

	<p style="text-align: center;">Children and Families Overview and Scrutiny Committee 1st March 2007</p> <p style="text-align: center;">Report from the Director of Children and Families</p>
<p>For Information Wards Affected: ALL</p>	
<p>Kingsbury and Stonebridge Integrated Service Programmes</p>	

1.0 Summary

- 1.1 The 'Every Child Matters: Change for Children Programme and The Children Act 2004 requires all local authorities and their partners to cooperate and deliver integrated frontline services, in order to improve outcomes for all children and young people in their area. The statutory guidance supporting the Children Act 2004 introduces the Common Assessment Framework (CAF) and the Lead Professional (LP) role as key contributing elements to delivering frontline integrated services and it is the expectation of the government that all local authorities and their partners implement and roll out the CAF and LP role by 2008.
- 1.2 Brent Children and Families Department has addressed this agenda by developing an integrated frontline service model in the Stonebridge and the Kingsbury wards. The model for delivering services in the pilot sites brings together five contributing elements which are jointly planned and delivered together to achieve an integrated frontline service. They consist of an Integrated Services Coordination Group (ISCG), the use of the CAF, the LP role, principles of Information Sharing procedures and an Electronic CAF system.
- 1.3 The two pilot programmes have been successfully implemented offering inclusive early intervention provision for children and young people aged 0 -18 and their families who may be at risk of social exclusion. The target group includes children and young people who have additional unmet needs not catered for by statutory provision and not known to the Social Care Division of the Children and Families Department.
- 1.4 This new way of working and its change process for staff, schools, partners, and families, has been greatly welcomed. Families have commented on the speed of delivery of service which is on average 4 weeks from the completion of an assessment to service delivery.

- 1.5 It is anticipated that the pilots will run for a further 2 years and be extended to the Kilburn locality from April 2007.

2.0 Detail

2.1 Approach

- 2.2 The two integrated programmes operate mainly from the primary and secondary schools located in the pilot areas. Children who may be a cause for concern are identified by their school, health practitioner or a voluntary sector practitioner. For the purposes of the pilot the local authority has appointed three lead professionals. These and other assessors from partner agencies work closely with schools, the child, parents and other relevant agencies to carry out initial assessments of the needs of these children and young people.
- 2.3 The assessors gather information using the CAF which is a national standardised assessment tool for all agencies to use to consider a full range of issues with the family in a holistic way. They use the CAF to identify the strengths and needs of the family and any underlying issues which may not have been picked up by the referring agencies. The CAF is also used to decide the level of need presented.
- 2.4 The 'assessors' use the outcome from the assessment to decide the most appropriate action or referral route. A summary of strengths and needs with recommendations for action for children who are judged as having additional unmet needs (level 2) is presented to the ISCG. This group has membership from key services in the local authority, health services and representatives from voluntary and community organisations. The group agrees a package of support for the child and family and individuals can commit resources on behalf of their agency where appropriate. The group also agrees on an appropriate person to take the role of the lead professional for the child and they monitor the quality of provision and review cases on a three monthly basis.
- 2.5 Lead professionals then coordinate the agreed package of support for the child, and become the single point of contact for all agencies on behalf of the family. They maintain a single overview of the progress of a child who might be receiving services from several agencies. They work to improve trust, communication and information sharing between the family and other practitioners, thereby reducing the number of inappropriate inter-agency referrals and duplication of services.
- 2.6 All information gathered on the child is stored securely on the electronic CAF database which is managed by the programme coordinator.

3.0 Key Messages

- 3.1 So far, the two integrated pilot programmes have ensured that children with additional unmet needs who live and attend school within the pilot sites are quickly identified, assessed and given support in a coordinated manner through the ISCG. The ISCG is now well established and it has agreed packages of support for all children identified with additional unmet needs referred to the programme. Each child has now been assigned a lead professional who co-ordinates their agreed package of support.
- 3.2 The integration of the key activities - CAF, LP role, information sharing, the ISCG, and the electronic database - has enhanced partnership working. It has also assisted the programme in achieving a level of consistency in approach in terms of making effective

referrals and providing services to children and families within the pilot sites. The sharing of information across services, amongst the ISCG members and with practitioners who work with the children has helped in reducing duplication of resources.

