

**Torfaen County Borough
Council**

**The Right Help at the Right
Time:**

**A Review of Preventative Social
Work and Interventions**

Report

February 2018

Torfaen County Borough Council

The Right Help at the Right Time:

A Review of Preventative Social Work and Interventions

1 Executive Summary

Between October 2017 and January 2018, the Institute of Public Care (IPC) at Oxford Brookes University has conducted a review of family support and decision making in relation to vulnerable or very vulnerable children in Torfaen. Local arrangements have been compared with standards from the Social Services and Wellbeing Act 2014 and current research findings in this field. The overall aim of the review has been to explore the extent to which vulnerable children and families receive **'the right help at the right time'**. It has involved benchmarking of Torfaen against similar local authority areas in Wales and a deeper dive case file analysis to explore the experiences of and outcomes for children who have recently been referred to Children's Services. The findings have also been explored on two separate occasions with Children's Services staff.

A key question for the review has been 'are we bringing too many children into the Social Services sphere when they could get better help at the right time from other agencies or from our early help offer?' Our findings from the review suggest that, in spite of the availability of some good quality Early Help Services, the existing system is not generally facilitating the right help at the right time. This is because the current 'Front Door', involving a relatively elongated pathway between generic Customer Care Services and a duty locality system, is failing to triage and divert families effectively and at a sufficiently early stage. In practice, this means that too many families are being referred into locality teams for assessment which, in turn, risks delaying help for families who really do need protection, care and support because the locality teams can't cope with demand.

"This means that it's already in the door and people are expecting us to pick it up. Other agencies aren't confident about other forms of support and so rely on us"

The review also looked in detail at the decision making of Social Workers once children are referred into the Service. Reviewers took account of the relevant local and national context including rising levels of children involved in care proceedings and becoming looked after. Local decision making was found to be generally good at all stages of the child journey through preventative Social Work-led services and the review found no examples of children being taken into care unnecessarily. The Service seems to be particularly strong in relation to ensuring that, where children can't live safely with parents, they come into care in a timely way and are able to benefit from swift adoption or other long term care arrangements.

Finally, the review looked at a number of questions relating to the sufficiency of support for families to change or develop to avoid unnecessary entry into care. Reviewers identified a good range of support services and some excellent support work undertaken by the newly developed Family Focus Service, in particular where the support was sufficiently intensive, long term and where workers deployed specific techniques to explore the reasons behind parent behaviours, choices, and approaches to parenting. However, these successful approaches have not always been consistently replicated for all families. This finding is consistent with a service which has been on a relatively recently commenced developmental journey.

IPC strongly recommends that this transformation journey in Torfaen should continue, including through the further embedding of developments such as Family Focus and the Rapid Response Team in order to achieve an even more consistent and evidence-based engagement and support for all children and families with a Care and Support Plan. Greater consistency may be achieved in a number of different ways which are explored in the body of this report. However, all options will require the development of a fully shared and owned Service vision for 'what we are trying to achieve with all families who have a Care and Support Plan in Torfaen'.

"We will need a model we're all working to, with clear expectations about roles and tasks in different scenarios"

All options will also require continued attention to workforce development, with particular reference to the contribution of Social Workers to helping families to change.

However, the main area for improvement in the short term we suggest should be the 'Front Door'. Although a primary aim of improving this area of service may be to reduce unnecessary demand for Children's Social Care Services as well as getting people the right help at the right time, improvements here are also likely to have a spin off impact on all other areas of work including the resources available in social work teams to work with families who really do need help at a statutory level.

Reviewers have made recommendations about how this issue may be addressed including through:

- Further development of the existing Front Door into a more robust, timely and consistent response to all contacts and referrals involving children and families – incorporating more specialist advice at an earlier stage whilst keeping the assessment of children and families linked to the two locality areas.
- Linked with the above, the development of a more effective conduit into the right form of support, whether Early Help or Children's Social Care Services – possibly through the deployment of Early Help Advisory Service located at or very near the Front Door to provide consultancy-style advice to referring practitioners or families and to triage families into the most appropriate form of early help.

