

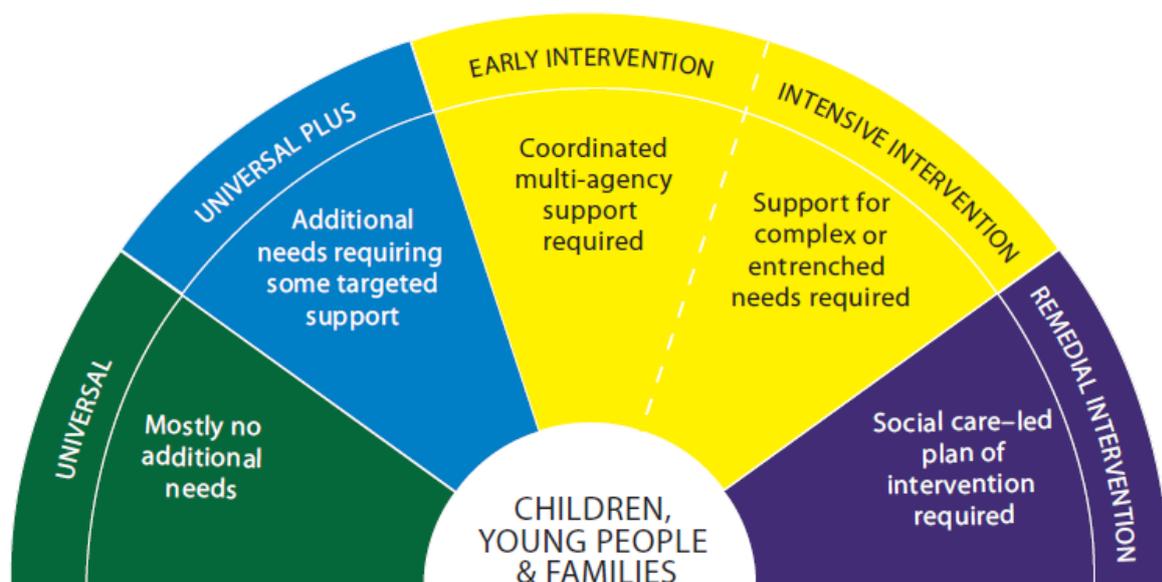
# The Right Help at the Right Time for Children with Disabilities in Newport

## Findings from an Evaluation of the CANS (Children with Additional Needs Service)

### 1 Introduction

Families of children with disabilities in the UK, in particular children with Autistic Spectrum Disorders (ASD), often find it hard to access sufficiently specific parenting or family support before problems reach a seemingly unmanageable or crisis stage.

An innovative service provided in partnership between Newport City Council and Barnardo's and recently evaluated by the Institute of Public Care (IPC) at Oxford Brookes University is aiming to provide a better calibrated, holistic *and* evidence based response to the needs of children with a cognitive or physical impairment and their families just below traditional thresholds for a statutory Social Worker-led Plan (the 'yellow bits' on the Windscreen Diagram below).



Many of the predominantly younger aged children<sup>1</sup> referred to Newport CANS to date have a form of ASD or signs of ASD and families who are not coping well for a variety of reasons. Across the UK, these children and families have often been excluded from local authority support because they don't quite fit the (now defunct in Wales<sup>2</sup>) Child in Need criteria. Without support, their needs can become more severe, particularly as challenging children become challenging teenagers, and can easily result in far more extensive formal respite or even residential care placements.

<sup>1</sup> The mode age of referred children is 5 years

<sup>2</sup> As a result of the Social Services and Wellbeing Act 2015 which replaces the concept of Child in Need with Care and Support

## 2 How CANS works

The Children with Additional Needs Service (CANS) is based in an Integrated Children's Centre setting on the northern fringes of Newport and includes the following key features:

- An holistic preventative service including Team around the Family (TAF) element delivered by family support workers supported by a social work qualified senior practitioner
- Working with children with cognitive or physical impairment with needs below the threshold for a social worker-led plan
- Including many children with diagnosed or suspected Autistic Spectrum Disorder (ASD) and their families
- The focus is on maximising child potential and assisting with effective parenting through models such as the 'Five to Thrive' Programme<sup>3</sup>; an adaptation of the 'Family Links Nurturing Programme'<sup>4</sup> or the 'Cygnet Programme' which is specific to children with additional needs / ASD<sup>5</sup>. Also, crucially, through promoting effective home / school links and consistency of approach across these two settings
- Support is provided for families individually in their own homes and via specialist group-based programmes<sup>6</sup>
- Including relating to: home management; parenting; behaviour management; child wishes and feelings; routines; diagnosis; transitions; visual schedules and routines

The service receives an average 145 referrals per year<sup>7</sup> and provides tailored support to an average 100 families per year. Workers carry a caseload of approximately 10 families at a time, but spend more time with families in the initial weeks after allocation.

