

**Educational Psychology Group**

**Buckinghamshire Children and Young People's  
Trust**

**Early Intervention and Prevention  
The 2<sup>nd</sup> Lessons Learned Review**

**FINAL REPORT**

**November 2010**



## **Acknowledgements**

We are extremely grateful to those parents who felt able to reflect on and discuss their experiences of the Early Intervention and Prevention processes through the telephone interviews. These comprise a key section of this report and provide an essential perspective to complement that of the professionals involved.

We are also grateful to the professionals involved, many of whom found time in busy schedules to complete a lengthy questionnaire and to attend a focus group. Both have provided invaluable data for the report.

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## NOTES ON TERMINOLOGY AND ACRONYMS

A number of acronyms referring to aspects of the implementation of Every Child Matters have become common place amongst those professionals involved. The following are used in the report:

### **CAF**

*Common Assessment Framework.* This is a national framework for the holistic assessment of a child's strengths and weaknesses to be undertaken by any professional involved with the child at a point where it is felt that greater multi-professional involvement is required, usually because those involved feel that the child's needs are not being sufficiently met through the present arrangements. The framework is underpinned by a record form the completion of which is meant to be a collaboration between parent and professional with involvement of the child or young person as judged appropriate. "CAF" has come to refer to both the assessment process and the assessment record and is referred to as such on occasion in this report.

### **TAC**

*Team Around the Child meeting.* This follows the completion of a CAF and is intended to bring together all of the involved professionals, with the parents (and child or young person as judged appropriate), in order to share information, allow the parent a voice and plan future intervention.

### **LP**

*Lead professional.* This is a designated professional, usually identified at the TAC, who will most appropriately act as a single point of ongoing contact for the family and co-ordinator for professionals.

A number of further terms and acronyms refer specifically to the Buckinghamshire arrangements:

### **EIP**

*The Early Intervention and Prevention Strategy.* The Buckinghamshire strategy for implementing the Common Assessment Framework (which used to be called the Local delivery Strategy).

### **EIP Team**

A manager and four **co-ordinator** posts designed to co-ordinate the EIP, principally to organise the EIP Panel, to chair TAC meetings and act as a source of information generally about the Buckinghamshire strategy and services available.

### **EIP Panel**

A multi-professional management group operating on a county basis which meets fortnightly to review incoming CAF forms and identify which services might best contribute to an intervention for the child(ren) and family.

**Multi-professional meeting/professionals meeting**

A meeting which is set up without a CAF and designed to operate like an informal TAC with the same aims. It is intended to take place when a number of known professionals are involved.

## 1. EXECUTIVE SUMMARY

### Context for the review

The Trust originally commissioned the Educational Psychology Group at University College London in July 2008 to undertake a review of the county's strategy to develop more integrated working in its children's services. Research was undertaken between October 2008 and February 2009, the group reporting to the Trust board in April 2009. Since this report was presented to the Trust Board there have been significant developments and the Local Delivery Strategy has been renamed as the Early Intervention and Prevention (EIP) Strategy. An Early Intervention and Prevention (EIP) Team has been created comprising three co-ordinator posts and a manager. The eight local delivery areas have been rationalised to three resulting in greater congruence with other agency boundaries; alongside these areas are three area Partnership Boards accountable to the Trust.

At a national level the Common Assessment Framework (CAF) and associated practice which forms part of the Every Child Matters (ECM) agenda has continued to be supported by government although the new coalition government has yet to pronounce on ECM and is about to publish its review of special educational needs. The coalition government has commissioned the Munro Review of child protection and her initial report was published on 1<sup>st</sup> October with a final report in April 2011. The focus here is on social work practice and not the Common Assessment framework. Labour MP Graham Allen is chairing a review into early intervention projects with a view to disseminating best practice and the findings of this might have implications for the Common Assessment Framework.

In the light of concerns about capacity across all services and the challenge of moving forward in the present and forthcoming financial climate the Trust commissioned a second, more focused review from the UCL team in July 2010 designed to address a number of specific questions. These were as follows:

1. What are the views of parents, children and young people who have been through a Common Assessment (CA), one or more Team Around the Child (TAC) meetings, and have engaged with a Lead Professional (LP) to the point where there has been a defined outcome?
2. What evidence has accrued to date on outcomes from the process?
3. Are the families who have been the subject of the process "appropriate" in terms of their demographic?
4. Is the record keeping and other paper work required by the process effective and efficient?
5. What is the experience of the multi-agency and voluntary sector community of the processes of referral to the Early Intervention Team and their subsequent involvement?
6. What is the experience of teachers in schools?

7. Are the processes of referral into social care from the Early Intervention Team and referral into the team from social care generally understood and working well?
8. What are the implications of a limit to capacity within the EIT in the context of an increasing rate of CA completion and referral into the team?

