

Draft Preventative Strategy: 5 May 2015 (v.9)

**Cardiff Partnership**

**Early Intervention & Prevention Steering Group**

# **Draft Early Help Strategy**



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## **Draft Early Help Strategy**

### **Forward**

Insert Forward from Chair of Families & Young People Board

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### Introduction

This guidance is for everyone who works with children, young people and families in Cardiff. This includes teachers, health practitioners and Third Sector practitioners such as family support, early years practitioners, youth workers and social workers.

It is about the way we can all work together, share information, and put the child and their family at the centre, to ensure that children and families receive the support they need at the right time and in the right way.

The death of Victoria Climbié in February 2000 prompted a large and thorough review of UK child protection services, led by Lord Laming. This highlighted the importance of multi-agency working and information sharing in order to protect children and prevent them from coming to harm. As a result, a number of reforms came about as recommended in various publications and updated legislation. Organisations, both paid and unpaid, joined together to work more cooperatively towards a preventative and early intervention agenda.

We all share in the responsibility for safeguarding and promoting the welfare of children and young people. Working alongside other agencies is extremely effective for improving outcomes for children due to the cross cutting themes that organisations are able to come together over. It's by coming together to share information and raise concerns that we can increase the likelihood of protecting children from harm and promoting their welfare so that fewer children have to face the terrible circumstances of Victoria Climbié.

In Cardiff we believe that every child and young person should have the opportunity to reach their potential. We recognise that outcomes for children are best when they are supported to grow and achieve within their own families and community as families understand their own children.

Therefore, a key element to our approach to supporting children, young people and families in Cardiff is a commitment to **early help**. Our approach supporting children and families in Cardiff outlined in this guidance is underpinned by a commitment to **early help** approach through a range of evidence based interventions.

We strive to develop a range of flexible and responsive services that meet the changing needs of the children, young people and families of our city. We recognise the need to move the focus away from managing short-term crises and towards effective intervention and support for children, young people and families and their families at an earlier stage.

This is a multi-agency approach underpinned by the following principles:

- Wherever possible all children's and families' needs will be met within universal settings (e.g. early years, health visiting, schools, GPs etc).

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- As soon as any practitioner is aware that a child has any additional needs he/she will talk to that child and their family and offer advice and support to meet that need.
- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make the changes identified by them with practitioners.
- We will work restoratively with families (working with them, not for and not to) and offer support and services that help families find their own sustainable solutions.
- Effective interventions are dependent on doing the following steps: **See, assess, plan, do and review.**
- Once improvement is made, services will reduce or end so as not to create dependence.
- Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.

The Cardiff Partnership is committed to working to achieve the objectives set out in this Strategy. Member agencies of the Vulnerable Children and Families Board have all signed up to the Strategy and progress regarding its implementation will be closely monitored by the Board.

The Strategy is expected to be launched in September 2015 where wider partner agencies will be asked to pledge their support to ensure that families in Cardiff receive the help they need at the time they need it. It is recognised that providing the right level of support at the right time for families, wherever they live in Cardiff is a challenge but with the support and commitment of partners, we believe that we will move closer to this goal over the next three years as the Early Help Strategy becomes embedded in practice.

## **Background**

The growing interest in early intervention and prevention reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action.

## **Messages from Research**

The most striking message coming from research is that early intervention works – when it is an appropriate intervention, applied well, following timely identification of a problem; and the earlier the better to secure maximum impact and greatest long term sustainability (both as early in the child's life as possible and/or as soon as possible after a difficulty becomes apparent). In recent years there has been a shift in policy, which is now placing greater emphasis on supporting adults in their parenting role.

## **Parenting is Key**

Parents are the most significant influence on children, and parenting has profound consequences for their future lives, so it is important to persuade parents that engaging in their child's development can make a difference, and to build positively on their existing strengths and actively involve them in decisions.

Most parents need support of some kind at some time and we know from our local experience as well as from national research that effective parenting support does help improve parenting. We also know that disadvantage is not a block to good parenting but low levels of literacy and numeracy and confidence are obstacles, and self-perception contributes to parents' motivation to change – so it is particularly important to persuade such parents to engage with support services by convincing them that they can bring real and lasting benefits to their children.

## **Think Family Approach**

Some parents have additional needs in their own right that impact on their ability to meet the needs of their children. Successful services for families with a parent with an additional need such as a mental health problem or a learning disability will:

- promote resilience and the wellbeing of all family members, now and in the future
- offer appropriate support to avoid crises and will manage them well if they arise
- secure child safety.

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The Think Family approach therefore encourages the development of services that:

- offer an open door into a system of joined-up support at every point of entry
- look at the whole family and co-ordinate care
- provide support that is tailored to need
- build on family strengths.

## The Cardiff Context: Demography

Cardiff is a city of 350,000 people that sits at the heart of the wider Cardiff Urban Zone in the South East of Wales. Cardiff contains areas of both significant affluence in the north of the city, as well as deep and longstanding areas of social-economic disadvantage, mostly located in what is known as the “Southern Arc”. However, within less deprived areas there are also pockets of hidden deprivation. As Wales’s largest city with its diverse population, it compares more easily with other cities across the UK including Sheffield, Manchester City and Newcastle.

Whilst Cardiff’s Looked After Children (LAC) population per 10,000 children is at 84 lower than the Welsh average of 91, the population is higher than many comparable UK cities such as Sheffield which is 47 per 10,000 and Bristol which is 77 per 10,000.

At the end of 2014, Cardiff had ~~XXX~~ Children in Need, 297 children subject to a child protection plan and 651 LAC. Historically, Cardiff’s LAC rate has remained relatively consistent over time. The trend suggests that in the future the rate of LAC will continue to be relatively static. Given the level of Super Output Areas which are in the 10 per cent most deprived in Wales, Cardiff has a relatively low rate of Looked After Children.

Cardiff has experienced a large increase in the proportion of lower layer super output areas that are very deprived (i.e. in the 10% most deprived in Wales) but, interestingly, a decrease in relatively deprived communities (i.e. in the 30% most deprived in Wales). Over this period of time, the LAC rate in Cardiff has remained relatively stable. The data presents mixed messages about how Cardiff compares to other local authorities. In the Welsh context, the numbers and rates in Cardiff may be lower than might be expected. In the English context, the numbers and rates in Cardiff are relatively in-line with others. This reinforces the findings from other research that there is no ‘ideal’ number or rate of Looked After Children, nor is there a ‘scientific’ approach to identifying whether numbers/rates are ‘too high’ or ‘too low’.

