

FAMILY SUPPORT SERVICES – RESPONSE TO RECOMMENDATIONS:

1. To ensure a more consistent and coordinated approach to the family support provision and in line with the proposals set out in the recently completed “Family Support Review” an integrated Family Support/Early Intervention Service should be developed under a single principal manager.

This recommendation is endorsed, a new Early Intervention and Prevention Service was recently formed which encompasses a range of early intervention programmes; this includes Targeted Youth; Family Support and Parenting and Children Centres. The new service and the future approach will be of an early intervention model based on specific localities. Localities will be defined by a combination of an analysis of need and where the delivery of services makes sense to families

2. To ensure easier recognition of a quality service and access to the service, Family Support/Early Intervention be developed as a brand with an appropriate logo.

This recommendation is endorsed in principle. The new Early Intervention and Prevention Service is currently consulting on the new name. However, the need to link early intervention activity with that of the Children’s Trust arrangements will be important when considering a specific branding style. The generic nature of the name will hopefully provide some identity but at the same time allow other partner services to come under the same umbrella, thus making service access clearer and simpler to families.

3. That Early intervention be adopted as the prevailing philosophy with the service.

This recommendation is endorsed. The recent Allen report endorses this approach and the evidence behind this is being used to underpin development in Cheshire East such as the new Early intervention and Prevention Service. Much work will need to be undertaken to embed prevention and the understanding of both primary and secondary prevention

4. That under the brand heading a full directory of services be devised and widely distributed on the internet, in customer centres, GP surgeries, libraries, schools and other public places, it should also be made available to staff from other agencies that are likely to make referrals

This recommendation is endorsed. The recently nationally accredited Family Information Service in Cheshire East uses a range of mechanisms such as the intranet, facebook and twitter to publicise services as widely as possible to families and other professional. Work is underway to produce a compendium full offer of services across the area.

5. That street signage to Children's Centres should be critically examined for effectiveness and improved as appropriate. Over time the brand should feature on all signs.

This recommendation is endorsed. It is suggested that this be considered alongside recommendation 2 in order to consider how best this can be achieved. However the current signs for Children Centres meet prescribed Sure Start branding principles which contribute to the actions that must be taken to draw down the relevant grant. Hopefully this and the capital cost of changing signage will not be prohibitive.

6. That a monitoring framework should be established across the service, including commissioned services to monitor performance against demand across Cheshire East on a LAP area basis and to identify service gaps or over provision in a timely fashion. The framework should inform decisions relative to in-house provision and commissioned services

This recommendation is endorsed. It is suggested that this work could and should be part of the new Locality Panels which are multi agency in set up and as such should ensure that such information is gathered to identify service need. The Performance Management Framework will underpin developments in the newly formed Early Intervention and Prevention Service and will facilitate a needs led approach with the Commissioning Team to ensure gaps are identified and services are delivered effectively and efficiently

7. That the role of Children's Centres becomes more targeted. Universal services still need to be provided but the balance needs to shift in order to better support families in the greatest need. The collection of 'reach' statistics needs to be revised reflects this, moving from 'universal reach' statistics to 'targeted reach' statistics.

This recommendation is endorsed specifically around the principle of targeting our more hard to reach families. The service is already re-shaping to deliver more targeted services, for example work is on-going to re-design the information management system (eStart) to enable us to collect more refined data around reach, targeting and outcomes. Universal reach data is still required but this needs to better reflect the universal work of health partners. Furthermore improving access to those families at the targeted and complex level of need will shift the balance and by adopting a Think Family approach we will work with our most vulnerable families using a whole family approach. For example the newly formed Early Intervention and Prevention Services will ensure join up and for instance the new service specification for Youth Support is explicit in ensuring our vulnerable/hardest to reach young people access services.

8. Improve health workers and social workers knowledge of the role and importance of Children's Centres in order to improve the current referral rates.

