Leicestershire Community Budgets
Aperia Final Report

Contents

1. INTRODUCTION

This document is the final deliverable for a strand of customer insight work that forms part of the Leicestershire Community Budget Programme. This document summarises the findings from the following activities:

- A Service Practitioner Workshop during July that was attended by about 135 service practitioners

- 3 separate workshops / engagement events with service users. These were held in three different locations – namely Melton, Hinckley and Coalville. Across the three events input and views was captured from about 35-40 individuals. The purpose of these events was not to look at individual feedback but to look to understand the themes and common experiences that they reported

- Analysis of these events – both on their own, but also comparatively

- Identification and analysis of the broad range of services that exist "in the place" to explore whether the services that exist seem to address / cover the barriers and concerns that families and individuals identified through the workshops.

The document also provides a recommended outline of the types of changes / themes for change that might be explored through the Design phase of the programme.

2. APPROACH

Some of the analysis that has informed this report is based upon the application of a number of sets of academic theory. The purpose of the analysis is not to provide the solution, but rather to provide some evidence that the themes identified for change through the various workshops can be supported by reference to academic study.

The theory sets out that all people have the same basic needs (if these are not met, then the individuals will suffer extreme hardship as these needs are fundamental to survival). The identified needs come from drawing upon the research by Gough and Doyal, alongside research by Sen and Nussbaum and Manfred Max-Neef. The needs are those identified by Gough and Doyal, where Nussbaum and Sen identified a set of related capacities (the theory of capacity, is that being able to meet your own need is reliant upon having the capacity – people without capacity will need help (from parents, relatives, friends or the state) to meet their needs. Manfred Max-Neef offers a framework or taxonomy for evidencing whether need was met, through a framework of understanding how people interact, behave, what they have and how they are (having, being, doing interacting).

This analysis therefore looks at the services that are currently available in the place to determine whether the right and relevant services are provided to meet the unmet needs for FCN. In other words are there any gaps in the support that is provided or are there any areas of duplication. This analysis of gaps / duplication is done at a number of levels as follows

- Firstly, are the right services available, given what are deemed to be the unmet needs of FCN in the place

- Secondly, are the right services available to overcome the barriers that families and service providers identified may hold them back (or are services themselves provided in a way that ensures that these barriers are overcome)

- Finally, the practitioner workshop identified a potential vision for what the agencies are trying to achieve and the analysis maps the services to the elements of this vision – again to identify whether the right services are being delivered to help achieve that vision.

The analysis also provides a further challenge. This challenge is not based upon academic research, but is based upon the work delivered alongside a number of authorities to define a list of common processes. This work was delivered alongside Chorley Council, Cumbria County Council and the District authorities in Cumbria, as well as the North West e-Government Group (on behalf of all 42 authorities in the NW). This work identifies 32 processes that are involved in the delivery of services and looks to identify whether any of these can be joined-up to deliver a better experience for the customer and deliver more efficient working for the providers.

This analysis offers no insight in the quality or productivity of service delivery – it merely looks at whether the right support is offered and whether this support could make better use of existing processes / infrastructure elsewhere in the sector. The best assessment of quality and productivity will come from internal performance management, but in the current times of significant reductions, these discussions will be critical.

3. SUMMARY FINDINGS

This section of the report provides the summary findings from each of the separate workshops and strands of work. More detailed slides and reports for separate phases are available from the Programme Office.

3.1. Practitioner Workshop

Over 130 people attended the workshop. As a representation of well in excess of 10,000 workers this is a small number, but does offer enough insight to be fairly confident that the key themes will be representative. The event was at the end of the school term and hence there was no attendance from schools. Attendance was also poor from GPs and health in general and although attendance was slightly higher by managers (rather than practitioners) outside these exceptions the range of attendance was good with 39 organisations represented.

A summary view of the "feel" of the workshop, rather than the detail of what they said, is as follows:

- Attendees demonstrate a very strong sense of / affiliation with working for the public sector, alongside working for their employing organisation, and are therefore keen to make sure the whole public sector is working well
- Attendees expressed a strong opinion that the programme needs to ensure that it builds on good practice. There is always a tendency to be downbeat and negative, where the opportunity should always be to build upon what is already in place
- There was a strong recognition of the relative strengths and weaknesses of the different brands within the sector
- There were strong areas of consensus / agreement across attendees about the areas for change – most notably around information sharing
- People did express concerns about the size of the changes that are being imposed upon the sector – hence another one of the biggest themes was the request / solution that more money should be invested (at a simplistic level this is beyond the programme, but investment into risk and reward could be potentially be funded)
- Attendees broadly felt supportive of the programme and the ambitions. However the two caveats might be that they seemed to express that as individuals they have always been supportive and hence the programme is preaching to the converted – even questioning why things haven't happened already. The other perhaps more serious caveat is that it is not clear that the organisations and the leaders are yet in a position where they could take on and make happen the type of pilots / changes that were envisaged.

The summary of the exercises are presented in the following pages.

3.1.1. The Vision

One of the exercises asked attendees to draw a picture of the future that the sector was looking to enable for FCN.

The following diagram summarises the individual pictures and post-it notes captured by all attendees. The size of the bubble demonstrates the proportion of the post-it notes that referred to this theme.
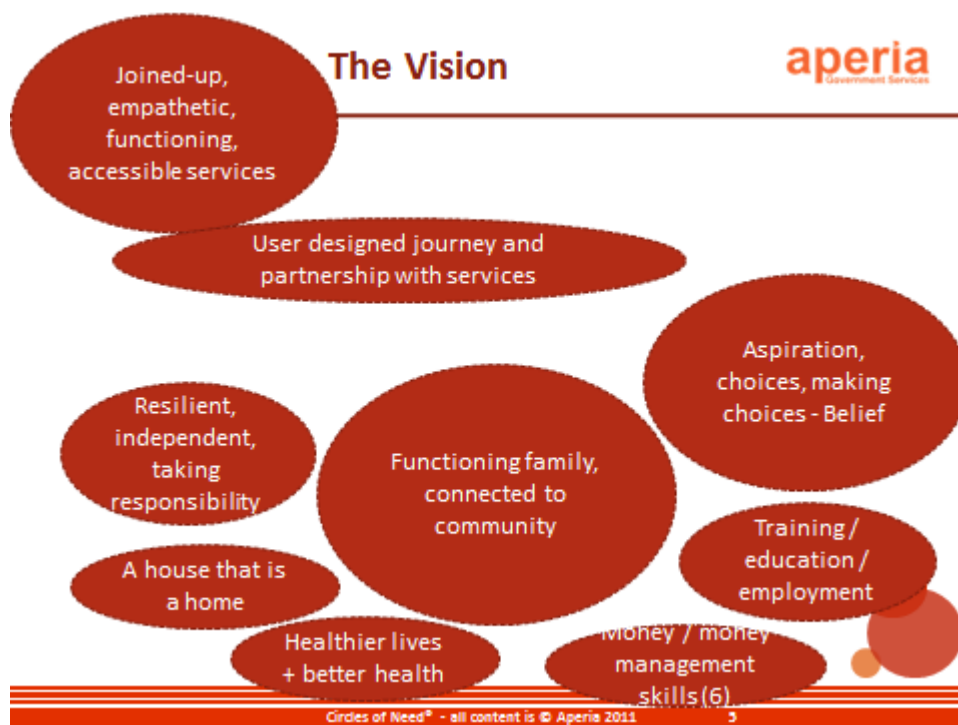
It is possible to summarise the above into three elements. Firstly the fact that all services are joined-up and performing. Secondly the fact that the family owns the journey and is working in partnership with services. The final element is the view that the outcomes (that the family want) are about a functioning, resilient family that is part of and contributing to a supportive community. The six circles around the family being the detailed view of what a functioning family looks like – having aspirations/hopes and making choices, taking up training/education and employment, having money and skills to manage money, having a home/ability to manage the home, being healthy and finally being resilient and taking responsibility.

These themes are consistent with other exercises - in particular in the following ways:

- The slides / feedback relating to barriers demonstrates the belief that the sense of shared vision / shared objectives for the organisations is critical – it is this that will allow more responsive / flexible and user-driven support

- One of the biggest barriers – both identified by practitioners and users alike was the view that FCN / they feel they have little choice and a complete lack of belief that things can be different

- It is the role of the parent that is critical in making things happen. The parent acts as a role model for the family – where this role model is less positive, then the need for broader community-based role models becomes increasingly important

- Most of the service users express some sort of view that they want to feel more connected and more positive about their communities, but that this is lacking and doesn't help children feel positive about where they grow up and what they might become.

When this vision is mapped to the theory of need, it would seem to suggest that the following are the key needs for these people

- Housing
- Significant relationships
- Money
- Health
- Training and basic skills
- A safe childhood

The next part of the report identifies the hopes / fears identified by the attendees, which offers further support that these are the critical needs. The other needs that were identified by Gough and Doyal that are not included are as follows:

- Justice and Democracy – the issue here is that generally people living in a Democracy do have access to fair justice and democracy
- A safe place to work – again in our modern society things like Health and Safety regulations mean that the risks of working in unsafe situations are very low
- A safe physical environment – one that is from disease and disaster, which is true of the UK, if not the world
- Adequate food and water – everyone, except the homeless – has access to safe drinking water and people have enough money to buy food.

The analysis at section 3.4 looks at the extent to which the services that exist in the place support the agencies in delivering this vision for the families.

3.1.2.   Barriers to Families

The second exercise at the workshop asked attendees to identify the perceived barriers for families in realising the vision. Through the service user workshops, these citizens were also asked to identify the barriers that they perceive for themselves in achieving their own hopes and fears.

The following diagram again shows the summary of every post-it note from the practitioner workshop. The most obvious barrier identified by attendees related to service failure, which itself is broken down into the smaller green shapes below. This is further analysed under the next section where the barriers to services are identified. Overall, the perception of practitioners is of a confrontational relationship between families and the system – evidenced both in the language, the pictures and also in the view that failure is blamed upon services or external factors – someone in the community holds them back, they don't trust the state, it's not their fault.
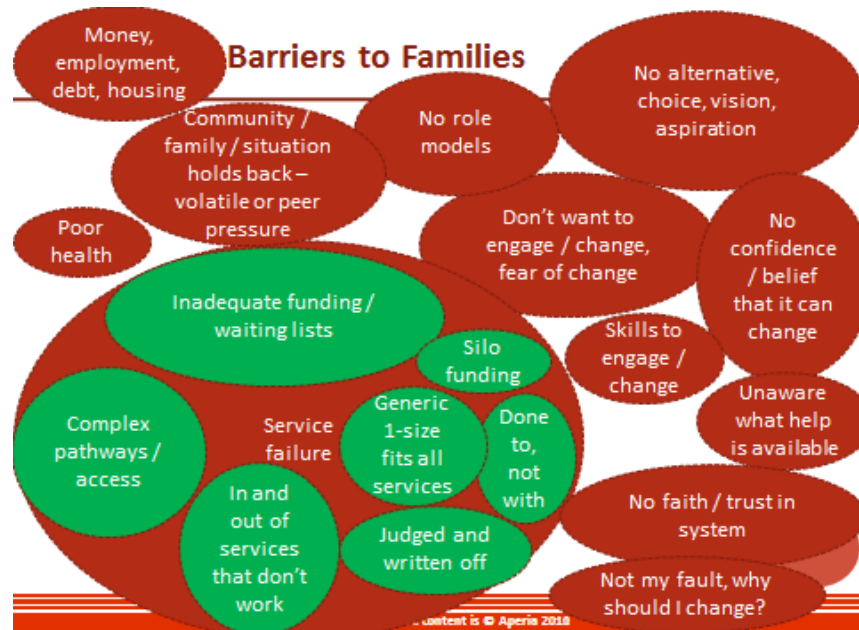
The following graph looks to further summarise the above, by drawing together the shapes in the top right-hand corner. These all seem to relate to the sense that perhaps families don't believe that there is any real hope or alternative or choice in their lives, that they don't want to change, don't have the skills to change and have no confidence that anything can be different. These are all areas where better parenting or stronger or broader range of role models or experiencing / believing that there are alternatives are critical. There still remain areas such as poor health, volatility of the situation or the situations where housing or money is a true barrier (although based upon the discussions with service users, this is not a high priority for them – they want a bigger house / bigger garden / more money, but don't see that this holds them back from addressing the bigger issues in their lives and see other things such as safety / happiness / stable relationships as more important).
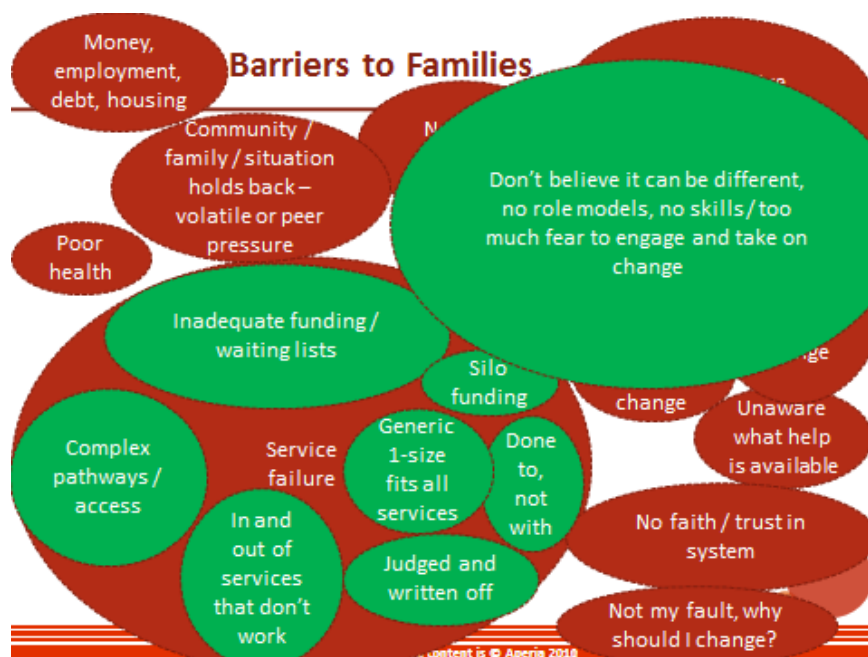
The broadest themes would again seem to be consistent to the slide on the vision – potentially as follows

- the sense of partnership and trust between the family and the state is critical – it is important that both the family and the state believe that they are looking to achieve the same thing and both are committed to making it happen

- together, the family, the state, but also critically the community need to develop more sense of belief / ambition that lives can be better. The need for local examples, role models, good parenting, but also support from within the community to help (rather than hold back) is critical – there remains a sense that everyone is in competition and everyone for themselves, which creates a lack of trust and a negative rather than positive environment

- where the basic needs are not met – people truly have very poor health, truly don't have adequate housing or food or safety, then this must be always addressed as a priority – in truth the perception from discussions in practitioner and user workshops is the sense that this is addressed. In other words, where there is a real issue then these priority needs are the first things to be addressed (the one exception perhaps is young offenders leaving prison, where they would seem to truly have little alternative where they have no house, no money).

- the sector must work in a more joined-up fashion to provide the coherent specialist, but also personal and caring support to help the families that turn to the state.

Again section 3.4 below, provides some emerging evidence of the extent to which the right support is being provided.

3.1.3.   Barriers to Services

The state spends in excess of £250,000 per annum on the most unfortunate / desperate families in the County – emerging evidence from the programme suggests that these figures may be even higher, where figures nationally used by Eric Pickles refer to expenditure of as high as £330,000 per annum. There are perhaps 20,000 employees across Leicestershire who work with / touch FCN.

Despite this level of expenditure, the analysis shows that there are in excess of 1,000 FCN living in the County. A key question must be to understand the barriers that have prevented the services from achieving the vision; that have led to such failure of the most deprived families in the place? The following graph shows the barriers for services that were identified by attendees at the practitioner workshops.
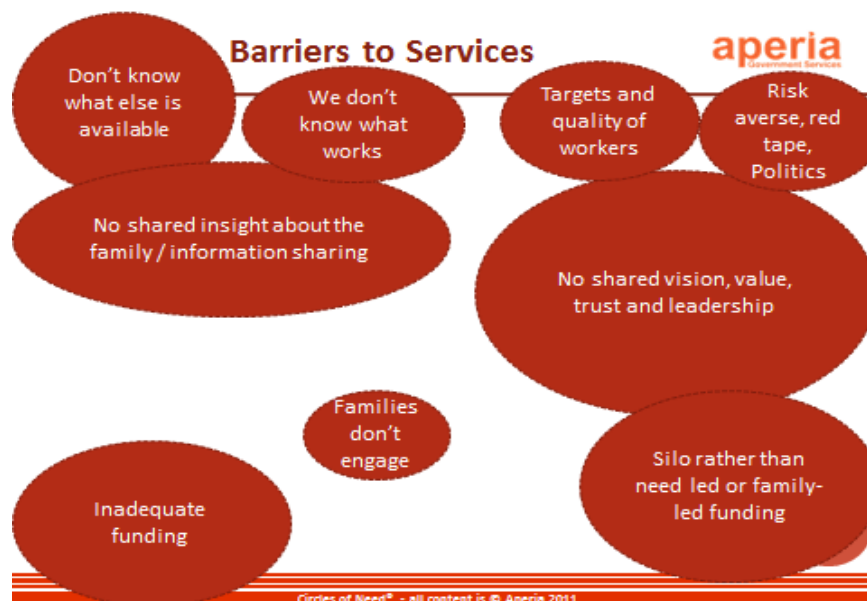
This could be interpreted as four themes

- Families don't engage (as above because they don't trust, they don't believe that things can be different, or potentially because they don't know / recognise that they need help, or they don't know what help is available (although if you really want help, everyone knows where to start, but perhaps they don't push hard enough))

- There is not enough funding – this should not be ignored, but the programme cannot really change this. The message should be recognised that not everything can be afforded which just underlines the message that funds must be spent in areas that can make demonstrable differences.

- The top left of the slide shows the perceived importance of shared information or shared insight. Sharing information was far and away the most prevalent theme of the day and here it appears in three guises – not sharing information about families (their circumstances, what services they are receiving etc). Secondly that services don't know what else is available and so cannot signpost or draw down other support (even if they do know that something is there, it isn't clear who can access it, what the eligibility criteria are or even sometimes what the service looks to achieve). Thirdly, that there is no shared insight as regards which services actually make a demonstrable difference – this is an extremely complex consideration, however, there is an absence of agreement / clarity / rigour about the best thing to do in certain circumstances

- Finally the top right hand corner identifies a perceived lack of coherent, shared leadership across agencies which drives the target culture and risk averse culture of doing what the service does (and what we have always done), rather than doing the right thing for the family.

This slide would suggest that the pilots must look at demonstrating / researching the impact that information sharing can have, must identify some areas where real coherent leadership and resulting joined-up pathways can be demonstrated. The sense of trust between services came over as critical in the detailed words used, but the sense is that much of this comes from a lack of coherent and clear leadership that enables more joined-up family-centric pathways and decisions. Professionals / practitioners also expressed views that they need to feel more respected / consulted and valued – again this will drive sense of trust, but will demand very strong leadership and strong evidence after the pilots.

3.1.4. Differences in working between Now and the Future

The slide below depicts the summary from the exercise that asked people to identify what they perceive will be the key differences in ways of working in the future. There were in excess of 100 post-it notes, which can all be summarised in nine themes – hence each one is referenced in the narrative below.

Differences - now and future working
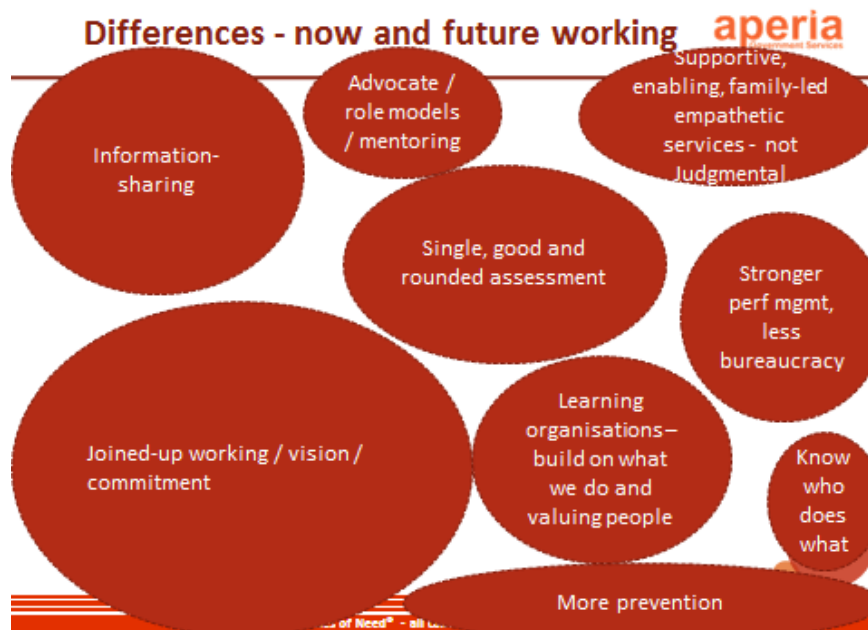
The following themes are presented in order of their relative importance to the attendees:

- Joined-up working / vision and commitment. As identified earlier, there is a sense that people are ready and willing to work differently, but that the rules of working in this way need to be defined to allow them to move forward. The pilots might either specify these rules precisely or just provide some guidance and permission that allows people to take initiative. There is a risk, that is already apparent, that **all** services want to be more holistic and without some co-ordination, the implication could be that all services undertake broader "Think Family" type assessments and want to act in the role of lead professional / advocate – hence some co-ordination is required

- Single, good and rounded assessment – it is never clear how people perceive this might happen (who does it, how the assessment is defined, how it is captured and disseminated etc). However, there is a strong message that this is possible and valuable and hence it would logical to include some element of a more holistic assessment in the pilots

- Information-sharing – as above it is not clear what information should be shared by whom, how and in which circumstances. In a risk-averse environment, people may always wish that they had more information (and know something that they don't yet know). The issue is that the perception is that most often it is that people "don't know what it is that they want to know". It is critical in defining an information sharing pilot, that this looks at areas where people DO know what it is that they want to know – in this instance this has two advantages
  - o It is possible to design the protocol to ensure that this can be made available
  - o It is easy to evidence whether the pilot delivers success – as the impact of "having the information in the pilots", can be compared to the impact of **not** having the information in similar circumstances outside the pilots

- Supportive, empathetic and non-judgmental professionals working in family-led interventions– this was a very loud message in the service users workshops, but is similarly recognised by practitioners as something that needs to be different in the future. What needs to be changed to make this happen is again not clear, but there is a sense that lifting existing pre-defined solutions and allowing some element of personalisation and working with advocates may provide a test of the way forward

- Learning organisations – attendees tended to feel that the sector does not celebrate success and that the way forward must be to build upon what works. There is also

perhaps a sense of fear that attendees worry that the future may move towards a different model where their future is less secure, hence their pleas for recognition.

