

February 2010 – December 2010

Overview and Scrutiny Review  
**Children and Families Scrutiny Committee**

# Family Support Services

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## 1.0 **Foreword**

### **Councillor R Westwood – Chairman of the Task and Finish Group**

- 1.1 “Prevention” is better than “cure”. An old adage but just as true today as it ever was. The trouble is there are few magic bullets when it comes to ensuring that all families provide the right environment to give children the best possible start in life or, equally as important, when it comes to stopping family problems adversely impacting on children at any stage in their development.
- 1.2 The next best thing is early intervention to help with problems before they become entrenched and/or before they have a significant effect on any children involved.
- 1.3 Children’s Centres are the most obvious example of this approach but investment has also been made in other areas. Another example is the growth in family support or family liaison workers employed directly by schools or by Education Improvement Partnerships and also in the Family Centres. In total the growth in investment in ‘Family Support’ has been explosive, but its also been fragmented and in Cheshire East’s case, it has been fogged by the demise of four authorities and the rise of one. Clearly too, in the present financial climate some of the investment could be at risk.
- 1.4 All the evidence (and there is plenty of research been or being done) points to the need for more family support, not less, which means the secret of success is going to be getting more for the money spent. This reasoning prompted this review of ‘Family Support Services’ which are available to residents of Cheshire East.
- 1.5 The group of members which undertook the review are listed in the body of the report.
- 1.6 My thanks go to them for their hard work and diligence in conducting their enquiries and formulating this report. As a group we believe implementation of the reports recommendations will enable a more systematic, more effective approach to the delivery of ‘Family Support Services’ which in turn will result in better outcomes from investment in this valuable service.
- 1.7 We commend the report to the Cabinet and request that it be given full and fair consideration.

## **2 Acknowledgements**

- 2.1 The group members would like to thank all the witnesses who gave evidence to the review. A full list of witnesses is given in the body of the report.
- 2.2 Members would also like to thank all those (staff, volunteers and service users) who took the time to fill in the questionnaires, and all the staff members at both Children's and Family Centres who were most helpful on the occasions of the visits.
- 2.3 In particular, members would like to thank Ruth Jenkins for the admirable way she guided the group through the review. Without her expertise the task would have been impossible.
- 2.4 The administrative support was provided by Katie Smith from Overview and Scrutiny. Many thanks to Katie for her help, her patience and her expertise in putting together the evidence and formatting the report.

### **3.0 Executive Summary**

- 3.1 Today, it is widely recognised and agreed by experts across the world that early intervention works, both with regards to improved outcomes and greater efficiency of resources and services being delivered. The evidence is unarguable that a good start in life, in terms of physical, emotional and cognitive development, will result in better individual and social outcomes later in life. An early childhood that is characterised by the deepest attachments to parents or other primary carers who love and care for their child, is likely to result down the line in less dependency on the State, and reduced call on the public purse.
- 3.2 With this in mind, the Task and Finish Group embarked on a research and review process which incorporated interviews, questionnaires and site visits in order to uncover the best way forward for Cheshire East's Family Support Services and early intervention agenda.
- 3.3 The review was heartened to find teams and individuals involved in family support that were dedicated, knowledgeable and skilled, both from within Cheshire East and its partner authorities and third sector organisations. Whilst a number of innovative programs are in place, it is clear that services are currently not well co-ordinated, joined up, performance managed or operating efficiently within a value for money framework.
- 3.4 In an increasingly difficult economic climate, this review asserts that there is a need to bring services together, with an emphasis on co-ordination, improved information and data sharing and targeted intervention based on a continuum of need. If this can be achieved, this review is in no doubt that outcomes for Cheshire East's children, young people and their families will be greatly improved.

The full list of recommendations is below:

### **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.
- 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.
- 3. That Early Intervention be adopted as the prevailing philosophy within the service.
- 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.

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.
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.
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 to reflect this, moving from 'universal reach' statistics to 'targeted reach' statistics.
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.
9. Make Children's Centres more user friendly for disabled children (with a particular focus on the Early Support Model) to enhance equality and opportunity for disabled children and their families.
10. Ensure Children's Centres are adequately serviced by interpreters and to mitigate possible funding problems engage with the health authority on a shared funding responsibility basis.
11. Recognising that early intervention does not automatically mean early years intervention, ensure that adequate targeted support for families with older children is provided.
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.
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.
14. That the current usage of buildings be explored with a focus on the range of services to be delivered and the suitability of some of the 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).
15. Recognise that many experienced family Support Workers in Family Centres are inappropriately being used in undertaking long term supervised contact and redeploy them to 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.
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.
17. Closely monitor the effect of budget pressures/cuts on school provided family support and the possible counter effect of the Pupil Premium.
18. Seek to find efficiency savings in the area of transport costs for both children and family members associated with supervised contact services.
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.

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.
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 other service providers to have the 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.
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.
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 all agencies. A specific example would be Health sharing live birth data including the availability of management information relating to financial data).

## 4.0 **Outline of Review**

### 4.1 **Background**

Children and Families Scrutiny Committee established its first work programme and its priorities in July 2009. A review of Family Support Services was identified as one of a number of projects rated as high priority by members of the Committee. Subsequently, at the end of 2009, a Task and Finish Group was established to carry out the review. The first meeting took place in February 2010.

### 4.2 **Membership**

The Members of the Task and Finish Group were

**Councillor Ray Westwood (Chairman)**  
**Councillor David Neilson**  
**Councillor Dorothy Flude**  
**Councillor Darryl Beckford**  
**Councillor Gillian Merry**

### 4.3 **Terms of Reference**

- To gain an understanding of what is meant by family support on a universal, targeted and specialist basis.
- To assess what resources are available within the authority and partner agencies.
- To ensure a planned and co-ordinated approach and provision of Family Support Services (including schools, children's centres, health, third sector, adult, drug, alcohol and domestic violence services).
- To ensure services are provided in a timely manner in accordance with assessed needs.
- To ensure value for money with regards to support that is commissioned and delivered by the authority.
- Identify any gaps or duplication of services with regard to age/need/locality.
- To understand the Children's Trust/Councils role in appropriate early intervention.

#### **4.4 *Intended Outcomes***

To achieve:

- Recognised continuum of family support appropriate to need
- Identified common core skills and processes for family support
- Effective commissioning
- Effective and appropriate and information sharing
- Signposting
- Improved joined up working

### **5.0 Methodology**

#### **5.1 Witnesses:**

Members met with the following people during the review:

- R Jenkins – Interim Programme Manager, Redesign of Children's Services
- D Richards - Universal and Targeted Services Manager, Children and Families
- M Stanley – MAPT Team Leader
- P Ruth – Development Officer, Cheshire Children, Young People and Families, Voluntary and Community and Faith Sector HUB and other key representatives
- R Howell, Strategic Support and Partnership Manager
- A Ellison, Commissioning and Service Development Manager
- A Kent, Liaison Manager (Schools, Settings and Services)
- J Brown, Family Support Worker from Manor Park Primary School, Knutsford
- K Bowdler – Senior Accountant
- J Naden – Senior Family Support Worker
- D Watson – Children's Centre Network Coordinator
- M Greenwood – Team Manager, Services for Children and Families
- Lorraine Butcher – Director of Children's Services
- Councillor P Findlow – Former Portfolio Holder

#### **5.2 Visits:**

- Children's Centre, Monks Coppenhall, Crewe
- Children's Centre, Underwood West, Crewe
- Children's Centre, Broken Cross, Macclesfield
- Children's Centre, Congleton
- Family Centre, Ethel Elks, Crewe
- Family Centre, Hurdsfield, Macclesfield

#### **5.3 Questionnaire:**

These were circulated to Children's Centres, Family Centres and third sector settings and were filled out by front line staff and also families using the services.

