EARLY INTERVENTION AND PREVENTION
COMMISSIONING STRATEGY
2012-2015
INTRODUCTION
Merton’s Children’s Trust is committed to delivering outstanding services which improve outcomes and life chances for the borough’s children and young people with particular determination to help those facing particular challenges. Early Intervention and Prevention services help build resilience and strengthen protective factors in the lives of children and young people and their families, in order to increase their ability to meet these challenges and to overcome them. Merton’s Safeguarding Children Board also has a keen interest in ensuring effective preventive services are in place.

This document was developed following evaluation of our current delivery model and CAF processes; identification of our strengths and limitations; evaluation of our existing commissioned early intervention and prevention services and research into national, international and local evidence of early intervention effectiveness.

AIMS AND OBJECTIVES
The purpose of Merton’s second Early Intervention and Prevention Strategy is to set out our vision for Early Intervention and Prevention in Merton, for the next three years, that describes how we intend to deliver a range of services that help to manage demand in high cost areas as well as preventing already identified issues and problems from getting worse.

Our main aim is to utilise the most effective and efficient way of using all of the reduced resources available, to improve outcomes for children, young people and their families.

Our objectives are:
- To safeguard and promote the welfare of children and young people, strengthening our partnership approach to safeguarding.
- To support the development of strong universal services that help our children, young people and families to help themselves to find solutions to problems or prevent problems developing; through building resilience.
- To ensure parents are supported at the level they need, when they need it, to develop parenting capacity, utilising strengths to promote best outcomes.
- To ensure our processes support timely and appropriate access to a multi-agency assessment and response to identified needs.
- To ensure the targeting of resources toward the most vulnerable families.
- To ensure the best match between workforce skills and capacity in the development of our new delivery model.
- To make best use of community provision, and volunteers whenever possible.
- To retain a focus on outcomes.
- To prevent high cost spend wherever possible with a focus on the management of risk.
CONTEXT
Investment in Early Intervention and Prevention services has been strongly encouraged by central government for some years, supported by an increasing evidence base that demonstrates that Early Intervention both works and is cost effective (see Evidence Based Models on Page 9).

New coalition administration, national strategy moving to a much more localised agenda, and the announcement of significant reduction in public spending in 2010/11 (as a consequence of the recession and the national deficit), have provided powerful drivers for a fundamental review of our Early Intervention and Prevention model and delivery. The scale of resource reduction inevitably means a reduction in service provision, with an emphasis on more effective ways of delivering services. Services will need to be more targeted to those children young people and families considered in most need, and at most risk, and in areas where the greatest impact can be made.

Merton’s approach to date has been to ‘pool’ a number of funding streams and commission activities/services against a set of needs and priorities. Our previous commissioning exercise in 2008 was designed to improve the targeting of these services, and was predominantly, though not exclusively, used to commission from the local community and voluntary sector.

In the development of this commissioning strategy, we are not just looking at the historic 'pooled commissioning monies' but also looking at those services provided in-house, with a focus on early intervention and prevention.

This strategy supports the re-focusing of resources to:
- Provide support and guidance to those practitioners within universal services who are supporting children and young people’s development and achievement and intervening early when problems are first identified; to improve individual and family resilience against poor outcomes, and to promote good outcomes.
- Ensure appropriate and better-targeted multi-disciplinary/agency response to those children, young people and families with complex problems who most need support.

REVIEW AND EVALUATION PROCESS
At the end of November 2010 Merton Children Schools and Families Department undertook a peer review of Safeguarding and Looked After Children Services conducted by the Local Government and Development Agency. This review included nearly a week of fieldwork including interviews with staff, managers, political and partner organisation leaders, also visits were made to key services including a number of early intervention and prevention services.

The peer reviewers found strengths in areas such as:
- Strong political, managerial and cultural commitment and ‘buy in’ to quality children’s services.
- Preventative services showed a golden thread of the Merton Well Being model being well-embedded both within the local authority and partner agencies
- Good safeguarding training provided across the sector’s workforce
- Good engagement with and between partners
- Good outcomes for looked after children

Areas suggested for development included:
- Closer working with health colleagues in regard to shared expectations and more effective communication
- An improvement in the evidencing of equalities activities
- Further developing the role and identity of the Merton Safeguarding Board
- Improved understanding and shared use of Merton Well Being Model thresholds
- Improve the use of data to inform service development.

