

More for Children: Munro and its implications for the VCS



Introduction

More for Children is designed to provide information, about the impending changes to Safeguarding as a result of Munro and the forthcoming consultation on a new Working Together, that resonates with the voluntary and community sectors current experience.

It has been funded through the Department for Education's Overarching Strategic Partnership. The Overarching Strategic Partnership is made up of a consortium of organisations led by Children England, in partnership with; Community Matters, the National Council for Voluntary Youth Services (NCVYS), the National Association for Voluntary and Community Action (NAVCA), The Race Equality Foundation and Social Enterprise UK.

www.childrenengland.org.uk

This report's audience is those organisations, managers and practitioners in the children and young people's VCS who provide early help which is often targeted, and support for children, young people and their families.

It should also be essential reading for; LSCB VCS representatives, Infrastructure providers, particularly those who support the CYPVCS, and their partners: LSCB's, Children Trust partnerships and Health and Wellbeing Boards.

It has 3 main purposes:

1. To assist managers and practitioners in the CYP VCS in developing an understanding of the contents and implications of the Munro Report in the broader context of the policies of the current government
2. To provide examples of good practice and service delivery which are both innovative and reflect the principles which underpin the report
3. To suggest strategies, particularly in relation to the application of evidence based practice, which will better equip providers to respond to the current challenging economic and social climate

The report comes in two parts;

1. Munro, Working Together, change and the sectors contribution
2. A continuum of care: wider change, what works, outcomes and evidence

It is hoped that it will stimulate debate on the opportunities and challenges that face the CYPVCS and in doing so contribute to the sharing of strategies and innovative practice across the sector.



Foreword

This report was commissioned, from Howard Jones - Deputy Chair Haringey LSCB and formally Director of Services, Family Action in January 2012 and with its complementary workshops will, we hope, provided the impetus for the sector to adapt to a less centralised and prescriptive approach. One of the Coalition hallmarks is commitment to reducing bureaucracy and deficits, as such the reforms linked to Eileen Munro's work appear to reflect some of this ambition.

However as the report identifies this comes with both advantage and risk, and one that has profound implications for the voluntary and community sector that works with children, young people and their families. The reports dual ownership (Children England and Safe Network) reflects its importance, the sense that change needs to be absorbed strategically and in practice as a natural adjustment to austerity.

One of the significant effects of the change is to firmly place on individual organisations the responsibility for overall practice, quality assurance, learning and culture.

The case studies that underpin the research are purposefully drawn from organisations that whilst in some cases they may have a national presence are firmly rooted in their communities, and are not super sized charities with a turnover of £100 million turnover per year.

Kevin Garrod, May 2012

Head of National partnerships, Children England/Safe Network

Key Messages

- The values underpinning the Munro review are widely shared across the Children and Young Peoples VCS
- There is as much continuity as change in the reforms proposed by the Review
- Putting the child at the centre of our work, sustaining and strengthening families and **providing early and timely help is what we do now**
- Increased autonomy and professional responsibility, both recommended by Munro and demanded by the economic climate we live in, bring with it additional responsibilities and risks and pose particular challenges to the skills and expertise in the CYPVCS and to its management and governance
- The sector has the opportunity to find and deliver its own solutions to the challenges it faces by building on what it does well, forming active and supportive partnerships and delivering services built on principles and passion
- Evidencing the difference we make to childrens lives is, and will continue to be, of the highest priority



Part One: Munro, Working Together, change and the sectors contribution

Changing systems

This section provides an overview of the Munro Report, including a summary of the systems approach to learning from critical incidents, and how the government is taking forward its response.

The Munro Report, the final version of which was published in May 2011, was based on a systematic review of the child protection system commissioned by the Secretary of State for Education in June 2010. Prof. Eileen Munro posed this central question:

‘What helps professionals make the best judgements they can to protect a vulnerable child?’

Taken together, the reforms recommended by the Report are intended to create the conditions; in policy, cultural, managerial and organisational terms that enable professionals to make the best practice judgements about the help they give to children.

Throughout her review and report Munro adopted systems theory to examine how the current arrangements for protecting vulnerable children have evolved and to suggest a way forward which places greater emphasis on individual professional values, judgement and expertise. This in turn implies a moving away from a system, which had become “over- bureaucratized” and based on professional compliance rather than professional autonomy.

Munro’s first report, published in October 2010, described how the child protection system had been driven by six key factors:

1. The importance of the safety and welfare of children and young people and the understandably strong reaction when a child is killed or seriously injured
2. A commonly held belief that the complexity and associated uncertainty of child protection can be eradicated
3. A readiness to focus on professional error without looking deeper into its causes
4. The undue prominence given to performance indicators and targets
5. The prioritisation of process over the quality and effectiveness of the help, provided to children.

6. The creation of a “defensive” system where professionals had become preoccupied with “doing things right (for the system) rather than doing the right thing (for children)”.

Munro’s second report, published in February 2011, considered in detail the child’s ‘journey’ through the child protection system from the point that the child needs to receive help to demonstrate how that system could be improved to provide better outcomes for the child.

Underpinning her report is a belief that as a society we need to re-align how we view and treat children and young people, moving away from a position in which, all too often children are seen as objects to be done to, and are often demonised, to a situation where they have intrinsic rights and are valued for the contribution they can and do make to society. Re-affirming the governments commitment to the UN Declaration of the Right of the Child would be a useful starting point for beginning this cultural shift.

8 Key Principles underpinning the Munro Report

1. The child protection system needs, first and foremost, to be child centered
2. The family is usually the best place to raise children but this needs to be balanced with the need to protect them
3. Effective working with families is contingent on the quality of relationships within families and with professionals
4. Early help is better for children
5. Children’s needs vary so flexible practice and service responses are required
6. Practitioners need to apply the latest theories and research to their work
7. Uncertainty and risk are inherent in child protection work
8. The real measure of success in child protection is the effectiveness of the help children receive

Munro states in her report that it is unusual for a major review of this kind to be undertaken without the immediate pressure of a major critical incident. Notwithstanding this, the political and media furore arising from the death of Peter Connolly in Haringey in 2007 provided a vivid example of what seemed to

have gone awry with the way in which child protection services operated.

What Munro set out to do therefore was to analyse how it was that child protection services and practices had evolved in the way they had and what reforms were required to improve their ability to protect children.

Helpfully reminding us that a certain level of risk in child protection work is unavoidable, and that this needs to be generally acknowledged, she argues powerfully that the key to mitigating risk is to develop systems that make it harder to make bad decisions and facilitate good practice. Central to this would be a return to the centrality of professional judgement by social workers and those working with children. Instead what has happened over the last 20 years is the supplanting of professional judgement by a system focused on performance indicators, targets and a bureaucracy that has led to a “defensive” professional culture, which has not worked in the best interests either of children or the professionals themselves.

“There is a general recognition across the sector that the Munro report recommendations will impact on all levels relating to child welfare, safety and social work practice influencing operational and strategic planning for VCS organisations.”
(The Rainbow Trust)

Key Actions: All CYPVCS providers, organisations, groups and support systems need to fully consider and formally, the implications of the Munro Review for their governance, management and service and practice.

Learning Together to Safeguard Children (LTSC) – a systems approach to safeguarding children

Drawing on developments in the aviation industry, health and on a paper on applying a systems theory to reviewing serious child care incidents that Prof. Munro first published in 2005, the LTSC model proposed in her report is designed to find out why things go wrong and how we can learn from this and mitigate future risk.

