North Earlham service evaluation project

Final report

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Foreword

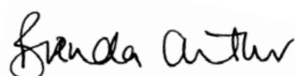
Across the public sector the necessity to deliver effective services for less cost is clear.

We are facing unprecedented budget reductions alongside continuing demands for provision of services. We all recognise that working together in new ways across organisations and with our residents can actually lead to both improvement in outcomes and savings for the tax payer. So the council welcomed the opportunity to develop and deliver the North Earlham Service Evaluation Project with partners.

The project is grounded in a Total Place approach to identify different ways of thinking in a locality – challenging existing systems, methodologies and approaches, in order to deliver sustainable efficiencies. It is important to remember that Total Place is not a cost cutting exercise, nor a simple service improvement initiative. It is an approach to public value, securing long term efficiency gains and better outcomes for our citizens. Indeed, this project is about taking hold of an opportunity to improve what we are already doing by doing it better, together.

Such projects are not easy to deliver and require commitment and cooperation of partners across all sectors and, importantly in this instance, the commitment and cooperation of families living in Norwich. We appreciate the willingness of all who have participated, particularly because the richness of information provided establishes a very strong evidence base for us to do things differently together in future.

The project has provided us with the insights to deliver service improvements and savings with the citizen at the heart of the service redesign. The challenge now is to learn from those insights and change for the better.



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1 Project overview

Background and purpose

As part of the previous government's Total Place policy, in 2009-10 Improvement East provided funding to support 'Norfolk Numbers', a counting exercise of public expenditure and a 'deep dive' into high contact families in the county.

Both Norwich City Council and Improvement East were keen to build upon that initial analysis at a more local level. Together they funded the North Earlham service evaluation project (NESEP) to investigate the complex issues relating to families living in a deprived area of Norwich.

For many families, these issues have been ongoing across generations, despite significant investment into the area through the New Deal for Communities programme. That funding has now ceased, and coupled with the impact of unprecedented funding cuts to the public sector and consequently the voluntary sector, it was imperative for providers to find new ways of working together around these families.

The NESEP has focused on eight families living in a specific locality in the west neighbourhood area in Norwich. However, the issues the project addresses are typical of many families living in deprived areas. These families are often complex and will be engaged with a range of support and intervention services over a period of years.

The project was designed to:

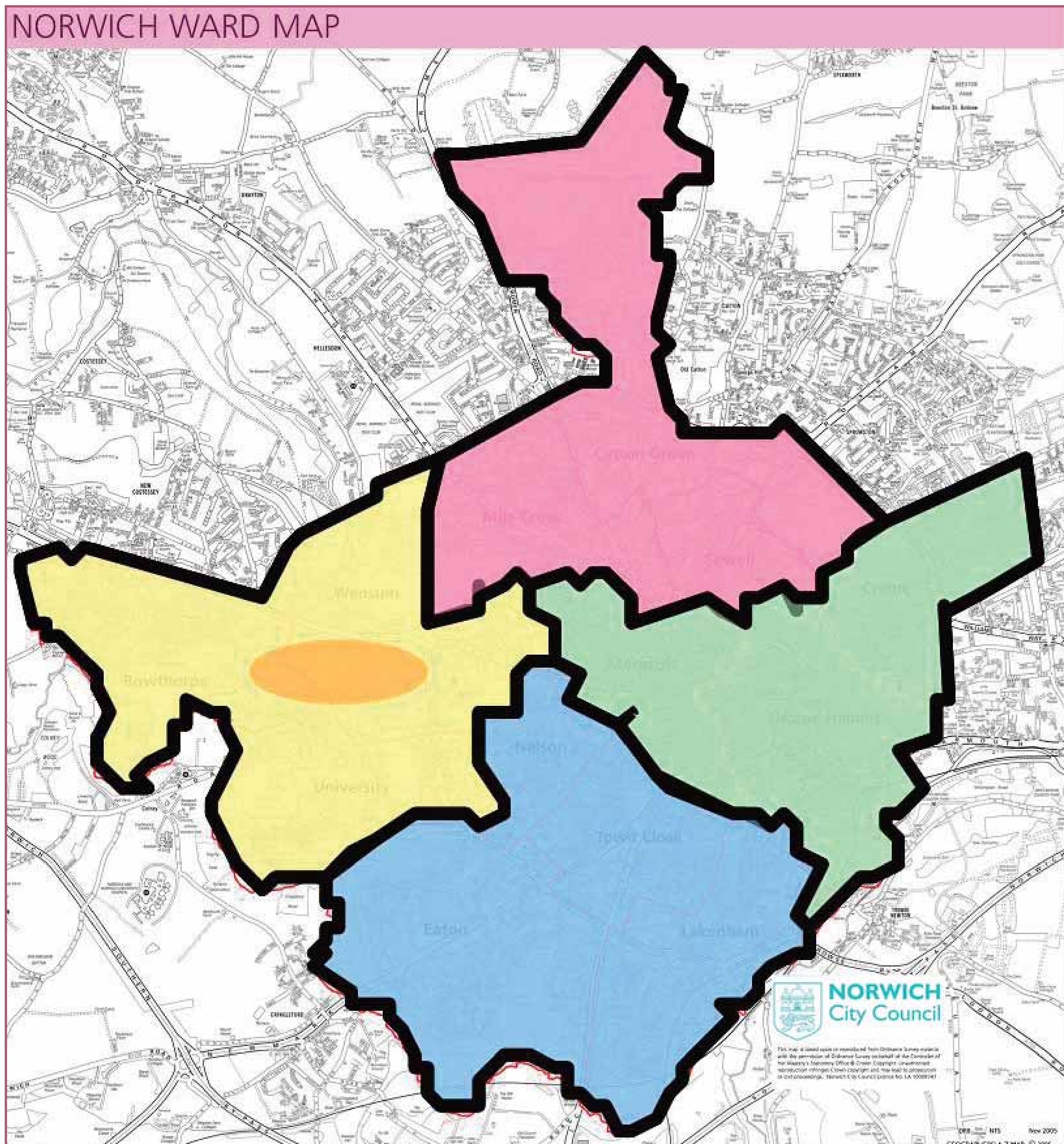
- identify opportunities for earlier signposting to appropriate and preventative interventions
- understand customer insights and provide a model for improved service provision
- consider new ways of working for agencies, including community owned responses and increasing the capacity of families to look after themselves
- assess the current costs of support and intervention to a small number of identified families, including analysis of preventative and reactive spend
- identify duplication and gaps in service delivery, opportunities for leaner processes and alignment of services.

The project sought the following outcomes:

- improved service delivery for families
- more effective and efficient use of public sector resources at a time of reduced public sector spending
- increased capacity within families to cope by themselves.

The neighbourhood

Within the four neighbourhood areas of Norwich, north Earlham sits in the west. There are three lower super output areas (LSOAs) within north Earlham. They feature as 35th, 28th and 24th most deprived out of 32,482 LSOAs in England.



Year		North Earlham	Norwich	Norfolk	England
2009	Total number of households	1,911			
Finances					
2008	% of families categorised as 'hard pressed'	81	44	16	20
Ethnicity					
2007	% of people born in the UK	95	91	94	89
Quality of life					
2008	% of families categorised as 'struggling'	81	25	10	12
Working age benefits claimants					
2010	% claiming Job seekers allowance	6	4	3	4
	% claiming Incapacity benefit	9	7	7	7
	% claiming Lone parent benefit	4	2	1	2
	% claiming Carer's allowance	3	1	1	1
	% claiming Disability benefit	2	1	1	1
Education					
2009	% of pupils obtaining 5 or more A*-C grades at GCSE including English and maths	18	40	50	50
2008	% of school leavers not in part time learning or employment	16	8	4	n/a
2008	% of school leavers entering full time education	62	76	80	n/a
2008	% of school leavers entering full time employment	4	6	9	n/a
Crime					
2010	All crimes per 1,000 population (July-Sept)	23	23	13	n/a
2010	ASB incidents per 1,000 population (July-Sept)	28	27	19	n/a
Health					
2008	% of children Year 6 and Reception that are overweight or obese	30	29	28	n/a

Source: Norfolk Insight

The issues faced by some of these families within this neighbourhood are intergenerational and remain so, despite high levels of funding and intervention into the area through the New Deal for Communities (NDC) programme. There is a wealth of community assets and a number of resources and different agencies providing services in the area, some as a legacy of the NDC programme. Some argue that these are not adequately connected or coordinated.

The process

The project was defined by tight timescales for delivery given the funding channels.

A number of key considerations are outlined below:

1. Multi agency involvement

Key to the project's success was obtaining multi agency involvement. The project proposal was presented to the local strategic partnership and a small multi agency steering group was set up that included children's services, police, youth offending team, probation, health, housing, the families unit, and a local voluntary sector provider. In October a wider meeting was held in the community to inform stakeholders of the project. This meeting involved representatives from agencies within the steering group but also voluntary and community sector groups, YMCA, schools, adult services, and local councillors.

While this stakeholder meeting seemed inclusive at the time, it did not cover the extensive range of agencies ultimately identified as engaging with the eight families. Individual contact with a number of agencies was required afterwards.

2. Information sharing and obtaining consent

One of the most difficult challenges at the outset of the project was to address issues in relation to information sharing and family consent. An information sharing protocol was developed for the purposes of the project and signed by agencies represented within the steering group. Consent forms were developed to firstly gain consent of families to share names and addresses among the steering group during the selection process, and secondly to gain their consent to approach the service providers they identified during interview for information.

The above processes were challenging and time consuming and identified at an early stage of the process organisational differences in relation to information sharing and levels of security in doing so.

3. Identifying and engaging families

Key to the success of the project was engaging a sufficient number of complex families receiving support and intervention from a range of service providers; otherwise the quality and richness of the information would be seriously compromised.

The multi agency steering group identified suitable families to approach, according to the following criteria:

- Current or previous contact with multiple agencies.
- Not currently in crisis or at a particularly sensitive time.
- No risk of threat to the interviewer.

Although it was planned to recruit up to six families to the project, nine families were identified. The most appropriate key worker, with the strongest relationship with the family, then approached the family to inform them about the project, request their participation and gain consent to put their name forward for consideration.

The family was offered incentives to participate which would support collective family recreation and healthy eating: cinema or pantomime tickets and a seasonal food hamper. All nine families agreed to participate but the project engaged with eight, given risks relating to the ninth family. All families remained engaged in the process throughout and no family withdrew.

In parallel with the above approach to identify and engage families, the council advertised through its voluntary sector networks the tender for the evaluation work. Learning from the challenges faced by the county deep dive activity in successfully engaging families for the duration of the project, the city council decided to seek through its tender process an organisation that could demonstrate proven, effective dialogue with families in the area that use a number of support agencies. The council contracted Future Projects and an independent consultant, Helen Read of CapacityBoost – working on behalf of Future Projects – to undertake the evaluation work. Future Projects have operated in the locality for a number of years and have credibility with families in the area. Working with them and primarily Helen to retain objectivity in interviews, full participation was achieved.

4. Gathering information

The multi agency group worked with Helen to shape the content of the interviews with the families and the template questionnaire for service providers to complete. Face-to-face interviews with the families were undertaken in December 2010.

The information from agencies was gathered during December 2010 and January 2011. The capacity to undertake this work was varied among providers and most difficult was the ability to estimate time and costs. For some of the service providers, involvement had been constant over the five year period for which information was being captured.