#### 5.4 Timeline:

Date	Meeting / Site Visit
18/2/2010	Task and Finish Group Meeting Appointment of Chairman Introduction and Terms of Reference
22/3/2010	Task and Finish Group Meeting Terms of Reference and Project Plan agreed Family Support Paper List of organisations in HUB Local and National Indicators
28/4/2010	Task and Finish Group Meeting Vision for the future
1/6/2010	Task and Finish Group Meeting Role and Remit of the HUB Programme of Meetings and Planned Visits Role of the Children's Centres and Summary of Family Support
15/6/2010	Site Visit – Two Children's Centre in Crewe
16/6/2010	Site Visit – Children's Centre in Macclesfield and Congleton
29/6/2010	Task and Finish Group Meeting Third Sector Organisations Family Support Services
5/7/2010	Site Visit – Family Support Centre in Crewe
5/7/2010	Site Visit – Family Support Centre in Macclesfield
27/7/2010	Task and Finish Group Meeting Commissioning Education Improvement Partnerships Family Support services - Resources
7/9/2010	Task and Finish Group Meeting Family Support services – resources
5/10/2010	Task and Finish Group Meeting Family Support Worker Resources Finance Savings and Data Final Report discussion
19/10/2010	Task and Finish Group Meeting to discuss the final report
16/11/2010	Task and Finish Group Meeting to finalise report and recommendations
7/12/2010	Final report to go to Children and Families Scrutiny Committee
20/12/2010	Cabinet to consider final report

## 6.0 Review Findings

## 6.1 Introduction

6.2 The purpose of this review is to explore how effectively family support services are being delivered and used to support and help children, young people and their families in Cheshire East to achieve their full potential.

63 Cheshire East faces a challenge of an increasing number of children being cared for. This has risen starkly in the last year and is now 484. Over a year ago the number was 370. The number of children with child protection plans is 157 and has not risen so markedly. It is important to look in more detail at the local services we deliver and commission that provide family support to see if these are being targeted and used to best effect

6.4 With this in mind, the Task and Finish Group embarked on a research and review process which incorporated interviews, questionnaires and site visits in order to uncover the best way forward for Cheshire East's Family Support Services and early intervention agenda.

## 7.0 Definitions

### 7.1 Family Support

7.2 Prior to carrying out any research, the group felt it imperative to fully understand what exactly Family Support is and what services it encompasses. Family support has been considered a 'slippery concept' and a practical definition that can be difficult to pin down.

7.3 After seeing a paper, highlighting the key areas of family support, Members agreed to use the following definition, provided by the Audit Commission:

“*Any activity or facility provided either by statutory agencies or by community groups or individuals, aimed to provide advice and support to parents to help them in bringing up their children*”

The National Parenting Institute, define family support as:

“*Services that relate to the emotional wellbeing of families which seek to support the totality of family relationships for the benefit of children*”

7.4 There has also been the increasing emergence of considerable literature and research concerned with “what works” in improving outcomes for children and supporting parents and families who are experiencing difficulties. This has also been addressed within this review.

7.5 One of the main reasons why Family Support can be difficult to define, is due to the fact that it can mean very different things depending on where the service is

focused and to what extent it is delivered, in terms of it being universal, targeted and/or specialist.

7.6 **Universal**

- 7.7 Universal services are provided as of right to all children and /or parents / carers including those with targeted and specialist needs. These services are available to everyone. All children and their families will receive universal services, such as maternity services, health visiting and the chance to use Children's Centers in early years, GP services/primary care services and housing services at all ages and school and youth services (in the child's teenage years). Universal services seek, in conjunction with parents and families to meet all the needs of children and young people so that they are happy and healthy and able to learn and develop securely. The person concerned does not have to meet any criteria except be a child, mother, father or carer of a child or young person.

7.8 **Targeted**

- 7.9 Targeted services are services for children and families with additional and vulnerable needs that go beyond what is on offer in universal services. Examples include extra support for parents in the early years, behaviour support or additional help with learning in school. For example, if the person is a young parent, has a disabled child or if there are any other circumstances that may make them feel that they need something more than the services available to everyone.
- 7.10 Many families may at some time have the need for a targeted service of some kind, delivered by a single service; others may have a complex and interlocking needs which mean they need to have access to a range of targeted services

7.11 **Specialist**

- 7.12 Specialist services are where the needs of the child and their family are so great that intensive or complex intervention is required to keep them safe or to ensure their continued development. Specialist services often have a statutory element to them, meaning that either the family and child are statutorily obligated to engage with the service or the local authority or NHS are statutorily obliged to provide it, or both. Not all specialist services have this statutory element to intervention. For example, CAMHs (Child and Adolescent Mental Health services) provides specialist services, but a child or young person is only statutorily obliged to engage with the service in cases where intervention has to be made under the Mental Health Act. Examples of specialist services include statutory Children's Social Care interventions; statutory Youth Offending Service work and services provide for children and young people with complex mental health needs and children with disabilities.
- 7.13 Specialist services are likely in many cases to have their own specialist assessment and referral criteria. Additional detailed assessment should be used to support and inform a CAF (Common Assessment Framework) or statutory assessment and should not require the repetition of assessment already contained in a completed CAF.

## 8.0 Vision for the Future

- 8.1 Throughout this review and study, it became increasingly apparent that a new vision and philosophy was needed to meet the challenges posed to family support services. It was agreed that this new philosophy could be found within the concept of early intervention.

The Social Care Institute for Excellence defines early intervention as:

*“Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems. Early intervention may occur at any point in a child’s or young person’s life”*

Another definition was adopted in the Policy Review of Children and Young People (2007):

*“Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people”*

- 8.2 It is important to emphasise that early intervention can occur at any point in a child’s life and is not just about early intervention services for children under 5. Early intervention can help children from pregnancy to 18, not only when they are young.
- 8.3 Today, it is widely recognised and agreed by experts across the world that early intervention works, especially when it is an appropriate intervention, applied well and following the early identification of a problem as to have maximum impact and benefit to the child and their family. The evidence is unarguable that a good start in life, in terms of physical, emotional and cognitive development, will result in better individual and social outcomes later in life. An early childhood that is characterised by the deepest attachments to parents or other primary carers who love and care for their child, is likely to result down the line in less dependency on the State, and reduced call on the public purse.
- 8.4 Indeed, the recently produced Maternity and Early Years Review (2010) makes a strong case for focusing investment in children’s earliest years to secure the best outcomes for them. This echoes the findings of the Marmot Review (2010). The Marmot Review highlighted that giving every child the best start in life is crucial to reducing health inequalities across the life course and it made action in this area its top priority. Early action is the key, later interventions, although important are considerably less effective if they have not had good early foundations.

- 8.5 Similarly, the key messages emanating from the recent publication; 'Grasping the Nettle: Early Intervention for Children, Families and Communities' (October, 2010) evidences that early intervention works both with regards to improved outcomes and greater efficiency of resources and services being delivered. They assert that children's centres lie at the hub of a continuum of support for children, families and communities with additional needs. The report also emphasises that children's centres require an effective outreach strategy to ensure that interventions target and support the most vulnerable in the community. Schools are also key for the early identification of children with additional needs.
- 8.6 From a national context, Eileen Munro's Review Part One (September, 2010) identifies early intervention and prevention as important in delivering services and support to families.
- 8.7 Early intervention is also a key priority for the Coalition Government and Graham Allen, MP, was commissioned by the Government in July 2010 to undertake an independent review looking at how children at greatest risk of disadvantage get the best start in life and the best models for early intervention. The review will report in 2 stages, firstly on best practice, dissemination and delivery (in early 2011) and secondly on financial instruments (in mid 2011).
- 8.8 Within Cheshire East it has become apparent that the family support services provided by the Council and a variety of other agencies are not always joined up or well coordinated.
- 8.9 But it has been made clear to the Task and Finish Group that efforts are being made to take stock of the available resources within the Council that deliver early intervention and family support. Alongside this review; there has been an internal management review of family support taking place.
- 8.10 Work has also been underway within Children's social services and driven through the Children's Trust on a programme of Redesign, focussing on developing a model and framework for early intervention and integrated working on a locality basis.
- 8.11 These other pieces of work have provided additional and useful information and data for this review to draw upon.
- 8.12 In summary, services provided by a number of agencies have grown in response to the needs as seen by each agency involved and consequently are not
- Well coordinated
  - Joined up
  - Performance Managed
  - Operating efficiently, within a value for money framework
- 8.13 The Council has clearly recognised this and currently is seeking to bring services together under one management with an emphasis on coordination and targeted early intervention which will give value for money and operate under an outcome driven performance framework.  
The recommendations from this review will aim to compliment the current work.