At the end of August 2012, almost a quarter (24.6%) of children in Cardiff were living in low income families, which exceeded the proportions for both Wales (20.8%) and the UK (18.7%). However, this overall figure of 24.6%, ranged from just 3.2% in Rhiwbina to more than two-fifths in Ely (44.0%), with sixteen of Cardiff’s twenty-one electoral divisions exceeding the proportion for Wales (20.8%). When looking at the distribution of children of low-income families by Lower Super Output Area (LSOA), it can be seen that the highest levels were mainly concentrated within the Southern Arc of the city, in



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particular Ely and Adamsdown. A total of five LSOAs had more than half of their children living in low-income families: Plasnewydd 4 (55.7%), Ely 5 (55.2%), Pentwyn 3 (53.6%), Ely 2, (51.0%), and Adamsdown 2 (50.7%).

To summarise, Cardiff is a city of huge contrasts. In some parts of the city significant numbers of children, young people and families are living in relative poverty. We know from research that poverty impacts on children's physical and mental health, accident rates, education achievement and opportunities for social inclusion. Bringing children up in areas of deprivation creates additional stresses for parents and carers, with money worries and worries about children's safety coming out as the highest concerns when research was undertaken to inform the Family Support Strategy in 2008-11.

**Appendix A** provides a summary of additional key demographic data, socio-economic factors and well-being indicators that affect Cardiff's children, young people and their families

**The Cardiff Context: Feedback from Stakeholders**

In April 2014 Cordis Bright was commissioned by the City of Cardiff Council to undertake a review of the numbers of LAC within the Cardiff area. It focused on three main aspects:

- the effectiveness of services in preventing children from needing to be looked after;
- the effectiveness of services in improving the outcomes for children who are looked after; and
- the effectiveness of services in rehabilitating children out of care, The review involved a wide range of stakeholders both from within and outside the Council.

A number of stakeholders at practitioner and management levels were consulted as part of this research. This included representatives from statutory services (i.e. Health, Education & Children's Services), Third Sector providers including Families First providers, and Flying Start. Most stakeholders reported that partnership working had started to improve both within the Council and between the Council and other agencies. However, during fieldwork, there was a general agreement from stakeholders that partnership working in Cardiff is starting from a low base.

Improvements were seen to be directly connected to changes at senior leadership level within the Council but some stakeholders noted that the financial pressures felt by all agencies working with families were starting to motivate people to think about how improved partnership working could impact positively on efficiency and effectiveness (e.g. remove duplication, developing common approaches to practice, sharing resources). Other stakeholders expressed concern that growing financial pressures could jeopardise partnership working, by reducing the amount of time individuals

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have available to invest in partnership working and by organisations focusing on 'core business' only.

A number of stakeholders agreed that the scope and nature of partnership working was affected by not having a clear, common and shared purpose for children, young people and families (including the most vulnerable children, young people and families) across Cardiff. This lack of an explicit strategy or shared objectives was felt to result in a lack of clarity about roles, responsibilities, aspirations and expectations for children, young people and their families. There was general agreement across stakeholders that the situation was not sustainable and that greater partnership working was desirable.

Decisions made in 2013/14 to de-commission some prevention and early intervention services had left stakeholders feeling disappointed. Stakeholders involved in Families First reported that they rarely saw an explicit connection between the work of this programme and for example, reducing the numbers of LAC. A number of stakeholders (at practitioner and management levels) reported that, in the past, previous senior leaders within the Council viewed the core business of the directorate as social care and tended to minimise prevention and early intervention. As a result, it was felt that the scale and nature of prevention and early intervention services was relatively embryonic and did not appear to extend significantly beyond services funded by Families First.

However, a large number of stakeholders highlighted the importance of prevention and early intervention and that they were keen for this to be improved, radically and quickly. They saw new senior leaders as being more bought into the prevention and early intervention agenda.

In summary, stakeholders;

- recognised that the relationship between statutory services and Families First needs to be improved and, in particular, the protocol and processes for step-up (to statutory services) and step-down (to Families First from statutory services) needs to be more clearly established.
- expressed concern that when prevention and early intervention support is available this tends to be time-limited and, in many cases, withdraws too soon.
- acknowledged that the ability to step-down from specialist placements is limited. In particular, social workers were concerned about a lack of highly trained, specialist foster carers that would enable looked after
- children to be stepped-down to less institutionalised provision. As part of this, social workers talked about some looked after children being 'stuck in the system'.

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- experienced a relatively high degree of discomfort about the level of risk being held by families outside of statutory services. These stakeholders reported that thresholds and workloads are so high that a number of families who would benefit from support are not getting the interventions required at the time they need it. As a result, these families are subject to a higher level of risk than might be appropriate.
- Identified that a lack of services and support at lower tiers further exacerbate the level of risk held by families. Stakeholders highlighted that this tends to result in crisis-management and significant-event driven approach to decision-making. This, in turn, affects the nature of interventions undertaken with families (i.e. a tendency to use emergency orders and external placements when a child became looked after). It also results in some cases – especially long-term, chronic neglect – being overlooked.
- observed that once accepted by statutory social services, other agencies would tend to withdraw from the family and/or become more risk averse. In many respects, these stakeholders saw these two trends as inter-connected.

In reality there may not be such a lack of services and support at lower tiers rather than a lack of knowledge, publicity and coordination of the services that are in place. This is further made worse by the lack of an obvious front door to accessing preventative services.

However, overall there were mixed messages from stakeholders about the nature and level of the commitment to prevention and early intervention across Cardiff. Stakeholders placed considerable value on the development of an Early Help Strategy that is able to articulate a continuum of support for families and, in particular, details the contribution of prevention and early intervention initiatives.

### **The Cardiff Context: Feedback from Parents & Carers**

Engagement with parents and carers to inform the development of the early Help Strategy has been undertaken through dialogue with established parenting groups that regularly meet across the city. This has included groups of parents undertaking evidence-based programmes, and parents and carers who meet because of their special interest (e.g. parents of disabled children) or because of their specific circumstances (e.g. young parents).

