

CHILDREN AND YOUNG PEOPLE SCRUTINY COMMITTEE
23rd APRIL, 2012

**CHILDREN AND FAMILIES EARLY INTERVENTION AND PREVENTION REVIEW
GROUP – FINAL REPORT**

SUMMARY REPORT

Purpose of the Report

1. To present the outcome and findings of the Review Group established by the Children and Young People Scrutiny Committee to examine Children and Families Early Intervention.

Summary

2. A Review Group was therefore established by the Children and Young People Scrutiny Committee and all Members were invited to participate.
3. The Review Group met on 13th February, 12th March and 11th April, 2012 with Officers and its final report is attached. (**Appendix 1**).

Recommendation

4. It is recommended that Members approve the recommendations in the Final Report.

Paul Wildsmith
Director of Resources

Background Papers

Final report of the Review Group
Allison Hill : Ext: 2291

S17 Crime and Disorder	This report has implications for S17 as many children and young people come to the attention of services due to anti social behaviour or behaviour issues
Health and Well Being	This report has implications to address Health and Well Being for the residents of Darlington.
Sustainability	There are no issues relating to Sustainability which this report needs to address.
Diversity	There are no issues relating to diversity which this report needs to address.
Wards Affected	This report does not impact on a particular Ward, but Darlington as a whole.
Groups Affected	This report impacts on Children and Young People within Darlington.
Budget and Policy Framework	The MTFP, Budget and Council tax must all be agreed by full Council.
Key Decision	This is not a Key Decision.
Urgent Decision	This is not an Urgent Decision.
One Darlington: Perfectly Placed	The report contributes to the Sustainable Community Strategy in a number of ways through the involvement of Members in contributing to the delivery of the five themes.
Efficiency	This report does not identify specific efficiency savings.

MAIN REPORT

Introduction

1. This is the final report of the Review Group, established by the Children and Young People Scrutiny Committee to examine Children and Families Early Intervention.

Background Information

2. At the meeting of the Children and Young People Scrutiny Committee held on 9th January, 2012 it was agreed to commence a Review Group and all Members of the Scrutiny were invited to participate in the Review.
3. Terms of Reference for this Review were approved at the Scrutiny meeting held on 31st October, 2011 (**Appendix 1**).
4. A wide number of issues have been considered and discussed at three meetings of the Review Group held on 13th February, 12th March and 11th April, 2012 (**Appendix 2**).

Membership of the Review Group

5. All Members of this Scrutiny Committee were invited to attend the meetings of this Review Group.

Acknowledgements

6. The Review Group acknowledges the support and assistance provided in the course of their investigation and would like to place on record their thanks to the following :-

Jenni Cooke, Assistant Director, Children, Families and Learning;
David Mason, Acting Head of Family Support;
Mervyn Bell, Borough-wide Service Co-ordinator Early Intervention and Prevention;
Keeley Slack, Senior Social Worker, Early Intervention;
Suzanne Lamb, Whole Care Co-ordinator, National Health Service; and
Allison Hill, Democratic Officer.

Aim

7. The overall aim of the Review Group was for Members to familiarize themselves with Children and Families Early Intervention and to scrutinise the processes in place, taking into account the Darlington Health Profile 2011 indicators. Members to then make any recommendations they feel necessary to Cabinet and to continue to monitor the performance of Early Intervention.

Methods of Investigation

8. The Review Group met with Officers on 13th February, 12th March and 11th April to discuss the issues.
9. At the first meeting, Members received an overview of the service from the Assistant Director of Children, Families and Learning and discussed why early intervention and prevention was a priority for Darlington.
10. There are currently 203 young people looked after by the Local Authority which amounts to significant costs per week for the secure services and local residential care services . Members examined in more detail the costs of providing this service.
11. Members also undertook a group exercise with genuine case examples to examine where they felt that intervention could have been put in place at an earlier stage and consider what a localised 'early help' offer could be.
12. At the second meeting Members met with a number of officers and examined a Needs Analysis for looked after placements requested for young people aged 12 years and upwards; examined multi-agency management arrangements of Early Intervention Services including questions to representatives of social workers and health visitors; received an overview of the 3 area multi-disciplinary teams for early intervention and prevention which are divided geographically and include Anti-Social Behaviour officers; Health Visitors. Members were informed of recent changes to health visiting services and the work of the Family Intervention Team.
13. Members also received an overview of the Common Assessment Framework which was developed to aid multi-agency working and information about a 'rapid improvement event' looking at the process and barriers regarding practitioners completion of the CAF. Members questioned the whole care co-ordinator on powers available to deal with issues that present prior to birth and the linkages between the midwifery services and the Early Intervention and Prevention Team. Members examined Darlington's Continuum of Needs, which is a model based on three levels of need which are universal, targeted and specialist.
14. At the final meeting, Members gave consideration to the final report of the Review Group and recommendations it wished to make.