While the project aimed to map approximate costs of the different interventions and services, approximating cost proved far more difficult than anticipated. Some commonly used tools were utilised to assist, including the family cost savings calculator and the project relied on providers' own estimates too.

For some interventions, costs are impossible to approximate. Service provision can vary dramatically according to need and many costs are ongoing or hidden. In addition we cannot calculate – neither should we underestimate – the longer term financial impact of poor outcomes on the children and their families. As a result the project has not estimated a total cost for each family.

The project was also keen to ensure that analysis focused on opportunities to do things differently, through understanding processes and insights, rather than debate the accuracy of estimated costs.

All of the information was collated and is presented in an anonymous format, with the families renamed.

Details of the evaluation work and its preliminary findings can be found in **Section 2.**

5. The workshop

The workshop provided the basis for wide stakeholder analysis of the information gathered, particularly the insights of the families and service providers. It provided a means of collectively understanding of the issues and the opportunity to challenge the way we work together.

Details of the workshop and its outcomes can be found in **Section 3.**

2 The service evaluation

The families

The eight participating families were all generally representative of the community living in the north Earlham area, and were reflective of local families who had had contacts with multiple service providers over the past five years. The families were all:

- white British and indigenous to the Norwich area
- dependent on welfare benefits
- council tenants.

Some families comprised of extended family units with three or more generations living in the area. Six were single parent families. No adult within any of the households was working.

The project counted 33 children and grandchildren, some living in care or with former partners, between the eight families. Six of those children were now young adults and three of these were young fathers. The fathers in the families with two parents may have had other children from former relationships.

Interviewing the families

Helen Read interviewed the families. She worked closely with Future Projects' Baseline Centre (which provides information, advice, training and guidance, locally) and Norwich City Council's families unit, which introduced her to the families and ensured they felt happy and supported to participate in the project. Family members were interviewed in their own homes, which took between two and four hours over one or two sessions for each family.

We asked families:

- what they thought about their local area
- which service providers they had had contact with
- their experience of working with each of those providers
- their overall experience of working with multiple providers at once
- their remaining challenges and priorities for support in the future
- which support service they would miss if it were stopped
- how they tried to support themselves.

The service providers

It was not until all the families had been interviewed that we could identify all the providers that had intervened or provided a family with a service in the last five years. We counted only the agencies that had provided a service over and above universal or standard provision. For example schools were only counted if one or more children had needed extra support at school or had been truanting. We included the GP practice if family members had significant mental or physical health issues.

We counted 30 separate providers ranging from those making statutory interventions such as the police and children's services to teams from other public sector bodies, third sector agencies and community projects.

We found the families had had contact with between five and 11 agencies each. Several agencies had only worked with one of the participating families, others had worked with, or knew of, up to six of them.

Each agency was sent a template report to complete for each family or family member known to them.

We asked the service providers for information on the following:

- The reason for their involvement.
- The nature of their support or intervention.
- Key dates and events.
- Estimated staff time and costs involved.
- Their views on the effectiveness of their involvement and any barriers or limitations to this.

To enable the agencies to release the information it was necessary to develop and implement a formal information sharing protocol (ISP) and to ask families to give their signed consent for each service provider to share the information they had about them.

Unfortunately not all the agencies agreed or were able to complete a report for this project, though at least half of the agencies did. The level of detail supplied also varied significantly. This may be in part because we asked open questions, but there were also capacity issues stated by many organisations as reason for lack of or limited information supplied.

The view from all sides

The information gathered from the families and the agencies that had worked with them was pulled together to form a set of eight family storyboards. These are available to view through this link:
http://www.norwich.gov.uk/site_files/pages/City_Council__City_of_Norwich_Partnership__Partnership_working__North_Earlham_service_evaluation_project.html

All names have been changed to ensure anonymity.

Condensed versions of the family stories can be seen on the following pages accompanied by some key learning points that emerge from them.

Brown family

1. Family story

Mel Brown is a single mother of three children, Ruby aged eight, Ella aged four and Kieran aged six. Mel suffered abuse as a child, as did Ruby. Mel was misusing substances at the age of 12 and later became addicted to heroin. Charges of heroin possession and handling stolen goods led to a short spell in prison due to the repeated breach of her probation order. Mel's mother looked after the children in her absence but their council house was repossessed. Mel is now back with her children in a new property and is drug free having engaged with the support offered. Mel feels that life is getting better for her family and her priority now is to get the rubbish cleared from her garden so that the children can play in it. She says that she most valued and would have missed most her social worker and her second TADS (drugs service) worker.

2. Timeline

JUNE 2006	Initial referral to children's services (CS) by Norwich City Council housing department due to concerns about living conditions. Mel is offered support regarding routines and boundaries.
FEBRUARY 2007	Mel pleads guilty to handling stolen goods and possession of heroin.
MARCH 2007	Suspended sentence order (SSO) issued with requirement to engage with probation service supervision. Records show she is accessing support from Trust Alcohol & Drugs Service (TADS).
MAY 2007	Probation calls CS to report that, having assessed family, report they are comfortable that risks to children are not high enough to merit further intervention.
JULY 2007	Mel found to be in breach of SSO. New order issued with a suspended custodial sentence and drug rehabilitation requirement (DRR) to work with TADS re: testing, treatment and support. CS and probation meet and CS consider making unannounced visit to better assess potential risks to children.
OCTOBER 2007	Child protection (CP) conference called around Mel's ability to comply with order regarding testing. School reports that children are distressed during the day. Court hearing leads to DRR intensity reduced to 'low' (to help her compliance).
NOVEMBER 2007	CP conference held. All three children made subject of care plan under category of neglect due to CS professional's ongoing concerns.
DECEMBER 2007	Six months custodial sentence begins following breach of SSO. Children are looked after by their grandmother.
FEBRUARY 2008	Mel released from prison after three months and stay with the children at her mother's house, having lost her council tenancy.

MARCH 2008	CS offer advice re: routines and boundaries. Mel accesses support from TADS and is allocated a new key worker.
APRIL 2008	CS home-based support team (HBST) intervention starts to assist and support routine and boundaries.
OCTOBER 2008	HBST ceases, CS intensive support team (IST) undertake parenting assessment four to five times per week, carried out in new home – family having been re-housed by Norwich City Council.
NOVEMBER 2008	CS liaison worker reports problem of rubbish in the garden left by former tenant.
DECEMBER 2008	Letter to client asking her to report repairs. Client responds by visiting housing office to tell them about the rubbish.
JANUARY 2009	CS IST assessment ceases.
FEBRUARY 2009	Child protection plan ceases, CS now support with intervention under S17 children 'in need'. Common assessment framewotk (CAF) implementation organised.
SEPTEMBER 2009	CAF ceases.
JULY 2010	Client self refers to Baseline support, who contact housing office to request fence to front of property and removal of former tenant's rubbish.

3. Key quotes

"My social worker was great. She did wonders for me and helped me stay strong." Mel

"It made a difference when I had a change of TADS key worker." Mel

"The (DRR) drug rehabilitation requirement court order was not successful in supporting Mel in adapting her behaviour with regards to heroin use. This was in spite of her performing well during the times she did attend group work at TADS." Probation

"I felt I was set up to fail my DRR order." Mel

"Mum was able to focus on children's needs ie keeping children safe from drug dealers and ex-partner. Their school attendance is regular, the home environment tidy and mum is fully engaged with TADS to reduce/eventually be drug free." Children's services

4. Key learning points

A lack of prevention or support around the childhood abuse had an impact on the family.

Good relationships with professionals brought out Mel's strength and ability to engage with drug support services and meet her children's needs.

When a parent is serving a custodial sentence good communication and effective partnership working is crucial in order to maintain as much stability as possible for families.

Ford family

1. Family story

Jess Ford is a single mother of six children. She spent her childhood in care and has a past history of both drug and alcohol abuse. She suffers from depression. Jess had several relationships with men who have been abusive or were poor role models. Two of her children, Ben and Marie (aged two and eight), are in care due to the risk of significant harm from domestic violence. Sara aged 14 and the nine-year-old twins Josh and Becca live at home. They have been the subject of child protection plans due to concerns about Jess's ability to look after them. Jess's oldest son Jack, who is 17 and has left home, has had spells of homelessness. Jack has ADHD and a history of offending – mainly antisocial behaviour, criminal damage and theft. He was sentenced to a young offenders institute in 2010. Having been supported by Future Projects to engage with both the police and social services, Jess has recently been re-housed away from an abusive partner. Sara, Josh and Becca are no longer subject to protection plans. Jess is on the waiting list for cognitive behavioural therapy.

Jess thinks the future is looking much better now and her priority for the future is to have contact with Ben and Marie. Of all the agencies she has worked with, she thinks she would miss the support Baseline gives her the most.

2. Timeline

AUGUST 2006	First of 50 court dates set for Jack throughout the five year review period.
OCTOBER 2006	First of 37 incidents of crimes or domestic incidents at family home.
NOVEMBER 2006	First of 11 complaints of antisocial behaviour (ASB) caused by Jack to neighbourhood wardens.
AUGUST 2007	Sara, Josh and Becca made subject of CP plan. Commence CP conferences every six weeks and weekly home visits.
APRIL 2009	With progress made the three children transferred from CP Plan to support as children 'in need'. Weekly home visits remain.
JUNE 2009	Jess first attends Baseline women's group.
OCTOBER 2009	Baseline refers Jess to police's domestic abuse investigation unit and Leeway subsequently have input.
JANUARY 2010	Sara, Josh and Becca again made subject to CP plan. CP conferences very six weeks and weekly home visits. CS referral made to IST. Intervention allegedly breaks down after two weeks. Leeway first involved around domestic abuse and attaining non-molestation order. Jack sentenced to young offenders institute for breach of action plan order in early 2010.

APRIL 2010	CS home based care support starts. Last criminal incident reported at family home.
MAY 2010	Jack released. Last domestic incident at family home.
JUNE 2010	Baseline refers Jess to Norwich City Council housing department requesting an emergency transfer due to domestic abuse.
JULY 2010	Family are re-housed to address issues of domestic abuse.
DECEMBER 2010	CS home based care support ceases. Sara, Josh and Becca come off the CP register. CS refer Jess to mental health services.

3. Key quotes

"I gave Baseline the whole story. You're more inclined to open up to them and so you get the proper help you need." Jess

"I want to see my kids that are in care but there is a real lack of communication between social workers and others." Jess

"Warden visits and advice to Jess sometimes appeared to be appreciated and positively received, however by her own admission she was unable to effectively control son." Neighbourhood warden service

"Jess engaged well to get children removed from child protection plans. There is however always the possibility that her mental health will deteriorate again resulting in the need for consideration of child protection procedures." Social worker

4. Key learning points

Inadequate support in care and on leaving care led to poor outcomes for Jess and subsequently the family as a whole.

Issue of depression only now being addressed. If this had been addressed much earlier, better outcomes could have been achieved for the whole family.

Support to engage with statutory services brought about positive changes.

Support for teenagers with ADHD is not always effective in helping them to function well in society as adults. There seems to be no ADHD support for young adults.