- Performance management is important at three levels – which is perhaps relevant to the point above:
  - o Knowing and tracking what works is critical to make sure that the system does build upon what works – this has to be from a family outcome perspective, rather than from an individual intervention perspective
  - o Driving productivity and rewarding strong performance and addressing underperformance. The financial situation demands a productive environment, whilst at the same time, strong performers need to feel that the system is "just" and in a time of voluntary, but probably compulsory redundancies, under-performance must be addressed to maintain morale
  - o Monitoring quality will also be important to drive the sense that each interaction is a caring, non-judgmental intervention

- More prevention – it is perhaps surprising that the question didn't drive more comments about prevention / earlier intervention. It is a theory that is impossible to argue with, but the reality of targeting the right people and being able to demonstrate the success of an intervention make the area fraught with challenges. Over the long-term more information will be needed that allows some forecast of which families / children are at greatest risk to enable more scientific judgements to be made. The perception is that "best guess" intervention may well be just as effective, but greater analytical confidence will be needed to drive common preventative interventions across all agencies.

- Advocate / role models – as for more prevention, having more role models and better parenting are again a "no brainer" as to whether it would make a difference to peoples' lives. The issues are about how this is done or what is done in a way that makes communities and families believe that things can be different. It is about testing whether exposure and engagement with interactions with better / a variety of role models can have any benefit. The advocate role remains undefined, but this could be seen as predominantly role model, but also acting as the FCN representative in discussions / meetings / decisions.

- Knowing who does what – in all projects using the Circles of Need model, this theme is always present. Never the loudest, but perhaps the consistent. For many of the broader and perhaps more intelligent / scientific changes to work, often relies upon services / professionals being more aware and more understanding of what services exist and more accurately what they do.

This project is not designed to identify exactly what must change – rather to provide a range of areas / themes. Similarly, the programme does not have to justify to practitioners, nor to users what will be trialled. The research to some extent is always going to be biased in that people will say what they want to say – for their own benefit (whatever that might be) – as no-one is truly altruistic. At the same time, there will always be some areas where the nature of the questions will have, inadvertently, led certain responses. However the themes seem to be consistent across the various workshops and activities. What is important is that clear pilots, strong decisions and robust implementation provides clear learning that can be applied to broader business as usual in the future.

3.1.5.   What Must Change?

The workshop involved an exercise that asked people to identify what they believed must change to allow the vision to be delivered. This exercise relied upon multiple individual discussions between two people, but there were over 120 separate records. The following two slides show the summary of these views.
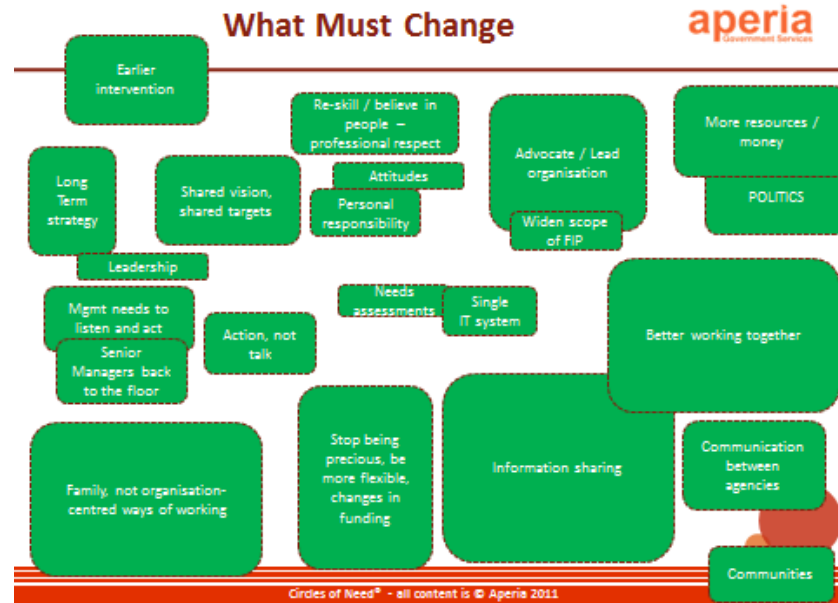
The following slide looks to provide a summary – identifying a manageable number of themes, where the above identifies 25 themes – some of which relied upon only two comments.
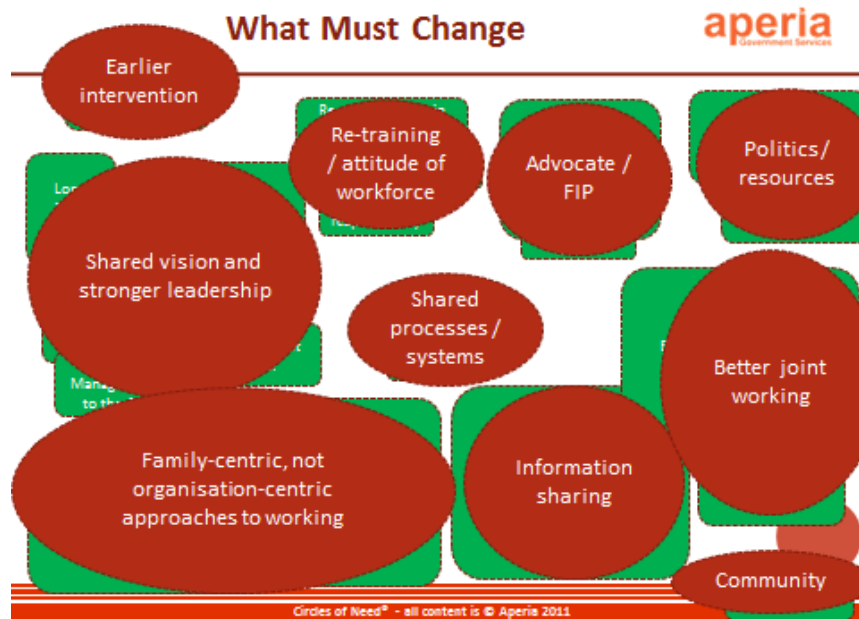
The above 10 themes do not map precisely one-to-one to the nine themes as regards barriers but the similarities are significant. The overt difference is about politics / resources – this is similar to, but not exactly the same as the comments about targets / silo working. It is a reminder that many of the organisations are politically governed and this must be recognised throughout the programme. It is critical, however, that the commitment is ensured to provide a true test of the concepts that are piloted – there is little point trying something in a controlled fashion with the ambition to learn unequivocally whether it works if it is only going to be tested for 3 or 4 years – 10-15 years of commitment is perhaps essential. This sense of commitment was echoed in various comments applying to both this as well as other programmes.

3.1.6. Detailed changes

The final exercise invited people to work either on their own or in small groups to document in some detail their recommended changes. As for previous exercises, the following slide shows a summary of the themes that these focused on. The appendix includes a 2-3 line summary for each theme that provides greater insight into what the phrases refer to – in reality, however, the recommendations on the day tended to remain at a high-level rather than getting into precise detail.
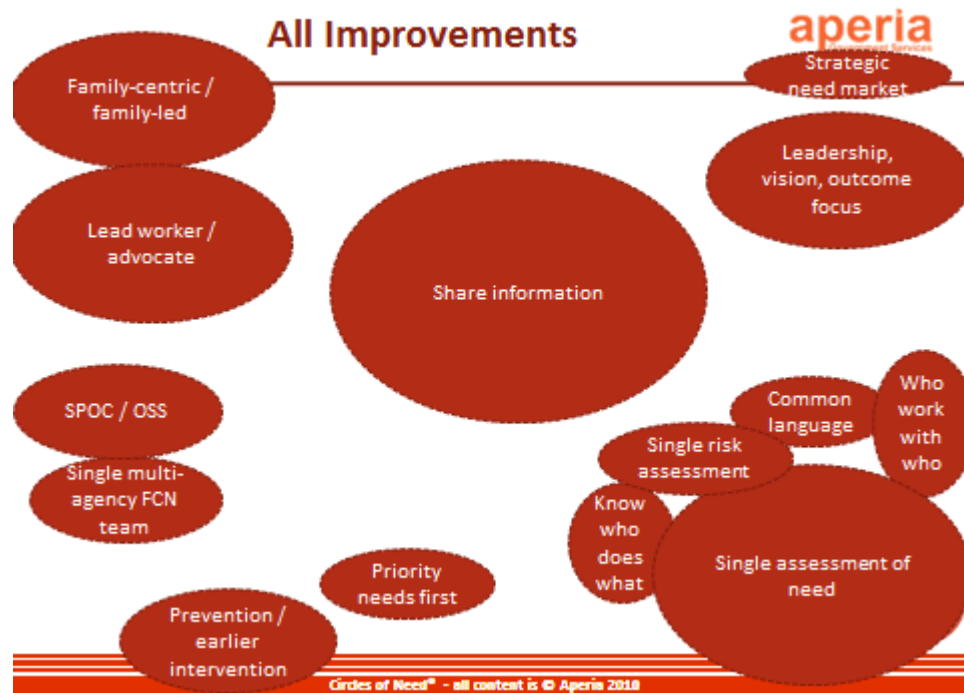
There are five appreciably larger themes. All of these have also been themes throughput the other summaries:

- Sharing information
- Single assessment of need
- Leadership, vision, commitment and outcomes focus
- Lead worker / advocate
- Family-centric or family-led ways of working

Most of the other areas, again repeat themes previously. There are three that are worthy of comment as they only came through this phase of the analysis.

- SPOC / OSS – these stand for either Single Point of Contact or a One Stop Shop. This is about having a central point of central person to whom an individual or family can refer. The relationship between this and an advocate or lead professional is not always clear, however, for these models to work would demand some of the changes around simplified pathways and better awareness of who does what.

- Common language – many of the themes / recommendations elsewhere within this report will be easier or sometimes only possible where there is a clear shared understanding of various terms (such as issues or conditions). The work does not have to be positioned as defining a common language, but care must be taken to make sure that there is a shared understanding during implementation.

- Single risk assessment – almost all assessments are undertaken against a set of conditions or circumstances – in other words that something has happened or already

exists. Almost by definition, this cannot be early intervention. There may be opportunities therefore to define shared assessments against the risk that something might happen, which could be piloted, again geographically, to look to trigger prevention-based interventions based upon identified risk factors of worse outcomes.

- Strategic needs analysis of the market – the level of current budget in each service area is a historical situation, rather than based upon any analysis of the market for different services (or analysis of needs). Strategic needs analyses (JNSA) have been carried out, but have tended to result in minimal changes to levels of budgets. A challenge is needed to look to undertake some radical alterations to budgets to start to align budgets to the needs of the market.

In deciding what improvements might be piloted, the decision-makers do not have to be able to justify their decisions to anyone. The above paragraphs provide the summary views of the managers and front-line staff who attended the workshop in July. These offer some themes that warrant serious consideration for two reasons

- Firstly, some of these professionals will almost certainly be involved in the pilots and hence it would make sense to ensure that they believe that the pilots have some chance of success
- Secondly, they do spend their time working with FCN and hence have some valuable insight into the issues and challenges that they face.

However, their views will also contain some natural bias in that they will always see the issues through the benefit of their own training and will also inevitably look to accentuate the role that they play individually. The key will be clear and well-articulated pilots with clear criteria for success that will allow the sector locally to take a step forward.

3.2. Service Users

This section of the report summarises the three service users' workshops that were held in Melton, Hinckley and Coalville. Over 40 people contributed to these sessions. This is not representative of the total cohort of over 1,000 FCN across the County, however some of the themes and comments were very commonly shared, hence it is very possible to envisage that the same may be shared fairly broadly across all FCN. These themes are also very similar to many of the views aired at the practitioner workshop.

Given the smaller numbers, the analysis is less driven by review of post-it notes and more interpretation of views that were articulated and discussed.

3.2.1. Views of the Public Sector

Attendees were asked to undertake a similar exercise to practitioners – to draw and interpret pictures about what the public sector looks like and feels like to them. The overarching themes and feelings of these pictures are similar to the views presented by practitioners, as the following example pictures tend to illustrate.

The overall impression is of a confrontational, untrusting relationship, which is very similar to the views expressed by service practitioners. Fear, confusion and a feeling of being judged are the predominant feelings. They see the sector as working in isolation from their real world / their communities – they all recognise that services are supposed to exist for good reason but they struggle to be able to justify this for their own experiences.

One of the strongest messages (in both the practitioner and the service users sessions) related to paths or pathways – everyone recognised that help exists, but that how to get it, where to find it and trying to make coherent programmes of support out of isolated service interventions was at best confusing and at worst, actually made things worse. Almost every individual recounted some story of feeling pushed from pillar to post and becoming disillusioned about whether there was any real help.
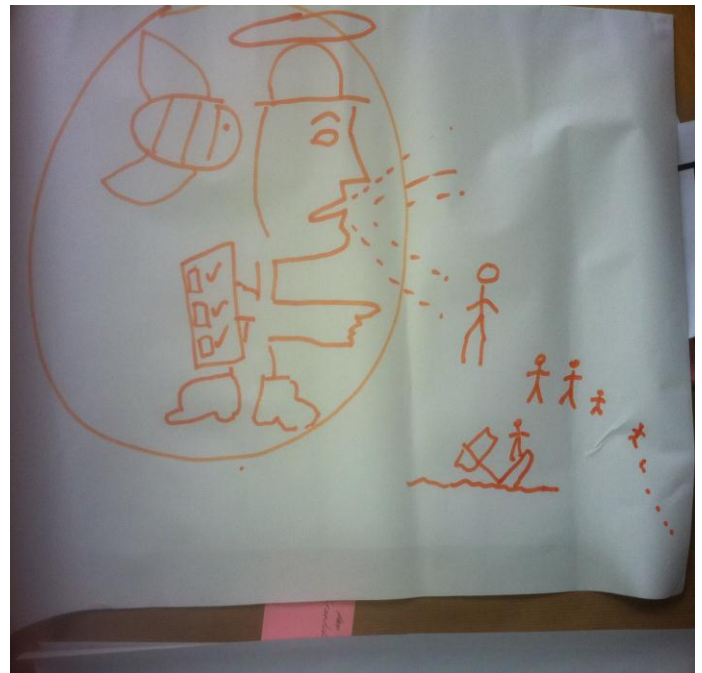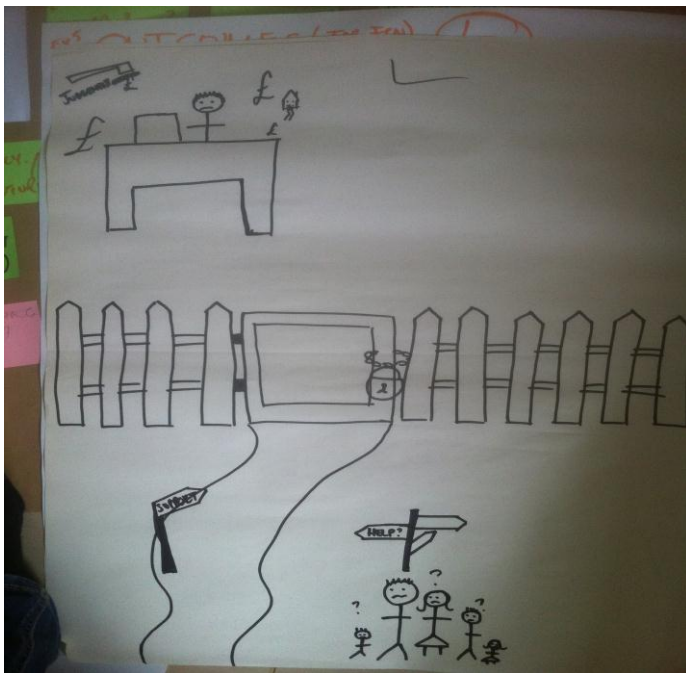
The sense is that their experiences are an environment where things are done to you, rather than for you or with you, which again was clearly a view from practitioners. The loudest message was about the extent to which they felt judged or even bullied by the sector. Clearly, in many of their lives, the sector has a primary role about safeguarding and the subject is always one that will give rise to strong feelings, but the sense of resentment / injustice is very strong.

Where the pictures portrayed positive views, this became very personal views of individual people with whom they had worked. This tended to relate to the fact that they trusted someone or felt that the person had taken time to understand the circumstances or the individual – rather than being a clear view that there had been a notable success. These individual stories often related to someone who fulfilled an advocate role in their lives. Again, this theme was echoed by practitioners in recognising that when the sector gets things right, they can make help make enormous improvements in peoples' lives.

Perhaps the one difference between the practitioner and service user views relates to how hard people work – service users do not recognise / see the effort and care that workers put in. Service users feel that practitioners don't honour their promises / don't communicate / don't complete notes / don't attend meetings. It would therefore seem that the same bureaucracy that frustrates practitioners leads to alienating service users.

3.2.2. Hopes and Fears

The following diagram shows the hopes and fears identified by the attendees. This is a summary of all three workshops and the various groups within each workshop.

Hopes and Fears (ALL Users)

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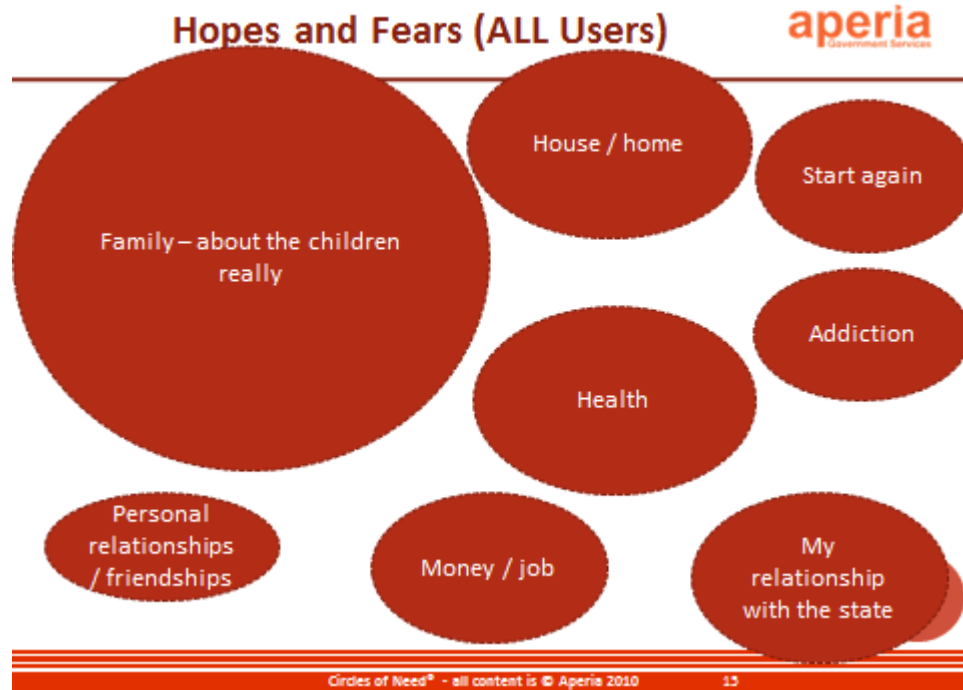
The picture is dominated by the family – being together, children behaving and safe. Almost all of the comments that related to house or home were related to fears of losing what they have as many had obviously been threatened with eviction – it is not about having more, but keeping what they have. There was a notable difference for the group of two men – who were notably more concerned about money / job than the female participants. Attendees were more pre-occupied with their relationship with the state than having particular hopes or fears for their friends or personal relationships.

When mapping these views to the theory of need, it identifies the same priority needs as those identified by practitioners, as follows

- Housing
- Significant relationships
- Money
- Health
- Training and basic skills
- A safe childhood

The other need that is more prevalent here than the views of the practitioners are that of safety. People did not have common specific fears about their safety, but their fears about addiction for themselves or their children and comments about people being safe in the future indicated some general concerns in this respect. This would seem to again re-enforce the need for greater education and prevention in terms of personal safety and behaviour.

When asked to prioritise their individual views, the attendees were all very quickly able to identify the top priority as their families, but felt thereafter that everything was very inter-related. Where there was a second view, it tended to be about health. These views are interesting in that they provide a set of beliefs about what is important for the state to test whether the type of support that is offered is targeted at the most important issues. This view is included as part of section 3.3.

3.2.3. Barriers

The families tended to perceive the following themes in terms of barriers to them in achieving their hopes and overcoming their fears – these are not presented in any priority order:

- The sector is a barrier for the following reasons – in that there is a lack of trust which drives low engagement and a predisposition to react defensively to what they are told
  - Service practitioners don't listen, are too quick to judge and don't really understand – many individuals told stories that they felt let down that specialists were slow to recognise or accept certain conditions. Again the nature of the relationship lacked enough trust for users to feel they could move forward
  - The range of support and access to support is confusing and they don't know what is available so they didn't get the help that perhaps does exist
  - Services start and then stop and it is confusing – not one individual felt that their personal goals were clearly and openly aligned to the objectives of the services – hence they personally felt that nothing had changed, but services were stopped as the service felt that a goal had been achieved
  - Service allocations – there was a generally held view that more resources are invested in certain categories of people / issues. In particular, people with drink or drug habits or people who hit their children were seen as receiving extra help, where those struggling with other challenges, felt less well-supported – this would again seem to be indicative of a culture of reactive rather than proactive intervention

- Lack of education – many attendees regretted that they felt unprepared and ill-trained for the lives that they live. This is both at an educational attainment level and also in terms of the skills to be able to manage and run their own homes and lives.

- Their past / lack of role models – some people commented that it is hardly surprising that they are currently suffering the problems that they face given their experiences / lives to date. Some referenced directly that they feel there are not enough role models for them or their children. This was a very strong view from practitioners and echoed, although less precisely, by service users

- The community / addiction / peer pressure – this could again relate to role models (in that there are too many malign influences / role models). There was often a sense of fear with regard to the real world and this constrains people's hopes and creates real barriers for people. The need to "start again" was a theme for some people, who felt that they will have to move away to be able to move their lives forward (particularly to get away from drink or drug habits)

- Money / a roof – the general perception is that attendees don't see a lack of money or lack of a house as a barrier – it tends to be their broader lives and circumstances that holds them back (particularly as their hopes / fears tended to relate these issues). Their views about a house / home are about not wanting to lose what they have, rather than feeling that their conditions are a barrier. However, everyone needs a home and enough money and in the very worst of circumstances (and hence identified by one or two attendees), this does become a barrier.

