

# Children, Young People and Learning Scrutiny Committee Policy Review 2011 – 2012

## As Soon As Possible: Early Intervention and Locality Services in Sunderland

### Draft Report

#### Contents

1	Foreword from the Chairman of the Committee.....	2
2	Introduction.....	3
3	Aims of the Review.....	3
4	Terms of Reference.....	3
5	Membership of the Committee.....	3
6	Methods of Investigation.....	4
7	Findings of the Review.....	6
8	Conclusions.....	28
9	Recommendations.....	31
10	Acknowledgements.....	32
11	Background Papers.....	32
	Appendix 1 – Early Intervention Grant Funding Streams.....	34

# 1 Foreword from the Chairman of the Committee

On behalf of the Children, Young People and Learning Scrutiny Committee I am delighted to publish this report. I would like to thank all those who participated in the process, for their time, effort and continued commitment to their chosen fields.



Early intervention has many benefits and is a vitally important process in terms of ensuring that children, young people and families are supported through difficult periods in their lives. Intervention and support can take many forms from intensive multi-agency support for a number of issues to additional childcare support, all with the aim of improving outcomes for individuals and families.

Throughout the course of this review the committee has gathered evidence from a wide range of stakeholders and this has proved extremely useful in helping us to form our conclusions. The committee also looked at teenage pregnancies and the role of the corporate parent and, while not directly linked to this issue, we do recognise the excellent work that is being undertaken in relation to these challenging issues.

It is important as we go forward with this agenda that early intervention and the CAF offer is clearly communicated to all stakeholders. It must be a process that is accessible to as many service providers as possible to ensure that intervention is available to everyone who may need it. Taking services into localities is a positive move forward and can help to break down barriers within communities, similar in the way Children's Centres have.

The success and impacts of early intervention can often be difficult to attribute to one particular action but through the use of innovative measures and locally developed indicators there is the real potential to identify how individuals and families progress from a fixed point. Gauging success on people's own perceptions is also of benefit and it can often be that very feeling of improvement that sparks change and provides individuals and families with the impetus to move forward positively.

Finally I would like to thank my colleagues on the Children, Young People and Learning Scrutiny Committee for their valuable input and contribution throughout the course of the policy review. I hope that the work and recommendations can help to address some of the issues that have been highlighted and can contribute, in some way, to helping young people, parents and families as a whole to improved outcomes and a better quality of life.

*Paul Stewart*

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Councillor Paul Stewart, Chair of the Children, Young People and Learning Scrutiny Committee

## **2 Introduction**

- 2.1 The Annual Scrutiny Conference was held at the Crowtree Leisure Centre on 19<sup>th</sup> May 2011. During the Scrutiny Café sessions a number of viable policy reviews were formulated for discussion by Members of the Committee. At a meeting of the Children, Young People and Learning Scrutiny Committee held on 9<sup>th</sup> June 2011, following discussions regarding the Work Programme, the Committee agreed to focus on early intervention and locality services.

## **3 Aim of the Review**

- 3.1 To investigate preventative and early intervention services for children, young people and their families.

## **4 Terms of Reference**

- 4.1 The title of the review was agreed as 'As soon as possible: Early Intervention and Locality Based Services in Sunderland' and its terms of reference were agreed as:

- (a) To understand and define the Early Intervention offer;
- (b) To look at the Common Assessment Framework (CAF) process and how this directly links to intervention and support;
- (c) To identify and understand the pathways, benefits and barriers to families and/or individuals accessing early intervention support;
- (d) To investigate the impact of support available and identify if these approaches are coordinated, multi-agency in nature and deliver an improvement in outcomes;
- (e) To consider how interventions can be robustly monitored to evaluate outcomes and provide information to further develop service delivery; and
- (f) To look at examples of good practice from across the region and country in relation to the policy review.

- 4.2 Members agreed that as the review progressed, they may feel that the review should narrow its focus further in order to ensure that robust findings and recommendations are produced.

## **5 Membership of the Committee**

- 5.1 The membership of the Children, Young People and Learning Scrutiny Committee during the Municipal Year is outlined below:

Councillors Paul Stewart (Chair), Anthony Morrissey (Vice-Chair), Richard Bell, Stephen Bonallie, Doris MacKnight, Tom Martin, Robert Oliver, Dennis Richardson, Lynda Scanlan, Derrick Smith and Linda Williams.

Co-opted Members: Malcolm Frank, Christine Hutchinson, Rose Elliott, Marilyn Harrop, Suzanne Duncan, Howard Brown and Ken Morris.

## 6 Methods of Investigation

- 6.1 The approach to this work included a range of research methods namely:
- (a) Desktop research – review of relevant documentation including government documents such as The Munro Review of Child Protection and the Government Review of Early Intervention conducted by Graham Allen MP;
  - (b) Interviews – with key individuals both internally and externally;
  - (c) Focus groups – with key individuals both internally and externally;
  - (d) Questionnaires;
  - (e) Presentations at committee;
  - (f) Site Visits, and
  - (g) Expert Jury Event.
- 6.2 All participants were assured that their individual comments would not be identified in the final report, ensuring that the fullest possible answers were given.
- 6.3 Interviews with the following personnel were carried out:
- (a) Ciaran Hayes – Department for Education;
  - (b) Simone Common – Risk and Resilience Service Manager & West Locality Manager;
  - (c) Lorraine Hughes – Children’s Commissioning Lead;
  - (d) Catherine Joyce – Leaving Care Service Team Manager;
  - (e) Lee Ferry – XL Youth Village Coordinator;
  - (f) Meg Boustead – Head of Safeguarding;
  - (g) Cllr Phil Tye – Local Councillor and Volunteer Youth Worker;
  - (h) Bev Chismon – Independent Chair,; and
  - (i) A parent who has been involved with the CAF process.
- 6.4 A number of visits were conducted during the policy review to gather evidence and to witness some of the initiatives being undertaken in relation to early intervention and locality based services in Sunderland. These included:
- (a) Bumps to Babies;
  - (b) Rainbow Family Centre – Washington;
  - (c) XL Youth Village Projects in Washington, Houghton, Burnside and Red House;
  - (d) Durham County Council,; and
  - (e) Locality Based Team – Bunny Hill Centre.
- 6.5 An expert Jury Event on 17<sup>th</sup> December 2011, where final evidence was presented to members of the committee by:
- (a) Ros Watt – Parent Partnership Service (PPS) Coordinator;
  - (b) Rachel Putz – Locality Operations Manager (Coalfields);
  - (c) Louise Hill – Head of Youth Offending Service;
  - (d) Susan Henderson – Red House Academy;
  - (e) Lynne Goldsmith – Service Manager (Safeguarding,); and
  - (f) Sandra Mitchell – Head of Early Intervention and Locality Based Services.

6.6 It should also be noted that many of the statements made are based on qualitative research i.e. interviews and focus groups. As many people as possible were interviewed in an attempt to gain a cross section of views. All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

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## 7 Findings of the Review

Findings relate to the main themes raised during the committee's investigations and evidence gathering.

### 7.1 The Beginnings of Early Intervention

7.1.1 Early intervention is not new and it has even been suggested that its roots can be traced back to Friedrich Fröbel's kindergarten movement in the early 18th century. However and much more recently, well known interventions have included Head Start and the Family Nurse Partnership, which began in the USA in the 1960s and 1970s respectively and still continues to this day. Today, it is widely agreed by experts across the world that early intervention can be of enormous benefit to children. This is reinforced by the findings of the Marmot review into tackling health inequalities.

7.1.2 The Marmot review highlighted that giving every child the best start in life was crucial to reducing health inequalities across the life course and it made action in this area its top priority. Early action is the key, 'later interventions, although important are considerably less effective if they have not had good early foundations<sup>1</sup>'.

### 7.2 The Value of Intervention

7.2.1 The High Scope study conducted in Michigan, USA, in the 1990's concluded that for every dollar spent on early interventions seven dollars would be saved in later life. The study evaluated a small, intensive pre-school programme that was established in 1962 in Ypsilanti, a town near Detroit. A number of 3 and 4 year olds identified as at significant risk of poor outcomes were involved in a high quality learning programme every day in the two years before they went to school. Teachers worked with the children individually and in groups, and once a week they visited the child's home and encouraged the parents to take an active role in their child's education. The children were assessed as they grew up and compared with a 'control group' who did not receive this extra support. At 15 years the High Scope children were reporting lower levels of involvement in crime, and at 19 and 27 they had experienced significantly fewer arrests. Mostly notably, the proportion of chronic offenders was only 7% for the High Scope graduates, compared to 35% among the controls. It has been hypothesised that much of the difference is accounted for by the fact that the High Scope children achieved greater success at school and therefore improved their outcomes as adults.

7.2.2 The cost of poor literacy in the UK is estimated to be between £5,000 and £64,000 for each individual over a lifetime, while the cost of poor numeracy is estimated to be between £4,000 and £63,000 over an individual's lifetime. The vast majority of these costs are the result of lower tax revenues and higher benefits paid due to poorer employment prospects.

7.2.3 The NSPCC estimates that 13% of children have suffered some form of abuse while 2% suffer some form of neglect during childhood. There were 603,700 referrals to Children's social services in 2009-10, but perhaps more disturbing is the 2009 survey of two London boroughs that showed 80% of referrals to Children's Services were not investigated.

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<sup>1</sup> The Marmot Review: Fair Society, Healthy Lives (2010)

7.2.4 Department for Education research suggests that for every £1 million invested in family intervention, £2.5 million of cost to local authorities and the state is avoided.<sup>2</sup> Preliminary findings from the Durham Pathfinder pilot also suggest that family intervention costs of £420,000 are estimated to generate potential family outcome avoidance savings of £1 million; a net saving of £664,000.<sup>3</sup>

7.2.5 A number of problems or barriers also exist in relation to the identified benefits of early intervention. Often the organisations that invest most heavily in early intervention may well find that they are not the ones who reap the benefits of these practices. A second potential barrier is that it is often hard to prove what 'has not' or 'does not' happen is as a direct result of early detection and intervention. A final issue worth considering is that the benefits of early intervention may take many years to be fully realised or achieved and in the very early stages can even increase the costs to services.