Heath family

1. Family story

Carol Heath is a single mum with three children, Kelly and Miah aged 15 and nine and Liam aged 16. Carol suffers from depression and was recently diagnosed with multiple sclerosis (MS). Liam had his first contact with the police recently and a disputed charge of affray is pending. He has no previous behavioural issues and is doing well at college. Kelly has been truanting and is involved in ASB in the local area. Kelly made an allegation of sexual abuse in 2006 which triggered a visit from social workers. She has refused to talk about this since, either to confirm or deny that it happened. Kelly has a tendency to tell a different story about events and her own needs to her mum and to the different agencies trying to support her. The relationship between Carol and Kelly has become strained. Carol is concerned that telling her children about her MS will complicate things further. Carol thinks some things are getting better but lots of things are getting worse for her family. Her priority of future support is for help to deal with the problem of Kelly's dishonesty, which prevents other services being effective. If all support was withdrawn Carol says she would most miss Baseline, the hospital, Connects & Co and perhaps the Bethel Centre.

2. Timeline

JANUARY 2006	Carol has five sessions of counselling for depression in 2006.
DECEMBER 2006	Kelly makes allegation of sexual abuse to school staff, who refer to CS. Social worker carries out home visit to assess and offer service but Kelly unwilling to engage or discuss.
JANUARY 2007	Miah starts attending Connects & Co young carers session on a monthly basis (ongoing).
OCTOBER 2008	Local family support organisation provides family with counselling and parenting skills support for 12 weeks between 2008 and 2009.
MARCH 2009	GP refers Kelly to the Bethel Centre. GP refers Carol to neurologist.
APRIL 2009	Bethel Centre carries out initial assessment of Kelly.
MAY 2009	Bethel Centre commences therapeutic work with Kelly (ongoing). CAF meeting implemented.
OCTOBER 2009	CAF meeting.
NOVEMBER 2009	GP refers Carol to their in-house CIS for benefits and support group advice.

DECEMBER 2009	Kelly starts attending Connects & Co young carers sessions – different session from Miah – on a monthly basis (ongoing).
MARCH 2010	Carol diagnosed as having multiple sclerosis.
JUNE 2010	Carol self referred to Baseline Support and referral to Disability Rights Norfolk to help with DLA claim.
OCTOBER 2010	Liam is arrested and subsequently charged with affray.

3. Key quotes

"Because Kelly has refused family counselling I am excluded and not able to give alternative views or insight as a parent." Carol

"It is still not clear what, if anything happened as regards the abuse allegation. I am left in limbo." Carol

"Kelly has not always been willing to engage in best, evidenced based interventions, or to attend appointments regularly. (26% missed)" Bethel Centre

"Carol has been offered support with the issues surrounding her daughter but she says she has had support from so many agencies over this and feels there is nothing anyone can do." Baseline

"Different police officers had different attitudes; the charges were changed over time and these are harsh for what actually happened. Liam had a clean record and is doing well at college." Carol

4. Key learning points

Sometimes the situation gets worse the more agencies that are involved.

Better partnership working would be better than having so many agencies involved.

A whole family approach might help rather than, or as well as, individual specialist support.

Jones family

1. Family story

Viv Jones is a single mother living with her young adult son David. David has a history of ADHD and has emotional and behavioural issues that cause a lot of problems at home and have brought him into contact with the police. Friends and family call 999 when they fear Viv is at risk, or if her house and belongings are being damaged. Viv suffers from anxiety, depression and agoraphobia and has other ongoing health problems. Once engaged and supported by Future Projects Viv felt more able to seek support from her GP and the police and to get help for herself. For the future, Viv hopes that David can begin to trust others too and get the support he needs – medication for his mental health and something for him to do. She says that things are getting better and that she would most miss the support she gets from Baseline, the police and her GP if it was taken away.

2. Timeline

Date	Event
DECEMBER 2005	Viv has ongoing support for mental and physical health issues. David has first of four regular appointments (every six months) at Bethel Centre for ADHD.
JANUARY 2006	David referred to paediatrics in 2006 by Bates Green Medical Centre.
JANUARY 2008	David referred again to Bethel Centre 2008 by Bates Green Medical Centre.
MAY 2008	First of six 999 calls in two years from neighbours and family concerned for Viv's safety and welfare – investigated as serious crimes and domestic incidents.
JANUARY 2009	CIS support for Viv.
JANUARY 2010	Bates Green Medical Centre refer David for anger management support 2010.
AUGUST 2010	Self-referred to Baseline Support (encouraged by sister) who commence home visits and accompanying to appointments.
OCTOBER 2010	Disability living allowance claimed for Viv with help from Disability Rights Norfolk.
NOVEMBER 2010	Viv referred to CIS.
DECEMBER 2010	Baseline liaises with police re tackling David's behaviour and supporting Viv. Baseline supports Viv to seek help from GP for David.

3. Key quotes

"I have found the police really helpful, I only have to phone them and they are there." Viv

"Viv's confidence has improved slightly, she values having someone to take her to appointments. We are hoping that she will start to come to our women's group." Future Projects Baseline Support

"The Bethel Centre were helpful but David still has serious problems. Eaton Hall School were very good. They could handle him but I needed more help to ensure he stayed at school." Viv

"We are not able to support David effectively – he needs a key worker." GP practice

4. Key learning points

Support for teenagers and young adults with ADHD is not always effective in keeping them at school or helping them to function well in society. There is no obvious support offered on transition into adulthood.

People with mental health problems need emotional and practical support to access services effectively. This in turn would cut the cost of missed appointments.

A sensitive, supportive and proactive approach from police can help to tackle problems caused by behavioural and emotional difficulties.

Park family

1. Family story

Angela Park is disabled and has ongoing health issues. Her three now adult sons are all young fathers and Angela helps them to look after the five grandchildren. One granddaughter is currently being looked after by CS. All three of her sons have a history of offending. During this project, one son was in prison and the police were looking for another. One son has ADHD. Over the years Angela has also taken in nine other children under informal fostering arrangements. Angela thinks things are getting worse for her family and she is particularly worried about her sons getting into trouble. She also wants to see her granddaughter, who is currently in care. She says that she would miss Baseline the most if all support was withdrawn.

2. Timeline

JANUARY 2006	Theft occurred from the family's house – reported to the police.
JANUARY 2007	First of 26 further crimes or domestic incidents reported as occurring at the family's address up to March 2010.
JUNE 2007	Family makes two complaints about others' ASB, one complaint in turn is made about the behaviour of one son.
SEPTEMBER 2007	Complaint is made about family harassing other tenants on the road.
JUNE 2009	Granddaughter starts nursery, her mother starts to receive support from Earlham Early Years Centre.
MARCH 2010	Last crime at the address is recorded.
MAY 2010	Client self referred to Baseline support, the first of 78 visits in six months.

3. Key quotes

"Adult Social services is like a loop – mental health on one side and learning difficulties on the other with a sag in the middle for those with ADHD. There is no agency for someone over 18 with ADHD and mild learning difficulties. The probation and police pick them up instead." Angela

"The amount of crime has fallen recently but the address is still a problem location for the police. Our intervention has been more effective when individuals have been charged to court with bail conditions." Police

"We have been effective with things like benefits, housing and form filling. Not so effective with the support around social services as Angela wanted the granddaughter to stay with her rather than go into foster care." Baseline

4. Key learning points

Neighbours and extended family members are a valuable source of support and often provide a link to vulnerable individuals who might otherwise seem hard to reach.

Some families are more able than others to seek out sources of support.

There is more work to do to with families of teenagers and young adults to prevent and address their involvement in crime and ASB.

Sharp family

1. Family story

Jo Sharp is a young single mother with three children, Trisha aged 11, Kayleigh aged six and Dean who is five. Jo suffers from depression and this affects her ability to cope and parent the children adequately. The three children have a history of sporadic school attendance and concerns were raised for their welfare, particularly around their poor living conditions. With intensive support at home, Jo has been able to get the children back to school and achieve the majority of outcomes on her support plan. Jo believes that things are now much better for her family and her priority for future support would be a parenting course and to find out if Dean has ADHD. Jo says she would miss her families unit worker if all support agencies disappeared.

2. Timeline

Date	Event
SEPTEMBER 2007	West Earlham Infants School support begins with a Special Educational Needs Coordinator with ongoing involvement.
FEBRUARY 2008	Anonymous referral to CS re children's welfare leading to initial assessment.
SEPTEMBER 2008	Jo starts to attend Parent Zone (formal and informal learning) at West Earlham Infants School – ongoing.
OCTOBER 2009	Concerned for the children's welfare, the health visitor refers the family again to CS.
MARCH 2010	Health visitor refers the family to the local family intervention project (Families Unit).
JUNE 2010	Initial visit completed by families unit following a number of missed pre-arranged appointments.
JULY 2010	The families unit commences intensive support for the family. They also refer them again to CS concerned that children are possibly at risk of domestic abuse. They are assessed and allocated a family support worker.
OCTOBER 2010	After progress is made in achieving desired outcomes the children are no longer deemed 'in need'. A CAF is set up to ensure outcomes are maintained.

3. Key quotes

"Out of all the help we had the families unit was the best because they listen and help with practical things. They can be a bit of a nag but we had a laugh and worked together. Before they got involved I felt on my own." Jo

"The attendance officer came across as arrogant and gave mixed messages about keeping daughter at school. She did not offer help or support with attending." Jo

"My involvement was minimal but I worked in partnership with the families unit to support mum to attend parenting courses and seek help for her depression." Family support worker, CS

4. Key learning points

Intensive, holistic and practical support from a single agency can be very successful in helping families address several issues at once with regard to parenting and maintaining the family home.

Teaching parenting skills and linking people to mental health support earlier might prevent the need for later expensive and intensive interventions.

Building trust and a good rapport with families is essential.

Smith family

1. Family story

Gary Smith and Mary O'Donnell are a young unmarried couple, with a son Finn who is 18 months old and a daughter Charlotte aged two and a half. Gary and Mary have a fragile relationship at times. Both have learning difficulties and have struggled to maintain their tenancy and adequately support their children, who are delayed in their development. Finn also has a physical disability and Charlotte has eczema. Intensive support given to the family at home and at the local early years centre, means that real progress is being made. However, professionals involved believe Gary and Mary will always need support. On the whole they feel that things are getting better for their family, but cite help to keep their house clean and tidy as a priority for the future. When asked which service they would miss if it stopped, they named the Earlham Early Years Nursery and the families unit.

2. Timeline

NOVEMBER 2009	Family moves to north Earlham from Mile Cross.
JANUARY 2010	Housing officer refers family to families unit. Health visitor refers to Early Years Centre (EYC).
FEBRUARY 2010	Initial whole family assessment by families unit.
MARCH 2010	Community nurse makes second referral to EYC.
MAY 2010	Charlotte starts to attend nursery. EYC family support worker starts home visits.
JULY 2010	Norfolk learning difficulties service carry out psychological assessment of Gary and Mary – not eligible for support services.
AUGUST 2010	Children escalated from 'in need' to 'at risk'.
OCTOBER 2010	Family support worker visits stop. Family attend Stay & Play instead and starts parenting course. Gary starts to attend father's group.
NOVEMBER 2010	Gary commences voluntary gardening work for the EYC.
DECEMBER 2010	A family group conference is held to garner the support of wider family.