Key messages that parents and carers have feedback as part of the consultation process are as follows:

- It is challenging to access information about the availability of services. Whilst some parents access the internet their experience was that it is not always easy to source the information they are looking for. Many parents / carers do not have internet access at home and do not have

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the time to go to community locations such as Hubs or Libraries to use public internet facilities.

- Most parents / carers who were consulted said that they preferred to receive information about services via leaflets that come straight into their home. The information is most helpful when it clearly sets out who can access services, and when and where the service is offered.
- Parents interviewed said that on the whole they preferred receiving services from centres in their local community. If they have to go outside of their local community they would prefer to access something in the centre of Cardiff rather than having to travel to other parts of the city.
- Many parents / carers said that they find it frustrating when they build up the confidence to pick up the phone and make a call to services that say they are open certain hours to find that their call is diverted to an answer-phone. Parents / carers therefore see it as important that services are responsive and available at the times they need to access them. They don't want to have to leave messages and their experience is that when they have left a message their calls have sometimes not been returned so many do not have confidence that organisations will phone them back.
- Most parents / carers relied on professionals such as Health Visitors to provide them with information about services and assistance to link them in to services. All said it was crucial that professionals / workers were well informed about what services are available as often they are the ones that parents / carers rely on to let them know what is out there.
- Most parents / carers thought that a single pathway into services was a good idea. They liked the idea of one assessment process that sits below Children's Services that would be familiar to them. They liked the fact that this would mean that they did not have to tell their story over and over to different service providers and that the assessment had portability and could travel with them and be updated as their needs changed.
- They liked the idea of a lead worker to co-ordinate support but were concerned about what would happen when that individual is not in work for a period of time. They would like the system to recognise this and to build in appropriate cover.
- Parents / carers acknowledged that it takes a lot of confidence to pick up the phone to access a service or call into a centre. They acknowledged that some parents can't do this and so it is important that information comes to them and that they can access services in their own home if they don't have the confidence to attend a group.
- Some parents / carers were concerned that some services are only available to certain catchments / neighbourhoods and that there were gaps in provision for some areas of the city (for example, non-Flying start areas). They felt that unless access to services is clearly explained and publicised, in a way that is accessible to all parents / carers, there will be confusion regarding what services some groups of parents / carers can and can't access and this uncertainty or lack of

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clarity may put some parents off seeking advice or trying to access services at all.

### **Existing Programmes and Services**

Cardiff has a range of family support services, some provided by statutory agencies and others by the Third Sector. A significant number of these are funded via Welsh Government initiatives such as Families First, Flying Start, Integrated Family Support Services (IFSS) and Communities First.

The importance of agencies working in partnership to meet the needs of children and families lies at the heart of the Welsh Government's policy for Families First, Flying Start and IFSS and we have seen direct changes in approach to service development and delivery in the form of multi-disciplinary teams working with children and families and developments in the way children and their families needs are assessed (e.g. Joint Assessment Family Framework – JAFF).

### **Multi-Agency Steering Group**

The Early Intervention & Prevention Steering Group and the Team Around the Family (TAF) Interface Sub-group has developed this strategy to promote and facilitate 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. The work of the two groups aimed to ensure that families receive the most appropriate support to meet their needs at the earliest opportunity, in order to secure better outcomes and the cost effective delivery of services. The work of the Steering Group has built upon work previously undertaken within the context of the Family Support Strategy (FSS), taking account of the key priorities of the FSS whilst addressing current requirements arising from Welsh Government initiatives such as Communities First, Flying Start, Families First and IFSS.

The following over-arching actions have underpinned the multi-agency work that has laid the foundations for the development of this Early Help Strategy and its success will be measured against the establishment and effectiveness of the following features:

- development of effective local systems to identify vulnerable families and to coordinate support from a range of agencies
- the review and analysis of existing ways of working in order to strengthen and improve local arrangements for multi-agency planning and risk management.
- establishing a mechanism for measuring achievement against agreed outcomes and monitoring and reviewing impact.
- development (design and commission) of targeted prevention work and early intervention services using evidence of what works and for which children.

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### Early Help

Engagement of partners in the Steering Group has been positive and work has been undertaken to develop a common language that describes preventative support as “**Early Help**” with a focus on support rather than assessment. It promotes the right conversations taking place at the right time, between the right people.

The work has embraced the approach that early help may occur at any point in a child or young person’s life and includes both interventions early in life as well as interventions early in the development of a problem. We seek to offer support early to help families solve problems or to reduce the impact of problems that have already emerged.

It also recognises that for children whose needs and circumstances make them more vulnerable a coordinated multi-disciplinary approach is usually best, and work has been undertaken to develop an **Early Help Pathway** for accessing services and an **Early Help Assessment and Planning Process** with a **Lead worker** to work closely with the child and family to ensure they receive all the support they require. The approach relies on a range of *Targeted Services* being available to support these interventions (e.g. Flying Start, Families First). The approach recognises that *Specialist Services* will be provided where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. The draft *Early Help Pathway* is located at **Appendix B**, the draft *Early Help Assessment and Planning Pathway* is located at **Appendix C** and the *Spectrum of Need and Services* is attached at **Appendix D** for information

A common approach has been designed for developing **Family Plans** and a set of principles underpinning the development of the **Family Plan** is located at **Appendix E**. It is intended that a **Family Plan** will be shaped with the family throughout the initial engagement and assessment process, drawing together information from existing assessments and making sense of the interplay between the factors affecting individuals in the family and their impact on the way that the family functions. As the assessment will be underpinned by restorative principles, so the development of the Family Plan must also be underpinned by restorative principles, identifying and building on the family’s strengths.

The Multi-agency Steering Group will continue with its work plan to support the implementation of this Early Help Strategy led by Children’s Services with contributions from key stakeholders that make up the Cardiff Partnership.