### **7.3 The Policy Context**

7.3.1 It is fair to say in the context of policy that early intervention is a key issue and is attracting international, national and local interest from policy-makers and practitioners through to academics and think tanks. It is the growing body of evidence that illustrates what can happen when children and young peoples emerging difficulties are not spotted and addressed, added to the emerging data about the difference intervention programmes and approaches can have.

7.3.2 An estimated 20-30% of children and young people will have additional needs at some point in their lives according to the Children's Workforce Development Council. Support may be over a set or limited period or of a more intensive long-term arrangement depending on the circumstances and level of need required. The 'Every Child Matters' programme led to the development and introduction of a new framework for integrated working within children's services which looked to change service delivery and shift focus so that children's needs were identified and assessed earlier. The ultimate aim of this policy shift was the ability to provide timely and suitable support for the child.

7.3.3 In May 2010, the Coalition Government published its programme for government with the section on families and children detailing key commitments including:

- (a) Taking Sure Start back to its original purpose of early intervention with an increased focus on those families most in need;
- (b) Refocusing Sure Start funding to fund an extra 4,200 health visitor posts; and
- (c) Investigating a new approach to supporting families with multiple problems.

The Comprehensive Spending Review published in October 2010 also announced:

- (a) An Early Intervention Grant to support children at the greatest risk of multiple disadvantage;

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<sup>2</sup> Redesigning Provision for Families with Multiple Problems: an assessment of the early impact of local approaches. York Consulting 2010.

<sup>3</sup> Durham Pathfinder costs and benefits: A social return on investment approach. York Consulting 2010.

(b) Community-based budgets to allow local areas to pool resources and support families with multiple problems; and

(c) All disadvantaged 2-year-olds to be given 15 hours per week of free education.

7.3.4 In July 2010 the Government announced an independent commission on early intervention to be chaired by Graham Allen, MP for Nottingham North. This independent report, 'Early Intervention: The Next Steps', was published in January 2011 and followed up in July 2011 with a second report, 'Early Intervention: Smart Investment, Massive Savings', with a further report to be published in the summer detailing new funding options needed to resource early intervention.

7.3.5 The Government commissioned Independent Review conducted by Professor Eileen Munro published its first report in October 2010, identifying four major drivers of developments in child protection in recent times, these were:

(a) the importance and strength of reaction that members of the public attach to children and young people's safety and welfare;

(b) the often limited understanding amongst the public and policy makers of the unavoidable degree of uncertainty involved in making child protection decisions, and the impossibility of eradicating that uncertainty;

(c) the tendency of the analyses of inquiries into child abuse deaths to cite human error too readily, rather than taking a broader view when drawing lessons; and

(d) the demands of the audit and inspection system for transparency and accountability which has ultimately contributed to undue weight being given to readily measurable aspects of practice.

7.3.6 The Munro Review's second report, published in February 2011, dealt with the child's journey through the protection system. The aim was to show how this system could be improved. The report concluded that instead of following procedures the system needed to focus on doing the right thing by checking whether children and young people were being helped. The development of the final report was heavily influenced by extensive consultation on the reform areas highlighted by Professor Munro. The key points revolved around valuing professional expertise, ensuring the shared responsibility for early help and developing social work enterprise. The review also stressed the importance of an effective child protection system that has the ability to get a wide range of professionals to work together to instigate the right help for a young person or family.

7.3.7 There have been a steady stream of reports and studies on the issue of prevention, through early intervention that have emerged over the last 18 months from Government-sponsored reports including the Marmot Review on health inequalities; The Munro Review of Child Protection; *Grasping the Nettle: early intervention for children, families and communities*; *Early Intervention: The Next Steps*; *Early Intervention: Smart Investment, Massive Savings*; The Scottish Parliament's *Finance Committee Report on preventative spending*; *Joining the Dots*; through to Dame Clare Tickell's report on the Early Years Foundation Stage. These follow closely on the heels from Centre for Social Justice Reports, *Breakthrough Britain: the Next Generation* and *Early Intervention: Good Parents*,



*Great Kids, Better Citizens, and Action for Children's Backing the Future and Deprivation and Risk: the case for Early Intervention.*

7.3.8 Despite the breadth and range of these publications the consistency of their conclusions is enlightening. Based on the various recommendations and conclusions, an effective framework for early intervention would contain the following six common elements:

- (a) A commitment to prevention;
- (b) Priority focus on the early years;
- (c) Continuing early intervention in later years;
- (d) A multi-agency systems approach;
- (e) High quality of workforce, and
- (f) Investment in programmes that work.

## **7.4 The Local Perspective**

7.4.1 The Children's Services Directorate has undertaken a major revision to its structure that provides an effective configuration for the service and is able to continue in its drive for improved outcomes for children, young people and their families. The new service still very much focuses on the key priorities of:

- (a) safeguarding children and young people;
- (b) supporting schools to raise achievement and attainment for all;
- (c) improving early intervention and prevention strategies through a locality based working approach, and
- (d) developing a more effective commissioning role to deliver better outcomes.

7.4.2 The key drivers that led to this review of structures within Children's Services included:

- (a) the importance of realising efficiencies as part of the overall Council's proposals for financial savings from 2011 to 2014;
- (b) the need to respond to Coalition Government priorities outlined in key government legislation;
- (c) building on the success of integrated Children's Services by strengthening the focus on early intervention and prevention in service delivery to provide better outcomes for children and young people, and
- (d) to position Children's Services as a stronger commissioner of services.

7.4.3 The newly created early intervention and locality services will lead on the provision and delivery of early intervention and prevention services for children and young people to improve their lives and outcomes, and prevent the need for support from more specialist services at a later stage of their lives. Achieving this recognises the need to work closely with other services responsible for schools, safeguarding and commissioning to develop a whole way of working around early intervention and prevention which is very effective. There is also a strong emphasis on developing that multi-agency model of locality based working and the Common Assessment Framework (CAF) using Sunderland's 5 regeneration areas.

7.4.4 It is also worth exploring the developments in structure to the Safeguarding service as this also has implications for early intervention. The existing service now has responsibility for the Youth Offending Service and Services for Young People.

Safeguarding remains a high priority and high profile service within the directorate and key responsibilities in relation to child protection and safeguarding services have remained largely unchanged.

- 7.4.5 The Safeguarding service continues to provide a range of interventions to support and protect the most vulnerable children and young people in Sunderland. The service also provides the lead for improving outcomes for young carers, children and young people affected by bullying and for those young people who require support from Child and Adolescent Mental Health Services (CAMHS). Key to all of this is the partnership working in respect of operational service delivery and strategic delivery within safeguarding.
- 7.4.6 In undergoing this restructure and the bringing together of a number of services which deliver early intervention across the whole age range from pre-birth to 19, there is a clearly identifiable role for Children's Centres and the services, support and quality childcare they deliver. A major review and consultation has been undertaken to determine, in relation to an early intervention service, a suitable delivery model for Children's Centres. This has been brought about due to financial constraints that require a saving of £1.77m to be delivered. The review and subsequent proposals developed across Children's Centres and service delivery and childcare will deliver the required financial savings whilst providing a service which gives children the best start in life, is better targeted to reach the most vulnerable families, offers support and interventions across the whole family and is responsive to differing needs at a local level.
- 7.4.7 Following an extensive review and consultation process, approval was given by Cabinet on the 15<sup>th</sup> February 2012 to a redesign of Children's Centre service delivery as follows:
- (a) A reduction in the number of Children's Centres which are designated from 17 to 5 in the 5 localities and that the remaining 12 centres remain open as service delivery centres;
  - (b) That from April 2012, arrangements for Area Community Boards for each of the five Children's Centres are established in order that these Boards can shape and direct service delivery and the further development of Children's Centres moving forward;
  - (c) That the proposal to prioritise families needing additional support is progressed recognising that criteria relating to need will be clearly defined and that a range of services will continue to be delivered on a universal basis;
  - (d) That proposals to secure service delivery from April are progressed for one year from April 2012, with services from April 2013 identified and prioritised by the newly established Area Community Boards.
- 7.4.8 In planning the design and delivery of future services through Children's Centres an outcomes based commissioning approach was adopted. Based on current available intelligence from needs analysis and on the findings from a review of all services including those contracted from providers external to the Council, a set of service specifications was prepared which focussed on improving outcomes for children and their families. Service reviews and the engagement of external providers supported decisions on the outcomes to adopt, how to measure these and to identify 'what works' to improve outcomes.

7.4.9 A key development from this commissioning process was the design of a generic Early Intervention Family Team bringing together a range of roles and activities that were currently delivered for families through Children’s Centres by different agencies via contracts or by the Council. The primary purpose of the team is to offer consistent and coordinated support to families with additional needs and to promote and enable family access to universal and targeted services across learning, health and social care services. The family team will work in localities and will enhance the work that is already underway to tackle the needs of children and their families across the continuum through earlier intervention. This team will be based upon the generic skills of staff so that they can develop positive relationships with service users to identify and develop their strengths as well as supporting them with addressing needs. This team will provide a significant resource to be delivered from within the Council for the first twelve months, with future commissioning arrangements being determined for April 2013 through the governance of the proposed Area Boards.

7.4.10 These generic teams are of course now known as the Locality Based Integrated Teams which form the Early Intervention and Locality Services group. The teams currently include practitioners from Attendance, Children’s Centres, Connexions, Educational Psychology, Risk and Resilience (Teenage Pregnancy, Substance Misuse and Crime Prevention) and Youth Development.

7.4.11 It is acknowledged by members that this agenda has progressed significantly over the past 18 months and has continued to develop throughout the duration of this review. The peer review, independent review of CAF and the unannounced inspection of Safeguarding have also added impetus to this changing landscape and have highlighted areas and issues for further development. This review adds further evidence and research to a service area that is of critical importance to Children’s Services, the Council and Sunderland as a whole.

## 7.5 The Continuum of Needs

7.5.1 The continuum of needs known as “The Windscreen” model shows how a child’s needs may move backwards and forwards through universal, additional, multiple and in need of immediate care and protection.