The UCL team undertook a series of structured telephone interviews with parents who had been through the process, conducted a series of focus groups, evaluated a questionnaire sent to all professionals known to have been part of the EIP processes, and undertook an analysis of locally held data and a sample of case records. The principal findings are as follows:

### **Evidence of culture change**

This very focused review has shown that the multi-agency community in Buckinghamshire, through the leadership of the Trust and the County Council, has continued to make strong progress in the implementation of Early Intervention and Prevention processes. There has been a highly significant shift in the culture of professionals since the early days of the Local Delivery Strategy, from one where professionals involved in complex cases worked in relative isolation with a focus on their own discipline's priorities, to one where there is a commitment to joint working and to viewing the child as a whole in the context of their family. This evidence appears to justify the "slow burner" approach adopted by Buckinghamshire and identified in the review from the Office for Public Management. The key processes in this change appear to have been the Early Intervention and Prevention Panel, the Team Around the Child meeting, and the role of Early Intervention and Prevention team. The EIP Panel has brought together, on a regular basis, managers from different services and agencies who have been required to undertake extensive inter-agency learning and, in various degrees, reflect this through their own services. The TAC meetings fulfil the intentions laid out for them in the Every Child Matters programme and have become a powerful "brand" for professionals who prioritise them in diaries. In combination with the EIP Panel, they have become a focus for professional accountability. The EIP Co-ordinators form the "glue" which, at a case work level, enables meetings to happen and to run effectively, in particular in a way that enables parents to feel as comfortable as possible in difficult circumstances, and to make a contribution.

### **Current cases and outcomes**

The database maintained within the county council indicates that the number of common assessments has stabilised at approximately 320 per year. At least half of these assessments are instigated by schools indicating that the new processes have become increasingly embedded. The exchange of cases with social care is a significant component of EIP processes and 85 referrals into social care were made in the past year by either the EIP Panel or a team around the child meeting. In return social care referred 55 cases to the EIP Panel as no longer requiring social work involvement.

The county is to be commended in its attempt to demonstrate outcomes from the team around the child process. The outcomes record is a solid basis from which to do this. Currently available data suggests that between 51% and 76% of cases show improvement at the point of closure. The Strengths and Difficulties Questionnaire has not yet yielded outcome data; however the results of this being completed by parents and teachers at the time of the common assessment indicate that approximately half of the children and young people concerned have clinically high levels of stress which is evenly distributed across acting out and emotional symptoms. A significant proportion of the group have stress levels within the normal range and both parents and teachers record high levels of “pro-social” behaviour for the group as a whole, including many of those with high stress scores.

### **Views of parents, children and young people on effectiveness**

The review failed to obtain a sample of views on the EIP processes from children and young people. The strategy to arrange an activity based “Saturday event” appears sound and further attempts should be made over the coming months.

The views of parents have been identified in the report for Government from the Office for Public Management (March 2010) as a key outcome indicator for trusts to consider when evaluating the impact of the CAF. The views of a limited number of parents obtained through structured telephone interviews presented a mixed picture. For a majority the outcomes were good for their child (a proportion that is consistent with the assessment of professionals); a strong majority expressed satisfaction with the professionals who worked with them. All had found the process at times highly stressful, in particular the CAF process and recording, and the first TAC meeting. Where a lead professional had been appointed and maintained consistent contact, this was highly praised. For some the process had come too late, or there had been insufficient additional support, or the situation had deteriorated to the point where a social care referral was made.

Both parents and some professionals see the Common Assessment process as long and daunting. However, only 25% of professionals specifically cited this as a significant barrier with parents to implementing a common assessment. With the advent of a new government and its emphasis on local accountability the Trust may wish to take the initiative and evaluate whether the current centrally determined form/process can be shortened. This will not, however, eliminate the concerns of parents about exposure to social care and information sharing, nor the task for professionals to reach a common understanding with parents and to support them through the process.

### **Views from the multi-agency community on effectiveness**

The evaluations of the EIP processes and outcomes by social care and non education professionals were generally high in the focus group discussions. School staff were

less convinced and cited variable outcomes, possibly arising from having a deeper experience of the child arising from their daily contact. They also had a high degree of concern about the policy change which meant that the EIP Co-ordinator would withdraw from their current role of chairing and co-ordinating TAC meetings after the initial meeting. There was a sense from school staff of being slightly disconnected from the multi-agency community and the local authority, in particular regarding communication and training information. All professionals reported a strong negative reaction when the EIP Panel could not recommend a TAC process after the completion of a common assessment record. The EIP Panel should consider whether the communication of such decisions should take greater account of these feelings.