## **9.0 Current Situation**

### **9.1 Staffing Resources**

9.2 Family support services are relatively well resourced within Children's services in Cheshire East Council and are as follows:

- Children Centres currently have 33 Family Support Workers which equates to 27.85 full time equivalents.
- Social Care Teams currently have 38 Family Support Workers which equates to 30.55 full time equivalents.
- Family Centres currently have 42 Family Support Workers which equates to 36.72 full time equivalents.
- The Youth Offending Service currently has 6 Family Support Workers which equates to 5 full time equivalents.

9.3 However it is important to also note the valuable family support and early intervention services being delivered within schools and EIP's (Education Improvement Partnerships) and also provided by health colleagues as well as those in other services in the Council including Adult Services and Health and Well Being, as well as housing, Women's Refuges and community and third sector settings.

### **9.4 Workforce**

9.5 As mentioned earlier the family support workforce is relatively extensive and diverse. Staff have a range of entry qualifications, post appointment training and development.

9.6 A lot of the staff are very skilled and some have been trained in the delivery of family support and some in the delivery of parenting programmes. There is a need to ensure staff are able to work in partnership with families and are trained in the "common core skills and knowledge" which recently was updated by CWDC (Children's Workforce Development Council). A key aspect to this is "engagement with families".

9.7 Workforce development plans should ensure that staff receive adequate training on engaging and working with parents, child development and the values and uses of research and data (particularly to analyse need for early identification). It is also important that staff delivering family support/early intervention is provided with refresher training in these important core skills. Training within other agencies varies, therefore a consistent approach would be desirable with regard to the training of core common skills.

### **9.8 Buildings and Assets**

9.9 This was a key feature of this review as a number of settings were visited that provide the delivery of family support and early intervention services. Some of these were delivered from purpose built Children's Centres as well as the 4 Family Centres. Two of the Family Centre buildings are traditional purpose built

nurseries while the other 2 are buildings one of which is in a temporary building while the other delivers services in a building not appropriate for the delivery of family support. The current usage of the buildings needs to be further explored with a greater focus on services needing to be delivered rather than having staff located in buildings they have been for many years. There also needs to be greater exploration about whether there could be greater efficiency of the use of buildings. The review notes that Children's Services currently propose a reduction from 4 Family Centres down to 2 which this review supports. We would actively suggest greater use of other buildings (including Children's Centres, schools, Adults, and Health settings) should be explored for service delivery.

#### 9.10 **Parenting Strategy**

9.11 The Family and Relationships Green Paper (20<sup>th</sup> January, 2010) made a commitment for every local authority to offer an "intensive family intervention service to provide intensive support for families with the most complex needs with the provision of Parenting Programmes being an essential intervention for such a service. A Parenting Programme delivery is seen as a targeted intervention underpinning a range of family support services. Cheshire East does not yet have a well developed or detailed Parenting Strategy to describe its needs, priorities and provision. Although we understand this is actively being progressed as a key action arising out of the review of family support within the service.

9.12 Members are clear that all programmes should be evidence based and should be appropriate to the needs of the family. However there should be a menu of interventions and consideration should be given as to the cost of the delivery of some of the programmes.

#### 9.12 **Services Available**

##### 9.13 **Cheshire East Family Information Service (FIS)**

9.14 The Family Information Service (FIS) and Customer Access have a key role to play in promoting and publicising services that are available and Members received a detailed report of services offered.

9.15 Since April 2008 there have been enhanced duties in all Local Authorities in England to provide high quality, up to date and accurate information to parents and carers on childcare, and other services they may need to support their children and their families. In Cheshire East, this (Section 12 of the Childcare Act 2006) information duty is undertaken by the Family Information Service.

9.16 This duty also requires the Family Information Service to maintain and develop its childcare services, including further development of the brokerage service that we offer, which consists of personal tailored assistance to parents who cannot find childcare that meets their needs, including children with additional needs. Listed below are the sections which FIS are required to meet to deliver the duty:

- Childcare Information - provide comprehensive information advice and guidance to parents & carers on childcare (registered and non-registered) and early years services in their area;
- Advice & Assistance – To provide a Brokerage Service as a when needed;

- Safeguarding Children - Ensure parents and carers have appropriate information to help them take decisions on the suitability of childcare providers;
- Information about other services, facilities & publications - provide relevant services, facilities or publications that will be of benefit to parents, prospective parents, children or young persons;
- Information on services for disabled children - provide information about whether particular childcare is suitable for disabled children and about services, facilities and publications which may be of particular benefit to disabled children, young people or their parents;
- Access to the information service - Ensure that all persons can access the services offered by the Family Information Service;
- Service Delivery - Ensure that the service delivered, through regular self evaluation, is at the highest quality and that the data and information provided is accurate and staff are fully trained to meet the needs of its customers.

9.17 The service does produce a variety of information for families, for example, telling them which Childminders pick up from their child's school, and ask other appropriate questions, for example, what entitlements might help them pay for the childcare, that the parent had not initially asked about. More detailed enquiries range from concerns about a child's development or a recent diagnosis, rights as working parents, activities to do after-school or as a family to divorce and separation.

9.18 The Family Information Service has also recently taken on the School Choice Advisory role. The role of the Choice Adviser is to work with families & carers to help them understand their child's educational needs and interests by providing and explaining key information in order to help them make an informed choice. This will involve organising information sessions, individual meetings, telephone contacts and drop in sessions for parents. A central component of the work of the Choice Adviser is that the advice they give is independent, impartial and in the best interest of the child, this is why it was best felt that the role should sit underneath the Family Information Service.

9.19 A performance self evaluation of the service has been adopted by sending out Childcare Provider and Parental questionnaires, to ensure that the service is meeting the needs of its users, with a high level of standards. The information gathered has helped form the basis of the Family Information Service strategy and planning for the next couple of years and has been used to provide a base to work towards achieving the National Association of Family Information Service Family First Award.

9.20 The service is currently meeting the Section 12 duty and the authority is now looking at ways to work closely with other teams and services to raise the profile of the service and to make accessing information, services and activities easier across the early intervention spectrum. Members believe it would be beneficial if this service had a full directory of services regularly updated of family support and early intervention services available by locality. This would be very beneficial for signposting families and other professionals of services available locally.

- 9.21 Members would also wish to see a greater promotion and publicity of family support/early intervention services so that at any point of contact by a member of the public with Council services they could be redirected and signposted to the appropriate services and support.
- 9.22 Children's Centres
- 9.23 Cheshire East has 19 Children's Centres (twelve phase 2 and seven phase 3) all delivering services to their local communities in partnership with other agencies. A footprint can be found at Appendix A.
- 9.24 Children's Centres are a valuable community resource providing a wide range of service for children and their families. They aim to improve the lives of children and their parents by bringing together early education, childcare, health and family support services in the heart of the community. Each centre has the support of a range of professionals including health visitors, midwives, family support workers and early year's practitioners to provide quality service and support.
- 9.25 Every Children's Centre has access to:
- Integrated nursery education and day care.
  - Family support and home visits.
  - Child and family health services.
  - Specialist support for children with additional needs.
  - Family learning and support.
  - Training and back to work support.
  - Children's Information Service.
- 9.26 Each centre provides a range of services including:
- Early education and care for children aged 3 months to school age.
  - Drop in sessions for information, advice and support.
  - Healthy lifestyle activities.
  - Antenatal and post natal support.
  - Young parents' groups.
  - Stay and play sessions.
  - Training and back to work activities.
  - Specific drop sessions for child minders.
  - Parenting support and advice.
- 9.27 Families requiring additional support will be identified from these universal activities and supported to access more targeted or specialist services.
- 9.28 The phase 2 centres deliver the full core offer of services are all located on a primary school site with the exception of Oakenclough which is housed in a former school alongside a wider range of services.
- 9.29 The phase 3 centres, designated by the 31<sup>st</sup> March 2010, are now in the third ('operate') stage of development. They have two years from the date of designation to reach the full core offer of services. Phase 3 centres, serving the more advantaged communities, have more flexibility about their opening hours and the service offer, in line with local needs. There is, however, a universal level of service that must be provided by all centres so that families, whatever

their situation, feel the benefit of better integrated, more accessible, responsive services.