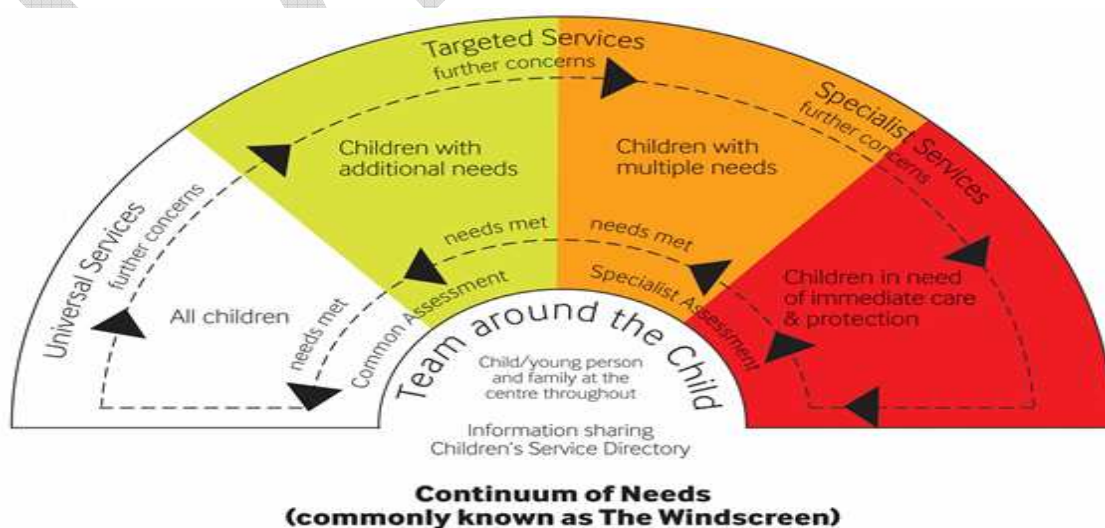


Figure 1: The Continuum of Needs diagram  
Source: Sunderland Children’s Trust Website

### 7.5.2 *Universal Services*

Universal services are those services which are available to all children, young people and their families. Most children achieve the five outcomes set out in Every Child Matters through the care of their families and the support of a range of universally provided services, for example schools, primary health care and leisure facilities. However, early identification of children with additional needs is critical in making sure targeted services can intervene early. If ignored, these issues could develop and lead to poorer life chances or the need for more intrusive interventions.

7.5.3 Intervention is most likely to be successful if it is child centred, involves and empowers the family, is provided within the community and can be provided as soon as is practicable.

### 7.5.4 *Children with additional needs*

A child or young person identified as having additional needs can be defined as needing some additional support without which they would be at risk of not reaching their full potential. The additional support may relate to health, social or educational issues. It is also possible that other needs may arise because of their own development, family circumstances or environmental factors.

### 7.5.5 *Children with multiple needs*

A child or young person whose needs are not fully met due to the range, depth or significance of their needs and whose life chances will be jeopardised without remedial intervention/support. These children will require a more co-ordinated multi-agency response, within or between agencies. A lead practitioner would be identified to coordinate intervention and complete the CAF process, including a team around the child meeting or discussion.

### 7.5.6 *Children in need and those at risk of harm and potential harm*

A child or young person with complex needs who will be subjected to specialist assessment and will include children who are:

- Children identified as being 'in need' under S17 of the Children Act;
- Looked After Children.

7.5.7 In applying this framework it was recognised that the following principles should be considered:

- (a) Intervention should be at the lowest tier appropriate to meet the needs of the child and prevent the need for specialist services;
- (b) Consideration should always be given to undertaking a CAF to resolve difficulties and prevent the need for a specialist service, and repeated assessments should not be necessary for a child to move from one tier to another;
- (c) If there are child protection concerns about a child's health, development or Welfare, professionals must follow the Sunderland Safeguarding Children Board, Safeguarding Children Procedures and make an immediate referral to Children's Social Care, and
- (d) The tier of need will always be influenced by the multiplicity of factors.

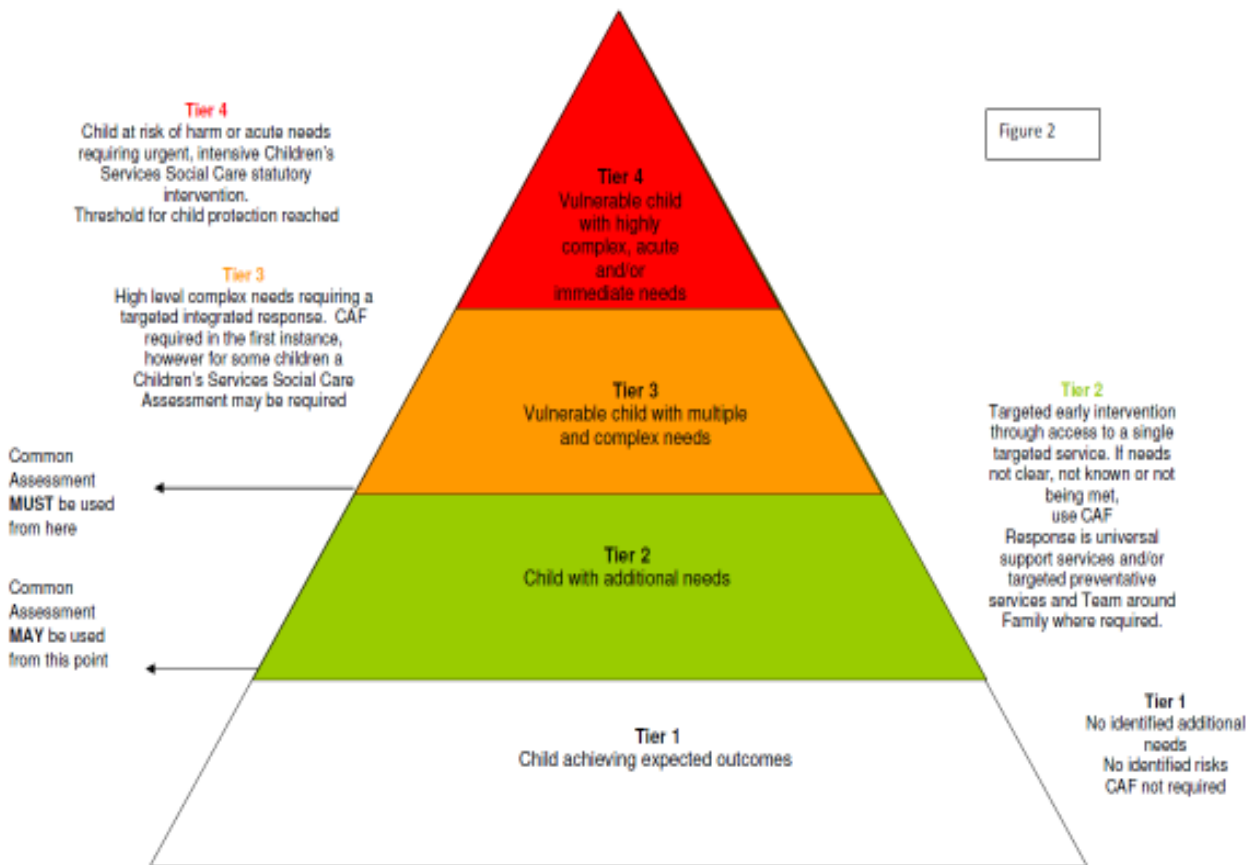


Figure 2: Matrix of Need: The Circumstances for a CAF Assessment or Referral to Safeguarding  
Source: Sunderland Safeguarding Children Board

## 7.6 The Common Assessment Framework

7.6.1 The Common Assessment Framework (CAF) is a standardised approach to conducting assessments of 'children's and families additional needs, and for developing and agreeing on a process through which agencies work together to meet those needs. Its aim is to enable early identification of needs, leading to planned and co-ordinated provision of services for children, young people or their families. Children and families experience a range of needs at different times in their lives. However, while all children and young people require access to high-quality universal services, some of them also benefit from targeted support to address additional needs which may relate to education, health, social welfare or other areas.

7.6.2 In visiting a Children's Centre Members of the Committee were informed of how a variety of activities and groups had created a strong outcome for families and individuals through the construction and feeling of a social network, which offered support not only within the centre but beyond. This also benefited the centre as it created a strong sense of belonging. The Children's Centres through data analysis and customer feedback were also able to tailor their services with the key driver being prevention. Members of the committee witnessed service delivery around preparing for baby, smoking cessation, sex education and breast feeding (bosom buddies).

- 7.6.3 The CAF process and Children's Centres have been 'married' together through locality arrangements to provide one aspect of early intervention work in Sunderland. Members noted that Children's Centres offered early support to individuals and families through the CAF process and had the ability to ensure that support was in place at the right time for the right families. This was through support workers operating in the centres who are able to initiate CAF assessment where issues have been mutually identified. The building of relationships and social networks within the centre's and wider community were recognised as a real driver for early intervention measures and allowed for multi-agency support to be identified and implemented at an early stage.
- 7.6.4 It should be noted at this stage that the use of the CAF depends very much on the consent of the child, young person and/or their family. This is one of the defining features of the process, and emphasises the fact that children, young people and families can make an important contribution to the process, which should be based on an assessment of their strengths as well as their difficulties. Therefore the development of relationships and mutual trust, already mentioned, is crucial and can only help in delivering outcomes, speeding up the process and ensuring the CAF is owned by those involved.
- 7.6.5 A common assessment can be conducted at any time on children or young people and even unborn babies. It is principally designed for when:
- There is concern about how well a child (or unborn baby) or young person is progressing. This might be about their health, welfare, behaviour, progress in learning or any other aspect of their well-being;
  - The needs are unclear, or broader than a particular service can address; and
  - A common assessment would help identify the needs, and/or get other services to help meet them.
- 7.6.6 The Common Assessment Framework consists of:
- A simple pre-assessment checklist to help practitioners identify children who would benefit from a common assessment. The checklist can be used on its own or alongside specialist universal assessments, such as those done by midwives and health visitors;
  - A process for undertaking a common assessment, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate;
  - Standard forms to help practitioners record, and, where appropriate, share with others, the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs; and
  - A process for implementing a Team Around the Child/Family (TAC/TAF).
- 7.6.7 The CAF is a mechanism which allows for a range of responses to be made available to those children or families identified. The individual CAF panels for the 5 locality areas meet on a weekly basis to discuss individual cases and decide on the most appropriate course of action. The Team Around the Child/Family is one such response other potential outcomes include support from either a single service or two specific services, e.g. Child & Family Support and social care.

