

Early Intervention – Early messages from effective local practice ‘call for evidence’

Summary

This paper summarises local practice validated as excellent or deemed promising in response to the joint call for effective practice from ADCS and C4EO. It highlights the **early messages** from an analysis of these initial case studies, in particular the emerging common key characteristics:

- (1) a pervasive culture that respects both families and other professionals, and engenders strong relationships and integrated working;
- (2) schools and other universal services at the hub of a ‘continuum of support’;
- (3) recognition of the importance of outreach work to support vulnerable groups;
- (4) creative ways for building capacity to sustain positive change; and
- (5) evaluation to discern the impact of interventions is at a relatively early stage.

A more detailed report will follow at the end of May, analysing the growing number of submissions of effective local practice

EMERGING COMMON KEY CHARACTERISTICS

1. A pervasive culture that respects both families and other professionals, and engenders strong relationships and integrated working

In a comparison of European systems two themes appeared repeatedly and cross-nationally as the basis for effective integration: working together with other agencies and maintaining a focus on the family as a whole. The interrelationship between the two was noted because a focus on the family as a whole means that a wider network of services is likely to be involved. Professional time was the most important resource, because time was needed to develop effective working relationships with other professionals. The factors that facilitated good inter-disciplinary and inter-agency work point to a professional and managerial culture that values the development of good working relationships both with families and with other professionals.¹ Such a culture was palpable in all the effective practice case studies covered in this paper. The fact that several of the case studies had developed their approach on the back of recent successful experience as a ‘Think Family’ pilot is no coincidence. It is worth noting that the ‘Building Bridges’ service (for families where parents have severe and enduring mental health problems), run by Family Action in conjunction with a number of local authorities, has been blazing this trail for over a decade. The service provides support in various ways, including helping parents to access and coordinate their relationships with other agencies and professionals, and to promote better communication between the agencies in relation to the needs of the family.

Respect for other professionals, as well as for children and their families was equally prevalent in the case studies. This is illuminated in the approach by the Kensington and Chelsea residential children’s home that employed a life coach to address a mismatch between the high level of need and lack of engagement with CAMHS for young people in residential care. In its submission, the home acknowledged that, “CAMHS has much to bring to the table to support frontline staff but it cannot provide magic solutions. Change is brought about through strong relationships and time. It’s more useful to think of CAMHS as something that supports good frontline practice rather than expecting problems to be ‘fixed’ by CAMHS workers.”

The Southend ‘integrated locality working’ case study is a powerful model based on respect for both families and other professionals in action. A new model was developed to promote greater differentiation in the early stages of intervention, and to become even sharper at matching

provision to the levels of need of children and families. It was also designed to reduce the number of referrals to acute services, particularly to children's social care, and involved the common assessment framework (CAF) and a single point of contact to enable families to tell their stories once. At the heart of the model was a strong focus on shared, multi-agency processes underpinned by co-location of staff where possible. Additional supporting tools were developed to ensure that, regardless of the child's age and ability, their voice is heard. Since implementation in January 2007, there have been 1400+ CAFs, and from September 2008 additional capacity has helped appropriate children de-escalate the level of support needed and to 'move down the triangle'. The overall impact has been impressive with a very high proportion of children having their needs met at early stages of intervention and significant reductions in referrals to children's social care, yielding major savings. Equally significant, the local area has maintained steady downward trends in numbers of children on the child protection register and who are looked after.

2. Schools and other universal services at the hub of a 'continuum of support'

The recent Schools White Paper notes that schools "have a key role at the centre of a system for early intervention and targeted support" (DCSF, 2009, p14). Extended schools have the role of helping school-aged children and their families to draw down on wider support and additional services when needed, and children's centres are expected to fulfil a similar function for younger children and their families. Schools, extended schools and children's centres feature in most of the effective practice case studies covered in this paper and, where they do, appear to play a vital role in contributing to the delivery of a 'continuum of support'. Referrals to the 'under-achieving project' were generally made by teachers in Rugby and Nuneaton, which cited reintegration into school as a key outcome. The Bristol Playbus delivering an early years service on two Traveller sites stressed the importance of having a link worker closely connected to a local school as this helped the Traveller children to adapt to school life. A 'continuum of support' was most visibly in operation, however, in the targeted family support project delivered through two children's centres in Exeter. Notably, the project cited its close proximity to two schools as a key factor in its success. Offering a wide menu of universal and targeted services, alongside intensive case work provided by the project social workers, means families can access services at different levels of need. Parents who might be finding their parenting role particularly challenging, or where there were safeguarding concerns identified, could therefore be bridged into the universal parenting groups for example, in addition to receiving a tailored case work response. Independent evaluation found that the proportion of families using the centre and in receipt of a targeted support service (approx 10% of the total) were achieving high level outcomes associated with the service mix across the universal and targeted service on offer.

