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Early Intervention and Prevention with Children and Families

Getting the Most from Team around the Family Systems

June 2012

Early Intervention and Prevention with Children and Families:

Getting the Most from Team around the Family Systems

1   Introduction

National definitions of early intervention and prevention continue to emerge and to demonstrate subtle differences of focus and emphasis, as illustrated by the two examples below:

"Intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population most at risk of developing problems"[1]

Centre for Excellence and Outcomes (2010)

"The general approaches, and the specific policies and programmes, which help to give children aged 0–3 the social and emotional bedrock they need to reach their full potential; and to those which help older children become the good parents of tomorrow"[2]

Graham Allen (2011)

In practice, the agenda for early intervention and prevention (EIP) with families includes a range of perspectives across:

- **Age groups** – Do we mean to intervene early in a child's life, or early in respect of a problem? The research suggests that, although it's best to intervene as early as possible in a child's life to prevent problems from escalating, it is important to attend to both and both can be effective.

- **Cultures and perspectives** – For example, the NHS has been delivering early intervention and prevention services for children, young people and families since its inception. Until recently, the emphasis has been on universal access to these services, with only limited targeting, although this is changing. A worker involved in delivering preventative services from a youth offending or a social care platform might start from a perspective that these services are by their nature targeted, the question being at what level?

- **Needs across a whole family** - not only those specific to the child members. In some circles, early intervention and prevention has

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[1] Centre for Excellence and Outcomes (2010) Early intervention and prevention in the context of integrated services: evidence from C4EO Narrowing the Gap reviews
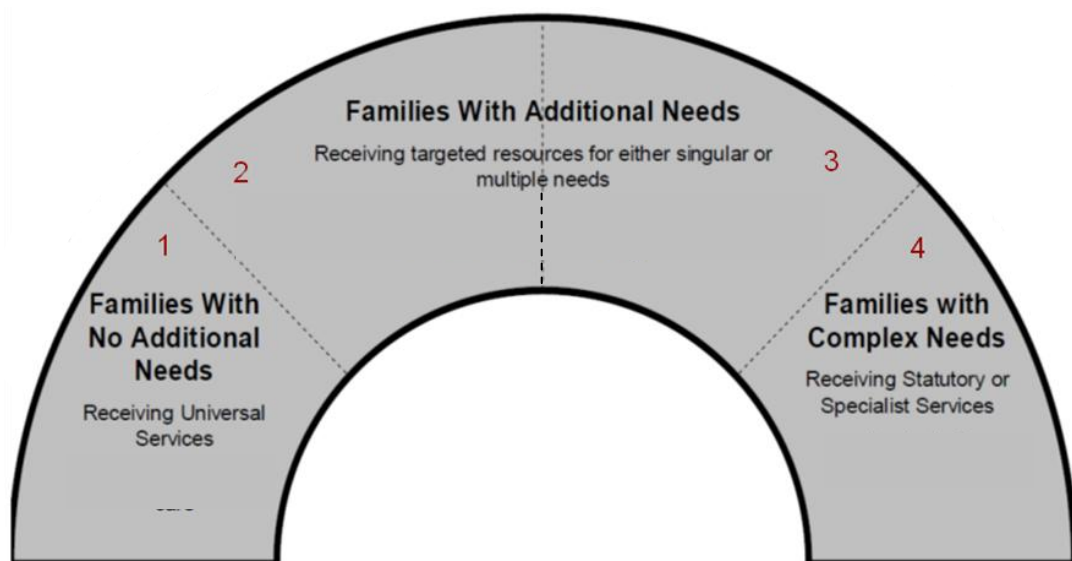[2] Allen G (2011) Early Intervention: the next steps

become a euphemism for parenting support or at the very least seeking to address parent or environmental problems that impact on effective parenting, such as substance misuse, mental health, debt and housing. We know that it is essential to address these issues in order to promote child wellbeing.

- **Themed service areas** - such as children's centre services, services for children with disabilities, youth offending services.
- **Need levels** – Early intervention and prevention theoretically encompasses the full spectrum from universal prevention programmes for all children and young people to very targeted programmes aiming to divert children from the care system or other very specialist services. Indeed, care and its attendant services can be viewed as an important preventative service, aiming as it does to prevent any future deterioration of child and adult wellbeing.

Partnerships are more interested in Tiers 2 and 3 for multi agency EIP

However, increasingly the national discourse relating to early intervention and prevention has settled around the 'middle ground' relating to children, young people and families with additional needs at levels or tiers 2 and 3 as shown on the example Windscreen model below[3]:

In recent years, significant national attention has been devoted to the more systematic identification and application of effective evidence-based services for families with additional needs[4]. Whilst recognising the importance of effective services, this briefing paper argues that having effective local systems to identify families who would benefit from additional support and to coordinate support from a range of agencies is at least as important. The paper explores why local authorities should continue to support these systems and also, critically, how to make them work as hard

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[3] We note that there are very many models of this kind – this one is just as an example
[4] For example, in the influential national report by Allen G (2011) Early Intervention: the next steps

and effectively as possible with families at tiers 2 and 3 on the diagram above.

The paper is based on the most up to date findings from research and also our 'hands on' work with a number of local partnerships at various stages of whole systems development, including:

- Those looking to design such systems afresh.
- Those looking to re-design systems in the light of new national or local challenges.
- Those looking to regenerate interest in these systems – to make them work even more effectively.

Both effective Services and Systems are required to intervene effectively

We anticipate that it is likely to be of relevance and interest to both local commissioners and local service managers, including in particular those based in local authorities but also in other key public service organisations.

2   National Context

Early intervention and prevention with children, young people and families has long been a concern of local authorities and continues to be a key area of statutory responsibility, albeit shared with partners[5].