Building on these findings and recommendations, Merton’s Children’s Trust Board (CTB) agreed the need for a review of our current early intervention approach, model, processes and delivery. A partnership group was established and tasked with undertaking the review on behalf of the CTB, and then to making recommendations for future delivery that would enable the sharpening of our focus and better targeting of our services.

Four work streams were agreed by the partnership group, which included a number of service managers, and representatives from our Voluntary and Community Sector (VCS).

The work streams were:
1. The Delivery Model and Processes
2. High Cost, High Intensity Cases
3. Evaluation of Current Service Effectiveness
4. Evidence Based Models

**Evaluation Process**

The work streams used a three-pronged approach that included service mapping, case tracking and gathering stakeholder views from a range of stakeholders including other statutory partners, the community and voluntary sector and feedback from service users.

Mapping was undertaken of all services (both directly commissioned and in-house) currently delivering early intervention and prevention services (Work stream 3). The mapping included budgetary information, activity levels and also provided a broad, self-assessed view of the current effectiveness of service delivery, and assisted in highlighting gaps and overlaps in delivery. This information was in addition to the quarterly performance management information provided by all commissioned services, that provides regular evidence on how efficiently and effectively each service is improving outcomes for children, young people and families. *(Appendix 1).*

Detailed tracking of 5 current ‘High Cost’ cases (work stream 2) was undertaken across health (including CAMHs), education, police, youth justice service and social care, to try and understand whether early or earlier interventions could have prevented or delayed the need for high-cost interventions.

A number of sample Common Assessment Framework (CAF) assessments were reviewed against a pre-agreed set of questions for work stream 1, that enabled better understanding of the family ‘journey’, and a better understanding of how the use of CAF was focusing the delivery of early intervention and prevention services.
The work stream examining our high cost high intensity cases also undertook pathway analysis to understand users’ experiences of services. This enabled some insight into the most efficient and effective points for identifying and addressing needs.

Local intelligence was also gathered through a range of consultations with a range of organisations. Consultation events were held with colleagues from our local VCS, with service managers and with front line staff. Consultation was also conducted at key partnership boards, for example the Psychological Well-Being and Mental Health Partnership (CAMHs). A number of key risk factors emerged from this consultation process that could make families more vulnerable, and increase the likelihood that they will require additional services. These include:

- Parental mental ill-health (including substance misuse), and the impact this has on parenting capacity.
- Parental special educational needs/learning disability
- Social isolation
- Living in poverty

These risk factors are often compounded by:

- Poor, overcrowded or unsuitable housing
- English as an additional language
- Domestic violence

**Work Streams and Findings**

1. **The Delivery Model and Processes**

   The focus of this work stream was to look at the family ‘journey’ and how effective the Merton Well Being Model and Common Assessment Framework is in securing support for families through early help services, thereby minimising the risk of needs escalating to require a high cost statutory response, and more distressing intervention for parent and child.

   The 2010 CAF report indicated that since inception, 1164 practitioners had completed the full set of CAF training, but despite this, since 2009 only 38% of those trained had initiated CAF’s or assumed the lead practitioner role. Over 90% of those trained had taken some part in the CAF process. In 2010/11 around three times as many CAF’s were generated as a referral for a specific service, against those completed as an early intervention assessment.

   Practitioners were clear advocates of the benefits of Early Intervention and very positive about the improved impact and outcomes achievable when the CAF is used as an effective tool to identify and assess need. A number of practitioners interviewed were active participants on the CAF champions group and influential in the developments that have been implemented to date. The agencies and services represented have contributed aide-memoirs, which give clear referral information to practitioners to facilitate ease of access to services. Several members sit on panels and TAC meetings, actively using CAF referrals to allocate a Lead Practitioner and agree support through a multi-agency response. It was recognised that it is often not a lack of training or scepticism of the CAF system that has had the greatest impact on the number of CAF’s generated. The reality is that many practitioners simply do not have the capacity in relation to time, or skills necessary to initiate and complete the assessment and take the referral forward.

   Providing an option for the CAF to be used as a referral document showed good use of
the CAF as a means to refer between agencies and identify and address presenting needs, but this could mean that ‘symptoms’ are addressed rather than the ‘root cause’ of family issues, and further work needs to be done to ensure adequate depth of assessment and analysis are undertaken to ensure interventions lead to prompt and effective positive change.

