

**AGENDA MANAGEMENT SHEET**

**Name of Committee**

**Cabinet**

**Date of Committee**

**30 July 2009**

**Report Title**

**Think Family – Improving the life chances of families at risk**

**Summary**

This report seeks approval from Cabinet to develop and implement the Think Family reforms across the Warwickshire area.

**For further information please contact:**

Elizabeth Featherstone  
Head of Service: Family and Community  
Tel: 01926 742589  
elizabethfeatherstone@warwickshire.gov.uk

Nicola Williams  
Assistant Head of Service: Supporting Parents and Families  
Tel: 01926 742260  
nicolawilliams@warwickshire.gov.uk

Nick Gower-Johnson  
County Localities and Communities Manager  
Tel: 01926 412053  
nickgowerjohnson@warwickshire.gov.uk

No

**Would the recommended decision be contrary to the Budget and Policy Framework?**

*[please identify relevant plan/budget provision]*

**Background papers**

- Reaching Out: Think Family – Report for the Social Exclusion Task Force, January 2008
- Coordinating Partnership Work in Priority Neighbourhoods, High Harm Causers and Targeted Family Centred Intervention – report for the Public Service Board, April 2009
- Child Poverty Bill now in progress
- Warwickshire Together – People, Places and Business, June 2009

**CONSULTATION ALREADY UNDERTAKEN:**

Details to be specified

Other Committees

.....

- Local Member(s)  Not applicable
- Other Elected Members  CYP&F O&S Chair and Vice-Chair for information:  
Cllr John Ross  
Cllr Carolyn Robbins
- CYP&F O&S Spokespersons for information:  
Cllr Peter Balaam  
Cllr Tim Naylor – *“A welcome initiative in a crucial area. I look forward to seeing evidence of its rapid implementation and regular reports on its effects.”*
- Adult & Community Services O&S Chair and Vice-Chair for information:  
Cllr Les Caborn – *“happy to approve”*  
Cllr Tilly May
- Adult & Community Services O&S Spokespersons for information:  
Cllr Richard Dodd  
Cllr Frank McCarneyr
- Cabinet Member  Cllr Izzi Seccombe – *“agreed for Cabinet”*
- Other Cabinet Members consulted  Cllr Colin Hayfield
- Chief Executive  .....
- Legal  Victoria Gould – comments incorporated in the report
- Finance  David Clarke, Strategic Director of Resources – no comments to make
- Other Strategic Directors  .....
- District Councils  .....
- Health Authority  .....
- Police  .....
- Other Bodies/Individuals  All stakeholders  
Public Service Board 30.4.09

**FINAL DECISION**

**YES**

**Cabinet – 30 July 2009**

**Think Family – Improving the life chances of families at risk**

**Joint Report of the Strategic Director for Children, Young People & Families, the Strategic Director of Adult, Health & Community Services and the Strategic Director for Customers, Workforce and Governance**

**Recommendations:**

- (1) That Cabinet approves the planned actions to begin implementing the Think Family reforms in Warwickshire in order to improve the life chances of vulnerable children, young people and families.
- (2) That Cabinet asks the Public Service Board to consider the report and respond to the recommendation alongside its emerging approach to High Harm Causers and Family Intervention.

**1. Purpose of the report**

- 1.1 The purpose of this report is to inform Cabinet of the Think Family agenda and the tasks required of Local Authorities and their partners. It also seeks approval to develop this work at both a strategic and frontline level.
- 1.2 This report is directly linked to work currently being processed on High Harm Causers and Family Intervention which was subject to a resolution of the Public Service Board (PSB) on 30<sup>th</sup> April 2009. This also clearly supports the county's corporate priority of Narrowing the Gaps and will help ensure that there will be positive outcomes for the most disadvantaged groups and communities.

**2. Background**

- 2.1 *Reaching Out: Think Family* was produced by the Social Exclusion Task Force in January 2008. It is the second paper produced to highlight issues raised from the Families at Risk review and offers recommendations for a broader system of joined up work.

- 2.2 The Families at Risk review identified that a small number of families are responsible for a disproportionate amount of the workload of many different services. Although families may have contact with many different services this does not mean that their needs are being met. Supporting the most vulnerable and chaotic families requires a whole family approach and needs assessment to ensure each member in the family is getting access to the right services for them.
- 2.3 These families are often experiencing five or more poor outcomes which could include mental health problems, anti-social behaviour, low income, poor quality or inadequate housing, domestic violence, drug /alcohol dependence.

### **3. Introduction**

#### **3.1 What is Think Family?**

‘Think Family’ means reforming systems and services provided for vulnerable children, young people and adults to ensure services work together to:

- Identify families at risk to provide support at the earliest opportunity;
- Meet the full range of needs within each family they are supporting or working with;
- Develop services which can respond effectively to the most challenging families; and
- Strengthen the ability of family members to provide care and support to each other.

