



Family hubs and digital villages: how the right technology can aid effective early intervention

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“It takes a village ...”

It's a cliché for a reason. Successfully managing family life and raising children is tough even in the best of circumstances. The more supported you are, the less isolated you feel, the better it is. The idealised nuclear family is really a mere blip in terms of human history – and probably more fantasy than reality.

Families rely, to a greater or lesser extent, on formal and informal networks of friends, family, professionals and service providers. This familiarity and the connections formed over many years, is a big reason – alongside of course the budgetary costs – why local authorities always aim if they can to resist uprooting families and children and moving them into temporary accommodation often many miles away.

That said, we shouldn't sugar coat the role of informal networks and communities when it comes to supporting families, especially at-risk families.

A neighbour popping round for a cup of tea doesn't necessarily understand the implications of that growing pile of unopened brown envelopes in the corner. The creeping black mould in the bathroom may be present in their own accommodation and therefore unremarkable. Early warning signs such as a deterioration of personal hygiene may not be addressed out of politeness or a reluctance to offend, when in actual fact it could be a gate on the pathway to homelessness.

Equally, family members may not fully understand the connection between poor health, poor finances and vulnerable housing, until it is unignorable. There is no guarantee that they know which agencies or experts to contact – or indeed that they would encourage such contact at all. Communities can even circle the wagons around their own vulnerable members and discourage outside intervention at all.

All this is familiar to social care professionals, who often encounter families in anything but the best of circumstances. In the ideal working model, social care professionals become part of that family's 'modern village', alongside colleagues from health, housing, education, social security and a host of other departments. Through multi-agency intervention, a form of community is created to address often multiple, interconnected and escalating family challenges, and preferably happens early enough to prevent these challenges emerging at all.



This too comes with its own challenges. The more problems a family faces, the more interventions may be required, and the more departments and agencies involved. That creates more opportunities for details to fall into gaps and the families themselves to feel overwhelmed and under-supported by a faceless system.

For example, it is not unusual for a midwife or health visitor to note that something is amiss when visiting a new mother. It is not unusual for a social worker to pay the same mother a visit and to also note that she should be monitored. And it is certainly not unusual for these two dedicated, thoughtful professionals to be working for completely different bodies and making their reports on different systems, completely unaware of the other's concerns.

When the new mother calls and is visited by a support charity, it can't be reported as they are a completely independent body. All the early warning signs are there, but not joined up. Someone who could have been looked after by the system has slipped through.

Perhaps the biggest problem, is that opportunities for early intervention can be lost, and children end up referred to safeguarding or the social care pathway. As research from the Early Intervention Foundation suggests, the costs of late intervention for children and young people – such as youth crime and mental health, unemployment, and absence from education – run to £17 billion across England and Wales each year. The largest share of this bill, £6.5 billion, falls on local authorities. This focus on budget can also be detrimental to future planning. Many authorities plan year-to-year, which can be dangerous when taking into consideration the many years many people may rely on assistance.

As such these sums don't consider the longer-term impact of poor outcomes, which can last into adult life and sometimes into the next generation. As the report's authors note: [Late intervention] rarely turns lives around, as seen in recidivism rates for young offenders and poor transitions to adulthood for children in care... The human and social costs are far greater.

This loss of physical space has made early intervention that much harder – a situation intensified by the pandemic. So, alternatives have to be developed to help social care professionals work proactively to support families at the earliest stage possible.

Technology can play a significant role here in creating effective communications tools that can connect an unlimited number of agencies and professionals with the information they need to progress cases and simplify case management.

A local authority typically has back-office systems that are reserved for statutory social care services. They hold sensitive statutory information but were not built with flexibility in mind, which makes it difficult at best to develop a multi-agency approach.

But central data repositories can be created to hold the necessary content relating to a case, in line with relevant regulations, while still making it accessible to key stakeholders in multi-disciplinary cases. They can be structured to make sure all necessary steps are taken but retain the adaptability needed to reflect the non-linear path from initial contact to desired outcome that complex cases often take.

The most important stakeholder of all, of course, is the family concerned, who need to be both involved in and informed of their case's progress. It is essential that these families are not required to tell their stories time and time again to different bodies, and that they are actively participating in their own process rather than being the passive recipients of social services.

They also need to see the steps that are being taken on their behalf, such as referrals to and contributions from health services, housing agencies and third- sector organisations, and be able to view the relevant timelines so they know what to expect and when to expect it. In other words, the right technology, made accessible through standard mobile devices, can put the family at the centre of their own case, further enhancing the chances of achieving the desired outcomes and preventing escalation.

At the administrative level, this technology can help save vast sums at a time when statutory social care faces immense financial constraints. But on a human level, using technology in this way can prevent a great deal of misery and long-term suffering. It can't replace the human interactions of the modern village. But it can make those interactions more effective and far more productive – to everyone's benefit.





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