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### **Children's (Social) Services Investment in Family Support**

Children's Services provide a range of Family Support Services that fall within the *Remedy* segment of the *Spectrum of Need and Services* attached at **Appendix D**. These services delivered via the Integrated Family Support Team (IFST) and the Family Intervention and Support Services (FISS) are provided where the needs of the child are so great that statutory and/or specialist intervention is required to keep them safe or to ensure their continued development. The IFST provide a crisis intervention service working with families where there are serious child protection concerns relating to parental/Carer substance misuse. FISS are often delivered as part of statutory intervention such as a Child in Need or Child Protection Plan with the aim of:

- Preventing children's names being placed on the Child Protection Register or supporting families to enable de-registration of children whose names are on the Child Protection Register and
- Reducing the need for children to be accommodated in public care and reunifying families where children have become Looked After and the form whom the plan is a return home.
- Prevent the need for legal intervention (e.g. Care Proceedings)

In order to strengthen the approach to Early Help across the Partnership and to secure the timeliness of progress against the key tasks required for the successful implementation of the Early Help Strategy set out in the **Summary Work Plan** located at **Appendix F** and the **Action Plan** that accompanies this Strategy. Children's Services has reconfigured existing funding to create two dedicated posts that will be responsible for progressing key elements of the Early Help Strategy.

- **Prevention & Partnerships - Improvement Project Manager** will lead on the development of Cardiff's Early Help Strategy, promoting best practice in the delivery of Early Help Services across Cardiff and facilitating effective partnership working in the delivery of Early Help Provision.
- **Social Work Services - Improvement Project Manager** will lead on the remodelling and implementation of Social Work Services to meet changing need and promote strengths based approaches. The post will contribute to the development and implementation of a Multi-Agency Safeguarding hub, promote best practice in the delivery of Children's Social Work Services across Cardiff and facilitate effective partnership working in the delivery of the new practice model

Additionally the realignment of the **Family Intervention and Support Service (FISS) Manager's** duties will create additional capacity to provide a strategic lead for the re-alignment of Children's Services preventative services and implementation of the Preventative Strategy in relation to extending targeted interventions.

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Finally, additional resources have been secured via the City of Cardiff Council, the Vale of Glamorgan Council and the Cardiff and Vale University Health Board to drive the agreed transformational change programme for integrated working across Cardiff & Vale of Glamorgan Councils and the University Health Board, taking lead responsibility for the successful and safe implementation of the Local Safeguarding Children's Board (LSCB) Integrated Children's Services Programme. Crucially, for the Early Help Strategy, this will include the development of a new service model for disabled children, based on the key concepts associated with a 0-25 yr old service model; encompassing an improved and effective approach to transition; single integrated operational delivery arrangements between partners; enhanced cost effectiveness particularly in relation to external commissioning for community based support and residential or similar placements; incorporating requirements arising from education led changes to the additional needs policy.

### **Approach**

This Early Help Strategy seeks to develop an approach that supports the effective co-ordinated delivery of early intervention and prevention family support services that addresses the interface issues between Flying Start, Families First, Children's Services (including IFSS) and the wider provision of support to families in Cardiff. The approach will,

- adopt a whole family (or **Think Family**) approach, that seeks to address the additional needs of parents that impact on their ability to meet the needs of their children, whilst keeping the child or young person firmly at the centre of any intervention.
- provide a framework that ensures that services intervene at the earliest opportunity in order to secure the best outcomes for children, young people and families
- ensure that appropriate safeguards are taken that ensure children, young people and families are effectively safeguarded by all of the agencies and staff that work with them
- work together to reduce duplication in areas such as the assessments of need and to close gaps in provision between the tiers of services that target low, medium and high levels of need / provide prevention, protection and remedy.
- ensure children, young people and families will be supported to participate in key early intervention and prevention processes
- ensure that the views and experiences of children, young people and families inform and influence the design and delivery of services
- use evidence-based practice to inform planning for future service provision
- facilitate joint working and information sharing between all agencies with an interest in integrated working to support children, young people and their families.
- ensure that arrangements put in place meet the requirements set out in the Social Service and Well-being (SS&WB) Act 2014 for the Local



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Authority and Health Board to ensure that the range and level of services provided locally are able to meet the care and support needs identified and that the range of preventative service available are able to appropriately prevent, delay or reduce needs for care and support of Cardiff's most vulnerable children, young people and families ;

## Key Principles

The approach to providing *Early Help* will be underpinned by the following key principles:

- 1. Outcomes Based**– the approach focuses on clear and measurable outcomes for children, related to the SS&WB Act Outcomes Framework
- 2. A Strengths Based Approach - Children do best at home.**  
The evidence base is clear that unless parenting capacity is irrevocably deficient, children do better when they are brought up by their families. The approach will focus on families' strengths and on supporting parents to achieve this wherever this is realistic and possible.
- 3. Targeted Early Help & Early Intervention for the most Vulnerable** – the strategy encompasses the development of an approach that integrates support that is provided to enable growth and development of children in their early years (e.g. Flying Start) with targeted interventions that are designed to stop emergent concerns from becoming acute or entrenched (e.g. IFST, Family Group Conference, Therapeutic interventions).
- 4. Commissioning & Research Methodology in Children's (Social) Services** – the approach will be developed on the basis of the commissioning cycle. It will take as its starting point the available local data that analyses need at a population level. This will be mediated by a close historical analysis of a representative Children's Services casework cohort. The purpose of this analysis is to identify patterns in the nature of decision making over the lifetime of cases; to identify opportunities to intervene that were either missed or not available to caseworkers; and to enable the strategy to target new service development at critical preventative or rehabilitative opportunities in the pathway from referral to leaving care.

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5. **Evidence Based Practice** – the development of new initiatives or the re-targeting of resources will be based on robustly evaluated evidence of ‘what works’.
  
6. **Partnership Approach**– Partnership commitment to re-targeting available partner resources in favour of reducing demand or de-escalating intervention to the lowest point necessary will be critical to the success of the Strategy. Key characteristics of effective integrated working that need to be in place everywhere include having a shared vision, clear understanding of needs and identification of gaps, sharp focus on improving outcomes for children, young people and families, clear and consistent messages communicated to staff and families, and an underpinning integrated workforce development strategy. Time needs to be invested to build trust, strong relationships and, ultimately, to secure buy-in from all agencies.
  
7. **Connectedness** – the approach will take account of wider cross-directorate and cross partnership strategies and initiatives to maximise synergy and impact (Communities First, EETS, Safer Communities, Neighbourhood Partnerships, Troubled Families).
  
8. **Effective and Meaningful Engagement with Children, Young People and the Parents / Carers** – Via the use of bespoke focus groups, as well as accessing existing groups in which parents and carers, and children, young people and families will be able to actively participate in the implementation of the approach and feedback their views and suggestions for on-going review and evaluation of the related outcomes.
  