3.2 The ‘Think Family’ approach should be an integral part of local strategies to improve the well-being of children and young people. (*DCSF Think Family Guidance February 2009*). The Think Family approach also aims to identify concerns at an early stage and prevent families escalating into crisis.

3.3 Warwickshire has made a good start in identifying families at risk through the Common Assessment Framework (CAF) process, which was introduced as part of the reforms in the Children Act 2004. CAFs place the child at the centre of the process and work with the families and agencies to address the services needed to support improved outcomes for the child. This may include support for the parents or family.

3.4 Warwickshire has also been allocated a small grant by the DCSF to establish a Youth Crime Family Intervention Project. A group of key officers have been invited to be part of the development of this project, which will be focussed on the Nuneaton and Bedworth Local Strategic Partnership (LSP). It is expected that the learning from this project will be helpful in replicating this approach to other parts of Warwickshire. Indeed we are aware of similar initiatives currently being planned via the Warwick and Rugby LSPs.

3.5 Recently, the PSB received a paper entitled ‘Coordinating Partnership work in Priority Neighbourhoods, High Harm Causers and Targeted Family Centred Intervention’. The PSB agreed that a small task group is established to bring

together strategic leads from the Children's Trust and partner agencies to develop a strategic approach to intensive family support which will ensure we maximise the use of all agencies with specialist skills to work together.

The Family Intervention Pilot (FIP) is a small project, which underpins this work and enables us to learn from pilots elsewhere in the county.

#### **4. The key characteristics of Think Family**

- 4.1 **No 'wrong door'** – contact with a parent through any service is used to identify their wider family needs. This practitioner may not have the answers to the problem but earlier identification means there is more opportunity to direct appropriate support.
- 4.2 **Look at the whole family** – practitioners look at individual family members' problems and find joint support that meets all the needs. For adult services this may be focusing on the 'client' as a parent.
- 4.3 **Build on family strengths** – a family who can recognise their strengths and abilities is able to build resilience and seek appropriate support. A strengths-based approach that helps families to deal with present and future problems can improve the life chances of family members. Small successes can start to turn things around.
- 4.4 **Provide tailored support** – family-centred packages are offered to those with complex and on-going problems. The Family Intervention Pilots and Family Nurse Partnerships are examples of how this approach is successful.

#### **5. Think Family throughout the organisation**

- 5.1 Think Family reforms should be at every level of the system, from empowered families at the centre through integrated front-line delivery, integrated processes and integrated strategy to inter-agency governance. This approach raises many key issues, some of which are highlighted below.
- 5.2 For **families**, they should be able to lead decision making (exemplified in Family Group Conferencing), access group-based and individualised parenting support at an early stage (Parent Training Programme), and are challenged to raise aspirations and change behaviour (Family Intervention Projections).

**Practitioners** in universal services have the 'tools and incentives to identify wider needs'. These may include training in motivational interviewing, brief interventions and one-plus-one relationships. Lead professionals who coordinate family support plan are a critical part of the process. Commissioners may need to explore the increase in referral to preventive services.

**Processes** are seamless in order to bring together information that would otherwise be scattered across the system and all assessments from ante-natal

screening to intensive adult mental health should 'think family' to identify support needs for other family members.

**Strategies** identify families at risk and prioritise time and resources to increase levels of support that may be needed.

- 5.3 At a strategic level the DCSF guidance suggests Children's Trusts have a Think Family champion and a strategic line of accountability in both Children and Adult Services.
- 5.4 At the heart of this government agenda are the children and adults who cause practitioners the most concern and the most time. Pilots for the most vulnerable families through Family Intervention Projects, multi-systemic therapy pilots and family nurse partnerships are proving to be highly successful.
- 5.5 Think Family is wider than intensive family support. We need to ensure that Customer Service and access approaches are embracing the Think Family theme of no wrong door. We need to strengthen links with organisations who provide services to vulnerable adults to ensure that children and their families' needs are addressed. We need to acknowledge that families provide solutions and coping strategies and help children build resilience.

## **6. Planned actions to further Think Family reforms**

- 6.1 The Think Family agenda is promoted through:
- A Think Family champion to ensure Think Family reforms are put in place;
  - Lead responsibility for Think Family assigned to a specific directorate or partnership such as the Children's Trust or Adult, Health and Community Services;
  - The PSB receiving this paper to consider adopting a Think Family approach and wide consultation to include all PSB agencies, especially the 3rd Sector via the Warwickshire CAVA.
- 6.2 Strong use is made of the DCSF consultant to work with partners, building upon the work already underway between the Children and Adult Directorates to develop practical protocols and information sharing about work with families. If successful, this would be a model used in other areas of Think Family reforms.

MARION DAVIS  
Strategic Director for  
Children, Young People and  
Families

Saltisford Office Park  
Ansell Way  
Warwick

GRAEME BETTS  
Strategic Director of Adult,  
Health and Community  
Services

Saltisford Office Park  
Ansell Way  
Warwick

DAVID CARTER  
Strategic Director for  
Customers, Workforce and  
Governance

Shire Hall  
Warwick

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