While the main objective of the current Serious Case Review process (Part 8 of Working Together to Safeguard Children) is also to learn from critical incidents to inform practice and national research, Munro argues that too often it adopts a person-centred approach, analysing what happened in a way that sees

human error as providing a satisfactory explanation-if only the social worker had acted differently the tragedy would have been averted. The assumption is that it is erratic people that degrade safe systems, so work on safety requires protecting from unreliable people. As a consequence, professionals are pressurised into improved performance, an attempt is made to eliminate human factors as much as possible and surveillance is increased to ensure compliance.

This has resulted, under the current system in **“A concern with doing things right rather than doing the right thing.”**

While this sounds plausible and may satisfy the media and general public, Munro believes that hindsight can lead us to grossly over-estimate how reasonable actions would have seemed at the time and how easy it would have been for the worker to take these. But it is only with hindsight that the world appears ‘linear’ because we know the chain of events that followed.

Individuals are not totally free to choose between good and problematic practice and are all part of complex multi agency systems which shape what they do. The task in hand, the tools used and the context in which they work all influence professional responses.

What a case review needs to provide, therefore, is a “window on the system”, which identifies the factors that support good practice, the factors that inadvertently make bad practice more likely and which seeks to understand the local context and why actions seemed reasonable at the time. The outcome of the review would be to target recommendations at making it harder to safeguard poorly and easier to do it well.

“Active systems are like mosquitoes – swatting them away one by one is futile so the best remedy is to drain the swamp which allows them to flourish, i.e. the ever present latent conditions in which we work.”

(James Reason)

The methodology of LTSC differs from the current approach in several key respects:

- There are no Terms of Reference as such
- There are no Individual Management Reports and
- No single overview author. Instead the review is led by two Lead Reviewers leading a Review Team of local managers and professionals who, individually and in groups discuss key aspects of the case with all professionals involved with it (the Case Group).

- Key Practice episodes are analysed by the teams to produce findings, which are presented to the LSCB. It is then their responsibility to implement the necessary action to address the findings.

This is perhaps the most profound change from current arrangements whereby SCR’s produce a series of recommendations which the LSCB translates in to an Action Plan.



Next steps

So far the LTSC model has been piloted in 9 local authorities across England and more are planned, these pilots have concerned cases which have not met the threshold for a full SCR but were considered whether they met the criteria by the LSCB. Ofsted has recently given dispensation for the model to be applied to a case which meets the threshold and it now seems likely that key elements of the LTSC methodology will be incorporated into the revised Working Together.

The government is also proposing that LSCB’s should have greater flexibility in determining what type of review to undertake with the option of Management Reviews being available for less critical incidents but from which learning can be derived.

Despite the process differences the objective remains the same; to learn, to identify what went wrong and work to put it right, to inform national research so that more can be understood about patterns of behaviour – of children, families professionals and organisations.

“A systems approach potentially offers non-statutory organisations a space in which to share their learning on an equal footing with colleagues across the sector. We have experience over recent years of the enormous logistical demands of Serious Case Reviews for small organisations, in addition to the emotional impact for staff and volunteers.

These can involve our local schemes in diverting considerable resources to writing/ providing information for IMR's, even when our service delivery to the family was minimal. Although this approach stimulates reflection on the organisation's own processes and practices it does not provide an opportunity to participate in inter-agency learning."

(Home Start)

Key Actions: As the sector is assuming greater responsibility for cases of increased complexity and risk the likelihood is that more of them will be required to contribute to serious case reviews in future. It is therefore essential that all providers prepare themselves for that possibility and familiarise themselves with possible relevant models of learning.

A New Working Together to Safeguard Children

The consultation phase of The Government's new Working Together is now imminent. It is anticipated that the revised guidance will be published in the autumn.

Key Action: The sector should actively engage with the consultation and consider the challenges and opportunities presented by the proposals, particularly those which would require more professional autonomy being devolved to frontline practitioners and managers.

The government has incorporated much of Munro's proposals and has indicated the following as the key principles underpinning the new guidance:

- It will be "child centred"
- It will place greater trust in front-line professionals using their judgment
- It will reduce bureaucracy and prescription with a focus on the 'must do's' leaving space for local solutions and innovation
- Professionals will be given a clear expectation of what is expected of them in discharging their professional responsibilities
- There will be a clear focus on early help, multi-agency assessment and the information of good information sharing

- It will also be radically reduced in length

A new framework for the Assessment of Children in Need and their Families will:

- Provide a conceptual basis for assessing the needs of children and families
- Give local areas more freedom to set locally agreed frameworks
- Not be linked to specific forms, recording processes and performance indicators, and
- Set out a framework which allows professionals to decide how they undertake the assessment within a clear understanding of the need to balance timelines, proportionality and quality

To this end the government are proposing

- To remove the distinction between the initial and core assessments and the related timescales
- To replace nationally prescribed timescales with professional judgments
- That local areas agree frameworks which focus on assessing the needs of children and families in a way that is timely and proportionate
- That assessments are undertaken using a conceptual framework which allows for a systematic analysis and understanding of the child's developmental needs, including any risk of harm, the parents capacity to respond to these needs and the impact of and influence of wider family, community and environmental circumstances

A Stronger role for Local Safeguarding Children's Boards

Munro's proposals to revise Working Together in order to clarify and strengthen the role of LSCB's should have in monitoring the effectiveness of local service, including early years, provision and the delivery of multi-agency training, should prompt providers and umbrella organisations to assert the role they play in protecting children and young people in their localities.

There is some anecdotal evidence that the local voluntary sector on occasion still finds it difficult to engage with the LSCB. These organisations often provide the early help that Munro has highlighted as being critical to a child's wellbeing, and their perspective and experience is an important element in local planning. In particular their access to support and professional development on neglect remains an important issue, as does the ability of the LSCB to communicate with them as crucial stakeholders. In addition the involvement of the CYP VCS in local step up-step down arrangements offers the possibility of better efficiency.



Key Actions: with a renewed emphasis on local solutions, there are a series of critical partnership connections for CYPVCS organisations, enabling them to respond to and influence developments close to their sphere of activity

- Know who your LSCB chair and Business Manager are?
- Who represents the sector on the LSCB?
- Know what mechanisms are in place to enable our voice to be heard at the LSCB?
- Work in an organisation where staff routinely access LSCB training programmes?
- Know what the LSCB priorities are for the coming year?

Changing models of statutory provision and inspection

This section highlights some key examples about how statutory provision is changing in response to increased demand and changing policy.

The changes are in response to the Munro Review and the need to deploy more limited resources in a more targeted and effective way local authorities are implementing new structures for protecting and supporting children,

It is absolutely essential that locally the sector understands and engages with these new models of service delivery so that they become integral to the menu of services available to families. Below are two examples that are being implemented across the country.

Multi Agency Safeguarding Hubs (MASH)

Building on a pilot in Devon the MASH model of organising multi agency responses to protection is now being rolled out across the country. Having all agencies in one room, working together to keep children safe is a pioneering approach. Speaking when launching the Haringey MASH, Children's Minister Tim Loughton said:

“Our reforms to child protection are about promoting timely and coordinated preventative services..... so that vulnerable children and families get the help they need at the right time before problems escalate. This (the MASH) will help reduce abuse and neglect. Being able to confer with colleagues from the police or NHS by crossing the room could be significant in the case of a vulnerable child.”

