

# **EALING THINK FAMILY STRATEGY**

**2010 to 2013**

**London Borough of Ealing (adult and children's services,  
community safety and housing services), NHS Ealing, West London  
Mental Health NHS Trust, NHS community and hospital services,  
Police and Probation Services**

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## 1. Introduction

**1.1.** The Think Family initiative was introduced by the Department for Children, Schools and Families (DCSF) in 2008 following the Cabinet Office Families at Risk Review.<sup>1</sup> Families 'at risk' is a term used to describe families who are experiencing multiple and complex problems, which frequently lead to poor outcomes for children within those families. From May 2010, the DCSF has been re named the Department for Education. But the term DCSF continues to be used in the document when it describes action taken prior to the change of name.

**1.2.** The basis of a Think Family approach is to co-ordinate the response to families in order to:

- Identify families at risk of poor outcomes 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
- Strengthen the ability of family members to provide care and support to each other.<sup>2</sup>
- Develop a corporate responsibility for families incorporating a culture shift at all levels.

**1.3.** The DCSF provided funding streams to support various Think Family developments, for example parenting training and Family Intervention Projects (FIP). In Ealing the grant of £408,973 provided for 2009/10 was used to develop the youth crime FIP, the Parenting Early Intervention Programme and development of a pool of 270 trained parenting

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<sup>1</sup> Think Family: Improving the Life Chances of Families at Risk. Cabinet Office 2008

<sup>2</sup> Think Family Toolkit. DCSF 2009

facilitators located across a broad range of service areas.

**1.4.** Alongside these specific services, there is a commitment to develop an overarching strategy which will drive a cohesive Think Family approach across core services to children and adults. The intention is to ensure that the Think Family approach underlies all core services to children and adults, particularly those experiencing multiple and complex problems, and that such services are provided in a co-ordinated way to ensure maximum effectiveness. The remainder of this report outlines the Think Family strategy which has been developed with involvement from a wide range of key stakeholders and senior managers in Ealing.

## **2. National Picture**

**2.1.** The DCSF provided support staff and a wealth of materials and resources to assist local authorities in developing effective Think Family strategies and services. The DCSF amassed a sound evidence base of the cost effectiveness of Think Family interventions and have developed a 'Negative Costing Tool' to enable local authorities to quantify the estimated savings associated with effective interventions from FIPs.

**2.2.** Various evaluations of Think Family initiatives have been undertaken, most notably a detailed research evaluation<sup>3</sup> of the Think Family Pathfinders which have been operating in 15 local authorities since 2008. The evaluation identifies three different models of delivery being taken by local authorities:

- Establishment of new types of multi-disciplinary teams who work in an assertive and family focused way
- Extension of pre-existing models such as the FIP

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<sup>3</sup> Think Family Pathfinders Research Update. DCSF 2010

- Systems change – trying to establish integrated working practice across adults' and children's services

This last model is the approach being adopted in Ealing. There are some features which are common to all three models of delivery such as, use of family based assessments, a focus on intensive interventions which minimise the number of professionals involved, and use of intelligent information systems to build up data about individual families in a co-ordinated way.

**2.3.** Some key messages from this evaluation which apply to the direction being taken by Ealing are that implementing a successful Think Family strategy will depend on:

- Senior management commitment to creating change
- Establishing effective information sharing systems
- Joint management planning and governance arrangements, with a particular emphasis on ensuring adult services are engaged
- Flexibility around thresholds and eligibility criteria for services
- Raising awareness and equipping staff to adopt a Think Family approach

Specific examples of good practice developments can be found in Appendix A.

### **3. Current Services in Ealing**

**3.1.** Ealing has a range of services which would fall under the Think Family umbrella, many of them existing services which were not necessarily developed under this initiative. In developing this strategy, a mapping exercise was undertaken to look at building blocks, barriers to overcome and ideas for change. A document bringing these areas together in one table is provided in Appendix B.