Financial Implications

15. The recommendations have a financial consequence, however the Review Group recognises that the Council currently has limited resources and these spending aspirations will need to be reviewed within the overall competing priorities and service delivery pressures throughout the Council. It is noted by the group that the provision of effective early intervention services will reduce and /or contain the high cost of specialist or more intensive services

Conclusion

16. It is essential that midwives and health visitors work together and that systems are in place to pass on information so that any problems can be addressed before birth and after.
17. Local relationship working is improving and Members welcomed the development of Strategic Leads Group meetings.
18. Members welcomed the integration of 12-19 Services, Anti-social Behaviour officers and health providers within each of the 3 service areas.
19. There are very positive moves to improve the outcomes for young people and recent changes to health visiting services in Darlington with the provision of Case Load Management ensures that all practitioners meet regularly to ensure the most appropriate care is given and that health visitors are now based in Children's Centres is very welcomed.
20. With regard to the Common Assessment Framework, Members were satisfied that multi-agency working had improved however had some concerns with the links between the Maternity Service and the Health Service.
21. The continuous improvement of targeted services is key to ultimately reducing the need for specialist services and by making changes to the way that teams work together, this will ultimately improve the outcomes for young people.

Recommendation

22. It is recommended :-
 - a. That information sharing is encouraged to support multi-agency working and promote the early identification of problems and issues within families.
 - b. That multi-agency working is further developed and improved, specifically with midwifery and health visiting, at the pre and post natal times.
 - c. That a report is presented to Scrutiny in six months on this area of work with a focus on the CAF process and impact on specialist services.

Children and Families Early Intervention and Prevention Review Group

CHILDREN AND FAMILIES EARLY INTERVENTION AND PREVENTION REVIEW GROUP

13th FEBRUARY, 2012

PRESENT – Councillor Lister (in the Chair); Councillors Curry, L. Hughes, Hutchinson, E.A. Richmond, C. Taylor and J. Vasey; and B. Egan.

OFFICERS – Jenni Cooke, Assistant Director Children, Families and Learning, David Mason, Acting Head of Family Support and Allison Hill, Democratic Officer.

DISCUSSION –

- Members discussed why early intervention and prevention services was a priority for Darlington.
- There are currently 203 young people looked after by the Local Authority.
- There are approximately 103 children and young people subject to Child Protection Plans.
- The need to achieve substantial savings for the Council and Members examined the costs of the variety of interventions.
- Costs for Looked After Children can vary between £4-£5K a week for secure services and £2.5K per week for local residential care services.
- Members discussed how the costs of providing care services are broken down and were advised that the bulk of the charges are for staffing, some children and young people may require a minimum of two staff and also costs for other services i.e. psychologists, additional educational assistance.
- A breakdown of these costs to be examined at a future meeting.

GROUP EXERCISE –

Members undertook a group exercise with a genuine Case example (below) to examine and promote where they felt that interventions could have been put in place at an earlier stage and consider what a localised response could offer.

Case example - A 42 year old lone parent with moderate learning difficulties with a 4 year old child who was failing to thrive. Mother had not family or support and had limited understanding of child development and limited parenting skills. The child was still wearing nappies, being pushed in a buggy

and feeding from a bottle and was also showing a lack of social, emotional, physical and language development.

The exercise prompted discussion points below :-

- How do midwives and health visitors work together and pass on information?
- How do the integrated teams work together and do these include health visitors and health professionals?
- What are the functions of the various organisations?
- Should the mother's learning difficulties not have been flagged up during her education and kept on record for future reference or on her health notes?
- Had the family moved from another authority, which is why she had not family or support mechanism, and should this information have been passed on from the other authority?
- When does a troubled family/parent first 'hit the radar'?
- Is it possible to have a breakdown on when the Looked After Children of this authority first became known to the Local authority or social care in some way?
- Who is involved with the Common Assessment Framework and how does it work?
- How well are local relationships working?

NEXT MEETING –

It was agreed that at the next meeting Members would :-

- Examine in more detail Multi-agency working, integration of services and the main functions of each.
- Methods available for early identification of areas of concern.
- The Common Assessment Framework.
- Examine recent audit figures for children over 12 looked after in relation to how they entered 'the system'.

Members to also give consideration to who they may want to invite in to the next meeting i.e. midwives, health visitors.

CHILDREN AND FAMILIES EARLY INTERVENTION AND PREVENTION REVIEW GROUP

12th March, 2012

PRESENT – Councillor C. Taylor (in the Chair); Councillors Curry, E.A. Richmond and J. Vasey; and B. Egan.

APOLOGIES – Councillor Lister and Wright; Tim Fisher, Julie Bell.

OFFICERS – Jenni Cooke, Assistant Director Children, Families and Learning; David Mason, Acting Head of Family Support; Mervyn Bell, Borough-wide Service Co-ordinator, Early Intervention and Prevention; Keeley Slack, Senior Social Worker, Early Intervention; Suzanne Lamb, Whole Care Co-ordinator, NHS; and Allison Hill, Democratic Officer.