Key Actions: CYPVCS organisations need to be clear about local arrangements for making child protection referrals and, where they have been established, make strong links with MASH teams (or similar) so that they can support and facilitate safe and effective decision-making.

Reclaiming Social Work

In Hackney, pre-empting the Munro review the local authority re-organised their social work teams so that experienced practitioners were placed at the heart of decision making for children, co-ordinating packages of care and support tailored to meet their assessed need.

The model complements the development of the MASH model which operates at the front line of child protection. The model recognises the importance of looking beyond the frontline child protection response and to see all interventions beyond the universal as part of a joined up whole. The Hackney model of 'reclaiming social work' puts into practice the approach referenced in the Munro Review and is perhaps currently the most well-known approach that explicitly aims to do this. Perhaps most importantly, it sits within a range of family support services that allow for both emergency response and longer-term intervention. As a theoretical model, it has coherence and places professional judgement at the heart of the process.

Key Actions: The Reclaiming Social Work approach places the child and professional judgement at the heart of the safeguarding process. Locally the sector can engage with the model by providing safe and effective support to plans for children.

A New Framework for Inspection

Munro's proposals for monitoring service provision emphasises monitoring of the effectiveness of all local services, including health, education, police, probation and the justice system in protecting children. Placing the child at the centre of the inspection process, she states that:

- A new inspection framework should examine the child's journey from needing to receiving help,
- Explore how the rights, wishes, feelings and experiences of children and young people inform and shape the provision of services, and
- Look at the effectiveness of the help provided to children, young people and their families

Key Actions: The CYPVCS can make a positive contribution to the revised inspection process and providers need to consider the most effective and professional ways to respond. Demonstrating effective service delivery and working in partnership with other agencies will be vital to positive engagement with the inspection process.

Opportunities and challenges for the Children, Young Peoples and Families Voluntary and Community Sector

This section sets out the key challenges and opportunities that Munro's proposals present to the sector and provides examples of how these can be exploited and met.

Opportunities

As with all the providers who contributed to this briefing, Home-Start particularly welcomed Munro's recommendation relating to responsibility for early help and intervention, the emphasis on the importance of 'help' rather than 'intervention', and the link she makes to the significance of consent in achieving outcomes.¹ The Munro 'Principles of an effective child protection system' included in Principle 3 – "the quality of the relationship between the child and family and professionals directly impacts on the effectiveness of the help given"² is also welcome.

"We are glad to see the Munro report focuses on the need for relationships to be built, rather than relying on systems and processes. Although we recognise the need to have good systems, as a values based organisation that seeks to see our core values embedded throughout our work and services we also focus on the value of relationships. We therefore pro-actively work at ensuring our multi-agency relationships are strong and robust as we believe this makes a difference in delivering outcomes for children".

(Ormiston)

Ormiston also endorse what Munro has to say about the need to reduce the over-emphasis on compliance with bureaucratic processes that has characterised the child protection field in recent years. They have already found that they have been able to use Munro's findings:

- To exert pressure on statutory services to improve their communication in the context of multi-agency working around specific child protection cases, and
- To give greater priority and credence to the professional experience and judgement of practitioners. This is an approach to be encouraged.

Family Action agree with Munro's recognition that systems and the contexts in which practitioners and managers make safe decisions matter and that there needs to be a better understanding of these if safe decision making and professional judgement making is to be supported. Similarly, the role of supervision, as opposed to target driven performance management, and the creation of the necessary space for practitioners to be able to reflect on their own, and challenge others, judgements is critical.

Munro's emphasis on the centrality of developing a workforce with the skills and expertise to help and protect children and young people is shared across the sector but is one of the most significant challenges it faces at a time when the level of complexity being worked with is growing. In this context the lobbying of commissioners to accept the costs of staff training and development as essential elements in any contract price rather than an expendable 'add on', is essential.

Ensuring that outcomes measurement captures the difference that services make to children's lives is both welcome and challenging as organisations attempt to find the resources to invest in effective

outcome systems while trying to meet rising demand for their services.

“In relation to planning services, it is important to ensure service provision is linked to outcomes measurement and the social palliative care pathway incorporates children’s rights, wishes, feelings and experiences.”

(Rainbow Trust)

“We welcome the spirit of Munro, that aspires to moving from a compliance to a learning culture. We are encouraged to see the child-centred focus to the review and would support an approach that endeavours to keep the child at the heart of systems and processes.”

(Spurgeons)

There are strong grounds for believing that commitment to the value and importance of early intervention and prevention approaches are shared across the sector and that they are being integrated into services for children and young people.

Both an opportunity and a challenge for the CYPVCS is to respond to Munro and the changing landscape of legislation and models of service delivery to work in a joined up, integrated way. **We understand children are more likely to be helped and protected when:**

- Early help is available and accessible and in a way that also reduces the need for targeted services
- Agencies work together effectively to provide help to children and young people in need of protection
- The help given is proportionate and not subject to unnecessary formal child protection intervention
- Locally agreed thresholds are understood across agencies
- Social work expertise and advice is available to other professionals to support them in determining whether a referral should be made to children’s social care
- Universal, preventative, and non-social care refer children for help and support in a timely and effective manner and there is a timely response to referrals

Key Actions: The sector needs to retain its focus on supporting integrated approaches by reviewing a series of critical success factors for partnership working:

- Your organisations or groups current experience of integrated working and whether you are engaged at the level you want
- How engaged your project or service is with local schools and health and whether this is at the right level for your service?
- Where your service fits within local commissioning priorities



Challenges

Do managers and staff in your organisation have the necessary skills and knowledge to assess and work authoritatively with increasing levels of risk, complexity of need and neglect?

The corollary of more autonomy for practitioners to exercise their professional judgement is that this places extra responsibility upon them. Recent local authority pilots which have eased the time-scales for completing assessments, for example, have produced mixed responses from professionals with some welcoming the opportunity to exercise their professional judgement more but others expressing anxiety as to whether they will be supported when things go wrong. In this regard Munro’s proposals for a lighter bureaucratic touch will require a cultural as well as a systems change in both local authorities and the CYPVCS.

“Departing from the established Department of Health assessment framework to one that promotes social worker professional judgement and greater autonomy, however, does pose challenges requiring skilled supervision and support for staff.”

(Community Care March 2012)

“The systems, processes and bureaucracy of much child protection work have actually constituted a reassuring frame of reference for many practitioners. Encouraging practitioners

to trust their own professional experience and judgement and to move away from bland and uniform 'tick box' assessments has required a cultural shift and a significant investment in training (for us)."

(Family Action)

"VCS organisations need to review and develop the roles of designated lead/deputy lead in relation to their child protection procedures, ensuring they are closely linked to LSCB policy and maintain strong cross-agency links.....managing the boundaries and lack of clarity which arise with potential safeguarding issues, due to differences in policy between local authorities. The point is often made about the opportunity for non-statutory agencies to engage more easily, or at an earlier stage, with families who may avoid or fear engagement with statutory services. It is important to be clear about non-statutory providers' roles, working to the same safeguarding principles as statutory organisations."