*Example of CAF Referral from a school: FEB 2011*

*A CAF was submitted from a school on a 12 year old child with regards primarily to his recent failure to attend school. The child (X), resided with his mother and younger sibling in the west of Sunderland. X had undergone a medical operation in December 2010 which had resulted in lost time from school. X was now refusing to attend school; X's behaviour was becoming aggressive within the family home, as well as X developing a phobia of health professionals. The CAF recorded no concerns in relation to parenting issues. The CAF requested a referral for X to address fears and help X back into school life. Further information shared at the panel meeting confirmed the need for mental health support and the panel agreed for a direct single agency referral to CaMHS.*

**Source: Sunderland City Council Children's Services**

- 7.6.8 Members queried how the CAF process avoided purely subjective information and only getting information that the family/parent/child was willing to divulge? The Head of Early Intervention reported that CAF awareness training was available for staff as well as there being a host of CAF Champions across the city. It was also stressed that support was available from the council to help individuals complete the CAF referral form. It was stressed that it was the discussion at the CAF panel held through the CAF panel meetings that would provide the most balanced response to the CAF assessment.
- 7.6.9 The Committee also highlighted the potential time consuming nature of the completion of the CAF form, currently 13 pages in length, and how principal universal settings such as schools and GP's could cope with this level of additional paperwork. It was recognised at the committee's expert jury day that professionals need the referral and assessment process to be as simple as possible. The CAF process has the ability to bring agencies together to work for the same outcomes. On visiting the locality team based in the north of the city it was highlighted that over 300 people had been trained in how to complete the CAF form and that the more people completed the form, like many things, the easier it can become. However, it was stressed that completing the form with as much information as possible, even leaving gaps, was still better than not completing a CAF referral at all.
- 7.6.10 Speaking with the Head of Early Intervention and a CAF and Childrens Centre Lead, Members noted that incomplete or poorly completed CAF forms would be directed to the relevant locality area from the central business support unit. Any new CAF submissions would be discussed in localities at the weekly held panel meetings. Members queried the potential capacity issues in relation to these additional weekly CAF panel meetings and it was noted that attendance at such meetings was generally good, but there was also an acknowledgement around agency involvement and capacity issues.
- 7.6.11 The diagram below illustrates the number of CAF assessments that have been received by Children's Services over an 18 month period. It is worth highlighting that of the 2,513 assessments submitted 41% (1,025) were related to females and 58% (1,464) were related to males. The most popular outcome of a CAF meeting from the 2,513 submissions was a single agency intervention with 953 cases achieving this outcome. Perhaps most interesting though was the 346 cases which were reviewed at the next panel meeting following the pursuit of further information.

Locality	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Coalfields	9	17	25	20	28	22	26	20	23	39	47	20	21	31	36	17	20	21
East	8	25	34	23	35	27	17	24	24	21	22	20	28	47	38	33	39	21
North	12	23	22	10	19	32	33	26	28	33	34	32	38	51	45	32	37	27
Washington	13	20	36	14	39	27	28	14	28	22	20	20	36	29	35	33	35	45
West	2	17	25	14	26	26	31	27	33	21	37	27	35	64	46	31	55	40
<b>Totals</b>	<b>44</b>	<b>102</b>	<b>142</b>	<b>81</b>	<b>147</b>	<b>134</b>	<b>135</b>	<b>111</b>	<b>136</b>	<b>136</b>	<b>160</b>	<b>119</b>	<b>158</b>	<b>222</b>	<b>200</b>	<b>146</b>	<b>186</b>	<b>154</b>

Diagram 1: Number of CAFs received per month Jan 2010 – Jun 2011 by Locality  
Source: Sunderland City Council

7.6.12 It was interesting to note on the Committee’s visit to Durham that the County Council has re-designed the CAF form reducing it from 13 pages to a less daunting 4 page assessment form. Durham saw this as a significant barrier and wanted to move to something professionals saw as quick and easy to complete. It was noted that Durham was placing more emphasis on a pre-CAF conversation with key connected services. This pre-CAF assessment acted as a checklist as to whether that child or family required the more detailed CAF assessment.

7.6.13 It was identified at the expert jury day that there was still a lack of awareness from agencies around the CAF process and this had the potential to lead to an inappropriate use of the CAF threshold. It was also noted by Members that any changes in systems or process needed to be communicated to all stakeholders to ensure a consistency of approach.

7.6.14 Members acknowledged that feedback was always provided back to the original referrer including the outcomes from the CAF panel meeting. However perhaps there were situations or circumstances when having the original assessor at the meeting to provide more background detail or family history could help the CAF panel. It could also have the potential to help the assessor, in being present, to understand the rationale behind the agreed intervention and way forward. Obviously opening up CAF attendance in this way could lead to logistical issues but could also lead to a fuller discussion with any additional points of clarification being able to be addressed immediately.

7.6.15 It should be remembered that the CAF process is voluntary in nature and this does lead to positive and negative issues. At its expert jury day, the committee, noted that there can often be a difference of opinion between the professional and the family, with families or individuals not seeing the problem in the same way or even thinking that there is no problem. Families can often have a general sense of fear of engagement arising from the thought that their children could be taken into care. The expert jury day highlighted the importance of building trust and relationships between families and professionals. There is a lack of confidence from families in taking those initial steps to accessing services or activities, sometimes even just entering a building can be a huge barrier. The expert jury day also highlighted to Members the dislike of the message from professionals around how children are best looked after, sometimes these messages or the way they are communicated can be perceived as nosey or obtrusive.



7.6.16 On the positive side the CAF process should allow for a seamless access to support and service intervention. Some of the chief aims of the CAF process are to eliminate duplication, repeat interviews for information and ultimately through single or multi-agency approaches improve outcomes for individuals and families. This process should remove the feeling of being pushed between services and lead to quicker improvement of outcomes for the people involved.

7.6.17 There is a danger that a number of inappropriate referrals are still being made to the safeguarding service as there is that blurring around those children with multiple needs and those with need of immediate care and protection. This is illustrated on the continuum of needs, as well as being identified in the model below as the edge of care. In some cases a child, young person or family will go through a number of transition points on their journey to having their needs met. For example, a child, whose needs do not respond to services provided under Tier 1, may need to receive a more coordinated response within Tier 2. Similarly, a child in Tier 2 whose circumstances and situation do not improve sufficiently may need to receive the specialist assessment and support provided at Tier 3. It is important to recognise that children often move in either direction from one tier of need to another and that many agencies, including universal services, offer support at more than one tier. It is important that the threshold guidance is one that is clear, concise and communicated to all agencies and as already reported that there is a point of contact for advice and guidance to ensure the correct assessment is made.

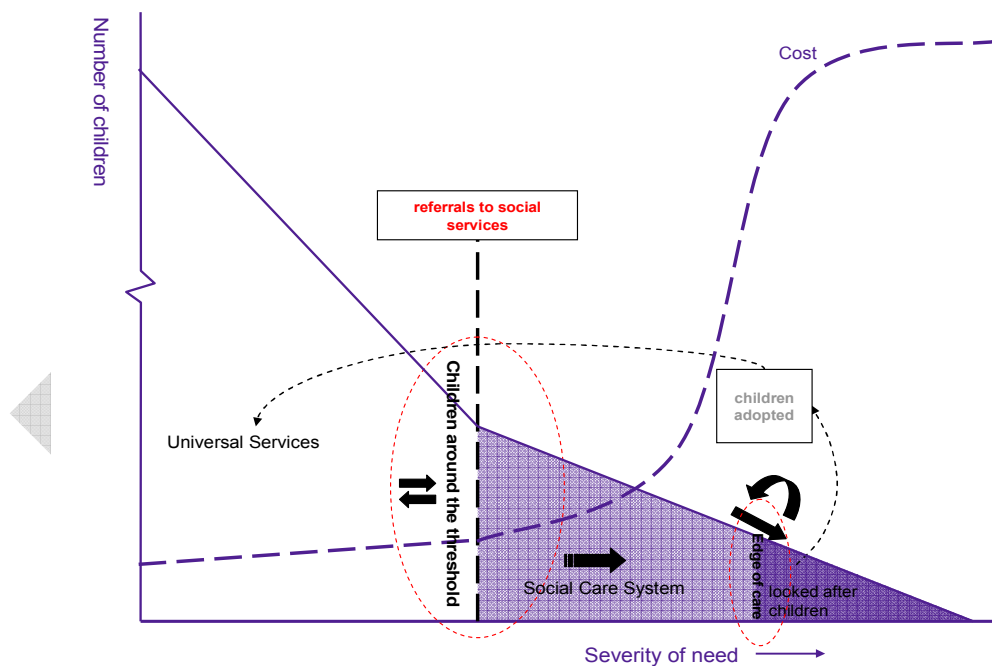


Figure 3: DfE Model of the Severity of Need  
Source: Department for Education

7.6.18 In speaking with DfE representatives around the national perspective on the common assessment framework it was noted that there appeared to be a huge variety in relation to the CAF process across the country. It was also noted that the DfE reported that there was currently no major national research or review work being undertaken in relation to the CAF process.

## 7.7 The Team Around the Child/Family

7.7.1 The Team Around the Child/Family (TAF/C) model has been developed in response to the need for joined up services and the need to provide a more integrated approach within existing resources. The aim is to reduce duplication and support a common service delivery approach which continues from, and compliments the CAF process. A TAC/F aims to plan actions around the child's identified unmet needs through an agreed written TAC/F plan.

7.7.2 The Team Around the Child/Family brings together relevant practitioners with the family to address a child, young person's or families needs. The team works together to plan co-ordinated support from agencies to address problems in an holistic way. It is important that parents have an active role in the TAC/F and their contribution is recognised as they have a central role in meeting the needs of the child. Parents may require support to achieve this due to their own potentially unmet needs.

7.7.3 The function of the TAC/F includes:

- reviewing and agreeing information shared through CAF;
- planning and agreeing actions with timescales;
- identifying solutions, allocating tasks and appropriate resources;
- agreeing a Lead Practitioner;
- monitoring and reviewing outcomes with timescales;
- reporting, as required, to other review meetings or resource panels; and
- identifying gaps and informing planning and commissioning.