- 9.30 Phase 3 centres are being developed in partnership with a range of agencies including schools, health and the library service. This more flexible model is in the early stages of development and has proved to be challenging. Although children's centres are fundamentally about service co-ordination and delivery, establishing identity and engagement is more challenging where the 'centre' is a small part of a larger service. This model requires centres to identify a number of delivery points across their footprints which are often large rural areas, and work on an outreach basis with other agencies delivering services to children under 5.

*9.31 Site Visit - Children's Centres*

- 9.32 In the process of this review, Members of the Task and Finish group visited four children's centres in Cheshire East in order to gain an understanding of what services are provided and where possible improvements could be made. The Children's Centres visited are as follows:

- Monks Coppenhall, Crewe
- Underwood West, Crewe
- Congleton
- Broken Cross, Macclesfield

- 9.33 A number of themes emerged from the visits. Firstly, it was immediately apparent that the centres' offer excellent facilities with a range of innovative initiatives ran by skilled and enthusiastic staff. For example, the Broken Cross Centre in Macclesfield has an allotment which encourages healthy eating and for children and their family's to try new things.

- 9.34 It was also apparent that the service has a number of gaps which need to be rectified in order to make further improvements. Firstly, it is clear that nearly all of the centres have capacity issues with either regards to the physical space of the centre or the number of staff available. As a result of this, it has proved very difficult for staff to perform extensive outreach work outside of the centres.

- 9.35 A point linked to this issue, is the lack of joined-up working and information sharing that currently occurs between Children Centre's and partners in the third sector and other public services. For instance, it was outlined that closer work with midwives and GPs would be beneficial. Greater coordination of Children Centre's work with partners in the locality could be strengthened and there is a keenness by the managers to progress this important agenda. This would seek to reduce any duplication and would hopefully help address capacity issues. In line with the theme of joined-up working, it was also found that whilst one Children Centre visited was working well with the local EIP this was not consistent across the board and needs to be improved. Furthermore, it was made apparent to the Task and Finish group members that some children entering the centres had not been had completed CAFs when appropriate. This was cited as a key issue in inter-agency working and role and implementation of CAF needs to be improved.

- 9.36 An interesting issue which emerged from this review was that Children's Centres often struggle with publicising themselves. Indeed, a number of

comments were made which suggested that the respective communities do not really have a full understanding of what children's centres are for and that anyone, regardless of links to attached schools, can attend if they wish. It was suggested therefore, that in order to make the most of the facilities, the centres need to be publicised better to the communities and partners that can use them. Also there was inconsistent take up and in certain areas a lower number of referrals to Children's Centres by Health colleagues and social workers. This is surprising considering the increase in referrals and numbers of children becoming cared for

- 9.37 In relation to access to the Children's Centres, it was found that not only is there a lack of understanding about what the centres provide, it was also often difficult to find them due to poor signposting to the buildings themselves. Additionally, it was also noted that in areas with a large proportion of ethnic minorities, the provision of an interpreter service is often limited. This situation may be helped if the interpreter posts could be match funded by the health authority.
- 9.38 Currently the age range for children using the Centres has been 0-5 years although we understand this has recently been agreed to be increased to 11 years which we support.
- 9.39 It was clear that Children's Centres are an excellent and worthwhile facility and have a big role to play in Cheshire East's family support/early intervention agenda. However, it was also apparent that services are struggling to be consistent in their delivery of Family support and early intervention. This could be due to a lack of capacity – something that could be significantly improved by a rationalisation of resources and better inter-agency co-operation.
- 9.40 Key areas identified to progress are signposting, referral rates from Health and other services, information sharing and improved integrated working with partners in the locality or footprint.
- 9.41 Members would like to see all Children's Centres set targets for an increase in referrals and usage for all identified vulnerable children under 5 in their area e.g. all children subject to child protection plans to be referred to the Children's Centre in their area. This should then be monitored
- 9.42 *Family Centres*
- 9.43 There are 4 family centres in Cheshire East. Family Centres evolved out of the old Local Authority Day Nurseries. It was found that just supporting the child through nursery provision was ineffective as the problems in the family were not dealt with and the situation often deteriorated once the child started school. The concept of Family Centres was that the whole family would be worked with. Children still attended the centre for structured groups and home visits were conducted to support the parents as well as some group sessions for parents at the centre. Over recent years this model has been eroded by demands for parenting assessments and contact sessions for the hugely increased numbers of children going through the court process and entering the cared for system (children in care). Demands for long term contact has grown, as research is clear contact helps to make placements more secure, then more long term contact orders are made. The preventive work has consequently decreased. No children's groups are held, little parenting group work is possible and early

intervention has reduced. These functions are now provided by the emergent children's centres and third sector providers.

9.44 The current services offered at Family Centres are:

- Parenting assessments, (some directed by court mostly but some for the child protection system).
- Supervision of contact; to facilitate assessment, support rehabilitation, maintain relationships, or with new babies promote attachment and bonding.
- Family support to families where there is high risk of break down or abuse.
- Some direct work with children and young people
- Life Story work capturing the history/story of a child who is separated from parents and family
- Some parenting programmes, however further programmes need to be developed

9.45 There are currently 4 Family centres:

- Bradshaw house in Congleton, covering Congleton, Holmes Chapel and rural area.
- Hurdsfield Centre in Macclesfield, covering Macclesfield, Wilmslow and Knutsford.
- Sandbach House Centre in Sandbach covering Sandbach, Middlewich and Alsager
- Ethel Elks in Crewe covering Crewe and Nantwich.

9.46 *Site Visit - Family Centres*

9.47 Interestingly a number of similar themes emerged from the site visits to the family centres to those discussed above regarding children's centres. After speaking to staff at Ethel Elks Family Centre, Crewe and Hurdsfield Family Centre, Macclesfield respectively, it became clear that services once again are not always coordinated and integrated to best effect. It was suggested to the group that whilst examples of good partnership work exists, it would be beneficial to enhance coordination and integration in each locality between the relevant Children's Centre, family centres, school and EIP's, Adult services , partners in the health services, and third sector organisations.

9.48 Members were informed that family centres had previously done a lot more preventative work but over the last 5 years there has been an increase in court referrals and supervision of contact, which now take up the majority of staff time. Whilst most staff are skilled and very experienced, they are keen to do more targeted early intervention and family support. A significant number have been trained in delivering parenting programmes and are skilled in parenting work which again is not being used to best effect. It became apparent when talking with staff that well over 50 % of the cases they are working with involves supervision of contact, sometimes over many years. Therefore the majority of the work involves supervision of contact and not family support or targeted early intervention. This has been confirmed in a recent audit of cases being worked within the Family Centres. This has often resulted in families being worked with by the family centres with a focus on supervision of contact often resulting from court hearings and very little early intervention or targeted family support being offered prior to families children coming into care. This is

certainly not the best use of the resources and skills of these staff especially in the light of the increasing numbers of children coming into care.

- 9.49 The group recognises that due to the type of work undertaken by family centres, it would not always be suitable for them to be fully integrated with the children's centres. Having said this, there is obvious scope for both services to work more closely together as part of an integrated early intervention service that can target resources and interventions more effectively.
- 9.50 Staff also spoke about the significant amount of time they were being used to transport children for contact as well as the high volume of taxi's being used. The issue of transport was identified as an area to achieve greater efficiency.
- 9.51 Staff also suggested to the group that it would be more useful if they were used to undertake family support, early intervention and parenting programmes (as part of a menu of interventions) rather than supervision of contact. It was also proposed that the possibility of commissioning supervision of contact should be explored.
- 9.51 Members have been assured that the issue of contact is actively being reviewed in the service and will include:
- Current cost of providing supervision of contact within the service
  - How much would it cost to commission supervision of contact and would there be a saving
  - Whether or not all the buildings being used would still be required
  - Whether or not contact work could be undertaken in schools and / or other settings
  - How much money is spent on transport to the family centres
- 9.52 *Role of Children's and Family Centres in Early Intervention*
- 9.53 Effective targeted outreach of integrated family support services make an important contribution to safeguarding and child protection work, by preventing families from moving up the continuum of need and supporting others to move down.
- 9.54 Outreach family support is part of the core offer of services provided by Cheshire East children's centres to families with young children. This work is delivered by Early Intervention Family Support Workers (EIFSWs). Support is offered to parents where professional staff judge that they or their children face significant, additional risk of poor outcomes, or parents themselves ask for further help. This can take the form of one to one support through home visiting or more intensive structured group parenting programmes. In addition the EIFSWs also support Early Years Workers in universal 'stay and play' sessions to identify parents who may require additional support. EIFSWs generally work 80% of their time within the family home and 20% delivering targeted group work e.g. parenting.
- 9.55 The support delivered has a clear structure and defined objectives, and uses the CAF (Common Assessment Framework) as a tool to work in a holistic way with the whole family. Predominately this targeted work is with families who are identified as requiring additional support at Level 2/3 on Cheshire East's Continuum of Need (known as targeted support). They also offer 'brief

interventions' which may involve sign posting parents and families to other services or dealing with one off crisis issues. Families requiring support at Level 4 (known as specialist support) from a children's centre would involve a partnership approach with Social Care. The aim is to work with families at an early stage and prevent escalation of need to the point when statutory services are then required.