(Rainbow Trust)

It should be recognised that Munro's proposed reforms focus on the roles and responsibilities of statutory social work services. To this extent her proposals for the review of Working Together do not consider the dangers of removing process guidance from the perspective of the non-statutory sector. As Home-Start put it "the dangers of Munro's requirement to 'distinguish the rules...from guidance that informs professional judgment' and relying on providing 'the key principles underpinning the guidance'³ is that small local VCS providers will not have recourse to a single external standard of processes for multi-agency working in a child protection context. This significantly weakens the avenues for smaller providers to call Children's Social Care to account; to challenge poorly performing local authorities if necessary, or to seek information in relation to, for example, the escalation of an unsuccessful referral."

"From the perspective of a national organisation working to support a network of local services, Home-Start UK experiences difficulties in the development of guidance and training which has organisational coherence but makes sense in a local context. There is value from a network perspective in having recourse to referencing national guidance as a tool for raising and maintaining standards."

(Home-start)

At a time when the sector too is seeing funding reduced or removed it is highly uncertain that they will be able to fill the space left by a statutory sector obliged to priorities and retreat from early intervention and preventive work

"There is emerging evidence that, as statutory services are further squeezed for funding, there are increasing numbers of referrals to VCS providers in relation to families with significant and often very complex needs. This a time when levels of contract funding and voluntary given are also under acute pressure. Many local authorities are expecting local providers to work with high numbers of complex families within extremely limited resources. ...the transferral of risk to front-line providers will ultimately cost the state more in terms of family crisis, family breakdown and pressures on the care and benefit systems. The ultimate costs will be born by children."

(Home-start)

The move, outlined as part of a new working together towards greater local flexibility—localism, offers the potential for greater and wider ownership of safeguarding. However it also presents a model of potential inefficiency for a sector pressed to deliver ever greater economies of scale and added value. Put more succinctly there is a need to maintain balance between the national direction and local interpretation in order to help the CYPVCS to provide its unique contribution.

Summary of key challenges

1. Ensuring that the CYPVCS workforce has the skills and expertise required to deliver services at a higher threshold of need and complexity
2. Ensuring that, with increased delegation of responsibility and less local authority bureaucracy to provide a framework for service delivery, that providers have the governance, management, policy and procedural structures in place to manage risk
3. Ensuring that CYPVCS organisations have the mechanisms in place to measure their effectiveness and show that they are cost effective

Part Two: A continuum of care - wider change, what works, outcomes and evidence

Part Two explores the links between much wider changes to the delivery of local government, the associated Health reforms, a look at some of the practice implications of working with very vulnerable families that are on the cusp of child protection and how the sector has responded to the demands for it to evidence the improvement (outcomes) it delivers.

Changes to strategic and operational structures

This section provides an overview of the way that strategic and governance arrangements are changing and how the VCS needs to respond.

Health and Wellbeing Boards

In shadow form from April 2012 and fully established from April 2013, health and wellbeing boards will supersede Children's Trusts as the principal forum for leaders from the health and social care system to work together to improve the health and wellbeing of their local population and reduce health inequalities.

Each top tier and unitary authority will have its own health and wellbeing board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future. Health and wellbeing boards are a key part of broader plans to modernise the NHS to:

- Ensure stronger democratic legitimacy and involvement
- strengthen working relationships between health and social care, and
- Encourage the development of more integrated commissioning of services

The boards will help give communities a greater say in understanding and addressing their local health and social care needs.

Key Actions: Critically for the sector Health and Wellbeing Boards will have strategic influence over all commissioning in health, public health and social care.

It is essential therefore that organisations understand how their local Board functions, who its members are and what strategic priorities it is setting.

The NHS reforms also change the landscape of commissioning and pose challenges to the sector about how to engage with the new structures:

"We will make sure that clinical commissioning groups and the NHS Commissioning Board are required to make arrangements to safeguard and promote children's welfare, and maintain providers' responsibilities for safeguarding. We will continue to explore with our key partners how best to ensure that professional leadership and expertise for safeguarding children are retained in the new system, including the continuing key role of named and designated safeguarding professionals, whose critical importance was recently highlighted in the Munro Review of Child Protection."

Tim Loughton 31st October 2011



Key Actions: It is essential that locally VCS umbrella bodies engage with HWB Boards and establish an appropriate level of representation and that there is good support available to the children, young peoples and families VCS in a fragmented and complex environment.

The government commitment as set out on the Coalition Agreement in 2010 to target in services at the most vulnerable families was broadly welcomed by the sector at the time. Since then some of the language of the previous government, and indeed some of its flagship initiatives to safeguard children (whither Contact point and the Independent Safeguarding Authority may have been swiftly abandoned, but the current government has

repeatedly stated its commitment to supporting families and promoting the wellbeing of children through early intervention and multi-agency working. This has not been straightforward at a time when the statutory sector is being squeezed for funding on an unprecedented scale (the Early Intervention Grant for 2012/13 is some 10-11% lower than it was in 2010/11).

However, it would be wrong to believe that the fundamental context in which we will have to operate over the medium term will change even if there were to be a change of government. A reduced statutory sector and an expectation that **private and voluntary will step in to fill the gap will be the order of the day for the foreseeable future and the sector, in recognising this, must review its role and the services it provides accordingly.**

The Social Mobility 'Opening Doors – Breaking Barriers' and Child Poverty Strategies, the Children and Families Taskforce and the continued commitment to retaining Children's Centres as a means for getting the right support to the most vulnerable families and the governments objective to Family Nurse Partnerships and to increase the number of health visitors by 4500 (50%) by 2015 are all designed to promote and sustain family life and enhance opportunities for children. However, the funding attached to the policy commitment has been widely criticised as being too little, especially in the wider context of a massive welfare reform, and at time of lowering living standards for many, and are considered by many to be insufficient in scale or scope to meet the rising levels of need that we, in the VCS, are witnessing on a daily basis.

Below is an overview of 2 current government initiatives which impact on families and the wellbeing of children.

Troubled Families Initiative

"Families with multiple complex needs require holistic support. It's good news that these families are at the top of the agenda and that the Government is putting its money where its mouth is via the Department for Communities and Local Government's new Troubled Families Unit. We believe that local authorities and providers working with disadvantaged families should support this agenda."

(Family Action)

In November 2011 the Prime Minister set up the Troubled Families Unit within the Department for Communities and Local Government to "turn around the lives of 120,000 families by the end of this Parliament". £448m has been made available to local

authorities over 3 years with a specific brief of full payment depending on results in these areas to

- Get children back into school
- Reduce their criminal and anti-social behaviour
- Get parents back on the road to work and
- Reduce costs to the tax payer and local authorities

The unit that beyond these core objectives troubled families will have a range of other complex needs including mental health and/or substance misuse problems, families affected by domestic abuse and families where children are on the edge of care. Local authorities will be able to assess the most troubled families in their areas by applying these additional criteria so that services can be targeted at the most vulnerable and challenging families.

Each local authority must appoint a co-ordinator to drive the process of engaging with families and in each area all services across the local authority and in the VCS will be expected to contribute to packages of intervention as appropriate.

Key actions: Voluntary and community organisations should seek to pro-actively engage with the local initiatives so that they can be part of the menu of services available.

"...the Troubled Families initiative should start from asking 'what's the trouble?' from a family perspective and demonstrate that Munro's Child Protection Principle 5 "Children's needs and circumstances are varied and so the system needs to offer equal variety in its response"⁴ has been heard.

