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Bridgend Children's Services

Family Support Commissioning Strategy

Final Draft March 2025

1. Introduction and context

This is the final draft of a commissioning strategy for Family Support services to children, young people and families across Bridgend in the period 2025 – 2027. It updates earlier drafts completed in December 2024 and January 2025 and reviewed by the Deputy Head of Children's Services.

The Council agreed a three-year strategic plan 'Think Family, Sustainably Improving Outcomes for Children and Families', which received Cabinet and Council approval in September 2023. It committed the Council to introducing new arrangements for an integrated IAA, early help, locality social work, locality early intervention and edge of care services.

Following this, the Council agreed that from April 2024 all Family Support (an overall title including services previously called early help, family support and edge of care services) should be integrated within Children and Family Services - part of the Social Services and Wellbeing Directorate (SSWB) - with the purpose of ensuring that all children, young people and families are supported quickly and effectively.

Family Support includes early help and edge of care services previously managed by Education and Family Services (EFS) Directorate as well as social care services. It complements pathways and approaches with the education engagement and pupil support services which will remain in EFS, and other sources of support for children and families including from the NHS and the community and voluntary sectors.

As part of the plan Bridgend CBC also agreed the need for a commissioning strategy to drive improvement and investment across the continuum of support for children and families to ensure that provision is based on best practice, and that resources are used most effectively. This includes ensuring that these services can help to reduce demand on acute care and support but most importantly ensure children and families access the right service, at the right time to prevent their needs from escalating. Therefore, this strategy is intended to take a commissioning perspective on:

- What Family Support services and interventions are needed to meet future population need.
- The future distribution of Family Support services including all those both delivered and purchased by the Council.

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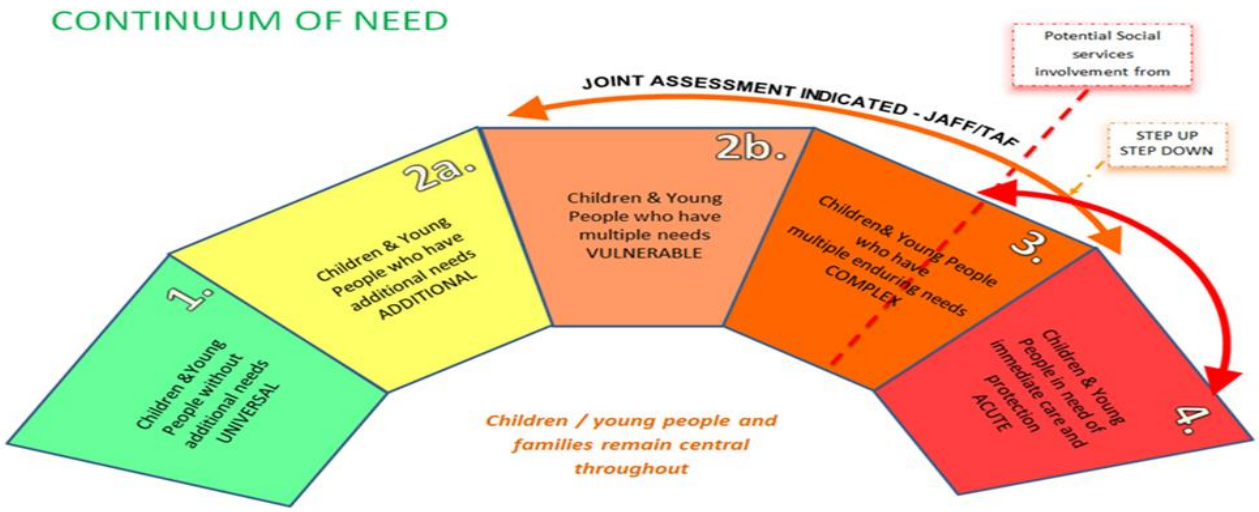
- What is needed to secure effective multi-service referral, decision-making and response arrangements across family support, social work, pupil engagement and education support.
- How Family Support services should complement and interact with related provision including education and pupil support, specialist social care services, NHS and other health services, and community provision including the voluntary and community sectors.

This strategy has been developed by Children and Families Services and concerns the services provided within the Children and Families Service. It does not propose commissioning priorities for EFS, the NHS or other partners, but is intended to provide a starting position for discussions with these agencies about future shared priorities.

2. Family Support from April 2024

2.1. Services in Summary

Bridgend uses the following continuum of need framework to shape the balance of services at different points in the system.



(Diagram 1)

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Overall, since April 2024, services at each level of the continuum can be summarised as follow:

Continuum of Need	Service Examples	Key Funding Sources
Universal (1)	• Schools • Primary health care • Leisure services • Public health	• Core Funding
Additional (2a)	• Education engagement and pupil support • Flying Start provision • Web-based advice and guidance	• Government Grants • Core Funding
Vulnerable (2b)	• Early Help Screening • Hub-based Family Support Teams • Education support and welfare • Flying Start and Families First provision	• Government Grants • Core Funding
Complex (3)	• IAA service • Care and Support Assessments • Hub-based Family Support Teams • Locality SW Teams • Integrated Family Support Services (IFSS). • Connecting Families. • Baby in mind. • Rapid Response. • The 'Dads Support Worker' • Rise programme.	• Core Funding • Some Piloting Grants
Acute (4)	• IAA service • Locality SW Teams • Safeguarding • CECT • CLA services • Fostering • Residential care and support	• Core Funding • Some Piloting Grants

(Table 1)

Family Support services are those primarily aimed at children and families at tiers 2b and 3 of the continuum. They are closely linked with both tier 4 acute services and other services at tiers 2 and 3 aimed at education, health and other support.

