



front office shared services
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braintree children's trust

Braintree Children's Trust is one of 35 national pathfinders. The Trust offers services to children who are at risk of social or educational exclusion and have additional needs, but would not meet the thresholds for other services. It provides a single point of access for referrals and for those needing to engage with the authorities. Services can be specifically configured and personalised because of the range of expertise available in the Trust.

The Trust is a single, co-located team of practitioners seconded from Essex County Council, the local Primary Care Trust and, unusually, the Police. Braintree District Council provides policy support.

The Children's Trust works on an outreach model, meeting children and families in their own homes and communities. The work of the Trust contributed to reducing the number of looked-after children. In the first two years of operation, thirteen more children were able to remain with their families rather than be taken into care.

The pathfinder was so successful that it was extended by one year and now Essex CC plans to deploy this outreach model throughout the county.



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overview

The Braintree Children's Trust:

- is a **multi-agency, co-located team** providing services to children and young people aged from 0 to 19 and their families in the Braintree District: the Children's Trust concept is that **organisational and professional boundaries should disappear** as far as service to the client group is concerned
- is one of 35 pathfinder Trusts across the country, created to **explore the concept of the children's trust and to capture learning and experience** to develop the policy
- has already demonstrated its **success and positive value to children and families**, and has been extended for a year by the partner agencies to continue innovating and embedding inter-agency working
- is feeding its body of learning and experience into the national policy sphere, and also into the wholesale **reorganisation of children's services in Essex on a locality-based, multi-disciplinary model**
- has the unique advantage of a **full-time seconded police officer** in the core team alongside social work, education and health practitioners, adding significant value to the capacity of the Trust, the coherence of its work and the impact of the outcomes it achieves
- focuses on **early intervention and prevention**, demonstrating the potential of co-located, integrated teams working with children, families, schools and other universal service providers in a conscious effort to avoid or reduce the need for formal, and more expensive, legal/criminal justice procedures.

'For policing, the Children's Trust has meant earlier intervention, better prevention of future problems and less police time wasted – for example in chasing persistent runaways.'

PC Andrea Prout,
Seconded Police Officer

background

The Braintree District Children's Trust is one of 35 national Department for Education and Science (DfES) pathfinder trusts set up, designed to implement the main proposals of the White Paper Every Child Matters (2003), the National Service Framework for Children, Young People and Maternity Services (2004) and with the aim of co-ordinating services in line with the Children Act (2004).

Funding for the project until March 2006 came from a DfES pathfinder grant. Further funding came from Essex County Council (ECC) and the Witham, Braintree and Halstead Primary Care Trust (WBHPCT). An officer was seconded by the police, and The Children's Fund provided outreach workers.

'We have achieved so much for the children of Braintree with this project – the model is so successful that it is going to be replicated as far as possible throughout the County of Essex.'

Philippa Bull,
Project Manager

The Trust offers services to children who are at risk of social or educational exclusion and have additional needs, but who would not meet the thresholds for other services.

The Trust is a single, co-located team of seconded practitioners from the police, the local Primary Care Trust and the county council. The team comprises a police officer, an education welfare officer, youth worker, assistant psychologist, primary mental health nurse, health visitor, nursery nurse, outreach workers, and a social worker. More recently two extended schools co-ordinators were recruited and are managed through the team.

The Children's Trust operational manager supervises all team members, with some of the seconded workers also receiving clinical supervision from their parent agency. The project manager is line manager to the operational manager, and provides strategic leadership across the Trust and its partners.

The Children's Trust works on an outreach model, meeting children and families in their own homes and communities. It undertakes direct work with children and families. There is a single point of access to all of the practitioners on the team, and an allocation meeting decides which professionals are most appropriate to work with a particular child or family.

customer experience

better service – engagement and communication

The Trust aims to ensure that children and families get the support they need without falling into the gaps between the relevant agencies. This requires both effective engagement between children and families and the Trust, and effective communication between the practitioners within the Trust and the partners outside.

single point of access

Children and families and their referrers find it easier and more convenient to engage with the authorities because the Trust provides a single point of access in a PCT building.

The Trust receives most of its service requests via referrals from schools, GPs, other health professionals and the police.