9. **Effective Workforce Development** - Local evidence suggests that professionals in all kinds of settings may lack confidence and experience in working directly with parents and families, particularly if they are disadvantaged. Continuing investment in developing workforce skills and capacity is essential to effectively engage with parents. Some interventions, particularly those involving outreach or intensive support, require changes of practice to enable services to be offered out of ‘normal’ hours in order to meet families’ needs. These often involve specialist staff working closely with colleagues from other agencies, with a lead professional or lead worker providing consistent support.

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### Strategic Objectives and Strategic Outcomes

The Early Help Strategy will focus on the following 2 key objectives

#### Strategic Objective 1

Ensure that children & young people receive help at the lowest level or intervention that is safe and effective in promoting good outcomes.

#### Strategic Objective 2

Maximise the impact of Children's (Social) Services by strengthening the effectiveness of social work intervention and specialist / targeted family support.

Actions that address the requirements set out in the two key objectives above are detailed in the proposed summary work plan located at **Appendix G**. It is expected that these actions will contribute to achieving the following strategic outcomes.

#### Strategic Outcome 1

To reduce the number of children, young people and their families requiring support at the "remedial" end of the Cardiff continuum of support to families (i.e. statutory services). See **Appendix D** – *Spectrum of Need and Services* for details.

#### Strategic Outcome 2

To narrow the gaps for children, young people and families at risk of poor outcomes in Cardiff and their peers.

### Implementation Plan

The key actions required for implementing the strategy are set out in an **Action plan** that accompanies this Strategy. The plan identifies actions that are:

- achievable within 6 months of the strategy launch (highlighted in blue),
- actions that can be achieved within 12-18 months of strategy launch (highlighted in pink) and
- actions achievable within 3 years (highlighted in green).

The Plan also sets out the expected impact / outcomes related to each of the specified actions.

Key to delivering the strategy is partnership working and the plan sets out not only the leads for the actions but the organisations / individuals who have

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been identified to support the lead in achieving the action and its expected outcome.

It is intended that baseline data will be set during the first year of the plan, with progress targets being set in the second year with the expectation that annual improvements will be noted from the second year onwards.

Progress against the key actions outlined in the plan will be monitored via the Early Intervention and Prevention Steering Group with quarterly reports to the Vulnerable Children and Families Programme Board. Progress will also be reported on an annual basis to the Children and Young People's Scrutiny Committee.

# APPENDICES

## Appendix A: The Cardiff Context

Summary of key demographic data, socio-economic factors and well-being indicators that affect Cardiff's children, young people and their families.

### Demography

Data taken from *The Office for National Statistics (ONS)* shows that the population of Wales has risen 153,000 (5%) to more than 3.06m in the past 10 years, mostly due to migration from the rest of the UK and abroad. The 2011 Census showed the growth was the largest in any 10-year period between censuses since 1921, although slower than in England, up 3.6m (7%).

Cardiff has seen the biggest growth in Wales, up 12% (36,000) since 2001. Currently it is estimated that the population of Cardiff is 350,000.

Of local authority areas in Wales, Cardiff is the most densely populated city with 2,500 people per sq km. Except for a time of decline during the 1970s and 1980s, Cardiff's population has continually grown since 1801. Between 2001 and 2011, Cardiff grew by 46,000, which was 25% of growth across Wales, and it now represents 30% of the country's growth. 90% of the growth in the country is due to migration, not natural growth. This includes people moving from elsewhere in the UK as well as from overseas.

Interestingly, Cardiff has the smallest percentage of people over 65 in Wales at 13%, while Wales as a whole has higher percentage of 65-year-olds than almost every other area of England.

Figures show there were 11,000 more children under five in 2011 than in 2001, an increase of 7%. In mid 2013 25% of the population of Cardiff was under the age of 19 years.

Cardiff has a very diverse population with a history of trade connections, post-war immigration and foreign students who attend university. At the 2011 Census, the racial and ethnic composition of Cardiff was: White: 84.7% - Asian: 8% - Black: 2.4% - Arab: 1.4% - Mixed White and Black African/Caribbean: 1.6% - Mixed White and Asian: 0.7% - Mixed other: 0.6% - Other ethnic groups: 0.6%

More than 54,000 people in Cardiff belong to a non-white ethnic group.

At the 2011 Census, there were the following national identities:

- Welsh only: 50%
- Welsh and British: 8%
- Other Welsh combined: 4%
- English only: 8%
- English and British: 2%
- Other English combined: 1%
- British only: 21%

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- Other British combined: 11%
- Other: 10%

### Socio-economic factors

Poverty impacts on children's physical and mental health, accident rates, education attainment and opportunities for social inclusion. Bringing children up in areas of deprivation creates additional stresses on parents. Within Cardiff there are areas of deprivation, particularly in the Southern part of Cardiff City. However, within less deprived areas there are often pockets of hidden deprivation.

There are 6,888 claimants of Job Seekers Allowance (JSA) in Cardiff with the highest rates being in Ely (6.5) and Caerau (5.4) and the lowest rates in Radyr (0.60) and Lisvane (0.9). Rates are calculated using the mid-2013 resident population aged 16-64 (Source: *Claimant Count, Nomis*).

The Gross medium earning of people in Cardiff is set out in the table below (Source: *Annual Survey of Hours and Earnings 2014/NOMIS/ONS*)

<b>Median Gross Weekly Earnings &amp; Annual Percentage Change by Place of Residence 2014</b>						
<b>Workforce</b>	<b>Median Gross Weekly Earnings (£)</b>			<b>Annual Percentage Change (%)</b>		
	<b>Cardiff</b>	<b>Wales</b>	<b>United Kingdom</b>	<b>Cardiff</b>	<b>Wales</b>	<b>United Kingdom</b>
All Full-Time Workers:	490.9	479.4	518.0	-2.5	0.9	0.1
Male Full-Time	535.6	510.6	557.8	-2.2	-0.5	0.3
Female Full-Time	441.0*	423.4	461.9	-3.0	0.5	0.6

26.2% of children in Cardiff are identified as living in low income families in 2012 (Source: *HMRC*) with the highest percentages living in Ely (48%), Butetown (44%) and Adamsdown (45%) and the lowest in Rhiwbina (4%), Lisvane (3%) and Creigiau / St Fagans (5%). Source: *HMRC*)

In 2013, 15.6% of children (under the age of 15 years) lived in workless households below the All Wales average of 16.5%. (Source: *StatsWales, Welsh Government*)

### Other Well-being Indicators

- 69 young people out of a cohort of 3492 pupils aged 15 years did not achieve a recognised qualification in 2010/11 and of those young

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people 32 left school without achieving a recognised qualification in 2010/11(0.9%) (Source: *Stats Wales, Welsh Government*).