3. Key quotes

"Gary and Mary's individual level of cognitive understanding made it difficult to address some issues on the plan. They found it difficult to grasp some concepts presented to them." Norwich City Council families unit

"Perhaps the adult learning disabilities team could have shared their assessment findings, including strategies which may have been helpful in framing support for the parents to understand their children's needs." Earlham Early Years Children's Centre

"The children's centre have been good with Charlotte's speech [development]." Gary and Mary

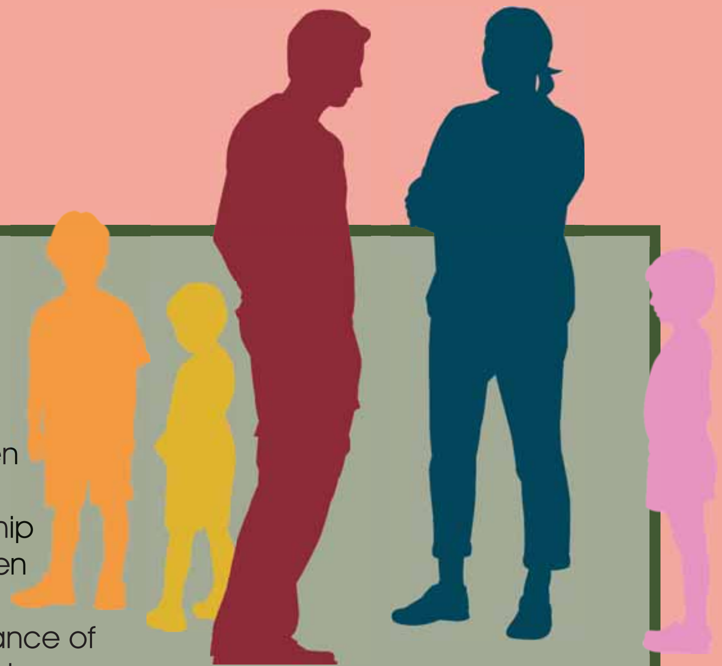
"[The learning difficulties assessment team] came in and asked questions then left. They didn't offer anything, absolutely hopeless." Gary and Mary

4. Key learning points

Parents who have learning difficulties but who do not meet the threshold from the adult learning difficulties team, still need support from somewhere.

Learning difficulties specialists have a role to play in advising other service providers that are supporting parents with such difficulties.

The wider family can be a valuable source of support and should be encouraged and helped to get involved.



White family

1. Family story

Gina White and Wayne Fisher have three children Ed and Ian aged nine and six and Fiona aged seven. The couple have had a volatile relationship and have struggled at times to parent their children adequately. The family were evicted and re-housed four times for ASB and poor maintenance of tenancies. Concerns were raised about the children. By engaging well with intensive support delivered at home Gina and Wayne have been able to gain the skills, confidence and understanding to maintain their tenancy and support their children who are now more settled into routines at home and attend school regularly. The family believes that things are getting much better for their family but their priority for the future is to get themselves moved from north Earlham. Gina and Wayne say of all the agencies they have worked with they would have missed the support they had received from their health visitor and the families unit in particular.

2. Timeline

JUNE 2006	Family housed temporarily after becoming homeless following eviction for a fourth time and apply to Norwich City Council's housing register.
JANUARY 2007	Family granted tenancy in north Earlham area.
MAY 2007	Housing officer makes referral to the families unit.
JUNE 2007	Families unit assesses whole family and commences work with family.
JULY 2007	Court action regarding debt.
OCTOBER 2007	S47 ('at risk') CP conferences and core groups ongoing.
MARCH 2008	Scaled down to S17 ('in need') and are then deregistered.
JUNE 2008	Families unit involvement ceases.
NOVEMBER 2008	Family referred to CS by another agency and by Gina, who is struggling to cope with her oldest son's behaviour.
DECEMBER 2008	CS carry out initial assessment and allocate family support worker.

JANUARY 2009	Family referred to families unit for the second time.
APRIL 2009	Children made subjects to CP plans. IST carries out assessment of parenting skills for a month sometime between April and June.
MAY 2009	Three reports by neighbours about noise and nuisance at the house.
JUNE 2009	Police and wardens investigate complaint by family that they have been threatened.
JULY 2009	Children removed from CP plans. Treated as children 'in need' instead of 'at risk'.
DECEMBER 2009	Families unit involvement ceases for second time.
APRIL 2010	CS involvement ceases.

3. Key quotes

"The families unit support worker shows you a better way to go about things: any negative became a positive. You could see where you were progressing and understand where you had gone wrong." Gina and Wayne

"We weren't always prepared for what the [children's services intensive support] would be doing. They did help but we did not like the way they did it. On each visit there was no clear plan. Everything was on their terms and we had to live our lives around their demands and routine. It was like playing a tug of war." Gina and Wayne

"The families unit helped with the family's routines and there are no longer issues with antisocial behaviour. Putting an end to the parties has meant an improvement for the neighbours, children and family who were being taken advantage of." Norwich City Council housing department

4. Key learning points

Intensive, holistic and practical support from a single agency can be very successful in helping families address several issues at once as regards parenting and maintaining the family home.

Building trust and a good rapport with families is essential. A 'do with' approach is easier to comply with than a 'do to' approach.

Clarity of purpose and expectations are essential.

Review and analysis of information

1. The neighbourhood

Despite high levels of deprivation it is clear that North Earlham has a very strong sense of community. Six of the eight families liked living in the area. They enjoyed having their friends and family nearby and most had good relationships with their neighbours. They felt they could access most of the services and facilities that they needed locally. There was a general feeling that the area had been improved by an increase in community based activity. If they had concerns it was almost always about some of the local teenagers and some adults committing crime and being antisocial. Families wanted more done about this, "something for the kids to do" that would keep them out of trouble.

2. High contact families

It is clear that these families were struggling with basic issues, as well as complex ones that would challenge all of us: problems that create or exacerbate others and trap a family into poverty and wider deprivation.

Many of the parents we spoke to had childhoods affected by abuse, disruption or inadequate parenting. This had left them with a lack of confidence and skills to maintain a safe home for their children or to help their children develop into happy, healthy young people.

Some of the parents and adult children were, or had been, addicted to drink or drugs. Some found themselves in abusive relationships and others struggled with mental or physical ill health. In some families all of these issues and more were present. A lack of effective early intervention to tackle the root causes leads to chaos and crisis. This in turn triggers statutory interventions from either CS or the police, or both.

The good news is that parents in five out of the eight families felt that things were getting better for themselves and their children. They were clear that at least some of the support they had received had been effective and they were now better able to take more control over their lives and see their children safer and happier. The remaining three families had teenage and adult children that they continued to worry about, whose problems and behaviour had not been effectively addressed.

3. Experience of engaging with multiple agencies

During their most intensive period, families might be attending appointments, multi agency meetings, hosting home visits or completing paperwork for two or more hours a day, up to five days per week. Families described this as 'suffocating', 'a nightmare', 'stressful' and 'draining'. One mother told us she had bought a separate mobile phone purely for professionals to ring her on.

Considering the number of agencies involved – up to 11 in one case – it was surprising to find that families were almost always clear about who the different service providers were and why they were involved.

Families valued good communication between providers and only in the minority of cases did they believe this was lacking.

Several families had received support from a worker from one agency who would help them with the others. This might be a particularly active social worker or a support worker from either the families unit or Future Projects' Baseline service. These people have helped families to navigate their way through systems and interventions to get the help they needed or to understand exactly what was expected of them. It was often the case that families had needed additional support to engage with interventions from the police or social services. In some ways that one-to-one engagement enabled them to act as facilitators and interpreters between family members and statutory service providers, as if the two sides were speaking a different language or came from a different culture.

"[Our support worker] has been more helpful than any of the other professionals and helps us understand things, explains things in a way we can understand." Smith family on families unit.

"She understands the system ordinary people don't." Ford family on Baseline.

On the whole families were mostly appreciative of the support they had been given by the many agencies involved. They certainly felt dependent on some sort of support. When asked if they tried to resolve issues themselves as a family, most had tried talking together about problems but this was difficult when children grew older or hit adulthood themselves.

All families named at least one agency that they would feel lost without.

4. Contact and engagement with particular agencies

We asked families about their experience of working with each of the service providers. Families tended to have very clear opinions about each provider and the individual professionals they had been dealing with.

Given how complicated their lives already were it is unsurprising that families valued consistency. They liked having a particular worker allocated to them to deal with the issue in question.

"Some of the other GPs are not always as understanding as when my own GP is on duty." Jones family.

They appreciated staff who gave them a clear idea of the purpose of their support or intervention and what was expected of them in return.

Personal qualities were crucial. Families were more likely to report a positive experience in any particular intervention where they felt the main person they dealt with understood their challenges and priorities and supported them in a positive, friendly and encouraging manner. The staff that were seen as most effective in helping them to make changes to their lives were frequently described as 'friendly', 'caring', 'sympathetic' and 'non-judgemental'.

"Our health visitor was very friendly – more of a friend. Confidentiality was a strong point. She always asked if she needed to share information. She was a diamond, very honest and upfront. The kids adored her. She is a big loss to the area. She always turned up to the multiagency meetings or sent a rep." White family.

"I recommend friends to Baseline. They're not judgemental but straight-talking and give good reliable support." Ford family.

Indeed in almost all cases whether a family felt they had had a positive experience with a service provider was dependent on the relationship they had with their main point of contact within that agency.

"At first they were not respectful of my opinions particularly about the kids. They noticed the positives towards the end of their involvement. I had a very honest relationship with my second TADS key worker she was like a friend.....My [CS] social worker was great. She did wonders for me and helped me stay strong She fought my corner." Brown family.

...or whether they thought they could be relied upon.

"Our old housing officer was very good and got things done our current one is less reliable." White family.

A down-to-earth and practical approach was appreciated and might often be the route in to a family, a starting point on which to build trust and rapport.

"Our children's services family support worker helped us get funding for the nursery place." Smith family.

"They can be a bit of a nag but we had a laugh and worked together. Out of all the help we had they were the best because they listen and help with practical things. Before they got involved I felt on my own." Sharpe family on families unit.

Families seemed to respond better to a 'do with' approach than a 'do to'. Flexible and holistic approaches and a whole family approach received very good reviews.

"You could see where you were progressing and understand where you had gone wrong. She [the support worker] was more help than any of the other agencies put together. More hands on and practical, not just being watched. She had a less negative attitude." White on families unit.

In contrast the three families who had lengthy at home parenting assessments by CS IST found the experience extremely difficult.

"I found it very intrusive and intimidating. I felt judged and criticised. I was held back from doing nice things with my kids because you had to be in for their visits and appointments. It made the children uneasy." Brown family.

"We had to live our lives around their demands and routine. They didn't give me any space." White family.

"I asked them to leave in the end, refused to have them in my house. They did not believe what I said, very judgemental. Too intense and intimidating." Ford family.

On the whole the families struggled to engage with services that have a narrow focus or that are bound by statute and legal requirements. Effective engagement with these agencies often required the involvement of another agency in a supporting role, acting on behalf of the family or family member to mediate and facilitate this, or to help them make changes that would lead to the cessation of such interventions.

Having said this, families were often fairly pragmatic about action that had been imposed on them rather than sought.

"Most of the police are ok…they've got a job to do." Park family.

"I know that children's services needed to know that my kids were safe." Ford family.

"Having been to prison made a difference to me making progress." Brown family.

But others were left angry.

"Different police officers had different attitudes. The charges were changed over time and these are harsh for what actually happened. My son had a clean record and is doing well at college." Heath family.

"I felt I was set up to fail my DRR order. I couldn't make all the appointments because of childcare commitments including when my son was in hospital." Brown family.

Families were sometimes left frustrated about the limited success or effectiveness of what was offered.