9.56 Children's Centres Support:

- Teenage Parents
- Lone Parents
- Families living in temporary accommodation
- Families living in poverty
- Workless households
- Parents with mental health, drug or alcohol problems
- Families with a parent in prison or known to be engaged in criminal activities
- Families from minority ethnic communities
- Families of asylum seekers
- Parents with disabled children
- Disabled parents with children

9.57 The family support services identify the following key principles for supporting parents and families:

- The needs of children and young people should always come first.
- The views of children, young people, parents and families should be taken into account when services are being designed and delivered.
- Support should build on families' strengths and support their needs ensuring equality of opportunity for all.
- All parents and families should know how and where to get help when they need it.
- Support should be available through universal services; wherever possible these should be accessible, flexible and delivered within non-stigmatising settings.

9.58 EIFSWs are line managed by a Lead Family Support Worker who is Social Work qualified, with the exception of the service in Macclesfield which is commissioned from Action for Children. All workers receive monthly supervision which includes case supervision. The number of cases per worker can vary depending on need and number of children being supported within each family.

9.59 Estart is the information management system used in children's centres. It is provided by Capita and when commissioned, it was the market leader. However, the system has some limitations and its potential is still being explored. It is effective at capturing the number of children in the footprint with whom the centre has made contact and the number of times a child visits the centre but is more limited in capturing impact and outcomes.

9.60 Each children's centre is expected to 'reach' all children under 5 in its footprint. This reach includes contact with universal services, particularly health. Capturing this 'reach' is challenging, particularly in the absence of effective information sharing arrangements with health. However, a significant number of

families access universal health services from children's centres, particularly ante and post natal support via midwifery and health visiting.

9.61 *Role of Children's and Family Centres in providing universal and targeted services*

9.62 Children's Centres should operate as the universal setting from which the need for targeted family support services is identified and addressed.

9.63 Members were made aware of research undertaken by Action for Children looking at the delivery of intensive family support services delivered through early years services which found:

- Intensive support can make a positive difference to the lives of children and their families in even the most challenging circumstances.
- Targeted support is not seen as stigmatising by parents and young people, who welcome a personalised approach to their problems in order to produce personalised outcomes.
- There is a vital need to ensure that bridges to service access are constructed between different levels of need.
- Robust outreach is essential to make a reality of access for those families who are seen as being the most 'hard to reach'.
- Workers with a wide range of skills and professional backgrounds can work together to deliver a high quality family support service.
- Intensive family support based on sustained professional relationships is particularly effective in cases of neglect.
- Effective family support encompasses services which deliver both practical help and emotional support.
- The measurement of an individual child level outcome needs to allow for the concept of added value, given the complex needs of many families in receipt of targeted services.
- A genuinely preventive approach seeks - at every point - to prevent 'something worse' happening, whatever that may be.

9.64 As well as the need for greater coordination of universal and targeted services across Cheshire East, Members were also made aware of the benefits of targeted intervention and a more rapid response for a small number of families in an area of known deprivation for a small number of families who had been known to many different agencies over many years (sometimes over generations). This is being explored as part of the Crewe Total Place pilot..

9.65 **Summary**

9.66 The greatest challenges to the service:

- Increasing the number of referrals from other agencies which are lower than one would expect
- the apprehension, particularly from health workers, with the CAF process and their reluctance to use the pre CAF assessment tool to identify needs
- increasing the number of children with child protection plans being worked with
- getting families to register with a centre

- 9.67 The Task and Finish Group also discovered that over 50% of staff time in the Family Centres is spent on supervision of contact which does not use the skill and expertise of the staff and time. Members agreed that staff time could be more effectively and efficiently used on providing early intervention work and that the actions identified by within Children's services regarding contact need to be urgently progressed. Also the service needs to consider whether contact could not be delivered at an alternative venue, such as at the Children's Centres or Schools.

## **10.0 Other services within the Council**

### **10.1 Adult services**

- 10.2 In working with children and their families and providing appropriate support one needs to think more holistically of identify services and support for the whole family (as appropriate) . Children and young people live with adults and some of these adults have needs that can mean adult Social Care is involved with them directly. These include services (often of a targeted and specialist nature) for adults with mental health difficulties, LDD (learning difficulties and disabilities); domestic violence and drug and alcohol. Some key services are also provided and commissioned through supporting people grant (especially domestic violence, drug and alcohol and housing). Some of these services are well connected to children's services and Children's Centres. However a common theme emerging from the questionnaires was that the sign posting of such services could be improved and multi agency working could be strengthened. It is important to also consider how services for families are delivered out of hours and this is an important feature of a recent review of the4 Emergency Duty Team and has involved a collaborative approach across Children's and Adults services.

- 10.3 Adult services are also leading on a piece of work called Crewe Total Place Initiative which is a mix of all the statutory partners working in a case committee way with young people, adults and the whole family to address issues being presented to a multiple of agencies as well as agreeing with the person or family their priorities for addressing the need for statutory contact. This is likely to focus on families where there has been a large number of agencies involved for many years and sometimes over generations but with no positive impact and often at great cost.

### **10.4 Health and Well Being**

- 10.5 A wealth of services providing support is available from partners and colleagues delivering leisure, sport, play, development including summer activities. Other services and important support come from libraries and the Green Spaces team. Some children's services and support are delivered direct form libraries and have included Children's Centre provision from Holmes Chapel library. Some of these services are universal and others are more targeted and need to be further promoted and used in line with identified needs for individual children and families.
- 10.6 Leisure passes are also available for our cared for children. This is a fantastic resource but there is currently a low take up. This is surprising considering the increasing and rising number of children being cared for. It could be evidence

once again of a lack of coordination and awareness of some of these services. This needs to be improved through more effective communication, publicity and signposting.

These services are outlined in more detail in Appendix B

## **11.0 Working with Partners**

### **11.1 Third Sector**

11.2 As alluded to in the definition of Family Support services given above, it is not only statutory bodies that provide services, support and advice to families. The third sector and other voluntary bodies have an important part to play too and it is imperative that these are included in any conversations about the future shape of Family Support services in Cheshire East.

11.3 In light of this, the Task and Finish Group heard evidence from the Voluntary and Community and Faith Sector HUB regarding Cheshire Children, Young People and Families. It was explained that the HUB serve to pull together the voluntary service sectors and that a core group of 20 national and local organisations exists. These organisations meet monthly to hold business meetings to spread information to partner HUB organisations.

11.4 The HUB holds an annual event which celebrates what has been achieved and to share information. It also hosts training events as a result of the partner needs. The HUB has made some significant developments with regard to the Think Family Agenda and a lot of work has been done to measure the impact of its work and providing supporting evidence.

11.5 Despite the positive work of the HUB, it is facing a number of challenges. These are as follows:

- Funding - in previous years this has been received from the Local Authorities and Learning Resource Network. However this year Cheshire West and Cheshire Council have only provided funding until August 2010. This would have a significant impact on the work provided within that Borough and is a serious concern for the HUB.
- Engaging faith communities - this is improving, however further engagement is required
- Encouraging the third sector organisations to work together particularly with regard to receiving funding.
- Capacity of small organisations - they are keen to be involved but need to have the same policies and procedures as the larger organisations in place. Therefore training and support for these organisations is required.

11.6 Following from hearing evidence regarding the HUB, the panel met with representatives of the third sector to discuss their organisations roles and remits:

### **11.7 Catch 22**

11.8 Its objectives are to promote opportunities for the development, education and support of young people in need to lead purposeful, stable and fulfilled lives and to promote safer and crime free communities for the benefit of the public.