This recommendation is endorsed. The publication of a core offer of available activities will improve knowledge. Also an increase in appropriate referrals will form part of the recently formed Locality Panels role and function. The Locality Panel will adopt a multi agency approach top case discussion and allocation. Further ongoing work includes regular attendance both internal and external partners' operational manager meetings such as Health which is raising awareness and is improving referral rates.

9. Make Children's Centres more user friendly for disabled children (with a particularly focus on the Early Support Model) to enhance equality and opportunity for disabled children and their families.

This recommendation is endorsed. All centres meet building regulation requirement for accessibility and Disability Discrimination Act compliance. The need to include access to early intervention programmes such as portage is one opportunity being explored and multi-agency Early Support training is being rolled out to support implementation of the programme. Such programmes will encourage health professionals to refer children to the Centres for targeted work.

10. Ensure Children's Centres are adequately services by interpreters and to mitigate possible funding problems engage with the health authority on a shared funding basis.

This recommendation is endorsed in principle. It is suggested that a scoping exercise is undertaken to review current service provision to the ethnic minority communities using the commissioning process that ensures such provision ensures equal access for all service users. This scoping work will take place across the wider partnership of the Children Trust partnership and the Council to ensure a critical mass of resource which will then make this provision more efficient

11. Recognising that early intervention does not automatically mean early year's intervention, ensure that adequate targeted support for families with older children is provided.

This recommendation is endorsed. The Locality Model will result in an area having a joined up set of resources across the age continuum of 0-19 and a specific Locality Manager. This role will enable a more joined up efficient response to early intervention by both need and age. Part of this role will to ensure an integrated approach to the Youth agenda for some of the councils more vulnerable young people; this includes those at high risk of offending, cared for children and young people with mental health difficulties

12. Ensure that all staff involved in Family Support Services are fully trained in the updated 'Common Core Skills and Knowledge' framework to enable them to work effectively with families.

This recommendation is endorsed. It is acknowledged that for effective and essential delivery of family support services, this requires staff to have core skills which should include knowledge and understanding of the ages and stages of child development. In addition it is equally essential that Family Support staff have a wide knowledge and understanding of the variety of parenting support programmes which can be offered/provided to families in need. A key element of family support work is the ability to engage parent's whilst remaining child focus in order to effect change. The new Early Intervention and Prevention Service will have a comprehensive set of evidence based tools, programmes and activities which will be underpinned by a clear staff development plan

13. That a detailed 'Parenting Strategy' be developed. This should include preferred parenting programmes to enable a range of options depending on a family's needs and capabilities.

This recommendation is endorsed. A strategy is in draft format and is due to be presented at the next Children's Trust meeting for endorsement and implementation.

14. That the current use of buildings be explored with a focus on the range of services to be delivered and the suitability of some current buildings. For instance the group are fully supportive of an initial conclusion that two of the four family centres are not fit for purpose and that services currently provided in these centres should be located in other existing buildings (possibly including schools)

This recommendation is endorsed. For Family support to be effective there requires a degree of flexibility in terms of how best this is delivered. Family Support Services ideally need to ensure that it meets the individual needs of the parent/carer at any given time. Family centres whilst playing a part in delivering intense parenting programmes should also ideally ensure that facilities reflect the need of the community. A clear example being community based mother and baby assessments which enable young mothers to remain within their community whilst being supported through an intense package of support to care for their baby with a safe and structured unit environment that offers realistic and practical life skills as a parent.

15. Recognise that many experienced family support workers in Family Centres are inappropriately being used in undertaking long term supervised contact and redeploy them into early intervention/family support and consider commissioning delivery of supervised contact services by the third sector. The choice of third sector provider will be critical.

This recommendation is endorsed. Work has begun through an action plan to address this situation and enable staff to be freed up to support the delivery of an effective family support service. It is suggested that a

scoping exercise looks at CAFCASS and their relationship with Contact Centres which provide supervised contact to families where there is parental conflict in private law proceedings be consider. In addition there is a need to consider better use of foster carers/residential staff where contact post court is still necessary to ensure the child's safety.