7.7.4 The membership of the TAC/F will almost certainly change as the needs of the child and family change, moving through the continuum of needs. The TAC/F operates as a supportive team, rather than just a group of practitioners and parents. In this way there is direct benefit to parents who have new opportunities to discuss their child and family issues with key practitioners all in one place and to practitioners who might otherwise feel isolated and unsupported in their work with a child and their family.

### *An Example of CAF through Team Around the Family*

*A CAF submitted on child Y, from school. The concerns were in relation to Y's attendance at school and disruptive behaviour in the family home. Y had been diagnosed with ADHD and had started medication. The CAF requested assistance with getting Y to school, support for the mother and behaviour support intervention.*

*Before the case was submitted to the panel the coordinator recognised the surname and found that CAF's had been submitted from separate schools on Y and sibling Z, both had similar issues and needed their cases to be joined up rather than dealt with separately.*

*At the panel both Y and Z were discussed. A Team Around the Family was convened including Y and Z and their mother.*

*Continued on page 19*

*The initial TAF took place 3 days after the panel date. It was attended by all agencies. Both Y and Z and the family's needs and strengths were discussed in full with an action plan being drawn up. It became apparent that Y was copying Z's behaviour and mother was struggling with parenting, especially in relation to school attendance.*

*4 weeks later Y has full school attendance; his behaviour has improved and is making progress. Z has managed to put school uniform on and walk out of the house, but still becomes anxious. Z does a little more each day and support work is ongoing. Parenting and other support is also ongoing.*

*The case is to be reviewed again in one month by TAF.*

*These two cases although submitted separately and from different schools show how the panels work well at bringing together a family approach. The TAF's were convened quickly and progress is being made with the whole family.*

**Source: Sunderland City Council Children's Services**

- 7.7.5 The multi-agency approach through the TAF/C can help to reduce the repetition for families and once initiated can move very quickly to respond. One of the main advantages of the TAF/C is its ability to bring various practitioners together with their knowledge and skills to produce better outcomes for families. This was re-enforced at the expert jury day where it was highlighted that previously families would be working with only one professional and this had the potential for a number of associated issues to be overlooked.
- 7.7.6 However with any new model or way of working there are cultural changes that need to happen. Members recognised that some staff were still new to this approach to working and it was taking time for them to see the benefits of working in different ways. It was acknowledged by Members during evidence gathering that this style of integrated working can mean that some professionals are working out of their own comfort zone which does have merits and disadvantages.
- 7.7.7 Throughout the evidence gathering process Members recognised the importance of the Team Around the Family/Child as pivotal to multi-agency early intervention. Having all the agencies and key professional around the table was viewed as paramount to successful outcomes for individuals or families. At the expert jury day Members were informed that certain services were 'opting out' of the TAF/C panel meetings as some services or professionals were of the view that this was additional to their current sphere of work. Some agencies had also questioned what their involvement would be and had expressed capacity concerns. It was also noted that many key agencies and partner organisation contribute very well to the CAF and TAF/C process, but there are always issues around capacity and also issues around the independence of the Chair of TAF/C panels.
- 7.7.8 Members agreed that it was important that further awareness raising was undertaken with key stakeholders, professionals and local communities to ensure engagement in the process and compliance with attendance at TAF/C panel meetings. The local authority acknowledged the lead role that it took in the whole

process and there was a danger that this could lead to partners becoming over reliant on the local authority in this process. It was interesting that when speaking with a parent currently undergoing intervention through a TAF that the parent had no prior knowledge of the CAF process or how to make a self assessment. It was only by contacting a partner agency that this particular parent was made aware of the CAF process and an assessment undertaken. The expert jury day also highlighted the importance of partners having full involvement and fulfilling their roles and responsibilities rather than relying on council capacity. Members noted that the whole process was to be re-launched with awareness in 2012 and this would be an opportune time to remind partners and agencies of their role in the early intervention agenda.

7.7.9 The aim of the TAF/C is to involve all agencies and partners in the process and it was identified that a number of voluntary sector organisations were involved in this agenda. The voluntary sector is ideally placed within the community to play an important role in early intervention for not only do they have local knowledge and experience, but are also trusted and have a strong relationship with local communities, families and individuals. It will be important to look at how the local authority can continue to encourage those agencies already involved as well as looking at opportunities to engage further with the voluntary and community sector. At the expert jury day it was reported that a number of local voluntary agencies appeared to be unaware of the CAF and TAF/C processes and it was important in any re-launch to ensure that such organisations were aware of the process and support available for members of their community.

## **7.8 Locality Based Services**

7.8.1 The ways of working to support children and young people have changed and developed over the years. This has been in response to both local and national drivers and has often included a move to more localised service delivery e.g. Children's Centres. This way of working has resulted in significant benefits to children, young people and their families and opportunities to extend local ways of working have been implemented across Sunderland.

7.8.2 Locality based integrated teams have been developed, with localities co-terminus with Sunderland City Council regeneration areas, in order to support identification of needs and delivery of services which are differentiated according to the needs of the local community. The 5 Locality Based Integrated Teams form the Early Intervention and Locality Services group, which came into being in autumn 2011. The teams currently include practitioners from Attendance, Children's Centres, Connexions, Educational Psychology, Risk and Resilience (Teenage Pregnancy, Substance Misuse and Crime Prevention) and Youth Development.

7.8.3 It was recognised at the expert jury day that the development of locality teams was an incredible move forward, meaning that families had services on their doorsteps and had in effect created a one-stop shop for families. This closer working relationship between services from universal, targeted and specialist providers was seen as essential for high quality, accessible support to families. It was also recognised that this integrated working approach promoted cooperation and collaboration as well as potentially empowering communities to generate resilience and creativity.

- 7.8.4 One of the key barriers identified at the expert jury day was around the access to services and support. A number of early intervention programmes that are available including training courses were held in various parts of the city, getting there was identified as problematic for low income families with limited resources. It was hoped the development of the locality based services would reduce the need for families to travel across the city to access services as many of these interventions and support programmes would be available in their own area.
- 7.8.5 Professor Munro's report also acknowledges the benefits of locality teams and reports that many welcome the opportunity to consult such a team and access social work expertise and discuss how best to help children. Professor Munro also recognises that these multi-agency teams are relatively new and are taking a number of forms but they are proving to be more efficient than previous arrangements<sup>4</sup>.
- 7.8.6 Members also encountered multi-agency working in practice on their visit to the XL Youth Project on Friday 17<sup>th</sup> February 2012. In visiting a number of XL Youth Projects across Sunderland Members saw the collaborative working that was taking place between a variety of agencies. In particular how this youth intervention was being targeted at 'hotspot' areas based on police intelligence around anti-social behaviour and residents complaints. Members in conversation with local police officers saw how targeting troubled areas had reduced the levels of anti-social behaviour and the number of incidents reported. The youth workers would canvas local residents before, during and after intervention and this would be used to gauge success.
- 7.8.7 Members also saw how the XL Youth Project interacted with young people on tackling a number of issues including smoking, drugs, alcohol and sex and relationship education. This could be illustrated by every young person accessing the XL Youth Projects being routinely breathalysed and only able to access activities within the project if they had passed the test and were sober. It was interesting to note, in conversation with the project coordinator, that on the first couple of weekends in a locality a number of young people would fail the test but over the ensuing weekends the fail rates would reduce as more young people accessed the XL project. This illustrates how locality working and intervention can help in reducing issues within an area. Members also saw how such projects ran a number of courses over the weeks dealing with specific issues around smoking cessation, alcohol and drug abuse. The XL youth project was also a spot for issuing the C-Cards and providing young people with access to condoms, and promoting the message of sexual health and responsibility. All of this work contributes to giving young people information and advice that can help them to make better informed choices. It was also noted that all youth workers involved with the XL Youth Project had been trained to complete the CAF form and it was noted that youth workers had completed a number of assessments.
- 7.8.8 Members saw a number of projects in a number of settings and it was clear to see the different styles and challenges that presented themselves at the various locations. It was noted that detached youth workers would work in the area and signpost young people to the XL Youth Project site. The project was also looking at breaking down the territorial barriers that existed in areas. All the provision was linked to prevention work and looking at providing advice and guidance for young people on a number of health and wellbeing related issues. The XL Youth Villages

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<sup>4</sup> The Munro Review of Child Protection. Department for Education. May 2011

also provided a setting for young people to be comfortable and develop relationships with youth workers which could result in the highlighting of issues which could be signposted to further or additional support.

7.8.9 One of the major barriers identified was around communication of what is available. It was identified at the expert jury day that families are often unaware of the services available and there needed to be better signposting to this support and help. Members were informed that Children's Services was currently developing and implementing a communications strategy to ensure that the early intervention offer is known and understood across the whole range of providers and service users. Members also discussed with a locality based team the way to communicate this to local people and a number of ideas were discussed including social media, the community newsletter, websites and using partner agencies. Members also suggested that it would be beneficial to extend this to local Magistrates.

7.8.10 Children's Services were also continuing to work with a range of partners, particularly within health and the voluntary and community sector to bring more services under the locality based banner and ultimately extend the continuum of support and the early intervention offer. Children's Services are developing an action plan based on the recent peer review and Ofsted inspections and it was recommended that this action plan would be routinely presented to the scrutiny committee to monitor progress and developments in this area.

7.8.11 Professor Munro also adds a final note of caution stating that in that some cases of abuse and neglect are well concealed and the surface problems within a family look benign. However there is a limit to how thoroughly family life can be scrutinised<sup>5</sup>. It can be argued that the multi-agency approach can help to reduce this even further by ensuring that all agencies coming into contact with young people and families are able to spot the signs and issues. Families will perhaps drop their guard or façade when the Gentoo plumber is in the house, acting more naturally, as opposed to if it was a social worker. Providing the support and training are available this can only prove to be an extremely effective approach.