- 11.9 Its work includes tailored packages of integrated support, direct work with young people, community based environment work, school based support, working with families, safeguarding children and young people, multi agency working, community based projects and workforce developments.
- 11.10 Catch 22 is commissioned by Cheshire East Council to support and manage a small team of early intervention workers to enable children/young people and their families to achieve their full potential in accordance with the 5 Every Child Matters outcomes. This includes an element of offending prevention through positive contribution and a range of other early intervention methods which are addressed at the whole family. Catch 22 also receives lottery funding and were currently seeking additional funding.
- 11.12 It was reported that Catch 22 operates through CAF (Common Assessment Framework) and has good working relationships with other third sector organisations as a lot of the work done was multi agency work. Catch 22 also works closely with the Children's and Families Centres. They were most proud of the early intervention and family support work.
- 11.13 **NSPCC**
- 11.14 NSPCC is a national charity which receives financial support through funding and fund raising activities. It chooses what services it delivers and is based in Crewe due to a high level of need in that area. The NSPCC are concentrating on neglect, running national services such as child line and other help lines and providing young witness support. With regard to domestic violence it was felt that the former County Council had strong partnerships with the third sector which would be a hard act to follow and that Cheshire East needs to collaborate more with the different agencies.
- 11.15 Finally it was highlighted that while multi agency working in Crewe was not strong the practitioners worked well together.
- 11.16 **Action for Children**
- 11.17 Action for Children is commissioned by Cheshire East Council and through area based grants to provide early intervention in Macclesfield. It provides children and their family's access to universal services through the Children's Centres that traditionally they would not have access to. It was noted that improvements needed be made in order to reach a wider audience and that information and statistics need to be more readily available from the health service.
- 11.18 **Home - Start**
- 11.19 Home - Start provides one to one, personalised support to parents and families who have at least one child under 5 in the Crewe and Nantwich area. Volunteers visit families at home once a week, supporting parents in situations as diverse as isolation, illness, depression and mental health illness, disability or who find parenting a struggle. Volunteers provide non-judgemental practical and emotional support and each volunteer is carefully matched to a referred family. Referral is made by a form and taken from health visitors, mental health teams, Children's Centres, social care and self referral. Each volunteer is carefully matched to a referred family and offers 3 to 4 hours a week of home-

visiting support. The volunteers are from the local community and undertake a 10 week/40 hour course, are CRB checked and put through the Paris System.

11.20 Home-start is well used and has a waiting list. It also receives financial support through fund raising activities.

11.21 **Visyon**

11.22 Visyon promotes and improves the mental and emotional wellbeing of children and young people aged up to 25 through the provision of counselling and complementary activities. Visyon is based in Congleton and delivers services throughout Cheshire East, Cheshire West and Chester and North Staffordshire. It was established in 1994 by a group of volunteers as a response to three teenage suicides in Congleton.

11.23 It is partly funded through contracts with schools and other organisations, they also receive funding through the National Lottery with match funding from CRH Charitable Trust. Having said this, funding is an area of concern for Visyon.

11.24 One of the big challenges for Visyon is providing data. They are currently exploring the possibility of purchasing a IT package to monitor and measure a persons well being.

11.25 **Connexions**

11.26 Connexions have also made the following contributions to family support:

- All age careers guidance. Advisors are based in all schools and colleges and have links to training organisations.
- Undertake career guidance interviews in schools.
- Attend parents' evenings.
- Work with teenage parents, supporting them into education, employment and training.
- Provide sexual health service for young people via clinics in the Crewe HUB and condom distribution across Cheshire East together with information/advice and signposting to other services.
- Provide information and advice on benefits.
- Advise foster parents
- Provide mediation work with young people who leave home
- Work closely with Police and other services to support young people who run away or are at risk of running away from home.

11.27 The above services may be impacted by the recent changes to their funding.

11.28 **Budget**

11.29 Third sector commissioned to deliver family support 2009/10

Action for Children 5-13 Family Support	60,000
NSPCC Family Support	60,000
Catch 22	81,677
Action for Children 0-5 Family Support	338,771
	<b><u>539,771</u></b>

Third sector commissioned to deliver elements of family support 2009/2010

Crewe Women's Aid	18,000
Macclesfield Women's Aid	18,000
Homestart Crewe	23,000
	<b><u>59,000</u></b>

11.30 **Summary**

11.31 Members note the key role that the third sector play in the important area of providing family support and early intervention within the local community. The increasing valuable role of volunteers is also noted.

11.32 The representatives of the third sector agreed that in order for their organisations to be effective they needed to work in partnership. They have regular contact through the HUB and felt that whilst the practitioners worked well together, the strategic approach and coordination could be improved.

11.33 The third sector also agreed that relationships with the Health Sector needed to be improved as adequate data was not being received. They also highlighted that they provide a professional service, are value for money and should be considered as an option to provide services, additional and complimentary to council provision.

11.34 Again services need to be more widely publicised and signposted on a locality basis.

11.35 **Family Support Services provided by the Health Authority**

11.36 The Health Authority also provides the following family support services:

- Midwifery – support to more vulnerable families through identification of need at initial health and social care needs assessment at 12 weeks of gestation.
- Health Visiting – through the universal offer and targeted work with vulnerable families.
- School nursing – elements of engaging with whole families
- CAMHS – Through individual therapy and programmes like Webster Stratton parenting programmes.
- Vol Sec – Homestart jointly commissioned provision by CECPCCT and Cheshire East Council.
- Complex care teams and Hospital at Home teams – providing support to children with long term needs.
- Drug and Alcohol Services (joint funded) – working within a family context where there is consent for 16+.
- Adult Mental Health Services – working with adults who have dependants
- Domestic Abuse Family Support Unit (joint funded) – works with families where there are domestic abuse issues. In 2009/10 worked with 304 adults in households where there were 403 children and young people present.
- YOS – mental health nurses in YOS also engage with parents funded via the PCT.

11.37 **Schools and Education Improvement Partnerships (EIPs)**

- 11.38 EIPs were established as a way of bringing schools together to create improved working and value for money. They provide a variety of different approaches and provision of family support and they can offer extended universal services that could not be offered by the authority such as out of hours and holiday clubs.
- 11.39 With regard to funding, the local authority distributes funding to the EIPs for them to decide how it is spent. The EIPs are then expected to submit a business plan to outline how the money had been spent, however this has been more effective in some areas than others, as not all the EIPs had focused on outcomes. Because of this, each area received a different service resulting in a lack of consistency across the Borough.
- 11.40 Due to budget pressures and changes proposed by the Coalition government it is unclear how the funding would be delivered in the future. Having said this, the EIPs have other funding stream available to them and some areas were looking at the possibility of collaborating or restructuring. Additionally some schools found family liaison worked.
- 11.41 **Commissioning**
- 11.42 The authority only has a relatively small budget for commissioning Family Support Services. This budget has primarily commissioned specialist and skilled practitioners to deliver targeted support.
- 11.43 The Task and Finish Group were informed that third sector organisations will have to meet a specification to enable them to receive funding. Officers have undertaken an appraisal of who provides specialist services and where they are provided and subsequently defined what a service should look like and created the specification around what is needed. Only a small part of the third sector could deliver this specification and they would have to work to a specific job description and receive the appropriate training and checks.
- 11.44 Family support and early intervention can be complex and families could need support with a range of issues that are below the threshold for referral to statutory agencies.
- 11.45 Commissioning is key in deciding how best to use resources in the public interest. Effective commissioning applies evidence of “what works” to improve outcomes for local people and is becoming increasingly important as budgets are reduced.
- 11.46 It should provide a robust and objective way of making decisions about the use of scarce public resources so that they have maximum positive impact on the lives of children and their families. Effective commissioning starts with a strategic understanding of how the whole system works and how the total resource is used.
- 11.47 It is important to ensure that reliable and relevant evidence is used systematically to design, develop, implement, evaluate, cost, commission and decommission early interventions.
- 11.48 It is important to progress a more integrated approach with adults commissioning. We understand that this is currently being actively progressed across Adults, Children’s and Health and Well Being. This should improve a

more integrated and consistent approach regarding of commissioning of services and support for the “whole family” and may well identify efficiencies..

