CASE STUDY 1
Early Help Hub (Flintshire):
Working together to support vulnerable families

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Summary of the Early Help Hub
This in-depth case study focuses on the development of the Early Help Hub, a multi-agency integrated Families First aligned response to provide support to families where there have been 2 or more Adverse Childhood Experiences and or where there has been an incident of domestic abuse, neglect or general issues, but where the family has not reached the threshold for a statutory intervention or necessitated a safeguarding referral. The Hub, co-locates Social Services, North Wales Police, Health, Youth Justice, Education, the Family Information Services, Early Years Support, Flintshire Customer Connects, Team Around the Family and the third sector, with North Wales Police a key partner. Launched in October 2017 it provides support to avert crisis and family breakdown. A key feature is the role of the Third Sector Co-ordinator (Flintshire Local Voluntary Council, FLVC), who acts as a point of contact; working with the family to look at third sector and community-based solutions to meet their care and support needs. The Hub epitomises one of central features of the Health, Social Care and Well-being Act in terms of prevention and is working towards early intervention referrals, where Children Services, for example, deemed no further action is required.

Highlight facts:
- Worked initially with 29 families with complex needs.
- Previously over 80% of referrals from North Wales Police related to an incident of domestic abuse did not meet the threshold and resulted in no further action.
- Many families were known, ‘but not in a way that was addressing the underlying dynamics that were giving rise to the sorts of problems within families’ or appropriately co-ordinated.

How it began: the main drivers

- **Needing to do things differently and better:** Key motivation was to find new and more innovative ways to support known vulnerable families with reoccurring patterns of crisis and who did not meet the threshold for social services support, but where it a family situation was likely to escalate and or there would be disengagement. Austerity and the need to pool resources a major factor to meet need.
- **Building relationships:** A central tenet was the need to build relationships with families with high levels of need; engaging them early by operating proactively and collectively.
- **Responding early:** There was a need to share intelligence and align organisation to work together in a more preventative way, with a focus on early intervention.

Key Features

- Having a passionate advocate at a senior level and strong leadership; wanting to look at alternative ways to support families, by changing practice and improving service response and delivery.
- Multi-agency and co-located teams, with the third sector key partners to drive change.
- Consultation with stakeholders.
- A diverse range of individuals and organisations involved with the same intention to achieve good outcomes for families.
- Consistency of approach and involvement; offering information, advice and assistance with a Third Sector Co-ordinator acting as a single point of contact offering community-based solutions to support families.
- Information sharing an important and successful characteristic of the Hub.
What worked well?

Establishing the Hub: The forming of the Hub and co-locating teams such as Team Around the Family and Flying Start for example was a highlight and was seen as the vehicle for a ‘progressive and a faster and more dynamic approach’ to the process of sharing information, intelligence gathering and responding more effectively. However, while the organisations and teams involved have been able to share information within the Hub agencies they have been doing so at ‘different rates or a different pace’ due to different processes of intelligence gathering.

Information sharing: It was considered that one of the most positive outcomes of the initial work of the Hub was the agreement to share information about families. An Information Sharing Agreement was established setting out consent processes and the scope of sharing information between agencies, including with the third sector. A comprehensive approach to information sharing enabled a ‘more thoughtful service response from across the wider public and voluntary sector’.

The ‘Offer’: North Wales Police offering a proactive signpost to information, advice and assistance (Third Sector Co-ordinator as a single point of contact) was seen as less intrusive, non-threatening, more independent and would avoid ‘leaving families in limbo, without any form of support or if you don’t take up the offer you won’t get anything attitude’. The offer was based upon taking and applying whole family approach, asking what matters to the family and look at what help would be beneficial by developing bespoke and personalised packages of support for the family. For example, 1:1 parenting interventions, parenting courses through to accessing parenting networks across the county. The key aim of the offer was to work towards eradicating a ‘no action response’ more formally experienced by families.