Where allocation of Lead Practitioner is a fundamental part of the allocation process there is clear evidence to support this as the most effective method of multi-agency working. However, the findings demonstrated that this was not always the case, and the CAF, particularly when it is used as a referral mechanism, can inadvertently remove professional responsibility – the process has sometimes been synonymous with families being passed on rather than services or individuals taking responsibility through the lead practitioner role or having co-ownership through a multi-agency response.

For busy practitioners the CAF can be perceived as being overly complex and time consuming to complete. This can become a barrier to supporting children, young people and families to receive the early help they need when they need it. The number of referrals into Social Care in relation to the number of CAF’s undertaken at level 2/3 of the MCWBM supports the assumption that action is more likely to be taken when the situation is assumed to have reached Social Care threshold level.

For practitioners, the prospect of being faced with the possibility of writing a CAF for every child in the family can be particularly daunting but at the time of the work stream report the CAF only related to an individual child or young person. Unless the practitioner was particularly skilled, the document only reflected the individual in isolation and not the wider family aspect of the issues. There were instances where this gave a distorted position of the possible root cause of the problem, masked by the presenting issue for that particular individual. It also came to light that several practitioners sat on a number of panels where individual members of the same family were presented, but the family issues were not considered ‘holistically’.

One particular example of this was Child A being case worked by one agency, whilst family support being provided for the father and younger sibling B by another. Both responses had been the result of individual CAF’s through separate referral pathways. What did not appear to be happening was a joined up approach to what outcomes were being sought for the family as a whole. Clearly the behaviour that Child A was exhibiting both at school and at home needed all agencies to be contributing to family outcomes if longer term issues for the younger child B were going to be avoided.

If a complete family journey is to be clearly understood through the CAF it has to have been completed as a holistic assessment that takes into account the needs and perspective of the whole family. The views and perspective of any child in the family who is of an age to contribute to the process should have the opportunity to do so.

Undoubtedly the CAF process has re-shaped the way in which practitioners work and when used effectively is the best way for a comprehensive, joined up approach to be delivered. A family CAF would be a natural extension of the process and will be essential in delivering outcome based early interventions.
Some partners expressed confusion as to where individual referrals should be directed, to ensure a single route into accessing a joint or multi-agency response. It was recognised that there was excellent multi-agency working through the supporting families process (0-12yrs) and some similar examples through the Targeted Youth Support Panels (TYSP) in schools, but it was felt to be unhelpful that access to a multi-agency response was different across age ranges.

2. High Cost, High Intensity Cases
The cases examined involved a range of issues including violence in the home and community, fragmented relationships and divorce, drug and/or alcohol misuse of child or parent, poor parenting, absconding, physical harm, mental health needs and learning difficulties.

All of the examined cases contained good quality assessments early on in the individual case, but sometimes early insights were lost going forward, as different views of the child or young person emerged, that focused more on their challenging behaviour and less on the underlying reasons for that behaviour. In all cases work was done ‘early’ in the case, and there were clear strengths in assessment and identification of needs, but these were not always translated into clear, specific and effectual practical intervention plans.

All of the children had specific mental health needs and most had significant learning needs, coupled with issues in the parenting that meant they had ceased to cope. Interventions had often focused on the parental ability to cope or look at the needs of the child. There was multi-agency working in all cases, but no unified assessment. Similarly, in some cases there had been extensive work in school, focussing on keeping the child in school, but this did not prevent eventual high-cost residential placement because we had no parallel process for working with the family and keeping the child at home.

When children’s social care were not involved, schools tried hard to coordinate and lead the multi-agency interventions, but this could lead to there not being a wider care plan for the family, and consequently fragmentation of response. If the child was out of school the risk significantly increased, leading to a number of uncoordinated interventions with no clear lead professional.

Transition was highlighted as a time of vulnerability. Primary schools were able to nurture and build relationships that allowed very damaged children to be maintained in school, but as they transfer to Secondary and lose this attachment, these children could fall out of school. One example where transition support that had been well structured for school transition was not successful was because there were also issues at home that were not addressed and possibly the level of vulnerability of transition not truly understood.

3. Evaluation of Current Service Effectiveness
This work stream culminated in the mapping of all current services (both in-house and commissioned), delivering early intervention services across the levels of the MCWBM. Services were asked to complete a self-assessment template that provided a brief description of the service, referral pathways, the use of the CAF, involvement in multi-agency working, outputs and outcomes, as well as asking each service how they felt they could improve efficiency and effectiveness, and whether they could suggest alternative service solutions that would enable delivery in a more value-for-money way. All were also
asked, from their experience of working with children and families in Merton, what they felt were the current needs, and should therefore be our future early intervention priorities.