"The CAF met three times but stopped because progress was not being made. No agency seemed able to address the issue of my daughters habitual lying which makes it difficult for her to be helped. No one was able to help with the unresolved issue of the abuse allegation, although the Bethel have at least started to try and discuss this issue with her. I am concerned that her lying means that she is becoming dependent on the attention of lots of agencies and professionals." Heath family.

Many had faced delays in getting help.

"The messages left on voice mail for the health visitor did not get answered for three or four months." Smith family.

"There was a six months wait for the Bethel to get involved." Heath family.

Families occasionally held a different view from the agency as to the effectiveness of the intervention or support and might offer a different view of why support or intervention may have failed.

Even if a family thought an agency had been ineffective, or if they had had a bad experience in some way, they were still willing to give credit where it was due. For example, they might agree that it was clear why the agency was involved, that it had been easy to contact them or that they had communicated well with other professionals. This balanced view helps to strengthen the validity of their responses and views generally.

5. The service providers' perspective

Although families had been clear why an agency had been involved with their family service providers were often able to give us more detail as to the sorts of support and advice offered and the way this was offered. This has revealed the intensity and variety of support as well as lots of family and individual achievements.

"Wider family members have called the police to intervene due to concern for the mother's safety and to protect her home and property from damage. Police have therefore visited the house frequently, not just in emergencies, but frequent call-ins in a supporting role for mum. They have offered to liaise with the GP about a possible mental health assessment for her son." Police on Jones family.

"Some of the children have attended Future Project's activities in the holidays. Mum was first brought along to our women's group by a friend to give her access to friendship, peer support and social activities and to build her confidence. Since then, Baseline has supported her to engage with children's services around the child protection issues. The support worker attended child protection reviews with mum. Mum was also helped to engage with the police and housing as well as Leeway to ensure she was able to get re-housed away from threats and attacks by a former partner. Mum was encouraged to seek more help for her mental health through her GP. She was also encouraged to do some voluntary work and access food safety and 'food for a fiver' cooking courses." Future Projects Baseline support on Ford family.

"Following an assessment, practical help was given to access appropriate household furniture and carpets, remove clutter inside and out and address rent arrears and repairs. Mum was helped to access a mental health link worker and a family dentist and was given one to one parenting support to help her budget, plan healthy menus and ensure there was sufficient food in the house. Help and encouragement was given to ensure the family's bedtime and morning routines were improved and that children slept in their own bedroom. Also to ensure the children attended school regularly and in uniform. More positive family activities were introduced. Mum also attended a parenting course. Our staff attended child protection meetings and liaised with partner agencies." Norwich City Council families unit on Sharp family.

"The children were made subject to a protection plan. A family support worker was allocated who carried out a number of home visits over three months. Support was given via an attendance improvement officer and school staff. The boy was referred to Family Solutions for support with possible emerging emotional and behavioural issues. The family were referred to the intensive support team." CS on White family.

"Oldest daughter was referred by GP due to reported flashbacks, anxiety and panic. After six months we assessed for, and provided, therapeutic interventions for past trauma, anxiety, panic, poor eating and sleeping, and family relationships. At the early stage the clinical psychologist had some sessions with mum alone but the majority of the intervention has been on a one-to-one basis with the daughter comprising psycho-education, supportive counselling and trauma work." Bethel Centre on Heath family.

"At the beginning a family support worker made home visits which were, in time, replaced by the parents attending stay and play sessions at the centre. During the summer holiday the family attended the Play and Explore group. Father has been attending Dad's and Co [a fathers group] and is doing voluntary work for the centre." Earlham Early Years Centre on Smith family.

"Client first self-referred at 17 having been smoking and injecting heroin for three months. She received treatment for her heroin use from TADS but did not persist with accessing this service. Contact resumed after a drug rehabilitation requirement (DRR) was included in a compulsory court order. TADS provided testing, counselling and group work support but the DRR was breached. Following release from prison in February 2008 a different TADS key worker was assigned to mum who was again provided with treatment and support to stay clean of illicit substances." Trust Alcohol and Drugs Service (TADS) on Brown family.

You can find more detail about the work done with the families on the family storyboards: http://www.norwich.gov.uk/site_files/pages/City_Council__City_of_Norwich_Partnership__Partnership_working__North_Earlham_service_evaluation_project.html

6. Effectiveness of interventions

Where both the family and the service provider have provided views on a particular intervention or support service, there is often a clear correlation between a family believing their experience to be positive and the provider seeing it as having been effective.

There are also instances of parents having had a negative experience where the service provider had thought they had been effective – and vice versa.

Certain interventions such as those around safeguarding children or to address crime will be made in the interests of particular children or the wider community. This can then lead to a difference of opinion between family and provider perspective on the effectiveness of that intervention.

Providers tended to see success as dependent upon the clients' willingness to engage or change...

"Mother has always engaged well with children's services to get children removed from child protection plans."

"This family has wanted to engage and to improve their lives with their children. It is much easier when a family is asking for help."

"The young person was not ready to engage with children's services"

...or their ability to change or take action...

"There is always the possibility that her mental health will deteriorate again resulting in the need for consideration of child protection procedures."

"Mum was able to focus on children's needs; that is keeping them safe from drug dealers and ex-partner. Their school attendance is regular, the home environment tidy and mum is fully engaged with TADS to reduce and eventually be free of drug dependency."

...or their commitment to helping themselves, usually by keeping appointments...

"[Client shows] a lack of an ongoing willingness to engage with YOT services and support. He has complied with approximately 50 per cent of contacts offered."

"Family has been difficult to contact, missing approximately 50 per cent of meetings."

In fact, missed appointments was cited as the most common barrier to effectiveness.

The police found their intervention was often more effective when they took firm action and when requirements and consequences were made clear to families such as when individuals have been charged to court with bail conditions.

Occasionally 'the system' was found to be a barrier:

"The intervention is limited because the welfare assessment process only allows for Norwich City Council tenants' bandings to be increased in relation to the authority's boundaries."

"After wardens made referral to other agencies [about the ASB], especially police and housing services, the initial follow up was good, but let down by an inability to take formal action." Norwich City Council neighbourhood warden service.

Sometimes the very nature of a problem provided the biggest barrier.

"Substance misuse is a chronic relapsing condition and people make changes over time. Other circumstances and other services contribute to this process of change."

Where so many agencies are involved, providers often identify joint working as being essential to effectiveness. One particularly effective intervention might be key to bringing about outcomes that were hoped for by other providers that may have failed initially to engage with the family.

7. Information sharing and partnership working

Service providers value an integrated approach to family support services and rely on referral by other service providers, information sharing and working alongside each other to deliver agreed outcomes for families. Often this appears to work well.

"The health visitor is visiting and made referral to Early Years Centre. Health professionals have been involved in child protection reports and planning. We also referred mum to mental health therapy support."

"Children were assessed as 'in need' and a family support worker was allocated to the family. Her involvement was minimal but she worked in partnership with the families unit to support mum to attend parenting courses and seek help for her depression. She also made applications to various charities in respect of household goods and attended multi-agency meetings."

"General anecdotal observations and information suggests there are a lot of comings and goings and general activity surrounding this address. Much of this has been passed to, and addressed by Norwich City Council housing and the police."

At other times service providers felt partnership working could have been better.

"Perhaps the adult learning disabilities team could have shared their assessment findings, including strategies which may have been helpful in framing support for the parents to understand their children's needs."

Sometimes it was felt that it was not happening at all.

"The CAF meetings ceased for no apparent reason – it would have been helpful to have a co-ordinated approach rather than more agencies becoming involved." Bethel Centre.

"There is a lack of communication between children's services and my solicitor about helping me to see my kids that are in care." Ford family.

Three of the families had a CAF arranged for at least one child. Children in five of the families had been subject to child protection plans and conferences.

8. Gaps and shortages

The GP practice reported that more multi agency working is needed outside of child protection processes, and more directly attached staff that can co-ordinate multiple interventions. At least two of the service providers that currently provide this type of service struggle with retaining sufficient budgetary provision and the staffing issues that come with short-term funding.

Three of the families had an older son with ADHD and in all three cases families cited this as an ongoing problem. Earlier support for their emotional and behavioural issues either at residential special schools or through the Bethel Centre, failed to prevent them progressing into crime and ASB as young men. On transition into adulthood that support stopped altogether. These young men have grown up in families with complex issues and their problems need to be seen in this context but this project has revealed that the work done with teenagers and adults with emotional and behavioural problems and ADHD in particular is not always effective. Their parents and siblings, also the police and criminal justice system, are left with the results of this failure to help them to develop and make a positive contribution as adults.

A further significant issue is the long waiting times for both adult and child and adolescent mental health services following referral. This often means that problems hit crisis point – requiring additional and more costly services – which earlier intervention would have prevented.

Key findings

There is currently a lot of good and effective work done with families who have complex and multiple issues.

There was evidence of inter-agency referrals and working, which appeared to be appropriate, demonstrating that on the whole service providers are aware of local resources and expertise and how to access these. However, this was not the case consistently.

Families want positive support offered by staff that have the skills to develop rapport with them and that offer a non-threatening and respectful service. Working to build the confidence and self esteem of parents will increase their resilience and ability to tackle their issues.

Working together with clients to get quick results for practical problems or to tackle isolation can help to build clients' trust and confidence to tackle the more difficult and complex issues.

Supporting families effectively requires a co-ordinated whole family approach with a wide range of problems being identified and a clear plan to tackle them that is agreed and understood by all involved.

Some of the most effective support is intensive and is not time-limited.

Sometimes service providers do not communicate effectively with each other to support good partnership working, but there is evidence of agencies working well together. This may depend upon staff being proactive. Or it may be reliant upon there being a single worker co-ordinating the activity on behalf of the family, levering in additional resources and support, helping families to engage or comply with other agencies and advocating on their behalf.

It is not enough to offer formal and specialist support or interventions. Families in crisis, particularly those affected by anxiety or depression need support to access services and engage, even if this means help to complete forms or to accompany them to meetings or appointments and support them to understand the issues and services offered.

Flexible and imaginative use of resources and alternative approaches can bring about significant results.

Schools and children's centres support both children and parents.

There are good examples of sensitive policing around domestic incidents and abuse.

3 The workshop

Context and purpose

The aim of this workshop was to broaden the review and analysis of the information gathered by the service evaluation undertaken by CapacityBoost, by involving practitioners and managers who work with families similar to the eight NESEP families on a daily basis. It provided a means of collectively understanding the issues and the opportunity to challenge the way we work together.

thinkpublic worked with Norwich City Council and CapacityBoost to develop and then facilitate the multi-agency workshop.

The workshop aimed to:

- share user insights and journey maps from the information gathered from families and service providers
- use creative tools and methods to move these insights forward into creative solutions
- generate ideas that the partnership can develop, prototype, and test.

The workshop made use of the eight family case studies, which were summarised on large display boards. There are links to the relevant storyboards in the following pages.

Brown family storyboard

Ford family storyboard

Heath family storyboard

Jones family storyboard

Park family storyboard

Sharp family storyboard

Smith family storyboard

White family storyboard

Each workshop participant was allocated to a particular family case study, and worked in a group to develop ideas for system redesign and system change based on the experiences of this family. The issues and ideas discussed by the workshop participants according to each family case study are summarised below.

Service principles

Participants were first asked to identify common principles for service provision – how it should look and feel to families and to the staff involved. Below is a summary of the principles identified.

An effective service is:

- accountable and measurable
- considerate and respectful
- able to build competence and confidence, while reducing dependence
- balances realism with idealism
- consistent
- available when needed
- holistic and integrated
- supportive through transitions
- co-produced.