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3. Need and demand

For Bridgend the ONS summarises that in the ten-year period to the last census in 2021 there was an increase of 2.6% in children aged under 15 years. This increase in young people is expected to continue at more or less the same rates in the next decade, a change which is relatively small compared to other South-Wales authorities. However, this relatively small change in numbers is not reflected in patterns of actual demand for Family Support in recent years. The last five years have seen extraordinary changes in patterns of demand for children's services across Wales including Bridgend. Much of this has been related to the ongoing impact on education, health wellbeing from the Covid-19 pandemic, and reflects increases in the demand for care, support and safeguarding quite out of proportion to the overall changes in population numbers.

While all services have been challenged, social care services experienced the brunt of an imbalance between demand and capacity in the period during and following the Covid pandemic. The level of demand for children's statutory social care services in 2021 – 2023, particularly in IAA and hub-based locality services increased substantially:

- 5,763 contacts were received between April and December 2022/23 compared to 4,176 for the same period in 2021/22. This was a 38% increase.
- Between April and December 2022, 2,490 new assessments for children and young people were completed. This was a 121% increase on April to December 2021 when 1,125 assessments were completed.
- The number of child protection conferences held in April to December 2022 was 288. This is nearly 50% more than were held in all of 2021 (201). The increase in these figures is attributed to the throughput of work from the MASH/IAA Service.
- The increase in referrals and assessments led to a larger number of child protection issues being identified and many of those children requiring a Care and Support Protection Plan. There was an increase of 67% in child protection registrations from May 2022 (when the total number on register was 180) to December 2022 (when total number was 302). When compared for numbers per 100,000 population in March 2023 they were the highest in Wales.
- The number of children experiencing care rose by thirty from April to December 2022 (from 369 to 399). This was the third highest proportion per 100,000 population in Wales.

During this period demand for services was being generated across the system and channelled in particular to statutory children's services delivered via the IAA/MASH teams. By mid-November 2023, teams had the following numbers of allocated cases:

Team	Care and Support	Child Protection	Care Experienced	CP and Care Experienced	Total
Care Experienced Children's Team	9	1	227	0	**237**
Child Disability & Transition (Incl. 18+)	235	2	12	0	**249**

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Team	Care and Support	Child Protection	Care Experienced	CP and Care Experienced	Total
16+ Team	224	0	74	0	**298**
Locality Hubs	423	187	57	19	**686**
Total	**891**	**190**	**370**	**19**	**1470**

(Table 2)

Since late 2023 however, although the number and proportion of contacts received by MASH and IAA at the front door has not reduced, the number of cases which have then progressed to more intensive support have reduced significantly. This has been due to intensive work at the initial stage of response at the front door. So for example there were very significant reductions over the year between October 2023 and October 2024 in the following activities:

Case type	Number in 4 weeks from 6 October 2023	Number in 4 weeks from 4 October 2024
Further enquiries following referral	183	154
Proportionate assessments	19	0
Care and support assessments	510	99
Open S47 investigations	101	9

(Table 3)

This reduction has in-turn led to a 16% reduction in the total number of cases allocated to specialist teams, with a 48% reduction in child protection cases overall and a 34% reduction in cases allocated to the locality hubs between mid-November 2023 (table above) and mid-November 2024 (below):

Team	Care and Support	Child Protection	Care Experienced	CP and Care Experienced	Total
Care Experienced Children's Team	4	3	222	0	**229**
Child Disability & Transition (Incl. 18+)	239	2	10	0	**251**
16+ Team	229	0	65	0	**294**
Locality Hubs	311	92	40	8	**451**
Total	**783**	**97**	**337**	**8**	**1225**

(Table 4)

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This significant reduction in the numbers of cases going through the front door and on to other services is having a positive impact on the capacity and ability of these specialist services to work effectively in-depth on statutory issues with children and families.

However, there is an ongoing concern that the opportunity to help some families with more complex problems through intensive early help and edge of care support may still be being missed. For example, between May and October 2024 over three-quarters of cases which have come through the IAA front door have led to no further action, while just 6% of referrals lead to an early help referral:

Contact Outcome	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Total
Assessment	77	89	77	73	42	61	**500**
Assessment & Strategy	73	62	43	26	56	37	**399**
Strategy	23	8	31	13	15	7	**116**
Strategy & Early Help	0	0	5	0	0	0	**5**
Early Help	63	19	33	28	136	184	**486**
Still open	20	29	25	37	62	32	**219**
NFA- closed	830	811	1034	812	1099	1009	**6433**
Total	**1086**	**1018**	**1248**	**989**	**1410**	**1330**	**8158**

(Table 5)

Looking at these figures graphically below it is clear that the numbers of contacts which lead to an early help referral has been growing in recent months – but this remains dwarfed by the numbers where there is no further action and where there are perhaps missed opportunities to support those with comparatively high (but not yet statutory) needs.