This process clearly highlighted some duplication in delivery, where individual service provision had evolved over time to fill perceived gaps alongside some piecemeal commissioning of additionality through opportunist bidding for funds.

Many services identified that a ‘whole family’ approach and a single referral pathway would mean timely and more effective multi-agency delivery. Other key comments in relation to the CAF process included the struggle sometimes with inconsistent relationships across services and how this is often dependent on individual good relationships, and the inconsistency of quality of referrals.

The mapping also highlighted the number and range of services being provided, the number of children and families supported and the range of positive outcomes being met.

Commissioned services welcomed the structured monitoring system that required them to be outcome focused and to evaluate their service delivery jointly with service users on a regular basis. However, it was also highlighted that a large proportion of practitioner time was taken up attending panels and meetings and completing paperwork, that took practitioners away from the delivery of interventions that sometimes only they had the skills to deliver.

A range of needs were identified from the mapping, but consistently identified needs included parental mental health, parental relationships and emotional well-being (often linked to domestic violence), special educational needs (of both parent and child), including speech and language difficulties, and housing issues.

4. Evidence Based Models
The importance of early intervention work is evidenced in recent national reviews conducted by Frank Field and Graham Allen. There is evidence for supporting many reasons for refocusing services toward early intervention and prevention including:

- Helping to narrow the gap for children who are at risk of poorer outcomes (Waldman, 2008, Karoly, Kilburn, & Cannon, 2005; Statham and Biehal, 2005).
- Improved practice, outputs and outcomes by attending to risk and protective factors at an early stage, focusing on causes of problems not symptoms
- Improved inter-agency working by encouraging partners to think and work together to plan and deliver services in a seamless way
- Increased user-involvement and staff satisfaction due to a greater focus on reaching out to families and working proactively to engage children and families with different needs before crisis intervention is required and using a seamless model of delivery (Dartington Social Research Unit, 2005):
- May save costs by reducing the need for intensive and expensive interventions in the long term

Investing at an early stage of need also brings challenges. The benefits of earlier intervention are often longer term and this can create tensions in managing short-term priorities for service planning at times of budget reductions.
C4EO produced a practice guide (Grasping the Nettle: Early Intervention for Children, Families and Communities, 2010), in which they distilled the key messages from a wealth of evidence of ‘what works’ including research findings, to support local authorities and their partners in improving the quality of life for the children, families and communities that they serve. The guide identified specific interventions that work, from National and International research, and also includes information on the costs of effective interventions at project level. This information will be used alongside our local information to enable us to decide where to allocate scarce resources, and thereby achieving value-for-money. Several characteristics emerged from the C4EO work, which were common to a number of the examples of good practice. These are now known as the ‘Golden Threads’. The Golden Threads are:

- The best start in life
- Language for life
- Engaging parents
- Smarter working, better services
- Knowledge is power

The Golden Threads are not a ‘pick list’ but a recipe for whole system change that need to be taken together. Thus the Golden Threads are more than the sum of their parts.

Key messages in relation to ‘The Best Start in Life’ include:

- The expanding knowledge and compelling evidence that show what a child experiences in the womb and in early years lays down a foundation for the whole of their life.
- Children’s Centres lie at the ‘hub’ of a continuum of early support for young children, families and communities, but an effective outreach strategy is needed to ensure interventions target and support the most vulnerable.
- There are demonstrable and significant benefits to breastfeeding, but despite this rates in England remain among the lowest in Europe, so effective local strategies are needed to achieve and sustain improvements.

Key messages in relation to ‘Language for Life’ include:

- There is a strong correlation between communication difficulties and low attainment, mental health issues, poor employment or training prospects and youth crime.
- With the right support many children with language delay go on to catch up with their peers.
- A skilled and confident workforce is critical, with the ability to identify communication problems at an early age, and distinguish between transient and persistent difficulties so that appropriate interventions can be put in place.
- Effective local practice was characterised by a large scale training programme and dissemination of information to equip staff and parents alike in successfully targeting early intervention and support.

