

Early Intervention and Prevention Team* annual report 2009/2010

* Children's Centres, Extended Services and Targeted Youth Support all come under the umbrella of Early Intervention but this report refers only to the work of the EIP team.

Overview of the year

All areas of the County have been operational for the entire year. The number of CAFs submitted and TACs set up and supported has continued to grow. . Training, discussion and alignment of processes have continued across a wide range of services.

Business plan

This feeds into the Safeguarding division plan and outlines in detail the achievements of 2009/10 and the targets and activity for 2010/11. It includes case studies and quotations from families and practitioners on how EIP has affected them.

Statistics + commentary

There are separate detailed quarterly data reports but the headline figures are:-

CAFs submitted

318, an increase of 136 over 2008/09, and an additional 59 cases came down from children's social care.

80% of the TACs which closed were because satisfactory outcomes have been achieved.

31% were completed in the Wycombe area

4% were completed in Wing/Wendover

Aylesbury and Chiltern contributed 22% and 17%

And the remaining 4 areas, Marlow, Buckingham, Ridgeway and South Bucks contributed between 5% and 7%

CAF completers

Most were completed by primary schools (103), followed by Health Visitors (80) and secondary schools (79). When Early Years, PRUs, Special Schools and the Education Welfare Service are included there is a large swing towards the education sector and a rise in the age group covered by the CAF.

However there may be younger siblings in the family, and CAFs completed by Health Visitors may also cover older children.

The EIP panel can make a number of recommendations when they consider CAFs. These include referral to the Children with Disabilities team, to Children's Social Care for assessment, to CAMHS, to CFAST and the majority to a TAC.

Staffing

For 4 months only, there was a full complement of manager, 4 EIP coordinators and 2 business support staff, but at the end of the year there was a vacancy for an EIP coordinator and for a business support assistant. Due to the reorganisation of the eight local delivery areas (LDAs) into three EIP areas, which correspond to the new Children and Young People's Trust Partnership Boards, the role of the coordinators has changed. Each area will have an EIP coordinator and there will be a duty coordinator who will also have the skills to cover the EIP role if there is pressure in one of the areas, or a coordinator is on leave. After discussion within the team, the advertised vacancy is for the Wycombe/Marlow/Ridgeway area.

New ways of working

As a response to the capacity issues posed by the rise in CAFs and the expected ongoing increase, the remit of the EIP coordinators has been reviewed. The duty role will ensure that there is less delay and more continuity when CAFs are received or recommendations come from the EIP panel. CAFs which show needs at level 2/3 in the 4 level model, will proceed straight to TAC. The EIP panel will consider more complex, high level 3 CAFs, de escalations from social care and will advise Lead Professionals and TAC facilitators when the process gets stuck.

There is now one panel that covers all 3 EIP areas and meets alternate weeks throughout the year. This has made a reduction in panel meetings from 48 to 26, a saving of professionals' time, and made possible by more CAFs going straight to TAC.

EIP coordinators will set up and chair initial TACs, and attend the second to support a facilitator from within the group. Facilitator workshops will be offered from September. The EIP coordinators will perform a Quality Assurance role on TAC notes and plans and will be available to advise the facilitator.

There will be an increased focus on Team around the Provider and building capacity in universal services to call professionals' meetings and complete more work before a CAF is necessary.

Connexions and YISP data

TAC is a generic term and teams around the child were led by CFAST and Connexions without a CAF being in place. Movement from YISP to TAC takes place when the specific issues around potential offending have been addressed by CFAST but there is ongoing integrated work to be undertaken. Connexions complete CAFs when the integrated work they perform needs wider input, or needs are high and advice is required from the EIP panel.

Complaints

2 complaints were received during the year and both were successfully resolved at stage 1 using the County Council complaints procedure.

Compliments

Parent - "The TAC gave us a great deal of support that we otherwise wouldn't have known about. We would still be struggling without all the support. Many thanks."

School - "We didn't know half of the information that came out of the TAC meeting. It was really helpful"

Young person - "I had never heard good things about myself before."

There are also a number of case studies that indicate improved outcomes and show that TACs are a supportive process, which has reduced duplication and improved communication.

