

Jig-so - Joint Health and Local Authority team

Jig-so was started when our strategic lead in Swansea Council early intervention services in 2016, she looked at the success of our teenage support midwives and used Families First Funding to set up Jig-so and fill in the gaps in provision in the first 1000 days of a child's life. It was innovative thinking at the time to use £330,000 of the Families first grant to fund health staff of 7 Midwives and 4 Nursery Nurses into a Joint Health and local authority team with 7 parents workers, supporting young or vulnerable parents to be, before and after birth.

Initially we only supported young or vulnerable parents up to the age of 25 years old, but in 2019 we removed the age cap so we could support all vulnerable parents in Swansea, in the first 1000 days of their child's life. In 2020 we moved from early help into social services, this move was driven by the "Born into Care research". Jig-so is now aligned to the social work teams in Swansea and this supports better planning and communication between agencies.

Currently we support 8% of births in Swansea and these are the most vulnerable families that would include care leavers. Last year we supported 220 families and 104 of these were open to social services. 90% of our referrals come from the community midwives at the 12 week booking appointment, this gives us around 28 weeks to work with a family before the babies are born and we start supporting families at the earliest possible opportunity.

When they are pregnant all families expect to have a midwife, referring them at the earliest possible point to a specialist midwife based in the same team as a local authority support staff will provide them with the support they need for their often complex needs. As a result in this early referral into our specialist midwives we see very high engagement, and the families see Jig-so as a universal offer, in comparison to a community midwife referring to social services or for parenting support. Our Jig-so midwives take over the care of the mums from the point of referral and offer "continuity of care" with more intensive support through their pregnancy, they will have regular hour long home visits throughout their pregnancy compared to seeing the community midwife in their clinic for shorter periods, this gives us a better picture of what support is needed.

We then allocate parenting support alongside this and joint work the more complex cases; we attend all social work and child protection meetings and support families with their often complex needs.

Often we will have to support families with homelessness or housing issues, benefit issues, setting up their first homes, applying for grants, decorating their new homes and providing a home of modest comfort for the baby to live in, all of this is alongside completing our parenting material and education. We use a trauma informed approach and use the Adverse Childhood Experiences material (ACE's) to help families understand their own trauma, and how they can break the cycle of trauma for their children. All our staff have had extensive training on parenting models, attachment and bonding, parenting styles, children's needs, communication, and Gro Brain which we use to build on parents existing skills and knowledge. Pregnancy and the postnatal period are "key times" for early intervention, it is when expectant parents are "at their most motivated to learn", and want to do the best for their child.

(first 1000 days). What we are finding is that if you give families the right support at the right time (Very Early), it provides them with the best opportunity to reach their potential as parents.

Care experienced parents often tend to have a minimal support network and sometimes nothing at all, there are often worries about their future behaviour because of their current situations and past trauma and experiences. Their unborn children are often managed on child protection because of the levels of concerns and lack of safe people for their support network. I would not say they are treated differently but more that their situations are more complicated than a young person who has not had ACE's in their life and has support from family and friends. However supporting them early with a multi-agency team who are able to support all their needs provides them with the support they need for a positive outcome.

Care experienced parents often require more support and having midwives and parenting support workers based in the same team working together to support them can help fill the gaps in their lives. Having this team aligned alongside the social work teams offers better communication between services and the joint working provides the additional support that care leavers need. Our midwives offer continuity of care during their pregnancy and for 4 weeks after the birth, and our parenting workers support up to 20 weeks before birth and we can stay involved up to 2 years after birth if needed. We link the parents into groups in their local area and with other young parents to build their support network so they eventually parent independently. Every care leaver is different so the level of support depends on their situation, but having a dedicated team to support them often results in a positive outcome.

We monitor outcomes through distanced travelled tools, evaluations, children closing to social services, children coming off the child protection register and children being removed. Following the Pandemic in 2021-2022 we had a high number of removals and 15 babies were removed either at birth or in the first year of their lives this was 7% of our families, this means that 93% were successful.

In 2019 Swansea University completed a yearlong study on Jig-so as a multi-agency project, with the following findings.

The report "Exploring practices and experiences within the JIG-SO multiagency young families' project" follows a study by Swansea University funded by the Wales School for Social Care Research.

Our research has found that within JIG-SO there are close, collaborative working relationships and joined up practices between the multi-agency partners, enabling a high level of communication to meet service users' often complex needs.

Dr Mike Ward Lecturer from Swansea University said: "At a time when funding and the futures of support services are under threat, our study demonstrates the vital role that agencies such as JIG-SO play in supporting young families to live healthier lives, both physically and socially.

“By learning from this example of good practice, and drawing on the expertise from this collaborative approach, other local authorities could greatly benefit from what we term the ‘JIG-SO model.’”

Using the Wavehill cost avoidance calculator - the average cost of a child being taken into care is £54,080. In 2021-22 Jig-so supported 220 families who it was felt would benefit from the multi-agency support, 104 of these were more complex and open to social services in either child in need or child protection, the cost savings of just the social services cases is nearly £5,000,000.

Case study

Recently we had a referral for a 19 year old care leaver who was homeless and living in a hotel awaiting accommodation, she was referred by the community midwife at 10 weeks gestation. She was allocated a Jig-so midwife by 12 weeks and then parenting support by 20 weeks. She had a history of having a chaotic lifestyle and drug use, we were able to link in with her Bays + support worker, social worker, and housing officer to support all of her needs by coordinating the work.

Care leavers are often more isolated and have less of a support network so we have to work together to fill in the gaps and provide the support that they need.

She moved out of the hotel into Abba supported accommodation and we were able to support her to have a healthy pregnancy and complete our core parenting programme to build up her parenting knowledge on the impact she will have on her baby from the environment she provides.

Our midwife and parenting support staff attended all CP meetings and Core groups and were able to provide feedback on her engagement, and what learning, and behaviours they were seeing from their weekly home visits. She allocated a council house the week before her baby was due and we had to be organised with grant applications (DAF grant), helping her move in and arranging for our handy man to support her with painting etc. Things that most people get from their families or friends but care leavers often do not have this support.

Because of the concerns, we were part of a safety plan when she took the baby home from the hospital and we increased our visits around this time. We have continued to support and we are still supporting post-natal, the house is coming along nicely and the concerns are reducing all the time. She is attending a parent and toddler group that we run where she can meet other young mums and boost her support network and we are engaging her in groups and activities in her local area to make this more sustainable in the future for her.

Often having so much support available in one team can help a social worker with their assessments, they can make more informed decisions, based on the facts provided from our support over a longer period of time.

Some feedback from our evaluations –

“Having regular visits and someone to talk to and listen to me. I couldn't have done it without Jig-so”.

“Learning new ideas about parenting, it really made me think about the impact I can have on my baby”.

“██████ was very understanding and helped me to make positive changes and carried out sessions to suite my needs”

“just knowing I had someone I could phone text and seek advice from has been a huge help and has given me a confidence boost to know I'm doing a good job with █████”.

“They helped by Listening to my housing needs and nothing was too much trouble when helping me fill out forms and send them off”.