- 72% of pupils achieved 5 or more GCSEs at Grade A-E in 2014. This is lower than the Welsh average of 82% but it is an 8% increase on the 2012 figures. (Source: *My Local School*)
- There were 35 teenage conceptions in 2013 in the cohort of young people below the age of 15 years with 285 across the whole of Wales. This figure rises to 174 for teenagers below the age of 18 years with the All Wales figure rising to 1476 (Source: *ONS*)



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### Appendix B: Early Help Pathway

N.B. This pathway should be applied to all families, irrespective of their level of need and special circumstances.

**Early Help:** Describes an approach to providing support to potentially vulnerable children and their families as soon as a problem starts. In order to prevent issues and problems becoming acute, chronic and costly to the family as a whole and the wider community. **THINK FAMILY!**

However, when practitioners are concerned that a child is **at risk of experiencing significant harm**, they must contact the Children's Access Point (CAP). Advice on Child Sexual Abuse/Sexualised behaviour can also be obtained via the NSPCC Cardiff Office.

**Early Help** may be provided through an increase in the level of universal services, or targeted services provided / commissioned.

**Conversation opportunities** are used to identify needs and appropriate support for the child and their family and a range of approaches to putting the support in place. Anybody working with a child young person or family is responsible for starting the **conversations** for children and families. **Information Sharing Protocols (ISPs)** should be developed if they are not already in place, to support this process. However, obtaining **consent** from the family to share their information with other professionals is also necessary (unless there is a safeguarding issue that does not require parental consent for a referral to be made to the CAP).

The **Early Help** approach is underpinned by the principles of Restorative Approaches, supporting the development of capacity, resilience and independence, by engaging them in a way that builds on their strengths and identify their own solutions and take responsibility for their future.

**Early Help** relies on agencies working together with the family to:

- Identify children and families who would benefit from early help
- Undertake an assessment of the need for early help

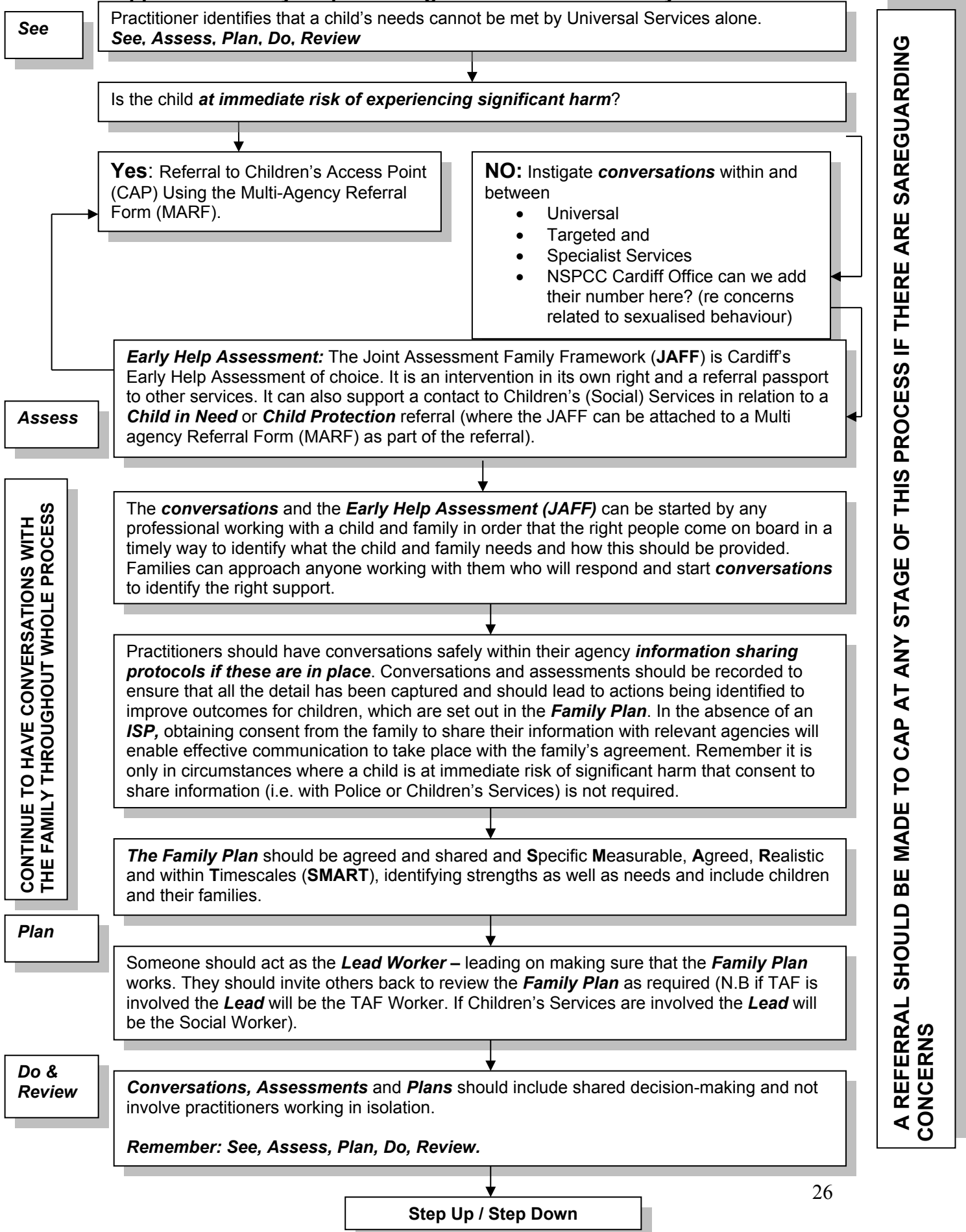
(See **Early Help Assessment & Planning Pathway**).