Of particular relevance currently appear to be the following national drivers:

- Cuts affecting most public services.
- A reduction in ring-fenced funding from the centre and an increased emphasis on local determination of priorities and spend (localism).
- Delegation of budgets for some early intervention and prevention provision 'away from' the local authority, for example to schools.
- Reorganisation of health services including new arrangements for public health and for commissioning community health services (by Clinical Commissioning Groups).
- Local government reorganisation.
- An increased emphasis on councils arranging and brokering (rather than delivering) services.
- Increased demand for children in care services.
- Reduction in national infrastructure support, for example from the Children's Workforce Development Council (CWDC).

This agenda brings with it a number of opportunities but also risks that can be summarised as follows:

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[5] In particular, the responsibility to safeguard and promote the welfare of children - Children Act 2004 Part II s11

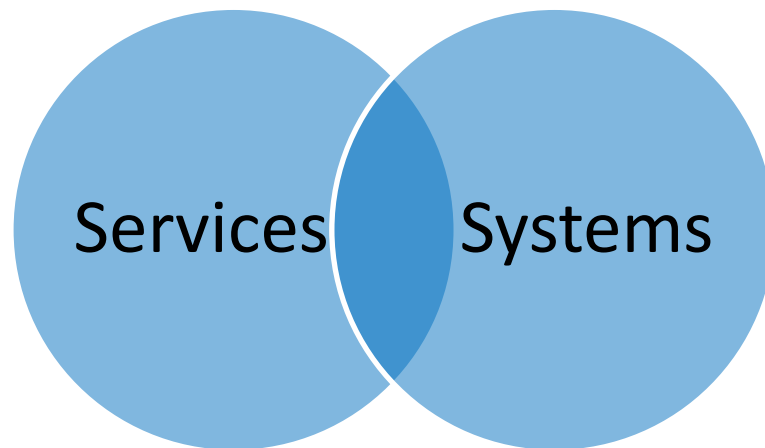| Opportunities	Risks
More local choice about priorities and spend	Less money and national direction overall, and competition for EIP for families with other public service areas
More opportunities for the right provider to deliver services	Service fragmentation or failure
Some additional growth money e.g. via the Troubled Families Programme; and some steady building blocks e.g. children's centre services	Pressure to address 'higher end' needs in the short to medium term and a risk of partners taking their eye off the ball in relation to earlier intervention and prevention
New opportunities to shape the direction of public health services as well as other community health services.	Uncertainty about future budgets and arrangements for commissioning by partners may engender a 'hiatus' in attention to the EIP agenda for families.

Councils need to demonstrate leadership and to facilitate the market

In this context, we believe that it will be important for local authorities to consider in particular:

■ How to provide good leadership for the early intervention and prevention agenda[6], even in circumstances where there are significantly reduced opportunities for shaping and delivering actual services.
■ How to facilitate the market and provide cost effective support for other agencies and services to effectively identify and wrap support around families, even where the local authority is not involved in actual service delivery.

At both tiers 2 and 3 of need, the national research gives a clear direction to commissioners and managers of early intervention and prevention for families to pay attention to **both** effective services **and** effective multi-agency systems, such as Team around the Child or Team around the Family.

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[6] Statutory Guidance on the Roles and Responsibilities of the Director of Children's Services and the Lead Member for Children's Services includes reference to their important leadership roles in relation to early intervention and prevention with children and families.

In practice, these services and systems are overlapping in nature and are referred to variously as:

- **Common Assessment Framework (CAF)** – a nationally promoted means of supporting a range of practitioners to identify children and families with additional needs, to understand the whole family strengths and needs, and to wrap support around them. Note Common Assessment is just one element of the whole Framework.

- **Team around the Child (TAC) –** a phrase describing the coming together of a small team of people, including family and community members as well as practitioners, for a period of time to address family issues and support the family to achieve progress in relation to a change plan. Often CAF/TAC or even Team around the Child has been used to describe this whole system.

- **Team around the Family (TAF) –** Akin to both of the above, but where there is even greater focus on support for the whole family in order to benefit the child or young person.

3   The Value of Systems

Why are we asking the question now?

In spite of the available research evidence strongly indicating their value[7], some local areas and commissioners have begun to question whether it is worth developing or continuing to support Team around the Child / Family systems locally. It is likely that a number of factors are at play here including:

- The previous UK Government tightly specifying a national approach in England, but the Coalition Government so far leaving local authorities to make their own judgements.

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[7] Local Authority Research Consortium (2011) Early Intervention, using the CAF process, and its cost effectiveness; Local Authority Research Consortium (2012) Supporting Families with Complex Needs: Findings from LARC 4; Centre for Excellence and Outcomes (2010) Early intervention and prevention in the context of integrated services: evidence from C4EO Narrowing the Gap reviews

- Poor early implementation of the model in some areas, before we knew much about how best to design and manage these systems.
- Poor take up of some systems, usually resulting from insufficient attention to design, lack of agency consensus about the need for them, or a paucity of information about or marketing of them locally.
- Lack of evidence about the impact of some local systems, confusion about the levels at which they should operate, and a reliance on anecdotal information about their impact over time.

What is the particular value added?

TAC/TAF systems are leading to better outcomes for children and young people

We know that Team around the Child / Family and other similar systems are leading to better outcomes for vulnerable children and families, particularly where these arrangements are combined with access for families to tailored evidence-based interventions[8].

However, clearly not all early interventions or preventative work with children and families will need to be triggered and delivered via these systems. The research seems to suggest that the particular 'added value' for some families (usually where the needs are more complex and certainly greater than a single agency can meet) includes:

- An opportunity to assess the 'whole family' including their strengths and needs – and to use that information to develop an appropriate multi-agency support plan with the family.
- An ability of these systems to 'get beyond' and to be more robust than mere signposting or more traditional service coordination methods available to agencies or practitioners acting alone.
- Linked with the above, being able to harness additional resources in a timely way, in particular those that are less accessible to children's service practitioners, such as housing, debt advice, adult mental health or substance misuse services.
- Ensuring that a lead professional or key worker is allocated and supported to work with a family to generate their engagement in change, and coordinate services. Families greatly value lead professionals / key workers, and there is evidence of better relationships for families with a range of services, higher morale, and less isolation where key workers are involved[9].
- Enabling work with families to be planned, supported and reviewed in a more holistic and 'gripping' way.