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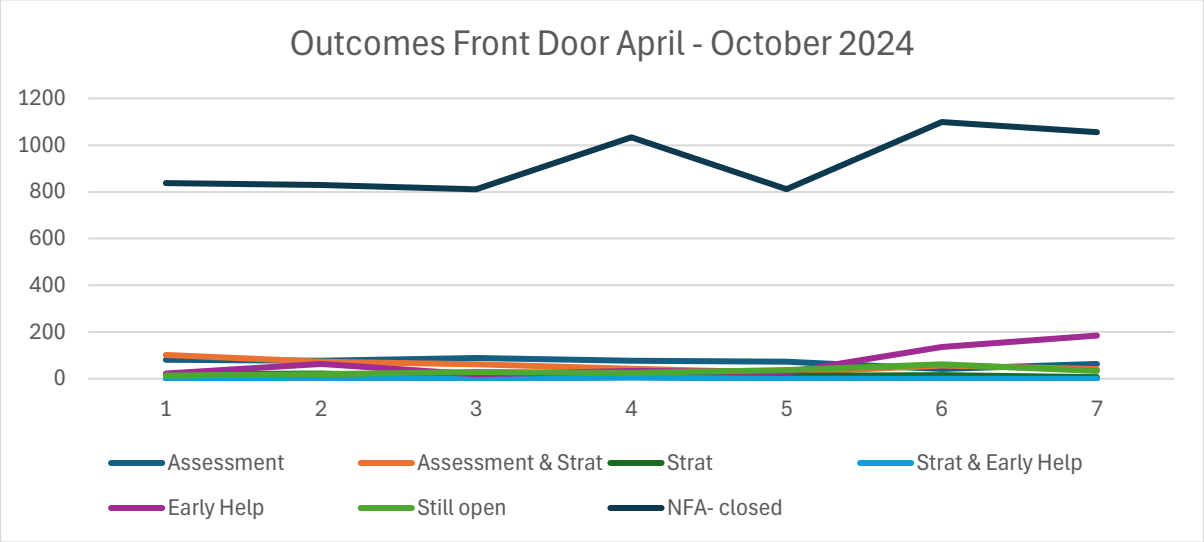
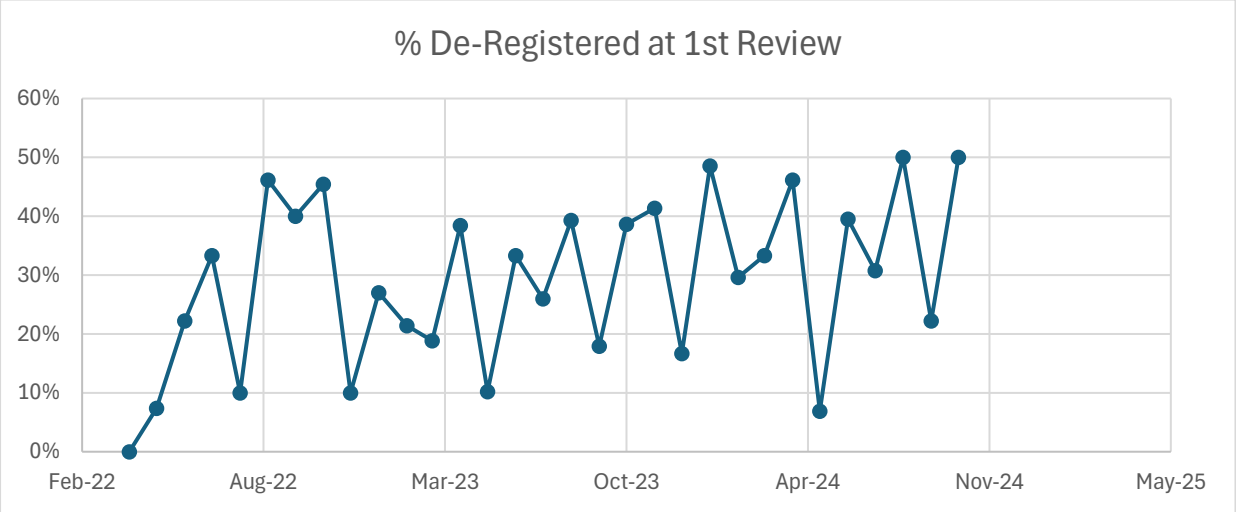


(Table 6)

It is also worth noting that in the last two years the proportion of child protection registrations which have led to de-registration at the very first review has been steadily increasing (from around 10% to 40%), suggesting that in many cases registration might not have been needed had there been an effective alternative early help offer for some families:



(Table 7)

These figures raise questions about the availability and capacity of early help services as they are currently configured to meet the referred needs of families – particularly the most vulnerable with complex needs.

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4. Resources - national grants and core funds

The Children and Communities Grant (recently taking the form of a combined grant covering a range of originally separate sources including Families First and Flying Start) from Welsh Government has been a major source of funding for Family Support in Bridgend in last 7 years. In 2024-25 the CCG settlement totalled[1] a £8.11m grant. This has included provision in the following key areas, all mainly operating at tier 2a and 2b on the Bridgend Continuum of Need:

Central Grants Team	£0.44m
Families First	£1.83m
Flying Start	£3.56m
Flying Start Expansion Phase 1	£0.26m
Flying Start Expansion Phase 2	£1.06m
Flying Start Expansion Administration	£0.06m
Legacy	£0.40m
Out of Court Parenting	£0.03m
Childcare & Play	£0.12m
Promoting Positive Engagement	£0.19m
St Davids Day	£0.42m
Playworks Holiday Project	£0.46m
Parenting Support Conflict	£0.50m

(Table 8)

These resources are matched by core funding from the Council for Family Support provision as follow:

Description	Core Budget 2024-25
Edge of Care (tier 3)	£1,161,591.00
Early Help (tier 2)	£472,860.00
Out of Court Parenting (tier 3)	£198,755.00
Total	**£1,833,206**

(Table 9)

In addition, the Council funds the cost of children and families social work services as follow:

Service	Whole Year Budget 2024-25
Information advice and assessment team	£2,210,261

[1] From BCBC Financial Staffing and Outcome Date V1 2024

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Service	Whole Year Budget 2024-25
Disabled children and transition team	£883,792
Contact worker team	£527,176
Care experienced children team	£1,225,555
Safeguarding north	£940,267
Safeguarding east	£918,316
Safeguarding west	£807,313
Safeguarding central	£777,942
Total	**8,290,622**

(Table 10)

In the November 2024 table above of case types, the proportion of cases dealt with on a care and support (tier 3) basis was approximately 64% compared to the proportion dealt with on a safeguarding or care experience (tier 4) basis which was 36%. If applied to the social care resources above this suggests that approximately £5,309,199 was spent on tier three services, and approximately £2,986,424 was spent on tier four.