"This function needs to be doing more than signposting, more steering and supporting families and professionals into the right help at the right time. They need to do this confidently"

"Screening and (re) directing and supporting professionals and family members into the right help at the right time is not an administrative function"

2 Introduction

Torfaen County Council Children's Services Department has been working hard to provide a continuum of effective family support to meet the needs of local residents and the requirements of the Social Services and Wellbeing Act 2016, and has embarked on a transformation journey to improve the availability and likely impact of support in particular for:

- Families with a Care and Support Plan where there are concerns about child abuse or neglect
- Families with additional needs requiring targeted 'early help' support just below the threshold for a Care and Support Plan

Several months into this journey and, in the context of continued budgetary pressure resulting from growing numbers of looked after children, the Institute of Public Care (IPC) at Oxford Brookes University has been asked to review the extent to which existing pathways, systems, practice and services are conducive to children and families receiving 'the right help at the right time' with reference in particular to the following 9 open questions:

1. Are we bringing too many children into the Social Services' sphere when they could get better help at the right time from other agencies and our early help offer? Linked with this question, is our 'Front Door' operating effectively?
2. Are we making the right decisions about children (including about risk) once they are referred to Children's Social Care Services – from assessment through other decision making gateways?
3. Is the legal process affecting decision making and resulting in more children coming into care (including once the statutory thresholds are met)?
4. Are we taking too many children into care? Are there any groups of children who are coming into care unnecessarily?
5. Are we failing to support the right children to leave care (including through adoption and other arrangements)?
6. Are our support services, particularly those available to support children and families with a care and support plan, sufficient and sufficiently evidence-based to support families to change or develop once they have a care and support plan?
7. Are the existing internal systems and cultures conducive to promoting effective decision making and support for families, or are they overly risk averse? Are they good value for money?
8. Are we spending money on the right things at the right time? Including with reference to the (unit) costs for looked after children, families with a care and support plan, and others.
9. Is there anything we could or should be doing differently?

From October 2017 through January 2018 (with a short delay in the middle to implement a new IT system, WCCIS and then prepare a CIW self-evaluation) IPC has explored these questions through 3 consecutive activities:

- **Benchmarking analysis** of overall published demand, activity and performance data relating to Children's Services for Torfaen compared with all-Wales and similar local authorities in Wales (identified for this review as: Bridgend and Neath Port Talbot).
- **A deeper dive analysis** of demand, practice and outcomes for cohorts of children and families who have recently received a service:
 - At the 'Front Door' into Children's Services
 - As a result of having a Care and Support Plan (including Child Protection Plan)
 - Before becoming looked after

The deeper dive analysis was achieved by examining the contact, referral and early assessment records of 31 children recently coming to the attention of Children's Services and the case files of 56 children who have recently received a form of preventative support (aiming to protect children and prevent their unnecessary entry into care). These records were analysed with reference to a set of standards and summary findings from the Social Services and Wellbeing Act (SSWBA) and research in relation to the key areas of interest (shared with staff and reproduced at Appendix A).

- **Exploration of the findings and their implications with groups of managers and staff** – in October 2017 at the start of the review and again in February 2018.

This report outlines the findings and recommendations resulting from this review and is presented as follows:

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3 Are we bringing too many children into the Social Services sphere (when they could get better help at the right time from other agencies and our early help offer)?

IPC has examined this question in particular through the lens of the contact and referral system encompassing the Children's Services 'Front Door'. We have also referenced findings from our previous review of the Families First-funded early help offer (2017).