**11.49 Information Sharing**

11.50 This was a significant and worrying theme that emerged during this review. It was very apparent on visits to the Children’s Centres where managers and staff spoke about poor information and data sharing especially from Health colleagues. This is especially concerning about lack of sharing of information regarding live birth data. This has had a significant impact on Children’s Centres being able to engage or reach families at the earliest opportunity. Members were so concerned by this they asked for this to be addressed and are now happy to report that an information sharing protocol between Health and Cheshire East Children’s services has been agreed through the Children’s Trust. However Members would want this to be monitored closely to ensure information sharing improves on the ground.

**11.51 Questionnaires**

11.52 As part of this review questionnaires were widely circulated to Children’s Centres, Family Centres and other settings for staff and families using the service to complete.

11.53 27 were completed by families using the services and 24 were completed by professionals working in the settings, while a number were also completed by Health colleagues referring or using the Children’s Centres.

11.54 The feedback received has been invaluable. A lot of positive feedback has been received regarding the services as well as some common themes emerged including:

- A theme was around lack of knowledge and how to access from some key services for adults e.g. adult mental health,
- 3 service users saying they could not access housing support
- 4 service users saying they could not access support for mental health issues
- 2 service users said they would like access to parenting classes
- 4 examples of telling friends
- A significant number had issues regarding domestic violence, housing and rent and financial matters
- 5 service users said they did not get copies of their care plans or assessments
- Many commented users said they did not have access to internet so could not access information that way

11.55 Some staff commented on reluctance by other professionals to complete or take a lead in doing CAF’s

**11.56 Some quotes from service users:**

- “Not sure what is available or what it may cost”
- “Information about family support did not specify in what locality it was available”

- “Internet information was discouraging and scared me”
- “I cannot read so could not see any written information”
- “I had help sorting out my rent and housing and money”
- “The CAF process has helped me and my family. It has set us goals and targets that can be achieved”
- “I had no confidence before, now I feel more confident and well supported and I can ask if I need help” (CC Children’s Centre)
- “I was worried that I would be viewed as a bad parent. Before I met my FSW I had asked lots of people for help and nothing happened...now my FSW does what she said she was going to do”
- “I was pregnant and spoke with my midwife and asked for help as I had had issues in the past and had a child adopted when younger. A referral was made for a FSW at the Children’s Centre... all health appointments are here. My midwife and FSW are brilliant and even came to my house. I have kept my child which is all I ever wanted”
- “I feel listened to” (CC)
- “I have been encouraged to be more confident and have had help with my parenting skills”
- “I had help with my 18 month twins...I felt isolated and was new to the area. The Children’s Centre was very welcoming”

#### 11.57 **Continuum of need**

11.58 The term “continuum of need” is a phrase used across Children’s services. It is sometimes described as the “windscreen” and describes the wide range of need and interventions from universal through to targeted and universal. A key message from recent research is that it is inappropriate to view earlier intervention as an alternative to later intervention, when difficulties have become embedded. Many children and families may need continuing support and interventions at different times. A better model is a continuum of services that are appropriate at different stages in the life course of problems. Some children and families may need ongoing support, while others may have their needs addressed by an earlier intervention but do not require later interventions.

11.59 The diagram often referred to as “the windscreen” illustrates the continuum of needs and services and where the CAF and lead professional fit. The continuum of need/windscreen has only recently been adopted in Cheshire East but is now agreed by the LSCB and the Children’s Trust. Members fully support this being further embedded and underpinning the future provision of interventions (Appendix C).

#### 11.60 **CAF (Common Assessment Framework)**

11.61 The CAF is a standardised approach to conducting assessments of children's and families' additional needs and for developing and agreeing on a process through which agencies work to meet those needs. It aims to enable early identification of needs leading to planned and coordinated provision of services for children, young people and their families. However there remain inconsistencies and variabilities about the implementation of CAF locally. There is a need to implement and embed the CAF process uniformly whilst looking at the impact of the process on improved outcomes for children and their families. Some practitioners were concerned with the amount of work involved in filling out the family details where a number of children within the same family were involved. The Task and Finish Group understand that if CAF forms are filled in using the correct data processing system, the common family details can be automatically entered.

11.62 **Budget**

11.63 Children and Families Service has a net budget of £37m for 2010-11, compared with a gross budget of £298m, demonstrating the reliance of the service on funding which comes from government grants, the biggest of these being the Dedicated Schools Grant, which for 2010-11 is £200.6m and of which over £182m is passported directly to schools. The underlying position facing the service continues to be one of budgetary pressures, the final outturn for Children and Families non school budgets for 2009-10 was an overspend of almost £4m, but by the careful application of grants during the year, fully utilising all the SureStart grant and Standard Funds wherever possible the reported outturn for the service was managed down to £1.1m. This was the result of a planned approach to hold grant money back from commitment during the early part of the year, combined with the impact of a new service structure being implemented in the later half of the year.

11.64 However, the budgetary pressures facing the service in 2009-10 are continuing into 2010-11. In 2009-10 £12.3m was spent on child placements, against a budget of only £10.4m. The demand for Children Social Care Services has increased by 25% since April 2009 and the underlying overspend has increased further due to the continuing increase in numbers of Children coming into the service. In house care facilities are at full capacity meaning that children are being placed in high cost external placements. It is envisaged that this overspend will continue in future years due to the increase in the number of referrals being made to the department and the ongoing increase in the number of referrals being made to the department and the ongoing increase in the number of Looked After Children (LAC). The number of children has increased from 370 in November 2009 to 477 currently and this is continuing to rise. In 2009-10, £1.8m was spent on family Support in Family Centres and £3.8m was spent on Children's Centres. In 2010-11 Phase 3 of the Children's Centre Programme came into operation, increasing the Children's Centre budgets to £5.5m

11.65 **Headline figures:**

11.66 A child with severe conduct disorder costs £70,000 (1995 estimate) with indirect costs 7 times that. Parent training would be approximately £600 per child  
The cumulative cost to public services of children with troubled behaviour is ten times that for other children

The current budget for 2010-11 includes a savings proposal as follows: -

	<b>2010-11 £</b>	<b>2011-12 £</b>	<b>2012-13 £</b>	<b>Total £</b>
Review of Family Centres/Children Centres	-150	-50		-200

11.67 These savings were intended to be achieved through a refocus of delivery options rather than a wide scale review of the service and possible closures of centres.

11.68 Family Support, including Family Centres and Children Centres, is now being reviewed in its entirety. It is likely that some transformation of the service will be required pending the recommendations of the review, and potentially some centres will need to be closed. Anticipating this, revised savings proposals have now been put forward as part of the 2011-12 budget setting process.

The savings proposal being put forward for next year now assumes the following: -

	<b>2011-12 £</b>	<b>2012-13 £</b>	<b>2013-14 £</b>	<b>Total £</b>
Review of Family Centres/Children Centres	-430			-430

11.69 It was extremely difficult for the group to receive the relevant budget information as financial information was held across different budget headings and service areas and initially was difficult to collate. Members agreed that the financial systems used needed to be improved so that there could be more effective oversight, monitoring and scrutiny of financial spend on family support (including staffing).

## **12.0 Additional Information**

12.1 Alongside this review were two important pieces of work underway relating to Family Support and early intervention. These were the Redesign of Children's Services (focussing on early intervention and integrated working) and a review

of family support being delivered within Children's services. The group considers these two pieces of work to be very timely and supports the recommendations and actions contained within them.

- 12.2 Members are reassured to see that some of the issues which arose out of this review are already been actioned. Members would want to ensure that the recommendations are progressed as a matter of urgency.
- 12.3 An organisation called C4EO (Centre for Excellence and Outcomes) is also offering some additional sector support to Children's services, regarding progressing early intervention by facilitation of a conference titled Early Intervention: Moving Forward with Action later in November; development of an Outcomes Based Methodology (OBA) and collection of data on a locality basis. C4EO is a leading national organisation that is pulling together evidence of effective local practice in early intervention.

