

Integrated Local Children's Services – Still a Key Agenda?

Summary

This short paper is a personal view of Professor Keith Moultrie. It based on the work of the Institute of Public Care (IPC) at Oxford Brookes University over the last 15 years. IPC works with health, social care and education agencies across England, Wales and Scotland. Its purpose is to encourage well-led, evidence based public care through applied research, consultancy and management development. The paper argues that in the midst of the current policy and economic challenges, schools and their partners need to continue to think widely about their joint role in supporting vulnerable children. Together they must continue to build better support to prevent vulnerable families from developing complex problems (prevention services), as well as ensure that those families who have the most complex problems get sufficiently intensive support (intervention services) to be really helped.

1 Context

We are getting clearer about this government's policy agenda and its implications for children's services. Schools will continue to be given greater autonomy and responsibility. Local authorities will play a much more limited role in supporting schools. The voluntary sector will be encouraged to play a greater part in service delivery. Resources will reduce, and ring fenced development funding has disappeared. Clinical professionals, particularly GPs, will play a much greater part in specifying health care. Families will be given more choice and control about the services they receive¹.

Meanwhile, in practice, services across the country continue to strain to respond to the challenges that are presented by continuing growth in the numbers of children and families with complex problems. Demand for, and cost of, mental health services, safeguarding and looked after provision continues to increase. Local authorities regularly pay up to £5,000 per week for specialist care services².

As the hand of central government is loosened, and schools are able to focus on their own particular priorities, it is by no means certain that this will include sufficient support to vulnerable children. It is unlikely that the resources available through the pupil premium will have much impact³, and there is a danger that schools will choose to focus their limited resources on other issues. We need to find ways to ensure that this does not happen, and that two complementary agendas are addressed:

¹ See, for example, the Schools White Paper 'The Importance of Teaching' DfE November 2010, the Education Green Paper 'Raising Expectations' DfE March 2011, the SEN and Disability Green Paper, DfE, March 2011, and the Health and Social Care Bill, DH, January 2011.

² See for example, Statistics on Children Looked After in England 2009-10, on www.data.gov.uk

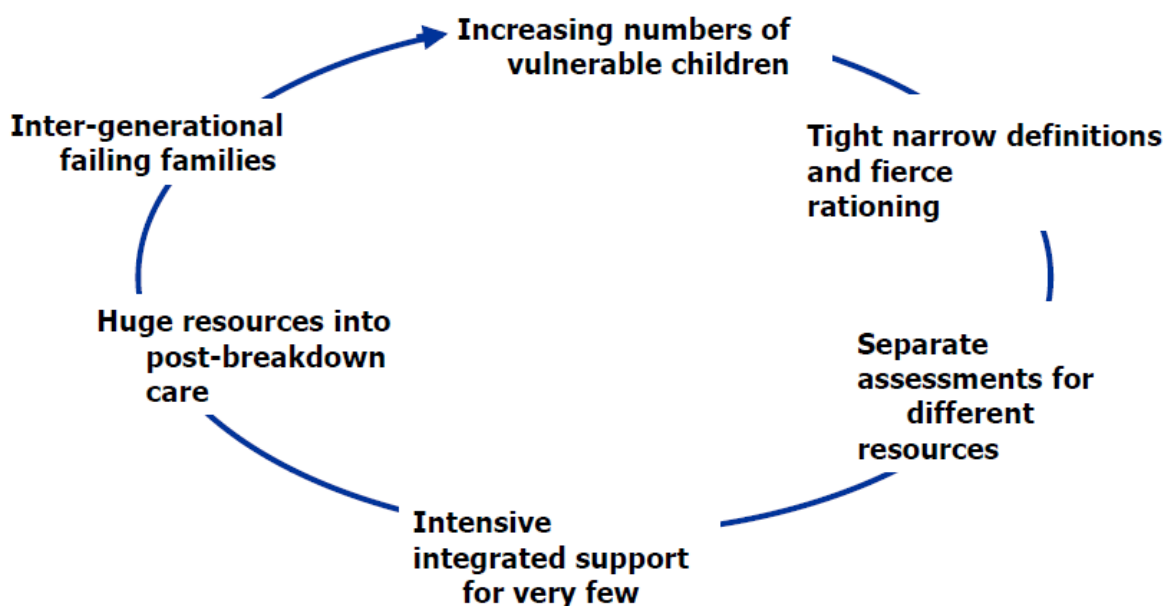
³ The premium is currently set at £430 per child receiving free school meals or looked after per annum, to be used entirely at schools discretion.