The review has also been concerned with the extent to which the Front Door functions well in terms of basic quality standards. The key SSWBA and research-informed standards relating to the 'Front Door' are that:

- Thresholds across the spectrum of family support and between early help and statutory child protection work are appropriate, understood by partners and operate effectively and consistently
- Children, young people and families are offered the right help at the right time
- There is a timely and effective response to urgent need and safeguarding referrals, including out of normal office hours
- Information sharing between agencies and professionals is timely, specific and effective – and takes account of the need to obtain parental consent for enquiries to be made except where a child is likely to suffer significant harm or further harm

3.1 Context for this question in Torfaen

The rate of children and families referred to Torfaen Social Services Department has been declining from a high point of 1,200 in 2013 to around 760 per 10,000 head of population in 2016, which is the latest period for the published data¹. This has brought Torfaen much more in line with all-Wales and comparator authorities which had rates of around 450 – 550 per 10,000 relevant head of population in 2016.

Re-referral rates are still relatively high compared with those for all-Wales but have reduced significantly since 2014-15, when they were at around 27%, to 22% in 2016. In 2016, the all-Wales rate was 20%.

3.2 Exploration of this question through the deeper dive

As part of our deeper dive, IPC reviewed the case files of 10 'contacts' with and 9 'referrals' into Children's Social Care Services, all of which were in the system at October 2017. IPC also reviewed 12 early assessments undertaken by Children's Services, 4 of which had sufficient information in order to be properly reviewed.

- 39% families had no history of a previous contact or referral
- 16% of families had 1-3 previous contacts or referrals
- 19% families had 4-6 previous contacts or referrals
- 26% families had 7 or more previous contacts or referrals

¹ Also, the historical data is not directly comparable with current trends because it is collated in a different way

3.2.1 Positive features of the current Front Door arrangements

- There is dedicated Social Worker oversight of referrals into Children's Social Care Services, albeit at a gateway that is beyond the initial Front Door of entry into the Council. We note that many (up to 80%) of contacts and referrals take the form of emails from the Police which are in any event fast-tracked through to Social Services, removing any potential 'additionality' from having a generic Front Door.
- The review found evidence of a variety of good quality Early Help or other preventative services into which children and families may be referred at the point of contact / referral or after having being referred into Children's Social Care Services.

3.2.2 Two issues at the Front Door

- **Issue One:** There are some blockages and delays inbuilt within the current pathway for handling contacts, referrals and assessments. There were also a high number of contacts and referrals effectively 'held' in the duty system (250+) at October 2017. We understand that there were particular staffing issues at play within the relevant locality duty systems at this time, many of which have been resolved subsequently. However, input from staff at our workshops suggests that the current structure for processing contacts, referrals and early assessments is unlikely to result in swift and consistent resolutions for referrers and families alike.

"The audit was done in the context of a perfect storm in one area in particular. It has improved but is still not quite right"

The key reasons for this appear to be:

- Insufficient expertise (about Social Care thresholds and the whole system of family support including early help services and arrangements) within the Customer Care Team resulting in delays but also the expectation for external agencies and professionals that the solution mostly or always lies within Social Care Services. This is exacerbated by the sometimes poor quality information arriving into the Front Door on referrals from external agencies.

"The Customer Care Centre is a missed opportunity. They don't, surely can't ask the right questions. This means it's already 'in the door' and people are expecting us to pick it up. Other agencies aren't confident about other forms of support and so rely on us. For example they don't always understand what Families First does"

- A rotating duty system in locality teams that involves different workers taking on this function each day, which means that the referrer may end up with several different people trying to contact or advise them at various times during a referral and/or different workers involved in finding the right resolution. It is likely that this system has also led to some delays in families having a Social Worker-led initial exploration including assessment of their needs.

"Consistency is key. A rota does not work (but some people like it, some not)"

- **Issue Two:** The absence of an applied guide for agencies about Social Care and Early Help thresholds and the types of appropriate supports linked with particular family presentations.

4 Are we making the right decisions about children once they are referred to Children's Social Care Services?

The questions linked with this overall one include:

- Are we taking too many children into care?
- Are there groups of children coming into care unnecessarily (particularly younger children)?
- Are we failing to support the right children to leave care (including through adoption and other arrangements)?
- Is the legal process affecting our decision-making and resulting in more children coming into care than need to?
- Are our cultures and internal systems overly risk averse?