**Never do nothing.** At the very least talk to another professional to help find a way forward.

Families should be able to approach anyone working with them who will respond and start **conversations** to identify the right support

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**Appendix C: Early Help Planning & Assessment Pathway**



CONTINUE TO HAVE CONVERSATIONS WITH THE FAMILY THROUGHOUT WHOLE PROCESS

A REFERRAL SHOULD BE MADE TO CAP AT ANY STAGE OF THIS PROCESS IF THERE ARE SAREGUARDING CONCERNS

## Appendix D: Spectrum of Needs and Services

Some additional needs requiring targeted support, any identified problems are at an early stage. Services delivered in this part of the spectrum include:

- Targeted parenting programmes (e.g. Flying Start)
- Primary Mental Health Services
- Families First Projects

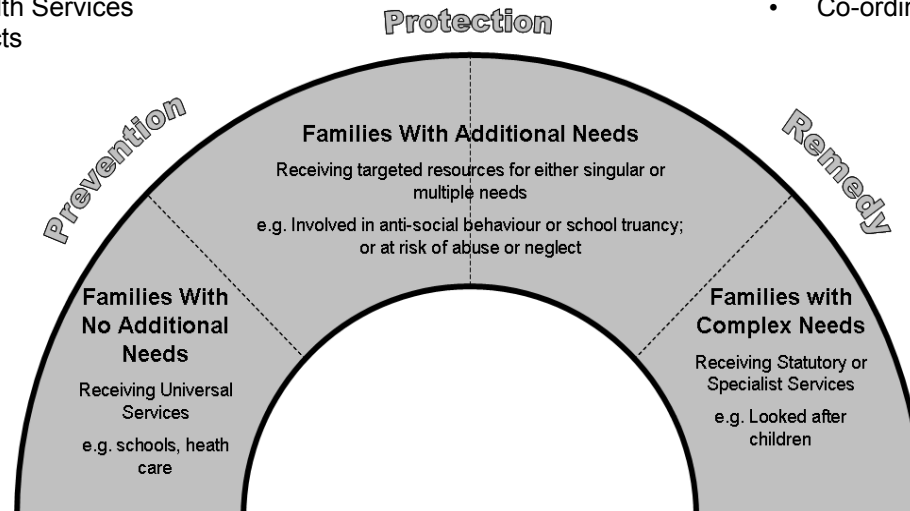
More serious and complex needs requiring a multi-agency approach. Services delivered in this part of the spectrum include;

- Team Around the Family
- Co-ordinated services for complex needs

The needs that all children, young people and families have. Services in this part of the spectrum include universal services accessible by all such as:

- basic parenting courses,
- informal support groups,
- money and housing advice,
- Health Visiting,
- whole-school approaches.

N.B. These universal services continue to be available to families as they move from the Protection through to Prevention & Remedy



**N.B. Early Intervention sits between the Prevention and Protection segments of the Spectrum**

Children, young people and families with the highest levels of need, requiring intensive, specialist support, sometimes away from home. These services are usually delivered as part of a statutory intervention and include:

- Integrated Family Support Services (IFSS)/ Family Intervention & Support Services (FISS)
- Specialist Fostering
- Residential Care.
- Short breaks for disabled children

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### Appendix E

#### Principles Underpinning the Development of the Family Plan

- It is essential that the development of the **Family Plan** does not generate significant additional bureaucracy.
- In order to achieve this, the **Lead worker** will ensure that the **Family Plan** works to support any individual plans that might already be in place for the child or parent.
- Using these and through the engagement of the family, the **Lead worker** will develop a **Family Plan** which will be shaped with the family throughout the initial engagement and assessment process, drawing together information from existing assessments and making sense of the interplay between the factors affecting individuals in the family and their impact on the way that the family functions. As the assessment will be underpinned by **restorative principles**, so the development of the **Family Plan** must also be underpinned by **restorative principles**, identifying and building on the **family's strengths**.
- The **Family Plan** will be drawn up using existing material, including case history, risk and needs assessments and the planned outcomes (**family goals**) as agreed with the family.
- The **Family Plan** and **family goals** will be shared with other practitioners involved with the family with the family's consent.
- The detailed **objectives** in the **Family Plan** are benchmarks by which the progress of the family is monitored and the commitment of professionals involved with the family is observed.
- It is important that **goals** are realistic. The analysis, judgement and decision made in the **assessment** will form the basis of a **Family Plan** of work with the child / young person and their family. The complexity or severity of the child/ren and family needs will determine the scope and detail of the **Family Plan** and the range of interventions, and / or other services necessary to allow change to the parenting capacity (if appropriate) and family circumstances.
- The **Family Plan** must specify how organisations involved in the delivery of services to the family proposes to address the full range of the child/young person's and family needs, taking into account the child/young person and family's **wishes and feelings**.
- **Reviews** of the **Family Plan** will consider its effectiveness and should be undertaken on a regular basis, ideally by someone with a level of independence who is not directly responsible or delivering services to

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the family. **Effective planning and review is underpinned by careful and ongoing assessment of needs and risks.**

- The **Family Plan** provides a holistic view of the needs of the child/young person and their family building on each component part of existing individuals plans. It should endeavour to bring together in a seamless manner services that will deliver the required outcomes for the family and individual family members, strengthen capacity and change behaviour where it is appropriate to do so.
- Crucially, the **Family Plan** will clearly set out what the family can expect from practitioners and what is expected of them.

**Appendix F: Work Plan****Objective 1**

Ensure that children & young people receive help at the lowest level or intervention that is safe and effective in promoting good outcomes.

**Improving the range and effectiveness of Early Help by:**

- Developing an Early Help Pathway that meets all levels of need
- Development of an Assessment and Planning Pathway that identifies a common assessment mechanism (e.g. Joint Assessment family Framework) for children, young people and families who do not require a statutory service.
- Agreeing and implementing a common approach to the *Family Plan*
- Strengthening arrangements for multi-agency planning and risk management and developing a *Lead worker* role for interventions that sit below Children's Services thresholds
- Implementing the Cardiff Parenting Framework that seeks to support the delivery of a range of Evidence-based parenting interventions for families with a range of levels of need and monitors impact.
- Undertake review to Update the Family Information Service Family Support Directory to ensure material held on services is comprehensive, accurate and up to date in order that families and professionals are able to easily access the information they need about services in their preferred format at the time they require it.