In addition, the Council pays for internal and independent residential, fostering and SGO services, all of which can be described as being at tier 4 in the continuum as follow:

Service	Expenditure 2023-24
Internal Children's Residential Homes	£3,800,322
Independent Children's Residential Homes	£2,913,502
Internal Fostering and Kinship	£3,765,660
Independent Fostering	£2,057,715
Special Guardianship Support	£1,322,260
Total	**£13,859, 459**

(Table 11)

In total therefore, the resources available to the Children and Families Service to support children and families at tiers 2-4 in 2024-25 amount to:

- Tier 2b: £8,582,860.

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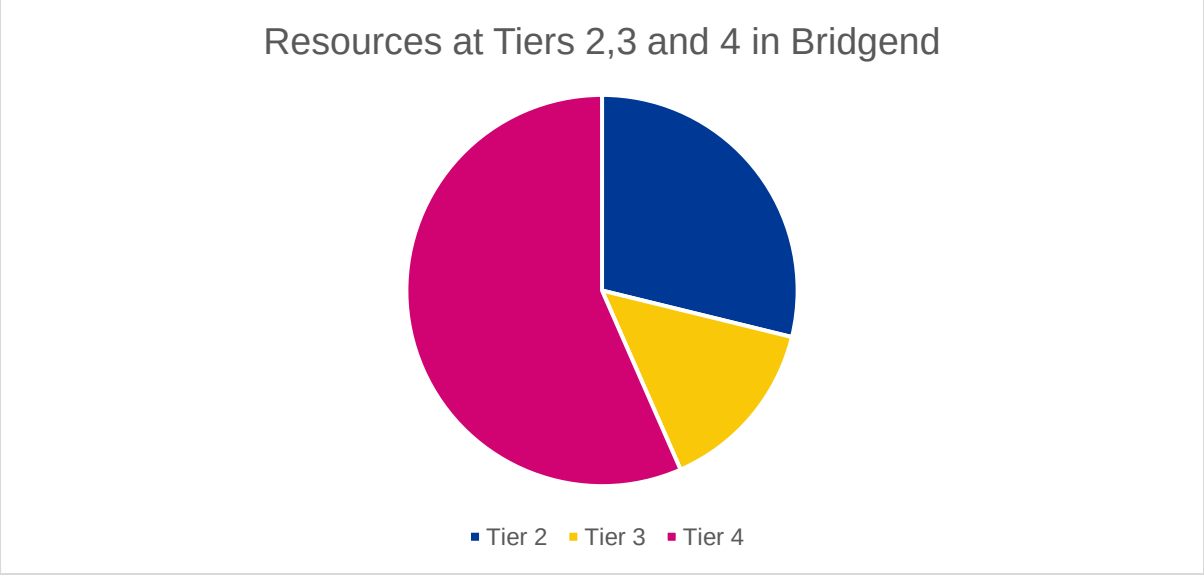
- Tier 3: £4,346,770.
- Tier 4: £16,845,883.

Presented graphically it looks like this:



(Diagram 2)

Overall there is too little resource being used to support families at tier 3 in the overall system and as a result more resources are having to be used at tier 4. With more resources and more effective services able to operate with families at tier 3, the Council might be able to reduce still further the number of families it has to support at tier 4 and offer a better set of outcomes for these children and families.

5. Services

5.1. Overview

Up to March 2024 the EFS Directorate had management responsibility for education engagement and pupil support services in Bridgend as part of the wider early help service. Since April 2024 these services have remained in EFS and provide direct support to schools and pupils. EFS and Children's Services are working to update arrangements for referral, response criteria, communications and information sharing within the new arrangements.

The Education Engagement and Pupil Support service will continue to play an important part in supporting children and young people to engage with and get the most from education. Both Directorates will need to work closely to ensure that these services complement the wider Family Support provision.

Family Support services, comprising early help, edge of care support and out of court parenting are now managed by Children and Family Services. This includes a

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proportion of the CCG grants and the internal core resources of the Council allocated to provision in this area. An indication of the balance of resources allocated across Children and Families Services is by the FTE staffing levels of each service as of April 2024:

Teams	FTE Staff
Early Help Hubs in three localities	50.2 FTE
Edge of Care	24.0 FTE
IAA Safeguarding	26.7 FTE (plus short-term managed team 11FTE ended 2024)
SW Hubs in three localities	57.72 FTE
SW Child Disability	9.61 FTE
Youth Justice	17.62 FTE

(Table 12)

5.2. Early Help

Early help services are included within the scope of service inspected by Care Inspectorate Wales and are part of the statutory duties of a Director of Social Services under Part 8 of the Social Services and Wellbeing (Wales) Act 2014.

As of April 2024 this service, minus those staff who will work in the EFS pupil support and education engagement service, has been part of the Family Support Service in the Social Services and Wellbeing Directorate.

Early help services consist of a County Borough-wide screening team and three local hub-based Early Intervention Teams which include senior early help workers, Family Support workers, and wellbeing workers. The areas covered by Early Help Team hubs are coterminous with the children's safeguarding teams and with other school-facing services.