Many of the discussions turned to their "kids" as a barrier. This was their biggest hope, their largest fear and also one of the identified barriers. The interpretation of this is difficult, but it may indicate their concerns about (or the impact of) their own parenting skills.

3.2.4. What does help / has helped?

Undoubtedly the loudest message here was about an advocate, who listens, understands and works with the user. Someone who can see things from the users' perspective and can help develop the pathway / way forward. The positive messages were all about one person in whom

they placed significant trust. For many of the younger service users (20 year olds), this was perhaps indicative of the type of relationship that a parent may provide their child – one that was supportive, but firm and fair. They felt that this person cared about them. Providing a surrogate parent may not be a recommended solution, but it is hard to avoid the view that their parents did not provide this guiding and caring hand, hence their need for help.

There was a frustration that the sector feels disjointed and some comments that it would help if the range of support was more co-ordinated and relevant to individuals. There is a sense that services are too generic and users don't see how the service relates to their lives, to the challenges they face and to their hopes and aspirations. In this respect there was some view that more user-led solutions / co-designed / personal packages of support would help as they would buy-in to the value and role of each service.

There was no real consensus about actual services that do work or have worked - it was about individual people who invested time. However, the following were mentioned in passing (these are highly anecdotal and so cannot be taken as any sort of assessment that these services are better than others – particularly given that service users said that it was the person that was the greatest help, rather than the service label under which they worked):

- Parent – nurse partnership
- Youth Offending
- Police
- CAHMS – this was a heated debate where it appeared as some agreed vehemently that it had helped where others felt it didn't. The issue seemed to relate to the speed or the accuracy / consistency of diagnosis

The other common factor was about the family being settled or in particular their partner being settled. A change to a parents' partner is often seen as extremely unsettling in the life of a child, but the attendees also felt that they have been most stable and things have been best when their personal life was in harmony (or at least less confused).

3.2.5. What would have helped earlier?

There was a common view that prevention would have worked, but the solutions offered were non-specific with the discussions tending to focus on schools. It would seem that there are potentially three ways that schools (as a place and as a service) could have provided more help earlier in peoples' lives

- Providing support / help to parents about being parents to help them perhaps to understand or recognise the issues that their children may be susceptible to at different ages. This help / information / support might be awareness / training / discussions / workshops during evenings or during school hours for parents to attend
- Teachers and those working with children should be more proactive in identifying and referring to other agencies where they have a worry / concern. The figures for CAF undertake by schools are not known, but it would be interesting to know whether this indicates that schools / nurseries are at the forefront of this. Practitioners generally (although not people from schools as they didn't not attend), feel they are not aware enough the types of issues that might exist nor what support might be available.
- Providing support / insight to children into the sorts of issues / problems that might be out there (the perception of the author is that schools do fulfil this role, but the message was clearly reported by the attendees).

The other two themes in answer to this question were firstly for braver decisions by the sector and secondly for better discipline – both on their behalf in terms of as parents, but also elsewhere namely in school and in terms of greater respect for police.

There is a view that certain types of people get more help / chances than others, but that braver / earlier decisions should be made to divert support to the people at risk, rather than those suffering specific issues. Two individuals expressed the views that they wish they had been taken away from their parents as they feel that their lives have been tarnished / destroyed.

3.2.6. What would you change?

Attendees were asked to provide various views of what they would change – if they were in charge to change their lives and to change the community. They were also asked for any final messages that they would like to be presented directly to agency leaders. The following themes emerged from these discussions

- Training for staff to change the way that they work so that they can be more empathetic and more supportive – less judgmental. Greater time should be taken to understand the broadest picture, listening to the family, before longer-term plans are defined in partnership that can make a long-term difference. One of the common requests was for the sector to "see it through our eyes" rather than based upon their own middle-class experiences

- Greater discipline – this was charged predominantly at schools, but also within communities with greater powers provided to police. The sense was that the individuals would also like greater discipline within their own homes – although attendees tended to insist that the institutions were at fault rather than their children.

- Provide more for children to do – this is always a theme in similar consultation. Not enough is known about the availability of youth clubs / sports clubs / diversion for children. Part of the problem is again about the role models that encourage them to participate, rather than the existence of the right opportunities. However, the message is strong enough that some consideration is given to this – it may be that the solution is about role models, but that it would seem to be a persistent theme.

- Improving the community – this was a broad theme / request, ranging from dealing with drugs through to having more youth works / helpers. People recognise that they may fail to change their behaviours (and those of their children) where the rest of the community remains unchanged. Attendees seemed to yearn for greater involvement and support from neighbours / communities whilst at the same time, expressing their fears of it. Solutions are not easy in this space – but the message is clear that a holistic approach to truly making a difference has to recognise the role that the broader community / peer pressure / local influences have.

- Co-ordinated help. Attendees were unlikely to have attended a workshop if they didn't have some interest in something being different. However, they feel let down by the journeys that they have experienced and delivering some sense of a co-ordinated single relationship with the state may help.

- Don't pull the funding of the things that I value. This was positioned as an overt statement about the advocates who had invited them and quite often were in the room. There was a sense that this request was a "plant". However, there are two serious messages – firstly that they do truly value their individual trusted advisor (this is a theme across all consultation). Secondly, that for the attendees, the concept is simple that the state must understand what works and doesn't – they don't understand why the sector continues to fund things that they think don't work. This ongoing sense of commitment is important to service users, who feel they have been let down before when things that they had valued were stopped.

3.3. Circle of Need® Analysis

This section of the report provides some summary analysis of the range of services that exist "in the place" to identify whether the agencies provide the right services to meet the unmet needs of the citizens, help overcome the barriers that they face and deliver the "vision" that the agencies may share. This analysis provides evidence for change and can also identify where change is required – it does not offer a solution of exactly how the change should be made.

3.3.1. Meeting Unmet Need

The previous pages identified the priority unmet needs for FCN (this view is based upon a rough picture through the various workshops – a more accurate picture can be built up through taking a more detailed picture of a smaller cohort. In reality, although FCN tend to have a multiplicity of unmet needs / issues, they are never in receipt of every single service in "the place").

Against these needs, it would seem that the agencies provide broadly the right range of support to FCN. There are perhaps two observations that are obvious through the analysis, as follows

- The number of services that exist to provide additional money to families is excessive. This is not to say that too much money is given away, but that there are too many individual services who offer some additional money (or vouchers) to families. This was a view that was voiced by both service users and practitioners at the workshops. Some of this is governed by national legislation and is recognised by the Coalition Government and perhaps targeted for change through the Universal Credit. The agencies locally should be looking to support the initiative and identify the implications of this upon how they work locally. The perception in this respect is that agencies remain protective of their legislative framework, rather than looking to support the national changes, which may challenge the sovereignty of the organisation, but that are in the interest of local people

- All services are only really available in dire circumstances, rather than made available to avoid a need becoming unmet (or helping to build the capacity of people to become self-sufficient). The most obvious example is around childhood and parenting – there is a small number of what might be described as non-core services that help build parenting skills. What is more, in the vast majority of cases, these are only made available to people when they have demonstrated that they are failing, rather than being either mandated or being made more widely available. The agencies should look to ensure that all first-time parents (particularly younger ones) are properly engaged in accessible education (in terms of how it is presented and who leads it) about becoming a parent.

3.3.2. Overcoming Barriers

Where there is a significant number of services that are targeted at helping to address unmet need, there are very few services comparatively that ensure that the barriers that FCN face are overcome. These barriers are those identified through the work that were identified by families as barriers to their hopes / fears or identified by practitioners as barriers to families achieving the potential "vision". This analysis is not precise, but offers evidence for why certain changes should be explored. The analysis is imprecise; both because it is not proven / necessarily true that the barriers identified are truly the biggest barriers that the families face and also because the clarity of what services actually exist and what they actually look to deliver remains not well articulated or understood. However, if barriers are not addressed, then it may be that the total investment into some services may be pointless – there is little point investing in a solution that will never work if a pre-existing barrier will always undermine the service. This is not to say that this happens, but this section identifies the areas where this might be reviewed to determine whether more can be done.

Despite these caveats, the following observations can be made in analysing how services "map" to barriers

- Services do very little to address the following perceived barriers
    - the lack of hope / aspiration that was articulated as an issue by both practitioners and families themselves – the suggestion is that more must be done to help ensure that families and young people grow with a sense or aspiration and belief that life can get better
    - similarly, not enough is done to ensure good parenting and credible strong role models exist with whom families can identified
    - changing the community / addressing peer pressure – a service can be perfect at changing a situation, but where the community and peer pressure remains contrary, then changes in behaviour always run the risk of being temporary
- From an issues perspective, it would seem that substance abuse / addiction can often present a significant barrier to better outcomes – this was identified / referred to in both the service users and practitioner workshops. However, this does not necessarily mean that more should be invested into drug and alcohol services – this is too simplistic a solution and assumes both that treatment works and also that the substance abuse has no underlying cause. It may be that every service should take responsibility to identify where substance abuse may be a cause or an issue. Another option may be that the greater problem is the lack of aspiration / hope that families experience and the only solution is to address this causal issue. The finding from this analysis is that it would seem that substance abuse causes barriers to better outcomes and effort should be invested to ensure that this can be addressed.
- There is a significant effort invested into education. It remains a hugely positive influence upon better outcomes. However, it was evident through the programme that FCN often demonstrate singular failure in achieving any qualification through their education. The programme has identified that across two of the Districts (Melton and Hinckley & Bosworth) 68% of FCN live in a household where no adult has a single qualification and hence more must be done to address this failing – this might be different types of education or a different approach to schooling, but it would seem that educational attainment provides a core theme of inter-generational failure
- There is no clear framework for what agencies (or individual services) are looking to achieve – it is therefore impossible to be clear about what barriers exist in achieving those outcomes.
- Services deal too often with a presenting issue, rather than understanding the cause of the problem and ensuring that barriers are overcome. Services continue to act in silos, reacting to an issue to deliver "what they always deliver", rather than having a framework for identifying the real issues that a family faces
- The largest barriers identified related to service failure. From an analytical perspective, the question is whether the agencies have enough of a mechanism to drive Continuous Improvement? Why have agencies failed to be able to address cyclical and inter-generational failure in families? The perception is that services continue to work in isolation and no-one takes real responsibility to ensure that better outcomes are delivered for the most 'needy' families across the County.

All of the above barriers are difficult issues to solve – if it was easy, then clearly these problems would not exist. It is important to re-iterate that the risk of not addressing these barriers is that they may negate any chance that a service has of making a difference.

At a very high level, it would seem that there are two options to imbed a framework that allows agencies to reflect on barriers and ensure that potential barriers are identified and addressed. The first is that it is left up to individual services to identify whether there may be broader barriers in a family or individual's life that will prevent them from benefitting from the service

being offered (or put another way, to take responsibility for ensuring success of the service being delivered). The second option is that there is a common framework that allows this reflection. It would seem either way, that there is a requirement to develop a common view of the outcomes that all agencies and individual services are looking to achieve only then can services be confident that barriers can be identified.

3.3.3. Mapping Services to the Vision

As with the previous sections, this analysis is also theoretical – firstly there is no vision and hence it is not accurate to compare what is delivered to this framework, secondly there is no clarity on what services actually exist and nor what they are each trying to achieve. Despite these caveats, the analysis may provide additional (or first sets of) evidence to inform further reflection. The following observations (not in order of importance) come through this analysis:

- Firstly, as with the other analysis in this section of the report, services don't tend to be triggered or exist to achieve vision or good outcomes – in by far the vast majority of situations (for all services except universal services), they are triggered when something is seriously wrong – the ambition of the intervention tends to then be make things less bad, rather than deliver good outcomes. Perhaps more effort is necessary to create proactive / preventative action

- Part of the vision relates to money skills / money management. There are no services that exist solely to ensure that people have the right money management skills. It is true that this is part of education in schooling, but it tends to be as part of mathematics or other lessons, rather than purely about developing skills to manage money / budgets. This was discussed at one of the user workshops, in that people commented that they felt inadequately prepared for managing their own money and household / tenancy. An option here might be to have simple tests that people must pass before they are provided a tenancy – this may ensure that fewer people become parents and homeowners without the skills to manage the household

- This analysis again demonstrates that the state is the emergency – it does not provide a strong role in ensuring that basic skills / capacities are imbedded to ensure successful communities, but has a primary role around safeguarding.

- One of the parts of the vision is about resilient and independent individuals, who take responsibility. Again, there are no services that ensure that people grow up as resilient and independent individuals who can make good decisions and take responsibility. Again, these concepts are discussed in school, but play a relatively small part in the broader curriculum.

All of these issues are perhaps the same, in that the state has never had a role to ensure that people are prepared for life – this was seen as the role of parenting and the family. The values and attitude of the broader society are beyond the influence of the sector, but should the state remain an emergency option, or is a broader role required to shape education even more strongly towards citizenship and better society?

One loud message through the engagement with service users was the request for more facilities to be made available for children as diversionary activities. The analysis of the services available did not go into depth to identify all facilities. However, it is important to ensure that appropriate youth clubs, activities and facilities are available – what is more important is to ensure that there is the will, attitude and role models/ facilitators to make sure that these opportunities are used.

3.3.4. Process Architecture Analysis

This final piece of analysis looks at the potential that there may be similar processes that may be duplicated from the citizen's perspective when engaging with different services. The "profile" of FCN was extremely broad and hence this analysis cannot identify any actual duplication or

specific opportunities to join up these potentially repetitive processes. However, the analysis does support the general view that there remain significant opportunities to rationalise these processes, streamline the pathways and hence save costs in managing these interactions (as well as improving the experience for citizens).

The key processes against which these opportunities exist seem to be

- Understanding the market – each service goes through some stand-alone reflection on the market and looking to identify citizens who might be eligible for "the service that they provide". There may be opportunities to develop a single shared unit that owns responsibility for providing information on the market for all services and reporting upon take-up, latent demand and outcomes (via automated take-up data from service systems)

- Eligibility, Assessment – it is envisaged that the process of diagnosis should remain separate, but that in particular undertaking eligibility check and joined-up assessments should be delivered.

- Information Management. Every service continues to manage their own data about the circumstances of citizens, rather than having a shared database for this information.

- Marketing – every service develops leaflets and campaigns to communicate with the market. Centralised and more professional marketing may ensure that costs can be lower and success rates higher.

The opportunities against almost all processes are clear based upon the high-level analysis. The key is for the agencies to sign-up without reservation to the strategy and demonstrate the success in a few small pilots to allow further development.

4. RECOMMENDED AREAS FOR PILOTS

This section of the report provides the summary recommended areas that the programme should explore through the Design phase of the programme. There are fairly detailed ideas that may provide the starting points for discussions with the Design group to take the programme forward. These are based upon and defined to address some of the key findings through the analysis, practitioner and service user workshops.

4.1. Information Sharing

Sharing information between services was undoubtedly the biggest theme during the service practitioner workshop. As a comment it can be unhelpful as it is not clear what it really means and where it will truly help / improve things. That said it is clear that the next phase of the programme must include some clear pilots and committed steps to address this as it was so clearly the loudest request from practitioners.

The extent to which service users are supportive of information sharing is always mixed and the sessions in Leicestershire were no exception. It was not a question that was always asked, but in Coalville there was an even split between people who would support it, those who completely against those and those who neither supportive nor against.

In deciding upon a pilot as regards information-sharing, it is critical that this is focused and that the objective is very clear – the risk is often that data or information-sharing becomes about the sharing itself – rather than the benefit of the sharing. Hence the need for simplicity and clarity of the trial, but most specifically that the benefits of the information-sharing are tracked (quicker decision, better decision (leading to better outcomes), less time researching / assessing), not whether the data is successfully shared. In the same way, the trial should be in specific areas which will allow the pilot to be defined more quickly and also ensure that implementation is more rigorous through only having to communicate and change behaviour of fewer people. This geographic focus will also provide the natural control groups in other locations.

There are a very large number of different types of focuses for information or data-sharing – the following provides a number of potential suggested areas.

- Having a record of which agencies are working with certain families – this would be a sort of local implementation of ContactPoint but would allow agencies to know what else was happening in a families' life, based upon their relationship with the state – without the detail, but just the speedy view. Services tend to make decisions about whether to help or what type of help might help a family in isolation of an understanding of the broader circumstances of the family or, in particular, the broader relationship between the family and the state. Having access to broader information may enable services to make better decisions about the support to provide to families (or other agencies with which to engage in deciding what and whether to support a family). The benefit of this tends to be mostly about the highest risk cases and having sight of existing issues.

- Having a shared record of information about a family / families – for example using a shared index for static information such as address, ages, numbers of residents etc. The main benefit of this type of initiative is about speedier / easier applications. It also supports better decisions in terms of broader awareness of the situation of the family

- Having a single repository that captures everything that services do. Many of these exist, but the weakness of them is that the description of what a services does is often difficult to understand – a structured set of information (ideally built around a common language), would allow people to understand and hence increase the likelihood that people will understand it. This would seem to be a fundamental building block of any work that is related to delivering more joined-up working (either in terms of the user experience or in terms of the use of resources by the sector). Without this definition and clarity it will be impossible to know what needs to be joined-up.

- Sharing information in a dynamic way where a service can request to share or receive information – for example where one service is undertaking an assessment / engagement and they need one piece of information, then they can search a number of databases about the family to determine whether this information is known. From an information sharing perspective it is possible to share the insight without sharing the data – through, for example, a set or range of questions to which answers might be yes or no. Another similar use of this sort of dynamic sharing of information could be used to build a risk model – greater definition of this option is included below as a stand-alone potential pilot

- There is potentially a very significant opportunity to build upon the data that has been collected to date with regard to take-up of service. The work that has been completed around Melton and Hinckley & Bosworth provides a sort of single view of total spend and single view of outcomes in these places. It might be worth looking to maintain the accuracy of this information through having an automated weekly update that confirms whether each address remains in contact with each service. This will provide a single view of outcomes and will allow tracking of whether service consumption goes up or down over 1, 2 and 3 year cycles (obviously this information will change very slowly). This can also then be developed to increasingly add the cost information, hence providing ever improved understanding of the costs of issues and services. This information can be used to start to track over time the impact of one service on the take-up of other services (from a preventative perspective)

- Taking a small number of services and identifying the data elements that they have in common as regards assessment or eligibility and then allowing them to share this information – such that an application or assessment (or a risk assessment) can be done without extensive engagement with a family (this is a sort of step towards a holistic single needs assessment, but more manageably focused upon a small number of related services).

- An example of the above might be related to providing broader support to very young parents with new-born babies. It is believed that where there are serious or identified

concerns about the health or safety of a new or even unborn baby, then current processes are fairly well-established to safeguard / monitor this - or at least, they are well explained. However, below this "at risk" cohort, there is no process for tracking or supporting those that are a concern (rather than a risk) or just below the threshold. A scheme could be defined that allows professionals (such as police, GP, nurses, health visitors, schools/nursery, probation etc) to record a low-level concern against a new mother. Where more than 2 or 3 separate agencies express a concern then this triggers an intervention or at least a holistic assessment. Similarly a different, but similar approach would be that where someone has previously been "at risk", but then moves to a concern (in other words there is less risk, but still a concern), then their address is tracked against other databases (such as police, ASB, probation, health, GP etc) to track whether this address re-appears. Where it does re-appear then the previously treating agency will call the individual back for an assessment / check-up

- Access to use a CAF register that allows trusted agencies to log on to check whether CAF has been undertaken and the outcome of the CAF. The benefit here is similar to the database of agencies working with a family (or known to).

Almost all of these ideas will demand some fairly serious investment to address work in areas such Employee Authentication, customer consent and information sharing protocols. Nationally all of these issues have been solved, but in pockets and without any clear standard becoming defined or shared. Leicestershire has a broad selection of relationships with agencies and frameworks that will help define and move a pilot forward in this arena.

It is also critical to ensure that the decision-making framework or the next step in the process is clearly understood. For example, if the process allows information to be shared, but a decision cannot be taken without a multi-agency meeting then it is highly questionable whether the information-sharing has any value.

In deciding upon the detail of a pilot in the data or information-sharing arena, the other approach must be to understand more precisely where and when lack of information is a barrier. This definition should be clear upon the specific data / information that were missing and also what the advantage would have been of the data having been available. For example, where specific knowledge would have helped (such as police arrests, previous domestic violence, contact with GP, visits to hospital – or personal information such as age, address, school attended etc). Once a pilot has been defined, the definition of the business case should look to be precise about exactly how and the numbers of times that the improvement that will be delivered by the information sharing will achieve better outcomes (and specifically defining what those are).

4.2. Advocates

The greatest area of agreement / consensus between the practitioner workshop and the workshops with the service users related to advocates. Both providers and users perceive that their relationship with the state is more successful where there is a trusting relationship that has no real role as a service provider. The exact role that this advocate plays is not specified or defined - neither by the service users nor by the service provider. The role seems to provide one or many of the following:

- a trusted individual who seems to act as confidante / adviser (or even just a role model) to the service users
- a role to represent the service users in discussions or decisions (this role is potentially the least recognised – although highly valued by the service users where this happens)
- a role to signpost the service users to the types of support that might be available (advocates tend to have a good understanding of the types of things that they may wish / benefit from and can put them in touch)
- a role to chase up / check-up on services, to make sure that they deliver against their promises (the lack of delivery against expectation represents a large complaint by service users).

One possible and potentially credible reason why the advocate role is valued is due to the failings of services more generally (confusing referral processes, lack of delivery against service levels / promises by services, feeling from service users that service providers don't like them and they can't build a trusting/caring relationship).

In taking forward a pilot in this area, care should be taken to be clear upon the role of the advocate and it should be recognised by other services. However, other things should be kept the same (for example this shouldn't be about implementing new processes, but exploring the value of the advocate for the family / individual). It is recommended that this role should be defined to include all of the areas above.

The tracking of success will also be critical to understand how to measure whether the pilot fails or whether it works (in other words that the incremental cost of the advocate provides outcomes that warrant this additional investment – it will also be important to provide some outline for this cost and test whether a larger increased advocate role has greater value – for example if an advocate can provide 20 hours per week versus 5 hours per week, does this have an impact upon success). The agencies should take care to make sure that the criteria / framework for this judgement is clear. It may also be that the advocate role works better in some circumstances than others - for example, it may be less relevant where addiction is a part of the family issues. Finally, it is critical that the timeframe for the measurement of success is long enough to allow the impact to be clear – the judgement has to be over a minimum period of 3-5 years and ideally more like over 15 years).