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[8] Ibid
[9] Local Authority Research Consortium (2010) Integrated Children's Services and the CAF Process

TAC/TAF is cost effective for early intervention and for families on the brink of care proceedings

Are these systems cost effective?

In 2011, a relatively conservative estimate of savings between £5,000 and £150,000 per child or family was reported by the Local Authority Research Consortium (LARC) on the basis of an outlay of between £3,000 and £8,000 per family depending on need levels. Drawing on more in-depth analyses, the 2012 LARC report revises the upper limits of financial savings from these arrangements to around £450,000 per family where the needs are more complex.

Do the systems work equally well for all tiers of need?

The 2012 LARC report also reminds us that, whilst Team around the Child/Family arrangements are better known for supporting work with families who have emerging additional needs (early intervention), they also have a significant contribution to make with the most troubled families including those on the edge of care proceedings.

The authors of the 2012 LARC report conclude that, in order for the benefits at all tiers of need to be maximised, there needs to be greater awareness-raising about these with practitioners, in particular those based in Health and Education settings. Finally, the researchers suggest that, although it is almost invariably helpful to involve Children's Social Care Services in cases that sit just below the threshold for statutory intervention, this involvement should often be 'behind the scenes' rather than direct – for example by giving specialist advice to other family support workers delivering interventions with the family[10].

The question is perhaps then not so much whether to commission or support Team around the Family-style systems, but how best to do so, including how best to deploy local resources efficiently?

Therefore, the following sections of this paper explore how local commissioners and managers can most cost effectively:

- analyse their existing arrangements;
- re-design these to work more effectively; and
- implement and review them over time.

4   Analysing Your Existing Systems

Ideally, an analysis of existing systems (for identifying children and families with additional needs and wrapping support around them) should be undertaken within the context of a broader review of early intervention provision, or at least in parallel.

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[10] This finding chimes with a recommendation from the Munro Review (Interim Report February 2011) that there is a need for social work expertise to be available to workers in more universal settings, for example to discuss concerns before a formal referral is made.
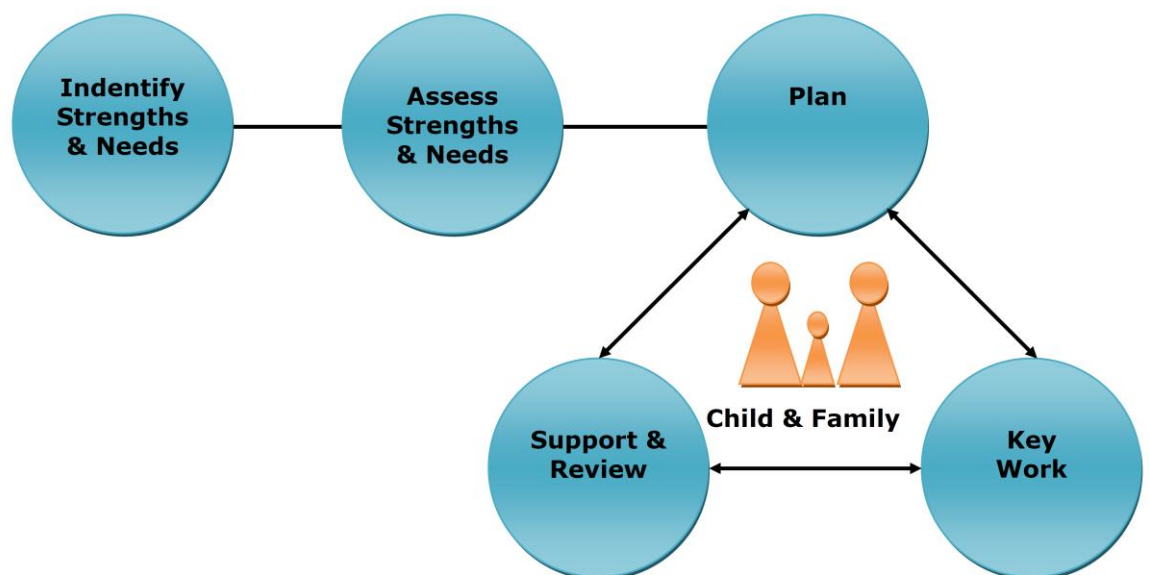
An effective analysis should include a comparison of existing local systems or arrangements with available research and best practice findings. The analysis should also draw in the views of stakeholders, including practitioners and family members.

Current research indicates that the following are key characteristics of effective (including cost effective[11]) systems and that, in order to have most impact, <u>all</u> of them should be applied in practice:

- Common or similar 'Whole Family' assessment of strengths and needs
- Lead professional or key worker arrangements
- Team around the Child or Family meetings (and evidence based interventions wrapped around the family as a result)
- Action planning and regular reviews of progress for families

A diagrammatic representation of a typical Team around the Family pathway is outlined below.

Research doesn't yet have all the answers

However, we are only just beginning to understand a number of other features of successful systems that aren't yet included in the research-generated 'list of essentials', for example: how to identify families effectively, how to deploy key workers effectively, how to draw in adult-focused services to support families, how best to constitute and use multi-disciplinary panels particularly in providing a forum for multi-disciplinary case discussion?