## 3 Is CANS working with the 'right' children?

The IPC evaluation<sup>8</sup> revealed that CANS is working effectively with children and families with a range of needs from what could be described as 'early help' through 'support for complex needs', as illustrated in the table below:

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<sup>3</sup> Promotes good attachment in early years through talking, play, cuddles, responding, relaxing.

Materials available. Not a parenting programme as such. <http://www.fivetothrive.org.uk/resources/>

<sup>4</sup> Uses four constructs i.e. self-awareness and self esteem; appropriate expectations; positive discipline; empathy. Working with the Colebrook Centre for Evidence and Implementation to measure impact.

<sup>5</sup> This programme is delivered over seven 2.5 to 3 hour sessions which sequentially work towards behaviour management. It can be delivered for parents of children without as well as with a diagnosis of ASD aged 5-18 Years. Other Programmes, such as 'Early Bird' are only for children with a diagnosis aged 0-7 years

<sup>6</sup> That are run in collaboration with FASS and FST team members

<sup>7</sup> Most from schools but also from: speech and language services, occupational therapy, health visitors, paediatricians and self referrals

<sup>8</sup> Which included: secondary analysis of regularly collected data and case file analysis

Level (number)	Level (description)	% of CANS cases
2	Early help – additional needs requiring targeted single agency / issue support	40%
2-3	Early help for multiple additional family needs	20%
3	Multiple additional family needs (mostly child ASD and parent mental health needs) requiring coordinated family support	20%
3-4	Multiple additional family needs with a degree of complexity / risk	20%

Example family needs requiring support at these different levels of need include:

**At level 2 – Additional Needs requiring Targeted Single Agency / Issue Support**

- Child aged 12 is having difficulties interacting with peers and with developing empathy. Mum has relatively good routines and family / community supports. Dad possibly has Asperger's.
- Child aged 10 has problems with coordination and some odd behaviours when excited plus sensory issues. Mum is concerned about transitions to secondary school.

**At level 3: Multiple Family Needs requiring Coordinated Family Support**

- Child aged 8 has a diagnosis of ASD, is struggling with toileting and is displaying aggressive behaviour at home in particular. Mum has been finding it difficult to implement routines and feels intimidated by the child. The child has a limited diet. The child has witnessed domestic abuse in the home in the past.
- Child aged 7 with an established pattern of aggressive and challenging behaviour at home including with siblings and to self. Recently assessed for ASD and ADHD. Mum has 'done' the Nurture Parenting Programme 3 times already. Mum is regularly depressed, has other mental health issues and struggles to implement routines.

**At level 3 – 4: Multiple Family Needs including a degree of Complexity / Risk**

- Child aged 5 recently diagnosed with ASD and with very challenging behaviour. The child is already excluded from school for extremely aggressive behaviour. Dad has been violent to Mum and there is a Restraining Order in place.
- Child aged 2 has sensory issues and sleep difficulties. The home is very overcrowded. Mum also has a sensory impairment. Mum struggles to implement any boundaries in parenting this child.

The range of presenting need 'levels' has prompted a flexible response from the service, with lower level need families generally receiving an introductory visit followed group-based support and families with more complex needs receiving a more tailored one to one support package.

## 4 What are the key strengths of the CANS interventions?

The IPC evaluation found that CANS workers demonstrate **highly effective engagement skills** with families<sup>9</sup> and deliver **outcomes-focused** and well-judged plans of support often enabling more effective parenting strategies that, in turn, **maximise child potential**.

Plans frequently feature a '**positive parenting**' element including one to one support for parent(s) to implement good boundaries, routines and other positive parenting techniques such as distraction, ignoring, choices / consequences, and use of reward charts. Parents are also encouraged to reflect on some of the key triggers for problematic child behaviour and to incorporate an understanding of these triggers into their positive parenting approaches. Sometimes parent(s) are also signposted to a longer, more ASD-specific parenting course such as Early Bird or Cygnet.