The need to continue to undertake supervised contact is essential where cases remain in the court arena, however such contact should be undertaken through a clear programme of Parenting Assessed Contact, the purpose being that the assessed contact forms part of the Local Authorities assessment within the court process. The possible commissioning of a third sector organisation to deliver some elements of service is being pursued and one we would like to make a reality

16. That Cheshire East Council works closely with Individual schools and EIPs to work more closely to integrate the Family Support and other services they provide with the mainstream provision provided by the Council.

This recommendation is endorsed. It is envisaged that such integration will be achieved through the Locality Panels and Early Intervention Model.

17. Closely monitor the effect of budget pressures/cuts on school provided family support and the possible counter effect of the pupil premium.

The Locality model will engage fully with schools and other partners to best mitigate the impact cuts have on services to families. Discussions regarding Pupil Premium will be ongoing as part of locality developments both in terms of how we maximise the allocation to Cheshire East and how this resource is best spent

18. Seek to find efficiency savings in the area of transport costs for both children and family members associated with supervised contact services.

This recommendation is endorsed. However, it needs to be acknowledged that the council have a duty to promote contact between a child and their family providing it is safe to do so. As outlined in the Children Act 1989. Improved practice guidance and the procurement of more cost effective transport services will also be pursued

19. Implement the windscreen method of illustrating the continuum of needs and services and the role of the CAF into the family support assessment process. This method is used extensively within the children's social care process and would likewise benefit the family support/early intervention process.

This recommendation is endorsed. Work has begun to effect such a proposal and is led by the CAF co-ordinator.

20. Those children with Child Protection Plans and those deemed vulnerable be systematically identified by the relevant agencies and the appropriate referrals be made to the Family Support Service. In the spirit of early intervention this needs to be done as early as possible to minimise subsequent costs but it also needs to be done systematically by setting child development benchmarks at appropriate ages.

This recommendation is endorsed in principle. However, where a child is subject to a Child Protection Plan this will be as a result of clear safeguarding concerns within the family and as such would be seen as level 4 on the continuum of need. Such plans invariably will necessitate specialist family support provision as part of the Child protection plan. It would therefore be key to ensure that the Family Support Services are an active partner in such situation as part of their wider safeguarding duty.

Ideally the need to prevent through an early intervention programme and using the CAF assessment, should ensure that the Family Support Service is commissioned at an earlier stage thereby avoiding the need for statutory intervention through Child Protection/Cared for child

21. That a pilot programme of intensive family support/early intervention be devised and implemented in an area of known deprivation and where a significant number of families needing support are resident. The programme should be devised in conjunction with other council departments and others service providers to have maximum benefit. For example in conjunction with community development and council play schemes the fire services princes trust scheme and job centre plus, social housing providers etc.

This recommendation is endorsed. Work has begun in delivering such a pilot within the Crewe area of the authority. Such a pilot has a wide multi agency partnership committed to working with a targeted cohort of vulnerable families. The pilot which incorporates a number of agencies including the Third sector will be evaluated and finding used to inform future developments

22. That an annual conference for all sections of the Children and Families service be introduced to ensure that all sections of the service are coordinated and working towards the same vision.

This recommendation is endorsed in principle. However it is recognised that within the current economic climate that alternative options could and should be consider.

23. That an annual report of what has been achieved for Family Support and Early intervention be produced and submitted to the Children and Families Scrutiny Committee and to the Cabinet. The report should cover all actions by all agencies in the Family Support field (including assessment of current state of data sharing amongst agencies) A specific example would be Health

sharing live birth data including the availability of management information relating to financial data.

This recommendation is endorsed. However it should be noted that with the current significant changes within the health as part of the NHS redesign moving away from PCT to GP consortia that data sharing is likely to be fragmented during this period.