- Firstly, that schools and other local services take a joined up approach to prevention for vulnerable families.
- Secondly that specialist services deliver effective early intervention for those with the most complex needs.

These agendas are related, and without success in both, it is likely that we will continue to see continued increases in family breakdown, and the number of children who require safeguarding, intensive mental health support and substitute care. They are considered in turn below.

2 Joined-up Prevention and Vulnerable Families

The last government was very enthusiastic about national information and assessment systems such as the Common Assessment Framework to ensure that services for vulnerable families were joined up. For many, however, these initiatives failed to secure the culture changes needed to build effective local arrangements. As this government tries to leave such arrangements to local agencies, schools and their partners need to work particularly hard to ensure that local arrangements work well for vulnerable children and their families. If they don't, they are likely to end up in a 'vicious cycle':

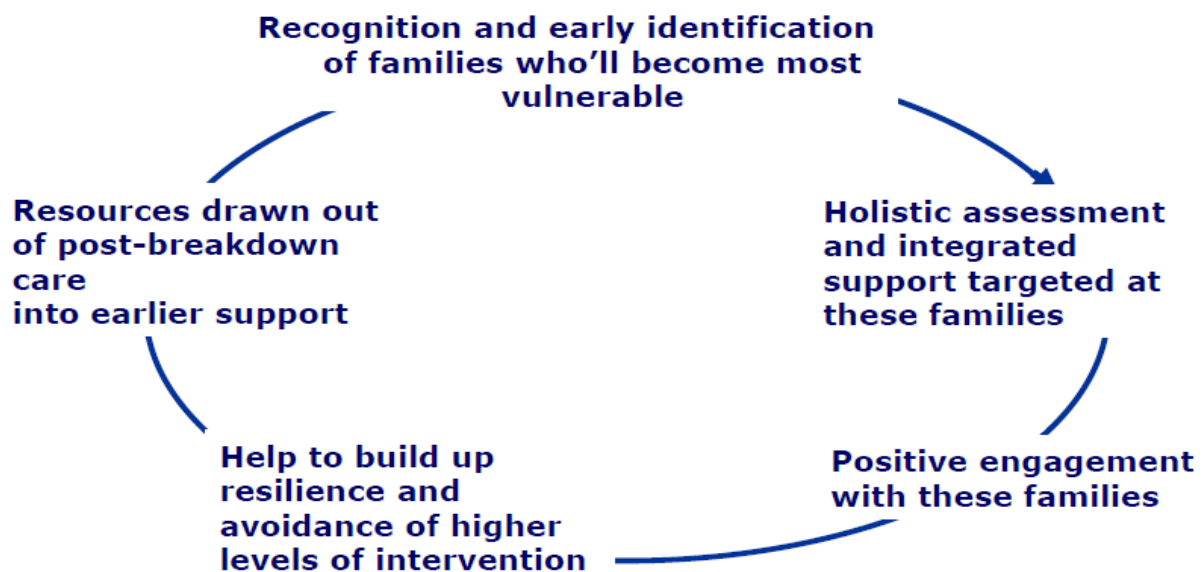


On paper, 'vicious cycle' localities may have perfectly good referral and information sharing arrangements, but in practice the interactions between schools, community health, social care and other specialist services are characterised by a culture of separate agendas, referral on, exclusion and blame between agencies. A group of professionals in one locality recently tried to explain to IPC what had been happening for them:

- Universal services such as schools are getting better at identifying children and their families with emerging problems but they don't expect to work with the more vulnerable families in the community.

- Local support services and advisors do not do enough to help universal services cope with vulnerable children, and tend to refer too many children on to specialists.
- Specialist services such as safeguarding, social services and CAMHS have to deal with too many referrals, and the most vulnerable families who are helped too little and too late.