Key messages in relation to ‘Engaging Parents’ include:

- Parents are the most significant influence on children and parenting has profound consequences for their future lives.
- Disadvantage is not a block to good parenting, but low levels of literacy and numeracy and confidence are obstacles.
• Self-perception contributes to parents’ motivation to change, so it is particularly important to persuade such parents to engage with support services, convincing them that they can bring real and lasting benefits to their children.

Key messages in relation to ‘Smarter working – better services’ include:
• Effective commissioning that applies evidence of what works to improve outcomes provides a robust, credible and objective way of making decisions about scarce resources.
• A continuum of services is needed – some children and families need ongoing support whilst others may have their needs met sufficiently by an ‘earlier’ intervention to prevent later interventions.
• Key characteristics of effective integrated working include a shared vision, clear identification of gaps, sharp focus on improving outcomes, clear and consistent messages communicated to staff and families and an underpinning integrated workforce development strategy.
• To overcome the inconsistencies and confusion about the CAF process, it should be developed into the standardised tool for conducting assessments for children’s additional needs, and for developing and agreeing on a process through which agencies work together to meet those needs.

Key messages in relation to ‘Knowledge is Power’ include:
• Evidence should be used as an integral part of the process and as an aid to innovation.
• International research suggest that the most successful programmes tend to share common characteristics: they target specific populations, they are intensive, they focus on behaviour, the include both parent and child, they stay faithful to the programme.
• Effective local practice is characterised by clarity of purpose, interventions that are informed by an evidence base and analysis of local needs, and a baseline to enable tracking at key states to measure impact on outcomes.

A summary of all the emerging findings and recommendations from the work streams was used to formulate the proposals, agreed by the Departmental Management Team, that have shaped this strategy.

SUMMARY OF EMERGING FINDINGS
Strengths/Opportunities to build on:
• Strong continued commitment to use of the CAF (Common Assessment Framework) process as an effective tool for identifying and assessing need.
• Single point of access via the Supporting Families model (0-12years) has proven to be a simple but effective way to accessing appropriate and timely multi-agency response to identified needs.
• Strong partnership working and multi-agency engagement in the Supporting Families model.
• Increased number of accredited parenting programmes (Incredible Years, Strengthening Families Strengthening Communities, Escape, Speak Easy, Caring Dads, Triple P) delivered to a more targeted cohort.
• Strengthened commissioning process with clear service-level specifications has led to Early Intervention and Prevention services that are targeting interventions to families at level 2-3 of the Merton Child Well Being Model (CWBM).
• Local and National research evidence demonstrates that early intervention works and is cost effective in the long term
• National research findings can be predominantly summarised by the C4EO ‘5 Golden Threads’.

Weaknesses/Opportunities for change:
• The number of CAF assessments recorded had declined.
• The CAF is being used predominantly as a means to accessing specific provision, rather than a tool for assessing need.
• The CAF does not currently address whole family needs in a way that enables busy practitioners to use it as effectively as possible.
• The Lead Practitioner role is not consistent.
• We have a large number of panels with some duplication of the children and young people considered, and overlap of staff.
• Different processes for accessing services dependant on age of the child or young person can cause confusion for some referrers.
• There is some duplication of delivery, especially at Level 2 (MCWBM), with our early intervention commissioned services.
• There is scope for better coordination of parenting programmes and further improvements in targeting parents.

RECOMMENDATIONS
The following recommendations were submitted to and agreed by the Departmental Management Team in July 2011, and are the basis for the development of the whole system re-modelling outlined further in this document.

Recommendation 1 – develop a simplified version of the MCWBM that reduces the number of levels (currently 5) to 3 – Universal, Enhanced and Specialist.

Recommendation 2 - provide clarity and publish what the ‘Universal’ offer is, how it will provide Early Intervention, and develop a clear pathway (to and from) the Enhanced level, and between each of the three levels of delivery.

Recommendation 3 – develop a new ‘Enhanced’ service using funding from existing in-house provision.

Recommendation 4 – the functions of the new ‘Enhanced’ service should be:
• Coordination of a multi-disciplinary/agency response, including allocation of Lead Practitioner.
• “Comprehensive” family assessment, advice and “casework”.
• Direct provision from a range of disciplines when assessment indicates the need for a multi-disciplinary/agency response.
• Brokerage to commissioned services.
• Advice and support to practitioners working within the universal level of delivery

Recommendation 5 – The Enhanced service would be supported by some directly commissioned provision, though this may be less than in previous years, will be driven by tight specifications and monitoring, and only accessed via the enhanced service following comprehensive assessment of need.