Communications plan

Work has taken place throughout the year to disseminate the processes and approach of early intervention and prevention to agencies, and to families and young people. This will be formalised into a communications plan in the coming year using the Children and Young People's Trust website, leaflets and other media to ensure that a consistent message is spread as widely and appropriately as possible.

Quality Assurance Framework (QAF) and Audit

In February a national quality framework for the CAF process was published. As an audit was due on the CAF process in Buckinghamshire the new framework was used to audit a random sample of CAFs, Team around the Child (TAC) meetings, action plans and reviews. As a result of this process an audit report was produced and this contains a number of recommendations on how Buckinghamshire can meet these national standards more effectively, and how future audits should be undertaken. CAFs receive a % score in this framework and the table below shows the distribution and scores for the random sample.

30 – 40%	5
40 – 50%	1
50 – 60%	1
60 – 70%	2
70 – 80%	8
80 – 90%	6
Over 90%	2

Position statement

A position statement was published in April 2008 to establish what steps partners were taking to embed the then very new way of working into their existing practice. Two years on the exercise is being repeated to establish how far services have come, what barriers remain and how partners envisage the three multi-agency teams that are planned for 2012. The results have been put into a report.

Factors present when families have a TAC

The main issues that are presented at the first TAC (135 during 2009/10) are captured on a matrix. There are 32 factors recorded for the child and for the family which includes parents and other siblings. These are the main findings, with some results amalgamated:-

Poverty/deprived neighbourhood//debt/housing	99
Separation/bereavement/family breakdown	84
Poor support networks	83
Health issues/Disability or developmental delay/disabled carer	76
Behaviour at home	69
Behaviour at school	57
Poor parenting	54
Statement of SEN/school action/school action+	53
Mental health issues	46
Irregular school attendance/exclusion	46
Domestic violence	36
ADHD/ASD/Aspergers	22
Criminal behaviour	16

Substance misuse is also a category but these issues very seldom show up at the first TAC.

Training

520 practitioners took part in CAF training, 304 in information sharing, and 74 in LP training. In order to build capacity for practitioners to facilitate TACs, workshops for TAC members will be provided from September, and drop in sessions in each of the areas so that practitioners can meet and get support from the EIP team.

In order to establish how many practitioners need CAF and LP training a training needs analysis has been conducted to cover September 2010 – March 2011, and April 2011 – March 2012. In the meantime CAF training is being offered on a monthly rather than weekly basis and there is an emphasis on larger groups to make it more cost effective. In response to capacity issues the team is unable to give awareness raising training or to visit individual team meetings. The team can support groups of 15 or more who will be directly involved in EIP.

Partners

Work has taken place with a number of partners including the Thames Valley Probation Service, Thames Valley Police around Supporting Vulnerable Individuals (SVI), CAMHS and Connexions. Detailed processes have been agreed and implemented between the EIP team and Children's Social Care over step up/step down. The Education Psychology Service has changed its access pathways and as a result is engaging with many more vulnerable pupils than under the previous arrangements. The EIP panel benefits from the time and expertise of Children's Social Care, CAMHS, Bucks Community Health Trust, Youth Service, Connexions, 3rd sector, Education Welfare and Education Psychology, YOS and the Children with Disabilities team.

Ongoing work is taking place to align processes, avoid duplication and embed integrated practice.

Schools are now attending training and completing CAFs; many have fed back that their initial qualms have been overcome and that the benefits of integrated practice and early intervention have paid dividends.

Issues

A variety of issues are being worked on.

- Many services still require a dedicated referral form in addition to the CAF when they are identified as part of the TAC. This does not support the aim of the CAF to reduce paperwork and streamline access to services. A cover note for use with a CAF has been suggested to 5 services.
- The functions of the Lead Professional and of the TAC facilitator may cause problems if they are not part of the commissioning process and do not appear in Job Descriptions.
- Some 3rd sector organisations no longer have the capacity to take on further work when identified through the TAC as meeting the needs of the family.
- After commissioning there can be a long gap before services are available.

Future Plans

- Streamlining of processes to accommodate increase in workload
- Reduction of time lag between CAF completion and first TAC
- Building of capacity in partner organisations
- Develop Team around the Provider
- Move towards more QA and consultancy role