The early help service has had its own website to provide advice and assistance to families. The aim of the website is to help people find resources for themselves. There has been a common referral point, the early help screening team, where requests for help are received and triaged to assess what response is required. It is co-located with the Children's Social Care Information, Advice and Assistance (IAA) service within the MASH. Early help services have had their own referral process and pathways which are run as a separate system from IAA/MASH. They have used a separate module within WCCIS to record their work. There are three Early Help Teams based in the East (18.19 FTE staff), North (18.4 FTE staff) and West (13.61 FTE staff). The managers and Family Support Workers within the Early Intervention Teams have been funded through a combination of core and grant funding.

These early help services have worked primarily to date at levels 2a and 2b of the Bridgend continuum of need. A wide range of services are offered including for example the services summarised in appendix 1 against the five tiers in the Bridgend continuum of need. The Early Help Teams have to date provided advice, assessment, support and casework following assessment for families who have additional (2a) needs or are vulnerable (2b). The service has only worked to date with children and families where they have consented to work with the service. To date they have not been designed to work with families with more complex, challenging or long-term issues. The service has also been distributed across three different geographical areas with separate management arrangements in place in each. This has led to what some have described as inconsistent arrangements and responses to need and demand, in contrast to the consistency of response which has been achieved by the edge of care services in the same period.

With the move into the new Directorate comes the opportunity to refocus services to ensure they are being most effective for families, and to design referral, case management, communications and information sharing arrangements which work as successfully as possible.

5.3. Edge of Care Services

Prior to April 2024 the edge of care services were also managed within the Education and Family Support Directorate. Much of their day-to-day contact was with the locality social work teams and IAA/MASH. The children and families they work with are nearly all at tier 3 or tier 4 of the continuum of need, and their interventions are often part of a package of support within a care and support plan overseen by Social Workers. The service is now part of the Family Support Service in Children's Service.

The edge of care services are organised as one team with six discrete services. Each service is set up to meet a specific cohort and need. The services are:

- Integrated Family Support Services (IFSS). This service is mandated by the Welsh Government and is focused on acute or highly complex needs including substance misuse where children are at risk of care experience. There may be more effective ways of delivering this service.
- Connecting Families. Offering generic family support services.
- Baby in mind. For vulnerable parents and their child pre and post birth up to twelve months of age. This service is a partner with Flying Start.
- Rapid Response. The service offers rapid response and works with families for 6 to 8 weeks. Families often move from Rapid Response to the Connecting Families Service.
- The 'Dads Support Worker' works with fathers who are the main carers or fathers struggling in their parenting role.
- Rise. This is a programme for parents who have had a child or children removed in care proceedings to help them address the issues leading to their child's removal from their care and prevent further children entering care.

In 2023-24 the edge of care services worked with about 380 children overall and reported that 92% of children involved were prevented from becoming care experienced. These edge-of-care services have played an important role in responding to the needs of families with complex issues and reducing the number who need statutory interventions. It is a lightly resourced set of services, particularly when compared to the resources going in to meet the needs of care experienced children. There is the potential to increase the number and range of interventions and have a further impact on demand.

5.4. Children and Families Social Work

The Children and Families social work services continues to be managed from within the Children and Families Services. They are organised into three service areas:

- Information Advice and Assessment (IAA) and Safeguarding.
- Three hub-based locality social work teams (a fourth team is being developed).
- Care experienced, child disability and transitions team and corporate parenting services each reporting to a group manager who reports to the deputy head of children's services. The services for care experienced children, child disability and transition and corporate parenting are outside the scope of this report.

The demands on all aspects of children's social care casework services have grown over the last three years, but thanks to intensive work at front door and in case work with longer-term teams this trend has been reversed in recent months. To deal with the pressures generated by the large, rapid and sustained increase in demand for services, short-term measures have been taken on capacity, levels of referrals, screening and triage, record management, caseload management and quality assurance. These measures have had a positive short-term impact. They have enabled the service to manage unprecedented demand and improve service and performance standards as reflected in internal performance management and the Care Inspectorate Wales (CIW) inspections of the service. These short-term measures have been complemented with a longer-term improvement programme, and new operating and practice models based on:

- A realistic assessment of the staffing capacity and associated financial investment required to meet demand to the required standards.
- Lessons learnt from recent experience and best practice elsewhere in terms of the Council-wide financial strategy and how services are best organised.

The hub-based locality teams are based in social care hubs which are coterminous with the early help local hubs. Their focus is levels 3 and 4 of the continuum - children in need of care and support, children on the child protection register and children on the edge of care including where care proceedings are being considered or have been initiated but not completed and children whose needs require a care and support plan. Their work is medium to long term.

Children typically are on the child protection register for 9 to 12 months. Care proceedings generally take 26 weeks or more to conclude. The locality social work teams work closely with the edge of care services.

The focus of development work for these teams in the last two years has been to manage unprecedented demand. From April 2024 in addition to continuing to do this, the Directorate is working hard to ensure that the work of these teams is managed and undertaken in a way which reduces demand and enhances the effectiveness of whole family interventions including wherever possible through family support. It is the intention that over time costs of care provision and statutory social care will come down as fewer families need this form of intervention.

5.5. The IAA service

The IAA service is managed by a Group Manager for IAA and Safeguarding reporting to the Deputy Head of Service and through them to the Director of Social Services and Wellbeing. The IAA team receives contacts and referrals, provides advice and assistance, assesses needs, undertakes child protection enquiries, and retains case responsibility up to the point of initial child protection conference or first hearing in care proceedings or transfer to a locality team social worker where a care and support plan is required. The IAA has a team comprising just under 25 FTE staff comprising two managers, four senior practitioners, 13 social workers, four social work assistants and a young carer co-ordinator. The temporary managed team worked to support the service over a two-year period to August 2024.