Recommendation 6 – Develop the CAF into a ‘Family’ CAF that enables practitioners to reflect the complexities within families and plan holistic support to meet the needs of the whole family.

A recognised key strength in Merton is the level of integrated and partnership working. During periods of change and uncertainty, and when resources are scarce, the tendency is to defend and cling to what we know, and attempt to maintain status quo or even retrench back into own organisations. Continued development of partnership working will be pivotal to the successful implementation of this strategy.

THE MODEL OF DELIVERY

Overview
The current delivery model, otherwise known as the Merton Child Well Being Model, was initially developed as the Child Concern Model in 2004, and reviewed and revised to the present format in 2008. Following the evaluation work undertaken (as already described), the main recommendation for change was to simplify the model, by moving from 5 current levels to 3; reflecting the way that our work with children, young people and their families will be delivered. These levels will namely be Universal, Enhanced and Specialist.

The model will continue to be underpinned by the use of an Assessment Framework (currently CAF), but this will be developed into a ‘family’ CAF, rather than the current framework that encourages practitioners to concentrate on the needs of an individual child or young person.

A newly formed service will be developed in line with the enhanced level of need, created from elements of current in-house provision, and supported by some commissioned services from the Community and Voluntary Sector (VCS).

The rationale for remodelling the way Early Intervention services at the new ‘enhanced’ level are delivered in Merton, links to one of the elements of the C4EO1 ‘5 Golden Threads’, namely Smarter working, better services, by:
• Providing clear leadership of the overall process and expertise needed to manage the complexity of cases
• Building on current partnership working
• Providing a robust and credible way of making decisions about scarce resources

1 Grasping the nettle: early intervention for children, families and communities C4EO 2010
Providing joined up delivery without duplication

It is essential that the universal, enhanced and specialists levels of the model are seen as being parts of a continuum of support available to meet assessed need, and at any particular point in time. Children, young people and their families have different levels of need and their needs often change over time depending on their circumstances. Most children are able to go through their childhood needing only the support of their family, their community, their school and other universal services to which all children are entitled. Some children and families will need ongoing support, while others may have their needs met sufficiently by an ‘early’ intervention delivered within the new ‘Universal’ level. Children, young people and families will not necessarily move systematically between the three levels, occasionally a presenting concern or issue raised by a professional within the universal level will be so serious that it requires statutory or complex specialist assessment/intervention at the ‘Specialist’ level of the model.

Diagrammatic representation, showing New Model in relation to old levels of the Merton Child Well Being Model.
In Merton, we have agreed to adopt the C4EO definition\(^2\) of ‘Early Intervention’ as intervening early and as soon as possible to tackle emerging problems for children, young people and families. Early Intervention can occur at any point in a child or young person’s life, and at any level of the model, and help may be directed to an individual family, or a population. Early Intervention can therefore include intervention *early in life* (including interventions with pregnant mothers, prior to a baby’s birth); interventions *early in the development of a problem* (with children and young people of any age); interventions offered to an entire population or particular vulnerable group (Health Visitors provide additional targeted intervention to those families where there is identified family violence); and interventions to reduce the severity of problems and to directly reduce the likelihood of care or custody (such as Multi Systemic Therapy).

This strategy recognises that many of our universal services are already providing additional and targeted support to those children, young people and families identified as requiring this. It is also acknowledged that some universal settings are also commissioning additional, targeted services for their populations. For example, Early Years commissions ‘Every Child a Talker’, which is designed to strengthen children’s early language development, by improving the quality of language provision in early years settings. The key aims of the programme are:

- Raise children’s achievement in language development
- Improve practitioner skills and knowledge
- Improve parental knowledge and involvement in their children’s language development.

Similarly, many of Merton’s Primary Schools are commissioning services from the Voluntary and Community Sector (VCS) to provide early help for emerging issues such as emotional and behavioural support, especially when this can be delivered in a way that links and reinforces interventions and practice within the school setting with parental advice and support within the home environment.