Based on the available research and our recent work with a number of local partnerships, IPC has produced a self assessment tool[12] to support

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[11] Local Authority Research Consortium (2011) Early Intervention, using the CAF process, and its cost effectiveness

planners and commissioners in undertaking an analysis of existing arrangements including attention to the above. The tool incorporates a set of 10 key standards and prompts for local partnerships to use in analysing the effectiveness of their existing arrangements. It is intended also to be developmental, in other words to prompt partnerships to think about what they might need to do to either develop or further hone their local arrangements as a result.

The 10 standards are:

1.	**Our local partnership is clear about the focus and vision for Team Around the Family including the kinds of families who would benefit from these arrangements.**
2.	We effectively identify children and young people with additional needs who are likely to benefit from a Team Around the Family Assessment and intervention.
3.	We engage effectively with families including those who are harder to reach, in order to support their involvement in and benefit from Team Around the Family.
4.	Our Team Around the Family assessments holistically explore and effectively identify both the nature and the level of family strengths and needs.
5.	For children, young people and families who are assessed as needing Team Around the Family we develop outcomes-focused plans for time-limited intervention that are owned by the families themselves.
6.	We appoint and support Lead Professionals / Key Workers who are able to: engage effectively with families; provide a single point of contact for families and practitioners; ensure that interventions are delivered to the plan; and reduce overlaps in service provision.
7.	Organisations and practitioners contribute effectively to Team Around the Family arrangements and work together to support and challenge individual families in order to improve outcomes.
8.	Our Team Around the Family Plans for individual families are regularly monitored and reviewed.
9.	Our Team Around the Family arrangements support children and their families to make sustainable improvements to their lives and to reduce the need for more specialist 'remedial' services.
10.	We measure the distance travelled for families engaged in Team Around the Family over time, and use the information to inform future service development.

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[12] The tool is available on line at http://ipc.brookes.ac.uk/publications/index.php

Undertaking this kind of assessment and subsequent analysis of the findings should enable a local partnership led by the local authority to jointly consider and agree areas for further development in terms of system design and delivery.

5   Designing the System

Design activities usually include a combination of:

- drafting of documents and tools (for example: TAF Guidance; Assessment, Planning and Review Tools; Panel Guidance, Step Up / Down Guidance; Implementation Plan); and
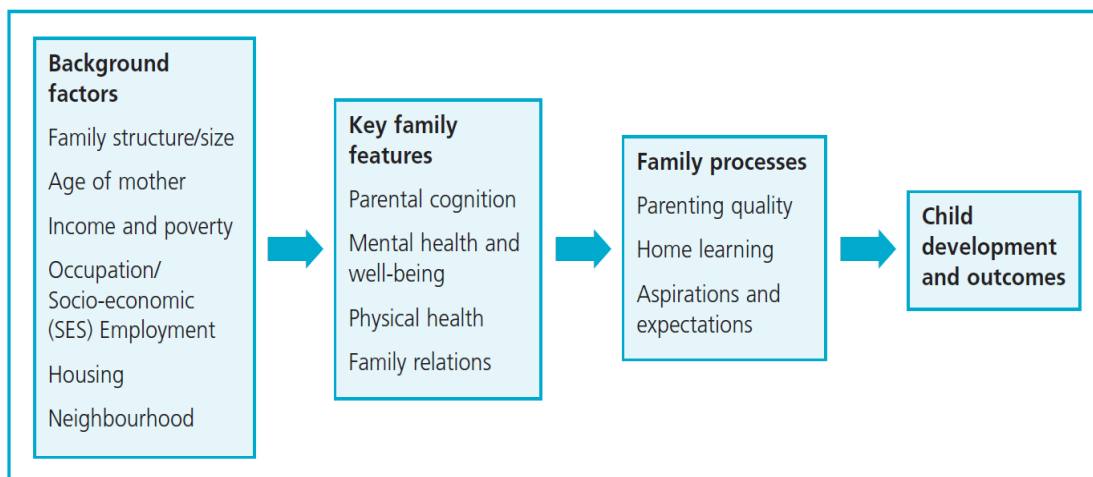- consultation with stakeholders about the plans and building consensus for change.

In designing (or re-designing) the system, the following questions are usually worth addressing in particular:

1. Team around the Child, or Team around the Family?
2. To what extent should arrangements promote family involvement or empowerment?
3. What kinds of lead professional or key worker arrangements are appropriate?
4. Should a multi-agency Team around The Family Panel be an integral part of arrangements? What should be the panel focus? How many multi-agency panels are needed locally?

5.1   Team Around the Child or Team Around the Family?

We know that parent / carer and wider environmental factors may be equally if not more significant contributors to child outcomes than characteristics of the child or young person themselves. This is illustrated in the diagram below[13]:

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[13] The diagram is embedded within the Welsh Government 'Families First' Guidance 2011

The kinds of carer or environmental factors that seem to contribute in particular to worse parenting and worse child outcomes are:

- Parent mental health problems
- Parent drug or alcohol misuse
- Family offending or anti-social behaviour
- Domestic violence
- Poor housing
- Family debt

Team around the Family is preferable to Team around the Child

The recent research, perhaps unsurprisingly then, suggests that Team around the Child arrangements don't go far enough – an approach more akin to Team around the Family (albeit with a focus on child or young person wellbeing) is actually required to deal with the wider problems faced by family members and to maximise impact on child outcomes[14].