To act as a baseline to this advocate pilot, it is also recommended that separate pilots are run that test other approaches to providing the same role for the family, as follows:

- one pilot that should be run in a different location that looks to trial a "lead professional model" – where the person who represents that family is a professional working with the family – but they will not have any assigned time to provide the broader confidante role

- one pilot that looks to work with a family who choose to work alongside an existing family-friend who will take on the role of the advocate. This person will act merely as the confidante and advisor, but have no role in chasing up services or representing the family in meetings or conferences

- a volunteer and place them in the role of the advocate and explore the extent to which the role can be fulfilled by a volunteer – (the assessment of the success of this volunteer advocate should avoid the additional strains / concerns

- one pilot where the information about all relevant services and the referrals and pathways into service are redesigned – thus testing to what extent the advocate is only required due to this service failing.

It might be considered valuable to undertake these pilots looking forward, but also to track data and evidence for historical families who might be deemed to have worked under the above conditions.

4.3. Early Intervention

Practitioners and service-users all expressed the aspiration that more families can be kept out of crises (don't become FCN in the first place). Service users were not able to be clear or consistent about defining what would have prevented their circumstances and how this would have inevitably led to better outcomes. Their views related either to the role of their family as a factor in creating the circumstances or the role that school (as a place and a service) might have played in helping them – but there was no repeatable formula.

There was a common thread of a view expressed by a number of professionals about what does work as regards prevention. This was put forward in only one of the detailed improvement templates, but was referenced by a number of other post-it notes against other exercises. The focus for this successful prevention was in working with young, very new parents to help ensure that they have the range of skills, networks and processes to ensure that they become good parents. This referred to programmes such as the family-nurse partnership.

There is an enormous amount of research and national government investment through work most notably such as that led by Dame Margaret Tickle, Frankfield and Graham Allen. The focus for the work is upon an emerging agenda for what is being referred to as Key Stage 0. It is recommended that a single or a number of clear pilots are defined for this area – namely to identify a number of young parents at risk of becoming poor parents and hence for the family to become the FCN in the future.

The insight from both users and practitioners alike focuses on early intervention and on the influence that interaction with the state and parents at a young age can have. However, the recommendations / views cast no light upon the problem issues with prevention (indeed they seem to re-enforce the consensus). The concept and theory of prevention is perfect and cannot be argued with; the problems are as follows:

- Knowing which people / families to work with to provide the intervention – in other words being certain in advance what outcomes a family will have in the future and hence being able to provide the intervention only to those people. To be clear, there are two risks with prevention
    - That the intervention doesn't work
    - That the family would not have suffered the terrible outcomes and hence the money has been wasted – also that the family has been forced to go through an intervention (that may have been traumatic or extreme) that was not necessary.
    - Tracking whether an intervention does or does not work (the definition of success here is that the outcome / or event that the system is looking to avoid is successfully avoided) is relatively straight-forward. It is impossible, however, to ever be certain that the family would have suffered that event / outcome if the intervention had not been provided. The aim of the pilot should be to build the model that allows the evidence for why a family might be chosen and the evidence that would be used to demonstrate success.

- Agreeing which agency carries the cost of the intervention and how the benefits (reduced costs due to service use that has been prevented) are shared. Where a problem exists currently, then sharing the benefit of a solution is easy as it is a reduction to an existing workload. This is not the same as sharing the benefit of a solution to a problem that does not actually yet exist – it is a future problem (in other words, the service has not yet had to provide the service, so it is expected to offer up a saving against future demand).

- Funding the increased requirement in prevention is therefore a severe problem as it is about avoiding future cost rather than reducing current cost.

It is recommended, again, that the pilot is very clear about how it will judge success – the following points are provided for consideration

- The pilot should be very clear upon the outcome / event that the pilot will look to avoid – for example it might be that the pilot works with parents of new-born babies and focuses upon preventing a child from becoming truant during primary school years.

- To identify the families with whom to work will involve detailed analysis of all truants to identify the most common factors / traits involved in the lives of children who become truants. This might start with the issues list that has been developed, but should also include a broader view of the make-up of the family and broader role models (older siblings, sibling partners, parental partners).

- The baseline against which to assess the pilot will be the % likelihood that the child will become truant, given the factors that exist in their lives. It may also be valuable to have a broader measure of success, relating to the total cost of public sector support to an average family that demonstrates the traits of the parents with whom the programme will work.

- A number of factors or other pilots will also need to be designed to act as a control group. The most obvious control group will be those young parents who are not provided with

the new service (or extended service if the current models are re-applied). In this respect, the best control group represents monitoring more closely the lives of a cohort of babies born in a certain year.

- One other piece of research may be valuable for the pilot – which is to ensure that the findings can be baselined / compared to the success / outcomes for children who are adopted. The research into adoption will provide a rich set of information to allow reference to the key factors / differences that parenting plays.

4.4. Working with a primary school to look to create more awareness of issues and services and to look to create self-supporting communities

The evidence base for education is unchallengeable in terms of the link between education and better outcomes. Schools as a place, however, also provide a unique and unrivalled opportunity to be the focal point for supporting their communities.

Service users expressed the views that it might be valuable if schools could provide additional roles in the following ways

- Providing more interactive information and talks about the sorts of issues / risks that their children might face at different ages
- Helping to foster a sense of a support network between parents to be supportive of each other and provide a range of assistance and friendship to each other.

The users also expressed the view that schools should be more aware of the issues that a child is facing and also that schools should perhaps have a greater role in raising concerns where they feel the life a child is leading is not providing all of the opportunities. These two roles, however, are more about the role of the school alongside an individual child, where this pilot area might focus more upon the school as its role in helping parents and the community.

It is suggested that the work looks to target the parents of the very youngest age group children – reception and / or nursery. The initiative must be community-led and owned – it must avoid being seen as being led by judgmental / pejorative professionals. Professionals may work to support the design of how the process might be started, but over time the leadership must shift to parents taking the agenda themselves. The types of issues that parents may wish to discuss might be suggested, but the decision should be a "pull" by the community, rather than a "push" by professionals.

The approach might be to start in one identified location / estate / street (where a risk model might identify the greatest chance that the family might develop a broad relationship with the state). The start may just be three or four mums / parents who are close friends and keen to help each other. Careful consideration should be given to the impact / existence of relationships with their parents / mothers. A key facilitator should support these individuals, but be looking to make themselves obsolete from the process at the earliest opportunity. One of the potential reasons that interventions fail is that people, services and process look to justify / merit their existence, where what is required is exactly the opposite – that the system or service is set up with the objective of becoming obsolete.

Similarly to help develop the sense of support across parents, there will need to be encouragement / coercion by professionals initially – having a few late afternoon gatherings where food is provided and also arranging a few trips at the weekends where families are encouraged to attend. Over time, the role of the state should be reduced to look to help parents develop their own sense of support.

It is also possible to envisage how this initiative might include related strands related to drugs, alcohol, community cohesion, tolerance.

As with many of the other initiatives, it is critical that the pilots are given enough time to be evaluated properly – which will again be perhaps a minimum of 5 years, but more credibly might be 10-12 years. It is again about ensuring that the current 4 year old children do not become the problem 15 year old generation. It could be that this strand of work follows the previous piece of

work – but it would also interesting to contrast the success of them both – highlighting to what extent the first 4 years do represent the fundamental stage in a child's life.

The final part of this initiative might be to look to encourage parents to run more youth activities alongside the school as after school activities to encourage a broad range of interests. This may also provide a broader set of child-adult interaction that will broaden the range of role models that children become involved with. Encouraging lots of parents to be involved will spread the responsibility and will ensure that the process becomes sustainable. Where possible it might also be explored whether local businesses would consider allowing employees to have 6 quarter-days per annum that they can be allowed to take time off (not as part of annual leave) to support these events in their local community.

4.5. Voluntary sector

It was perhaps a little surprising that the voluntary sector was not a stronger theme during the practitioner workshop – it may be that professionals now fear the impact that the voluntary sector might have on employment levels. The service users expressed some, although fairly weak, views that they trust and value the voluntary sector more than professionals. However, it will be important to look to include the voluntary sector in a number of the pilots – to test the ability of the sector to provide the value that is sometimes indicated.

The role of the sector should not be to take the place of services – but rather to provide the support / safety net for families to avoid dropping into crises or to support them after they have been through interventions and are starting to re-build their lives independently. This is perhaps the very essence of the Big Society – it is not that serious issues can be solved by cheaper options, but rather that the long-term resilience of the community relies upon people helping each other.

The precise role of the sector should be about encouraging and coordinating individuals to become volunteers, rather than being paid for taking on the job of a professional.

4.6. Working with a GP Practice

The General Practitioner is one of the most trusted brands in the public sector – the other rivals being the Fire service and Nurses or Hospitals. The research suggests, however, that a surprising proportion of GP visits have a relationship to broader social problems, with a large percentage also related to mental health disorders. However, the numbers of referrals from GP into other social care functions remains worryingly low – for a number of reasons, but potentially including:

- Time pressure upon GPs that prevents them from being able to step back and help the patient to understand the impact that their social conditions is having on their health and life
- Lack of awareness of the sorts of issues that might be affecting their patients
- Lack of awareness of the type of support that exists across the sector
- Poorly defined (or at least slightly unclear) pathways / referral mechanisms to signpost / proactively refer someone for further discussions / support.

An example of the extent to which this is a problem, it is believed, on average, that every single GP will have an appointment every single day with someone who is alcoholic. At the same time, the numbers of referrals from GP into any sort of alcohol-support will also be in single figures – per annum. Clearly a GP has confidentiality that governs their behaviour, but more might be done to encourage a patient that they might seek assistance and make the referral alongside the individual.

The pilot should therefore look to work alongside a particular GP practice to come up with practical processes to ensure that the GP practice becomes more of a gateway / access into broader support. This might be about any of the following

- having an additional role / responsibility within the practice to make patients aware of other support

- identifying a number of service referral pathways that will be clarified and streamlined for the GP or the practice to increase referrals – the criteria for referrals should be agreed to ensure that referrals are for high-risk citizens rather than increasing volumes for people who end up not needing any help

- requesting that all patients complete a very high-level assessment pro-forma that explores their risk against key issues and then signposting them towards other areas of support

- finding a way to help the GP himself/herself to explore the social issues that someone has to contend with and exploring how these can explored more deeply through other services or support – this is perhaps the most challenging of these options given the day-to-day pressure on GP time

- using space within the surgery to encourage other services to spend a half-day per week making more people aware of the broader issues and support – it would be important to then ensure that any referrals that come through this route are tracked to understand the success of that approach.

This pilot may be too ambitious in that the framework / template for this type of closer working with the GP community is fraught with concerns and pressures through the ever-changing health reform proposals. However, some of the larger practices regionally may be interested in exploring the opportunities to create a leading exemplar in this respect. Looking from a need perspective, GPs have responsibility for only one need, which has allowed them to be specialists (although generalists within that specialism) – it is about extending their reflection to look at other needs and then acting as a route in other services that look at other needs that is the heart of this potential area of opportunity.

The definition of success for a pilot in this area would need careful consideration – but it is primarily about earlier intervention across a broader set of issues, rather than just treating the presenting health need. The impact would hopefully be less deterioration of the presenting health-need, but also then avoiding the potential for a larger number of issues to become more pronounced leading to the increased relationship between family and state (FCN).

4.7. *Personalisation/ family Led / owned plans*

One of the loudest themes from the practitioner workshop related to the potential / belief that outcomes are better where the service user is in control of their journey or at least has a significant input into the range of support available. This was less evidently something that users actually crave / want. The logic is clear, however, that people are more likely to change behaviour where they want to change and are clear upon what they are trying to achieve – which would include have a good understanding of the implications of not changing.

In terms of their hopes / aspirations, there was a very set of common agendas for them all – mainly relating to their family and being together and supportive of each other. They also all recognise that all agencies do need to exist to safeguard and make sure that help is available. This would seem to provide a context within which service users could work alongside service practitioners to develop a medium-term plan – perhaps 3-5 years. This would have to demonstrate how the family becomes increasingly independent based upon being able to satisfy the agencies and themselves those safeguards / risks are being addressed and ensuring that support can be scaled back.

It would be very interesting to include some element of personalisation / in control within this planning process that goes beyond the current in control agenda – in particular is extended to include the concept of using budget to procure role model / mentoring / advocate in place or alongside other specialist services.

The pilot should again focus on one small area where the new approach can be clearly defined for the necessary stakeholders. This might focus on one town or even just upon a single street

or estate. The service users would have to volunteer for the approach. At the same time a control group will need to be identified who have a very similar set of circumstances, but who will work with the system as it stands, rather than being given greater control over when and what support is provided. One area of particular interest might be to include some work around drugs – this is an area where service users often express frustration about a lack of control over when and how services are provided (recognising that this corresponds with their lack of control over their own behaviour). Their journey / planning should look to include their consideration of at what stage they will take part in a residential detox – it is the planning towards that expensive intervention that might need the greatest care.

The greatest challenge for the work will be to understand the budget that might be provided and then even more complex will be assigning a "price" to all available services. This may help with the challenge that all services face to develop a better understanding of their own costs – clearly it is not critical to have the price correct for every service and the pilot should be clear it is testing the concept rather than looking at the actual market price for the support that is available.

The definition of the pilot and the control groups will need careful consideration – similar to all the other pilots that might be implemented. The clear difference is whether the sense of control delivers speedier and longer-lasting changes to behaviour and hence better outcomes for the family. The challenge will be accounting for other things that might happen – either in the life of people within the pilot or for people part of the control group. The other potential impact of the pilot might be that service consumption might be higher or lower – care must be taken to understand the impact of this through the pilot.

4.8.   Who does what and for what purpose

There is undoubted confusion (or at least puzzlement) about the exact range of services that are available. This was expressed by both service users and practitioners alike. This pilot will almost undoubtedly become a business as usual implementation, but there is an urgent need for a single repository that identifies all available services. This should also be mapped to the issues and/or needs that it will address / deal with / solve. This list should be defined and agreed such that people can all understand what the services do – and can use it as a search based upon looking to resolve the issues that their clients / service users may demonstrate or experience.

The pilot should be run, again, in a defined area geographically. This will therefore rely upon a smaller number of professionals / stakeholders having to be included in defining the common language, agreeing the role and mapping of each service and understanding how to use the repository. This pilot will build upon the information captured about services during the project. This is based upon desk-review rather than interviews with service providers, but offers a good starting place.

As ever the key will be ensuring that the project tracks precisely the impact of the pilot-, defining pilot and control groups and relating the success to reduced costs and/or better outcomes for families (which themselves ideally will have implications on cost through reduced demand/need for services).

4.9.   Build a simple risk model

For the best part of two generations, the Government and leaders within the sector have strived to deliver better targeting and greater investment into prevention. Success or even agreement upon how to drive success remains unclear. At the same time, the significant reductions in budgets will demand that the authority ensure that their reduced resources are targeted at the most needy.

The key to being able to demonstrate the success of prevention or better targeting is to have an agreed model that demonstrates the outcomes that were most likely to have happened had an intervention not be put in place. Without this model, there is no agreement as to what outcomes or events have been avoided. The model will provide

- the "baseline" of alternative outcomes against which the actual outcomes can be compared to demonstrate the benefit of the interventions delivered
- the ability to identify the people who are at greatest risk and hence provide the confidence that services will be working with the most needy.

At the same time, the current approach or design for who can receive or access a service is based upon "eligibility" – in other words, when something happens or when certain actual conditions are met, then someone can receive the service. This model is practical, however will always drive intervention "after the event", where assessment relies on simple one-dimensional conditions (ASB has happened, a single parent is in place, and the child is assessed as being neglected). Over the longer-term it is preferable for access to service to be triggered by a robust understanding of risk factors that will **probably** lead to an "event" that the system / agencies would like to avoid (both because it provides better outcomes for the family, but also because it will avoid further public sector cost). It is the development of these risk models that will underpin more successful intervention before families become financially, emotionally, physically or emotionally impoverished.

Moving towards this new world is a long journey, but it is recommended that the programme provides the opportunity to start through the two following potential projects.

4.9.1.　Build a number of risk models

It is recommended that the partners take on development and implementation of perhaps two risk models. Each risk model will provide robust understanding of the key factors that lead to a certain outcome and will be used to then trigger an intervention based upon the risk factors being met. Two suggestions for the development of these risk models might be firstly "truancy" and then secondly "Anti Social Behaviour". Many of the risk factors may be the same (parenting, poverty, location, history of crime in the family, older sibling etc), but the models will be used to trigger different interventions and it is envisaged would focus upon very different ages of children. The truancy risk model would be looking at intervening with children between 3-7 years old, whilst the ASB risk model might be related to children between 6 and 11, for example.

There is a lot of research available around medical risk models, but very little related to social outcomes. In building the risk model and actually using it to drive intervention, a number of concepts are critical

- The purpose of the risk model is not to deliver the risk model, but to use it to intervene earlier in someone's life to look to reduce the likelihood of the event happening
- Monitoring the success of the earlier intervention and the outcomes over a long period of time – at least five years – will be critical
- Success will be based upon both the accuracy of the prediction about which individuals were at greatest risk as well as being driven by the effectiveness of the intervention provided (in other words, success of both attributes will need to be tracked).

The starting points for these risk models will be the following:
- A clear understanding of the event that is to be prevented (ASB or Truancy)
- A clear understanding of the cost of the event and the cost of services required to support the event and deliver improvements
- Any historical research (as outlined in previous initiatives) will help provide the evidence for the relationship between circumstances and outcomes/events
- Most critically, however, a thorough review of literary research will help understand the risk models for the identified events – some of the work delivered under the EPDM programme offers interesting insight into the area and the related need for data sharing
- Capture the data required to build the risk model – this data will relate to circumstances for people who have received a defined service over perhaps a ten year period. For example if 99% of children under 12 who carried out ASB come from a single parent family and all had an older sibling who already has a relationship with the police, then

these would become two of the key risk factors in identifying likely future perpetrators of ASB aged under 12

- Analyse the data to develop an initial model - this will identify the factors that drive risk and provide a weighting of each factor in terms of criticality in leading the prevention event
- Definition of the interventions and definition of the triggers for intervention (in other words, is an intervention triggered when 2, 3 or 4 of the conditions / risk factors are met.

At this stage it is not the precision of the model that it is critical but using it to target earlier intervention to allow identification of whether these services deliver better outcomes. Over a period of a couple of years, the model can be refined to build continually accurate understanding of the factors and the weightings related to the event that the system wished to prevent.

4.9.2. Trial one or two key trigger-based interventions

Whilst the risk model is being developed, the agencies should consider trialling the use of unscientific risk models to trigger some earlier intervention. It is perhaps easy to predict the key factors that will be included in the risk model – even if weightings will require more effort. It is perhaps therefore easy to also surmise that it is the actual intervention (what do we do to look to avoid or alter the predicted outcomes) and the timing of the intervention that is more important than finding the right person.

It is therefore suggested that the partners identify and trial two types of early intervention in which the partnership has great faith. The purpose of this will be to monitor over perhaps 2-5 years, whether these interventions will deliver better outcomes and avoid the predicted alternative "unsupported" outcomes. Due to the fact that these interventions will not be based upon a scientific risk model, these interventions should be instigated with the highest need client groups and should be implemented from an earlier age than would usually be considered. This will provide the learning as to whether this different approach offers any value.

The pilot areas above relating to working with new parents offers one such initiative, but it may be worth exploring a further similar approach – to trigger an intervention based upon the risks of something happening, rather than starting something due to an actual condition being met.

5. BUSINESS AS USUAL IMPROVEMENT

This section of the report identifies a number of areas where the work has demonstrated that change is required. However in these areas it is not considered that a "pilot" is required – in other words, there is no plan to "test" whether something works and implement a control group to build the evidence that something works. In these areas, the change is necessary across all areas and is a part of on-going continuous improvement, rather than testing out more radical change.

5.1. Coherent Shared Leadership and Commitment

This was a very clear message from the practitioner workshop. It is not that stand-alone organisation leadership was seen as poor, but rather seeking greater commitment / support and the necessary leadership for the joining-up agenda to work. The success of the programme and the success of the organisations to deliver best outcomes for their citizens at the lowest cost does demand strong coherent leadership across the agencies.

The perception from the workshop is that it would seem that organisational behaviour and reporting processes within agencies continue to emphasise and prioritise stand-alone agency processes rather than supporting the cross-cutting processes that look to provide more joined-

up support to high-need families. This can restrict professionals from taking the action that they believe may be most valuable for a family and leave them to rely upon their stand-alone silo responsibility. This prioritisation of stand-alone priorities is not a failing by individuals, nor is it a failing by the organisations. The organisations are separate and hence the leaders and reporting processes continue to function as disciplines and leaders within their stand-alone organisations. Success for the organisations and for the individuals within the organisations (leaders and employees) is defined in terms of their stand-alone organisations and hence it is entirely reasonable and appropriate that leaders prioritise their organisational priorities.

However, this way of working would seem to fail citizens. The system is not designed around citizens and their better outcomes, but designed based upon the constraints, limitations, risks and political pressures of the individual organisations. The system has been defined by the separate agencies looking at their own resources and responsibilities, rather than looking at the resources of all agencies. Separate services within the same organisation do not have a culture of strong common purposes and reporting and again this does not enable or drive coordination within the agency.

From a citizen's perspective, each agency or service will look at their separate responsibilities and deliver against them individually. In reality, however, the issues or needs for the citizens are all inter-related and there is a significant risk that dealing with them in isolation, which is what the system drives, probably delivers sub-optimal outcomes for the citizen. This in turn drives sub-optimal outcomes for the system – in that not solving the problems will result in ongoing cost for the system as a whole.

In support of the Community Budgets programme, but also for the sake more generally of all of the initiatives that rely upon coordinated efforts by all agencies, more coherence of the commitment of leaders is perhaps required.

In terms of leadership, the simple requirement is that commitment is required to enable new ways of working to happen and be successful. Initially these new ways of working will be defined and tested through pilots and at this stage, support and leadership will be critical to ensure that these trials do not fail due to blockages caused by the friction or lack of alignment between the agencies. In other words the pilots will always fail if the new ways of working address areas of misalignment between the agencies, but sustained efforts are not made to overcome these.

The new ways of working may, in very small ways, undermine the individual sovereignty of the organisations – the purpose, however, is to better serve the citizens which is the underpinning raison d'etre of the organisations. The following bullet points offer some definition of what will be required from leaders – the summary may be that the issues will appear and commitment is required to address these thorny issues and look to resolve them in a way that prioritises outcomes for the citizen and the objectives of the organisations before the sovereignty of the organisation and before the role of the all individual leaders within their own organisations.