Research indicates that early intervention (at whatever level) is much more effective if certain delivery characteristics are present. These include:

- A focus on behaviour change
- Delivery both to the parent(s) and the child.
- Delivered by skilled and knowledgeable workforce
- Regularly reviewed through measurable outcomes
- Adherence to a recognised programme model

Although the delivery of early intervention within the universal level forms part of this overall strategy, commissioning additional services to deliver at this level of the model will *not* be a specific part of the implementation action plan. Implementation will focus on commissioning services to deliver at the enhanced level, and the development of the new enhanced service, and the changes to pathways and processes to underpin the model. It will therefore be vital that we maximise the ability of universal services to deliver early intervention at this level, building on our successes both in partnership working and our preventative approaches, through the work of the Children’s Trust (CT) Partnership.

Development of early intervention at the universal level would be supported and enhanced by:

---

\(^2\) Early intervention and prevention in the context of integrated services, C4EO August 2010
• Easy access to information and advice, including self-help, that enables people to make their own informed choices and enables self-reliance wherever possible.
• Developing new ways of working within universal services/settings that will ensure the right response is provided to children, young people and families at the first indication of need; building on the strengths of families and local communities.
• A shared understanding of the preventative priorities between existing and new commissioning partners, to ensure that any future investment is targeted effectively across the CT Partnership.
• A workforce that has the right skills and training and feel supported to proactively engage children, young people and families, identify potential problems and acting swiftly to prevent them getting worse.

Universal Level
The new universal level would be a combination of our current Levels 1&2, and would be delivered through existing universal services such as, Midwifery/Health Visiting/School Nursing/Primary Care, Children’s Centres, Early Years Settings, Schools, Universal Youth Services, Police and the Voluntary and Community Sector.

Universal services are those that are routinely available to all children, young people and families, which can help to provide services that are delivered in a non-stigmatising way. Universal services and settings are often the places where emerging issues/difficulties are first identified, or where families may first ask for help.

Progressive Universalism (universal services with targeting to those that really need them) can often provide the help needed for uncomplicated issues. This targeting can be focussed to whole populations, or geographical areas i.e. ‘at risk’ groups, as well as to individual families identified as requiring additional support. Early access to some additional support will often be enough to empower parents and/or to build resilience, which enables children, young people and families to overcome future issues.

Presenting issues may include health or developmental problems, special educational needs, behaviour, parental capacity, social exclusion or financial hardship. Often, intervention delivered by a single agency for a relatively short period of time can be sufficient early help to prevent problems becoming worse.

Targeted interventions may be provided by staff working in our Universal services/settings or may be commissioned by them to provide additional targeted services. Although we maintain our Children’s Centres as an open Universal service, [a place for parents of all backgrounds to meet and share experiences, build their confidence and get involved in their local community], we will use Children’s Centre Services innovatively and intervene early, targeting those children and families that are most in need. Schools may choose to use funding available to them (for example the new Pupil Premium) to commission additional services, targeted to groups of children or young people, or individual children, young people and families, to meet identified needs.

3 Facing the Future, DH 2007
It is important to ensure that an interactive approach is adopted in working with families at all levels of need to reduce levels of dependency and to enable self-determination and choice.

Enhanced Level
The key aim of the development of a new enhanced service is to ensure that the right support is provided to the right people, at the right time, with a focus on working with families and building parenting capacity and resilience. This in turn will safely prevent or delay the need for children entering the care system or children young people and families requiring other high cost (specialist) interventions. The enhanced service will also provide reinforcement support to families that have had specialist intervention, reducing overlapping services, making sure that services across levels work closely together, avoiding unnecessary referral and delay and providing a focus for interventions that prevent further escalation of need.

The new enhanced service will be funded through elements of existing in-house provision including, and build on the current remit of the Supporting Families Team and Vulnerable Children’s Team.

The enhanced service will provide:
- A single point of referral for cases thought to require an enhanced and multi-disciplinary/agency response.
- Coordination of the multi-disciplinary/agency response, including the allocation of a Lead Practitioner.
- Comprehensive/holistic family ‘assessment’ (building on any previous assessment, using the CAF (Family CAF) and ‘casework’.
- Direct provision from a range of disciplines of 1:1 and group work, where assessment indicates the need for a multi-disciplinary response.
- Brokerage to commissioned services.
- Advice and support to practitioners working within the universal level, regarding the ongoing management of cases not reaching the criteria for the enhanced service (for example, behaviour management).
- ‘Step down’ reinforcement support to those families leaving specialist services, but still requiring some intervention.
- Parenting support/programmes to those families assessed as requiring a multi-disciplinary/agency response.
- Parenting support/supervision to those practitioners within the universal level delivering accredited parenting programmes.
- Child Protection training, advice and support to schools.
- Links to Secondary School TYS Panels.