The Trust offers access to all the professionals and practitioners in the team. The Trust then decides who is best placed to handle the referral.

'I have had lots of support through visits and telephone contacts, and back up when and where needed. Discussions I had with my daughter through the Children's Trust have I feel helped tremendously.'

Parent of 13 year old girl at risk of antisocial behaviour

Because of the range of expertise available in the Trust, services can be specifically configured and personalised. Where a case is best handled by a particular source of support, the Trust points the referral in that direction. This leads to more accurate onward referral and more effective case management.

co-location, capacity and communication

Co-location has enabled the Trust to bring this pool of skills together and become an accessible, trusted and comprehensive source of support. The whole is greater than the sum of the parts.

Referrals can be processed quickly and effectively, rather than agencies communicating and coming to a decision by telephone calls or messages, or by e-mail. The co-located team know each other, know their locality and know the range of support available and so they simply discuss and make arrangements in real-time, without hand-offs or delays.

engagement

Children and families no longer have to attend an office. The Trust deliberately goes out to visit them in their homes at agreed times, making it less likely that cases of need will fall through the net by missing appointments, mistrust of bureaucracy, remoteness, transport problems or simply being unable to leave home through disability.

Research with service users has shown that they previously often failed to get their issues resolved after months of seeing different practitioners in their separate offices. The Trust deliberately goes to the family, instead of the other way round, and can get positive results in weeks. When the seconded police officer visits, discretion is used to avoid the stigma for the family of having a police car outside the house and uniformed officers attending.

early help to avoid more serious problems

The Trust focuses on children who are at risk of social or educational exclusion and have additional needs, but who would not generally meet the thresholds for other support services. This strategy of early intervention – defined as either early in a child's life or early in the development of a problem – means that help reaches many families before they reach crisis point, and before problems become entrenched.

'I gained a lot of information from my worker. She was very helpful and boosted my confidence. My son is now back at school full time, seems happier in himself, and is learning to behave better...I'm looking forward to a more positive side to my son's education and without the help I think I would struggle.'

Parent of nine year old with special needs and at risk of exclusion

assessing and communicating needs

Children's needs and those of their families can now be more comprehensively assessed and understood because of the Trust's use of the common assessment framework. The new arrangements for children's services in Essex will all use this framework, which is not only child-centred (as opposed to previous, separate, agency-centric assessments) but also a valuable tool for information capture and sharing.

customer reaction

Children and families now feel listened to, engaged and enabled, as opposed to having things 'done to them' by officials.

local impact

In complex social settings it is difficult to prove cause and effect, particularly when the explicit strategy is to prevent serious problems developing, but direct experience in the Trust area has been:

- a greater reduction in the number of children becoming looked after in Braintree compared to other districts in Essex
- a reduction in the number of children excluded or truanting from school
- a reduction in the number of children entering the criminal justice system.

Children referred to the Children's Trust have shown a statistically significant improvement on the Goodman Strengths and Difficulties Questionnaire, a widely accepted inventory that assesses the level of difficulty that a child is having in terms of their conduct problems, emotional symptoms, hyperactive behaviour and peer problems, and their social skills.

partnership working

formal arrangements

Essex County Council; Witham Braintree and Halstead PCT and Braintree District Council have a formal agreement outlining financial arrangements, clarity of purpose, lines of accountability and interagency governance agreements. Essex Police have seconded an officer to the Trust. A Children's Trust board chaired by an Essex county councillor and including representative members and officers from partner agencies and local schools was developed to oversee the development of the Children's Trust (see Appendices).

team development

Co-location has enabled the Trust team to develop quick, clear and effective communications; to build inter-disciplinary trust; and to build their own capacity by learning from each other and joint problem-solving.

leadership and management

Essex County Council has provided a strategic leadership and steerage function, which has facilitated the effective operational working of the Trust. Added strength and a different dimension were gained by the secondment of a PCT senior manager for the period of transition between phase II and III of the Trust's implementation. Latterly the management of the Trust by an ECC senior manager enabled it to trial a broader way of working encompassing practitioners from a wider range of services through three 'virtual' multi-agency teams based at locality rather than district level. These teams were developed as part of the transition arrangements towards a more sustainable model.

operational flexibility

The team, as a pathfinder, has been able to operate flexibly and take advantage of opportunities to innovate and challenge previous practice where better service for children and families could be achieved. They have, for example, been able to ensure that, while a medical assessment is awaited, other forms of support and action are in place.

