Refuge and are living in supported housing. At the point they left the refuge, the Lead Worker role was taken over by the Connexions worker. Following a further review it was reported that Case E is now accessing a childcare course at RCAT and the needs identified in the plan have been successfully met resulting in the closure of the CAF.

Potential Negative Outcomes Avoided [so far]

Homelessness. NEET. Pregnancy. Exploitation. Substance misuse.

Family Cost Calculation: Potential Saving of £87,741.83

Case Study F (male aged 17 months)

Case F has undergone assessment at CDC for global development delay. He lives with 3 other half siblings, all of whom are under the age of 5. One other sibling already has a diagnosis of global developmental delay. Case F's Mother experienced a difficult childhood and has suffered from bouts of depression. His Mother struggles to manage and has missed vital health appointments. His Mother does not drive, finds it difficult to use public transport, therefore has to rely on the Father for transport to appointments and finds appointments very stressful. The Mother finds it hard to come to terms with her children's disabilities and long term prognosis and this has resulted in tremendous strain within the family. There is limited contact with extended family. The little boy does attend a local Church playgroup once a week. Social Care has had some involvement due to the Mother's inability to ensure a safe environment for her children.

Action:

Following a multi-agency TAC meeting, the decision was made that extensive support from Health Visitor and Family Support Worker would be offered to the Mother to help her support the needs of the children. A CAF was completed in January 2010 by the nurse practitioner of the Children's Development Centre and a Team Around the Child was established. The Lead Worker was appointed at the TAC meeting; this was a Family Support Worker from the Children's Centre. Safe baby equipment was supplied by the Family Support Worker who made regular visits. Agreement was made that the little boy would continue to access playgroup at the local church

Outcome:

The CAF database identified a CAF has also been undertaken for two of Case F's siblings. As a result of this the CAF Coordinator has brought together the agencies involved and established a Team Around the Family in order to avoid duplication and share concerns, support and resources. There have been no further referrals into Social Care and the little boy continues to access playgroup and activities at the local Children's Centre. The family continues to engage well with the Health Visitor and Family Support Worker. At a recent review, the Health Visitor who has a well developed relationship with Mother expressed the view that without intervention and a continued support package, the children would have been taken into care.

Potential Negative Outcomes Avoided [so far]

At a recent Review, Health Visitor who has a well developed relationship with Mother, expressed that without intervention and a continued support package, there would almost certainly have been a family breakdown and all 4 children would have been taken into care.

Family Cost Calculation: Potential Saving of £61,904.10

The case studies above illustrate how CAF processes have improved the outcomes for these children, young people and their families. Whilst we cannot be certain of what would have been the outcomes if CAFs had not been undertaken, we are confident that by the work outlined in the cases above, we have avoided children going into care, an ASBO, there would have been an exclusion from school, families would have broken down, bullying would have continued and so on.

The Prevention and Early Intervention Strategy is promoting the establishment of multiagency Think Family Teams in each Learning Community, supported by a

collaborative leadership programme (Better Together) and multiagency practitioner workforce development sessions based on the priorities of individual Learning Communities. This activity will underpin partnership working within Learning Communities and the further embedding of CAF across Children's Services. We currently have Think Family Teams either established or in the early stages of development in 7 of the 14 geographical Learning Communities. We aim to have all 14 Learning Communities operating Think Family Teams by the end of this academic year.

Impact on Process

One of the key objectives of the Prevention and Early Intervention Team is to reduce the number of inappropriate referrals to Social Care, thereby enabling Social Workers to focus their time and resources on appropriate case work. New processes established in September ensure that an appropriately qualified worker now reviews all referrals and ensures that for those which do not meet the Social Care threshold, but which do however have elements of concern and risk which warrants further assessment and possible intervention, the referrer is advised about the CAF process and that one of the CAF Coordinators will contact to support in the completion of a CAF. There is clear evidence that this new element to the referral process is already diverting inappropriate referrals from the Access Team.

Coordination of Parenting and Family Support Services

Underpinning the success of the Prevention and Early Intervention Strategy is the need to develop a cogent family support service in the Borough which is coordinated to meet a wide variety of needs. Within the limits of our existing resources, we must do things differently, so that we get help to children and families at an earlier stage.

The way forward we are proposing will involve Local Authority services working collaboratively with a **Learning Community** (one secondary school and the primary schools that feed it) plus the relevant Children's Centre and other partners including Health Services and the Voluntary and Community Sector. The aim would be to work with staff to identify those groups of children that are likely to be at risk of experiencing some form of social, educational or psychological disadvantage. Those services will then be tasked with working together to support the child, young person and family before the situation escalates into crisis. The coordination of these services will bring a greater level of efficiency and responsiveness. Family Service Workers will be assigned to each of the Learning Communities and will focus on work with families providing support and parenting training, with the prime aim of improving outcomes for children. When sufficient concerns are raised about a child and / or family using the basket of indicators, the family services team will respond. In accordance with the Prevention Framework, a *Team Around The Child* (TAC) meeting will formulate a plan of intervention that will prevent further deterioration of the concerns raised. The use of prevention services will build resilience within the family unit. The prime aim will be to ensure that services are provided that are appropriate, timely and bring about a change for the child and family.