3. Recognition of the importance of outreach work to support vulnerable groups

There is a risk that universal services will further marginalise those who are already disadvantaged, because they are less able or willing to access the provision offered, which needs to be mitigated by effective outreach strategies and finding out what kinds of support and help such families would value and use.² A number of studies have summarised the characteristics of services that parents and children in need of support value and take up: easily accessible, practitioners who are approachable and responsive, culturally sensitive services, attention to strengths as well as needs, and a focus on supporting both child and parent.³ Thus the starting point of the 'Building Bridges'¹ service for families where parents have severe and enduring mental health problems was the families' perceptions of their needs and the issues they wanted to address. Attention is given to the needs of each family member, by supporting the role of the adult as parent or carer and responding to the separate, related needs of the child. When visiting families in their homes the family support workers assist with practical issues as well as provide emotional support. Through intervening early the service reduces the escalation of adults' mental health problems and in turn the need for acute hospitalisation and children to be taken into care.

A review of international approaches to parenting support notes a distinction between parenting programmes and support services with a 'go-structure', whereby the worker goes to the family,

and those with a 'come-structure', whereby the parent must *come* to the service. 'Go-structure' approaches were reported to improve access to hard-to-reach populations, as they were able to

¹ SCIE guide – Think Family, Think Parent, Think Family – which provides a comprehensive evidence based overview of practice and service delivery, across children's and adult mental health services.

overcome factors such as parents' inertia, uncertainty, lack of confidence or fear of rejection, which could deter them from accessing services.⁴ This important message of 'what works' has been embraced by most of the effective practice case studies through an emphasis on home visiting and outreach. In Blackpool, for example, young mothers in disadvantaged areas are supported to breastfeed through a home visiting service that they can request after discharge from hospital as an integral part of a wider initiative delivered through children's centres. This has led to significant year-on-year increases in breastfeeding rates far exceeding set targets. The Bristol Playbus, which delivers an early years service on the two local Traveller sites, is another good example of effective support to a hard-to-reach group. As well as providing children with a range of activities each designed to stimulate their learning and social development, time away from their children enables parents to develop their own support network. A health visitor runs baby clinics from the bus which is also used to host multi-agency meetings. There is positive feedback from families who feel they have seen an overall improvement in their child's development whilst being on the bus.

4. Creative ways for building capacity to sustain positive change

A striking feature of the effective practice case studies is the creative ways in which they managed to build capacity to sustain positive change. The ability to marshal resources beyond established, institutional, professional or budgetary confines, such as through the use of peer supporters, volunteers and specialists, appears to be a key factor in the sustainability of the various types of projects and services. The 'Strengthening Families Strengthening Communities' programme in Tower Hamlets is a case in point. Whilst the early momentum needed to get the programme up and running relied on a team of core facilitators from a range of agencies to deliver the initial courses, staff working in schools and the voluntary sector were trained as facilitators to ensure the programme could be sustained, culminating in it becoming embedded in the extended schools core offer. Similarly, in Southend volunteers were trained to provide additional capacity to help children de-escalate the level of support needed and to 'move down the triangle', and in Blackpool the home visiting service for breastfeeding mothers was provided by peer supporters. Crucially, other practice, such as the under-achieving project for young people and life coach in a residential children's home, has tapped into the resources of the young people themselves, by involving them in the design, delivery (in the case of the former) and sustainability of the project.

5. Evaluation to discern impact tended to be at a relatively early stage

Whereas the above common key characteristics suggest key strengths within the effective practice case studies, an area for development is the need for evaluation to more sharply discern the impact of interventions and in the few cases where costs were factored in, this was done in a limited way. This may be due, in part, to the fact that most of the case studies are still relatively new in their delivery. Weight is given to this supposition by the more established projects which tended to be subject to greater rigour in their evaluation than the more recent effective practice. Notwithstanding this feature, there can be no denying the short term benefits, including positive feedback from children, young people and their families which flow from the impressive range of innovations.

CONCLUSION

It has been observed that many of the innovations underpinning *Every Child Matters* have yet to become embedded in local authority practice, and that there is not yet solid universal research evidence to demonstrate their impact.⁵ However, the early messages drawn from effective local practice in this paper are very encouraging and bode well for the future.

A further report will be completed at the end of May, following analysis of the growing number of effective local practice submissions being received.