**Improving the effectiveness of step up and step down pathways by:**

- Harnessing Team Around the Family as the overall framework

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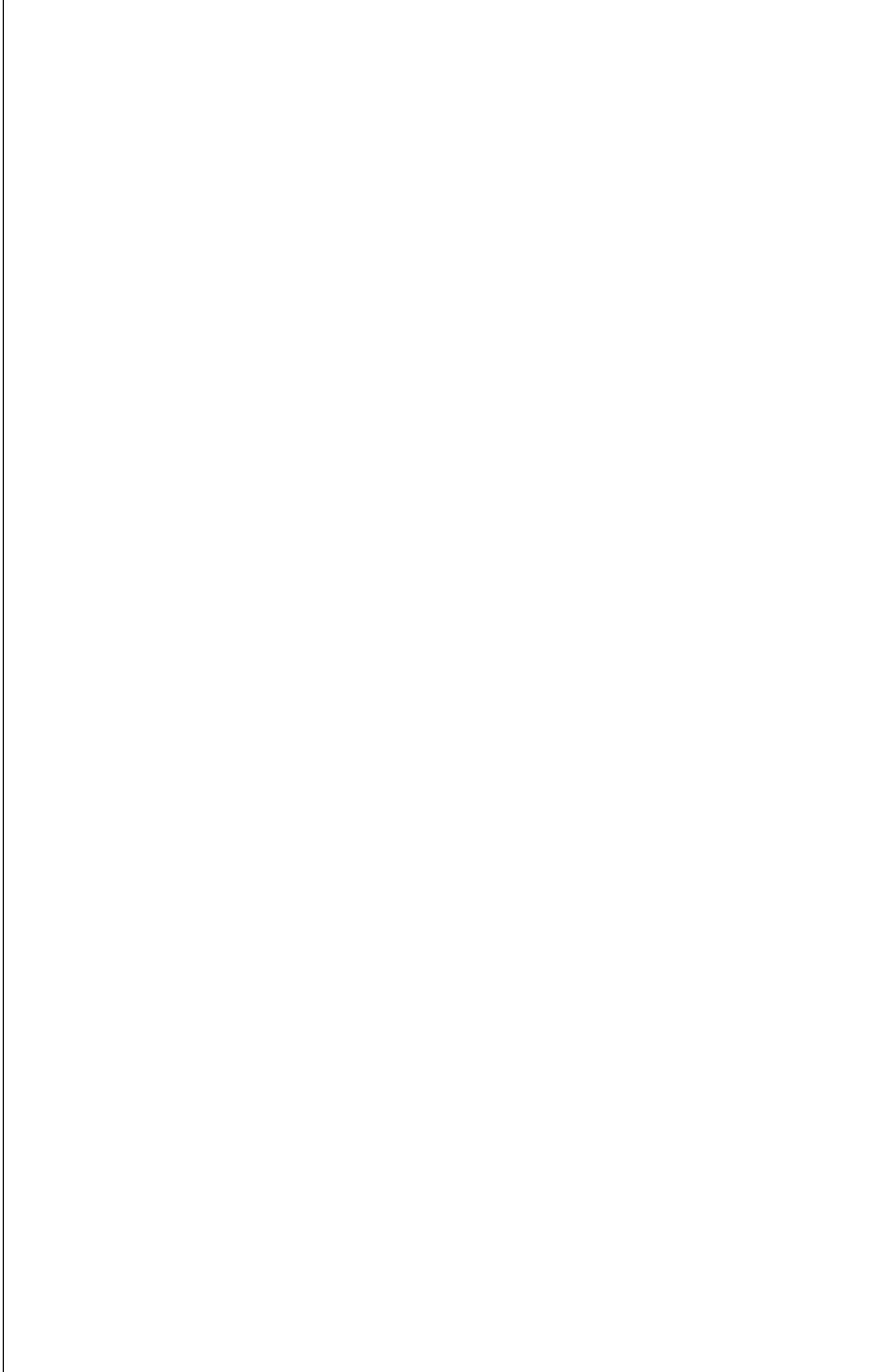
- Strengthening the interface protocol between TAF and Children's Services
- Introducing new arrangements for jointly managing front door referrals with partners using a multi-agency approach and a model that promotes consultation and advice as well as offering a referral pathway into statutory services.

**Extending Targeted Intervention by**

- Strengthening and / or remodelling existing services that seek to keep children, young people and families who are on the care threshold at home (e.g. IFSS, FISS, Support Care); and develop new services that have a strong evidence-base (e.g. Blackburn & Darwen model)
- Reviewing and updating the Joint Working Protocol between services for children and services for adults which seeks to address the additional needs of parents whose own needs impact negatively on their ability to appropriate safeguard and meet the needs of their children (IFSS; Drug and alcohol services; adult mental health provision; services for Young Carers)
- Implementing the Parenting Framework to equip parents with an enhanced range of skills to manage challenging behaviour using Evidence-based interventions (e.g. Parent Nurturing Programme, Triple P Programme, Incredible Years etc)
- Using strengths-based approaches to facilitating the opportunity for families to identify their own strengths and to encourage and support the wider family to come together in a crisis to develop a plan that supports the child and prevents family breakdown or promotes family reunification(FGC / Restorative Approaches)

**Objective 2**

Maximise the impact of Children's (Social) Services by strengthening the effectiveness of social work intervention





**Re-design the model for the delivery of social work support and intervention by**

- Eliminating bureaucracy (Lean Review) and freeing up social work time for direct work with families
- Revising Care First
- Restructuring social work teams around 'Practice Consultant-led' models of multi-disciplinary intervention
- Rationalising the skill mix to enable a smaller cohort of highly skilled social workers to focus on behavioural change
- Strengthening our approach to 'permanence' where early decisions to separate infant children from their families is evidenced and justified. (Public Law Outline (PLO) process & Legal Panel; Adoption Services.

**Promoting Kinship Care by**

- Extending opportunities to relatives to care for children who cannot remain with their parents
- Extending Special Guardianship and Residence Order options
- Exploring the feasibility of realigning resources in order to support the assessments related to the aforementioned work being undertaken within the Fostering Service.

**Consolidate the Specialist LAC Service & 'Break the Cycle' by**

- Maximising the effectiveness of permanence in enabling LAC to achieve their full potential.

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- Ensuring active care plan management to promote early opportunities for return to family
- Reverse the shift towards externally purchased residential care in favour of local family placements
- Delivering the Payment by Results LAC themed initiative around Enhanced Foster Care.