## **7.9 Funding Intervention**

7.9.1 In discussions with DfE representatives Members of the Committee acknowledged that all local authorities faced difficult decisions in prioritising funding in light of spending reductions. It was also noted that some of the funding mechanisms had perverse incentives, in that local authorities were penalised for performing well. At the expert jury day it was reported that funding was a real issue for many projects aimed at supporting young people and their families. A number of projects are currently funded through the local authority and with spending pressures at a premium there were real issues around the sustainability of some of these projects.

7.9.2 The Government has launched the new Early Intervention Grant (EIG), a non ring-fenced funding stream to allow freedom at a local level to support early intervention in the early years and on through the age range. Local authorities across England have been allocated part of £2,232 million grant in 2011-12 and a further share of £2,365 million in 2012-13 for support activities around the child and family. It should be noted that the new EIG does replace a number of existing grants and funding streams, and is a lower total value than previously. A full list is detailed at **appendix 1**.

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<sup>5</sup> The Munro Review of Child Protection. Department for Education. May 2011

7.9.3 In speaking with the DfE social investment and social impact bonds were discussed as a potential way of funding early intervention. A social impact bond was defined as a contract between a public sector organisation and a third party investor in which a commitment is made to pay for improved social outcomes that result in public sector savings. The expected public sector savings are then used as a basis for raising investment for prevention and early intervention services that improve social outcomes. The broad benefits of such financing are that:

- (a) more funds are available for prevention and early intervention services;
- (b) the public sector only has to pay for effective services; the third party investor bears all the risk of services being potentially ineffective;
- (c) there is an incentive to be as effective as possible, because the larger impact on the outcome, the larger the repayment investors will receive, and
- (d) the Social Impact Bond approach imbeds vigorous ongoing evaluation of program impacts into program operations, accelerating the rate of learning about which approaches work and which do not.

7.9.4 In MP Graham Allen's report<sup>6</sup> it is highlighted that the most advanced social impact bond is in Peterborough, with the Ministry of Justice, Big Lottery Fund and Social Finance of the not-for-profit offender rehabilitation charity St Giles Trust to reduce re-offending rates. The Peterborough outcome based contract specifies:

- (a) the intermediary targets are based on 3,000 adult offenders sentenced to less than 12 months in custody discharged from Peterborough prison;
- (b) the services are provided to three cohorts of 1,000 offenders, one after the other over up to six years;
- (c) the intermediary will raise around £5 million of finance from investors;
- (d) the Ministry of Justice will pay the intermediary a fixed unit outcome payment for each reconviction avoided within a cohort, providing reduction within cohort equals 10% (using a control group to measure reconviction impact);
- (e) outcome-based payments will be adjusted for economic shocks;
- (f) returns will be capped at £3 million (above the original £5 million investment), and
- (g) should the intermediary fail to deliver at least a 10% reduction in any cohort but still reduce reconvictions by 7.5% across all three cohorts, the Ministry of Justice will make a smaller payment to the intermediary.

7.9.5 The main issue with this style of financing is around attracting investors into the scheme. The Peterborough project has attracted private philanthropists and charitable trusts including the Esmee Fairburn Foundation, the Henry Smith Charity and the Friends Provident Foundation to name but a few. However there are no private investors. The government has indicated that it wants social impact bonds to appeal eventually to pension funds and other big institutional investors. But the reality is that they are likely only to appeal in the short-term to philanthropists and then to smaller investment funds and private banks, which are more able to take risks.

7.9.6 In a similar vein to the Social Impact Bond comes the Troubled Families Programme whereby the government has made £450 million available to local

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<sup>6</sup> Graham Allen MP (2011) Early Intervention: Smart Investment, Massive Savings. HM Government

authorities in a drive to turn around the lives of some 120,000 problem families nationwide. Government figures show that troubled families cost an estimated £9 billion a year or £75,000 per family. Sunderland is estimated to have 805 so called troubled families based on indicative numbers from government research. It was recognised Sunderland was developing a much broader programme around a strengthening families model which will look to build family resilience and focus on the positives rather than negatives. The £450 million funding actually equates to the Government offering up to 40% of the cost of dealing with these families to local authorities - but on a payment-by-results basis when they and their partners achieve success with families. The remaining 60% will come from budgets across the range of local bodies. For the first time, the Government has outlined the headline goals and how success will be measured with the following, straightforward, criteria:

- (a) children back into school;
- (b) reduce their criminal and anti-social behaviour;
- (c) parents on the road back to work, and
- (d) reduce the costs to the taxpayer and local authorities.

7.9.7 The new programme will also fund a national network of Troubled Family 'Trouble-Shooters' who will be appointed by local councils. The trouble-shooters will oversee the programme of action in their area. Their responsibilities will include making sure the right families are getting the right type of help, that sanctions are in place when needed, and that positive results are being achieved with the troubled families in their area.

7.9.8 Similar to the Social Impact Bonds this new project must be able to identify the factors that improve a family's life and these improvements must generate sufficient savings for local authorities. Any savings have to be 'cashable' meaning that they are able to be turned into genuine cash that can be used to pay back investors and re-invest in other services and support.

7.9.9 Social investment, social impact bonds and similar style financing are not a 'magic bullet' for early intervention. Some projects will naturally lend themselves more to social investment than others, i.e. ones with clear outcome measures that can deliver definable cashable savings primarily to a single commissioner. Although Social impact bonds can provide the extra funding that commissioners need in transition from late to early intervention, however the need for later interventions will not disappear. Social investment needs to be weighed against other sources of finance by commissioners given the extra costs involved in a Social Impact Bond compared to internal finance. There needs to be a sufficient transfer of risk to reflect the increased costs of external finance. Also the discipline and data requirements of a Social Impact Bond can help commissioners to better understand the costs and benefits of early intervention activity and its value for money compared to more costly later interventions.

## **7.10 Measuring outcomes and impacts**

7.10.1 The very reason for early intervention is to put support in place to help young people and families at the earliest point to improve their outcomes and life chances. Equally as important though is to understand what interventions work and how successful they ultimately are. It can often be difficult to judge the impact on a family from an intervention that prevents an issue from manifesting itself in the first



place, how can anyone be sure that this was as a direct result of the intervention. The report has highlighted the CAF process, through the Team Around the Family/Child to locality based services which all play a huge part in the early intervention agenda and robust success measures are also essential to a whole system approach to early intervention.

7.10.2 In discussions with the DfE, Members identified the key characteristics of successful measures. These were:

- (a) Avoid risk of perverse incentives – those incentives which have an unintended and undesirable result which can be contrary to the interests of the incentive makers;
- (b) Be simple and meaningful and under the control of those who are held accountable for them – measures that are common across all services which could simplify the data collection;
- (c) Incentivise partnership working and data sharing;
- (d) Contribute to benchmarking;
- (e) Be meaningful for users of services, and
- (f) Be outcome measures, but if not, be as closely linked as possible to outcomes.

7.10.3 The CAF process can identify improvements for the child and the family and can often go beyond the direct recipient of support and lead to positive impacts on parents, siblings and the extended family. The key way of gathering such information is through gathering the views of practitioners, parents and young people and can include factors relating to home life, engagement in education, improved behaviour, resilience and emotional health and development.

7.10.4 Recently conducted research<sup>7</sup> has identified a number of short term and long term negative futures that have potentially been avoided by early intervention support. These included:

- (a) poor educational outcomes, including becoming NEET or poor school attendance;
- (b) emotional health difficulties;
- (c) referrals into social care, including the prevention of long term foster or local authority care;
- (d) police, youth offending services and youth projects, including youth inclusion programmes, prevention of anti-social behaviour and possible imprisonment; and
- (e) uncoordinated multi-agency working.

7.10.5 At the expert jury day it was acknowledged that it can be difficult to measure outcomes but by gauging starting, intermediate and finishing points through the responses of various stakeholders there is an opportunity to see the impact and measure outcomes. In Sunderland the evaluation of the impact of interventions on outcomes for children, young people and their families is undertaken through the use of the “Outcomes Star”. The Outcomes Star was originally developed by Triangle Consulting in the homelessness sector but has since been developed and utilised in a host of sectors. Parental perceptions of the child or young person from a number of dimensions including education and learning; emotional, social and

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<sup>7</sup> Easton, C., Gee, G., Durbin, B., and Teeman, D (2011). Early intervention, using the CAF process, and its cost effectiveness Findings from LARC3. Slough: NFER

behavioural development; family and social relationships; health; wider community and environment are measured at the initial TAF meeting and further elicited at a number of points during the life of the Team Around the Family. These are illustrated graphically on the “Outcomes Star” and given numerical values according to detailed guidance. This allows progress to be measured, recognised and celebrated. Analysis of data from “Outcomes Star” evaluations is used to identify both service contribution to positive outcomes and any gaps in services.