The CANS worker also **connects very positively with the key child** including through 'wishes and feelings' work at home, at school or both. This work is often used to inform the parenting strategies at home. Where the child is older in age, the direct work with them can also include support to develop strategies for self-management of social situations and angry feelings.

Interventions **focus where possible on closing the gap between home and school by simultaneously engaging all key parties (including the child) in change**. Many of the children involved with CANS are being supported to remain in a mainstream school setting. In relation to other family needs, parents are appropriately signposted or guided into a wide range of services including: community activities; befriending services; domestic abuse services.

Interventions are relatively short – between 7 and 23 sessions for the one to one work with families who have multiple or complex needs, with an average of 12 sessions per family. These sessions are usually delivered over a period of between 2 and 6 months with an average of 4 months.

## 5 What has been the impact of CANS?

The available performance data for this service suggests that:

- Very high numbers of referred families (almost 100%) engage positively with CANS
- 91% of cases are closed successfully
- 97% families demonstrate an improvement on outcomes of one increment or more in relation to a distance travelled scale in use in Newport
- 100% families report an improvement in their child's behaviour
- 100% families rate the service as good or excellent
- Only 6% of cases need to be escalated to Social Care Services

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<sup>9</sup> There is almost a 100% engagement rate

IPC's more in depth qualitative evaluation<sup>10</sup> found that almost all families achieve very positive outcomes including in particular in relation to the management of and a noticeable improvement in child behaviours. In relation to families with more complex needs, CANS workers are also able to engage parents or carers in developing internal motivation to address risk factors unrelated to their child's disability, such as domestic abuse or poor mental health.

These positive outcomes at higher level needs appear to be associated with: parents being or becoming receptive to taking advice and making changes; in depth work undertaken with both the parent(s) and the child; use of evidence based approaches like visual routine charts; and signposting of the family to broader supports.

In terms of the impact on demand for Care and Support Services, there has been a **significant decline in the number and percentage of children with a disability who require a statutory (Child in Need) Plan** since this service began in around 2011-12. By 2014, the proportion of children in need with a disability in Newport was 14% compared with a 27% average across Wales.

## 6 To what extent is the CANS model cost-effective?

The CANS Team is resourced mostly from the Welsh Government Families First Grant but with core funding contributions from Newport City Council and Barnardo's.

The overall budget is £144,660 inclusive of Barnardo's senior management and overhead costs. 3.5 Family Support Workers<sup>11</sup> are employed within the team to undertake direct work with families at an approximate cost therefore of £41,331 per worker per year inclusive of senior management and overhead costs.

Approximately 103 families participate with CANS per year which means that each worker supports an average of 30 families per year (including a mix of one to one and group work)<sup>12</sup>. Therefore, the average cost of this service per family is currently £1,377<sup>13</sup>.

Although evaluation activities didn't include a full cost benefit analysis for this service, IPC estimate it to be highly cost effective as currently configured including with reference to the unit costs and the breadth of positive individual as well as whole service impacts identified.

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<sup>10</sup> Based on case file analysis

<sup>11</sup> Not qualified professionals but in practice an experienced group of practitioners

<sup>12</sup> They have caseloads of approximately 10 per worker at any given time, with case weighting to take into account other commitments, for example running Cygnet groups

<sup>13</sup> The service incurs minimal accommodation costs based as it is within the Integrated Children's Centre. This must significantly reduce the unit costs.

## 7 More papers in this series

Based on the evaluation of IFSS, IPC has also produced the following summary papers relating to NCC and Barnardo's work with vulnerable children and families:

- Evaluation of the Integrated Family Support Service in Newport – Summary Findings, May 2016
- Successful working with families in the statutory arena: an evaluation of the Newport Family Assessment and Support Service (FASS), May 2016
- The value of a Partnership Model for delivering Family Support – Summary findings from an evaluation of the Newport / Barnardo's Model, May 2016

You can download a copy of any of these papers at:

- <http://ipc.brookes.ac.uk/publications.html>; or
- [http://www.barnardos.org.uk/what\\_we\\_do.htm](http://www.barnardos.org.uk/what_we_do.htm)