**3.2.** Of particular note are the following approaches which fit very well with the Think Family approach:

- Extensive SAFE service providing very good examples of multi-disciplinary and early intervention models of working
- 2 x Family Intervention Projects
- Gateway team in housing
- Sound risk assessment model in mental health services
- Link post between adult substance misuse and children's Tier 2 service and SAFE
- DAAT maternal health nurse – well established service to pregnant women and mothers with under 5s
- Plan to second an adult mental health worker to children's social care
- Primary mental health and wellbeing service for adults
- Training for staff in children's services on the mental health needs of adults
- Joint training for adult mental health and children's services staff on the impact of parental mental health problems on children and family life.
- The extensive promotion by West London Mental Health Trust of the Think Family approach to service delivery

**3.3.** In both children's and adults' services there are many examples from the front line of core services working well together, but stakeholders have also identified barriers which will need to be overcome in order to promote a family approach. In particular there are difficulties with information sharing, a range of different assessment frameworks, restrictive eligibility criteria for services and an overall lack of knowledge about what is available. Despite being formally one department, there are concerns about the fact that adults and children's departments operate very separately.

- 3.4. Some recent joint training for adults' and children's staff have helped to break down these barriers between service areas, but the separateness of service areas remains as one of the main barriers to a Think Family approach.

#### 4. Future Direction

- 4.1. The Think Family strategy in Ealing is based on building on strengths and creating change under four headings. In each of four categories (identified below), priority areas for action have been identified by key stakeholders and managers. This exercise was undertaken at a seminar held on 30<sup>th</sup> April 2010 which was well attended by senior managers from both children's and adults' services. The mapping document (see Appendix B) provides the basis on which priority areas for action were identified.

##### A. Leadership and governance

Ealing's structure, with one director of children and adults services provides a good basis on which to build on the stated commitment to a Think Family approach made by senior managers across service areas. The priority areas for action were identified as:

- **Developing a corporate responsibility for families incorporating a culture shift at all levels**
- **Establishing a Think Family governance and implementation group**  
(NB. A framework for governance is provided in Appendix C)

##### B. Strategic commissioning and planning

It has been recognised that areas of strength include a much improved working relationship between children's services and housing at a strategic level but that this still needs to translate to the front line. The Parenting Commissioner has started to make

inroads into a number of service areas on which to build. The barrier of service planning in isolation remains, as does a generally low level of knowledge about what services are available and how to access them. These issues are addressed in the priority areas for action which were identified as:

- **Developing a map of what services are available including key contacts and how to access services easily across children's, adults, housing and voluntary sector service areas**
- **Strengthening the focus on early intervention**
- **Reviewing and updating protocols for joint working with a real clarity about decision making**

**C. Operational front line systems and delivery of services**

The extensive range of services available to families has been identified in Section 3 above, but the difficulty remains that these services are not always well co-ordinated at the point of service delivery. Families may still experience fragmented services and duplication. The priority areas for action were identified as:

- **Provision of holistic assessments which are family orientated and where there is alignment between frameworks used by different service areas**
- **Focusing on effective intervention by developing the services which have a sound evidence base such as Family Group Conferences, whole family solutions, and work on relationships**

**D. Building staff capacity**

It was agreed by key stakeholders that changing the culture and attitudes of staff at all levels was a major part of the Think Family strategy, but that culture shift is a notoriously difficult area in which



achieve significant change. Some joint training initiatives have been successful but the basic difficulty of staff capacity remains a major challenge. The priority areas in this section were identified as:

- **Developing staff who have a shared common core of skills and who understand the role of specialist workers to assist when appropriate**
- **Provision of a common approach to assessment, to be achieved partly by training mixed groups of staff**

## 5. Action Plan

The priority areas identified above provide the basis for a realistic action plan which aims to create change which will contribute to the building of a whole system Think Family approach in Ealing. The action plan which follows below provides the plan for the first year of implementation of the Think Family strategy in Ealing and should be reviewed after 12 months in order to set new priorities. It should be remembered that the overarching aim of the approach in Ealing is to:

- Identify families at risk of poor outcomes and to provide support at the earliest opportunity
- Meet the full range of needs within each family which we are supporting or working with
- Develop services which can respond effectively to the most challenging families
- Strengthen the ability of family members to provide care and support to each other.<sup>4</sup>
- Develop a corporate responsibility for families incorporating a culture shift at all levels.
- Focus on effective intervention by developing the services which have a sound evidence base such as Family Group Conferences, whole family

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<sup>4</sup> Think Family Toolkit. DCSF 2009

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solutions, and work on relationships