The term “prevention” is prominent in the strategy and this has different meanings for different professionals. The social care perspective is one which sees it as referring to steps taken to prevent either a child protection referral or a reception into care. Other professionals see it as either a more general attempt to avoid escalation to a tier of intervention one higher than the child is currently placed. Those in universal services such as schools see it as a strategy to prevent any targeted intervention at tier 2 level. This reflects a longstanding confusion surrounding the term and it is important to contextualise its use. The EIP team might try to define this more clearly, particularly in the present financial context where there is discussion of “raising the barrier” for a CAF and thus making it even less “preventive” in the eyes of many.

In line with national findings there is a marked ambivalence towards the lead professional role. Its value is not challenged but the commitment is seen as time consuming and carrying responsibilities which some find uncomfortable, or do not feel trained for. This ambivalence has been compounded by a perception of recent policy change to give lead professionals the responsibility of co-ordinating and chairing TAC meetings.

### **Record keeping**

The assessment of the paper work required by the EIP processes through close examination of 6 cases indicated that bureaucracy was reduced to the minimum for adequate accountability; recent improvements had been made in TAC meeting recording.

### **Demographics of the population of families who participate in a common assessment**

The results of an internal analysis of all CAFs completed against post code evaluations of socio-economic status of families (the ACORN analysis) indicated that the CAF was appropriately targeted on the most vulnerable children and families while not ignoring the smaller number of children in higher income families where there were significant difficulties.

## **Engagement with social care**

The high valuations given by the social care group (north area team) reflected a strong view that child protection referrals had been reduced by the work undertaken through the EIP processes. The documentation of TAC meetings provided a sound basis for initial assessment when cases were “escalated” to social care, thereby saving significant professional time. There was a sense of much increased communication between professionals and the EIP Co-ordinators in particular, resulting in an improved understanding of child protection issues and the universal responsibility towards this and safeguarding. There was some evidence of a lack of clarity regarding the preventative role that social care has in the context of a well functioning TAC arrangement.

## **Training**

Training was highly regarded when accessed. Initial training had frequently taken place some time before involvement in a CAF or TAC and retrieving the information was difficult in such circumstances. There was a strong demand for training in the Lead Professional role and a lack of awareness that such training was on offer, in particular from school staff. Alongside training the brief individual support of an EIP Co-ordinator was identified as a key element to taking on a lead professional role or initiating a CAF for the first time.

From the social care perspective there was a strong feeling that further training was needed for the professional community at large which was still under-informed about child protection and their general responsibilities towards it.

## **The EIP Co-ordinator role**

There was a universally high valuing of the EIP Co-ordinator role in terms of communication, knowledge of services, skill at chairing meetings, enabling parents to have a voice, and providing a concise record of the meeting. These represented knowledge and skills which many professionals felt they lacked – even those in management roles. It suggested that there was a risk of underestimating the knowledge and skills required for roles such as chairing meetings, summarising proceedings and building local knowledge. It was a widespread view among different groups of professionals that the EIP strategy was not sustainable without the present level of Co-ordinator input and that if reduced the practice of collaboration built up over the past four years would revert back to older, silo-ed ways of working, with an increase in child protection referrals.

## **Recommendations**

While the findings of this review have generally been very positive there is a wide range of improvement suggestions which the Trust may wish to consider. These are

presented here as a considered reflection of parents' and professionals' views as manifest in the review. Some carry the implication of increases in capacity (or at least no reduction in capacity) and in making them the authors are very aware of the present financial climate and the difficult decisions which all Buckinghamshire agencies are facing. They are organised according to their focus on outcomes, on communication and on policy:

#### *Outcomes*

1. The evidence from this Review suggests that the Early Intervention and Prevention Strategy is working well and that the Trust should continue to invest in it. The involvement of EIP Co-ordinators was regarded as particularly important by all professionals and by parents.
2. The Trust should reinforce the existing strategy to ensure that the child and young person's voice is central to the CAF process.
3. The Outcomes Record should be fully implemented as a basis for evaluation and the use of the Strengths and Difficulties Questionnaire reviewed.

#### *Communication*

1. The meaning of the term "prevention" should be clarified in the context of Early Intervention and Prevention.
2. The communication strategy to the multi-professional community and schools should be reviewed in respect of policy changes, training opportunities (in particular for the lead professional role), and core aspects of the strategy such as joint involvement with parents in the completion of the CAF.
3. The EIP team should review the way feedback is given to professionals when the Panel decides not to proceed with a TAC,
4. In respect of parents, the EIP Team should explore with parents the appropriateness of their child being involved in the team around the child meeting, develop a mechanism for addressing perceived inaccuracies in the meeting record, provide more information regarding the professionals involved in the meeting, and resist the over use of acronyms.

#### *Policy*

1. In the light of the coalition government's emphasis on local accountability the Trust should review the common assessment process and record with a view to reducing length, repetition and complexity, while retaining that which is essential for the EIP Panel.
2. The EIP Team should work towards shorter time scales between CAF completion and a team around the child meeting being set up.