The full-time secondment of a police officer has enabled the Trust to link extremely effectively with operational police tasking groups, neighbourhood officers and specialist teams such as Safer Schools Partnership officers and domestic violence officers.

child-centred working

The Trust has necessarily adopted a 'whole-system' approach to its work – attempts to accommodate the individual targets and performance indicators of each partner agency simply did not work. This ensures a clear and shared focus on the five child-centric outcomes at the heart of the Every Child Matters policy:

- be healthy
- be safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

broadening the partnership approach

The power of the Trust concept and the momentum created by the partnership has influenced other professionals and practitioners, such as teachers and GPs, with a vital role to play in the well-being of children. Although they are understandably driven by the targets and performance indicators within their own professional settings, the multi-agency Trust has helped them address the problems they face, for example by enhancing a school's capacity through training and the joint management of cases. From the Trust point of view, there is value in extending the partnership ethos to teachers, who spend more time with children than other professionals, and to doctors, who have insight into the health and well-being of children and families.

public value of investment

financial value

cashable savings

The work of the Trust has certainly contributed to the outcome of a reduced number of children in care. There were a total of thirteen places saved over the first two years and each of these on average saved £600/week for an average of 135 weeks. This benefit will be sustained into 2007/08. The cashable savings for each year are as follows:

	2004/05	2005/06	2006/07	2007/08	Total
Reduced no. of children in care – placement costs¹	£77,400	£369,600	£405,600	£200,400	£1,053,000
Total cashable saving	£77,400	£369,600	£405,600	£200,400	£1,053,000

non-cashable savings

The project also achieved a non-cashable staff time saving due to a reduction in the number of children in care. The non-cashable savings broken down by year are as follows:

	2004/05	2005/06	2006/07	2007/08	Total
Saving from reduction in number of children in care – staff time²	£5,160	£24,640	£27,040	£13,360	£70,200
Total non-cashable saving	£5,160	£24,640	£27,040	£13,360	£70,200

The Braintree Trust has been a Children's Trust pathfinder and so had the benefit of a £195,000 grant from the DfES over the first two years. Essex CC provided a large part of the rest of the funding amounting to approximately £925,000 over three years. The local NHS Care Trust contributed £330,000 and a grant of over £146,000 came from CAMHS for mental health workers. These funds enabled the Children's Trust to function in tandem with the existing services in the Braintree community.

Additional details of the funding and expenditure are given in the Appendices together with a fuller discussion of the savings and other potential benefits over and above those outlined here.

customer value

The most positive outcome from the Braintree pathfinder is clearly that thirteen more children were able to remain with their families who otherwise would be looked-after by the authorities.

A significant question relates to the sustainability of this excellent result in an ongoing situation within a community. It can be argued that any community will only have so many children that will be detected by the new outreach approach and that once the new method has become embedded, no further children will be found. Conversely, a community is developing all the time and every year some new candidate children are likely to grow into the disadvantageous situation that the new approach detects. The real position lies somewhere in between these two scenarios and so a cautious approach should be adopted in terms of estimating future impact.

There are additional benefits that have not yet been quantified but that represent a significant service improvement. School non-attendance rates in Braintree District have fallen slightly ahead of the average for Essex since the Trust was established, and as the creation of the Trust is the single differentiator between Braintree and other districts in the county, it is likely that the Trust has played a role in this decrease.

1. This was obtained from an analysis using £600 per week for the cost of care. 2. hours per week of social worker time has been saved per child prevented from going into care. This produces the non-cashable savings in social workers' time.

Children referred to the Trust have shown a statistically significant improvement on the Goodman Strengths and Difficulties questionnaire.