C4EO 'Early Intervention, Prevention and Integrated Delivery'
March 2010

APPENDIX 1 – SUMMARY OF CASE STUDIES

Integrated Locality Working

From 2004 **Southend** children's partnership piloted 'multi-agency clusters (MACs)', with multi-professional teams working with clusters of schools. The aim was to improve outcomes for all children and families by providing speedier and more effective multi-agency responses, focus support on the whole family and improve joint working relationships between services, schools and agencies. The learning from the success of the MACs informed the next stage of development, which was introduced in 2007. A new model was developed to promote greater differentiation in the early stages of intervention, and to become even sharper at matching provision to the levels of need of children and families. It was also designed to reduce the number of referrals to acute services, particularly to children's social care, and involved the common assessment framework (CAF) and a single point of contact to enable families to tell their stories once. At the heart of the model was a strong focus on shared, multi-agency processes underpinned by co-location of staff where possible. A relatively simple four-staged process of intervention, delivered through three localities, served as a unifying tool for a range of initiatives, such as parenting programmes. Additional supporting tools were developed to ensure that regardless of the child's age and ability their voice is heard. Since implementation in January 2007, there have been 1400+ CAFs, and from September 2008 trained volunteers have provided additional capacity to help appropriate children de-escalate the level of support needed and to 'move down the triangle'. This has led to a very high proportion of children having their needs met at early stages of intervention, significant reductions in referrals to children's social care and major savings. Equally significant, the local area has maintained steady downward trends in numbers of children on the child protection register and who are looked after.

Building Bridges

Inspired by research and in partnership with a number of local authorities (**Lewisham, Hackney, Southwark, Luton, Newham, Tower Hamlets, Coventry, Seven Oaks**) over the last decade, **Family Action** has been delivering its 'Building Bridges' service to meet the needs of families where parents have severe and enduring mental health problems. Children of parents with mental ill-health are twice as likely to experience a childhood psychiatric disorder. Evidence shows that the risk of significant harm to the child resulting from a parent's mental health can be mitigated where the adult is supported to gain insight into their mental health problems, parent positively and prioritise family tasks. Starting with families' perceptions of their needs and the issues they want to address, the service is delivered by NVQ Level 3 qualified staff who under the supervision of a qualified social worker, make home visits to assist with practical issues as well as provide emotional support. This is tailored to the needs of each family member: the adult as parent or carer and the separate, related needs of the child. Through intervening early the service reduces the escalation of adults' mental health problems and in turn the need for acute hospitalisation and children to be taken into care. An evaluation indicates the service is having a discernible impact on improving outcomes for children and parents.

Breastfeeding

The positive impact of breastfeeding on child well-being has been well documented. In **Blackpool** a partnership between the children's centres and primary care trust established to reach out to young mothers from disadvantaged areas less likely to breastfeed, has led to significant year-on-year increases in breastfeeding rates far exceeding set targets. As one of only a small number of local areas to have achieved stage one of the 'Children's Centre Baby Friendly Accreditation' and on course to achieve full accreditation by 2011, this successful approach is characterised by having a clear policy, guidance and information; a named breastfeeding champion at each children's centre; specialist staff training; an action group to ensure continuity; support groups for mothers; a home visiting service provided by peer supporters for mothers who have requested the service after discharge from hospital; a signposting service; and, crucially, promoting a culture throughout the centres in which all families are welcomed.

Outreach Intervention for Travellers

Based on research showing that Traveller children tend to do less well in schools starting from the early years, **Bristol Playbus** delivers an early years service on the two local Traveller sites. The sites are away from the local community which means accessing services can be difficult for women who tend to have no easy means of transport. Travellers are more likely to suffer from chronic health conditions such as depression. Time away from their children gives them a vital break and enables them to develop their own support network. The bus offers children a range of activities each designed to stimulate learning and social development. The sessions are structured so that children have time for free play, creative play, messy play and story time. The children are encouraged to help out by preparing fruit for snacks and clearing the decks for story time. Each child has a pictorial 'learning diary' mapping their progress on the bus. A health visitor runs baby clinics from the bus which is also used to host multi-agency meetings. One site has a link worker who works with the local primary school, which has helped the children to adapt to school life. There is positive feedback from families who feel they have seen an overall improvement in their child's development whilst being on the bus, which is echoed by commissioning officers.

Strengthening Families Strengthening Communities

As one of the first to participate in the Parenting Early Intervention Pathfinder programme, **Tower Hamlets** selected the 'Strengthening Families Strengthening Communities' parenting programme since it had already been delivered successfully in the borough. Courses were delivered in primary and secondary schools and various community locations during school hours, twilight hours and evenings. The programme included courses specifically targeting fathers and parents of children with profound and multiple learning difficulties. The initial courses were delivered by a team of core facilitators from a range of different agencies already working with children and families in the borough, while training was provided for staff working in schools and the voluntary sector to become facilitators themselves to ensure the programme could be sustained. Several of the original targets set were exceeded such as the number of courses run and parental participation rates; almost three times as many facilitators were trained; and the retention rate was 81%, significantly higher than the initial target of 70%. A national evaluation by Warwick University showed a positive impact on parents and their families validated by some powerful testimonies from those who took part. The programme is being embedded as part of the extended schools core offer.