- Leaders will need to walk the walk, in terms of language and behaviours as well as talking-the-talk. In other words, decisions made within meetings will be upheld in terms of behaviour and actions outside. There is no evidence or suspicion that this happens, but the perception from practitioners is that partnerships remain a meeting-based concept rather than one that is embedded within the way that the organisations already work. This may have a number of implications
    - o It may mean that discussion and decisions within meetings are debated harder and longer to ensure that the decision is the right decision for the citizen rather than driven by separate organisation objectives
    - o It may mean that more thought is given to being clear upon the impact of the decision upon ways of working
    - o These new ways of working should be implemented to support the pilots
- A commitment to delivering a more joined-up system – which means defining where singular assessments can be undertaken and looking to agree and manage the ability for

one organisation to book a service for another – where this can be demonstrated to deliver better outcomes and where it is clear it can be managed within budgets

- Prioritising better outcomes for citizens above stand-alone authority priorities. This means that where it is agreed / believed that certain joined-up activities are important (such as attendance at CAF meetings), then these will be made to happen by all agencies. Again this may demand that decisions and their implications are clearly understood to ensure that the solutions are workable and do not break any laws or responsibilities

- Identifying and supporting opportunities to align or pool budgets where it is indicated that this would be beneficial in terms of efficiencies or enabling better outcomes for citizens

- Definition and support of the advocate or professional roles that work across organisation boundaries and demonstrably helping to remove cross-organisational barriers to the success of these roles

- Defining, allowing and supporting new ways of reporting – and what is more stopping the in-agency reporting that causes any friction or mis-alignment. These may make leaders feel uncomfortable in defining their reporting based upon a broader vision, but it is deemed critical that reporting processes are aligned to enable identification and resolution of the barriers

- Finally it is the coherent, common and consistent articulation of the vision for the partnership that is aligned to each agency and how it reports that is perhaps most critical.

- The necessary time commitment to run pilots for an extended enough time to allow results or conclusions to be drawn is fundamental. In a time of shrinking budgets this will be difficult, but without it the pilots may become yet more confusing noise amongst the inconclusive evidence base of collaboration and prevention.

5.2. Performance Management and Reporting

The financial pressure is significant. The organisations must ensure that they manage performance tightly to reduce costs wherever and whenever possible. This is always done best through rigorous reporting upon unit costs to create the pressure and process to persuade managers to make it happen. The perception is that cost remains poorly understood, let alone not poorly managed. The focus of on-going performance management should focus at a number of levels as follows:

- Reporting outcomes, not throughput – many performance regimes continue to count volumes rather than being driven from a perspective of better outcomes. The work invested to date in capturing service take-up could be maintained and enhanced to provide a shared focus on outcomes between agencies, particularly where the service take-up can be turned into a measure of need.

- In place of counting volume, should be a reporting on total cost and unit cost of each unit of service. A rigorous monthly reporting of costs will create the process for continuous driving down of cost

- Alongside the reductions of cost, should be some assessment of quality that will ensure that reductions to cost do not reduce the quality of the service offered.

- Individual productivity – the counting of throughput should be delivered at an individual level to track the numbers of units completed by individual employees.

Alongside the focus on performance management and the financial pressure will also come an increasing understanding about what works. One of the themes from the practitioner workshop was upon becoming a "learning organisation" – one that builds upon what works and implements this with rigour. Historically the agencies have tended to implement many changes but within inadequate rigour and focus – where reporting is sharper and the need to save money is clear, then it is possible to envisage improvements in this respect.

5.3. Training and Quality

One of the themes of the service users workshops was a view that they feel that the sector is judgmental and that professionals cannot develop a sense of empathy with service users. There is no specific recommendation related to this and clearly this is not true of all professionals. The comment is based upon the perception of only a few dozen individuals however it does also represent a common theme through similar consultation elsewhere. At the same time, there is a perceived shift towards looking to empower and support service users achieve their own ambitions (as long as they coincide with the safeguarding responsibilities of the state). For these reasons, it is important to ensure that there are monitoring arrangements to make sure that peoples capabilities are tracked and offered training to help with this.

There may be more serious implications for the way that social workers are employed. It is astonishing that some of the customers commented that they don't do it because they care – it is just a job. This would seem to be as far from the truth as possible. People working in these areas tend to be the most caring and most dedicated and want to make a difference. The issue is that the environment and the repetitive nature of the role leads to some inevitably jaundiced moments. It may be that different employment terms / approaches are needed – longer compulsory breaks (a 1 month break every 3 years or something, moving them between councils etc etc. Having them employed by a shared function between City and County, or moving from one District / Borough to another). The role is underpaid and undervalued – mainly because it is basically a "monopoly" that no-one but the state employs these types of people and hence the pay has been squeezed because it has been possible.

5.4. CAF and Shared Assessment Generally

The second most common theme in terms of the detailed recommendations related to having singular or at least collapsed / streamlined assessments of need. These were very strongly related to having a lead worker /advocate who works with the family to complete the assessment, ensuring ownership and buy-in by the family. Clearly the CAF regime was supposed to provide some of this co-ordination / streamlining. It would seem that there needs to be far greater shared understanding of CAF and also far greater rigour with regards to implementation / adherence to this.

The following provides some challenge to how this might be progressed. It may be that some of this might be seen as a pilot, but the view of the work is that this needs to be part of a longer journey towards on-going collapsing of these frameworks, rather than a pilot to test whether this can work. It can work, but needs more clarity, more rigour in implementation and the leadership and commitment to allow the inevitable changing cultural relationships between providers and commissioners to ensure that this happens.

Analysis of the detailed recommendations would suggest that there are perhaps four stages in looking to deliver greater integration of assessment and commissioning processes that will hopefully deliver three outcomes

- streamline the experience for the families
- lead to speedier decisions to provide support to families
- reduce the costs for agencies through having fewer repetitive assessment processes.

5.4.1. Clarity on the role of CAF

The first stage is to develop absolute clarity on the exact role / purpose of CAF – or all assessment processes. The CAF does provide a broad range of outputs / outcomes for the agencies, but this is understood differently by different individuals and applied / followed to varying degrees by different agencies. The CAF could be seen as providing the following:

- Consent from the family to allow information to be captured and shared between agencies

- Rounded insight to make a robust assessment of unmet need and rounded insight that will verify / ensure that the right support is being provided
- Real engagement and hopefully ownership by the family / carer that things could be better and that things need to change for the good of the family / child / unborn baby
- A pre-cursor to development of a coherent and defined plan for the family or for the child and hence a coherent and defined plan for the support to be commissioned to enable better outcomes. Ideally this plan will be owned or at least signed-up to by the parent / carer
- An insurance policy / risk management step for the authority that the correct checks have been undertaken.

The CAF is not, however, a single joined-up assessment – it is a risk management tool primarily and thereafter could be claimed to provide a signposting process thereafter. This signposting process however is at best weak – it is certainly not a single assessment that then allows a service to be delivered. There is no repository that allows people who use the CAF to be clear upon the range of services that might be relevant and there is no mapping of these services to the issues that might be identified through the CAF. Similarly the CAF has not removed any assessment process – it may be that the ambition is to enable this to happen, but this is understood and communicated variably between agencies and individuals.

It is recommended that the CAF (or shared assessments in general) do create the necessary processes and agreements to allow single assessments and allow agencies to commission and book services without further steps. Whether this is communicated as being part of CAF or whether it is positioned as a stand-alone separate protocol and process is to be determined.

In determining the clear unambiguous role of the CAF and ensuring its broadest application, the following questions, amongst others, should be answered:
- Should the CAF become a more definitive single assessment that reduces assessments elsewhere? This would demand that other assessments are collapsed into the CAF process and demand trust between agencies that other agencies have skills to carry out these assessments (this will not cover all assessments, but there needs to be a system for allowing / managing differing roles and agencies to undertake differing range of assessments and processes).
- Should the CAF become the authoritative decision-making process that leads to commissioning / booking / buying of identified services, rather than acting merely as the start of a referral process? This will demand permissions for services to not only carry out assessment but also spend other budgets through buying / booking identified services to support the family (again this will never cover the whole spectrum, but will demand permissions across certain budgets, services and roles).
- Should the CAF become or initiate (or do neither) the information-gathering and decision-making process that determines causes of unmet need and commissions the services to address these causes as well as addressing the unmet need itself? The fact that a child has an unmet need will probably be a symptom of some other issue and the relationship between the CAF and a broader family assessment and broader family service plan needs to be defined (the cause may often by related to the role of the parent). It may be that it is decided that this relationship is defined as left to discretion of the professional, but it may be beneficial to determine the options and the way forward.
- How will the agencies measure / monitor / identify whether the CAF is working and how will they control / manage that it is implemented robustly across all partners? The CAF obviously drives some increased cost across the authority and there needs to be demonstrable evidence that this cost delivers a resulting value (this will probably be about preventing even worse outcomes, but this narrative and causality should be clear and demonstrable).

These decisions should be taken and then communicated to all stakeholders. Where the decision is taken to extend the role of CAF, then it should also be considered whether this becomes a broader role than just for children and looks to become a family assessment.

5.4.2. Eligibility, Assessment, Diagnostic and plan

Regardless of whether it is embedded within the CAF (or whether it is kept stand-alone), it is recommended that the agencies invest significant effort to integrate the range of eligibility checks, assessments and diagnostics that are undertaken on high-need families. Similarly, it is also envisaged that co-ordination of the plans is important – both the planning of the delivery / consumption of a single service (when shall we deliver it), as well as the overview of how and when this is delivered alongside other plans (should this be deliver alongside another service or before it or after it).

In ensuring that these processes can be aligned / embedded, then there will need to be some sort of common understanding of what processes do happen to allow a service to be delivered – designing a separate pathway for the relationship between each and every service would take decades. An agreed overview of the standard processes would allow this to be handled very quickly. The following provides some indicative thoughts upon what these processes might be, although this will need to be shaped and owned locally.

It is suggested that there are three summary steps that govern the provision of the right services for the right people to enable better outcomes to be delivered. For some services these three can be addressed through a single interaction / process, where in other circumstances, these might require two or three separate steps. Similarly, the order of these might vary, where one service might demand a diagnosis before an assessment. However, it is suggested that it is necessary to understand these three separate processes, which are outlined below, for every service and then to determine the role of CAF against these three steps.

- The first is to determine eligibility for a service – in other words, can someone have the service based upon the eligibility criteria. The eligibility criteria are the rules that define who can access or receive a service and will probably be based upon criteria such as means, behaviours, situations, circumstances, geographical location, make-up of the family etc.
- The second is to assess how much of a service someone might be entitled to. Often a service is a standard offer where everyone receives exactly the same amount of support, where in other circumstances the amount offered varies depending on the degree of need. This assessment will again probably be determined against criteria – which may be legitimately the same or different criteria to determining eligibility
- Thirdly, a decision is sometimes required to understand exactly the cause of the issue or unmet need – so this is not about determining whether someone can have the service, but is looking at what the solution will be, based upon the detailed conditions. It is highly probably that diagnoses steps will remain service specific and continue to be delivered by the specialist service provider. The diagnosis may often come before the assessment stage – although similarly in most medical circumstances the diagnosis will come after the assessment, where a GP will assess whether a specialist referral is required, who will then undertake the diagnostic phase.

It is important to recognise that for some services these steps can be undertaken through a single interaction – similarly one of the processes might not be required (the assessment and diagnosis might be the same). After these steps have been undertaken (which may take a single simple decision or single application form – or which in extreme cases may continue to demand three separate steps due to truly specialist skills), then the delivery of the service or all services can be planned, delivered and monitored. The joining-up of planning, delivering and monitoring is perhaps also an area where the agencies may consider opportunities to collapse the roles involved in these processes.

Once a service makes a referral, there often then follows, from the citizen's perspective, a set of slightly repetitive processes that look at eligibility, assessment, diagnosis and plan. Not enough is known by all services about the criteria for eligibility, which probably drives some failed referrals in the first place, but thereafter the processes are fraught with duplication around the circumstances for the family – most of which will already be known by the state.

These steps, currently, unfortunately are often used as financial gate-keeping of services. From a citizens perspective this, at best, provides barriers to trusting the sector and, at worst, may lead directly to worse outcomes. For example, some services undertake fairly intensive and time-consuming engagement with families, after which, the answer is that the family or adult or child cannot have the service. Where this process demands significant time input and may even demand that a parent starts to open up and address serious issues, then a result that says – sorry, you can't have any of our support - can be seen as disappointing, potentially frustrating and even potentially damaging in driving further deterioration of behaviour / attitude.

Integrating these processes will demand that the processes above are separate from managing budgets. The criteria for eligibility and assessment should be strategic decisions that are based upon the size of the budget for the service and the expected demand.

Integration of these processes will rely upon defining joined-up application forms, real referral processes and a number of commissioning frameworks. Currently the CAF process (and many other interactions between a service and a family or individual) leads to a professional (lead or otherwise) providing what might be called a "soft" referral into another service – this is little more than a request for an interview or meeting service - all-be-it, a request that is supported by another professional. In the future it is envisaged that the outcome of a CAF or a holistic assessment should be one of the following:

- Signposting - ie no different to currently, just signposted to something else they can have (this should be avoided where possible as anecdotally it can frustrate citizens and leads to a circular loop of referrals back to the starting point)
- Soft referral – a check on eligibility has been undertaken, but the rest of the application and assessment processes need to be undertaken
- Application – a check on eligibility has been undertaken and an application form is completed and sent – the information required for the application is captured and verified and the service has merely to undertake the assessment and diagnostic (because the CAF agency is not able to carry out the assessment) – it is envisaged that a single form will be competed that will send the information required to every service identified to inform this
- A hard referral, where the decision has already been taken that the client is eligible – the only question is to assess how much service can be provided (and then provide the service which may demand a diagnosis) – again the necessary information will be sent electronically to each service
- A service is commissioned – effectively the assessment has been undertaken and the service is actually purchased on behalf of the customer. The next step will be planning and delivering any diagnosis and the resulting service.
- A service is purchased and booked – no further assessment or diagnostic is required and the service is planned alongside the existing support provided to the citizen and / or family.

Making this happen across all services will rely upon identifying and managing permissions for all roles across every service - a massive undertaking. It is recommended that the programme targets a manageable number of services (perhaps 10-15) in one area and reaches agreement upon the pathways between all of these service areas. The recommended approach to making this happen is as follows:
- Each service will identify the processes that it requires and the criteria used for these processes

- This information will be shared with all of the identified services and each service will then provide a view as which of these processes their service should be seen as having the skills to undertake. This will demand that adequate care and thought is given to risk and insurance or liability.
- These initial views should be discussed and reviewed and final agreement should be reached upon the proposed pilot referrals and pathways. These should be implemented and monitored.

5.4.3. Clear employee roles and cross-agency permission to apply these frameworks

Currently, there is no framework or common roles that allow agencies to apply a broader assessment and commissioning framework to be actually implemented. This applies both to financial permission to act differently (in other words to commission a service and hence spend a different budget) and also to the need for any insurance framework – for example if someone makes a decision that a certain level of support is required, then there needs to be professional frameworks and related insurance to support this.

This third step - implementing these roles - will be critical to enable the agencies to realise the benefit from integration of assessment and commissioning processes.

In the first instance it is suggested that the pilots looking at advocates would be the obvious starting place for this role to be defined. It will need clear permission and well-governed and tracked processes to allow the advocates to commission services – the real issue will be making sure that services stand-back and provide permission for advocates to spend their budgets. The tracking of the effectiveness of the service and the accuracy of the decision-making can be explored through the monitoring.

5.4.4. Having a Single View of All Services

The fourth and final step to be able to implement and realise the benefit from integrating the assessment and commissioning processes is in relation to the need to have a single and up-to-date view of all services that are available. This must also identify the processes and eligibility criteria that determine or manage access to receive the service.

This is outlined as a pilot earlier in this document. An important part of this must be to identify and integrate all of the voluntary sector support that is available. Without this view of all services, then employees and agencies will be able to do nothing, but inform the service users the things that they are aware of or can remember – rather than being correct and clear upon the totality of the support that is available.

5.4.5. Moving CAF and Shared Assessment forward

Trust, risk management and defined information will need to be agreed to enable these steps to be taken. The view is that this work should not be seen as a pilot that is testing the impact that something might have (hence no baseline is required), but rather, this is the start of the way forward. Monitoring will be important, but is about continuous improvement rather than a determination of whether the approach should be extended.

Over a period of time it is easy to envisage how this process can be developed to allow a single plan to be developed and owned by an advocate or Lead Professional that will allow them to commission a broad range of services and monitor the effect of these services upon delivering better outcomes. This plan could be on-line and available to the family themselves and/or visible by all services to allow them to ensure that their support is aligned to and supportive of the broader plan, rather than causing any conflict or confusion or even the room for a difficult client to "play services" off against each other.

Initiatives such as personalisation could also be enabled through this approach, with an advocate (or voluntary agency) helping the service user to understand the options and purchase the desired services.

6. NEXT STEPS

The next stage of the programme is to define the actual pilots for implementation. It is viewed as critical for these to be specific and for the measurement of success to be tightly defined. Control groups will be necessary to allow the evidence to be checked. It is also recommended that once the pilot areas are agreed, that this analysis is re-checked to verify that the proposed pilots are looking at the most important areas, but also to check whether other variables may need to be addressed – for example whether the role of the community may need to be recognised or whether the impact of poor parenting may affect the pilot.

Common Language (1 template)

Define common language that all service practitioners must use. This will ensure common understanding, increase trust. Also perhaps important to any broader information-sharing initiative or shared/single assessments.

An important enabler, but may make some people uncomfortable as detailed.

Document the vision Shared vision and leadership – focused on outcomes (5)

Need to have a shared vision and real commitment by leaders. Use this and focus on outcomes for families (shared/common/agreed by all agencies) to drive change, join-up services and challenge value/role of existing provision. Early intervention was mentioned as key part of the vision in two of the five templates.

Prevention / Early intervention (3)

Shared pool of funds to invest into prevention / early intervention. All three focused on pregnancy – one also outlined that should be key transitions stages up to 18.

An element of the pilots has to relate to demonstrating the effect of early intervention – needs significant commitment to track the impact and also perhaps needs the investment into the systems to be able to keep track of it. Also needs the baseline of what might have happened if we hadn't have invested in the family.

Housing for 17/18 year olds coming out of custody (1)

Also references the need to know and roll out what works.

A single FCN multi-agency team / Hub (2)

Bring together under single team – this will allow focus on needs and outcomes, rather than silo working of agencies. The issue is about silo-working and sub-optimal working for the family and the agencies.

The solution probably brings as many problems as solutions (when is someone FCN versus not FCN, how much budget does each agency put into it?)

Strategic needs assessment to inform budgets (1)

Current budgets are based upon historical budgets rather than assessment of what is required in the future. A one-off re-assessment is needed to re-allocate funds towards the critical areas.

Database of who is working with each family (1)

Also references having a lead agency to act as SPOC for the family to co-ordinate support / interventions, thus reducing duplication.

Sharing Information (11)

The largest single theme. Templates either referred to a single assessment to build single set of information or referred to a database that allows shared view of information (without single assessment). Some also referenced the need for lead agency to make best use of the information for the customer (although is this necessary?). Also reference to this information

being shared with voluntary agencies. Clearly that this is about saving time and effort finding things out and hence enabling speedier and better decisions.

Building the business case needs to focus on 2 or 3 very specific areas where information can be shared – agencies need to identify which pieces of data would enable them to make speedier / better decisions (the approach, where people say "we don't know what we want to know, but when we find out something we can tell you if it is valuable" is no help)

There was a lot of overlap between recommendations that looked at a single assessment of need, a lead agency, SPOC and ensuring that families took greater ownership of the plans. Sharing information could also be seen as part of these.

Single assessment (8)

The single assessment is related to needs by all templates (rather than just about access to services). Most of the templates see the benefit as speedier commissioning (saving time to undertake assessment), rather than taking time to make better decisions. Also some references to self-assessment. Finally also some references to earlier intervention and to having longer-term support rather than in-and-out.

Family-centric / family-led / Think Family (5)

These templates look for whole-family working and plans, rather than narrow views of one member of the family. Working with the family to achieve what they want rather than providing the standard approach. They do not all say that family ownership is critical.

SPOC / OSS / Single Point of Referral (3)

These three templates don't define what / where the single point of referral is/are. One is about self-referral. One also refers to the importance of also having the single assessment. All will need a single view of all services mapped to issue / need.

Lead worker / advocate / as few agencies involved as possible (6)

There is no distinction offered between lead agency and an advocate. It is about a single person (trusted) whose role is to take the lead with the family and provide the co-ordination/single contact point/more accessible. Also allows prioritisation of key needs to be resolved. Two templates refer to the fact that this role could be voluntary agency

Better awareness of who does what (1)

Only one template, but critical to many other improvements – all the FIP/single assessment/SPOC work would have to have a single view of what services are available and what they do.

Meet priority needs first (1)

A co-ordinated plan by all agencies that is targeted on priority needs. Current services seem to be fairly capable to deal with ensuring that priority needs are met first – making it systematic would be an improvement.

Single risk assessment scheme (1)

This is similar to the single needs assessment, but is focused on safeguarding and prevention through focusing on risks, rather than needs. The benefits focus on early intervention.

The information below is what was captured onto flip charts during the Practitioner Workshop, identifying positive and cautionary comments about what FCN meant to practitioners and whether a clear, shared vision would help.

The suggested interpretation is that the broad opinion of the attendees is that a shared definition would be beneficial, although there are an enormous range of concerns and issues that will need to be overcome. It is perhaps important to ensure that the definition is agreed alongside developing the understanding of how this will be used and the benefits of having this agreement – the risk is that agencies and services do not engage and buy-in to the definition due to concerns about the implications of having it defined.