6. What does the external evidence tell us?

The management model for Family Support that Bridgend moved to in April 2024 is clearly one favoured around Wales and one which other local authorities have used to secure significant improvements in the impact of services on the most vulnerable (and costly) families. It is supported by an expanding research base and by national policies across the UK. This evidence is summarised in appendix 2, appendix 3 and appendix 4. From these sources we have concluded that:

- There is clear evidence about the relative cost-effectiveness of intensive interventions to support the most vulnerable families - rather than relying on lighter touch support to help these families build resilience or address issues.
- There is also a clear and growing evidence base which recognises that early help services for vulnerable children and families with more complex issues need to be designed and delivered differently to those which are needed to meet the needs of families with less complex issues.
- There is also an emerging evidence base about the types of interventions most likely to be able to support children and families with more complex needs, which emphasise the importance of intensive and skilled work specifically geared to meet the individual needs of a family.
- There is a clear policy focus across the UK on greater integration of family support, early help and safeguarding within a single delivery framework, and clear evidence base about the leadership and governance and management

which are likely to support effective early help arrangements in an area, and which could be used as the basis of analysis of local arrangements, focusing particularly on the importance of shared practice and systems across agencies.

In summary the evidence is that, if applied effectively, a more intensive and pro-active approach to supporting the most vulnerable families can have a significant positive effect on the needs and outcomes for children and young people in Bridgend. There is good evidence from other local authorities in Wales, and from research across the UK that this approach can have a significant impact on demand for safeguarding and care provision for children and young people. Such approaches need to be based on evidence-based content; sufficiently intensive in format and dosage; have a strong fidelity to the intervention model and good quality assurance systems; and have a clear and specific target population.

A significant amount of the resources used by the Council to deliver services at tiers 2a and 2b need to meet Welsh Government grant criteria aimed at families who have some additional needs - but we also need to refocus some of our services to enable them to deliver effective intensive interventions with children, young people and families with complex and acute needs (tiers 3 and 4). If implemented effectively this will have a positive impact on reducing the number of children and young people who have to be supported through statutory safeguarding, care experience, and residential or foster care.

7. Commissioning priorities

7.1. The Council's policy commitments

Theme 5 of the three-year strategic plan ''Think Family, Sustainably Improving Outcomes for Children and Families', which received Cabinet and Council approval in September 2023 committed the Council to *'A more effective response to families with complex needs.'*

The rationale for this was that *'…Demand for social care services to address the needs of families with more complex or long-term problems continues to rise. The Council has decided that to address these challenges a more integrated approach is needed, and that early help, edge of care, IAA and locality social work services need to be part of the same function, with common frameworks, referral and support arrangements to support them.'*

The Council also agreed that further investment was needed in these services to deal with the significant increase in demand from these families since the Covid-19 pandemic and the current economic challenges facing the UK and it's public sector. The Council committed to the following in the three-year strategic plan:

- To a single point of access for all children and family services along with integrated management arrangements for IAA, early help, locality social work, locality early intervention and edge of care teams with direct responsibility to the Director of Social Services and Wellbeing.

- To take a joined-up locality approach between key partners in the Council, third sector partners and other statutory partners in locality clusters, supporting schools, so there is a 'no wrong door approach', to any child or family who needs to access any tier of preventative services. This design will be informed by good practice in other parts of Wales and will require some redesign to websites and telephone routing systems.
- To offer a more extensive range of responses at level 3 of the continuum of need so that the most vulnerable families can get the interventions they need to reduce the number of children and young people needing to experience care or safeguarding.
- To review the planning and commissioning external services and managing grants to support the effective delivery of grant funded services to complement Council provision and explore the potential for partnerships with the voluntary sector to manage and deliver services for families with complex needs.

This commitment along with the evidence base described in the appendices and the data about activity and performance in Children and Family Services has underpinned the commissioning priorities identified in section 8 below.

8. Commissioning priorities

The evidence presented in the sections above was shared with key stakeholders in Bridgend in Autumn 2024. It was agreed that further improvement was needed in the range and quality of Family Support services to complement other improvement activities across children and families services and to meet the commitments of the three-year strategic plan and the following Family Support commissioning priorities were identified:

8.1. Streamlined systems

Referral and allocation arrangements are still piecemeal. Different services (particularly early help and edge of care) have separate arrangements leading to confusion for families and referrers. Early help support for more vulnerable families is often withdrawn when families issues are escalated into safeguarding or more intensive social work support leading to gaps in support. These issues are being addressed and the recent move to a single early help and MASH front door is already helping, but overall professionals are still not clear about range of services available and how to access them. Too many assessments still lead to no further action suggesting there are still too many inappropriate referrals to social care. More needs to be done to take forward plans to integrate access, assessment, planning and co-ordination arrangements for children, young people and families who need support. This includes:

- Building a single integrated and managed service with smooth and effective pathways between front door, family support and social work teams. This will include management arrangements aimed at securing greater consistency of response and of practice across the County Borough, with clear operational responsibilities for team managers across the whole Borough. There may be a

strong argument for aligning the structure of early help to the existing edge of care model with parallel or integrated management arrangements such as one team manager to lead the co-ordination and implementation of a revised way of working.

- Developing a single point of access to all children and family services.
- Drawing on the findings from a current review of front door arrangements to identify how early help, IAA and MASH arrangements can be designed to work most effectively for families.
- Developing an effective single no wrong door process for families and professionals including schools.
- Redesigning the websites and telephone routing systems.so that early help and social work support are aligned
- Agreeing a single set of measures and a single monitoring framework to use as the basis of maintaining a close handle on demand, activity and performance.