"The initiative's focus on targets such as numbers of children back into school; reductions in their criminal and anti-social behaviour; increase in parents back into work; and reductions in costs to the taxpayer and LA – 'trouble' as identified by selected government departments – establishes a new set of targets for Local Authority departments at the very time that the DfE presides over Munro's dismantling of the older ones."

(Home-start)

When dealing with families identified within the 'troubled families' group, organisations such as Rainbow Trust (who provide services for families with children with disabilities/life-threatening

conditions) are likely to be well placed to engage with the family as a whole, identify issues to be addressed and have a significant role in supporting the family to grow stronger.

“In our view the impact has been positive because the FIPs philosophy and model are based on a holistic, multi-agency approach focused on the needs of the whole family, rather than working with individuals in isolation. The Troubled Families initiative very much builds on this agenda, and we feel its preventative emphasis can only be beneficial to vulnerable children and their families.”

(Ormiston)

“Where there are mental health and child protection issues, improving the mental health of parents and protecting children have to be the short to medium-term priorities.”

(Family Action)

“Adding to these pressures the requirement to deliver on a payment by results model will exclude all but the largest of VCS providers.”

(Home-start)

Funding for on-line and telephone support services

11 million has been made available to fund services providing relationship advice with a particular focus on fathers and single parents. As with the Troubled Families Initiative there will be a focus on getting people into work and improving educational attainment. The services will be delivered via a consortium of voluntary sector providers comprising of Relate, Netmums, Gingerbread, Family Rights Group, Young Minds, Coram, One plus One, the Single Parents Advice Network, Family Matters Institute, Family Lives, Contact a Family and the Children’s Legal Centre.

Given that improving the quality of relationships is at the heart of our work with families this is both welcome and timely. As Relate commented in response to the recent report into the causes of the riots of August 2011:

“We must now take the time to learn from the findings and invest in proven preventative measures to ensure that we do not witness a repeat of the unrest seen last summer.”

“We know that quality and stable parenting is a key indicator of successful life outcomes for children, which is why Relate believes that more needs to be done to give parents a broad range of support and advice options. “However, to focus on parenting skills alone would be naive - parents need access to a suite of relationship support packages to ensure that they are

able to be the strong role models that children need to develop into successful and productive adults.”

Key Actions: Funding for this programme illustrates the way in which new media can support and extend how the sector responds to changing need. CYPVCS providers need to be creative in exploiting these new opportunities but be sure that they have in place protocols and guidance to support safe practice.

Government policy – two views from the sector

“There is an ongoing challenge to link up policy between different government departments. An example of this for children/young people with disabilities is in relation to management of medicines within school: reluctance of schools to allow children to manage medication themselves is a frustration. There is (also) much duplication of information for families with children with disabilities. Information is often based on a medical model and therefore not always helpful in relation to social needs. The medical model often overshadows psychosocial needs in relation to inclusion and integration.”

(Rainbow Trust)

“.....welfare reform jeopardises the potential for successful intervention particularly in areas where the housing benefit and welfare caps are likely to promote the mobility of poor disadvantaged families, making it harder to network them into communities, schools and services over longer periods and for agencies to keep track of them.”

(Family Action)



What works in practice?

This section focuses on examples of practice and organisational approaches that make a difference to the lives of vulnerable children.

Achieving good outcomes for children: Working with vulnerable families

Around 100,000 families experience multiple social, economic and health problems. The children in these families have the very worst outcomes. Many of them are permanently excluded from school; they are more likely to get involved in crime and have drug and alcohol problems and are more likely to be taken into local authority care. Their parents often have problems being effective parents, experience problems with addiction, poor physical and mental health, are unemployed, suffer family breakdown and domestic violence amongst a range of other problems. Families are often chaotic and dysfunctional.

These families cost society a great deal of money – from issues around exclusion from school, offending, child protection, and drug and alcohol problems. Currently up to 20 local agencies can support the same family, each with their own funding rules and regulations.

Evidence and research regarding this area of work suggests there are some critical features that can support improved outcomes for families with multiple problems:

- A whole family approach including strengths-based family assessment
- Lower caseloads for the people working with these families
- An intensive, flexible response that allows for support outside traditional working hours that is not time limited (usually 12-18 months).
- Robust family agreements and plans that include sanctions and rewards
- An 'assertive' and 'persistent' Key Worker role
- A team around the family and strong multi-agency support to minimise duplication and maximise impact
- A focus on improved parenting and the use of evidence based interventions
- A process that 'grips' the family and multi agency support

Family focused interventions, such as parenting programmes and intensive interventions such as Family Intervention Projects, can reduce risk factors in families, improve outcomes for children and young people
Family focused

interventions, such as parenting programmes and intensive interventions such as Family Intervention Projects, can reduce risk factors in families, improve outcomes for children and young people and reduce the burden of cost these families place on local services and wider society."

(Think Family Toolkit, DCSF, 2009)

"Working in multi-agency partnership, including with children's services and centres, and health professionals is key to delivery."

(Family Action)

The VCS and early identification/intervention

Evidence shows that early identification of need followed by appropriate support is the most effective approach to tackling disadvantage and helping children overcome specific obstacles to learning.

"The evidence is clear that children's experiences in their early years strongly influence their outcomes in later life across a range of areas from health and social behaviour to their employment and educational attainment."

(Clare Tickel: 'The Early Years' 2011)

The CYPVCS is well placed to work with statutory partners, in children's centres and as part of wider family support provision, to engage with families at a local level, both building trusting relationships and working in a challenging way to enable parents to provide the best possible care and support for their children.

The role of volunteers in protecting children

Volunteers can, and for most of the CYPVCS already do, play an active and positive role in protecting children and supporting vulnerable families.

In Home-Start's experience, trained and supervised volunteers (as endorsed by Munro)⁵ form part of a robust family support approach which, given sufficient resources, can be an effective contribution to supporting families at higher tiers of need as well as at the early help stage. For example, in 2011 Home-Start supported over 3,000 children subject to a Child Protection or Child Care Plan. The intensive exposure of the Home-Start model to use, by many thousands of families, volunteers and paid staff over nearly 40 years, and with a very robust process in recent years of refinement of practice guidance and monitoring systems, results in a model of engagement, early intervention and help which is robust.

If volunteers are to play a continuing and increasing role in working with vulnerable children it is essential that organisations treat them as genuine extensions of the paid workforce, in the way they are recruited, inducted, supervised and trained.

Volunteers have always been at the heart of what we do but at a time when the Governments Work Programme is potentially tainting the image and value of volunteering, by associating it with a perception of second best or failure to find paid work, the sector must promote and celebrate it as a positive way for people of all ages to make an active contribution to their communities.

Learning from research

This section emphasises the importance of research in informing safe and effective practice and, in particular, highlights the importance for CYPVCS organisations to have in place mechanisms for learning from serious incidents.

The following summarises the detailed findings from the serious case reviews from the SCR's associated with the siblings of Baby P, which involved a children and young person's VCS organisation and as such offers and insight into developing better practice.