Advantages	Disadvantages
Would be helpful	Difficult to get agreement
You cannot deal with problems in isolation, so broadest understanding is necessary	Also need clear and agreed mechanism for agreeing and managing who does deal with which issues
Shared definition will help to bring organisations together	We will need to cut through the issues / concerns about information sharing to realise the benefit of FCN definition
Will help define who are the priorities	We need to sell the issue of citizen consent very positively
Will help identify any duplication through enabling shared understanding of who does what	We need to mainstream the sharing of information and make it procedural (specific pieces of data for specific moments, rather than a massive warehouse of information that people can delve into about a family)
Will help deliver cross-agency commissioning through enabling understanding of criteria that drive access to services for which issues / needs	The voluntary sector need to be part of the definition and their information governance and security is less secure
The shared definition and subsequent shared view of who does what would help agencies be clear that they aren't the only people working with a family and hence their support could be better aligned to other support.	Need to focus on the early intervention indicators
The framework should ally not just to FCN, but for where there is one need as well as multiple	Risk of pigeon holing people
Promotes understanding	Definition itself does not mean we are meeting needs
Allows us to quantify numbers	Need to better define the services, not define the families

Can help us to focus / prioritise services	Will create more red tape / barriers
Shared language will enable speedier understanding	People / families are all different
Shared definition will also allow speeder decisions	How will families / people then lose the tag of FCN?
Need to focus on "at risk indicators" to prevent families from developing complex needs	

- Range of difficulties / challenges
  - Unemployment
  - Housing
  - Substance abuse
  - Mental health
  - Offending
  - ASB
  - Safeguarding – children and adults
  - Poverty
  - Learning disabilities
- Knock-on effect of other problems

  They don't necessarily see things as problematic

- It sometimes all they have known
- Inter-generational
- Families aren't straightforward
- Their relationships aren't straightforward
- There are vulnerability and risk factors of further problems
- Probably poorly educated
- Substance abuse
- Family members may have disabilities (including mental health)
- Massive range of combination of issues / challenges
- Worklessness
- Housing
- Lack of family direction
- Self-esteem issues
- Patronising agencies with unhelpful attitudes
- Children in care
- Historical generational issues
- Offending
- Structure of the "family unit" (absent roles / role models – or multiple ones)
- Child abuse (mental and physical)
- Chaotic lifestyle
- Sexual abuse
- Domestic violence / abuse

APPENDIX C PRACTITIONER WORKSHOP REPORT

C1.   Introduction

This document is a write-up of the workshop that was run at The Walkers Stadium in Leicester on 6th July 2011. The purpose of the event was to bring together a number of stakeholders from across all agencies in the County that play a role in supporting Families with Complex Needs and to identify a range of types of improvements and actual improvement opportunities to deliver improved outcomes for these vulnerable families.

The document plays back what was captured on the day – it represents the first of three reports that will draw together this strand of work within the analysis phase of Community Budget Programme. The second document will provide analysis of the information captured on the day – this analysis will be about grouping together the information that has been provided to identify the most commonly identified barriers and issues that must be overcome as well as the most commonly identified improvement types / ideas. The third document will then include the findings from the service user workshops to offer some comparisons to provide further evidence or confidence about what changes might be implemented.

From a broader programme perspective, other analysis, such as the ethnography, data analysis and a review of literary best practice will also be completed during the summer. All of this insight will be brought together during the autumn to provide a robust set of evidence about where, what and how to change the support offered to vulnerable families. Finally a subsequent event to prioritise and further refine these improvement opportunities is envisaged during the winter to define the pilots that will be run and develop the implementation plan.

The programme, on behalf of all agencies in the County, would like to thank all attendees for their time and valuable insight. The energy and commitment (and the volume of post-it notes and flip charts) demonstrates the ambition to strive to do better in terms of supporting our most vulnerable individuals and families. Much of the change out of the programme will rely upon this on-going commitment as well building on the good practice that already exists - perhaps trying to ensure that this is delivered systematically. Indeed, it is sometimes the system that creates the barriers for the commitment and skills of staff and we must look at how we can remove these barriers without losing control or increasing risks. However, there may also need to be areas of fairly radical change – not least due to the size of the financial changes that we all face.

Thank you all again for your time and commitment.

As discussed on the day, any on-going dialogue with the programme should be channelled through your organisation and through members of the Reference Group. A list of the members of the Reference Group has been included as an appendix.

C2. Approach

Around 135 delegates from 25 separate organisations were welcomed by Councillor Ivan Ould and Andy Robinson who provided some context to the Community Budgets programme.

The event consisted of a number of exercises to capture the information replayed in the following pages. The document is structured as follows:

- Drawing and interpreting a picture to represent what the public and voluntary sector looks like and feels like to FCN
- Drawing and interpreting a picture of the lives we are trying to enable for Families with Complex Needs – using this to identify the barriers that exist for services and families in achieving / delivering this brighter future
- Identifying hopes and fears, unmet needs / issues and services that exist to support a number of different scenarios or profiles of people
- A range of improvements ideas (either doing / providing different services or doing the same things, but working in different ways) to deliver better outcomes.

The information that was captured on the first exercise – what does FCN mean to people and do we need a clear shared definition – has not been captured in this document. The perception is that the groups were very marginally in support of a shared definition, identifying a number of reasons and benefits of having this agreed and how it might be used

to sharpen practice and improve outcomes. However, this must be set against the very large identified set of risks, that is perhaps summarised under the following over-arching themes.

Agreeing a shared definition will be very complex, but is the easy part – realising any benefit through ensuring its consistent application will be far more difficult. The organisations must be clear exactly how the benefits of the shared definition will be realised, before embarking on the task of agreeing it.

A shared definition may increase the risk of labelling or stereotyping families or individuals – or even missing something by only looking for what has been defined. The focus should be upon working with families to identify their strengths and a plan to address their circumstances, where a tick box approach may close minds to the individual needs and strengths of the service user(s).

One of the themes evident through the conference was upon earlier intervention – documenting a shared definition of complex families may divert attention away from this imperative.

No decision has been taken upon whether a shared definition is required or will be defined (and nor is there any agreed mechanism or framework for how this decision might be taken), but the information provided offers a balanced view of the relative advantages and disadvantages that this might provide.

C3. Current Public Sector / voluntary sector Model

What do we think the public and voluntary sector looks like and feels like to Families with Complex Needs

The following is a selection of some of the pictures that were drawn by the delegates.
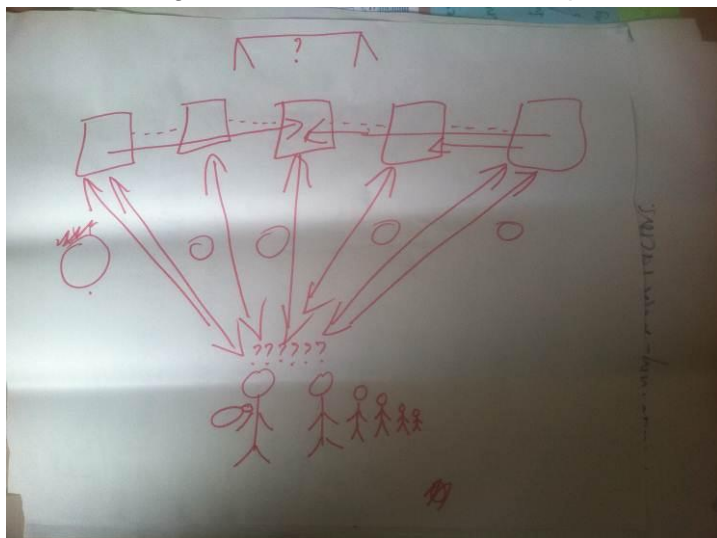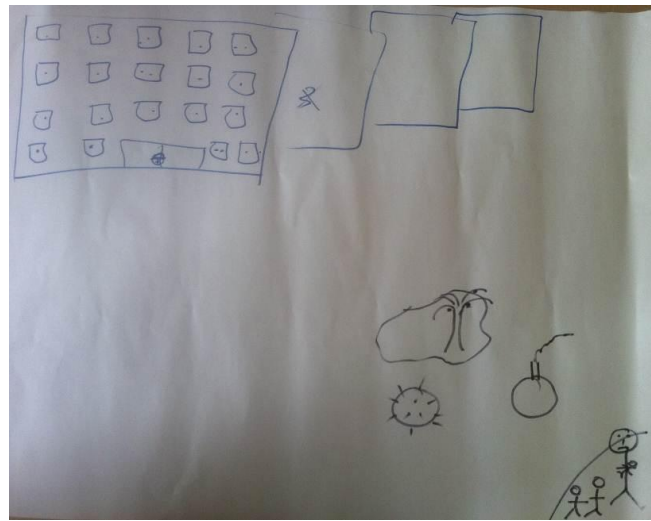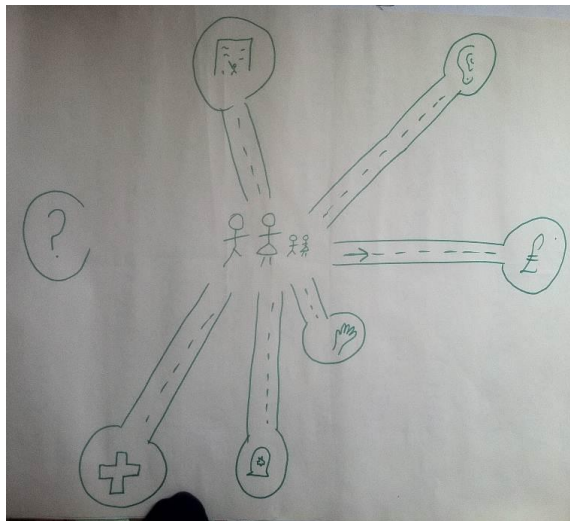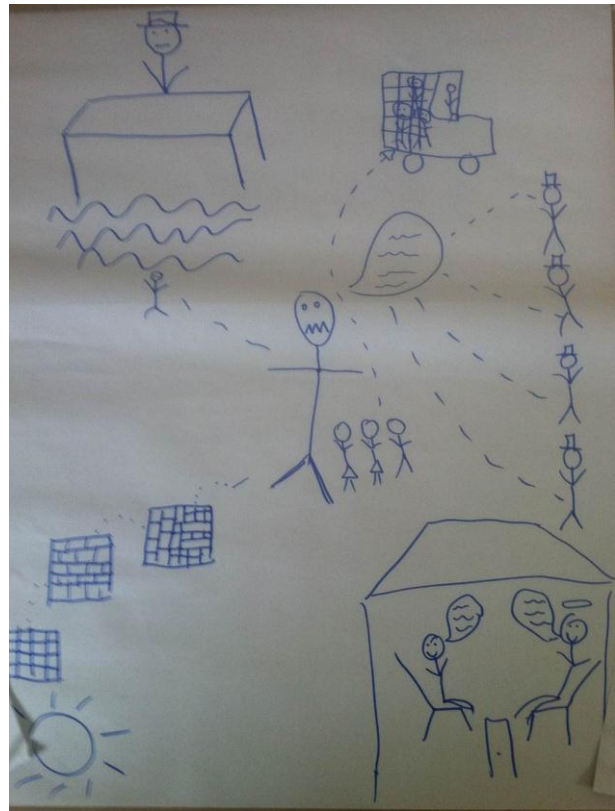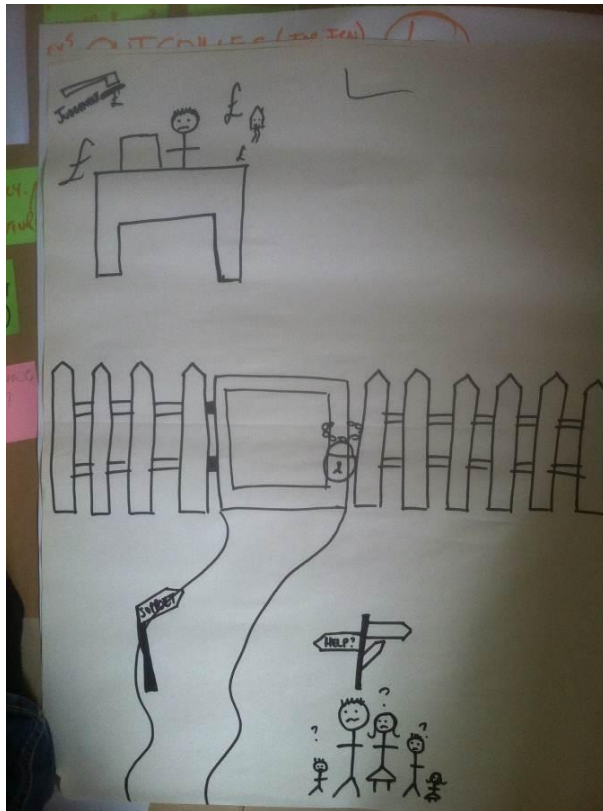
Comments on the Drawings

The following comments represent the exhaustive list of every word and description captured by the groups in interpreting and describing all of the pictures. The subsequent report will identify the common themes, by grouping the comments within this list. This will then be compared to the words used by service users to describe how they feel about their experiences.

This list represents a highly critical view of the experiences that service users suffer. One of the themes captured during the day was that the system and sector including the voluntary sector) do not celebrate what is done well and can be excessively self-critical. The programme by definition has to look at what could be done better, but will also ensure that the proposed ways forward do build on the broad range of excellent practice that exists. To support this journey, attendees are asked to take away and action the message that opportunities should be taken to recognise and celebrate excellent performance.

- Confused person
- No idea how to link services
- Services not joined up
- Working in silos
- Emphasis is on person to make contact
- Some agencies have permanent contact, where some have spasmodic contact
- Ineffective advice service for families
- Changing key workers is an issue – lack of continuity
- Some previous service involvement, but not long-term / planned
- Impenetrable
- Big Ivory tower
- Unfriendly / unwelcoming
- Cannot get in – do not know where to start
- Amount of paperwork – numerous similar assessments and plans
- Brick walls
- Lots of different assessments
- Barriers – for agencies and families
- Critical parent
- Judgements
- No clear goals – not knowing where we are going or how to get there - nobody scores
- Barricades
- Lots going on
- Not clear about the point
- Family is talking to a lot of people
- Confusing – finding a route in or out
- Not getting support / the right support / the best support
- Maze – no obvious way in
- Lots of tick boxes
- Lots of barriers
- No entry
- Ivory tower
- A lot of people talking at them – one way conversation with not enough listening
- All talk in code, jargon – difficult language to understand / relate to / feel supported by
- Fog
- Individual workers can make a big difference
- Everyone talking but no-one listening
- Cross-roads
- Brick walls

- Lots of signposting
- Closed doors
- Being told and talked to
- Accessing services is like getting through a brick wall
- Families feel insignificant
- Confusion
- Depression
- Filled with hot air
- It is possible to get free from services – but route not clear
- Negatives and positives exist
- Some fantastic workers
- Can be positive experience
- Nosey – intrusive
- Lost in a maze
- Money worries
- Authority looking down
- Drowning in bureaucracy
- Lots of talking
- Lots of organisations working – but not joined up
- Threatening / intimidating
- Life is at the end of the tunnel
- Perception that accessing / engaging with services may lead to the family being broken up
- Fear
- Intimidated
- Public sector seen as baddies
- Citizens are confused and angry
- Agencies not working together – in silos
- Stepped programme to prize
- Guilty
- Undermines their confidence
- Hiding things – drugs, family breakdown
- Feels supported
- We might create perverse incentives – child care, cleaning up behind them, benefits
- For some families it's a badge of honour
- Fear of relapse
- Multiple issues / stories
- Its normal / everyday
- Paid
- Disillusioned with us
- Feel labelled (do we look for the behaviour and do they drive them to behave this way)
- False promises

- Not helped in the right way
- Things don't fit together
- Initial fear in engaging with services
- A friendly face after initial engagement
- An open door, but fear going through it
- A bright future but very clouded over
- Islands of hope that they can cling on to
- Not clear what agencies do (unlike Fire Service)
- Confusion of branding
- Horror stories – Daily Mail type scenarios
- A maze – that lead to a number of different organisations solutions
- Anger on behalf of user
- Services create barriers
- Families create barriers – not accepting the problem
- Emphasis on how hard it is
- Not joined up
- Under the microscope – how family feels being "looked at"
- Confusing
- Frustrating
- Lots of what is passed on may be out of our remit
- Gateways are locked or have barriers
- Not joined-up
- Not one person can help
- Inflexible
- No one-stop shop
- Don't know where to go
- Families / solutions separate so cant connect the two
- Authority doesn't understand the family
- Multiple signposting / services is confusing
- Also sometimes no signposting
- Who designs the pathways?
- Wider Public is judgemental
- Public services are judgmental
- Lack of accessibility to professionals
- Barriers are substantial
- Breakdown of professionalism
- Agencies working in isolation
- Path to support two ways but an element of resistance
- Families feel as though in goldfish bowl
- Pathways not always obvious

- Haziness is also driven by the fact that services don't know what each other are doing and can do
- Is there a single view held anywhere?
- Lots of support available
- Sometimes not an easy road to it
- Some longer roads than others
- Sometimes have to walk several roads to find the right one
- Some roads are one-way only
- Support not as joined up as could be
- Down to people on the front-line
- Big building that they can't access
- Too far away
- Minefield
- Lots of different buildings
- Voluntary sector is a little closer. Less official but in local community and less judgmental

One of the groups also had and captured information about their discussion on the issue of whether FCN will perceive / interact with voluntary organisations differently. Comments were as follows:

- Experiences may be broadly similar as people involved with voluntary organisations may be similar to people involved with delivery of statutory services
- Experience, however, is most influenced by the individual – there are variable experiences within the sector and also probably even more variable experiences across the voluntary organisations
- There may be less feeling of being judged as voluntary organisations do not have the legislative power and sense of assessment
- Any differential in terms of voluntary organisations being less judgmental may be less now as voluntary sector taking greater role as commissioned agency
- There are potentially different types of voluntary organisations – some more professional than others and some on contracts where others still doing things for good of community / sense of contribution

C4.   the lives we are trying to enable

Draw a Picture of the Lives we are trying to enable for FCN

The following is a selection of some of the pictures that were drawn by the delegates.
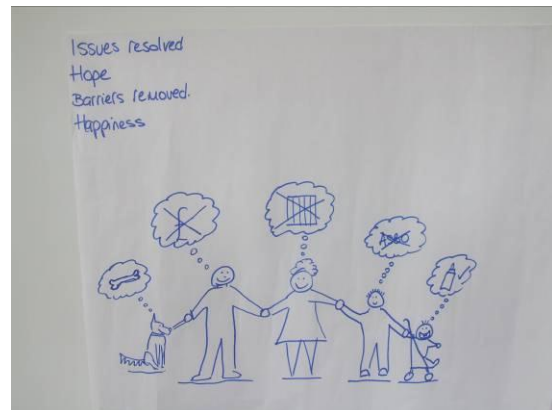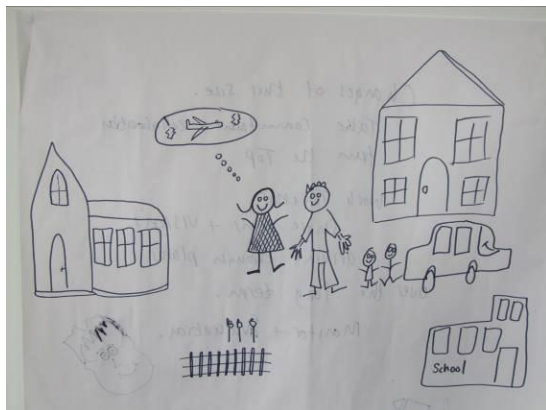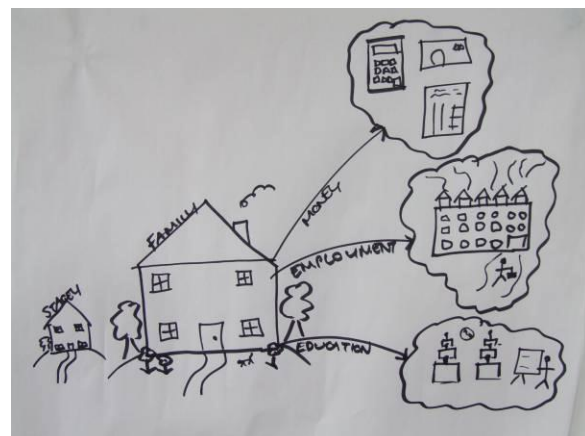
Comments on the Drawings

The following comments represent the exhaustive list of every word and description captured by the groups in interpreting and describing all of the pictures. The subsequent report will identify the common themes, by grouping the comments within this list. The final report will also look at all of the services that exist to evaluate whether the right balance / emphasis of services seems to exist to help enable these outcomes.

These words and images should not be seen as a vision, although one of the clear themes on the day was on the need to have a common sense of purpose and shared and clear ambitions / measures of success. If this becomes ones of the recommendations then this work may provide a starting point to build upon.