Non-quantifiable service improvements include:

- families have said that they feel listened to and are more likely to feel able to engage with the Trust than with other services
- the outreach model used by the Trust addresses some of the issues of rural exclusion that families face within Braintree – families are visited by the Trust staff and so do not need to travel to make their appointments
- the Trust's approach to involving families in each case makes it easier for the child to sustain their progress after a case has been closed.

organisational value

- There has been better coordination of responses to customers' needs through seamless cross-agency working.
- Working together within a single Trust has reduced boundaries between professions working with children, e.g. social workers and mental health professionals.
- The staff working within the Trust have a more holistic view of customers' needs.
- The Trust has led to better dialogue between services, reducing the risk of children falling between the gaps between agencies.
- There is now improved information sharing between agencies.

political value

The success of the Trust further enhances Essex County Council's national reputation following the award of Beacon Status for its Integrated Children's Services in 2005-06. Locally, too, citizens will applaud the results achieved and the partners will enjoy some positive recognition for this improvement in the lives of children and families in the community.

From a central government viewpoint, the Trust's embodiment of the Every Child Matters principle coupled with the many correlations with the more recent White Paper Strong and Prosperous Communities is impressive.

Braintree Children's Trust has scored well in relation to some of the county's key strategic objectives for Essex. One of ECC's pledges is shown below.

It also assists Objective 27 in the recently refreshed Essex corporate plan, which includes 'Reviewing the way we deliver our services to help reduce our costs'.

'Because children need families, Essex County Council will guarantee to reduce the number of children in care and to provide more services to help families stay together.'

CLlr Tracey Chapman,
Cabinet Member for Children and Families

An important political freedom given to the Trust was the ability to experiment boldly and to go ahead and actually deliver an entirely different type of integrated service across Braintree in tandem with the existing services in that community. All too often new methods are debated endlessly but not put into practice.

It is arguable that the total benefit (financial, customer, organisational and political value) that is achieved for every child assisted and every life enriched is beyond calculation – see Appendices for two case studies.

capacity

It is inevitable that different partners come to a partnership from different positions and with different priorities and preconceptions. Staff have different terms and conditions, performance management and accountability arrangements, and it is important not to underestimate the resultant stresses that can arise, and the importance of careful implementation planning and clear leadership.

The outreach model in the Children's Trust has proved effective in addressing some of the issues of rural exclusion. Some families find it difficult to attend clinic- or school-based services in areas with infrequent public transport, especially where these services are only offered during hours when a parent is at work. However, teams working in this way should note the increased cost in terms of time on workers covering a large geographical area.

sector learning

Central to the success of the Children's Trust team was regular supervision and support. This initially occurred through regular formal supervision between team members and the operational manager, and in some cases managers from the seconding agency. As the team developed, members of the team who had management or supervisory experience took over the supervision of other team members, often across professional backgrounds. The team also benefited from informal support and advice from other colleagues in the team.

Training on a multi-agency basis is a valuable partnership-building measure in order to share the joint vision, promote mutual understanding and unite around the intended outcomes for children and families. Capturing and sharing information is critical in the area of children's services, and the Trust has developed skills and protocols for information sharing, and a shared database, which has involved clarifying legal issues, allaying fears and building trust.

Equally inevitably, the partners in local arrangements for the well-being of children have relationships with different government departments – DCLG, DfES, DoH, the Home Office. Although the Trust has been able to innovate and develop flexibly and with a degree of freedom from the performance regimes of individual agencies, there are still pilot schemes and funding streams which may deflect partners from the focus on the agreed outcomes and do not necessarily contribute to sustainability.

next steps

Essex County Council has learned from the Trust experience, and from other examples of best practice, in redesigning children's services in the county. They are creating 29 co-located multi-disciplinary teams based on natural communities including clusters of schools, called 'teams around schools, children and communities' (TASCCs). Likewise, the PCTs are organising practitioners such as health visitors and school nurses into integrated teams, which could facilitate co-location with the county council teams in future. The Common Assessment Framework will underpin the work of these teams. The police working in partnership with the new TASCC team managers will look to co-ordinate the activities of neighbourhood officers, domestic violence officers and Safer Schools Partnership officers with the work of the TASCCs.

As Essex County Council and its partners have already concluded, the success of this outreach model is not specific to the Braintree area. Other authorities could adopt this approach as far as possible for the benefit of children with additional needs everywhere.

appendices

For the appendices, please go to www.idea.gov.uk/foss

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