Many local Common Assessment Framework / Team around the Child arrangements do in fact identify whole family strengths and needs and really do wrap support around the whole family to address the kinds of issues we list above. In some cases, they can already make inroads into the whole family problems holding children back. However, in order to ensure a higher profile for these arrangements and better quality and consistency of implementation of a whole family approach in practice, it may be worth considering the following:

Publicly describing the arrangements as 'Team around the Family' – This signals the approach to practitioners, organisations and family members. It gives the right message from the start. One area has recently described its vision for these arrangements as:

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[14] Kendall et al (2010) The use of whole family assessment to identify the needs of families with multiple problems. Department for Education

> "Team around the Family for the benefit of the child – working together with families to overcome challenges and enable children to reach their full potential"

Promoting whole-family assessment – Whilst Common Assessment was a useful starting point, usage in a number of areas has revealed its limitations in identifying and understanding family strengths and issues, particularly with regard to the areas indicated above. Recent national reports have explored approaches to whole family assessment, particularly for families with multiple problems[15]. IPC has been at the forefront of developing whole family assessment tools for use at Tiers 2 and 3. These need to be developed as part of a complementary suite also including planning and review tools that are capable of identifying baseline levels of family need and measuring their distance travelled over time. IPC has also developed support materials to assist families and practitioners involved in assessment, for example: guidance for practitioners in determining or scoring levels of need, and questionnaires for use with family members to help open up the conversation about family strengths and needs.

The unusual suspects are central to true Team around the Family Systems

Involving the 'unusual suspects' in arrangements – At the design stage, it will be important to involve services and practitioners who are likely to make a useful contribution to families referred to Team around the Family arrangements. This involvement activity should include the 'usual suspects', for example services that are already child and family – focused, but should also aim to draw in services and managers able to commit other kinds of services that can impact on broader family and environment factors, such as Housing, Debt Advice, Adult Mental Health, Substance Misuse, Domestic Violence.

Design issues are likely to include: who should contribute to the Panel – are housing, domestic violence, substance misuse and mental health services represented? How will positive agency responses to requests for participation or resources be secured in practice (for example through protocols in relation to Team around the Family cases or integrated assessment and delivery teams)?

5.2 To what extent should arrangements promote family involvement or empowerment?

The research seems to show that systems which seek proactively to involve children / young people and their carer(s) in as many aspects of Team around the Family as possible are far more effective than those that 'administer to' families. Some local areas, such as Swindon, have pushed this concept to its limits, for example by encouraging families to name their Team around the Family members[16], this compared with many other local

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[15] Kendall et al (2010) The use of whole family assessment to identify the needs of families with multiple problems. Department for Education
[16] As part of the 'Life Programme' in Swindon

systems that rely on lead professionals making suggestions and asking families if they agree or disagree.

We don't know enough yet about what degree of participation is appropriate to which parts of a Team around the Family pathway. However, it is certainly worth considering what features might be built into each stage in order to facilitate family engagement and participation.

Examples include:

- Encouragement and pro-active support for practitioners to engage positively with families and to involve them pro-actively in assessment and change.
- Designing assessment, planning and review materials to enable families to be as involved as possible, to build family ownership of the change process, and to build on family strengths.
- Designing supplementary tools to support families to share information about their strengths and needs.
- Developing marketing information about Team around the Family for use widely with families and practitioners, emphasising the positives – for example well designed leaflets, or on line information.

5.3   What kinds of Lead Professional or Key Worker arrangements are appropriate?

Key workers are key to successful systems

Key workers or lead professionals (hereafter key workers) are integral and some might argue critical to the success of these systems of support, yet in need of further clarification and debate nationally.

Research and national guidance have emphasised that this is not necessarily a job title or even a role but a set of critical functions:

- generating engagement;
- acting as a single point of contact for families;
- ensuring that interventions are delivered; and
- reducing service overlaps.

Just four functions, but delivering them in practice is likely to involve a much more extensive spectrum of activities and attributes, in particular:

- Building trust with the family and empowering them to make change(s)
- Demonstrating honesty and transparency with the family
- Collaborating with other practitioners
- Understanding and applying risk and protective factors and knowing what to do if there are safeguarding concerns

- Communicating effectively with the family and other members of the team
- Knowing about and understanding how local services can be accessed
- Convening and facilitating TAF meetings that generate useful contributions from families as well as practitioners
- Requesting and sharing information appropriately
- Appropriately challenging families to change

Dedicated key worker roles or 'everybody's business'?

An important design question for many areas will be whether key working should be 'everybody's business' or whether to commission some dedicated key worker resource, in particular to work more intensively with families with complex needs. Interventions with these families are likely to be more effective where they receive intensive support from assertive, persistent key workers with relatively low case loads.

The answers to these questions will inevitably depend on local circumstances, including the nature and effectiveness of any existing systems and the extent of key working embedded within early intervention and prevention services. It will usually be worthwhile both working through the pro's and con's of all of the options in detail and also going on to actively mitigate the potential risks or disadvantages of the chosen option.

For example, in one local area, we rehearsed the basic pros and cons of commissioning a dedicated key worker service to complement Team around the Family arrangements as follows:

Dedicated Key Workers - Potential Benefits	Dedicated Key Workers - Potential Draw Backs
■ Anecdotal evidence from local authorities that have commissioned these services is that they are highly valued, although the role needs to be specified well and monitored carefully	■ Anecdotal evidence from local areas that have commissioned these services is that as a result other professionals have a greater tendency to 'step back' and disengage from the whole system, including by being unwilling to take on key worker roles for example for Tier 2 cases
■ If specified well, can get dedicated key workers to contribute to other aspects of the whole system e.g. coordinate TAF Panels; facilitate training / mentoring for others; undertake direct work with families; undertake	■ There may not be the right resources readily available in the local market – effectively a skills gap. ■ The dedicated service may duplicate existing resources, e.g. key workers already within or planned for a local FIP or MST

Dedicated Key Workers - Potential Benefits	Dedicated Key Workers - Potential Draw Backs
assessments for complex needs	service
■ Gives flexibility to deploy more intensive key worker interventions for Tier 3 families (that wouldn't necessarily be feasible for most community-based practitioners)	■ May mean families aren't as involved in 'choosing' their key worker as they might (they almost always wouldn't know a dedicated key worker)

Selecting one of these options wasn't the end of the story. In this local area, where the choice was for key work to be essentially 'everybody's business', the partnership still needed to mitigate the potential barriers to success of this model over time, including by:

■ commissioning really good quality support for key workers;

■ ensuring that the take up and delivery of the role is promoted by all contributing organisations for example through system champions in each agency and effective supervision; and

■ monitoring carefully the extent to which the key worker model is effective at Tier 3 over an initial implementation period.