Authoritative practice

- To be effective, professionals working in the field of child protection have to be authoritative
- Authoritative practice does not mean you have to shout louder and is not without compassion and support
- Authoritative practitioners understand the need for challenge and are confident in the face of the facts
- Authoritative practitioners share information appropriately
- Authoritative practitioners contribute effectively to assessments, conferences and core groups
- An authoritative child protection plan is not a list of concerns; it clearly identifies risk, response and desired outcome
- LOOK AT THE FACTS, ask questions, explore your hunches
- where is the ACTUAL EVIDENCE of change?

"75% parents do not co-operate with services (includes disguised compliance and "telling workers what they want to hear")."

Brandon et al, 2009

Past history as an indicator of present risk

- Understanding the impact of an adult's past history is crucial to any assessment of risk to their children in the present
- The effects of child abuse and neglect can be severe and last into adulthood
- Past history is an indicator of capacity for good attachment

"Any assessment should take account of past or potential patterns of behaviour or concerns"

Brandon et al, 2009

Interaction is not the same as attachment

- Do not confuse a strong attachment with a good adult/child interaction
- Abusive parents can appear to have good interactions with their children– they may overcompensate or put on a display for strangers
- A proper assessment of the quality of attachment takes time and expertise



A seen child is not a safe child

- How many case files record 'child seen'? What does that really tell you? (Almost every child that has died in the last 40 years was 'seen' by professionals within days (or hours) of their death).

- Seeing a child is only effective if it helps you understand what it is like to be that child - ask yourself – what is it like to be that child, or better still, ASK THEM
- Older children are often ignored



Domestic Violence

- The presence of a child in a household where domestic violence is an issue should immediately alert you to risk. To see them and do nothing is unacceptable
- The ‘hidden’ men who often attach themselves to vulnerable families

‘Where there is DV in families with a child under 12 months old (including an unborn child), even if the child was not present, any single incident of DV should trigger a CP investigation’.

London Child Protection Procedures 2007, 5.11.35

Child protection is like a relay race

- Make sure the information you hand over has been received and understood
- CP Plans must be clear about who is responsible for what

NEVER ASSUME!

Participation is not the same as co-operation

- Don’t confuse an apparent willingness to turn up for meetings/appointments with an actual willingness to co-operate with a child protection investigation or plan
- Rule of optimism rationalises evidence that contradicts progress

- Rule of optimism more likely to prevail when staff feel under duress

Working with neglect

Neglect is a relationship issue –it’s not just about nits!

- It could be an indicator of a flawed adult/child relationship, about which you need to do something
- All neglect indicators stem from a parental choice to prioritise something else above their child’s basic needs
- Use the indicators (head lice, weight loss, appetite etc.) to question the relationship
- There is no such thing as a typical family for your area and it is dangerous to think that way
- Many families you work with are vulnerable; it’s easy to be too tolerant of levels of neglect and miss the individual risk indicators

‘Neglect is a major form of maltreatment that has not yet effectively been addressed ...all forms of neglect are associated with measurable developmental damage...and without effective intervention can lead to active victimisation both within and outside the family.’

(Ruth Gardner: Developing an effective response to neglect and emotional harm to children. 2008 NSPCC)

Research statistics on the prevalence of child neglect

- Almost one in 10 young adults (9%) had been severely neglected by parents or guardians during childhood *(NSPCC June 2011).*
- Neglect is the most common reason for a child to be the subject of a child protection plan or on a child protection register in the UK.

In 2009, the NSPCC carried out a major piece of research designed to provide an up-to-date picture of child maltreatment in the UK.

The full research findings were published as **Child abuse and neglect in the UK today** *(Radford et al, 2011).*

These were the key findings on child neglect from the summary report:

1. **Almost one in 10 young adults (9%) had been severely neglected by parents or guardians during childhood.** (Based on survey of 1,761 young adults aged 18-24 years).
2. **One in 10 children (9.8%) have experienced severe neglect.** (Based on survey of 2,275 children aged 11-17 years). From: NSPCC (2011) *Child abuse and neglect in the UK today London: NSPCC.*

Child protection register statistics

In the UK, 20,841 children were the subject of a child protection plan under the category of neglect or were on a child protection register under a category that includes neglect on 31 March 2010.

45% of all the children in the UK who were the subject of a child protection plan or on a child protection register were under a category that includes neglect.

In England, 17,200 children were the subject of a child protection plan under the category of neglect on 31 March 2010: 44% of all the children subject of a child protection plan.

Improving Safeguarding practice in the Voluntary and Community sector

Children England and the Safe Network's roles focus on informing, improving and influencing the environment and experience of the CYPVCS, through research, briefings, bulletins, events seminars and workshops, around the country to share good practice disseminate ideas and keep the sector abreast of the latest developments in policy and practice.

Critical to this process is encouraging organisations to reflect on their own experience and insights to share learning, promote good practice and improvement, some of the key attributes of such 'learning organisations', include;



- Organisational leadership – systems need to be in place, which enable staff at all levels to communicate and share good practice and ideas.
- The development of file sharing systems as a means of sharing learning has had a very positive impact in an increasing number of organisations
- Identifying which staff need help in which areas and providing the professional development opportunities that meet their needs
- Ensuring that staff time is protected so that they can attend training and relevant conferences to ensure continuous professional development
- Embedding systems to enable staff to bring back learning into the workplace in appraisals, supervision and team meetings
- Creating the space for individual and group reflection on both problematic and good practice
- Establishing local learning networks with other VCS organisations and engaging positively with local VCS umbrella organisations

“One opportunity for RTCC may be to share knowledge and skills with other VCS and statutory organisations to enable a stronger focus on maintaining a child-centred approach. An opportunity to support this service development is to ensure continuity, transparency and equality through effective sharing of knowledge across agencies working with children, young people and their families. However as is recognised, achieving this consistently can be challenging due to constraints currently encountered between agencies involved with ongoing support needs”

(Rainbow Trust)

Further sources of support and information

- www.C4EO.org.uk
(Centre for Excellence Outcomes in Children & Young People's Services)
- www.rip.org.uk
(Research in Practice)

- www.scie.org.uk
(Social Care Institute for Excellence)
- www.nice.org.uk
(National Institute for Health & Clinical Excellence)
- www.ofsted.gov.uk



Assessing your organisations practice and capacity for keeping children safe

This section identifies some of the key factors and actions which constitute a safe organisation. They are not definitive and should be used only as a starting point for assessing how your organisation is structured to keep children and young people safe. Critically they should be applied proportionately to your organisations circumstances, and service users, (the more complex the need the greater the response).

In your organisation:

- Do senior management and Trustees provide effective and visible leadership with regard to child protection?
- Do your Trustees own and understand the requirements of your organisation in relation to protecting children? Have they received at least foundation training in child protection?
- Has your organisation established a Safeguarding Service Development/Advisory Group chaired by a senior manager to lead on the review and development of policies, practice (including safe recruitment) and professional development?
- Are there mechanisms which enable children and young people to influence the quality of service they receive?
- Has a recognised methodology for measuring agreed outcomes for children been adopted and embedded in practice and service delivery?
- Does your organisation undertake regular audits of case files of child protection cases against national standards?
- Does it disseminate the findings of these audits to inform practice and service improvement?
- Does your organisation conduct regular themed audits, e.g. on neglect?
- Has your organisation implemented robust policies and procedures supported by a set of minimum practice standards from contact to closure of cases, including Assessment of Risk?
- Has your organisation established a permanent post of Child Protection Manager (if resources allow)?
- If not, is there a named person in your organisation responsible for child protection?
- Does your organisation review and upgrade child protection training at Foundation, Intermediate and Advanced levels (including for head office staff and Trustees)?
- Has your organisation introduced the use of e-Learning and intranets to disseminate good practice and learning?
- Has your organisation reviewed and strengthened Social Care Induction processes with regard to child protection?
- Does your organisation have clearly structured supervision arrangements in place?
- Does it allow sufficient space and time for reflective practice, supervision and discussion?
- Does your organisation hold staff conferences/seminars to share learning and promote good practice?