Specific Examples to Explore:

The following are taken from the appendices to this report summarising the approaches of comparator sites, research and policy evidence and examples of practice relevant to the commissioning priority above:

Comparator A

Partners involved in supporting children and families through early help all contribute to a 'Space and Wellbeing Panel' – a network of professionals who meet regularly to agree who and how best to support a family who have been referred by a professional or who have self-referred. It is managed by Children's Services. The Panel is a vital component, and regular meetings of partners has in addition to securing better coordinated responses to individual families, been the source of greater consistency of approach between agencies. It deals with referrals for families up to and including complex needs. It links closely with the separate safeguarding hub and children in need arrangements.

Comparator C

There is now a single front door for all early help and potential social care services. There is a single referral form. The team scrutinises referrals, checks them, makes contact and shares with colleagues. Qualified and unqualified staff in the IAA are equally valuable – these roles are paid for by Families First funding.

Comparator D

The SPACE Wellbeing panel is a multi-agency weekly response to needs – mainly professional referrals. The 'Supporting Family Change (SFC)' service head chairs the meetings and IAA service it.

8.2. More intensive targeted support

There is already an extensive offer of prevention and early help services across the County Borough which offer trauma-informed, strengths-based, conflict mediation, specific support for neuro-diverse conditions and school attendance, as well as life-skills support.

However, more vulnerable families with more complex needs tend not to engage sufficiently with these offers, and often in practice early help support is withdrawn if a more vulnerable family becomes involved with social workers or through a Care and Support plan. There are also questions about the impact of some interventions as many families seem to bounce back into the system frequently, or their issues seem to escalate quickly despite often quite long-term engagement with early help.

The range of more intensive support at tier 3 on the Bridgend continuum, with the purpose of helping these more vulnerable families to avoid the need for care experiences or safeguarding is too limited currently, and more is needed in this area. Greater impact on these families will help improve outcomes for those most vulnerable children and young people and reduce demand expensive intensive substitute support. The local authority plans to strengthen the range and volume and quality of services offering support to the more vulnerable families at the edge of care. It will:

- Build the skills and capacity of staff within the Family Support services so they are able to work intensively with families at tier 3.
- Establish a common skill set that family support workers need to develop to be effective in their work.
- Refocus current services to enable them to undertake a higher proportion of their work with these families.
- As tier 4 resource requirements are reduced as a result of effective Family Support, maintain the level of tier 3 provision and build up provision at Tier 2b once again.

APPENDIX 1

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator A

The Leading Change Together team is a long-term intervention team with up to 18-month Family Support right through register, CiN, Court. They are separate from but closely liaise with the statutory social worker.

Comparator B

Increased their edge of care team and it is working very intensively with families – caseloads of a maximum of 4-5 cases per worker. There has been a strong focus on mothers and babies, and they are having success at turning these families round at the edge of care.

Comparator C

A new 'Edge of Care Service' has been put in place in the last year – this is now a full service combining the edge of care team, IFSS, Reflect and a small new team working proactively on care order discharges – (30 children discharged in 18 months).

Comparator E

The Families Plus Team works with families identified as requiring intensive intervention. These families may have stepped down from Children's Services intervention or have been referred to the IAA (Information, Advice and assistance) but did not meet the threshold for statutory Children's Services intervention. The Families Plus Team comprises intervention Workers who deliver a short-term intensive package of support to families.

Comparator F

Investment in Families First was re-focused on children and families with significant and complex needs. They invested in a 'team around the family' service. The focus was on families on the edge of statutory need who were not engaged by the existing early help services which were not tackling these family's issues. The service developed a cases peer review system with partners - Police, Health, Education to discuss what are appropriate referrals and actions on cases. It is used on particular issues where there are disagreements on the management of a case.

Early Intervention Foundation.

Effective interventions for more vulnerable families are characterised by

- Evidence based content.
- Sufficiently intensive format and dosage.
- Strong fidelity to the intervention model and good quality assurance systems.
- A clear and specific target population.

- A clear purpose and strong understanding of the potential value-added nature of a service.
- Appropriate resources and workforce skills and capacity.
- Robust inter-agency assessment and referral systems.
- Robust monitoring and evaluation of progress and outcomes.

Early intervention Foundation

Interventions with established evidence of preventing, stopping or reducing the impact of child abuse and neglect and related risks include Child First, Child-Parent Psychotherapy, Parent-Child Interaction Therapy, Pathways Triple P, Functional Family Therapy, Multidimensional Family Therapy, Multisystemic Therapy, Treatment Foster Care.

8.3. Parenting support

There are a large number of parenting support programmes and activities offered by different services in Bridgend. They tend to be based around 'teaching-based' models helping parents to understand principles of good parenting and to put them in to practice in test situations. The range of different approaches is seen by workers as sometimes confusing and possibly duplicating. Eligibility criteria and access routes are not clear. The interventions are not seen as sufficiently intensive to have impact on more vulnerable families with complex needs.

There is not enough in-depth individual coaching-based support for families who need to address parenting problems and difficulties. Bridgend will work with partners to balance parenting support more effectively and ensure that intensive, high-skill provision is available and applied in the right circumstances. It will:

- Complete a review of parenting programmes delivered via or by the Council, including the needs that they address and the impact they have.
- Review the Integrated Family Support Services which address acute or highly complex needs including substance misuse where children are at risk of care experience to explore more effective ways of delivering this service.
- Identify intervention models which are not currently offered involving intensive support which could have a greater impact on more vulnerable families, and direct Family Support capacity to develop and deliver such programmes.
- Ensure that some parenting programmes currently aimed at tier two Family Support is refocused on more intensive tier three support.
- Undertake a commissioning and procurement exercise to identify potential partners in delivery for these new services, and explore the extent to which voluntary sector, education and NHS partners can provide tier 2 'course-based' support for parents.