5.4   Should a Multi Agency Team around the Family Panel be an integral part of arrangements?

Multi Agency Panels are useful in practice

Whilst not specified in the research as an essential feature of effective Team around the Child / Family systems, in practice multi-agency panels often have a useful role to play in supporting the whole system and local authorities are often in a position to lead on the development of them, as indeed the whole system itself.

The primary role of a Team around the Family Panel is usually to provide a forum for regular multi-agency discussion about how best to support local families with additional needs. The Panel can also more specifically:

■ Enhance the family assessment process – by contributing additional information, and helping to tease out family strengths, needs and risks.

■ Aid the development of effective family support plans.

■ Commit resources, including panel member resources and, where available, flexible panel budgets for use with individual families, for example:

- To fund travel to and from services that are an essential part of a TAF family plan.
- To fund child attendance at activities for a period of time.
- To enable essential house repairs to be undertaken quickly.

Research shows that this kind of attention to overcoming practical difficulties for families can be instrumental in securing engagement in wider (including parenting – focused) interventions and plans.

- Consider and advise on threshold issues. In practice, these are likely to include 'step down' cases from specialist such as social care services or families on the brink of statutory intervention who may require a 'step up'.

Another secondary objective is usually to contribute periodically to the overall quality assurance of Team around the Family arrangements locally, including the analysis of information to inform future commissioning of early intervention and prevention services.

Basic questions about membership, the timing of meetings, the responsibilities of members including the chair, and information sharing protocols will need to be ironed out. Other more complex design questions are likely to include:

What should be the panel focus?
Panels have often focused on multi-disciplinary early intervention and prevention with families at both tiers 2 and 3 where the needs of the family are greater than one or two agencies can handle. However, in some areas, local demand for Team around the Family has led partnerships to re-consider the focus and to restrict panel discussions to more complex cases located at tier 3 for example. In these circumstances, it will be important to specify how the lower tier cases still requiring a Team around the Family approach will be handled and supported, for example by a local coordinator. Detailed consideration not only of the focus for a Panel and its operation, but also expectations about the kinds of solutions likely to be useful for families at different levels of need is likely to be important.

Intervening effectively at Tiers 2 and 3 – what are the similarities?
- Access to Team around the Family or similar systems
- Effective engagement of families
- Key worker / lead professional involvement
- Whole family approaches and solutions
- Building on family strengths
- Focus on improvements in parenting
- Evidence-based interventions and fidelity to the model for intervention

> **Intervening effectively at Tier 3 – what's different?**
> - More intensive interventions (but still access to a broader base of support from a range of services including universally available provision)
> - Longer period of intervention usually required (the research suggests that 12-18 months for an intensive phase may be realistic)
> - Assertive, persistent key workers with lower case loads

How many panels do we need locally?

Whatever the focus for a Team around the Family Panel, there is likely to be an overlap with other in particular multi-agency panels locally, for example: Edge of Care Panels at tier 3/4; or Youth Inclusion and Support Panels (YISPs) aiming to prevent offending and anti-social behaviour at tier 2/3.

A Team around the Family may well be the obvious focus for all early intervention and prevention case discussion in the future but in the shorter term, attention often needs to be paid to the dangers of creating yet another layer of bureaucracy and overlap. Creative local solutions are likely to be required and a mapping / audit exercise may well help to establish opportunities for panel amalgamation or improved coordination.

6　　　　Implementing and Supporting Sustainable Systems

Although it will be important to implement specific changes in relation to newly designed or refreshed systems carefully, experience shows that systems implementation is likely to require some ongoing attention. We would argue, based on the available research, that this is an essential and cost effective part of the local authority's leadership and market facilitation role in relation to early intervention and prevention, and where the local authority can have a considerable impact, even where it no longer delivers or commissions many actual services.

Embedding new systems involves change

As with every change management task, it will be important to pay attention to both:

- **Processes** - for example in this case, developing the systems, appointing key players such as the TAF Coordinator, developing training and supporting documentation; and
- **People** – making sure that key stakeholders understand the rationale for change (even if they aren't initially signed up to it), realising the change, and making sure that it becomes 'business as usual' thereafter.

Implementation activities should specifically address potential barriers to effective embedding of this kind of system, including those we know about from the available research such as:

- Lack of shared accountability and commitment across agencies
- Lack of clarity about and confidence in the process
- Workforce ill-prepared for change
- Insufficient systems support, for example to handle queries or paperwork
- Lack of confidence in information sharing locally
- Perceived lack of capacity / worry about undertaking an assessment for fear of always assuming the Lead Professional role as a result
- Can challenge traditional roles (e.g. People move from 'reporters or detectors' of problems to 'the main players' in facilitating families to find resolutions to their problems)
- Absence of continuing training to acquire new skills

Therefore, likely key areas for initial and ongoing attention are:

Workforce Development
In order for systems to have the desired effect, workers, including in particular those in regular contact with children, young people and families need to understand when and how to use them, and how to participate effectively, for example through co-producing good quality whole family assessments or acting as a key worker.

A range of workforce development activity is likely to be required

Local areas implementing new or revised arrangements are likely to need a burst of training and development activity often combining:

- A sharing of information about the new system in a range of ways and with a wide range of stakeholders, for example: briefings for senior managers, team leaders and practitioners in different agencies; launch events. It will be important to pay attention to involving the 'unusual suspects', for example colleagues from adults and corporate departments.
- For practitioners more likely to be involved in the systems, more in-depth training on the new arrangements and how to initiate them, combined with skills development in key areas for example: whole family assessment, engaging with and motivating families to change (using specific techniques such as motivational interview); and the 'how to' of effective key working.
- Training for managers – including an introduction to the whole system and its implications, and how best to supervise staff in relation to their involvement in these arrangements.