4.1 The context for these questions in Torfaen

- The rate of Children in Need per 10,000 head of population has been reducing steadily in Torfaen over the 3 year period to 2016, bringing the Borough closer in line with comparator authorities. However at 2016, the Borough still had the second highest rate of Children in Need in Wales.
- Child protection registration rates also reduced, in particular between 2015-16 and 2016-17. However, in common with most other Welsh (and UK) authorities, these registration and Care Order application rates have seen a substantial upward turn during the period 2017-18. Over recent years, the number of new child protection registrations has been consistently higher in Torfaen than in similar authorities in Wales. There is a sense that the cases being referred to Children's Social Care Services are becoming more complex and that Social Workers are working with larger caseloads than before.
- Similarly, whilst the rate of looked after children in Torfaen has remained relatively stable over the period 2012-2016 (at around 150 per 10,000 population), it has risen in 2017 to around 165 per 10,000 population. The increase is likely linked with a significant increase in the number of children starting to be looked after in 2017, although Torfaen also supports a high proportion of these children to live with extended family members or friends. More children with complex needs are requiring care including through high cost residential placements.
- There has been an increase in demand for targeted early help services provided via Families First, including more demand for Families First to work with families with relatively complex needs.
- Across Wales and the UK, there has been considerable debate about the causes of these increases in demand for targeted family support, child protection and care with a range of hypotheses mooted including changes in: deprivation levels, judicial decision making, the availability of welfare benefits, and access to universal or early help support services including CAMHS. More locally, it is possible that, with a very stable workforce and a relatively 'visible' population, families are also under greater scrutiny than elsewhere. We have also noticed in our recent review of Torfaen's targeted early help services a high proportion of large or very large families requiring family support – the evidence base suggests that large family size is associated with an increased risk of abuse and neglect.

4.2 Exploration of these questions through our deeper dive

Our deeper dive included the examination of case files relating to 56 children who, at January 2018:

- had a current or very recent Care and Support Plan; or
- had recently become looked after.

In order to explore the detailed questions above, our findings from the case file analysis combined with reflections on these by staff attending the workshops are presented by:

- Pre-birth social worker-led work with children families (9 child case files)
- Post-birth social worker-led work with children and families (47 child case files)

4.2.1 Findings from the analysis of pre-birth work with families

What's working well in terms of decision making?

- All the pre-birth children had been appropriately referred and required a Social Worker-led assessment.
- With one exception, all the women and their partners were vulnerable and most had long histories of involvement with Social Care Services.
- Referral was early, which suggests good links between Social Care and Midwifery Services.
- Social Worker decision making was good in all cases.
- Good quality parenting assessments were critical to decision making.
- For this group, decisions appeared to be casework-led and not court-led.
- Children left care as quickly as possible. None of this cohort of 9 children would remain in care, with four leaving on Special Guardianship Orders, two for adoption and three to return home to parents.

These positive findings chime with work we undertook on behalf of Welsh Government in Torfaen in August 2017² which also identified good quality decision making in respect of families of pre-birth or infant children, including when to take them into care and how to ensure that they leave care quickly – in particular into adoptive placements.

How could decision-making be further improved?

- Our deeper dive review identified the potential for more regular use of psychological assessment, especially where a parent is known to have a mental disorder and/or learning disability and pre-court proceedings. Staff identified a range of factors at play in relation to this finding, including:
 - Judicial interventions (meaning that often courts ask for them to be done again).
 - Financial constraints (court-ordered assessments are more likely to be jointly funded).
 - The small number of staff in the Department who are qualified in specialist, for example PAMs assessments.

² For the evaluation of outcomes of children with a Care Order in 2012-13 (to be published in March 2018)

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- The difficulty in harnessing support from Adults Services, both Health and Social Care (who can resist getting involved, even where the parent is already known to the service).