Early engagement with the workforce: A programme of workforce briefings worked well, with over 200 people taking part who worked with children and young people and their families. There was a good representation and a diverse mix of practitioners across sectors, including from North Wales Police, Health Visiting and School Nurses, Youth Justice, Youth Services, schools and third sector organisations. A more targeted approach, for example, with secondary schools heads was also instigated.

‘Essentially these where families with complex needs, that those needs were often escalating, they were actually involved with lots of different services, but support wasn’t there, it wasn’t co-ordinated, it wasn’t necessarily leading to good outcomes, there was a lot of duplication.’

The role of North Wales Police:

- **Central involvement**: North Wales Police were an early adopter of the concept of developing an early intervention hub. The Superintendent was involved in the initial discussions with the consultant and was active in looking at early intervention models elsewhere which helped to shape the Hub and focus on identifying how many ‘doors to open, but at the same time avoiding multiple routes’ into services, which would be complex to manage and difficult for families to navigate. It was important to distinguish between the role of the Hub and Social Services and which door to open and when.

- **Changing the culture of response**: It was felt that it was important to ‘get the message across’, which was difficult across such a large organisation and the need to be more proactive in terms of being supportive of vulnerable families and to safeguard people in the community, rather than focus on detection rates. Previously, there was little knowledge amongst frontline Police Officers of the existence of Flintshire Local Voluntary Council, the Third Sector Co-ordinator and other local-based organisation who could support a family. Police Officers are beginning to think about, during an incident, the need to provide early support and initiate an offer and a referral to the Hub, which is working well. Newer recruits have been more open to new ways of thinking and have been seeking information from the Hub ‘wanting to make sure that the appropriate support is in place’ and wanting to make the right connections, so the family does get some support rather than being left in limbo and further occurrence of domestic abuse.
Role of the Third Sector Co-ordinator within the Hub

Whilst, other models across other local authority areas were scoped in the initial stage of development of the Hub, the role of the Information Officer at FLVC, who worked via the Single Point of Access (SPoA) within Adult Service was considered a potential replicable model, with an interest in what was available in the third sector and gaining access and ‘were amazed as to what is out there in the third sector…..and opened their (statutory agencies) eyes to actually what support was out there’. An important aspect was the recognition that face-to-face contact with people, rather than relying solely on telephone contact reaped dividends in having more meaningful conversations with people about their needs and seeking appropriate solutions which were mainly related to loneliness and isolation.

Operational aspects: The SPoA referral routes were not the same as those expected into the Hub and how those referrals are dealt with which could not be replicated. The Hub focused on a multi-agency response due to differing presenting contexts of the referrals. The cases referred into the Hub were more complex, but initially and currently more predominately were cases which were preventative in nature. Families were in crisis, already known and there was a ‘cycle of repeat events’.

Referrals: 85% of referrals to the Third Sector Co-ordinator were domestic abuse-related and had not expected of referrals to be so high. Other referrals were usually because of no further action from Children Services or Child Protection. Only recently did the Third Sector Co-ordinator feel that the Hub was beginning to accept referrals that would be considered as an early intervention case. It was felt that this was due to the need to further raise awareness of the role of the Hub and what types of referrals the Hub would consider. It was felt that many of the referred cases were not at the right stage for a third sector intervention, but once statutory support had been provided families would be more open to the Third Sector Co-ordinator to get involved and work with them to look at what support and services could be offered and set up for the family.

Consent: Initially, there were concerns related to how families were consenting to be contacted. Some families when contacted by the Third Sector Co-ordinator were not aware of a referral, and that implied or inferred consent was the default position given that children were involved. It made for a difficult opening conversation, which put the family and the Co-ordinator at a disadvantage. The Co-ordinator was able to challenge processes to ensure that families were informed that the Co-ordinator would be in touch to make an offer of support rather than enforce it and that families can opt out. As information and communication processes were agreed, the relationship building with the link Police Officer was pivotal who seeks permission from the family for the Co-ordinator to make contact.