What we want to achieve	What this will involve doing	Lead officer / department/organisation	Timescale for completion
<p>Action 1</p> <p>Establish a Think Family governance structure with a multi agency board</p>	<p>Set up Think Family board</p> <p>Report to Children's Trust Board and Health and Well Being Board</p>	<p>Maggie Wilson to lead</p> <p>Maggie Wilson to lead</p>	<p>First meeting July 2010</p> <p>July/September 2010</p>
<p>Action 2</p> <p>Develop a directory of services, including key contacts and how to access services, across children's, adults, health, housing and voluntary sector service areas</p> <p>To develop promotional material for Think Family approach</p>	<p>Produce information and circulate.</p> <p>Develop promotional material and distribute</p>	<p>Kate Subanney to lead</p> <p>Others to be involved:</p> <p>Pauline Bennett and Adenike Tilleray</p>	<p>November 2010</p>
<p>Action 3</p> <p>Strengthen the</p>	<p>Through budget processes,</p>	<p>Judith Finlay</p> <p>David Archibald</p>	<p>July 2010 - April 2011</p>

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focus on early intervention	aim to secure ongoing funding for FIP, FNP and SAFE services	Maggie Wilson Joanne Murfitt Police Housing Community safety	
<p>Action 4</p> <p>Review and update protocols for joint working with complete clarity about decision making;.</p> <p>Develop systems to ensure holistic assessments are provided that are family orientated; work to ensure that there is alignment between assessment frameworks used by different service areas</p>	<p>Develop protocols and procures for joint working and assessment between children's services and adult services (mental health, substance misuse, disability and older people)</p> <p>Ensure that assessment processes are adapted if need to capture information such as young carers and siblings</p> <p>Produce guidance</p>	Finola Culbert to lead	December 2010

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	Arrange training including training of mixed groups of staff		
<p>Action 5</p> <p>Develop staff across adult and children's services who have a shared common core of skills and a shared approach</p>	<p>Induction training to incorporate Think Family approach</p> <p>Briefing sessions to be held</p> <p>Articles to be written for staff newsletters</p> <p>Intranet to be used to promote Think Family approach</p>	<p>Local Authority: Judith Finlay</p> <p>With Jill Pierce and Janis Devers (LBE training)</p> <p>Other Think Family partner organisations to develop similar approaches</p>	<p>September 2010</p>
<p>Action 6</p> <p>Ensure that information sharing across organisations and across client groups enables a Think Family approach to be delivered.</p>	<p>To analyse whether current arrangements impose any impediments</p> <p>If necessary to amend and develop information sharing protocols</p>	<p>Lead: Mary Umrigar (LBE)</p>	<p>December 2010</p>

## Appendix A : Good practice examples from other areas

### 1. Tackling Factors Associated with ASB / Offending

Blackpool: Effectively used partnership work to manage an acutely high level of risk in a family with a history of ASB and offending. Pathfinder team used a combination of statutory powers, legislation, F.I.P resources and skills, police intelligence, liaison with the prison and effective re-engagement of biological parent to prevent further use of local authority care.

Moya Foster [moya.foster@blackpool.gov.uk](mailto:moya.foster@blackpool.gov.uk)

Leeds: Worked with a family where the Mother was facing eviction as a result of her ASB and the children were on Child Protection Plans under the category of at risk from emotional harm. Pathfinder coordinated support from a Clinical Psychologist; Drug Misuse Services; Housing and Relationship Support. The Mother was diagnosed and prescribed medication for Adult ADHD; Social Care reported no further concerns of emotional abuse and no further incidents of ASB were reported.

Munaf Patel [Munaf.Patel@leeds.gov.uk](mailto:Munaf.Patel@leeds.gov.uk)

### 2. Governance

Bolton: Has established a Think Family Strategic Group chaired by an Assistant Director Children's Services comprising of senior officers across Children and Adult services that looks at improving working practices for families at risk. Bolton uses a 'Framework for Action' to develop the use of a whole family approach for families at all levels of vulnerability.

Deborah Evans [Deborah.Evans@bolton.gov.uk](mailto:Deborah.Evans@bolton.gov.uk)

Warrington: Has a Think Family' Operational Group which is chaired by the 'Think Family' Programme Manager and is a sub-group of the Warrington Children and Young People's Trust and the chair sits on the Trust's executive group. The Think Family' Strategic Group is to be chaired by the Executive Director for (Adults) Neighbourhood and Community Services. The Children and Young People's Trust is currently considering whether and how it itself, rather than a stand-alone strategic group, can provide the strategic lead for 'Think Family' locally.