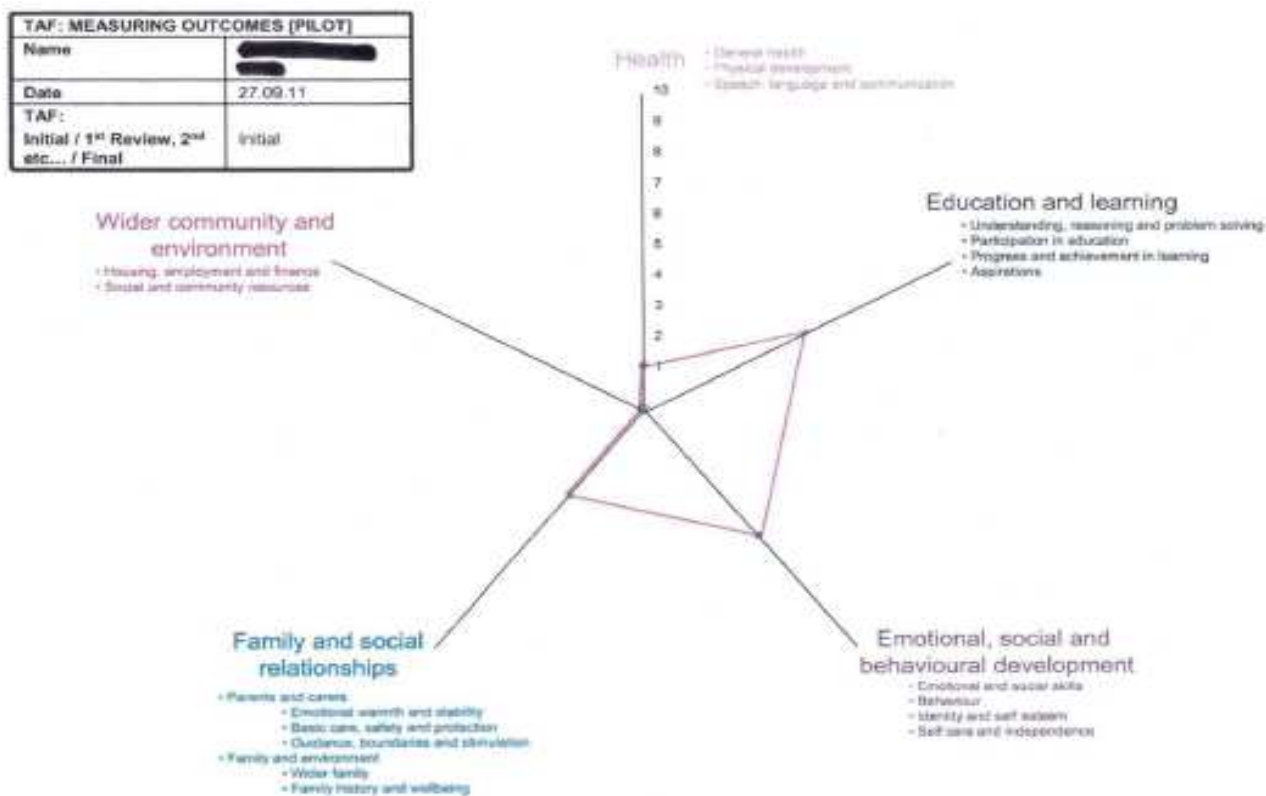


Figure 4: Example of an Initial Outcome Star  
Source: Sunderland City Council

7.10.6 The Outcomes Star is a new approach to measuring change which is underpinned by the principles of empowerment, collaboration and the integration of measurement with the core work of the organisation. One of the main benefits of the Outcomes Star is to focus service users, providers and organisations on positive change. The Outcome Star can also help to increase user engagement through involvement of young people and families in thinking about their own improvement journey.

7.10.7 The Outcomes Star also focuses on the whole person and not simply the issue. Also by its very nature it is extremely visual, making progress very visible and clearly understandable by all concerned. Although it was highlighted to Members that this measure is ultimately more around perspective and opinion of those at the centre of the work. There is also the danger that at times the professional and the child/family may disagree on progress or perceived progress in relation to outcomes. In such cases there arises the potential for conflict between professional opinion and an individuals or family’s own thinking on their journey. This is another reason for the forging of strong and trusted relationships between a child/family and a lead practitioner to be able to enter an honest and frank dialogue to resolution.

7.10.8 Also with the development of Social Impact Bonds and Payment by Results the requirement for service providers and commissioners to find ways of measuring change have never been more paramount. There is a danger, already highlighted by conversations with the DfE, that measuring outcomes may focus service providers more on achieving targets for payment rather than looking to develop measuring tools and learn from outcomes.

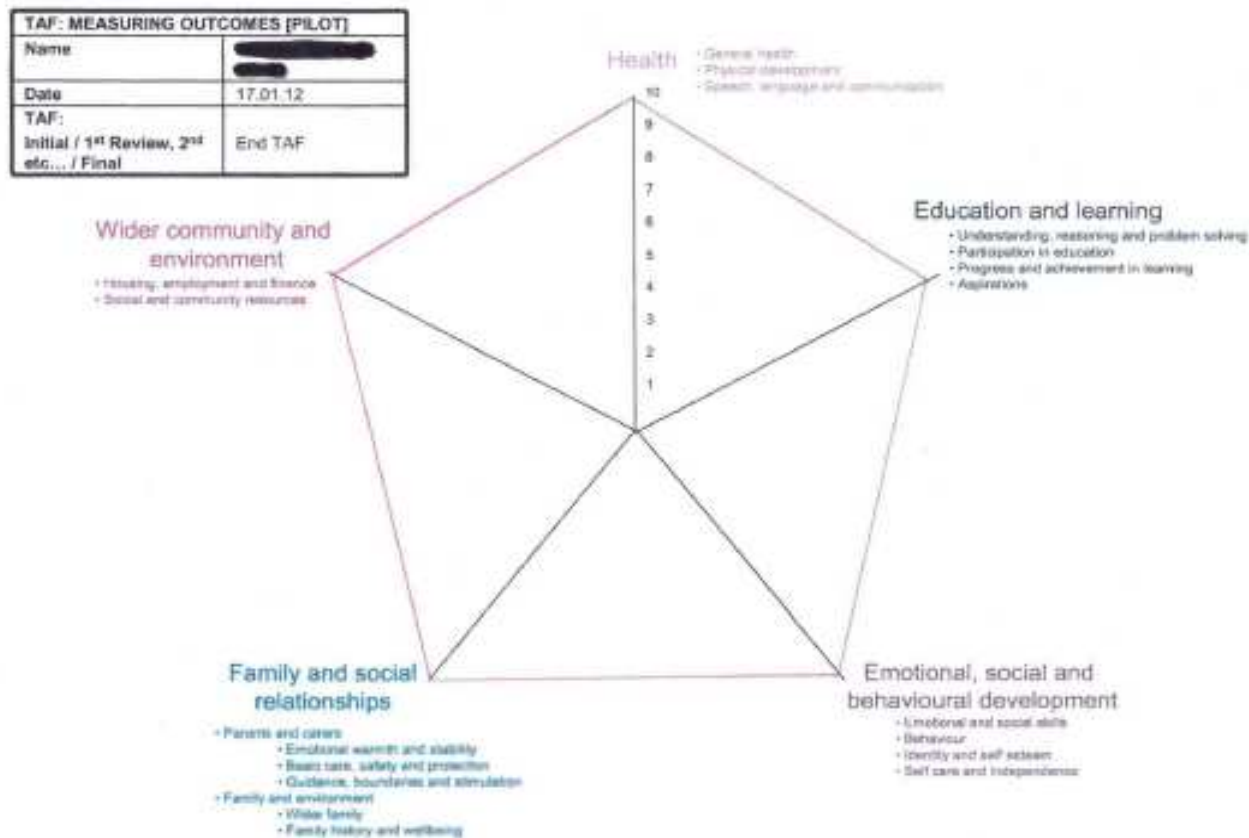


Figure 5: Example of an Outcome Star at the end of TAF intervention  
Source: Sunderland City Council

7.10.9 It was noted by Members that it was harder to measure the impacts on a larger scale. There are global outcome measures like the Early Years Foundation Stage Profile where increased results can illustrate a general increase in education status. There are also educational attainment measures at Key Stage 2 & 4; however it was unknown how long such measure would remain in light of the Dame Tickell review.

7.10.10 In visiting Durham County Council the committee looked at the performance management framework that Durham had designed to focus on demonstrating the impact of early intervention and integrated service delivery. In designing the framework Durham have purposely been simplistic to ensure that staff and service users clearly understand what is to be achieved. The performance management framework sets prescribed input and outcome indicators against key objectives. The key objectives were detailed as:

- (a) Safeguard children and young people in County Durham;
- (b) Improve attendance at school and participation in activities;
- (c) Improve health and emotional wellbeing;

- (d) Undertake effective assessment, and
- (e) Improve service user satisfaction.

7.10.11 The framework also contains a number of HR measures which give the opportunity to assess how well Durham is operating their service and monitors the satisfaction levels of internal 'service users'. These include a number of measures around numbers of staff leaving the service, vacant posts, days lost to sickness and staff survey information.

7.10.12 Durham also highlighted the development of targets as an integral part of planning the services they provided. In monitoring progress against targets, Durham highlighted that they were able to demonstrate through performance management and reporting arrangements the affect services were having on improving the lives of children, young people and their families. This single approach had various benefits including:

- (a) a more accurate picture of performance;
- (b) a clear message to staff about direction, aspirations and intentions;
- (c) clear focus on what is important;
- (d) a consistent approach to performance;
- (e) improved efficiency and effectiveness, and
- (f) clear illustration of performance to all service users and the public.

7.10.13 Durham obviously noted that some indicators had nationally agreed targets or had already been set by lead officers. It was noted that new targets for the integrated service would be set by Area Managers in consultation with Hub Managers, the Head of Early Intervention and Partnership Services would be responsible for signing off all targets for the service.

7.10.14 New and innovative measures will play an important part in assessing the success of interventions and support because they have the ability to reflect the real changes achieved and support the aims of services. This is not to say that the more traditional measures around obesity rates, teenage conception rates or smoking are not valid as they also form part of a much wider picture that illustrates the impacts of a wide range of strategies and interventions on the wider community or at more locally focused level.

## **8. Conclusions**

8.1 There is no doubting that early intervention can have a profound impact on young people, families and the wider community. Research from both England and the USA illustrates very well these impacts, highlighting the potential savings to public services and other key resources as well as the increased outcomes and improved life chances for those involved. All of these factors demonstrate that early intervention is extremely worthwhile and an important cornerstone in the prevention agenda.

8.2 This is further supported by the wealth of publications, reviews, studies and policy drivers that have helped to influence and shape the direction of early intervention over the last couple of years. Despite the variety and angles at which intervention has been tackled by academics, professionals, governmental bodies and politicians it is remarkable that there is a general thread as to what makes for effective early intervention.