IPC has supported the development of training plans and training materials in relation to all of the above activities.

Beyond the introduction of new systems, helpful ongoing skills development activities can include for example:

■ Shadowing opportunities for (new) key workers

■ Regular opportunities for practitioners who take on key worker functions to attend a forum supporting good practice and including opportunities to share experiences and occasional training opportunities. IPC has recently interviewed a cohort of key workers in one local area, the aim of which was to explore skills gaps and areas for ongoing training and development. These included in particular: how to facilitate effective Team around the Family meetings; and how to effectively challenge highly resistant families to change.

■ Bespoke workshops for groups of practitioners who seem to be struggling either to either understand or use the system. In every area, are likely to be one or more of these groups that emerge during early implementation stages. Combining research messages with local information including 'case studies' of families who have accessed Team around the Family arrangements to date can be very powerful in motivating sceptical practitioners to 'come on board'.

These activities need not be resource intensive. Ways of minimising the costs include: offering discounted training places to organisations where skills development is likely to be broadly helpful in other aspects of practitioners' work; train the trainer approaches; jointly commissioning training across local areas; specifying the need for skill sets and even training for practitioners within key contracts; information for providers about value and costs of specific forms of desirable training; marketing in house expertise to sell on to other organisations including other local authority areas.

System Minders

Systems need system minders

Research indicates that 'system minder' roles are usually significant factors in the successful implementation of systems such as Team around the Family[17].

In areas where we have undertaken development work recently, there has been a growing recognition that in fact various types of system minder are likely to be required over time, including:

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[17] Glenny G and Roaf C (2008) Multiprofessional Communication: Making systems work for Children

- A 'hands on' coordinator with responsibility for Team around the Family in a given geographical patch. This is not an administrative role. In practice, these individuals can often usefully be deployed in: generating interest in the arrangements locally and specifically with agencies finding it difficult to engage; facilitating Panel meetings; responding to enquiries and advising practitioners; undertaking triage activities where Panels deal only with higher tier cases; providing a point of contact for step down cases from specialist services.
- A more senior manager or commissioner with responsibility for providing leadership and overseeing the system more generally, and for reporting to single and multi-agency steering groups about progress.
- 'Champions' in each key agency.

Although having a TAF coordinator is likely to require some resourcing over time, the roles can be combined with others including for example: contributing to workforce development activities; undertaking case work as a key worker; supervising key workers more broadly; producing performance reports in relation to the whole system; contributing to the effective commissioning of early intervention and prevention services.

Communications

Change requires effective comms

Effective communications are an essential part of any implementation programme and a given for market facilitation. The aims of a communications plan might include for example:

- To support the introduction and embedding of Team around the Family arrangements overall.
- To ensure that the full range of stakeholders receive appropriate, well-designed and ongoing information about the change programme in a range of formats. The communications need to continue well into the implementation of Team around the Family – particularly flagging key milestones and successes, in order to sustain stakeholder interest and ownership in the approach.
- To address the specific communication needs of some 'key' stakeholders (those who could make a real difference to the change happening or not) in a tailored and pro-active fashion. Key stakeholders might, for example, include health visitors and school nurses, or adult health in particular mental health services[18].

It is worth first mapping who the stakeholders are, and what is their significance / level of influence, before working up a communications plan that outlines and tailors activities accordingly.

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[18] LARC 4 (2012) recommends that these professionals should be drawn into arrangements for identifying and wrapping support around children and families with additional needs and supported to contribute more pro-actively.

However, whatever the local picture, experience shows that ongoing information bulletins and briefings are likely to be required for stakeholders at all levels within organisations – including in particular a combination of overall performance information and case studies highlighting what the impact has been for individual families.

Panel Development

Where a new panel comes together, it is usually helpful to facilitate a one off or series of Panel Development Days with prospective members aiming to:

- Promote the whole system and the Panel's role
- Refine and agree aspects of the Panel's functioning
- Undertake 'dry run' activities to test the case discussion element

Even where Panels are well positioned and have a clear remit, it is likely that they will require some degree of support and attention over time. A recent IPC review of the contribution of a CAF/TAC Panel to overall Team around the Child arrangements in one area revealed the following areas for future development and improvement:

Panels also need to develop and improve over time

- How multi-agency case discussion is facilitated (to ensure effective consideration of each case).
- Panel membership and agency commitment to attendance.
- The role of Panel members, with particular reference to their being able to commit resources in practice.
- How the Panel will be serviced (for example with the right information or with flexible budgets) and the overall system 'minded' in a cost effective way.
- How practitioners or family members may be supported to attend and participate.
- How the information generated by individual case consideration can be used to inform ongoing improvements in the system and the commissioning of services and interventions.

Some suggestions about all of the above are contained in a recently developed generic Panel Guide that can be found on the publications page of the IPC website.

7   Reviewing Systems and their Impact

Regular review of Team around the Family – style systems is essential to demonstrate their impact over time to a range of audiences and to drive continual improvements.

Review criteria should be based on the programme objectives and also refer to the wider research relating to the quality of these systems.

Ideally, an evaluation framework and review tools should be designed carefully at an early stage and include:

- What are the objectives (of the whole system and individual elements of the pathway)?
- What should be the measures or indicators of success for each?
- What information needs to be collected in relation to these measures, and how?