Participants were asked to consider these principles throughout the workshop, framing the specific ideas they developed. Similarly these principles should be used to:

- frame the specific ideas that are taken forward
- ensure that all services for families with complex needs are commissioned and delivered accordingly.

Summarised group discussions

Participants then worked in their group to understand the complex issues within their family case study. They took time to discuss the issues and identify the challenges and opportunities within their individual case study. Below is a summary of the opportunities arising in each group.

1. Brown family

Brown family storyboard

Opportunity 1: The requirement for clarity

Summary of discussion:

- Clarity of both issues and solutions.
- More joined up thinking and action from service professionals.
- Services need to be balanced and clear – not onerous on family time or at a cost to family time.
- Service providers need to be clear in what they can offer and what they expect families to do for themselves.

Opportunity 2: Consistency in interaction

Summary of discussion:

- There is a need for one key worker to work with the family providing more trusted and consistent support.
- 80 per cent of what many key workers were doing was being replicated across service providers – duplication is frustrating families and wasting resources.
- Building positive, productive relationships built on trust and respect (both ways).
- Could Multi agency safeguarding hub (MASH) be developed to incorporate more than safeguarding?

Opportunity 3: Clear barriers and accountability conveyed

Summary of discussion:

- Service providers need to take responsibility for helping families to achieve outcomes and not just pass cases across providers.
- Clear boundaries conveyed on duties of both service provider and family within any given interaction.
- Clearly outlined to families what the consequences will be of not meeting agreed objectives.
- Clearly outlined to families what they can do if they feel service provider does not meet agreed outcomes.

2. Ford family

Ford family storyboard

Opportunity 1: Early identification and interaction

Summary of discussion:

- There is a lack of positive role models among young people within complex families. Young people need inspiration, mentoring, and advocacy to build their resilience and life chances.
- This young woman didn't have much of a chance to start with. If the whole care system was better resourced and care continued after leaving the system, then her life chances could have been improved.

- The whole family had so many problems that early identification and the right support could have made better outcomes.
- There are inconsistencies in service providers, which makes early identification of issues very difficult. Families are unable to build trusted relationships with service providers. This means families re-tell their story to a number of service providers and feel they are not moving further forward by doing so.
- Services are very reactive and are less focused on prevention.
- There is a strong need to be better supported in the transition between care and independence.
- Too many service providers were introduced to this family as each problem developed. Just one support being there from an early stage they could have acted as a trusted intermediary rather than the mother having to deal with different agencies (people) who were focusing on one aspect or problem rather than seeing the whole family.

3. Heath family

Heath family storyboard

Opportunity 1: Holistic approach. Protected time for agencies

Summary of discussion:

- There are considerable gaps between children's and adult services. It is important to work closely with the mum and the children within this family. There is no environment where the family can enjoy activities and recreations together. One-stop shop or café space to provide fun and therapy to families.
- Different members of the family make their needs known at different times, and to different agencies that leads to fragmented responses. Also different agencies only dealing with particular ages and problems. There is a need for a more holistic assessment.
- The aim should be to understand where someone is coming from, not reinforce their failures as a parent. There should be more time at the beginning determining nurturing in the family.
- Families are looking for quick rewards, which increases their dissatisfaction and lack of interest in services.
- Families and agencies are being divided, as are the families themselves. There is a lack of honest communication between members of the same the family. In this family, mum holding on to her secrets and her health history was not taken into account fully. Within the service providers there is a lack of understanding about the real issues.
- Informal engagement has been successful in the past, trust and relationships are really important to the family.
- There should be more consultation and training available across agencies.
- Mental health services could offer consultations.
- Involve older children in children's centres – offering therapy and emotional support.

4. Jones family

Jones family storyboard

Opportunity 1: Seek earlier identification of ADHD and learning difficulty/disabilities

(Diagnosis is the starting point and should trigger a CAF meeting, ensuring consideration of issues and action across multiple agencies).

Summary of discussion:

- A multi agency meeting can ensure consistency of information and help to identify and focus on the trigger points for a young person with ADHD. The CAF facilitates sharing of information across agencies but the effectiveness in the use of CAF varies.
- Parents may refuse permissions, and be reluctant to instigate CAF for fear of stigmatisation. There is a significant tension between getting appropriate intervention at an early stage and stigmatising the child.
- What are the opportunities for improving early multi agency responses? Should the responsibility for instigating a multi agency meeting be placed upon the clinic at point of diagnosis?
- Can the development of the multi agency safeguarding hub provide the mechanism and opportunity to focus upon all children focused difficulties, not only child protection issues?
- The school needs to be involved at earliest stage – teachers need to be involved, as well as health professionals.

Opportunity 2: Better support for families at the point of ADHD diagnosis

(The pathway for a family with ADHD is predictable and support should be given to the family to prepare them for issues in the future).

Summary of discussion:

- This should be helped by a whole family assessment and development of a care plan for the whole family. Parent may require respite care.
- Parents need confidence and help to identify ADHD with the school.
- Schools are often under pressure to exclude. Exclusion from school can lead to failed education, criminality, substance misuse, homelessness, no prospects of employability or living independently, lack of life and social skills.
- The transition from child to adult results in gaps in provision and support disappears at 18.
- Challenges arise when there are no prospects for independent living and abuse is occurring in the home. The multi agency risk assessment for domestic violence would usually not seek to separate parent and child when child is abuser.
- Housing needs are complex, often not addressed and can be further complicated if in custody.

Opportunity 3: Increase knowledge of ADHD across agencies

Summary of discussion:

- Awareness training is required across agencies, particularly in relation to how ADHD manifests itself once the child is 10 years old.

5. Park family

Park family storyboard

Opportunity 1: To improve the 'disconnect' between adult and children's services

Summary of discussion:

- Transition between services for children to adults.
- Services are not as integrated as they could be (is there willingness?) Why not have one agency that covers everything?
- The transition for 18 year olds – the level of investment reduces and services drop off.
- Lack of services for some conditions eg ADHD for adults – more funding for adult service provision (ADHD).
- Lack of co-ordination framework for adults when below the threshold for services eg no CAF equivalent.
- A need to refocus mental health services for adults – needs to be responsive.
- Public health coming into local government may present opportunities but equally it should be noted that all service provision will be in transition during the next two to three years.
- More health input/mother is the hub of the family.
- Scope of funding limited by geography.
- Nominating a lead for particular cases.
- Courses for confidence building, developing family capacity and self reliance for families.
- Ensure families are clear of their responsibilities.

6. Sharp family

Sharp family storyboard

Opportunity 1: Information and records more freely available to all agencies

Summary of discussion:

- Families that have separate appointments across agencies are re-telling their story. Information is lost and not always shared across appropriate agencies.
- There are time delays when sharing information across agencies.
- There are contradictory opinions about information confidentiality across agencies.
- The child health record book works well between health professionals, there is an opportunity for similar family owned record books to work with complex families.

- Tenancy support not taken advantage of by CAF.
- Opportunity for a 'care plan' with families to help agencies take a more holistic service journey.

7. Smith family

Smith family storyboard

Opportunity 1: Service delivery and service provision should be shaped by service users

Summary of discussion:

- There was evidence of long waiting times between the discovery of difficulties eg learning difficulties, and getting assistance or an assessment. The assessment and diagnosis tools seemed ineffective in this case, and the threshold is too high. This puts a lot of pressure on both families and the agencies involved. Professionals were unable to react in timely ways. There needs to be more specialist support that is tailored for people with learning difficulties.
- Rather than 'fail' or 'pass' learning difficulties assessment perhaps assess a degree of need.
- There should be more information transfer between housing teams.
- Improve information sharing regarding allocations of high risk families at the earliest opportunity.
- Some support needs have been ongoing for many years, the families becoming very used to this routine, and expectations and ambitions for change are low.
- There are six interactions with services when there could be one. Some interactions were deemed ineffective.

Opportunity 2: Life skills training

Summary of discussion:

- There is a lack of positive personal relationships in this family's life. Families need ongoing mentoring relationships to support them in making positive changes in their lives. One person could work with a family in situ tackling their issues as a whole.
- The community could have a role to play in the ongoing support of local families, reducing the need for and dependency on state services (inspiration from the Swindon LIFE project). Could develop peer-to-peer life skills that are delivered by the community.
- Families need more advice about birth control and family planning.
- Converge extended family group conference in conjunction with identifying formal support services.
- Opportunities for developing a social enterprise.

8. White family

White family storyboard

Opportunity 1: Co-located services, everything in one building

Summary of discussion:

- There are incidents where other agencies have been 'played off' against each other.
- Different ICT systems are a big barrier.
- Confidentiality arrangements can act as a barrier, and different agencies have different perceptions of what the confidentiality arrangements are.
- There is a need for some families to have 24hour support and advice.
- It is very difficult for some agencies to work with families when their role is to challenge their behaviour and encourage them to make positive change in their own lives.
- There needs to be better communication with health services. There is an opportunity to really enhance relationships between organisations.
- Early intervention is not always prioritised.
- A family's needs and key outcomes should be prioritised.
- Families need to feel hope, while having realistic expectations.
- All agencies should understand and share key trigger points within the families. Information sharing should be an all encompassing key central value.

4 Recommendations

While the family story boards presented different issues, there was commonality in areas of discussion and synergy in ideas emerging. Consequently, it is possible to present six recommendations resulting from this group activity. In all cases, the recommendations should be framed by the principles outlined in Section 3 above and be "owned" as described in Section 6.

Recommendation 1: Improve multi-agency working, particularly at an early stage

- Improve early information sharing, both by developing new systems and through staff training across agencies.
- Build on existing processes to ensure the effective use of the CAF and consider opportunities provided by the MASH.
- Develop the role of a key worker, working across agencies, as facilitator navigator, who is able to undertake a whole family approach.
- Explore opportunities for the co-location of staff and services and the ability to hot desk, a potential one-stop-shop or localised hub of service provision.
- Seek ways to work better together with GPs, schools and the voluntary sector.

Recommendation 2: Address the disconnection between adult and children's services

- Improve the commissioning process to enable commissioning that meets the needs of the whole family by straddling children's, adult and health services. This links to the development of community budgets in relation to complex families.
- Develop a more integrated social care function that ensures matters do not get 'lost' in the transition from child to adult.

Recommendation 3: Ensure there is ongoing support to build a family's confidence and resilience and to develop life skills

- Develop the role of a key worker (links to above).
- Ensure all staff have the skills to build trust and rapport with families who struggle with multiple and complex issues.
- Provide both practical and soft skills support.
- Develop the role of community volunteers and peer mentors within the community, providing positive role models.
- Support schools to provide whole family activities and enhanced pastoral support, potentially through a schools resource centre.
- Ensure the staged withdrawal of services and support, with better support in transition from care to independence.

- Involve the family in developing an action plan to empower them and facilitate the exit of support services.

Recommendation 4: Improve support to families with mental health issues

- Increase support and access to services, particularly for adults with caring responsibilities.
- Ensure mental health services are responsive and waiting times reduced.
- Understand the picture of low-level mental illness in Norwich, including those who are below the threshold for services and issues relating to depression.

Recommendation 5: Build awareness and understanding of complex needs

- Develop tools for raising awareness by involving parents and children within complex families.
- Deliver training and awareness raising events.

Recommendation 6: Give families ownership over their story

- Co-design a family-held record book for all to contribute to and access.
- Involve the family in developing an action plan to empower them and facilitate the exit of support services (links to recommendation 3).