- 8.3 It is also appropriate to note that since commencing this review the landscape has changed substantially and continues to do so. A number of key issues including the re-structuring of the Children's Services directorate and the Children's Centres review coupled with peer reviews and unannounced inspections have all added to the momentum carrying this agenda forward.
- 8.4 The CAF process is pivotal to early intervention even though it is voluntary in nature. It is for this very reason that the relationship between practitioner and child/family is so important, there needs to be a building of trust and mutual respect of each other. This is one of the reasons that community settings work so well as being based in the community creates the opportunity to break down barriers and not be seen as part of the corporate centre of an organisation.
- 8.5 The Common Assessment Framework form is an important document and is used to gather a variety of information that can help professionals to ascertain the correct type and level of support required. However the document is lengthy and has the potential to be off-putting, particularly in many of the universal settings where capacity is already stretched. The council has invested in training and support for individuals around the CAF process and this is important. However, there may also be an opportunity to look at the form itself and the potential for re-designing it to a more streamlined and accessible format that can be used in all settings. Further to this it would also help to have a single contact point for potential referrers to seek help and support prior to the submission of a CAF assessment form.
- 8.6 Despite all the training and importance put on this process by the local authority it was surprising to learn there was still a lack of understanding and awareness from agencies and organisations in relation to the CAF process, as well as from parents, families and young people. This can lead to confusion around the thresholds and it is important that a clear message around the process including developments is communicated to the widest audience possible to ensure understanding and compliance from stakeholders. This will be particularly important to universal settings including schools, local medical practices and local community youth settings.
- 8.7 CAF Panel meetings provide the link between initial recognition and actual support for families and individuals. There is an argument that the initial assessor could be invited to attend the relevant CAF panel meeting and thereby provide clarity or further detail if required about the assessment. Of course this could lead to logistical issues and further pressures on individual's capacity.
- 8.8 The multi-agency approach provided by the Team Around the Family/Child needs to ensure that all the key agencies are engaged and present at such meetings. The local authority takes a very active lead in chairing the process and the majority of TAF/C's whilst the lead practitioner role is undertaken by the appropriate organisation. As with any new process there is a degree of uncertainty around roles and it is important that the local authority ensures that all agencies and partners are aware of their responsibility in relation to this process.
- 8.9 Services based in the local area are acknowledged by leading professionals as being more efficient than previous arrangements. They allow for local people to build up trust and relationships with service providers who are on their doorstep.

The importance of this should not be underplayed and by providing services and support in people's local environment can prove beneficial for a number of reasons including the development of relationships, the ease of access and the development of support networks beyond the bricks and mortar of a locality setting. The Children's Centres are a good example of this practice in action.

- 8.10 The XL youth projects are another example of locality based work having a direct impact on young people and providing them with the information and guidance to make more informed choices. The importance of clearly targeted work is apparent with the XL youth project as well as the multi-agency cooperation that is evident. The youth project works closely with the police and community support officers to target youth 'hotspots' and provide activities that not only aim to reduce anti-social behaviour in an area but also provide young people with information around health issues and lifestyle choices. The XL youth projects are also another example of how relationships can be developed and provides another avenue for young people to flag issues or concerns that they may have. Youth workers are all trained in completion of the CAF form and it is another setting that can help signpost young people to support and intervention.
- 8.11 The recent peer review, independent review of CAF and Ofsted inspections around safeguarding and looked after children provide a timely review of processes, procedures and services. The development of subsequent action plans to tackle any areas identified for improvement including that important interface between CAF assessments and safeguarding will prove invaluable to the progress and development of this agenda. The Children, Young People and Learning Scrutiny Committee is one of a number of suitable vehicles to monitor and challenge the action plan over the coming months.
- 8.12 Local authorities face difficulties in prioritising funding in light of current spending reductions. There are however a host of new funding initiatives including social impact bonds and payment by results schemes. Quite how these will sit with local government commissioners of services is open to debate, not to mention what types of investors would look to take the risks associated with such contracts. Clearly there are broad benefits to such financing for local authorities but whether the larger investors would be interested in such opportunities is still unclear. However, as funding reduces still further it will be for local authorities to decide if this route offers additional funding opportunities and enhanced services for users.
- 8.13 Ultimately early intervention and locality based services are about improved outcomes and life chances for young people and their families. Developing effective measuring tools and evidencing impacts and outcomes is an essential element of the whole intervention agenda. Much of the measuring of success and outcomes is around insight from the professional opinion through to the individuals own perception. The outcomes star is a useful tool and can provide a clear illustration of progress and impact.
- 8.14 Taking into account a number of factors and measuring these against tangible outcomes can certainly evidence the case for early intervention. Improved attendance at school or reduced criminal offending can highlight the success of intervention measures and conversely the potential failure of such measures. It is also important to avoid the risk of perverse incentives and therefore simple and meaningful measures under the control of those accountable and easy to collect are the most effective.

- 8.15 It may also be that measures vary from one locality to another to better reflect the issues or concerns of that area. While there is still the need for a general set of targets and indicators, the stripping back of the national indicator set does present an opportunity to look at this in greater detail. This also has the possibility of creating a greater ownership over locally set targets and providing a clear focus about direction, aspiration and intention.
- 8.16 There is clearly a very important role for new innovative measures to play alongside the more traditional measurements of hard outcomes because they have the ability to reflect the real changes achieved and support the aims of the services. They can focus on the much softer issues of social and behavioural development and that all important feeling of improving. The more traditional measures and indicators are still important and used together can create a more complete picture of individual and family progression through identification, intervention, support and achievement.
- 8.17 The DfE noted that there was no research being undertaken in relation to the CAF process and practice across the country varied greatly. It would be interesting and extremely beneficial to local authorities if such work was undertaken. It could highlight areas of good practice, innovative monitoring and measuring tools and provide the DfE with evidence to provide clear guidance on the process in general.

## **9. Recommendations**

- 9.1 The Children, Young People and Learning Scrutiny Committee has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committee's key recommendations to the Cabinet are as outlined below:-
- (a) That the CAF assessment form is reviewed with particular consideration given to a shorter streamlined form which is less onerous to complete;
  - (b) That the option of a dedicated single point of contact for any CAF assessor to contact for support and advice around thresholds prior to completing a full CAF assessment is explored;
  - (c) That the CAF assessment process and threshold are considered for a comprehensive re-launch within Sunderland, following any CAF form redesign, and this is communicated to all stakeholders;
  - (d) That an effective communication strategy is put in place to ensure that future changes to the early intervention offer, CAF assessment process or CAF thresholds can be effectively communicated to all stakeholders including elected Members;
  - (e) That further comprehensive training is made available to key stakeholders to provide a clear understanding of the differentials in thresholds between early intervention support and safeguarding;
  - (f) That the initial CAF assessor is routinely invited to attend the relevant CAF panel meeting in relation to their initial assessment;

- (g) That locality based teams look to increase their engagement with local partners through the development of more integrated working practices and approaches that promote locality services and the early intervention core offer with local partners and the community;
- (h) That the development of a specific data set of outcome measures for locality based working and early intervention be undertaken by the Directorate with a particular focus on measuring outcomes;
- (i) That the Children, Young People and Learning Scrutiny Committee write to the DfE requesting that they look to undertake research into the CAF process across the country;
- (j) That the actions arising from the recent independent reviews and Ofsted inspections relating to this agenda are combined into a single Action Plan which is monitored by the Children, Young People and Learning Scrutiny Committee.

## **10. Acknowledgements**

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

- (a) Keith Moore – Executive Director of Children’s Services – Sunderland City Council;
- (b) Sandra Mitchell – Head of Early Intervention and Locality Services – Sunderland City Council;
- (c) Ciaran Hayes – Department for Education;
- (d) Simone Common – Risk and Resilience Service Manager & West Locality Manager – Sunderland City Council;
- (e) Lee Ferry – XL Youth Village Coordinator – Sunderland City Council;
- (f) Cllr Phil Tye – Local Councillor and Volunteer Youth Worker;
- (g) Ros Watt – Parent Partnership Service (PPS) Coordinator – Sunderland City Council;
- (h) Rachel Putz – Locality Operations Manager (Coalfields) – Sunderland City Council;
- (i) Louise Hill – Head of Youth Offending Service – Sunderland City Council;
- (j) Susan Henderson – Red House Academy;
- (k) Lynne Goldsmith – Service Manager (Safeguarding) – Sunderland City Council;
- (l) The Rainbow Family - Washington;
- (m) XL Youth Village Projects in Washington, Houghton, Burnside and Red House;
- (n) Durham County Council, and
- (o) Locality Based Team – Bunny Hill Centre.

## **11. Background Papers**

11.1 The following background papers were consulted or referred to in the preparation of this report:



- (a) Children's Services Cabinet Report Dec 2008.
- (b) Early Intervention: The Common Assessment Framework – Presentation
- (c) Durbin, B., MacLeod, S., Aston, H. and Bramley, G. (2011). *Developing a business case for early interventions and evaluating their value for money*. Slough: NFER.
- (d) Early Intervention: Securing Good Outcomes for all Children and Young People. Department for Children, Schools and Families.
- (e) *Easton, C., Gee, G., Durbin, B., and Teeman, D (2011). Early intervention, using the CAF process, and its cost effectiveness Findings from LARC3*. Slough: NFER.
- (f) Graham Allen MP (2011). Early Intervention: The Next Steps. HM Government.
- (g) Graham Allen MP (2011). Early Intervention: Smart Investment, Massive Savings. HM Government.
- (h) The Munro Review of Child Protection. Department for Education. (May 2011)
- (i) The Marmot Review: Fair Society, Healthy Lives (2010).
- (j) Redesigning Provision for Families with Multiple Problems: an assessment of the early impact of local approaches. York Consulting 2010.
- (k) Durham Pathfinder costs and benefits: A social return on investment approach. York Consulting 2010.

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## APPENDIX 1

### Funding Streams replaced by the Early Intervention Grant

Grant Name	2010-11 Allocation £m
Sure Start Children's Centres	1,135.148
Early Years Sustainability- including funding for sufficiency and access, quality and inclusion, buddying, holiday child care and disabled access to childcare	238.044
Early Years Workforce - quality and inclusion, graduate leader fund and every child a talker	195.701
Two Year Old Offer - Early Learning and Childcare	66.757
Disabled Children Short Breaks	184.647
Connexions	466.732
Think Family	94.196
Youth Opportunity Fund	40.752
Youth Crime Action Plan	11.975
Challenge and Support	3.900
Children's Fund	131.804
Positive Activities for Young People Programme	94.500
Youth Taskforce	4.344
Young People Substance Misuse	7.002
Teenage Pregnancy	27.500
Key Stage 4 Foundation Learning	19.882
Targeted Mental Health in Schools Grant	27.818
ContactPoint	15.000
Children's Social Care Workforce	18.156
Intensive Intervention Grant	2.800
January Guarantee	6.000
Child Trust Fund	1.325
DfE Emergency Budget Reduction	-311.000
<b>Total Grants</b>	<b>2,482.982</b>

Source: Department for Education