John Chandler [John.Chandler@childrenssociety.org.uk](mailto:John.Chandler@childrenssociety.org.uk)

### 3. Whole Family Assessments

Brighton and Hove: Has developed the CAF +, an assessment tool that builds on CAF (or other assessments completed on a family member), that helps professionals to get to the "root causes" of the difficulties / challenges facing the family in order that sustainable outcomes can be achieved.

Sally Wadsworth [Sally.wadsworth@brighton-hove.gov.uk](mailto:Sally.wadsworth@brighton-hove.gov.uk)

Durham: Has developed a whole family assessment model which builds on the CAF and is solution focused in its approach. It is holistic; looks at the needs of all family members and can assess the needs of a wide range of different family units and extended family members. The model is used by all 'Think Family' projects within County Durham to aid consistency of approach and reduces the need for re assessments where families move between services. Helen Fergusson [Helen.Fergusson@durham.gov.uk](mailto:Helen.Fergusson@durham.gov.uk)

Westminster: Has developed the 'Information Desk' designed to collect, analyse, and present data on families for practitioners working within its Think Family Pathfinder. After a family has been referred to the Pathfinder an information request is sent to all relevant agencies and the information develops a number of intelligence reports which are used by practitioners at TAF meetings to agree strategies for family support. Natasha Bishop [nbishopp@westminster.gov.uk](mailto:nbishopp@westminster.gov.uk)

#### **4. Referral Pathways**

Durham: Referral pathways have been designed to assist in embedding CAF processes throughout universal and targeted service provision. Learnings have found that simple, easy to access pathways which are as integrated as possible into existing processes for adult colleagues are critical in maximising opportunities for joint working. Helen Fergusson [Helen.Fergusson@durham.gov.uk](mailto:Helen.Fergusson@durham.gov.uk)

Somerset: Operate a county-wide generic telephone number and email address for access to local authority services but also have the agreement generally that any referral that comes into children's services will be dealt with appropriately and not pushed back if it is sent to the wrong team, project or organisation. Chris Frost [Cfrost@somerset.gov.uk](mailto:Cfrost@somerset.gov.uk)

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### Appendix B : Think Family Strategy for Ealing – mapping from interviews with key stakeholders and senior managers

Building blocks –what is already in place	Issues to address / barriers to overcome	What we want to see in the strategy
<b>Leadership, governance</b>		
<ul style="list-style-type: none"> <li>One director for children and adults services</li> <li>TF champions (but not yet effective)</li> <li>Senior management commitment</li> <li>Other relevant steering groups e.g. FIP</li> <li>WLMHT staff committed to promoting children's safeguarding – profile has been raised</li> <li>'Deep dive' review of how children's and adults' services are working together will provide a good analysis</li> </ul>	<ul style="list-style-type: none"> <li>Adult services – managers not engaged in TF activity or promoting change in this area</li> <li>Children's services – tunnel vision, see children's safeguarding as top of a hierarchy of importance</li> <li>Joint approach not evident</li> </ul>	<ul style="list-style-type: none"> <li>Keep it simple</li> <li>No cost</li> <li>A corporate responsibility for families</li> <li>Culture shift at all levels throughout the services</li> <li>TF implementation group (draft framework available)</li> </ul>
<b>Commissioning / policy / strategic level</b>		
<ul style="list-style-type: none"> <li>Parenting commissioner – actively involved</li> <li>Housing developing policy and activity to prevent evictions and relocation of families (but needs to be clearer at operational level)</li> <li>RSLs provide one third funding of FIP</li> <li>DV strategy in active development – research commissioned</li> <li>Information protocol established</li> <li>Homelessness strategy has a section about youth homelessness</li> </ul>	<ul style="list-style-type: none"> <li>Service planning operating in isolation i.e. children and adults separation - not focused on families</li> <li>Housing seen as too disparate, lots of providers, difficult to get a whole picture</li> <li>Legislation and central govt directives lead to development of strict and one dimensional eligibility criteria</li> <li>Resource issues emphasise eligibility criteria and rationing of services</li> <li>Protocols between services exist in patchy form</li> </ul>	<ul style="list-style-type: none"> <li>Map of what's available, key contacts, signposts</li> <li>Focus on early intervention</li> <li>Updating / reviewing protocols for joint working with clarity about decision making</li> <li>More involvement from housing in joint policies</li> <li>Establish flexibility in eligibility criteria – triggers to override criteria in specific circumstances</li> <li>Acknowledgement that older people exist (grandparents role/ kinship placements)</li> </ul>