### 13.0 **Conclusions**

- 13.1 Throughout this review, Members have become increasingly aware of the importance of family support and of the evidence that early intervention is a force for transforming and improving the lives of children, families and communities, especially the most disadvantaged, this is becoming more clearly evidenced for social and personal outcomes along with the economic advantages it brings. It is important that as part of this review there is a need for our services to change too. Within any prospective change, it is also apparent that the service must be equipped to be able to cope with and respond to, the difficult challenges that we face in the coming years.
- 13.2 Increasingly more and more research and evidence is available to show that early intervention works both with regards to improved outcomes and greater efficiency of resources and services being delivered. It is better to identify problems early and intervene effectively to prevent their escalation rather than respond when the difficulty is acute, or results in family breakdown and / or possibly a child coming into care.
- 13.3 Services are required that are part of a continuum of services available and appropriate at different stages in the life course of problems, with the overriding need to identify the most appropriate intervention to match specific needs at a particular point. Consequently, a service is required that is flexible, appropriate and timely whilst being able to apply the philosophy of early intervention. Indeed, as this review progressed it emerged that it is better to identify problems early and intervene effectively to prevent their escalation. Also with increasing knowledge and understanding of human development, especially in childhood, it is possible to identify many more problems earlier. Therefore, in a time of increased budgetary pressures, it is important to note that any temptation to cut back on investment in early intervention needs to be resisted, for short term financial gains can often lead to long term costs. The challenge for Cheshire East is how to get better value out of the money already being invested.
- 13.4 A key theme throughout the review has been the lack of a co-ordinated and effective joined up approach to family support and early intervention, staff are working hard, but this lack of coordination means they are not always as effective as they could be. There is a clear need for a strategic framework and

structure. It is positive that the current services being delivered will now come under one Principal Manager within Early Intervention and Prevention. This should ensure integrated service delivery, menu of interventions and a strengthened parenting strategy.

- 13.5 Another theme emerged is an inconsistency amongst front line practitioners about their knowledge of what local services are available. This was also reflected in feedback from the questionnaires from families and front line practitioners of a lack of knowledge of what services are available. Even when some information was available it did not identify it by specific localities. There did not appear to be an up to date detailed parenting strategy or a directory of services, although we understand this is now being progressed. As the service delivered have not been coordinated through one structure there has been the potential for children and families being 'misdirected' as they pass through various services. Not only is this inefficient and costly, it also affects the child/family and erodes trust. Often good signposting is based on local knowledge which comes from positive multi agency working relationships. Once services become more consolidated, there is a need to publicise and promote the services that are available by locality for families, carers and practitioners.
- 13.6 It was apparent that there is no process for systematic referrals to children centres for all children within the identified age criteria within the locality.
- 13.7 Effective commissioning starts with a strategic understanding of how the whole system works and how the total resource is being used – not only within the Council itself but with third sector and public sector partners also. Further to this, this review stresses the need to make better use of data already gathered on children and families from all relevant organisations in order to improve identification of need on a locality basis and also to show value for money. There needs to be a culture developed that promotes sharing and co-operation. There is a clear need to develop and progress a more integrated approach to commissioning across Children's, Adults and Health and Well Being.
- 13.8 This review has identified the need to open up the debate over the mix of universal and targeted services. Often, targeted approaches tend to be judged to be more cost effective than universal services. However, evidence suggests that both types of support are needed. Clearly, in a time when capacity is reduced it is difficult to argue against positioning a ratio more favourably towards targeting services to those most in need. The difficult question is in how you achieve this without completely neglecting a vital universal service. One possible answer is to adopt the principle of 'proportionate universalism' which was coined in the recent Marmot Review. This concept suggests that to reduce inequalities, action should be universal but proportionate to the level of disadvantage. This review suggests the need for a variety (or 'menu') of family support and early intervention to reflect the different needs families face at different times (linked to the continuum of need) which would help the service to target interventions effectively and efficiently at the most appropriate time. This approach also recognises that children and their family's needs demand a variety of interventions at particular junctures. The challenge for the service is to make sure that interventions delivered are appropriate, timely and responsive to the needs identified.
- 13.9 It is also important that the delivery of early intervention has to take place on a locality basis and be sensitive to local circumstances. The group support the

drive for early intervention and integrated working on a locality basis as agreed by the Children's Trust through the Redesign of Children's services.

- 13.10 As well as an integrated model of early intervention Members would also be keen to develop an Intensive Intervention pilot – this could involve some targeted crisis intervention for a small number of our most vulnerable and chaotic families where a significant number of agencies are already involved, at great expense and with relatively poor outcomes. This may be a key feature of the Crewe Total Place Initiative.
- 13.11 Members are pleased to note that all family support and early intervention services will come under one Principal Manager in Early Intervention and Prevention and that work is underway to develop an integrated model of family support/early intervention delivered across the continuum of need and according to locality needs. The option of an annual conference on Early Intervention could be of value.
- 13.12 Members would want the positive work progressed during this review to be embedded especially the detailed financial data, information sharing processes, feedback from staff and users of the service as well as the implementation of key actions, proposed targets and recommendations to be monitored. This could all be reviewed as part of an Annual Report on Family Support and Early Intervention submitted to Cabinet and Scrutiny.

## **14.0 RECOMMENDATIONS**

- 14.1 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.
- 14.2 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.
- 14.3 That Early Intervention be adopted as the prevailing philosophy within the service.
- 14.4 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.
- 14.5 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.
- 14.6 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.
- 14.7 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 to reflect this, moving from 'universal reach' statistics to 'targeted reach' statistics.
- 14.8 Improve health workers and social workers knowledge of the role and importance of Children's Centres in order to improve the current referral rates.

- 14.9 Make Children's Centres more user friendly for disabled children (with a particular focus on the Early Support Model) to enhance equality and opportunity for disabled children and their families.
- 14.10 Ensure Children's Centres are adequately serviced by interpreters and to mitigate possible funding problems engage with the health authority on a shared funding responsibility basis.
- 14.11 Recognising that early intervention does not automatically mean early years intervention, ensure that adequate targeted support for families with older children is provided.
- 14.12 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.
- 14.13 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.
- 14.14 That the current usage of buildings be explored with a focus on the range of services to be delivered and the suitability of some of the 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).
- 14.15 Recognise that many experienced family Support Workers in Family Centres are inappropriately being used in undertaking long term supervised contact and redeploy them to 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.
- 14.16 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.
- 14.17 Closely monitor the effect of budget pressures/cuts on school provided family support and the possible counter effect of the Pupil Premium.
- 14.18 Seek to find efficiency savings in the area of transport costs for both children and family members associated with supervised contact services.
- 14.19 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.
- 14.20 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.
- 14.21 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 other service providers to have the 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.
- 14.22 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.
- 14.23 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 all agencies. A specific example would be Health sharing live birth data including the availability of management information relating to financial data).

## **15.0 Future Implications**

- 15.1 There are clear indications that early intervention is a key priority for the Coalition Government. 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. This will be underpinned by local Community Budgets focussed on family intervention. Sure Start services are also to be maintained in cash terms, although refocused on families with the most need of support.
- 15.2 Graham Allen MP was also commissioned by the Government in July 2010 to undertake an independent review looking at how children at greatest risk of disadvantage get the best start in life and the best models for early intervention (this will report in 2 stages in 2011). Two key aspects will be the focus on best practice and financial instruments.
- 15.3 The conference referred to on Page 33 was held on the 22/11/2010. It was clear from the presentation given by Officers from Blackpool Council that the systems and levels of cooperation recommended in this report are only a starting point.
- 15.4 Blackpool has demonstrated that a degree of cooperation and joint working way beyond our current ambition is possible. If the recommendations in this report are implemented in full there is every hope that Cheshire East will, over the next few years be well equipped to make the same journey.

## **16.0 Background Information**

- Information relating to third sector organisations.
- An overview of Family Support roles in Cheshire East
- Information on Sure Start
- Children and Families Service Redesign Bulletin
- Information on Children and Family Centres
- Information on Third Sector Organisations and contract for service.
- Budget information

### **Publications**

- Grasping the Nettle; Early Intervention for Children, Families and Communities (2010)
- Marmot Review (2010)
- Maternity in Early Years (2010)
- Backing the Future; why investing in Children is Good for us all – Action for Children (2009)
- Early Intervention: Securing Good Outcomes for all Children and Young People – Department for Children Schools and Families (2010)

## **Appendices**

Appendix A - Footprint of Children's Centres

Appendix B - Health and Well Being Services for Young People

Appendix C – Diagram, windscreen of the continuum of need