



Social Exclusion Task Force Families at-risk review

Both the Association of Directors of Children's Services and the Association of Directors of Adult Social Services welcome the opportunity to contribute to the debate on how services to excluded families can be improved.

ADCS is the national leadership organisation in England for directors of children's services appointed under the provisions of the *Children Act 2004* and for other children's services professional in leadership roles. The Association provides a national voice as a champion for children, with local and central government, and with the public. ADASS is the national leadership organisation in England for directors of adult social services. The Association provides a leading voice for adult social care in England.

Both Associations are committed to working together on relevant matters and we hope that this joint submission of evidence serves as one minor example of the need for cross-cutting activity between adults' and children's services in the future.

Social exclusion policy to date has been successful in helping those on the margins of poverty and exclusion but not necessarily in the depth that would bring sustained change and improvement to the lives of those who are deemed to be most 'at risk'. Delivery of the five objectives on the Every Child Matters agenda and the seven objectives in Our Health, Our Say, Our Care, will help individuals and families to realise their potential, receive support and contribute to society. However, realising these aspirations for our most excluded families requires additional consideration and determined focus, primarily on integrated needs assessment and service delivery.

Health & Social Care are designed and have developed to meet individual rather than multiple needs and in doing so have become the professional and specialist service we know. This often means they experience difficulties in dealing with the inter-connectedness of people's problems, dealing with the one area of need in isolation to what else is going on in their lives, families, communities or environment.

There is recognition of this among the adults and Children services and with the new policy agenda the development of joint strategic needs assessment, joint commissioning, integrated service delivery and earlier intervention we should see an impact on the most excluded in society.

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The success of these four factors require clarity of vision, agreed priorities (which includes shared priorities by Government when it comes to measuring agency success) joint commissioning, which is focussed on prevention as well as meeting acute need, integrated service delivery around agreed eligibility criteria for intervention and shared risk management approach as well as individual practitioners identifying risk and co-ordinating responses outside of their field of specialism.

The management of risk and co-ordination of services across agencies is not just the purview of Health and Social Care, child care and adult care, but all service provision requiring a different mentality and approach in 'owning' and managing responses across agencies. No matter how well designed and mixed tenure estates of the future are they will not be inclusive to its residents unless they have a green and safe means to travel to local school, jobs and facilities.

Those who are deemed 'most excluded' or 'at risk' tend to be those with multi-layered problems and who challenge services. There are other "excluded categories" eg young people caring for adults; those suffering from domestic violence etc and an agreed definition of 'excluded' or 'at risk' would be helpful.

How care services across adults and children can be better integrated to support those most 'at risk'.

By considering a "Think Family Approach" to all assessments of need. The assessment of need has to cover all potential areas of need as well as all the individuals within the family.

The CAF could be the key assessment tool. The family needs to be fully engaged in the assessment and has to be motivated to be engaged.

CAF can be supported by other relevant assessment tools depending on the needs or particular issues the family may have but all 'tools' need to be considered and positively eliminated, eg ASSET, ONSET, Housing needs assessment.

If English is not the first language or there are other communication needs additional support needs to be brought in to facilitate the process.

There should be a multi-agency approach to information sharing, agreement as to who co-ordinates the process of service delivery and the facility for services to be made available to address the issues by the nominated co-ordinator (of any discipline). The needs and wishes of all family members should be sought and included.

Areas for overcoming barriers between adult and children services:

Poverty and debt:

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Often local authorities have welfare rights services or they commission them primarily to focus on access to benefits for adults/older people. Emphasis can also be placed on these services to maximise availability of benefits for families with children, eg family credit, advice re debts, access to credit unions, re-negotiation of loans etc. Applying some of the techniques made available to older people/adults for payment of services should also be considered.

Poor basic skills:

The extended school agenda, alongside adult education can be utilised to impact on poor basic skills, eg by availability/access to basic literacy and numeracy courses, via extended school provision and children centres (learning together) as well as offering volunteering and job selection training, where families do not engage in education taking education to the whole family via adult education/early years provision

Mental Health & Disability:

The impact on children or partners as carers can be great in families where disability, either physical or mental exists. The social workers ability to identify the impact of young carers/partners should be part of the assessment. Similarly risk assessments should be regularly updated and shared with other agencies, eg schools. Access to parenting courses, respite and support in understanding the disabilities should be available and facilitated across the services.

Illicit drugs and alcohol:

Misuse of substances is often apparent in abusive families and identification and assessment of the risks are crucial to maintenance of families. Where one or more member is misusing substances all family members should be given information on effects and impact, support to manage the behaviour and easier access to residential provision for families to help them cope and deal with withdrawal from substances and engage with anti-addiction programmes. Alternatively integrated community provision from adults and young people substance misuse services can provide support and care within the users home.

Domestic Violence:

As with illicit drug and alcohol misuse, domestic violence is an area where the identification of the problem and risk assessment and risk management is crucial for the well being of all the family. The primary focus should be the safety of those experiencing domestic violence and in this instance services should work to protect individuals rather than necessarily attempting to maintain or improve the family dynamics.

Anti-social behaviour: Young People

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Integration of services between youth offending and youth services can facilitate the preventative agenda in this area, especially with the use of parenting programmes and organised activities, mentors etc

Other factors:

Common information and data set sharing across agencies of families deemed to be 'at risk' should be routine dependent on definition of an 'at risk family' and identification of lead service.

Co-ordination of any multi-agency response to an 'at risk' family should be given the responsibility and ability to seek service responses in a timely and relevant way. Services should be delivered in a non-institutional way, both to the families and around the families wherever possible. This will require changes to the way services are delivered, agreements on eligibility and prevention.

Training of staff from all agencies should include a focus on the 'at risk' families, causes, symptoms and ways of supporting and managing their behaviours.

Assessment of need and of risk are the fundamental building blocks to reducing the levels of exclusion of at risk families and keeping those within them safe.

Conclusions:

Achieving better integration of adults, children and community services around the needs of excluded families requires clear definitions of need; strategic needs analysis, joint commissioning and earlier intervention. This in turn requires good assessment and identification and management of risk within families, well trained staff across all specialisms, with the ability to co-ordinate multi-agency responses and to engage with the right agencies in a timely way.

Both ADCS and ADASS strongly believe that two recent government documents offer in their separate ways a significant contribution to the debate and future service development for families at risk: firstly, both Associations strongly endorse the recent publication by the Department of Health of a commissioning framework for health and well-being. We believe this framework is helpful and of collective benefit. We firmly believe that it is important that other related government initiatives on commissioning should ensure they are consistent with the DoH commissioning framework.

Secondly, the recently published joint DfES/ HM Treasury policy review *Aiming High for children: supporting families* is regarded by both ADCS and ADASS as a significant contribution to the debate, the analysis of the challenges and the way forward is one that both Associations fully endorse.