Measuring the distance travelled for families accessing TAF systems is critical

It is likely that programme objectives and measures will include reference to:

- **Inputs** - how much resource is required to achieve the programme objectives
- **Activities** e.g. nature of assessments, key working, panel interventions etc
- **Outputs** e.g. number of assessments, TAF cases, cases completed, panel meetings - and the quality of these
- **'Intermediate' outcomes/impacts** e.g. distance travelled over the intervention period, satisfaction of families, cost effectiveness of interventions
- **Longer term outcomes/impacts -** whether progress sustained over time, cost effectiveness over time

However, focus will be needed, in particular, on intermediate outcomes and impacts. Therefore, an important contributor of any review of Team around the Family arrangements will be tools for measuring **Distance Travelled**.

Choices for measuring distance travelled include:

- Measuring the distance travelled, or progress in relation to specific family support plans (have the specified objectives been met or partially met?) The key advantage here is the link between review activity and specified objectives for the family. The disadvantage is that measuring distance travelled only in relation to objectives in a plan may 'miss' some other unexpected areas of progress or emerging additional problems.

- ■ Measuring the distance travelled in relation to all domains of family need. This is on the face of it more complicated and time consuming. However, with the right tools, this activity can produce a much more holistic review of family progress over time.

We would suggest that ideally both are undertaken and that consideration is given to how to do this in the most efficient way. Attention will need to be given to both paper and IT systems. Examples include:

- ■ **Outcomes Star** – enables progress to be recorded against 'target' areas for improvement in particular[19].
- ■ **Holistic distance travelled tools** measuring impact for all CAF or similar domains, for example those designed in Bristol, Norfolk, Richmond and Rhondda Cynon Taf.

Key issues to address when developing distance travelled tools include:
- ■ Who will score or evaluate progress (family members, lead professional / key worker, Team around the Family, all?)
- ■ How to support effective 'scoring' of baseline needs and progress consistently using assessment, planning and review tools – prompts for practitioners are likely to be useful and have been developed in areas such as Bristol and Rhondda Cynon Taf.
- ■ Given the number of domains of need, how to facilitate speedy analyses of progress including by generating standard and bespoke reports – electronic systems can help significantly here.

Complementary systems for recording family progress should be encouraged or required from key providers likely to deliver important aspects of a Team around the Family support plan. Families can also be encouraged to complete questionnaires at the end of Team around the Family episodes to give more subjective feedback not only about progress but also about their experience of elements of the pathway.

Where new systems are being implemented, extra attention may need to be given to reviewing particular aspects of the system or support for the system, such as new training programmes or panel activity.

Performance Reporting

It will be important to decide who should collect and initially analyse information about the functioning and performance of the whole system. Ways of presenting information should also be agreed in general terms, for example using a Results Based Accountability (RBA) format outlined below[20]:

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[19] Source: www.outcomesstar.org.uk
[20] Results Based Accountability (RBA) developed from 'Trying Hard is not Good Enough' by Mark Friedman (2005).

	Quantity	Quality
Effort	How much did we do?	How well did we do it?
Effect	Is anyone better off?	
	#	%

Of course, reporting is just the beginning. In order for this activity to be useful, it needs to be capable of leading to change. The factors that seem to support the successful addressing of review information and evaluation are:

- Having an agreed performance management framework and effective governance arrangements.
- Joint, regular and transparent reviews of performance (discussion at the right levels).
- A commitment to sharing the learning from performance reviews and to agreeing appropriate actions.

Don't just produce review information, ensure it works hard for you

In practice, skilful facilitation of group discussions will be required to analyse the data and to get at 'the story behind' the information and what needs to change as a result. IPC uses a methodology promoted by the Institute for Cultural Affairs (ICA) that prompts chairs or group facilitators to ask questions designed to encourage those participating in meetings of this nature to consider:

ORID Method for Group Facilitation

Objective messages – What do you hear? What do you notice? What stands out?

Reflective messages – How does this feel? What are your instinctive reactions?

Interpretive messages – What does this information mean? How can we make sense of the information? What's the story behind the data?

Decisional messages – What do we need to do (jointly) to make improvements or to maximise impact / cost effectiveness?

8   Conclusion

Can TAF systems work for other groups of vulnerable people?

This report considers the strong evidence in favour of local authorities in the United Kingdom continuing to provide active leadership for and to support Team around the Family style systems in their areas, and also the 'how to' of implementing and embedding them cost effectively over time.

The arrangements could work equally well for other groups of vulnerable people, particularly where resources for early intervention are tight, for example for:

- **Young people in transition from children's to adults' services**, which can often be problematic and traumatic. In many cases, young people who have received sometimes substantial local authority services (such as residential or respite care) will need as adults to mange on reduced funding and to 'draw in' support from other agencies.
- **Vulnerable adults, for example older people or people with disabilities.** The potential of the Team around the Family model to draw in not only professional but also wider including community support to enable individuals to live safely at home has already been successfully explored in children's services. There seems no reason in theory at least why the same approach shouldn't work well for vulnerable adults, including those who meet the threshold criteria for social care support as well as those just below this threshold. It is likely also to complement a personalised approach to delivery.

We note that the Department for Health has already undertaken some exploratory activity in this area, including by supporting a Common Assessment Framework (CAF) for Adults Demonstrator Programme and consulting on draft proposals specifically to improve information sharing around multi-disciplinary assessment and care planning through CAF-style arrangements[21]. In Wales, the Government is exploring ways in which integrated assessment processes for social care services can support a more seamless, holistic and equitable response for young people, adults and families in need[22].

In fact, Team around the Family offers this and much more, in particular as a mechanism for coordinating actual support for people needing support to live well in the community. Therefore, we would suggest that all of the potential from Team around the Family to make cost savings and to improve outcomes should be explored without delay for vulnerable adults and young people in transition across the United Kingdom.

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[21] More information is available on the 'NHS – Connecting for Health' website (part of the Department of Health) http://www.connectingforhealth.nhs.uk/
[22] This as part of the Social Services Bill (2012)