‘There is a need to focus on more, in some instances at least on engaging families, as a way of building their confidence and willingness to engage with the service rather than, if you like, more traditional model of just waiting for the referral to come in.’
**What was learnt?**

**First contact:**
A crucial learning point was the importance of first contact with the Hub for families and North Wales Police’s response post an incident; following up families through signposting to an offer of support through the Hub. Building trust was a central factor to maintain family engagement and, in turn, for some families avoiding the need for a crisis intervention or a safeguarding referral. Trust and a rapport with families were important themes. Many families had had a poor or unsatisfactory experience in their contact with social services; not wanting their involvement and ‘fearful of statutory intervention’. While, the concept of a single point of contact is not new, contact with someone who is seen as independent, able to work on a one-to-one basis developing a bespoke support package has been welcomed by families who can help them beyond first contact. The Third Sector Co-ordinator has been playing an essential role in helping families to identify support and maintain a steady state position through a faster proactive response. **Understanding the needs of families:** Many families, initially involved, had been ‘lurching from crisis to crisis’, with multiple instances of domestic abuse. Although, some services were involved with some of the families it was not in a way that was addressing the underlying dynamics that were given rise to the complex problems being experienced within families. In many cases a response was to a particular presenting problem, for example a safeguarding need, but with a lack of recognition that there was a need another service to also intervene. The local research on local families undertaken by the consultant was recognised as important by the Public Service Board and the need to improve the well-being outcomes of vulnerable families across the county. Understanding the needs of families and avoiding repeat demand by channelling families to the Hub supported the Local Area Plan priority to prevent and provide early intervention to families with complex needs. An integrative approach across agencies, including with the third sector was a critical factor and led to the re-commissioning appropriate Families First funded services well-received and learning process for organisations; understanding the need to work in partnership to provide effective support to vulnerable families in the county. **Bringing stakeholders together:** Early engagement with some agencies was difficult. Facilitating a workshop was seen as an important initial step to encourage buy-in and promote the need to transform services to vulnerable families. Bringing together different stakeholders was a useful mechanism to share experiences and be informed. It provided the space to agree the design principles, look at what the research was saying and identify the elements of good practice from other areas. **Information sharing:** It was felt to have been important to be clear as to what information could be shared between agencies, including with the third sector and how consent could be achieved where families were not happy to agree. The key learning was that it was important to operate proactively and build relationships with families with high levels of need and has been instrumental in achieving consent and signposting families to the Third Sector Co-ordinator, for example. An Information Sharing Agreement was developed and agreed providing a ‘safe space to be able to share information sensitively’. Where there was evidence of 2 more Adverse Childhood Experiences recorded and support was received from the Hub together with the consequences of improved information sharing processes within the multi-agency Hub improved family outcomes and child safety, avoiding a safeguarding intervention. **Learning from other single point of contact models:** A single point of contact (Information Officer) had already been established at Flintshire Voluntary Council support adults with health and social care needs, which had been working well and had provided access to a diverse array of support and activities from local play opportunities through to help with de-cluttering and was used as the model to take forward within the Hub. **Understanding the role and remit of the third sector:** Some families were not aware that they have been referred to the Hub. Statutory partners assumed that the Third Sector Co-ordinator could ‘cold call’ or send a leaflet through the post. This had the potential to put the victim at risk if the alleged perpetrator intercepted a call or the post setting out what was available from the third sector. The families, subsequently, were primed to expect a call by a key professional who already had some contact with the family, for example the Health Visitor, midwife or the Police and more acceptable to families.
Challenges

- **A need for flexibility**: Whilst, the Social Services and Well-being Act creates opportunities to transform the ways services could be delivered in the future, there is a lack of opportunity to pump prime and try new ways of working despite a genuine interest to deliver change. The Hub is an example of where a local authority recognised and understood that there was a need to change and provide a better response to vulnerable families in the County. The Hub is evolving; the key challenge is to move to an earlier invention response, which the third sector organisations are well-known providers, rather than dealing with an escalation of family issues experienced by the Third Sector Co-ordinator.