5 Action plans

The workshop participants were asked to select one idea and develop it further. thinkpublic has since refined the products of this exercise to produce four action plans that are designed to prototype and test some of the ideas.

In addition, thinkpublic created one additional action plan to address the need for an infrastructure to support some service principles.

These action plans are tools to take forward elements of this project. Importantly they do not preclude consideration or development of other actions that address any of the recommendations set out in Section 4 above. Indeed it is desired that each of the recommendations set out there will be considered in more detail in the future and owned by the appropriate group or organisation.

Action plan 1:
To deliver holistic services through multi-agency working

(Links to Recommendations 1 and 2)

While there are a number of multi-agency approaches already in place there is still strong evidence that families don't experience holistic services – and that services themselves are not sure of who is doing what, when and how. Multi agency working is happening – this is about identifying the primary barriers and overcoming these while reinforcing enablers for success.

This action plan sets out a process for considering each of the elements highlighted by the service evaluation and workshop in order to improve current multi agency working. It should be applied to the following issues:

- Information sharing, both in developing new systems and through staff training across agencies.
- Early identification and multi agency response, building on existing processes to ensure the effective use of the CAF or a similar model and opportunities provided by the MASH.
- The role of a key worker, working across agencies, as facilitator and navigator, who is able to undertake a whole family approach.
- The co-location of staff and services and the ability to hot desk, a potential one stop shop or localised hub of service provision.
- The transition between children's and adult services.
- Improved ways of working with GPs, schools and the voluntary sector.

Success: Families feel holistically supported, families aren't falling through gaps in services, and service providers feel confident and well informed about each other.

Measures:

- Family and professional feedback.
- Reduction in high-cost crisis interventions.
- Reduction in duplication of services.

Action	Time required	Things to consider
Use the opportunity areas outlined in the workshop, and define the ideas. Opportunity areas were: Better information sharing across relevant agencies. More effective multi agency meetings around cases. Co-location of services within one place. Ensure the right professionals are involved.	1 to 2 months	Myth-busting session around what information can be shared with who. Implementation of protocols to enable secure and sensitive sharing of information. Implementation of secure email for service providers. Single accountable service provider – most appropriate to case – to co-ordinate multi agency meetings. Commitment from relevant service providers to participate effectively. Timely meetings – responsive to need. Senior level buy-in to co-location. Available resources. Financial implications (positive and negative). Voluntary and community sector provision. For the other barriers, focused design sessions should help develop options. It may make sense to have a lead for each priority that is identified, ensuring that they work together to have a comprehensive response but each driving forward a particular aspect of multiagency working.
Prototype ideas for solution to these barriers.	1 to 3 months	This could include visualising your idea as a storyboard or a service map, and working with you stakeholders to map out how it is going to work. This could also include live prototyping – turning your idea into a real thing to test and try out with real people. This is not a pilot. This is a small, quick and low cost test. You could for example, mock up the physical space that agencies would use to meet and work together, you could get these agencies involved in trying it out for a few weeks. Monitoring and evaluating what you learn.
Review impact.	1 month	Reflect on your learning from the prototyping and review against your original aims and objectives. Think about how you could develop your idea using this learning.
Revisit and re-test.	2 months	Prototyping is an iterative process, so test it out again once you've made the appropriate changes. The idea is that you have it near enough right before you commit time and money to a larger pilot.

Action plan 2:
To build awareness and understanding of complex needs

(Links to Recommendation 5)

This involves parents and children being a part of raising awareness with other families and professionals about how best to respond to their own needs. Mental health and wellbeing training would be a key area to work on within this recommendation. For the purposes of initial testing we recommend you initially test this idea with children who have ADHD and their families. ADHD was explored in-depth within the workshop.

Success: Children, young people and parents feel much more understood and listened to, and all of the professionals they engage with are responding to the needs early and appropriately.

Measures:

- Parent and child satisfaction with experiences.
- Reduction in crisis-led responses, reduction in school exclusions.
- Increased knowledge by professionals.

Action	Time required	Things to consider
Work with a group of parents, children and young people to identify: • who needs to understand ADHD better? • what do they need to understand? • why this is this necessary?	2 weeks to set up and run	Use existing links and relationships with the local community to build this group.
Establish project team reflecting what parents and children have said. This may include: • ADHD experts • education • health professionals • families (parents, children and young people).	1 month to set up first workshop with all of the relevant people	Ensure this group involves people with the right attitude to test and develop a new idea. You will need people to be: • open minded • optimistic • proactive.
Co-identify opportunities and approaches to raise awareness and understanding eg part of inset day, stand alone training, role-play project, exemplar profiles, pamphlet/flyers, DVD, podcast, YouTube video. • Prioritise potential opportunities and approaches.	1 month including a number of facilitated sessions	Ensure your group is bold and creative when identifying opportunities to raise awareness. You may consider involving creative professionals to help facilitate this session to help shape the ideas.
Prototype priority approaches eg develop a flyer, produce a YouTube video etc • designing and making eg design a presentation from parents and children • testing the materials/approaches.	2 weeks design and build 1 to 2 months testing	Building prototypes to test does not need to be a costly exercise. Paper prototyping is a useful method to use when mocking up something quickly to test with your target group. Before you start testing your prototypes think about who you want to test with and how you are going to do it. Testing can be done with a small group of people within a workshop, or it could be done over a longer period of time within a community.

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Action	Time required	Things to consider
Review impact of approaches against agreed measures of success.	2 weeks using facilitated sessions and feedback from relevant people	
Revise and retest.	1 to 3 months	Prototyping is a repetitive process, so make sure you capture what you've learnt, make the necessary changes to your idea, and test it again.
A plan for rolling out.	On-going	From your testing you will be able to identify what you've learnt, what your idea should now be, and how you can scale this up into a pilot.

Inspiration:

- The Experts Patient Programme, Figure i

Action plan 3:
To develop the family book or an information sharing system that can be used by all professionals who interact with the family and provides families with ownership of their information

(Links to Recommendation 6)

At the workshop, an idea was put forward for a family book, very similar to a child's health record. This book is owned by the family and contains all of the information relevant to their particular context, including, but not limited to, the services that they are engaged with. The purpose is to give families ownership over their experience and their story, while also ensuring that all agencies and people involved are aware of what is going on for the family, without the family having to repeatedly recall the information.

There is also scope for developing an electronic version of this document, permissions, security and resources permitting.

Success: Families own their own story, have control of their information and are able to share their whole story with service providers. In this way, families trust the interactions of the professionals. Agencies and professionals are more able to access information on other agencies working with the same family. Agencies are more able to see the bigger picture surrounding a family. This mechanism of storing information could be in both paper and online form.

Measures:

- The book/information sharing system is being used by all professionals who interact with the family.
- The families are interacting with the books.
- Families and professionals have a more effective and efficient relationship.

Action	Time required	Things to consider
Design the record books Work with a group of families and relevant professionals to co-design a family record book prototype. Consider: • Purpose and aims of the book. • Content required to meet those aims. • Layout and content of pages. • Look, feel, size and shape. • Process on use.	1 month to set-up, plan and facilitate	Use existing links and relationships with the local community to build this group. Consider the role of design support when mocking up your prototype books.
Test the family record books • Identify four to eight families to test with. • Engage with the professionals around these families to ensure they are clear on what you are trying to test and how. • Introduce the families and professionals to the concept and invite them to test the book over a two month period.	2 weeks of set-up 2 months of testing	Be honest about the fact you are testing out a new idea, and you are still very open to learning what will work and how. Make sure you meet with the test-families and professionals at regular intervals throughout the testing to ensure you are capturing their learning. Feel free to make suitable changes to the book as you learn from people's experiences.
Co-design the on-line system of information sharing. Using the record book principles and purposely consider its application to an online system where information can be accessed from key professionals remotely. Facilitate a co-design workshop that brings together the potential users of this system ie the families, service providers (social worker, families unit), people in the community with a role to play in the family's life eg school, police, local church.	1 to 2 months set-up, plan and facilitate	Co-design events are a chance to bring different people together around a common aim and together design a solution to the challenge. Ensure that the co-design event is engaging and enables meaningful involvement from a range of stakeholders.

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Action	Time required	Things to consider
Co-design the on-line system of information sharing – continued Tools to support and help people design this system: • Journey mapping the process that information is inputted and shared. • Blank web-frame templates that encourage people to visualise how the data base would look, feel and operate.		
Test the online system Using journey maps and web frame visuals from the workshop engage with another group of stakeholders test out the concept.	2 weeks	Testing an online idea can be done initially just through visuals of the system and using journey mapping to show how information is inputted and shared.
Review learning and build a business case	1 to 2 months	

Inspiration:

- Innovation within the Alzheimer's Society, Figure ii
- Safeguarding 2.0, Figure iii

Action plan 4:
To create a service that provides life skills to support families with multiple and complex needs, building their confidence and resilience and reducing their dependency on statutory services

(Links to Recommendation 3)

It seeks to put in place consistent, regular and low level practical support for parents that are often struggling to manage all of the complexities in their lives. The support would not be defined around a specific need or service but instead about helping parents and young people manage their lives on a day-to-day basis, to access services and the support they need to manage small problems and prevent them from becoming crisis situations. Regard should be given to developing better links with current local voluntary sector providers eg Norfolk & Norwich Families House, Norwich MIND's wellbeing guides/mental health first aid, community learning champions.

This recommendation pays active consideration to the value of mental health and wellbeing of these families, thinking of innovative ways to enable services and communities to better support people emotionally and psychologically. The family story boards presented numerous cases where low level mental health issues were left unrecognised and as a result had serious consequences on family outcomes.

Success: Families are supported emotionally and psychologically, and have developed the skills and confidence necessary to take control over their own lives. Statutory services are only working with these families to deliver specialist support around specific needs, there are less services delivering greater value.

Measures:

- Reduced crisis intervention and unnecessary interactions with statutory services.
- Increased wellbeing and stability in the family unity.

Action plan to prototype this idea

Action	Time required	Things to consider
To build a two tier team around the opportunity: 1. Core team – involved in designing and testing this service idea with the community. 2. Challengers and sponsors – supporting the project by offering advice and expertise along the way.	1 month Recruitment and bringing people together	Have you got a fair distribution of senior decision makers and practical doers? People on the core team will need to have time and senior permission to be a part of this over the defined amount of time.
Turn this opportunity into a service and identify the big questions that you would be able to work with the community to explore.	1 to 2 months	These questions could be: • How are families referred into the service? • What is the relationship of this service to the council? Is this an extension of family support workers? • Will the coaches be paid or will they be volunteers?
Using all the information gathered so far build a service specification which you can live test with the community.	1 month set-up This might involve recruitment and training of local people 2 to 3 months live testing	You still might not have all the answers but this is a chance to test some of your assumptions. It is important you are brave and bold about taking your idea in its entirety out to test to really see how and if it is going to work with local families and key stakeholders. Make sure that you have created a plan about what variables you are looking to test and how. You should be able to make changes as you go along as you learn about what is and isn't working.
Review learning: workshop with wider stakeholder group	2 weeks	Make sure you engage with your wider stakeholder group and key decision makers at this stage to ensure your developed service meets the needs of local people as well as commissioners.
Build business case and/or service blueprint	2 weeks	

Inspiration:

- The Community Coach, Figure iv

Action plan 5:
Ensure that existing and future services are delivered against agreed principles

Using the principles that were identified and refined after the workshop, create a service evaluation framework. Ensure that:

a) existing services are operating according to the agreed principles. It will need to be phased, starting perhaps from services that the NESEP evaluation suggests are most out-of-line with the principles and then moving on to areas where there is less to improve

b) you apply the overarching principles to some of the more systemic processes underpinning services for families thereby future-proofing services from some of the need for re-design and re-development in the future.