We need lower level emotional health and wellbeing support for parents – and at the right time (when they're ready to access it). This may mean someone has to act as a bridge for parents into support for emotional wellbeing or substance misuse or domestic abuse services.

4.2.2 Findings from the analysis of preventative interventions with children, young people and families who have a Care and Support Plan

The cohort of children whose case files were examined (n47) included:

- 16 (or 34%) aged 0-4 years
- 13 (or 28%) aged 5-9 years
- 18 (or 38%) aged 10-15 years

This is largely representative of the proportion of children of different ages with a Care and Support Plan and entering care in Torfaen. However, there were no children aged 16+ in the cohort. 8 of the children with a Care and Support Plan had a disability. Approximately 50% had a chronic history of referrals to and involvement with Children's Social Care Services.

What's working well in terms of decision making?

- The overall approach taken by Social Workers balances the management of risk effectively.
- We found examples of good assessments with chronologies and genograms, some of which were excellent.
- The four disabled children cases were all well conducted.
- Child Protection conferences and the Public Law Outline (PLO) process were well used to bring structure and coherence to the management of cases.
- The right decisions were being made at the point children entered care.
- Where children entered care on s76 (voluntary arrangement), they all quickly progressed to care proceedings, which is considered good practice.
- Extended families were involved in the work and considered for placements for the children where they could no longer remain living with natural parent(s).
- There was good work to try to place children within their families where this was safe and in the child's interests.

How could decision-making be further improved?

- Reviewers found some gaps in case recording and difficulties in seeing all the records which can make it hard for workers to see the thread of the case. This could be improved generally and in particular with respect to chronologies independent of social worker reports.
- The PLO, where it occurred, was limited in duration i.e. it often did not start early enough to work as intended. Therefore, the timing of PLO could also be improved.

5 Are our support services sufficient and sufficiently evidence-based to support families to change or develop once they have a Care and Support Plan?

Increasingly, the evidence base about what works with families with a Care and Support Plan suggests that the overall task includes attention to the following in particular:



Pre-requisites for achieving an effective practice model are thought to include: having a clear, well-articulated vision for what the service is there to achieve, a shared theory of practice that shapes and underpins the way staff work with families, and clear roles for workers involved with families who have a Care and Support Plan.

The broader key features of effective provision are thought to include³:

- Whole family, multi-component support (not focusing on single issue(s))
- Strengths-based and solutions focused work with families
- The application of evidence-based or informed methodologies and approaches
- The primacy of promoting 'real' family engagement including attention to barriers to their engagement – 'support for families to want to change' for example their drug taking, regular family conflict or violence, way of thinking about the world. Techniques like Motivational Interviewing and Solutions-focused Brief Therapy work well with parents in the statutory arena
- More intensive support indicated for families with chronic / complex problems including use of assertive, persistent key workers with lower caseloads

In exploring this question, we have taken into account the current model for Social Worker-led interventions in Torfaen which essentially splits responsibility for helping families to change and develop (to ensure that as many as possible children can remain living at home with natural parent(s)) between:

- Case holding Social Workers.
- A range of other professionals and services with a targeted family support, including some that are 'in-house'.

³ With reference to the full set of standards and expectations outlined in Appendix A

5.1 The context for this question in Torfaen

The context is the same as for the question about decision making: reasonably high and growing demand for child protection and care in Torfaen, a trend that is mostly being replicated elsewhere in Wales and the UK.

5.2 Findings from the deeper dive analysis

What's working well in terms of support for families to change and develop and to avoid unnecessary entry of children into care?

- There was evidence of a good range of support services deployed in the context of recent Care and Support Plans, including Family Focus, Flying Start, Parenting Programmes, Freedom Programme, drug and alcohol programmes.
- The case file analysis identified some excellent work by Family Focus especially where this was intensive with 20+ sessions, including use of specific techniques to explore the reasons behind parent behaviours, lifestyle and parenting choices.
- Good use of NYAS to work with children on their wishes and feeling.
- Some children experienced extensive efforts to change the family circumstances.
- Social Workers were active and involved in the work with families, but most of their effort was deployed in complex communications with a range of family members and professionals, managing contact and the court process in many cases.
- For specifically pre-birth work:
 - Support services provided during pregnancy were extensive and enabled a number of the women to engage well.
 - After birth, the key service was placement and there were examples of good mother and baby placements.
 - There were examples of effective use of Family Group Conferencing to explore solutions with the broader family.