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<b>Operational / service level / front line systems</b>		
<ul style="list-style-type: none"> <li>• Extensive SAFE service providing very good examples of multi-disciplinary early intervention models of working</li> <li>• 2 x FIPs</li> <li>• MARAC and MAPPA working well – can learn from these models</li> <li>• Gateway team in housing</li> <li>• Sound risk assessment model in mental health services</li> <li>• Link post adult substance misuse and children's Tier 2 service and SAFE</li> <li>• DAAT maternal health nurse – well established service to pregnant women and mothers with under 5s</li> <li>• DAAT assessment includes section about children</li> <li>• Plan to second AMPH post to children's social care</li> <li>• Primary mental health and wellbeing service</li> <li>• Well established family approach within CAMHS</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Children's and Adults services operate very separately – little cross over and communication patchy</li> <li>• Information about who is involved not easy to find</li> <li>• Lack of clarity about information sharing at front line leading to key information being withheld on grounds of confidentiality</li> <li>• CAF being used as a referral form rather than an assessment and planning tool</li> <li>• Assessment frameworks do not facilitate a family view (e.g. FACS totally focused on needs of individual)</li> <li>• Assessment frameworks are already considered too lengthy – danger of adding more</li> <li>• No flexibility in eligibility criteria leading to lack of access to specialist advice e.g. in parental mental health issues</li> <li>• Housing access – difficult to get them involved at casework level (resource and strict eligibility prevent active involvement)</li> </ul>	<ul style="list-style-type: none"> <li>• Holistic assessments which are family orientated and there is alignment between services</li> <li>• Lead practitioner model</li> <li>• Team Around the Family meetings (but some say these are too resource intensive)</li> <li>• Focus on interventions : Family Group Conferences; relationship work; whole family solutions</li> <li>• Model of common core skills for staff with a good understanding of what specialists provide</li> <li>• Shared understanding of information sharing and confidentiality issues</li> <li>• More effective use of primary mental health services which are developing</li> </ul>
<b>Staffing / training</b>		
<ul style="list-style-type: none"> <li>• 270 trained parenting facilitators across a broad range of service areas</li> <li>• 98% of mental health staff have received safeguarding children training</li> <li>• Establishing body of expertise in DV posts in SAFE services</li> </ul>	<ul style="list-style-type: none"> <li>• Additional time needed to train staff who are already finding it difficult to attend core training</li> <li>• Keeping it relevant for a broad range of core and specialist teams</li> </ul>	<ul style="list-style-type: none"> <li>• Common understanding of terminology</li> <li>• Knowledge of information sharing protocols</li> <li>• Common core of skills</li> <li>• Common approach in assessment training</li> </ul>