Localities such these will always struggle to respond effectively to meet the prevention needs of vulnerable families. On the other hand, 'virtuous' arrangements are characterised by the following cycle:



How is this virtuous cycle achieved? We think that there are some key characteristics:

- A commitment by schools and other universal community services to support as many children as possible in their families and local community.
- A commitment on the part of all local agencies to work together to identify and support families with emerging problems.
- Commitment by specialist services such as social work and mental health services to provide accessible advice and support to schools to help them support children quickly when problems emerge.
- Clear and effective arrangements to enable professionals to share concerns about children with more complex problems, and to get quick access to intensive targeted early intervention for them.

In these localities we see mature and constructive relationships between key professionals. This is characterised by a shared concern for ensuring that families get identified early, that preventative support is provided quickly and locally, and that where a family needs intensive intervention, it is available, effective and evidence-based.

3 Effective Intervention for Those with Complex Needs.

The support needs of the most vulnerable are very different from those of most vulnerable families, and it cannot be assumed that preventative services are sufficiently intensive, focussed or skilled to be effective for them. A study undertaken for the DCSF in 2010, for example, suggested that when '..children and their families have a relatively high level of additional needs, brief, single-focus interventions are unlikely to produce a significant or lasting effect.⁴ To be effective as early interventions, such services need to be intensive, specialised and focused on helping families address multiple and entrenched problems.

There is a growing body of evidence about the types of early interventions which have been shown to work for families with complex needs. Graham Allen MP's 1st report on early intervention for the Government in 2011, for example, identified a number of targeted interventions with a sound evidence base⁵. In a review of literature on 'what works' for children in need in 2007, IPC identified the following characteristics of effective early intervention services⁶:

- Targeted at families who would otherwise require safeguarding or substitute care.
- Accessible to children and families in their localities.
- Acceptable in terms of the stated purpose and approach.
- Non-stigmatising, often by being embedded in more open-access services.
- Uses a whole-family approach that is as enabling and empowering as possible.
- Evidence-based, grounded in robust evaluation of what works.
- Built on existing local networks and services that are already working well.
- Sufficiently intensive and sustainable, with support continuing for a long as is needed.

In general these are low volume, high cost services, and they need to be commissioned by authorities and their partners across large population areas. Crucially however, without locality services which ensure that the needs of the wider population of vulnerable families are met locally, rather than referred on to specialists, these services will end up being overloaded by demand, and unable to respond effectively to those with the most complex, and expensive needs.

4 Opportunities

There are many localities and agencies across the country which are working together in an integrated way to ensure that their response to vulnerable children and families is not compromised by any unintended consequences of the policy agenda. At IPC we have been impressed by local initiatives such as:

⁴ Statham J and Smith M (2010) Issues in Earlier Intervention: Identifying and Supporting Children with Additional Needs, Research Report DCSF RR205.

⁵ Graham Allen (2011) Early Intervention The Next Steps, 1st Report, HM Government

⁶ IPC (2007) What Works in Promoting Good Outcomes for Children in Need in the Community? Social Services Improvement Agency.

- Joint work on local common assessment tools across agencies, particularly those which help professionals identify and target support on the most vulnerable families.
- Arrangements which give staff in schools immediate informal access to specialist social care and health professionals to talk through their concerns about individual children.
- Lead professional and key working arrangements helping to co-ordinate services responses to families.
- Agencies reviewing their family support services to ensure that they are sufficiently evidence-based, targeted and intensive to have a long term impact on the most vulnerable families.
- Localities exploring Community Budgets⁷ and Social Impact Bonds⁸ to draw in resources to address the needs of vulnerable families.
- Local authorities and NHS organisations working on compacts with local schools and primary health agencies to agree how they will work together to meet the needs of vulnerable families.

By working together local agencies may be better able to meet needs quickly, avoid family breakdowns, and reduce the number of children and families being referred on to specialist agencies. This may give specialist early intervention services the chance to target those with the most complex needs and work with them intensively enough to address deep-seated problems.

The alternative is a vicious cycle of separate services addressing needs inadequately and too late, and a failure of the whole system to arrest increasing demands on safeguarding, mental health and substitute care services.

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⁷ See the 16 national pilot projects at www.communities.gov.uk/community/budgets

⁸ Discussed in depth in Graham Allen (2011) Early Intervention The Next Steps, 2nd Report, HM Government