How could support be further improved?

The review suggests that this needs consideration of:

- How to ensure that all parents with a Care and Support Plan are effectively engaged at an early stage in their involvement with Children's Social Care Services in a confident exploration of their past (cycles of behaviour and relationships, impact of childhood experiences, and parenting approaches) and finding internal motivation to change. Currently this happens on an ad hoc basis and largely one to one with parents where Family Focus is involved. More consistent application of this approach including amongst case holding Social Workers and/or consistent use of other methods for harnessing family engagement (such as Family Group Conferencing) would likely ensure greater real sign up to change by parents.

"It's about establishing rapport, valuing the family members and their experiences and looking at what are their priorities for change. It's important that people don't feel judged, to help them to open up. The first visits are quite long, people do want to tell their story we find so long as you're listening well. We use lots of open-ended questions, allowing families time to talk and reflect. It's often very revealing. We work actively to establish good contacts with all family members, particularly

separated Dads. It all helps to establish a strong base for later direction and challenge, particularly where parents don't have good role models from their own childhoods⁴

There is some disagreement amongst workers as to whether they have enough time or should make enough time to (sometimes at least) do the engagement work, or whether they really aren't best placed to do this. There is a recognition that time is a significant factor here, as is the child protection process which 'has its own motion' and the potential to 'drag us along with it'.

- How to engage men / all relevant members of the family on a more consistent basis. Engagement of the whole family in family support or, at least to sign up to the aims of the support, is associated with better outcomes at this level.
- How to further develop work with adolescent children, working alongside them and their parent(s). We note that there is a very newly established 'Rapid Response' team which, if evidence-based, should bridge this gap.
- How to work with families with chronic issues - 14 cases in the cohort were judged to be chronic, with sometimes numerous previous interventions that had led to no change. It is possible that, for these families, even Family Focus is insufficiently intense and gripping. A very intensive early engagement phase is also likely to 'flush out' some families for whom an intervention is not going to be effective, for example where they have no motivation to change.
- How to improve the accessibility of key services such as Family Focus (we noted some delay in the service getting involved in some cases).
- For pre-birth work, how to improve the availability of services to help the women reduce the likelihood of removal of further children (for example through the regional Reflect service). Staff themselves have reflected that, although technically there is access for parents to the Reflect service currently hosted by Newport, it's not being used much in practice including but not exclusively because there are some barriers to Mum's using it, such as where they are still in contact with their child(ren) in care or because they're not ready immediately after the child has come into care.

"They're grieving and we (the case holding Social Worker) may not be the best people to help"

Staff also noted that the 16+ team often works very effectively with vulnerable first-time Mums who may have been in care but who, with support, don't need to come into the Social Care system with their child.

⁴ This quote is taken from the report of an IPC evaluation of a support service similar to Family Focus, FASS in Newport (2016)

6 Our Overall analysis

Our overall analysis is that the majority of questions or hypotheses posed at the start of this project have been answered in the affirmative (overall good practice, albeit in many cases with some room for improvement):

Question	Summary Review Findings
Are we making the right decisions about children (including about risk) once they are referred to Children's Social Care Services?	Yes.
Are our support services sufficient and sufficiently evidence-based to support families to change or develop once they have a Care and Support Plan?	Yes, in broad terms – with reference to 'sufficiently evidence-based' and to the newer forms of service provision developed or developing in recent years / months. However, there is great potential for further embedding of these newer forms of evidence-based services for larger numbers of families (to achieve 'sufficiency') and for a broader change in service culture to support greater access for families to support to help them change and develop.
Are we taking too many children into care (particularly the younger aged children)?	No, in terms of thresholds, assessments, and court-related decision making. Possibly yes with reference to the potential to engage and support more families to change.
Are we failing to support the right children to leave care?	No. Many, particularly younger aged children, are supported to leave care quickly including through SGOs and adoption.
Are our existing systems and cultures conducive to promoting effective decision making and support for families or are they overly risk-averse?	Yes, these are conducive to promoting effective decision making in broad terms and with reference to thresholds, assessments and court-related decision making. Possibly no with reference to the as yet under-developed culture supporting positive change for families.