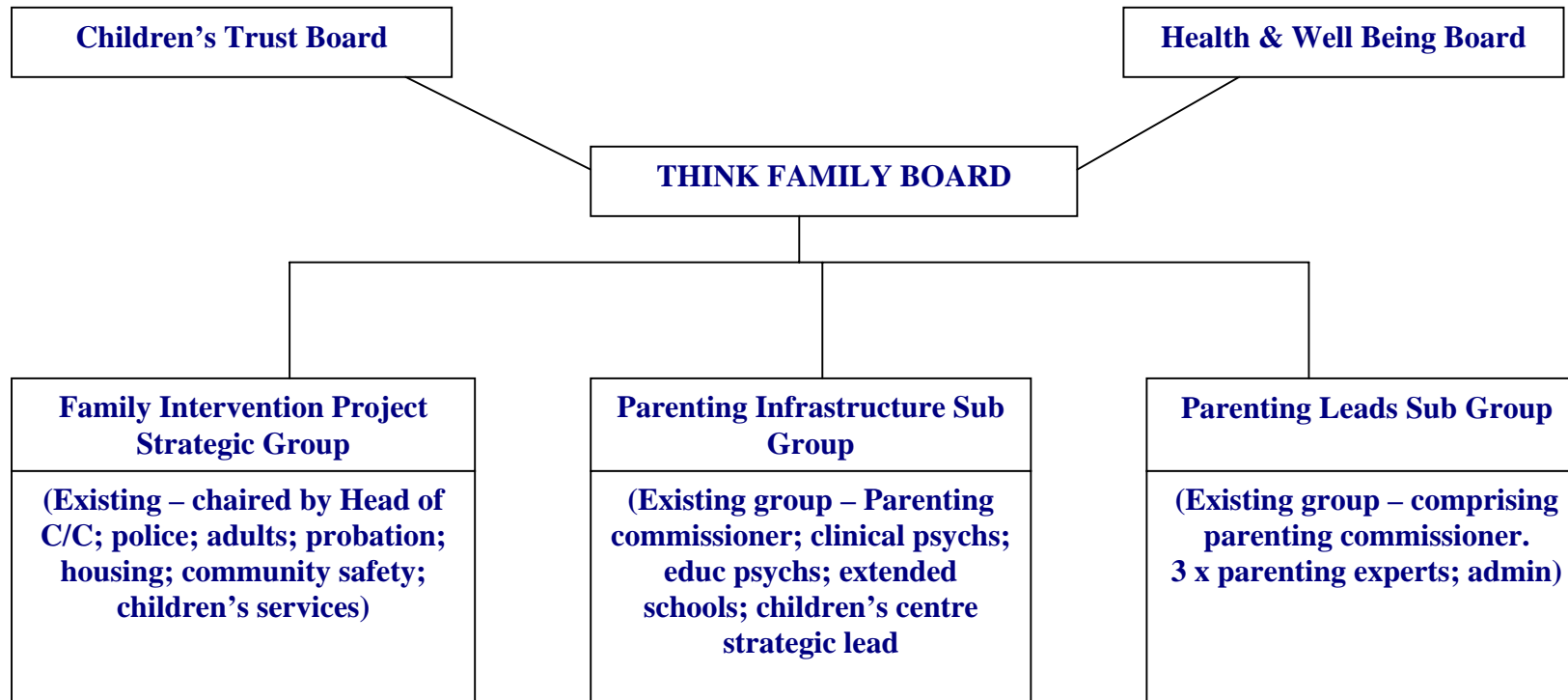


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| <ul style="list-style-type: none"><li>• Joint children's and adults' events to look at 'sticky issues' as well as further joint training</li><li>• Piloting common induction training</li><li>• Extensive Common Assessment Framework (CAF) training#</li></ul> |  |  |
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## Governance



## **THINK FAMILY BOARD – MEMBERSHIP AND TERMS OF REFERENCE**

### **1. Purpose of the Board**

The purpose of the board is to ensure the effective development and implementation of the Think Family approach in Ealing. Specifically the board is responsible for:

- Delivery of the Think Family strategy and action plan in Ealing
- Review and monitoring of the impact of the action plan
- Identification of additional activity that may be needed and delivery of such action
- Reporting to the Children's Trust Board, Health and Well-Being Board and to the Safer Ealing Partnership
- Keeping the Think Family champion (the LBE Executive Director of Adults and Children) informed of and involved in developments

### **2 . Chairing arrangements**

The board is chaired jointly by the LBE Director of Adult Services and the Director of Children and Families.

### **3.Membership**

#### **Joint chair**

Judith Finlay and Stephen Day (Children's Services/Adult Services, LBE)

#### **Adult services**

Kieran McCann (mental health)

Cheryl Batt (disabilities)

Sipho Mlambo (substance misuse)

Alan Mountain (older people)

Jane Rosoman (primary mental health)

#### Community safety

Joyce Parker (community safety)

Ian Jenkins or his nominee (police)

Alastair Romanes (YOS)

Elaine Parkin (Probation)

#### Community health services

Yvonne Leese or her nominee (Integrated Care Organisation)

#### Housing services

Mark Meehan

#### Community safety

Joyce Parker (community safety)

Ian Jenkins or his nominee (police)

Alastair Romanes (YOS)

Elaine Parkin (Probation)

#### Children's services

Finola Culbert (safeguarding and support)

Bridie McDonagh (adolescent SAFE and FIPs)

Charles Barnard (early years and 0 to 12 SAFE)

Kate Subanney (parenting commissioner)

Maggie Wilson (children's commissioning)

### Voluntary Sector

Carmel Cahill

### 4.Convening meetings and minuting of meetings

The Children's Commissioning Team is responsible for convening meetings and minuting of meetings.

### 5.Frequency of meetings

The meetings will take place at two monthly intervals.

### 6.Duration of the board and review of terms of reference.

A review of the board and the terms of reference will take place July 2011 and will consider whether:

- The action plan has been achieved
- Whether further action is needed
- The board remains the appropriate vehicle to take forward any further action.

Date that the terms of reference were agreed: 6 July 2010.