The enhanced service will be supported by some additional commissioned services, provided predominantly by our local community and voluntary sector (CVS). It is likely that we will seek permission to continue to contract some existing CVS organisations during 2012-13 whilst the new enhanced service is implemented, and then procure services according to a new set of commissioning intentions for delivery commencing in April 2013.
Specialist Level
The new specialist level would be a combination of our current levels 4&5. This level is for those children, young people and families, who by virtue of their health, behaviour or family environment, require specialist or statutory assessment and/or intervention, such as those requiring safeguarding, being looked after, public protection, youth justice services, special educational needs, support for children with complex disabilities, Child and Adolescent Mental Health Services and Multi-Systemic Therapy. A small number of children and young people may require highly specialist services or intensive input from a number of agencies for a long period, or even specialist placement or secure provision.
**Implementation**

If agreed, the implementation of the recommendations of this document include whole system re-design, and as such it is recognised that this is a significant piece of development work. It is therefore vital that the implementation is planned, phased and ensures continuity and stability of service delivery to ensure we continue to deliver early intervention and prevention services and avoid escalation and families requiring higher cost interventions when these are preventable.

We will therefore seek to continue to commission some CVS organisations to deliver early intervention services at Level 3 of our current Merton Well-Being Model during 2012/13, whilst the in-house enhanced service is implemented. This will be a reduced number of CVS commissioned services in order that we secure essential cost savings for 2012-13.

The provision of some Level 3 commissioned services will provide continuity for families with multiple or complex needs already 'in the system' and will provide some brokerage for families newly identified as requiring enhanced support.

The enhanced service will comprise of two age-related teams. The Supporting Families Team (0-5yrs) and the Vulnerable Children’s Team (5-16yrs). Alongside these will be the developing Transforming Families initiative.

**Workforce Development**

Skills development with key partners is at the heart of what we have to deliver within Merton’s CT. To date many staff from across the workforce have been trained in the use of the Common Assessment Framework (CAF).

We also have in place robust systems for a wide spectrum of effective safeguarding of children and young people through the MSCB multi agency training and single agency training programmes. A safeguarding audit tool for use in schools was piloted in 2010/2011 and is now in use in all schools. It has recently been offered by the Chair of the MSCB to schools in the private, voluntary and independent sector and is being adapted for use in all Early Years settings. In 2012 it will be rolled out to all commissioned partners across the sector and will help to further strengthen contract monitoring. All senior managers in the Children’s Trust have been trained in safer recruitment processes.

These and all our wider workforce intentions are set out in the Merton CT Workforce Development Strategy (2011-13). Alongside this, there are specific workforce needs in relation to the development of the enhanced service.
Members of the enhanced service will not all be required to have/develop all of the skills above to the same level. For example, not all members will need to be trained and accredited to deliver the parenting programmes, but all members will need to have a basic level of understanding of the programmes, their ethos and objectives.

There will inevitably be other training and development needs within the developing enhanced service. These will initially be identified through a skills/training needs audit and the development of a training and development plan. There will also be continual professional development needs for individuals within the service linked to the corporate appraisal process and competency frameworks for professions (for example Social Workers).

Benefits Analysis

The proposed model incorporates a vast whole system redesign, which must be implemented in a planned and managed way. It is vital that all Children’s Trust Partners recognise and own the value of these changes and how each can significantly contribute to helping us improve the life chances and life choices of Merton’s children and young people. The main benefits to implementing the changes outlined in this strategy are:

- Universal Services no longer responsible for completing CAF, but will contribute in partnership with the enhanced service.
- Professionals working in universal services will not have to take the Lead Practitioner role
- Universal Service ‘time’ freed up to deliver universal and ‘early’ targeted interventions.
- Staff in universal services will feel more confident to deliver targeted interventions, when supported from within the enhanced service.
- Development of a more consistent ‘Care Management’ approach
- Standardisation of quality of CAF completion
- Interventions more targeted at ‘root cause’ rather than ‘presenting factors’, leading to more positive outcomes for families.
- Embedded Lead Practitioner role will aid communication with families, leading to improved user satisfaction.
- Standardised de-escalation from specialist services so less families at risk of ‘falling through the net’.
- Retention of a number of commissioned services, deployed by the enhanced service and working at the enhanced level.