- **‘Lifting the lid’**: There were some difficulties engaging with some families who were aggressive in their response to the Third Sector Co-ordinator making contact and that families did not want a statutory intervention thinking that their children would be taken into care. 
  
  **This was mainly due to:**
  - A Police Officer in response to an incident not explaining the offer clearly.
  - The family at a time of crisis finding it difficult to process information.
  - Family not aware of being referred to the Hub and once this was explained were wary of having Social Services involved in any capacity, with the family at the time of an incident not wanting the Police on their doorstep any longer than necessary.
  
  The follow up visit from a Police Officer helped towards improving the families understanding of the offer. The offer needed to be explained as the Third Sector Co-ordinator received an abusive reaction when ringing some families as an unsolicited call. This led to a different approach with the agreement that a professional, who had prior knowledge of the family, would provide information about the alternative support and that the Third Sector Co-ordinator would be in touch with them. This, after time, has begun to work well and families less likely to respond negatively to being contacted by another organisation and open the conversation more positively and arrange a home visit.

- **Engaging across the sectors**: Initially it was felt that that it was difficult to engage across sectors from a North Wales Police perspective who were not aware of the array of third sector organisations who could support families in the community. This improved as processes where developed and initiated and the link Police Officer becoming a key communicator of information about the offer of support via the Hub to FLVC.

- **Access to Health Visitors**: Although, Health Visitors were IT enabled, it was not always easy to contact a named Health Visitor in the same way as other professionals who were co-located.

- **Co-production**: It was felt that the development of the Hub was consistent with the principles of co-production. However, families were not involved in the design, but an understandable omission due to the complexities of the families referred to the Hub. It is the intention to interview some of the families involved to understand their experiences and to use this influence the further development of the Hub.

- **Capacity to respond**: The consortia approach established around parenting led to the re-commissioning of providers, which met the criteria of being able to respond to the requirements of the Early Help Hub. However, some organisations became inundated with referrals and saturated as they were the only organisation well-placed to support families with specific needs. There was the danger of over reliance where there was only a ‘small pool of 6/8 organisations around the table... and a reluctance to agree to pick up a referral due to lack of capacity or where the referral appears to be too complex’. Some cases referred to the Third Sector Co-ordinator were considered not appropriate as no other agencies wanted to become involved.

- **Getting the message across**: Informing all agencies across Flintshire and more widely who were in contact with families living in the county that they can make a referral at an earlier stage has been challenging. Schools, for example, it was felt were unlikely to refer a family as they felt no one would do anything about it. Whereas, if schools were to refer, the Third Sector Co-ordinator can offer support at an earlier stage.
Conclusion

Overall, the Early Help Hub has been influential in:

- Offering the option of alternative support to vulnerable families who did not reach the threshold for statutory invention or where support had previously not been forthcoming, despite repeat patterns of occurrence, has been valued.
- The co-location of teams and agencies has been important to aid information sharing and communication across agencies.
- It has been important to explain that the offer of support from FLVC is not mandatory and that support offered by the Third Sector Co-ordinator is entirely voluntary. The family can choose to accept or opt out.
- The relationship built between the Third Sector Co-ordinator and the link Police Officer has been a crucial component to establish a relationship with families. Their ‘paths would never have crossed previously and has paved the way to ensure a much better process’ in engaging families at an early stage by not being cold called by someone they do not know.
- Understanding the remit of the third sector; how the sector can respond and what is outside their responsibility has been an important learning outcome for the statutory partners. The statutory partners have a more informed picture of the breadth and depth of third sector support available whereas previously there was a lack of knowledge.
- Families need to know they have been referred to the Early Help Hub and that the initial contact to inform them of the offer of support from the Third Sector Co-ordinator needs to be made by someone the families know and trust rather than receive a call from ‘a total stranger ringing out of the blue’ who does not know the family.

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