The strategic priorities for this service are:

- To develop coherent, responsive outcome based services that effectively meet the needs of children, young people and their families who have high levels of vulnerability.
- To develop collaborative partnerships with other agencies.

- To develop and improve service delivery ensuring a consistently high professional service.

The Family Intervention Project team will refocus to provide intensive family support to families where children are likely to enter the care system and to parents of children already in care with the intention of reuniting the family where it is safe to do so.

The key priorities for the department are;

- To prevent children and young people coming into care unless this is the only safe option.
- To ensure that children and young people can live safely with their families and kinship networks.
- Reunify children back to their families when it is safe to do so.

8. Finance

Progress on developing a coordinated family support service is dependant on future funding. Currently, funding for the Family Intervention Project and Parent Support Advisers finishes at the end of March.

Using the Family Cost Calculator on the six case studies above, the estimated total savings of working with these 6 families using CAF processes rather than delivering high cost specialist services is £289,953.01 which is an average of £48,325 per case.

'Grasping the Nettle: early intervention for children, families and communities' is a joint report from the Centre for Excellence and Outcomes (C4EO) and the Association of Children's Services (ADCS). The report aims to promote effective policy and practice on early intervention. It sets out the case for funding early intervention and the need to invest in this approach even when funding is tight. The report has been submitted to the Government's Independent Commission on Early Intervention.

It uses many examples of good practice from local authorities and also evidence from international practice. It pinpoints what actions will have the greatest impact on improving the lives of children, families and communities. It aims to help policy makers decide where to allocate scarce resources and so achieve better value for money. It evidences how early intervention reduces the demand for more specialised and more expensive services later.

'The temptation to cut back on investment in early intervention in times of austerity needs to be resisted, for short term financial gains can lead to long term costs. The challenge is how to get better value out of the money already being invested' (Grasping the Nettle).

The Spending Review 2010 refers to the need for early intervention and it promises an Early Intervention Grant and a national campaign to support and turn around the lives of families with multiple problems, which will be underpinned by local Community Budgets focused on family intervention

Failure to make the shift to prevention from child protection and looked after children will result in Rotherham continuing to need to provide high cost and resource heavy service provision.

Funding has not yet been secured for salaries for the three CAF Coordinators and the CAF Administrator post March 2011. To maintain the continual improvement picture around CAF processes, it is imperative that support for the CYPs workforce to undertake CAF is maintained, and this is currently under consideration within the CX Group of the LSP.

Funding for the Better Together leadership program and the multiagency practitioner workforce development sessions has been identified from the CWDC, which is targeted at improving integrated working.

Partnership working will, when fully developed, lead to potential efficiencies through the improved alignment of services around children, young people and their families and greater efficiencies in resource sharing.

9. Risks and Uncertainties

The real test of whether we can embed the use of CAF and genuinely make the shift to prevention and early intervention lays in the cultural change needed amongst all front line disciplines, agencies and organisations working directly with children and families. Prevention and Early Intervention and Transforming Rotherham Learning are embedded in the policy and planning framework for Children and Young People's Services, however, there is a risk that if this is not effectively communicated and understood, this strategic commitment will not be reflected in delivery across the partnership and will not be translated into improving outcomes for children, young people and their families.

In the current political and financial climate there is a risk that there will not be sufficient resources to drive forward changes and improvements. In particular the capacity of the workforce is likely to decrease and innovative work that is non-statutory will be at risk. Partnership working may well be impacted upon as resources are squeezed and services become more inward looking in order to survive. Opportunities for sharing resources and pooling budgets could decrease.

10. Policy and Performance Agenda

- The policy framework at national level is still emerging. Current indications are that Prevention and Early Intervention will be one of the priorities of the new coalition government.
- The Prevention and Early Intervention Strategy is closely linked to the early intervention framework set out in the White Paper: *Your child, your schools, our future: building a 21st century schools system*.
- Prevention and Early Intervention is one of the four 'Big Things' in the Children and Young People's Plan 2010-2013.
- Transforming Rotherham Learning and the development of learning communities is fully embedded into the Corporate Plan, Children and Young People's Plan 2010-2013, Prevention and Early Intervention Strategy, and the Transforming Rotherham Learning Partnership Plan.

- An effective Prevention and Early Intervention Strategy and the implementation of consistent, high quality CAF processes will impact on future Safeguarding judgements by external bodies such as Ofsted

11. Background Papers/Consultation

- Numerous DCSF and ECM guidance on early intervention, CAF etc.
- Rotherham Prevention and Early Intervention Strategy: April 2010
- Grasping the Nettle: early intervention for children, families and communities

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