- 3.3 Packages of support that are offered cover access to provision of services in children's health, social care, early years, youth and community learning, raising educational achievement and attainment. The individual packages of support are delivered in conjunction with Brent voluntary and community sector organisations thus building voluntary sector capacity and more importantly ensuring that services are tailored to meet the diverse and cultural needs of children and families referred to the programme.
- 3.4 The programmes' training sub group which is made up of managers from the local authority and Brent tPCT has developed an assertive training programme that covers all the key elements of integrated working. They have trained a total of 271 practitioners across all agencies and disciplines.
- 3.5 The training has given practitioners opportunities to learn from each other. It has also brought about a greater awareness and respect for the different disciplines and service areas and for peoples roles and responsibilities. It has also offered a wealth of knowledge of services across the borough, some of which are free.
- 3.6 In accordance with the statutory guidance, Brent's integrated working has been developed to offer practical approaches in working with parents, seeking their consent and building parental confidence. The programmes have ensured that children and their families' views and opinions are incorporated in the decision making process. It has also ensured that children and families referred to the programme receive the right level of culturally appropriate early intervention support. This will also assist the department in the future planning and development of a commissioning framework.
- 3.7 This change process is ongoing, incremental and a developing one. The first stage of the programmes' evaluation indicates that this approach is attractive both to the agencies involved and the children and families needing support and that it helps target earlier support where it is needed.
- 3.8 The systems and structures currently in place for delivering integrated services can easily be built on and modified to assist the identification of children with multiple needs who may otherwise be accommodated under section 20 of the Children Act 1989 to receive intensive support at the right time. The structure serves as a mechanism for identifying early children with complex needs and offers fast track access to specialist services to reduce future disaffection.
- 3.9 The system also offers an opportunity to roll out the project and share resources and good practice across other localities in the borough.

4.0 Next Steps

- 4.1 Given the early success of the two pilots, an application has been made to secure further funding to continue the Stonebridge and Kingsbury pilots for another two years and to extend the programme to South Kilburn.
- 4.2 A further bid has been made for LAA funding for a project to target 8 -12 year olds who require intensive support and have more complex needs than the level 2 children referred to the integrated service programmes.

- 4.3 It is intended that 9 Early Years Lead Professionals will be appointed using children's centres revenue funding to extend the early prevention model to children under five.
- 4.4 It is important to note that crucial to the success of integrated working in Brent and across the country is the implementation of the 'assessor' and lead professional functions. Although some professionals are prepared to carry out the CAF in a school setting, it is unlikely that a teacher will be the lead professional because of time constraints. Therefore the role is likely to fall to the SENCO or a designated person.
- 4.5 Unfortunately, a good number of practitioners who have received integrated working training are concerned that by taking on the LP role they will be overwhelmed by the CAF process and they might not be able to provide the other support for which they were appointed.
- 4.6 There has also been less participation than had been expected from health visitors and schools nurses and this is likely to be exacerbated by the cuts proposed by the Brent tPCT. Out of the 90 CAF referrals received by the programme 73% have been generated by the lead professionals appointed by the local authority.
- 4.7 Guidance issued in December 2006 outlining the relationship between the CAF and the Connexion's APIR has been a positive step forward. The programme team is currently working with Connexion's Services to implement the change which will allow Connexion's personal advisors to undertake assessments and in some cases act as lead professionals.
- 4.8 All agencies accept that the Integrated Services Model has potential and have engaged fully in planning for the pilots. However, this is a very new way of working in Brent. If funding is agreed, the extension of the pilots will give the opportunity to evaluate the effectiveness of the model over a longer timescale. It is hoped that greater "buy in" can be achieved from the wider professional community as the benefits of the model become more widely known.

5.0 Conclusions

- 5.1 As stated previously in this report implementing and rolling out the Common Assessment Framework and the lead professional function is not optional. The model being trialled in Brent has great potential. However, it is a new way of working and quite resource intensive. Consideration will have to be given as to whether it can be mainstreamed successfully in its current form. It is recommended that a second stage evaluation is completed in the second year of the project which will be used to inform decisions about the roll out of the Common Assessment Format and the future of the integrated services model.

10.0 Background Papers

- 10.1 **Every Child Matters Children Act 2004 (Statutory Guidance)
Stage 1 Integrated Service Evaluation Report (October 2006)
Connexions Action Notes December 2006 (DfES)**

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