DISCUSSION – Points raised/discussed included:

- Members examined a Needs Analysis of placements for Looked After Children aged 12 years and upwards in the period 1 April 2008 to 30 September 2009.
- Since 2008, multi-agency management of services for Looked After Children has been strengthened by the development of a Strategic Leads Group which meets regularly to strengthen better outcomes for young people and their families.
- Multi-agencies include Children's social care, education, health, child and adolescent mental health (CAMHS), housing, youth service, leisure and arts and youth offending service (YOS).
- The Group met to carry out file searches on 32 young people in an agreed cohort over a specified time, 28 aged 12 years and over and 4 young people were "almost" 12 years which were included due to the contribution that their cases would provide.
- Members received an overview of the structure dealing with early intervention and prevention which are divided demographically into 3 service areas. Each service area has a Service Co-ordinator and links into Youth Services, Anti-Social Behaviour Teams and Family Intervention Teams.
- Keely Slack, Senior Social Worker, Early Intervention gave a brief overview of her work with families, looked after children/child protection and families involved with crime and how she works with the different agencies.
- Suzanne Lamb, Area Health Co-ordinator advised Members of her role in early intervention through the health visitors, school nurses and early years practitioners. All health visitors are qualified nurses and commissioned to provide the Healthy Child Programme from ante-natal to school age. Early identification is usually picked up by the midwifery services.
- Recent changes to health visiting services in Darlington is the provision of Case Load Management - on a 4-6 week basis all practitioners meet to ensure that the most appropriate care is given.

- Health visitors are now employed in children's centres promoting activities in the community and there have been a lot of positive changes – as a result Darlington has recently received an award for its Health Visitor Services.
- Mervyn Bell, the Borough-wide Co-ordinator for Early Intervention outlined the Common Assessment Framework (CAF) which was developed 2007/2008 by the Department of Children Schools and Families (DCSF) to develop and aid multi-agency working as a key part to delivering frontline services that are integrated and focused around the needs of children and young people.
- In Darlington the CAF is a key tool which is driven by lead practitioners and is introduced when it is apparent that single agency intervention is not enough to reduce the risk of escalation.
- Following the recent announced Inspection of Safeguarding and Looked After Services it was recommended that there was a need to review the CAF as the inspectors felt that it was not being fully utilised and work has been done to address this. New processes which have been put in place as a result of the inspection are set to 'go live' on 1st June and there is a campaign to brief all agencies to raise awareness of the changes.
- A question was raised by a Member on how successful the authority was at being aware of problems very early on, even prior to school or birth. The Senior Health Visitor advised the Members that Health Visitors will pick up any problems that present between the ages of 0-5 years olds and it is vital that the Maternity Service liaise with Health Services. However, it has been recognised that there is a gap between the services and interventions are being addressed to target vulnerable teenagers. It was noted that these young people unfortunately can easily 'get lost' to the service and health visitors do not have any statutory powers to intervene until they appear back into the service.
- Reference was also made to the Health Visitor Implementation Plan 2011-15 which is a government plan to expand and strengthen health visitor services.
- A further question was raised in connection with the powers available to deal with any issues that present prior to birth. Suzanne Lamb, NHS advised Members that health visitors carry out a fully assessment at birth, an ante-natal assessment and a full health needs assessment thereafter. She acknowledged that there are still hard to reach families and transient families which are reluctant to engage however things are improving on this. Early Intervention and Prevention Teams, including youth services and health service are working closer and are now based together which is improving links.
- Darlington's Continuum of Needs was examined which is a model based on three fluid phases or levels of need: universal, targeted and specialist. Children and young people can enter the model at any phase and may move between the different phases at different times in their lives as circumstances change. Practitioners will exercise their professional judgement and through on going assessment identify the appropriate action to take in response to identified need or concerns so that a child/young person may be at risk of significant harm.

- It has been recognised that by developing and improving targeted services this will ultimately reduce the need for specialist services and that by making changes to way that teams work together this will ultimately change the outcomes for young people.

NEXT MEETING– This has already been arranged for 11th April, 2012 when it is envisaged that Members will be in a position to draw their conclusions and make any recommendations from this review process. If Members require any further details of clarification on the issues raised to date they should contact the Democratic Officer.

Terms of Reference

Title: Children and Families Early Intervention Review
Scrutiny: Children and Young People Scrutiny

Start Date: January 2012 **End Date:**

PURPOSE/AIM	RESOURCE
<p>To examine Children and Families Early Intervention.</p>	<p>Members Relevant Portfolio Holder Assistant Director – Children, Families and Learning Head of Family Support Midwives Health Visitors</p>
PROCESS	OUTCOME
<ol style="list-style-type: none"> 1. Examine local issues. 2. To look at Children and Families thresholds. 3. To look at multi agency working. 4. Examine service users and specific service involvement. 5. To examine the Darlington Health Profile 2011 indicators. 	<ol style="list-style-type: none"> 1. Members to familiarise themselves with Children and Families Early Intervention. 2. To scrutinise early intervention processes in place and recommend any changes to Cabinet if needed. 3. Taking into account the Darlington Health Profile 2011 indicators, to monitor performance against the indicators relating to early intervention.

COUNCILLOR
 (TO BE SIGNED BY MEMBER OF SCRUTINY COMMITTEE REQUESTING TOPIC)

CHAIR
 (TO BE SIGNED BY CHAIR OF SCRUTINY COMMITTEE)