For more information on Safeguarding and quality assurance www.safenet.org.uk

Do managers and staff working with vulnerable children and families in your organisation

- Have the necessary skills and knowledge to assess and work authoritatively with risk, complexity of need and neglect?
- Are they able to work in partnership with social workers as part of an agreed child protection plan wherein their purpose and assigned role is made explicit?
- Are they able, supported by managers, to use their professional authority to challenge bad practice (including poor communication) and, if necessary, to escalate their concerns?
- Are they able to challenge the appropriateness of family support or other intervention where this does not seem to be appropriate to the assessed level of need and risk?
- Do they receive the supervision, appraisal and management support necessary to ensure high quality child protection practice?
- Are there agreed escalation processes in place which are supported by senior management and Trustees?
- Is there a Whistleblowing Policy in place which is understood, acted upon and which they feel confident to use?

Measuring the difference and evidencing the sectors work

The following section is designed to help the sector to consider some of the systems that are currently in use and how they can be applied, using a case study model

What is Evidence Based Practice (EBP)?

The Children's Workforce Development Council identified 5 key components of EBP:

- Evidence based theory
- Practitioner skills, qualities and knowledge
- Programme and practitioner fidelity
- Clear eligibility criteria
- Best researched based evidence

While these definitions are useful they should be considered in the context of a field, social care, which, compared to medicine, is under-researched. In these circumstances identifying evidence methodologies and interventions with a proven track record of producing good outcomes for children is not straightforward.

However, there are now a range of interventions in use across the children's social care sector, both statutory and voluntary, which are beginning to show encouraging evidence of positive outcomes for children and families. Indeed, in the process of demonstrating value for money in an increasingly competitive commissioning environment, it is the CYPVCS that is showing a high degree of innovation and engagement with EBP.

The Family Outcomes Star

14 variants of the Outcomes Star have now been developed for use across a range of social care needs. Developed by Triangle Consulting in partnership with Camden Council and a range of local and national providers both in the statutory and voluntary sectors, the Family Star is now widely used and endorsed in both the statutory and voluntary sectors. The Family Star is a tool which practitioners use in conjunction with service users and is designed to assess improvements in parenting across 8 dimensions.

- Promoting good health
- Meeting emotional needs
- Keeping children safe
- Building community
- Supporting learning
- Setting boundaries
- Encouraging work aspirations
- Providing home and money

The journey of change is on a 1-10 scale, from stuck (1-2) to effective parenting (9-10). The stuck end of the scale begins at the centre of the star with the effective parenting end of the scale at the outer points of the Star. Family Action has worked with Triangle to develop the Family Star, a visual and holistic framework for delivering, reviewing and evaluating the outcomes of home-based family support. The aggregated results for 60 families showed that:

- 45% of families achieved positive outcomes, 10.2% registered as negative outcomes and 44.8% did not change during this initial period.
- Average scores showed a modest increase across all outcome categories but this concealed more impressive improvements in some areas
- The biggest improvement in scores was in the Supporting Learning category (1.1 average increase in scores) followed by Home and Money

- Safety started as the highest score but then shows the smallest average increase in scores. This is not an unexpected finding because most families will be cautious about reporting risk. Over time, as the worker and the parents develop a more trusting relationship, there will be more recognition by the service user of the risks to safety.

www.outcomesstar.org.uk

Outcomes Based Accountability (OBA)

OBA is a conceptual approach to planning services and assessing their performance that focuses attention on their result– the outcomes that the services are intended to achieve. It can also used as a means of securing strategic and cultural change to help organisations move away from a focus on “efficiency and process as the arbiters of service value towards making better outcomes the primary purpose of the organisation and its employees.” (Gillian Pugh).

It’s essential features are:

- The use of clear and simple language
- The collection and use of relevant data
- The active involvement of all stakeholders including service users

A clear distinction between accountability for performance of services and programmes on the one hand and the accountability for outcomes among a particular population on the other

Spurgeons work within an Outcomes Based Accountability framework that seeks to use data and evidence to identify and evaluate ‘how much did we do?’, ‘how well did we do it?’ and ‘did we make a difference?’. The use of SOUL record, SDQ’s and the Outcomes Star are evidence-based models that measure journey and outcomes. Using these approaches, help us to target ‘our’ services.



Effective service delivery

The section includes a range of case studies from organisations, whose primary focus is the delivery of timely and effective early help.

Ormiston Trust

Ormiston has embedded family support projects within academies in Norfolk and Thurrock. Teams are co-located with academy staff, proactively working with them to identify as early as possible those young people and their families most in need of additional support.

The support programme involves delivering accredited evidence-based parenting programmes (Triple P, Strengthening Families) to the parents, whilst simultaneously engaging the children through a range of therapeutic activities and groups. We know from our whole family work within our FIPs that by working with young people in tandem with involving their parents in the parenting programmes, we can add significant value and increase the potential of success.

Ormiston have successfully used a combination of national and local evidence of success to secure funding to sustain and develop their Family Intervention Projects. At a local level, Ormiston has produced DVD documentaries incorporating evaluations from service users and partner agencies which have been integral to attracting ongoing funding. As well as this evidence of primarily soft outcomes achieved, local partner agencies have reported back successful achievement of harder outcomes including take-up of appropriate educational opportunities.

“In terms of evidencing value for money, our FIPs team also uses a family savings calculator, demonstrating that although each intervention costs approximately £13k pa, the overall saving to the taxpayer is approximately £70-80k pa”.

(Ormiston)

Homestart

The intensive exposure of the Home-Start model to use, by many thousands of families, volunteers and paid staff over nearly 40 years, and with a very robust process in recent years of refinement of practice guidance and monitoring systems, results in a model of engagement, early intervention and help which is robust.

Key features of the core Home-Start Approach:

- Parents are supported through a 4-stage process: Engagement, Matching, Parent-to-

Parent Support within a framework of structured professional assessment, and Ending

- Support is offered to parents - consent is essential; the focus of support and specific outcomes are identified with them; progress is regularly reviewed with families and outcomes modified
- Support is delivered by volunteers who are parents or have parenting experience, and who are matched to the family to maximise the chances of real engagement with the service
- Support is offered in the family home
- Local Home-Start staff manage, monitor and review the programme at all stages
- The core Home-Start service can be offered alongside additional services such as family groups; supplementary paid staff support for specific outcomes; focussed project work

'The Home-Start model' revised and refined for the more complex families currently supported, involves:

- Regular assessment and review undertaken by paid staff and
- Formalised and detailed 'diaries' completed by volunteers recording their contact and support to families

The data is used informally with the family to reflect and review the extent to which the service is assisting them to meet the outcomes identified and formally captured within a nationally held on-line secure monitoring system which records and presents a 'journey of change' for each family.