Life Coach in Residential Children's Homes

The project was conceived in order to address the mismatch between the high level of need and lack of engagement with CAMHS for young people in residential care. A residential children's home in **Kensington and Chelsea** (consistently judged outstanding by Ofsted) did some initial consultation with resident young people as to why they did not engage with CAMHS. They worked with the local CAMHS and tested different approaches with the young people who liked solution focused approaches. This led to the term 'life coach'. Staff noted research indicating high levels of mental health disorders among looked after young people; that young people looked to frontline staff for direct support; and the lack of CAMHS training offered by NVQ Level 3 for residential staff. Frontline staff had little understanding of what CAMHS provided and were not therefore in a position to promote services to young people. Funding was secured to employ a psychologist (or life coach) for two days a week during a 12-month pilot. The life coach worked with staff to introduce a variety of learning sessions including solution focused techniques, active listening skills, understanding the symptoms of depression, parenting styles and attachment theory. Young people engaged in direct formal or informal activity based sessions with the life coach, depending on the young person's preference. Focus groups of young people and staff used to evaluate the project confirmed young people and staff valued the life coach and the positive difference he had made, not least in helping young people to use their own resources.

Commended by the most recent Ofsted inspection, the post has been extended to full-time to include another residential children's home in the borough.

Under-Achieving Project

The project works with young people aged 13-19 who are at risk of educational under-achievement and social exclusion. Its aim is to empower young people to overcome barriers to educational progression, through providing individual advocacy and support for young people and their families. Referrals are generally made by teachers in **Rugby and Nuneaton**. The involvement of young people in the design and delivery of the project has been the key to its success and participants who demonstrate leadership qualities are given responsibilities as peer mentors to encourage and motivate their peers to try out activities that present challenges. Engagement and progression strategies are individually tailored to each young person and include home visits, visits to young people in residential schools, support to the family and coordinated support from a range of local agencies. The multi-disciplinary nature of the project has enabled participants to draw down on support from the criminal justice system, health service, schools and wider education services, the youth and community service and local voluntary organisations. Interventions have yielded positive outcomes, including reintegration into school; progression to training or employment; in-house certification; and improvements to young people's motivation, self-confidence and self-esteem. Another measure of success has been the establishment of a sustained commitment from the young people to work voluntarily with the project, as work with the vulnerable young people is premised on consistency and constancy when building relationships.

Targeted Family Support through Children's Centres in Exeter

Action for Children's targeted family support project is based across two children's centres. It offers a wide menu of universal and targeted services, alongside intensive case work provided by the project social workers. This continuum enables families to be offered and access services at different tiers of need. All staff have received extensive training, including in the Webster Stratton Incredible Years approach, and are led by a qualified social worker. There is a service level agreement with the local authority's children's department enabling the centre to deal with referrals from the local authority in relation to children in need, looked after children and child protection. Parents who might be finding their parenting role particularly challenging, or where there were safeguarding concerns identified, could therefore be bridged into the universal parenting groups for example, in addition to receiving a tailored case work response. The project benefits from being delivered through two highly visible universal services which is enhanced by the close proximity of two local schools. Independent evaluation found that the proportion of families using the centre and in receipt of a targeted support service (approx 10% of the total) were achieving high level outcomes associated with the service mix across the universal and targeted service on offer.

¹ Katz I and Hetherington R 2006. *Co-operating and Communicating: A European Perspective on Integrating Services for Children*, Child Abuse Review Vol 15: 429-439

² Statham J and Smith M January 2010. *Issues in Earlier Intervention: Identifying and supporting children with additional needs*. Thomas Coram Research Unit, Institute of Education, University of London.

³ Referenced in Statham J and Smith M January 2010. *Issues in Earlier Intervention: Identifying and supporting children with additional needs*. Thomas Coram Research Unit, Institute of Education, University of London.

⁴ Boddy, J., Statham, J., McQuail, S., Petrie, P. and Owen, C. (2009a) *Working at the 'edges' of care? European models of support for young people and families*. Executive summary.
<http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RBX-09-07.pdf>

⁵ Referenced in Statham J and Smith M January 2010. *Issues in Earlier Intervention: Identifying and supporting children with additional needs*. Thomas Coram Research Unit, Institute of Education, University of London.