- Feel less isolated / judged
- Access to and take up of educational opportunities
- Money management skills to make good financial decisions
- Registered with and engaged with health
- Being and feeling listened to and supported
- Strategies to prevent future crises

- Potential to achieve
- Family is on a journey
- The family owns the journey
- Realistic aspirations / hopes
- Awareness of options / choices
- Capable of making choices
- Engaged within the Community
- Have adequate money through legitimate routes
- Happy and contented

- Children reaching their milestone
- Better family relationships / better family dynamics
- Positive Interests / networks / hobbies
- Choices
- Not being done to
- Being involved in shaping services
- Having their voice heard
- Options
- Positive futures
- Aspirations
- Achieving some of the outcomes they want
- Safety and security
- Achievements
- Economically stable
- Healthy lifestyles
- Resilient
- Confidence in services
- Accepting of their individuality and uniqueness
- Can use services easily in the future
- Hope
- Celebrate when things go well
- Caring services
- Communication makes a huge difference
- Able to cut links with statutory services
- Family achieving goals
- Good health
- Ability for the family to manage all of the services involved and input to what is required
- No crime
- Ultimately no professional involvement
- Choosing the services that the family want
- Money
- Housing
- Love and affection
- Social network
- Always have access to support
- No more injustice
- Still on a journey – they're in control
- Better quality of life
- Family confident that they can achieve better lives
- Changed culture and behaviours collectively
- Awareness of impact of individual's behaviour on family as a whole

- Sustainable change – will take time, we need to go step-by-step
- Trust with sector is important
- Family is together (not in care)
- Appropriately housed
- More self-sufficient
- Need less services / intervention
- Improved standard of living and health
- Independent and self-organising
- Making contribution to society
- Aspirations
- No wrong door
- Face-to-face where needed
- Individual responses
- Taking responsibility
- They have a vision and some help to get there
- Positive role models
- Shared goals of organisations for the family – set by the family
- Integrity of services – delivering on their promises
- Clear access to services and signposting
- Agencies communicating well (jigsaw coming together)
- Safer, more cohesive community
- Support networks
- Reciprocal relationships
- Choices
- Good neighbours / jobs
- School / training / education
- Healthy glow
- Holiday
- Savings / credit union / financial balance
- Making the first steps together with them
- Realistic steps (not a job today) and a clear journey
- Clean and tidy home
- Pathway to better education
- Coming home from work
- Law abiding
- Secure – housing, interventions supporting all
- Adequate space in home for all family
- Belief that things can change for the better
- Sense of belonging
- Felling valued
- Family communication
- Feeling part of the community

- Left the past behind
- Education / qualifications / jobs
- The home they wanted
- Mobility (car / bus)
- Better health
- Better quality of life
- Doing positive activities together
- Basic needs met – food, health

C5. Barriers to the Family

The following provides the exhaustive list of all barriers for families in achieving this vision that were identified during the workshop. Again the subsequent report will summarise these to identify the view of the most commonly identified barriers. This will then be used to identify whether the right services and support is in place to help overcome these barriers. Actual barriers will obviously differ for each family, but the purpose of the exercise is to identify any obvious gaps or duplication in terms of the range of services that are provided.
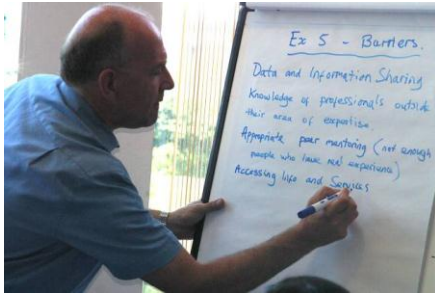
- Low aspiration
- Debt
- Poor skills
- Unemployment
- Lack of self-belief
- Caught in trap
- Don't know options / choices
- Don't feel able to change
- Lack of faith / trust in organisations to help
- Poor health
- Fell let down by society
- Lack of opportunity
- Don't know any different
- Not enough positive role models
- Living within the Community and hence can't break the cycle
- Lack of role models and peer mentoring
- Accessing information and help is difficult
- May not realise / accept that they need help
- Lack of awareness of what is available
- Some communities want to sort problems themselves
- Lack of capacity to take initiative to move forward
- Fear of engagement – hiding something
- Fear of failure
- Low expectations and hence believe situation to be normal
- Previous experiences
- Denied access to service as don't meet criteria
- Waiting lists
- Reluctance to engage
- Lack of motivation

- Doesn't want to engage
- Lack of awareness of what is available
- Lack of family ownership of need to change and what to change
- Lack of access to appropriate services / support
- No vision of what a better family life might be like and what means
- Don't understand the opportunity and hence sense of fatalism
- Lack of engagement
- Not being empowered
- Having things imposed
- Mixed messages – confusion
- Resources (their own and provided?)
- Culture needs to change (community culture or of public services??)
- Silo-based funding
- Don't know how to engage
- Waiting lists
- Red tape
- Encouraged to live day-to-day
- Learned helplessness
- Fear of change
- Don't believe it can happen
- Don't actually want it
- Broken promises
- Lack of on-going support
- Impact of peers – on family, within neighbourhood and on their own image
- Disempowerment as reliant upon services / agencies
- Low aspiration
- Debt
- Poor skills
- Unemployment
- Lack of self-belief

- Caught in trap
- Don't know options / choices
- Don't feel able to change
- Lack of faith / trust in organisations to help
- Poor health
- Fell let down by society
- Lack of opportunity
- Don't know any different
- Not enough positive role models
- Living within the Community and hence can't break the cycle
- Relationship between family and intervening worker – feeling of being judged / looked down on
- Lack of acceptance / denial
- Mental health
- Substance abuse
- Isolation
- Unrealistic expectations as to how quickly things can be happen (lack of patience)
- Fear
- Minimisation
- Blame
- Transport
- Finance / cost
- Time
- Lack of confidence
- Blame
- Ingrained behaviour
- Lack of confidence
- Motivation
- Lack of support
- Extended family might hold back a motivated family member
- Stigma / shame / embarrassment
- Recognition / acceptance of the problem
- Past experiences – school experience will impact way that children perceive school
- Mental health access
- Lack of services
- Stigma about services like JCP
- Ethnicity issues – should we be working locally

- Excessive structures and frameworks around the family makes them feel restricted
- Poor parenting
- Lack of hope / esteem / aspiration – can't see beyond their situation
- Not knowing how or wanting to ask for help
- It is all they have known
- Poor access to services
- Complex pathways (professionals also don't necessarily understand them)
- No communication
- Don't understand what and why decisions are taken
- Is there a desire to change?
- Inconsistency in service delivery means some are let down
- Professional preciousness
- Fit for local community
- Fear of failure
- Literacy skills
- Lack of opportunity
- Peer pressure
- Poverty
- Too many workers – overwhelming
- Mistrust
- Fear of consequences
- Abusive / neglectful families and experiences
- Cultures of low aspirations
- Poor social housing
- Lack of confidence
- Negative perceptions
- Lack of money
- Families being stigmatised by media and society
- Chaotic / changeable / volatile situation
- Lack of engagement with help / support
- Money and resources – including time]
- Lack of real choice
- Lack of information
- Location may reduce access to support
- Conflict may exist within the family about aspiration / hopes
- Negative experiences of previous agencies / engagement

C6. Barriers to Services

The following were the barriers identified that are perceived to prevent / restrict services from doing what they believe to be the right thing to support families or individuals. Again these will be grouped in the following report to identify the most frequently identified barrier. The challenge for the subsequent design phase of the programme is to ensure that future ways of working allow these barriers to be overcome – without increasing risks, costs or duplication.

- Don't know everything that is available
- Timescales – FCN live day-to-day existence where the sector works in months and years
- Same people want to make change happen – preaching to the converted, but others don't want change
- Not dealing with poor performance is even more de-motivating right now with cuts as need to be more ruthless with the dead wood
- No framework for managing / driving performance that is aligned to shared outcomes and common goals
- Post code services – we know what works but it isn't always available in all areas where support is required
- Culture – same old, same old
- Adequate resources to do the right thing
- Playing catch up / fire fighting
- Politicians are risk averse and motivated by re-elections rather than long-term change
- Individuals don't want to take risks – people employed tend to risk averse – not about big risks, but deciding to intervene earlier for example
- Different thresholds means it is difficult to know what is available for people
- Where to start
- Knowledge
- Information sharing
- Data protection
- Priorities of different agencies Thresholds and budgets
- Capacity
- Families willingness to engage
- Culture and ethos of organisations
- Motivation suffers as we don't tend deal well with poor performance
- We don't celebrate success enough

- The organisations are risk averse
- No buy-in to common goals / greater good by all agencies
- Don't know about all partner agencies and what they do
- Knowing the right person / route into that partner agency (success seems to rely on who you know rather than a defined process)
- Data protection – particularly medical info
- Schools sharing information – with whom
- Consistency of staff in organisation
- Consistency of staff with the family and relationships with other agencies
- Agencies coming and going – eg YOS, Probation
- Scare resources so input into families is reduced
- Clarity with regard to relationships between family members
- Clarity as regards relationships between family and workers
- Team around the family should mean a TEAM
- How do we build that team
- Family need to work with us – what are the consequences if they choose not to?
- Agencies need a clearer understanding of what each partner can do / does do
- Families need to understand what each agency can do
- Lack of consent to share info
- Data and information sharing
- Knowledge of professionals outside of their area of expertise (as an expert is it their role to have to have this knowledge??)
- Culture of service protectionism

- Info sharing made too complex – we do not need to know everything, but just need to specify what we do need and ensure that processes exist to identify / capture this
- Thresholds
- Funding
- Restricting strategies / legislation about what a worker can make happen / recommend (eg accommodation)
- Different service models across the County so can't signpost as different
- Agency agendas – different objectives and vision
- Policies prevent doing the right thing (eg housing allocations)
- Politics – national and local
- Targets and regulations
- Red tape
- Breakdown of professionalism
- Preservation of own organisation rather than being person-centred
- Partnership working on front-line needs more support / focus
- Personalities of workers
- Eligibility that stops people getting things until in crisis (is going to get worse)
- Lack of funding
- Funding criteria
- The targets are wrong – both the principles and the indicators
- Apathy
- Lack of awareness of what is available
- Communication between agencies
- Workers lack of knowledge of the full picture
- Not enough time to respond to needs
- No joint plan so services don't work together
- Lots of people know only a little
- Legislation – law
- Job descriptions too prescriptive
- Staff overworked and not listening
- All services too stretched
- Data protection stops information sharing
- Professional territory – "I do that"
- Beware of management!
- Not having consent to share information
- Lack of trust

- Waiting lists
- Negative experiences with services
- Time constraints caused by working week
- Asked to do more for less
- Exclusion criteria
- Post-code lottery
- Post code services – we know what works but it isn't always available in all areas where support is required
- Culture – same old, same old
- Adequate resources to do the right thing
- Playing catch up / fire fighting
- Politicians are risk averse and motivated by re-elections rather than long-term change
- We don't celebrate success enough
- Individuals don't want to take risks – people employed tend to risk averse – not about big risks, but deciding to intervene earlier for example
- Where to start
- Knowledge
- Information sharing
- Data protection
- Priorities of different agencies
- Thresholds and budgets
- Capacity
- Families willingness to engage
- Culture and ethos of organisations
- Understanding by practitioners about data sharing
- Capacity
- Cultural anxiety about risk taking
- Information sharing
- Silos
- Don't know everything that is available
- Not taking risks
- The organisations are risk averse
- Different thresholds means it is difficult to know what is available for people
- Timescales – FCN live day-to-day existence where the sector works in months and years
- Same people want to make change happen – preaching to the converted, but others don't want change
- Motivation suffers as we don't tend deal well with poor performance
- Not dealing with poor performance is even more de-motivating right now

- with cuts as need to be more ruthless with the dead wood
- No buy-in to common goals / greater good by all agencies
- No framework for managing / driving performance that is aligned to shared outcomes and common goals

- Buy in at a senior level to change
- Permission to do the right thing constrained
- Focus on reactive rather than preventative intervention
- Organisational culture
- Hide behind data protection / child protection
- Trust between the services areas
- Information sharing
- Not knowing the broader family issues
- Agencies not all round the table to complete the full picture
- Lack of knowledge of what others actually offer / do
- Conflict between agencies
- Lack of engagement by the family / individual

- We don't always know who is doing what
- Identifying the needs from a service perspective when we should do it from the family perspective
- Lack of / inadequacy of funding
- Lack of clear strategic vision
- Lack of shared values and shared vision
- Preciousness of budgets and information etc – profession as well
- Freedom / flexibility to meet needs
- Rigid criteria
- Top down services
- Not sharing information
- Too rigid
- Not accepting others' methods may be better
- Fear for our own jobs
- People not given permission to take a lead
- Attitudes
- No clear leadership
- Too restrictive job roles / responsibilities
- Information sharing – can't email, no secure systems, culture of fear
- Adult services understanding they have a role in family

C7. Differences between ways work now and in future

The final set of insight captured during the workshop, was about the key differences between the way we work now and the ways we will work in the future and are presented below.

- More emphasis on prevention
- Build on existing good practice
- Better use of a common assessment to identify needs
- Treating the causes and not the symptoms
- Creativity
- Budgets more flexible to follow assessments and needs, rather than the other way round
- "you're not like a social worker"
- Prioritising prevention
- Trust
- Communication and liaison through agencies
- Sharing information between agencies – consent from citizen
- Co-ordinated information sharing
- Co-located and local

- Good quality initial assessment. Plenty of time given to listening to the family
- Friendly towards family rather than confrontational / judgmental
- More home visits
- Services with a human face
- Single assessment shared with all agencies
- Accessible easier, shorter forms
- Discussing the barriers with families and finding solutions
- Public services working together
- Non-judgmental
- Trusted individuals working with family
- Made by one, accessible for all
- Multi-disciplinary teams - holistic and streamlined

- 2 way information flow between agencies and family – Family SPOC
- Full understanding (using data but not exclusively) of FCN – both collectively and individually
- Multi-agency cultural change
- Is there an issue about generic versus specialist?
- Is there a role for the general responsible person for all families whatever their needs?
- Key worker advocate focussing on personal development
- Independent
- Own budget for family
- Inter-personal skills of workers – empathy and advocacy as key skills
- Knowledge and support working alongside each other
- Performance management will be relevant
- A learning culture in place about what works
- Small achievements driving hope
- One-to-one personalised approach
- Non-judgmental and less formalised
- Create a new world
- Not wasting time
- Building on what we know already and building on what works
- Commitment to share budgets
- Re-allocated resources
- Fast track
- Worker recognised by all agencies
- 100% commitment by all agencies
- Agencies signed up to collaborative solutions
- Community leaders in place
- Support for bottom-up approach
- Challenging basic assumptions
- Prioritising prevention
- Trust
- Communication and liaison through agencies
- Sharing information between agencies – consent from citizen
- 2 way information flow between agencies and family – Family SPOC
- Co-ordinated information sharing
- Good quality initial assessment. Plenty of time given to listening to the family
- Friendly towards family rather than confrontational / judgmental
- More home visits

- Services with a human face
- Single assessment shared with all agencies
- Accessible easier, shorter forms
- Discussing the barriers with families and finding solutions
- Public services working together
- Non-judgmental
- Trusted individuals working with family
- Culturally changed
- Earlier intervention
- Earlier joint working
- Earlier identification of risks and causes
- Dynamic information sharing
- Data availability
- Common systems and core standards for training, information sharing and language
- Do we need legislation to help work together
- Inter-agency secondments and use of the learning from it
- Single assessments
- Mutual trust
- Reacting to community needs
- Multi-agency locations close by
- Working together / closer
- Shared databases
- Good knowledge of what is available
- Recognition and respect professionally for professionals – eg qualifications, salary
- Improved partnership working
- Mentors
- Better communication between organisations
- More networking opportunities
- Early intervention is key
- Include service users in design of services
- Mentoring for families and young people
- Communication more user friendly
- Reduced bureaucracy
- Not fitting people into boxes
- Improved housing stock
- Professionals are approachable and accessible – get them off the pedestal
- Focusing and building on strengths of family rather than always looking at weaknesses

- Communication between agencies
- Looking at outcomes
- Direct and honest communication with families
- More emphasis on prevention
- Build on existing good practice
- Better use of a common assessment to identify needs
- Treating the causes and not the symptoms
- Creativity
- Budgets more flexible to follow assessments and needs, rather than the other way round
- "you're not like a social worker"
- Informal contact points
- Tube map for all services
- Promoting services / better understanding of other relevant services
- Sharing of information
- An easy way of finding out who is working with / dealing with a family
- Better sharing of good practice and learning from what does not work
- Clear and applied core competencies for people working with family – empathy for example
- Knowledge of who does what
- Accessing information and services for users, needs to be easier

- Home visits rather than family visiting elsewhere / us
- Communication between agencies / across County borders
- Real prevention and early intervention
- Rid of red tape and bureaucracy
- Basic needs of family met first – housing, finances etc
- Cultural change – outcome focused and making a difference for the individual / family
- Personal and organisational accountability
- Learning and promoting best practice (**now** and in the future)
- Services dictated by need, not budget
- Consolidate commissioning of services across 7 Districts and Rutland?
- Multiple customer records – can we share core records
- Families become more self-aware
- Accepted joint responsibility
- All agencies thinking holistically around the needs of the family
- Know more about the complete picture (info sharing)
- Move to a can-do culture

C8. Profiles and Improvement Ideas

The workshop generated an enormous number of improvement ideas – firstly as individual thoughts captured onto post-it notes and then in more depth through the final exercise. To make the feedback of these manageable, the information has categorised using the improvement categories within the Circles of Need® method and based upon the profiles that separate tables reviewed. The subsequent report will bring these improvement ideas into a single view that will identify the major themes of change.

C9.   FRED

This section sets out the profile, the perceived hopes and fears, the needs/issues as well as the services that will play a role in Fred's life in addressing his hopes and fears / overcoming the issues / needs.

The improvement ideas identified by the tables that looked at this profile are included.

Profile - Fred

Age 45, Fred is registered disabled with an hereditary degenerative illness and in receipt of DLA. He is a council tenant and has been repeatedly threatened with eviction due to the state of the property and the crowded nature of the dwelling. There are suspicions that drug dealing does happen in the house.

He has five children between the ages of 19 and 6, four of whom live in the same property. His current partner is not mother to any of the children, but has two children herself from a previous relationship. He is grand-father to 2 grand-children through his eldest daughter, who doesn't live at the property, but can spend extended periods in the house. His estranged wife had a daughter from a short relationship and this 17 year old also lives with the family and is 4 months pregnant. Fred often struggles to cope emotionally and this presents itself as outbreaks of anger and anxiety, but has no formal recognised mental health diagnosis. One of his outbreaks of anger led to a suspended 12 month prison sentence and he has been identified as a perpetrator of ASB on a number of occasions – mostly in relation to noise. He has also been a victim of ASB, suffering repeated graffiti at the property, targeting his physical disability. He has threatened suicide.
His attendance at school as a child was very poor, he has no qualifications and has never worked. Despite their low income, the internet seems to play a big part in the family life with a netbook, X-box and big box PC in the home plus broadband connection. There are a large number of mobile phones in the house.

Hopes / Fears

Interestingly one group looking at Fred, did not identify any hopes – only fears.

-
- No hope of securing a job as never worked before (f)
- A better future (h)
- Fear of falling apart (f)
- Illness improves (h) / illness develops (f)
- Not to go to prison (h) / getting caught / going to prison (f)
- Further targeted for ASB (f)
- No longer being able to cope (f)
- Taking his life (f)
- Unable to provide for family (f)
- Children and grand-children – might be better for them (h)
- Success / happiness for the family (h)
- More in control of what is going on with his home / family (h)
- Health fears (f)

- Going to prison (f)
- Repeat ASB (f)
- ASB against wider family (f)
- Losing his partner (f)
- Losing property (f)
- Losing family (f)
- Worried about eldest daughter (f)
- Children getting involved in crime / substance abuse etc (f)
- Despair – is this my lot in life (f)
- Losing house (f)
- Losing home (f)
- Bigger house (h)
- Improvement in condition of the house (h)
-

Needs / Issues

- Training and re-skilling / education
- Environmental health
- Money problems
- Overcrowded house
- Family dynamics
- Positive role model for broader family
- Inclusion / involvement in Community
- Support from Community Safety re being target of ASB / hate crime
- Peer support
- Access to counselling services / group support
- Evidence needed for suspicions of drug use and impact on children in household
- 17 year old pregnant step-daughter needs health and housing assessment
- Another suicide attempt

- Primary care
- Support with degenerative illness – emotionally as well as medically
- Cultural support – social and medical
- Overcrowded house
- Social skills
- Parenting skills
- Anger management
- Family welfare
- Opportunities to have a purpose and meet other people
- Training / employment opportunities
- Bigger house or some older children to be rehoused
- Benefit check to ensure getting everything entitled to

Services

- Connexions
- SENA worker
- A10
- Benefits agency
- School attendance support
- School / education
- Housing maintenance

- Housing allocations
- Citizens advice
- Neighbourhood watch
- Trading standards (loan shark)
- Community safety
- Consultant for disease
- Safeguarding team

- Adult education
- ASB co-ordinators
- Tenant support officers
- Mental health assessment support
- Housing benefits
- GP
- Specialist health worker
- Hospital
- Mid-wife for unborn child of pregnant girl living in the house
- Police
- YOS
- Children's Centre
- Anger management support
- Autism outreach

- Mental health services
- Mediation with regard to ASB
- Social care services
- Substance misuse workers
- Menphys SOS
- Positive leisure activities
- Youth service
- Parenting support
- Probation
- FIP
- Social Care services
- Debt / rent arrear advice
- Jobcentre
- Victim support

Improvements for Fred

The following improvements were identified by the tables who worked on the Fred profile. The improvements are almost without exception about broader improvements that could be applied across the whole system.

Customer-centric / user designed

- Ensure ownership of change by the family
- Informal support (role of church groups and the like is underplayed)
- More carrot less stick
- Services should build confidence with the person / family
- Credibility that things can change for the better – make it realistic
- Matching of worker to family to get food relationship
- Out of hours / helpline
- Listening to the family – plenty of time to do this
- SPOC

Better meeting needs / capacities / simplify

- Stop letting people disappear form education
- Treat cause and not symptom
- Analyse, analyse, analyse – what works for who, when etc.
- Money to follow assessment of need rather than being based upon historical split of funding
- Should we be changing the type of education for different types of people?
- EUNS (can't read this) need to be a welfare and not enforcement agency
- Personal support worker – to know who to go to – when and where
- Better identification of overall needs of family

Being more proactive / earlier intervention - community

- Preventative work before pregnancy, raising self-esteem, keeping in the education system, removing from the dangers of the family

- We are reacting to 17 years of learned behaviour – shouldn't we have started earlier. Our chance of success against 17 years of ingrained belief is low
- More emphasis on prevention
- Preventative work – things put in place to pre-empt potential problems

Improving awareness / finding optimum access channel

- Prioritise what we solve for families and for individuals
- We need to know more of what is available elsewhere to refer on or offer support/advice
- Single point of administration

More joined up (sharing processes, data, people, infrastructure)

- Multi-agency teams working together
- Data is available and we need to use it
- Single joined-up assessments like MAPPA
- In terms of data, only ask for what we NEED to ask for
- Make more applications electronic
- Not all shouting together – key individuals that interface with family on behalf of others – like GP for example, they are trusted and can help with other advice
- Share plan across agencies to prioritise interventions
- Stop NOW any barriers to information sharing
- Provision and sharing of data / information
- Common consent form to enable sharing of information
- Need to understand what other agencies do / offer
- Partnership agreements between the agencies
- Joint consent form
- Get agreement across agencies on how to overcome data protection issues and making sure information is shared
- Quality single assessment

Others – not categorised

- Build on the good work already being done – lots of County wide groups already in place – use these to drive and make things happen
- Sole responsibility and clear accountability so people can't walk away from people who need help and doing the right thing
- Deliver some quick wins to move forward and build trust – BOTH across agencies and also with families
- Need to coordinate / bring together the carrot and stick – agencies who are pure enforcement cannot provide any carrot or encouragement to improve / change, which makes their relationship very one-dimensional and confrontational and help reduces impact?
- Continuity of staff
- We sometimes more too quickly to enforcement, rather than continuing with carrot and encouragement
- Invest to save in the Youth Service
- Strong personalities are required – who can support individuals
- Reepmant (cant read) teenagers under 18 – excellent service exemplars

- This all requires senior management support – ensuring that operational employees "do things differently and better"
- Recognise that we already do a good job with families and these changes are incremental to that
- Reduced bureaucracy

C10. Stacey

Profile - Stacey

Stacey is 17 years old and is 4 months pregnant. It is unclear whether she knows who the father is.

She spent many years in care due to neglect and was also on the Child Protection register as she had been sexually abused by her father. For four years, she has lived with her mother's partner, which came about after her mother, who drank very heavily, left the area suddenly. Her mother has returned a number of times, causing much distress for Stacey, but has stayed away for a while.

Her mother's partner has two other children from a subsequent relationship, (aged 6 and 12) and also now has a new girl-friend living at the property, who herself has two children (aged 21 and 19) from a previous relationship.

Stacey's attendance at school was always very poor. She has no qualifications and has never worked.

Stacey is known to the police due to the fact that she used to spend a lot of time with a group of youths, many of whom are now in prison and have many criminal convictions. She has never been convicted of anything herself, but it is believed that she drinks and smokes heavily. The area that they live in has higher than average levels of drug abuse and the 19 year old living in the household uses heroine. There is some concern that the house is used for drug dealing.

