

# Ecology of family support: View from Wales

## child centred and family focused

- **Society** – macro
  - inequalities and deprived neighbourhoods
- **Community** – meso
  - social isolation, stigma, rejection, culture(s)
- **Family** – micro
  - child's disability
  - parenting capacity
  - domestic violence
  - poverty
  - parental learning disability
  - parental mental health
  - parental substance misuse

# Community cohesion

- Hate crime – departments, agencies and citizens
- Gypsy & traveller communities – awareness and engagement
- Immigration – better data and understanding
- Communities First – anti poverty, multi agency, citizen-led
- Evidencing delivery of ‘cohesion priorities’ via single plan
- Mapping change and policy/practice responsiveness

# Multi-level across the age range

- Flying start – EI, universal entitlements in targeted areas for 0-4; enhanced HV service, free child care 2-3 years @ 12.5 hours p.w. for 39 weeks of year; evidence-based parenting support; support for early language development and play. Transition to Foundation Phase.
- Foundation Phase (3 – 7 years) 10 hours p.w. good quality education for all 3-4 year olds. Emphasis upon numeracy and literacy and preparation for school. Partnership with parents.
- Pupil Deprivation Grant: Reduce impact of poverty on education. Funding directed to schools who identify 'system leaders', evidence base (Sutton Trust), sustainable change, intervene beyond school to link with Communities First.

# Multi-level across the age range (cont)

- Families First – EI, for parents and/or children with additional needs and especially where poverty an issue.

Objectives: reduce worklessness; skills for adolescents and parents; better health/ed/cog development outcomes and prevent more complex probs. Whole family (TAF) service, intensive, lasting, adaptive.

- Integrated Family Support Service: EI, vulnerable families with complex needs on cusp of crisis where children at risk.

Holistic intervention team uses structured family intervention model = key worker and team use same model (MI, strengths based, solution focused brief therapy, systems theory and family therapy). Focus on MH, Subs Misuse, Learning Dis, DV.

# Moving from protection to family support -

**SURGE in LAC + CPR BETWEEN 2008-13/14, but an increasing trend since 2002. 90 per 10,000 children, almost 50% more than England.**

**WALES HAS: 5755 LAC – 18% INCREASE OVER LAST 6 YEARS; 37% increase 02-2014. No clear pattern of activity across local authorities but neglect a dominant factor. 30% child poverty.**

**3155 CPR – 19% increase in last 6 years**

**Top 5 authorities in Eng & Wales with high LAC contain 4 from Wales**

**20,000 CHILDREN IN NEED 20% with disability. Much lower attainment at Key Stage assessment. 25% had parents where - MH, DV, D&A misuse.**

**MUNRO REPORT – PROCEDURALISATION & RISK - same in Wales**

**GET BACK TO BASICS.....prevention the ever elusive**

# Getting a grip on NEGLECT?

- FRONTLINE STRUGGLE TO EVIDENCE OR HAVE CONFIDENCE TO INTERVENE  
HENCE WG NSPCC AfC DEVELOPING MULTI AGENCY APPROACH TO NEGLECT
- IDENTIFY MAPPING TOOLS TO GET SCALE AND NATURE OF NEGLECT TO  
SUPPORT COMMISSIONING.
- IDENTIFY EVIDENCE-BASED ASSESSMENT TOOLS & INTERVENTIONS.
- IDENTIFY MULTIAGENCY NEGLECT PROTOCOL FOR JOINT WORKING.
- IDENTIFY TRAINING STRATEGY.
- GOVERNANCE VIA SAFEGUARDING BOARDS AND LOCAL SERVICE PLANS?
- 45% ON CPR (1,320) ARE TIP OF ICEBERG.
- 1 IN 10 OF 11-17 YEAR OLDS REPORT SEVERE NEGLECT IN CHILDHOOD AND  
NEGLECT FEATURES IN 25% OF CHILD HOMICIDES.