Success: Services evidence the agreed principles throughout.

Measures: Family and professional feedback against principles, reduction in high-cost crisis interventions.

Action plan for verifying and embedding principles into current services

Action	Time required	Things to consider
Share and verify the set of principles that were identified in the workshop with wider project team.	1 week Discussion and agreement by project group If they need to be approved politically this will require additional time of about 1 month	You may want to look at what principles are already in place in contracts and contract monitoring arrangements.
Disseminate principles to all commissioners: • May include a one day training programme on **what** the principles mean and **how** to put these into service specs and contracts	1 month to share across all services	You will want to the think about the most effective way to ensure that commissioners across all relevant services are well versed and confident about the principles.
Agree performance management tools and techniques for measuring delivery against the principles.	1 month to design and agree	Performance management tools can simply be a tweak of existing approaches. They should balance the size of the contract with the need to ensure accountability.
Disseminate principles to all contract managers: • May include a one day training programme on **how** to use tools to measure.	1 month to share across all services	You will want to the think about the most effective way to ensure that contract managers across all relevant services are well versed and confident about the principles.
Audit/review of contracts on annual basis for adherence to principles.	Ongoing	This process should be built into any existing contract review process, balancing the need for accountability with the level of resource needed to carry this out.

Inspiration to support the action plans

Figure i
The Experts Patient Programme

The Expert Patients Programme Community Interest Company provide and deliver free courses aimed at helping people who are living with a long-term health condition to manage their condition better on a daily basis. People involved in the training can then learn how to be the trainers.

The aim is to give people the confidence to take more responsibility to self-manage their health, while encouraging them to work collaboratively with health and social care professionals. The courses are aimed at a wide range of people, reflecting diversity in terms of different health conditions, age groups, geographical locations and ethnicity.

http://www.expertpatients.co.uk

Figure ii
Innovation within the Alzheimer's Society

thinkpublic was invited to work with the Alzheimer's Society to investigate methods for improving the everyday lives of people with dementia, their carers and service providers. The project Alzheimer100 was part of the design innovation programme Dott 07.

In order to gain first hand insight into living with dementia, the preliminary stage of the project saw thinkpublic carry out a series of interviews with people affected. A skill-sharing workshop was then held to train people with dementia in filmmaking and interviewing skills. The insights and ideas fed directly into co-design workshops, and an emotional 18-minute documentary film was produced. The process resulted in a number of project proposals, including a dementia signposting service, a mentoring programme for carers and the design of a safe wandering garden.

The National Dementia Strategy, launched in October 2008, was informed by thinkpublic's recommendations. thinkpublic worked with the Alzheimer's Society to develop the dementia signposting service, which aims to result in national implementation.

http://thinkpublic.com/case-studies/case-study-alzheimer100/

Figure iii
Safeguarding 2.0

Safeguarding 2.0 aims to find a better way of working. The project is a design partnership led by FutureGov that seeks to understand how children's safeguarding services might be made more responsive to both frontline workers' and families' needs by using features of web social networks. Tools that allow the quick distribution of information across networks and highlight the amount of activity surrounding the child may act as an early warning system to carers in order to enable earlier and better intervention.

http://safeguarding2point0.com

Figure iv
Community Coach

Barnet Council has applied prototyping to help them radically rethink how they look at the challenges surrounding families with the greatest needs. Previous research highlighted that out of 35 meetings one family had with the state in a single year, only five of these meetings asked for any new information. They co-designed, with a range of stakeholders, a community-led service called Community Coaches (BCC).

The service aims to help families develop and become more resilient, reach their goals and reduce their dependence on the state. This is now being rapidly tested with volunteers and families within the Grahame Park estate in Barnet. This rapid live testing will last for six weeks to help learn quickly what works and what doesn't, before investment is put into a pilot.

Over this period they are measuring a number of factors, including the increase in wellbeing of the families and coaches, along with measuring the cost of running the service.

Alongside this they have been exploring different social business models for how the BCC service should be developed, funded and run. And are currently looking at the franchise model where key people in the community will be responsible for running the service, with information and support from the council.

6 Next steps

Ownership

It is important that this report is now presented to and considered by the relevant bodies and groups in Norwich and Norfolk. Work is underway to identify the appropriate routes to progress this work and address the issues raised. The action plans suggest a format for taking forward and testing only some elements of the recommendations, and further work is required to address each of the recommendations fully.

Ownership and governance for the work must be clear, but it is important given the complexity of these issues that responsibility is shared by public, private, voluntary and community sector organisations, and the families themselves.

Norwich City Council and its partners need to define exactly which body or bodies should have ownership and accountability for areas of work and the overall programme. thinkpublic recommend the following qualities and capacities for any body involved in taking forward this work:

- **Multi agency** including all local partners (particularly GP commissioning consortium), county council representation, the community and voluntary sector and perhaps the private sector eg private landlords, private providers etc.
- **Decision-making** in their own right, with members able to commit themselves and their organisations to agreements.
- **Dynamic**, able to drive change and maintain momentum across the programme of work.
- **Integrated** into other key decision-making bodies locally eg feeding into the LSP or the health and wellbeing board or the Children's Trust board etc, so that decisions are taken within the wider local context – and inform wider local decisions.
- **Meeting regularly** with a minimum of quarterly meetings to ensure progress – and with more frequent meetings in the first six months as projects are underway.

Key tasks to take forward this work include:

- **taking strategic decisions** around the programme of work
- **harnessing the resources and capabilities** of the partner agencies
- **ensuring progress** towards agreed goals
- **integrating projects** with each other to ensure that they are mutually reinforcing.

Maximising the family relationships

There is a wealth of information and evidence that was collected during the family interviews, and strong relationships developed through the interviews and conversations with colleagues. thinkpublic recommend that:

- families are kept engaged moving forward, working on various ideas and prototypes. This is not just beneficial to the services but our experience shows that sustained involvement and engagement builds confidence and self reliance as well as a much more co-operative and collaborative relationship between families and professionals
- the family case studies are kept alive and used as reference in wider strategic work, not just the specific ideas that emerged from the workshop.

7 Glossary of terms

NESEP glossary of terms and services	
Attention deficit hyperactivity disorder (ADHD)	A condition, occurring mainly in children, characterised by hyperactivity, inability to concentrate, and impulsive or inappropriate behaviour.
Anti social behaviour (ASB)	Behaviour that lacks consideration for others and that may cause damage to society, whether intentionally or through negligence.
Baseline	A voluntary sector information, advice and guidance drop in centre, which offers practical support to people as well as operating life skills courses and is local to the north Earlham area.
Common assessment framework (CAF)	A government initiative to ensure common recording between the NHS and social services and other relevant partners.
Child and adolescent mental health services (CAMHS) – Bethel Centre	NHS provided services for children in the mental health arena in the UK. In Norwich, this is delivered via the Bethel Centre.
Child protection plan (CPP)	An action plan developed collaboratively by children's services with other relevant agencies, designed to protect children and young people at risk and to encourage family stability.
Children's services (CS)	Department of local government (Norfolk County Council) to address issues of safeguarding and child protection, to help ensure health and safety of children.
Cognitive behaviour therapy (CBT)	A practice within psychotherapy to address issues of mental ill health.
Connexions	An information and support service for young people to direct them to career, education and life skills opportunities. In October 2010 this service was mainstreamed into the county council under the banner of integrated youth services (IYS). This service is now due to cease by April 2011.
Crisis intervention service (CIS)	A service offered through Wensum Valley Medical Practice that provides practical, support and therapies for individuals and families with high support needs, to help them avoid crisis. The service works regularly with other local services (including Baseline and City Academy) to address potential health and social problems proactively. This service is due to cease by April 2011.
Drug interventions programme (DIP)	The key crime reduction initiative involved in engaging substance misusing offenders in drug treatment.
Drug rehabilitation requirement (DRR)	A requirement specified as part of a drug intervention programme (DIP) on condition of a suspended sentence order (SSO) through the legal system.

NESEP glossary of terms and services – continued

Families unit	Family intervention project is the nationally recognised term that refers to a service that provides holistic support to families with a wide range of support needs. In Norwich, the FIP is a Norwich City Council service called the families unit.
Family support worker	Family support workers go into people's homes to offer practical help and emotional support to families experiencing various problems. Families are referred by social workers to family support workers whose role is to provide advice and try and keep families together. The primary concern of the family support worker is the care of the children, whose parents might be experiencing difficulties. Problems might include the abuse of drugs or alcohol, one parent in hospital or prison, financial or marital difficulties or simply the fact that they have not experienced good parenting themselves.
Intensive support team (IST)	A section within CS that reviews how a family operates on a day to day basis and supports them to improve or include additional actions and routines, to ensure safe and healthy children.
Leeway	A voluntary sector organisation, offering information, advice, guidance, practical support and refuge to individuals and families suffering domestic abuse.
LSOA	Lower super output area – a geographical set of areas developed by the Office of National Statistics following the 2001 census, of consistent size and whose boundaries would not change (unlike wards). The smallest set of areas developed are called output areas (OAs) and contain at least 40 households. Lower super output areas (LSOAs) typically contain four to six OAs and hold a population of around 1,500 people.
Multi agency safeguarding hub (MASH)	The county council, together with police and health colleagues are currently seeking to create a multi agency information sharing hub that either physically or virtually co-locates key professionals to facilitate early information sharing in order to better safeguard both vulnerable children and adults. There are a number of phases to this project and at the time of the NESEP workshop the MASH project was in phase 1.
Neighbourhood warden service	A service offered to residents by Norwich City Council that works closely with partner agencies, particularly the police and housing providers, to reduce antisocial behaviour. They provide a visible local presence, give direct support to vulnerable members of the community and develop positive relationships with young people. The scheme holds four teams based in each of the four Norwich neighbourhood teams and provide a service seven days a week until 10pm.

NESEP glossary of terms and services – continued	
NESEP	North Earlham service evaluation project
Restorative justice	An approach to justice that focuses on the needs of victims and offenders, where offenders are encouraged to take responsibility for their actions and repair the harm they've done by apologising, returning stolen money, or undertaking community service.
Section 17	Refers to a specific clause within the 1998 Children's Act that defines children as being 'in need', through some area of personal or social life not having been sufficiently developed or addressed through parenting.
Section 47	Refers to a specific clause within the 1998 Children's Act that defines children as being 'at risk' of physical, emotional or mental harm.
Special educational needs co-ordinator (SENCO)	Based within a school, co-ordinates a tailored program of interventions to address special educational needs of a child, where relevant.
Suspended sentence order (SSO)	Conditions laid down by a court of law for an offender to abide by to avoid incarceration.
Trust Alcohol and Drugs Service (TADS)	Provides treatment and support to people with substance misuse problems.
The Matthew Project	A voluntary sector organisation offering information, advice, guidance and support services for people with substance misuse issues and their families.
YOT	Youth offending team – identifies the needs of young offenders and the specific problems that make the young person offend, as well as measuring the risk they pose to others. This enables the YOT to identify suitable programmes to address the needs of the young person with the intention of preventing further offending.

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