However, the answer to the question '**Are we bringing too many children into the Social Services' sphere when they could get better help at the right time from other agencies and our early help offer**' must, on all the evidence, be yes. Reviewers feel that there is much potential to improve the Front Door arrangements in particular in this respect.

Finally, in relation to the question '**Is the legal process affecting decision making and resulting in more children coming into care?**' the review found no evidence of this in the cohort of cases examined for this project. However, a number of staff described experiencing judicial 'micro-management' of cases and sometimes harsh criticism of individual social workers for not bringing cases to court in a manner that was considered by the judge to be sufficiently swift. This may need to be further explored by way of a more specifically focused review.

7 Our Recommendations

7.1 A key area for improvement – the Front Door

“We need a different configuration”

“We need people with a level of qualification and experience to give people advice, particularly in Children’s Services. They need to know about thresholds and preventative services”

All the evidence from this review suggests that the primary focus for continuous improvement of this service should be the ‘Front Door’. Although a primary aim of improving the Front Door may be to reduce unnecessary demand for Children’s Social Care Services (as well as getting people the right help at the right time), improvements here are also likely to have a spin off impact on all other areas of work including the resources available in social work teams (to work with families who really do need help at a statutory level).

With regard to the organisation of resources to provide an effective Front Door, we recommend that:

- A more robust, timely and consistent response should be provided in relation to all contacts and referrals.
 - Although one obvious solution might appear to be the creation of a centralised Referral and Assessment Team, past experience in Torfaen (as well as in other parts of the UK⁵) has been that this can result in transfer blockages between the centralised service and locality teams. Another solution might be to develop what is currently in existence by way of Front Door into a single, well-managed contact point for Children’s Services incorporating more specialist advice at an earlier stage, whilst keeping the assessment of children and families linked to the two localities. The assessment and support work in these localities will still also need to become more timely and consistent with reference to the same worker, not multiple workers, picking up individual cases where possible.
 - Any new system should be more closely aligned to if not located within the Council Front Door in order to prevent delays in ‘transfers’ from the Customer Care Centre into Children’s Social Care Services or Early Help Services and promote more direct dialogue with those calling or sending in information. Consideration should be given as to whether this function should be multi-disciplinary i.e. a MASH rather than a purely Children’s Services function and set of activities.
- The Front Door should be developed into an effective including supportive conduit into the ‘right help at the right time’ including for other agencies, targeted Early Help, Team around the Family arrangements and Social Care Services. Many areas have experimented very successfully with ‘Early Help Advisors’ located at or very near the Front Door to provide consultation-style advice to referring practitioners or families including about services and thresholds and to triage into the most appropriate form of early help provision. These functions can also service as an

⁵ For example in Hampshire, where they are now experimenting with enabling a more direct distribution of referrals into locality teams from a centralised Multi Agency Safeguarding Hub (MASH) that deals with all initial contacts

effective means of promoting Team around the Family arrangements and an interface between Early Help and specialist, particularly Social Care Services.

“This function needs to be doing more than signposting, more steering and supporting families and professionals into the right help at the right time. They need to do this confidently”

“Screening and (re) directing and supporting professionals and family members into the right help at the right time is not an administrative function”

We also recommend that:

- The Council should develop a clear process for contacts, referrals and assessments including the standards expected for work to be completed and decisions on cases.
- The Council should agree or update with partners a statement on thresholds for all levels of support for families with reference to a ‘Windscreen’ or similar model. This should include clear descriptions of thresholds and, if possible, illustrative examples for different aged children. We recommend that this statement is ‘kept alive’ in the ongoing dialogue with partners about the right help at the right time for families.
- When the revised MARF is agreed between local authorities, there should be a programme of training and development with partners in its use and the standards of information and engagement with the subject of the contact expected.