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator E

There has been significant investment in edge of care services designed to support families without the need for expensive care proceedings or provision. For example, a crucial investment in services in the last few years has been to fund (from core services) edge of care support from a psychology-advised intensive Family Support service.

Early Intervention Foundation

Child First and Child-Parent Psychotherapy are two examples of psychotherapeutic interventions with level 3 evidence of improving behaviour and reducing child protection risk in families where one or both parents has a mental health problem. MST-CAN also has level 3 evidence of supporting a variety of important child outcomes, as well as reducing the likelihood of parental neglect and the need for an out-of-home placement.

Therapeutic support offered to the mother and child in parallel has evidence of reducing domestic abuse-related trauma, and re-exposure to domestic abuse. Child First and Generation PMTO are examples of two therapeutic interventions with evidence of reducing trauma in mothers and children who have experienced or witnessed domestic abuse.

Examples of interventions of increasing parental abstinence and improving child outcomes include behavioural couples therapy combined with Helping the Non-compliant Child, Parents Under Pressure and Multisystemic Therapy, Building Stronger Families.

8.4. Older children and young people

For some time there has been increasing demand for support to help deal with complex family conflict involving young people aged 13+, and frustrations from professionals with the resources currently available.

There is a shortage of experienced staff with the right skills in this area to be able to work intensively with families and young people individually. Stakeholders are seeing significant increases in young people experiencing exploitation including young people in foster, adoption and SGO placements. It also includes gang-based conflict. School conflict and exclusions are often significant factors here.

There is no doubt amongst stakeholders that this is a challenging and increasingly demanding area of support, and that current early help provision is not addressing the demands which are arising. Bridgend will work with partners to build capacity to work with the more vulnerable young people. It will:

- Explore existing and potential interventions with families in conflict which could have a greater impact on more vulnerable families and work with partners in the NHS to direct resources to develop and deliver such programmes.
- Increase capacity in this area so that Family Support services are able to be undertaken more intensive support for families with more complex needs.
- Identify how best to deliver or commission these services using in-house and partner capacity.

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator F

The service invested in services for teenagers as their data told them too many teenagers became care experienced in an emergency and then did not go home. It created a bespoke service available evenings and weekends to respond when the need arose. They also identified serious neglect as another pressure for children to become care experienced. They developed an immediate response service which then worked with families to stabilise and rebuild their ability to care for their children. This service helps with practical care such as morning routine, feeding, getting to school hygiene etc.

Early Intervention Foundation

Interventions with causal evidence of improving child behavioural outcomes provide parents with strategies for reducing coercive family interactions at home. Intensive, 'wrap-around' Family Support is often necessary when there are child maltreatment concerns, or the child is involved in the criminal justice system. These interventions combine behavioural management strategies with systemic family therapy to help families develop new strategies for engaging more positively with each other and reduce abusive and violent behaviours.

The Family Foundations intervention has causal, long-term evidence of reducing conflict in the couple relationship and improving child behavioural outcomes up to seven years after intervention completion.

Child First and Child-Parent Psychotherapy are two examples of psychotherapeutic interventions with level 3 evidence of improving behaviour and reducing child protection risk in families where one or both parents has a mental health problem. MST-CAN also has level 3 evidence of supporting a variety of important child outcomes, as well as reducing the likelihood of parental neglect and the need for an out-of-home placement.

8.5. Children and young people with neurodiversity, learning disabilities and mental health challenges.

Linked to the priority above there is increased demand from children and young people with challenging behaviours related to a mental health or learning difficulty condition, particularly into teenage years. An increase in intensive support for more

vulnerable such families is needed to help them work out how best to manage these behaviours and to support them to maintain their families.

Partners across Bridgend need to be much more responsive and supportive with more vulnerable families including through more pro-active health and education. Sufficiently intensive support for young people facing these issues from the NHS is very rare currently and waiting lists are long for assessment and then support. It will:

- Work with colleagues in the NHS to agree a plan for investment in these areas focused on those with complex needs at tier 3 of the continuum of need.
- Identify more intensive Family Support interventions particularly suited to children and young people with neurodiversity, learning disabilities and mental health challenges and work with partners to develop and implement them in Bridgend.

Specific Examples to Explore:

The following are taken from comparator sites, research and policy evidence in the appendices and examples of practice relevant to the commissioning priority above:

Comparator D

A range of more intensive support services to complement the work of social services include MyST (in effect a tier 4 CAMHS service) with high needs both at edge and in care. Psychology informed service with psychologists employed in a range of teams. This is complemented by Social Work teams which are patch-based – and where demand trends are handled by adjusting wards (rather than people).

Comparator E

The Children with Additional Needs service (CANS) Team works with families where the neuro-developmental, cognitive or physical impairment needs of their child are below the statutory threshold for intervention and the family requires specialist support to understand and manage their child's needs and/or address the impact this is having on the wider family.

8.6. Partnerships with families.

Finally the professional culture remains too much based on 'gift relationship' with families – there is a need to move to more of a partnership approach in planning, negotiating supporting and balancing respective responsibilities. Some families are over-reliant on ongoing support. Further work is needed to embed trauma-informed, strengths-based practice and remove a culture of professionals blaming rather than understanding families. A much stronger promotion of parent support networks is needed. It will:

- Continue to develop skills and experience throughout Children and Families services on Signs of Safety, trauma-informed and strengths-based practice.
- Ensure that training and development of staff focuses on helping workers understand the full range of support available to families and when best to access them.