Hopes / Fears

- Short-term crisis
- Hopes it will all be alright in the end
- Might romanticise what it will be like having a child
- Felling unsupported
- Feels lone (although surrounded by people)
- Doesn't feel loved
- Feels judged
- Depressed / anxious (drinking/smoking?)
- Chaotic
- Fear of losing house
- Hope that might get own house

- Fears of her ability to be a good mother
- Better life for here baby
- Safe pregnancy
- Frightened by thought of giving birth
- Health child
- Fear that baby might be taken away
- Hope for her own place
- Experiences will have limited her hopes / expectations
- Day-to day survival
- Hopes may be just void
- Hope for different future
- Fearful of being let down again by services

Needs / Issues

- Protection for her
- Protection for her baby
- One-to-one support across everything
- Role models

- Positive peer support
- Parenting support
- Link / route to help
- Education / good decisions making

- Treatment / medication for addiction
- Housing
- Threat of drugs to unborn child and other children in house
- Safety of the children – heroin user in house

- Money / benefits
- Relationship with mother's partner
- Focus on here and now – not on the future
- Support for pregnancy

Services
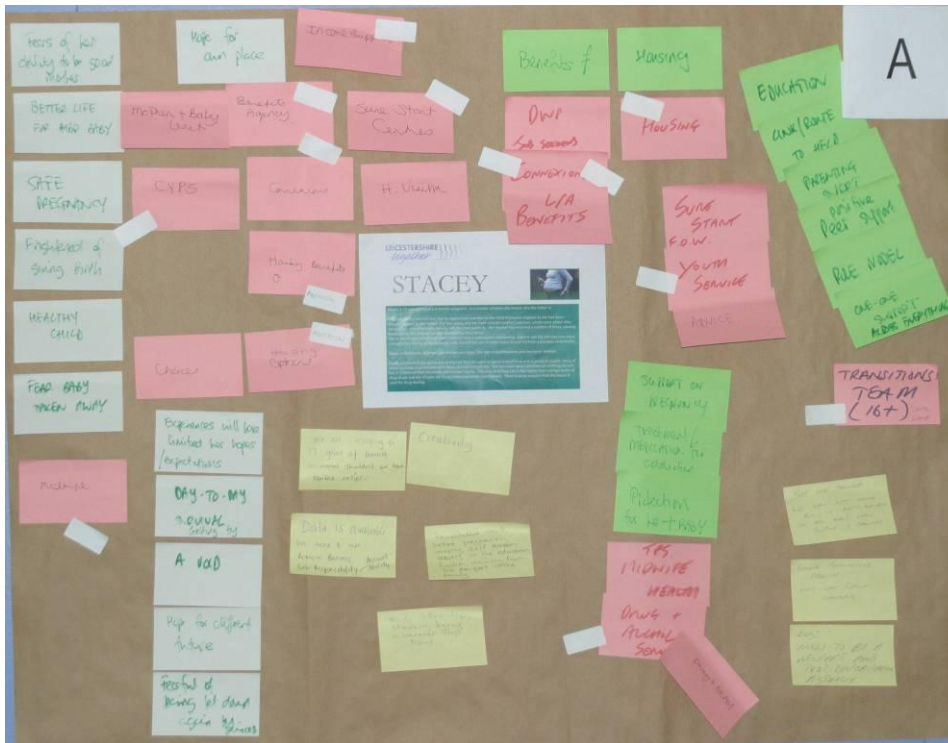
- Youth offending
- Probation
- Schools
- Social care
- Drug and alcohol services
- Police
- Maternity services
- Youth service
- Social care
- Family support
- Family outreach / YOS
- Transitions team
- Advice from lots of places / agencies
- Sure start

- Midwife health team
- Housing options
- Choices
- CYPS
- Benefits services
- Council housing
- Health visitor
- Income support
- Benefits agency
- Mother and baby unit
- Pre-birth parenting skills (attendance?)
- Life skills work
- Connexions

Improvements

Customer-centric / user designed

- Meaningful consultation with service users
- Clear outcomes to achieve with a realistic plan
- Prioritise individuals concerns / needs first – with them

Better meeting needs / capacities / simplify

- More creativity and support from services
- Be more outcome driven rather than process driven
- Prioritise services
- Open doors / don't close them – be a friend not the enemy
- Staff properly trained to undertake evidence-based interventions with families – with salaries reflecting this

Being more proactive / earlier intervention - community

- Undertake assessment of needs and situation a month before someone is released from prison to co-ordinate services on their release
- Developing more community capacity – both preventative and proactive
- Parenting from very early days
- Locally accessible, community.-based services
- Would the voluntary sector be seen differently to statutory services?
- Bigger focus on earlier intervention

Improving awareness / finding optimum access channel

- Self-referral to be more encouraged
- Always have one central point of contact – one lead per family
- Always have one lead for a family – they are the person / agency who communicates with the family and ensure they are in the picture
- Have and be clear upon the lead agency
- Lead professional to build helpful, focused relationship with family
- Family / person centred
- Put Fred at the centre
- Involve the family in the decision-making process where possible
- Understand / analyse "access to services" barriers
- Involve the family in goal-setting / planning / prioritising work
- Make clear who does what job and why they are working with the family
- Shared language – get rid of acronyms
- Plain English – for the users and practitioners to be able to understand
- Address issues of fear and trust of services
- SPOC
- Coordinating role – names individual

More joined up (sharing processes, data, people, infrastructure)

- Simplify processes
- Simplified / single referral and assessment processes
- Data sharing
- Remove barriers to data sharing
- Triggers for re-offending could pick up other issues
- Improve practitioners knowledge / awareness of all services
- Co-ordination between services / organisations
- More collaboration
- Communication with all involved
- Joint management / co-location of teams
- Common assessment tool
- Information sharing agreements
- Don't turn workers into jack of all trades
- Multi-agency working
- Multi-agency teams
- Co-ordinated support of other organisations / professionals
- Better communications
- Joined-up commissioning of services

Removing duplication

- As few workers as possible at the front end with relationship with the family
- Reduce numbers of staff / organisations involved with the family
- Developing

Others

- Clear accountability
- Solution focussed approach across all services

Profile - Anne

Anne is 38 and lives with her partner, alongside one of her two children from her previous marriage (aged 17) and three children from her partners previous marriage (aged 6, 13 and 19).

She has no diagnosis of health or mental health problems, but is a frequent visitor to her General Practitioner, reporting general aches and pains. She does drink heavily and can spend periods of many days where she fails to actually leave the house.

She is recognised as having had a stabilising affect on the life of the six year old, but recently had 4 months in prison for theft and assault, which led to heightened concerns for the welfare of the child.

Anne has no qualifications and has never worked. Her attendance at school was extremely poor. No-one in the house has ever worked.

Her 17 year old daughter is heavily pregnant, but it is not clear whether she expects to stay in the council house that they share when the baby arrives. Her 21 year old son is a heroin addict and can visit and stay in the house for extended periods of time. The house is overcrowded and generally extremely untidy. There have been many reports of ASB by other local residents, in particular reporting concerns about arguments and shouting.

Hopes / Fears

-
  - Fears violence as a victim
  - Fears losing her temper and being perpetrator of violence
  - Hopes 17yr old will be better mother than she has been
  - Hope for a settled partner who treats her well
  - Hope that partner might have a positive input
  - Hope that doesn't get into trouble with police and get caught
  - Hope that she can provide for the family – eg food
  - Hopes for future grandchild
  - Hope that GP visits will help
  - Hope that GP will understand and identify her difficulties
  - Hopes for the six year old to have a better life
  - Fears lack of education will count against the family
  - Fears agency involvement (only had negative experiences)
  - Hope to keep family together
  - Hopes to find her talent – and its reward
  - To get help for sons addiction (and that it works)
  - 6 year old doesn't turn out like siblings
  - GP can deal with her aches and pains
  - To be more confident
  - Fear that nothing changes
  - Fear that ignored by health professionals
  - Fears that children will have same life as her
  - Fear that son will die from his addiction
  - Fears that she will never be employed
  - Fear that child will be taken into care
  - Fear that nobody notices she is struggling
  - Fears lack of money
  - Fears eviction
  - Safe birth of Grand-child
  - Son stops being addicted
  - To be out of debt
  - To remain in house
  - Not to be in debt
  - Hope that the 17yr old moves out
  - Hopes for a fresh start
  - Fears the outside world
  - Fears that she in unwell
  - Not to go to prison
  - Fears asking for help

- Fears the impact of the crowded house
- Fears the police
- Fears conflict
- Fears for her son's failure and future
- Fears for her own health
- Fears of her lack of ability
- Fears eviction
- Fears change
- Fears the truth
- Not being able to cope

- Fears of ASB and crime
- Fears debt and loan shark
- Nothing will improve
- Prison
- Losing her son
- Family will (be) split up
- Losing home
- Hope daughter does not suffer like her
- Family to stay together
- Hope she gets help
- Hopes to feel better

Needs / Issues

- Literacy issues
- Supernanny required
- Mediation required
- Make her feel normal
- Anger management
- Root causes not being addressed
- Physical health
- Mental health
- Safeguarding
- Parenting
- Resilience
- Housing overcrowded

- School attendance
- At risk threat
- Unmet physical needs
- Unmet mental health needs
- Unknown health of whole family
- Alcohol been addressed?
- Unmet needs and welfare needs of the child
- School attendance of children
- Aspirations for 17yr old and unborn baby
- Need for training and employment

- Housing issues – 17yr old and whole family
- Family is both victim and perpetrator of ASB – how do we deal with that?

- Mental health stigmatisation
- Housing issues

Services

Assessments are undertaken for CAF, JCP, Childrens services, Pre-birth for 17yr old, medical, housing, benefits, Mental health, child protection, adult education, domestic violence, probation prevention, drug & alcohol support, domestic violence – probably with others as well.

- Sure start
- Where's the third sector?
- Drug abuse workers
- DV workers
- Mental health services
- Drugs services
- Job centre
- Support workers
- Childrens' services
- Benefits services
- Police
- Housing
- Secondary school
-

- GP
- Midwife
- Special school
- ASB officer
- Youth provision
- Connexions
- Fire
- Parenting programme coordinator
- YIPS / YOS
- Attendance and improvement workers
- JAG
- School nurse
- Swanswell

Improvements

Customer-centric / user designed
- A lead professional to be point of contact
- Named advisor to be the leader
- SPOC from agencies
- SPOC
- Lead agency
- A single lead professional
- Single advocate
- Lead key worker
- Single point of contact
- Need an advocate who cans ee things all the way through

Better meeting needs / capacities / simplify
- Consistent eligibility criteria
- Simplify framework of services around families / individuals
- Build agreed action plan with individual / family, agreeing priorities
- Broader role for GP to be advocate – not as individual but as agency
- Life skills mentoring

- Better matching of training / education to what is needed (both in terms of types of skills / job opportunities and also what interest people)
- More counselling support
- More basic support in getting a job
- Change policies based upon understanding total size of demand in the place
- Helping to make sure there are more positive things for the family to do together
- Use enforcement tools differently – to coerce / encourage engagement

Being more proactive / earlier intervention - community

- Localism – community needs should lead
- Clearer strategy on universal versus targeting and clear criteria to apply this
- More early intervention / prevention
- Proactive access to services – understand trigger points

Improving awareness / finding optimum access channel

- Better use of information – not just sharing but applying and knowing what is needed
- Information sharing protocol
- Better knowledge of what other services do
- Remove silos
- Promoting the services
- Service marketing
- Menu of agencies and what they do
- Website signposting to all services available
- Educating people and professionals about what is available

More joined up (sharing processes, data, people, infrastructure)

- Col-location hubs
- Resolve data sharing
- Clarity of process to avoid silo solutions
- Better information sharing
- Agree what core data agencies will share and define single comprehensive information sharing agreement
- Improve communication and sharing between specialists
- Share databases – both of citizen information but also case management information
- Co-location
- More effective information sharing

Removing duplication

- Lots of knowledge bases of what services are available, but all maintained separately and none complete

Other

- Common principles of good practice
- Better planning
- Build sense of aspirations
- Practitioner communication

- Breaking down professional barriers
- Avoid making assumptions
- Induction should focus on the place, not the organisation
- Less professional preciousness
- Flexibility and ownership by workers
- Understand the future landscape that might be created by planned cuts
- Make existing structures more effective – eg JAG and CAF

C12. JAMIE

Profile - Jamie

Jamie is 13. He has an ASBO. He is infamous in the area, known to police, fire service and social services alike. His attendance at school is poor and despite significant effort invested by welfare and attendance officers, his attendance has never really improved.

He has no mental health diagnosis, but it is notable that he has problems with controlling his temper and has had many violent clashes with his father. His mother, who drank very heavily, left very suddenly 7 years ago. His father is registered disabled with a hereditary degenerative disorder – and also struggles to control his temper. After his mother left, Jamie 's father could not cope with the stresses and their violent clashes led to him being taken into care. He had two short stays with foster carers. He often used to run away from the foster carers.
He is now living with his father again. Things are less chaotic since his father started to live with a new partner and although his attendance remains extremely poor, he has not violated his ASBO for a while. He has two siblings also living at the property, a six year old autistic brother and an elder brother, with one 21 year-old sister who has moved out, but still visits regularly and sometimes stays for extended periods of time. His father's partner also has two children and one of these is a heroin addict. There is some concern that there may be drug dealing in the house.
No-one in the household has any qualifications and no-one has ever worked. Jamie attended A&E once due to a stabbing. He provided no details on his assailant.

Hopes / Fears

- Wants own space
- Worried about younger brother
- Worried that dads girlfriend will leave
- Fear of being stabbed again
- Fear that may have disorder like his dad
- Worried by instability of family
- Hopes for cuddles
- Hopes to be told that someone loves him
- Misses contact with mother?
- Hopes for routines
- Fears being bullied
- Not get hit by his dad
- Not go back into care
- Get money

- Hoping girl-friend for father continues to bring stability
- Fearful of becoming like father (hereditary illness)
- Fear being caught by police
- Hope people understand and don't give him a hard time
- Wants to stay with father
- Fear of being stabbed again
- Fear of violence Doesn't want to be in care again
- Getting less attention from father due to girlfriend
- Low sense of self-worth
- Hope for some stability
- Hope for on-going family unit

■ Fears that no prospects of anything   better

Needs / Issues

- Education
- Improve take up of learning / training
- Dealing with alcohol
- Helping with drug issues
- Possible alternative curriculum
- Self-respect / self-belief
- Parenting skills for father
- Care plan for Fred may be the starting point
- Safe environment
- Consider existing support networks
- Working with him on personal development
- Increase his aspirations

- Helping Jamie with caring role for younger brother
- Overcrowded house
- Nutrition / basic cooking
- What has worked to date?
- Help with progressing aspiration
- Hereditary issues
- Dealing with mum leaving
- Help with use of time
- Provide role model for advice
- Dealing with lack of a role model
- Coping with anger
- Health and standard of living
- Coping with the future

Services

- Literacy help
- Respite for family
- Family Intervention Programme
- Maximising income
- Housing adaptations
- Housing choices / allocations
- Health visitors
- Environmental Health

- CAHMS
- GP
- YOS mentor
- Debt advice
- DAAT
- Healthy living / lifestyle services
- Anger management
- Pupil referral unit

- Youth service
- Alternative curriculum
- Princes trust
- Child psychology
- Counselling services
- Police officers
- ASB officers
- Community Beat officer
-

- Social services
- Youth offending
- Fire services
- Young carers
- Living with teenagers
- Family steps
- Coping with the future

Improvements

Customer-centric / user designed
- Putting the family first – leaving silos behind

Better meeting needs / capacities / simplify
- Prioritised interventions
- Which family member is key – both good and negative influences
- Ask service users what they want
- One point of contact
- One stop shop
- Distinguish between causes and symptoms

Being more proactive / earlier intervention - community
- Locally designed solutions
- Early intervention
- Families part of the solution
- Bring families together to share experiences and build networks

Improving awareness / finding optimum access channel
- Key worker / co-ordinator, with real authority across all services. Also accountability for this authority has to be very clear
- Lead worker agency
- Main co-ordinating agency depending on area of highest / priority need (similar to CAF)
- Easily accessible key worker / leader who can coordinate
- Accountability of services to carry through on agreed actions
- Improve family information service

More joined up (sharing processes, data, people, infrastructure)
- CAF approach to FCN
- Framework to set out how we work – sharing information about services around it
- Join up the panels – eg MAPPA etc. Lattove (cant read) family approach
- Break away from silos
- Streamlined data collection and effective sharing
- Central database
- Pooled budgets

- Joint FCN-wide CAF
- Co-ordinated work that is agreed priority
- Joint focus on problem(s) solving
- Agencies talking / communicating with each other
- Framework of common assessments
- Too many agencies
- Clear signposting / routes / referrals
- Joint protocols between agencies – proper backing and commitment
- Understand what other people / agencies can do
- Protocols – for information but also other things like resource allocation
- More co-location to remove barriers

Removing duplication

- Standardise how do we all use risk indicators to enable shared information and joined up earlier identification

Others

- Reporting
- Small pieces to make a difference bit by bit
- Accountability
- Avoid post-code lottery of services
- Evaluation and review
- Prioritising
- Clarity on what is success
- What do you do first
- Impact on org structures?
- How do you co-ordinate all of this?
- Know what competencies are needed for workers with families

C13. JOSH

Profile - Josh

Aged 6, Josh has not had an easy start to his life. He is autistic and attends a special school. His attendance at the school is good – indeed the perception within the school is that the school brings some much needed structure to his life.

Josh used to be on the child protection register due to concerns about neglect. His father is registered disabled with a hereditary degenerative illness and suffers from anxiety and outbreaks of violence and anger. It is believed that he has never hurt anyone, but he has a suspended 12 month sentence due to a previous particularly worrying incident. His father has no qualifications and has never worked.

His mother drank heavily, but left abruptly when he was 6 months old. She is not really part of his life, but does appear every now and again and causes very significant disruption. His father has a new partner and her involvement seems to correspond with a more stable time in Josh's life, although she has recently been in prison for 4 months for theft and assault. She has 2 older children from a previous marriage, both of whom spend regular and sometimes extended stays in the household – her 19 year old son is a heroin addict.

Josh has 1 sibling and two half-siblings, all of whom live in the household, ranging from 19 to 1 year old. Their influence / input to Josh's life is not clear. The two step-siblings live at the property, have no qualifications and have never worked. There is some concern that drug dealing happens from the property.

Hopes / Fears

- Might want more contact with mum (or less as she left when he was so young
- Worried about dads health and unpredictability of home life
- Who is going to be in my home tonight?
- Enjoys school and routines – hopes this is going to continue
- Unsettled and confused by lack of structure and when routines are disrupted

- Worried by dads temper and who it will be directed at
- I want more positive attention
- Would like clean clothes and new toys
- Hopes that dad wont die or got to prison
- Might hope new partner stays
- I'd love my own room, a computer and more space
- Someone to ask ME what I would like
- Scared by shouting and violence making him withdraw socially
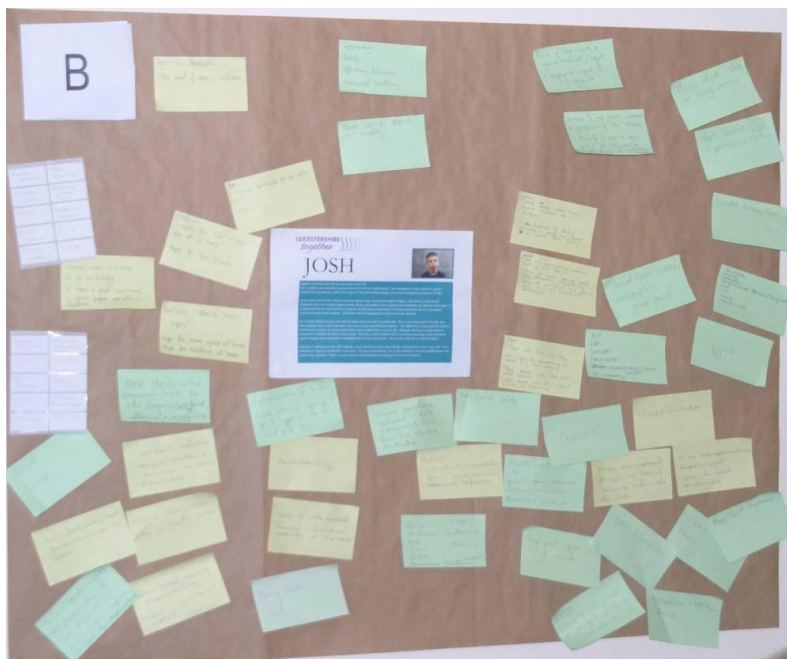
Needs / Issues

- Risk of offending / ASB
- Learnt behaviours
- Exposure to inappropriate situations
- Chaotic household – risk of adult drug taking
- Peer group
- Drug paraphernalia
- Lack of security
- Mixed messages in terms of role models
- Low income / deprivation
- Over-crowded house
- Risk of violence
- How is voice heard
- Abandonment / attachment
- Lack of routines / focus
- Low aspirations
- Physical care – basic needs not met
- Out of sight, out of mind at school?
- Positive female role model?
- Sense of self-identity
- Lack of extended family support

Services

- Parent link with education
- Children with disability team
- FIP
- Pastoral support / Head of year
- Head teacher
- Social worker
- Autistic outreach
- SEN
- School
- Attendance officer / EWO

Improvements

Customer-centric / user designed

- Involve families

Better meeting needs / capacities / simplify

- One front door
- Co-ordinated approach to thresholds
- There is a gap between 5-13 in terms of the right support
- Short-term and long-term interventions together
- Threshold negotiation / discussion
- Create opportunities for positive informative experiences
- Education to take on board whole family approach
- THINK FAMILY – multi-agency, early intervention teams

Being more proactive / earlier intervention - community

- Early intervention wedge –a hub of people with a role to coordinate practitioners – Family steps model which is 0-19, pooling resources and sharing responsibility
- Extending preventative services to 5-13 age group

Improving awareness / finding optimum access channel

- Advocate for child – children's champion
- Work individually with the child but alongside awareness of broader family intervention
- Real consultation with families

More joined up (sharing processes, data, people, infrastructure)

- A joining up of services by something like a FIP – health visitor, police, council, specialist health services, housing
- Co-ordinated response
- FIP as co-ordinated role taking multi-agency approach and risk assessment
- Not working in isolation

- Share knowledge and skills
- Don't be precious
- Helping all professionals understand data protection laws – it should facilitate rather than be barrier to communication
- Shared, explicit value base across agencies – putting families at the centre
- Joined-up adults and childrens services, assessments, support, budgets, reviews etc

Others

- Need to recognise it will take time to resolve issues and will need investment and long-term commitment
- Whole spectrum of responses required
- Building capacity between universal and targeted services