7.2 The other key area for continuous improvement

We found direct evidence from the review that the transformation journey for Children’s Services described by managers and staff is well underway, including in particular through the development of more targeted and effective support services straddling Children’s Social Care and targeted ‘high end’ Early Help. Experience of introducing these kinds of changes in other innovation sites, such as Newport, suggests that in the first instance at least, increased numbers of children come into care – because the new forms of intensive support are more effective at identifying children who are being abused by parents. Evaluation of the Newport model suggests that, after this initial phase, the number of children entering care should then plateau and start to reduce with the embedding of these evidence-based approaches⁶.

We strongly recommend that the transformation journey in Torfaen should continue including through the embedding of existing developments (such as Family Focus and the Rapid Response Team (RRT)), in particular with an eye to achieving even more consistent and evidence-based engagement and support for all children and families with a Care and Support Plan.

We recommend that the Service should ‘take stock’ of all available resources including recently developed services such as Family Focus and RRT but also others such as generic family support, domestic abuse including perpetrator programmes, Reflect and key services provided by external agencies. The reason for stock taking would be to ensure that the Service is making the best use of the whole support resource moving

⁶ Evaluation of the Integrated Family Support Service in Newport (June 2016) Institute of Public Care

forward. This should be done in the context of the existing overall model for social work in Torfaen (which hasn't been challenged during our review) and caseloads of social workers.

Options for the organisation of support services going forward might include:

- **Combining all or most of the available core resources into a single multi-disciplinary team**, with a distinct overall aim and fidelity to evidence-based approaches that are agreed from the start. The main advantage of this option would be a greater potential opportunity to re-shape services to fit with the new direction of travel. A potential disadvantage may be that existing services take time to and/or resist being re-shaped in this way.
- **Further developing Family Focus and RRT to provide a support service** (albeit with varying types of response to meet individual family needs) **for all families with a Care and Support Plan**. This option is similar to that described above and would also likely involve a significant re-shaping of existing provision and/or additional investment. Arguably if they exist, other resources can and should be re-shaped or further drawn in rather than merely increasing the availability of these newer forms.
- **Keeping Family Focus and RRT apart from other support services and continuing to use them for families with specific needs** but ensuring that all other families have access to early intensive support to engage with an intervention and access to the right kinds of family support thereafter. This would undoubtedly involve more work for Social Workers who would need, in this scenario, to spend more time with families to become an agent for family change and a more pro-active bridge into support services. It would also involve a significant degree of culture change.

All options imply:

- The need for development of a fully shared and owned Service vision for 'what we are trying to achieve with all families who have a Care and Support Plan' in Torfaen. We don't believe that this is a wholesale culture change but rather the further development or extension of effective service cultures. The vision should include:
 - What we are trying to achieve
 - An agreed model / way of working with families incorporating all three elements described in Section 5 of this report
 - A description of the evidence-informed ways of working to achieve all 3 elements and who should be delivering these with different types of family presentation (roles)

"We will need a model we're all working to, with clear expectations about roles and tasks in different scenarios"

- All case holding workers involved in assessing and working with families with Care and Support (and possibly high level early help) needs working closely with the support team or service, helping to identify key goals agreed with the families, understanding which services or combination of services fit the needs of 'their' families, and acting as a pro-active bridge into these services.

"Getting others including social workers involved will require work around values and skills training, so we're all signed up to the significance of undertaking this work with families"

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- As an extension of the above, and in the event that not all families will receive a contained 'support service' such as Family Focus or RRT, social workers taking a much greater responsibility for an intensive early engagement 'phase' of work with families.

IPC
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