Home-Start's commitment to developing and improving an approach supported by UK-wide guidance and systems; then embedding that model within a community, allows us to sustain and develop services rather than parachute new projects in and out of localities, following funding. Local services, managed by local trustee boards, and drawing upon local parent-volunteers have proved a durable model through many trends in family support. Additional services are built on the core foundation of consent and parent-to-parent support.

Family Action

Family Action Building Bridges is a holistic intensive family support service for families with multiple complex needs delivered in the family home and tailored to the needs and difficulties of specific families. It is aimed

at assisting families to surmount a range of difficulties including managing mental health difficulties and other disabilities, parent-child relationships and parenting difficulties, child behaviour and school attendance, child protection, couple relationships, domestic violence, substance misuse problems, and difficulties in social and economic participation outside the home, including worklessness, and material hardship.

Building Bridges Evaluation

The latest evaluation of the Building Bridges service spans six years and looked at data from more than 2,000 families referred between 2004 and 2010. Three quarters of those referred to the service remained engaged with it until the end of closure. The majority of service users and stakeholders rated the service four out of five or more.

At a unit cost of between £3,000 and £4,000 per family, Building Bridges significantly reduces the more expensive input and costs of various statutory agencies. Over two cohorts (2004/2008 and 2009/2010) it reduced the need for the Care Programme Approach by 47 per cent, for the child protection register by 54 per cent, for Local Authority care by 70 per cent, for the Common Assessment Framework Team Around the Child Single Agency by 52 per cent, for the Common Assessment Team Around the Child Multi-Agency by 67 per cent, and for Children In Need by 54 per cent.

Using the Index of Family Relationships, the caseload of parents who reported a problem in family relationships dropped by around a fifth in the first cohort and more than a sixth in the second cohort. Using the Kansas Parental Satisfaction Scale there was a statistically significant increase in those reporting increased satisfaction with parenting for both cohorts.

Using the Depression Rating Scale, Building Bridges had a statistically significant effect in reducing depression in children under the age of 11 in the first cohort; and using the Rosenberg Self Esteem Scale had a statistically significant effect in improving self esteem.

Social return on investment modelling by the Centre for Excellence in Outcomes found that Building Bridges generated at least £2 in savings to the taxpayer for every £1 invested by commissioners.

Family Action Peri-natal support service evaluation

The Family Action peri-natal support service aims to reduce maternal depression in mothers at risk before and after the birth, and to support positive mother-

baby bonding in the first year of life.

An independent evaluation*found that 88 per cent of service users who had been followed up showed a reduced score for anxiety and 59 per cent showed a reduced score for depression on the HAD (Hospital Anxiety and Depression) Scale; 47 per cent of service users who had been followed up showed a higher level of social support on the MSSSI (Maternal Social Support Index) scale. When observed, 45 per cent of service users were seen to have fully achieved their target to develop good communication and a close bond with their baby, and 55% had partly achieved this.

Family Pathfinders

Recent evaluations from the Family and Young Carer Pathfinders programme by York Consulting found that effective delivery had similar features and that the role of the Key worker was key in acting as a lynch pin and both coordinating and providing effective support for the family.

Key headlines from the evaluation are:

Results showed significant improvement in outcomes for nearly a half (46%) of families supported by the Family Pathfinders and nearly a third (31%) of the families supported by the Young Carer Family Pathfinders.

- A further half of the families also experienced a reduction in the range and severity of risk factors experienced
- A phased multi-disciplinary approach was most effective in improving outcomes
- It is possible to make significant improvement even where there were multiple and complex needs on entry
- Intensive family support is most effective where it is incorporated into a broader family support package that provides help across the continuum of need
- For every £1 spent the Family Pathfinders generated a financial return of £1.90. Supporting families with multiple and complex needs is an area of expertise that requires specialist skills and knowledge, often crossing professional boundaries

The Rainbow Trust

Rainbow Trust uses a clear system to monitor and evaluate progress, from the referral & assessment



stage, during service delivery and at the closing stages of working with families.

We aim to maintain effective relationships with stakeholders who refer to our services. Positive working relationships can make a difference in ensuring more meaningful referrals; it is often the case that families themselves provide insightful information at the referral stage, all of which usefully informs and guides the support provided by the agency.

Rainbow Trust is currently updating its process to evidence the effectiveness of the services it provides. This has included a consultation with a range of stakeholders including parents, children/young people, referrers and commissioners.

Spurgeons

Spurgeons Children's Centres services have made a move from providing universal services, to being much more targeted- recognising and enabling the skills of staff in engaging with families, and more importantly, identifying early those who need additional support. Our family support teams often co-work with other multi-agency teams, in order to be able to act quickly to provide appropriate services, whether that is through escalating or de-escalating needs.

Invisible Walls Project

This project builds on a strong multi-agency approach to providing a comprehensive menu of initiatives working with children and young people affected by imprisonment. We know this group of children experience some of the worst outcomes of all groups. The project works closely with 2 prisons, Children's Centres, health professionals and a range of other partners in working together to both identify and work with the families of prisoners.

The innovative programme has developed strong

working relationships with prison staff so that prisoners due to be released can be helped to integrate back into their families. This is done through delivering parenting programmes, e.g. Family Man, as well as supporting families through this process of re-integration. This has been further supported through working in prison visits centres to build relationships with parents and an innovative postcard system that signposts families, with their permission to their local Children’s Centre who are then able to offer local support.

Key Actions: In your organisation has a recognised methodology for measuring agreed outcomes for children been adopted and embedded in practice and service delivery?

References

- 1 Munro, Interim report, The Child’s Journey, pp.21-2
- 2 Munro, Final report, p.23
- 3 Munro, Final report, Recommendation 1, p.10
- 4 Munro, Final report, p.23
- 5 Munro, Interim report, Child’s Journey, pp.21-2

MacLeod, M. (2011) Building Bridges: an independent evaluation of a family support service. London: Family Action, available online at: www.family-action.org.uk/uploads/documents/BB_website.pdf

*Lederer, J. (2009) Family Action Southwark Perinatal Support Project Evaluation Report. London: Family Action, available on line at:

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Children England is the leading membership organisation for the children, young people and families voluntary sector.

Our mission is to create a fairer world for children, young people and families by championing the voluntary organisations which work on their behalf.

We seek to achieve this by:

- Providing a range of practical resources to our members including training, events and a high quality information service which includes e-mail news bulletins, policy briefings and our quarterly magazine Outlook.
- Promoting good practice including bringing members together to support each other and take collective action.
- Stimulating policy debate on the issues which matter most to our members.
- Lobbying and influencing central and regional government, local authorities and decision makers on the issues that matter most to our members, using the knowledge and experience of our members.

OAP

The overarching strategic partnership aims to support the evolving economy and infrastructure of the whole voluntary, community and social enterprise sector serving children, young people and families. It is also funded to share the best practice, expertise, learning and concerns of the sector with the DfE in developing policy.

Led by Children England, in partnership with Community Matters, NCVYS, NAVCA, The Race Equality Foundation and the Social Enterprise Coalition, the partnership will use its extensive combined member networks and stakeholder groups to shape and deliver its programme, and to gather the perspectives of thousands of organisations and community groups. This will include providing information, learning resources, events and peer networks, to support organisations to learn from each other, improve sustainability and explore the potential for growth from diverse funding mechanisms, public sector commissioning, building consortia and entrepreneurial ways of doing business.

