



**Families
First**

In Buckinghamshire

Annual Report 2015

Buckinghamshire County Council



Families First – Annual Report 2015

Foreword - *Lin Hazell, Cabinet Member, Children's Services*

Welcome to the Buckinghamshire Families First Annual Report 2015

As Chair of the Buckinghamshire Families First Executive Steering Group, I am delighted to welcome the 2015 annual report of the Families First Partnership.

The Families First approach has been successful in terms of targets met, income achieved and innovative projects supported – but most of all in terms of the life changing outcomes for children and families across Buckinghamshire.

This has been achieved through the hard work of the Families First team and also through the significant contribution of time, resources and willingness to think and act differently that our partnership has shown.

I want to thank each and every one of you for this commitment, particularly at a time of financial constraint. As we move forward into Phase Two, the challenges will no doubt increase, but we have a sound foundation on which to build. I look forward to our future success.

Acknowledgements – *Joy Shakespeare, Families First Programme Lead*

This report was produced by the Families First Team, who have steered us through to Phase One success. Thank you all:

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Introduction and Overview

This report assesses the continued progress of the Families First programme in Buckinghamshire, and provides a closer analysis of the outcomes. It seeks to enquire into and expand on the development of the work that has been taking place within the Families First Partnership, and assess its readiness for the expanded programme that is scheduled to run from 2015 - 2020.

This report has been prepared in collaboration with findings from external consultants and using primary data collated during the course of Phase One of the programme. Crowe Associates completed a number of consultations with partner agencies on their understanding of Families First and their ability to deliver within the parameters of the approach.

One of the stipulations of Phase Two of the programme is that outcomes are determined in conjunction with partners, following the guidelines set out by the Troubled Families Unit (TFU) of the Department of Communities and Local Government (DCLG). These outcomes will not only serve as the barometer of success for families, but will also determine the efficacy of the Payment by Results mechanism. As expected, this was not an opportunity to go for the quick wins, but to begin the conversations around service transformation, with a focus on local priorities, based not only on cost of intervention, but longer-term impact of interventions. More specifically, this aims to significantly reduce the number of families consistently accessing high-cost reactive services during times of crisis, through having an awareness of the signs and symptoms of imminent distress, and dealing with these at an earlier stage.

Feedback from families and the value that they place on the interventions is important, and may be the most important gauge of the impact of the work undertaken. This is actively encouraged, as we are keen to shape services so that they work best for those who require them. These case studies in particular will focus on the services accessed and the outcomes derived from the targeted input.

FAMILIES

What does a typical Troubled Family look like?

The National Picture

Each local authority in the programme was asked to randomly select at least ten per cent of the families they are working with and provide information about their profile and their problems on entry to the programme.

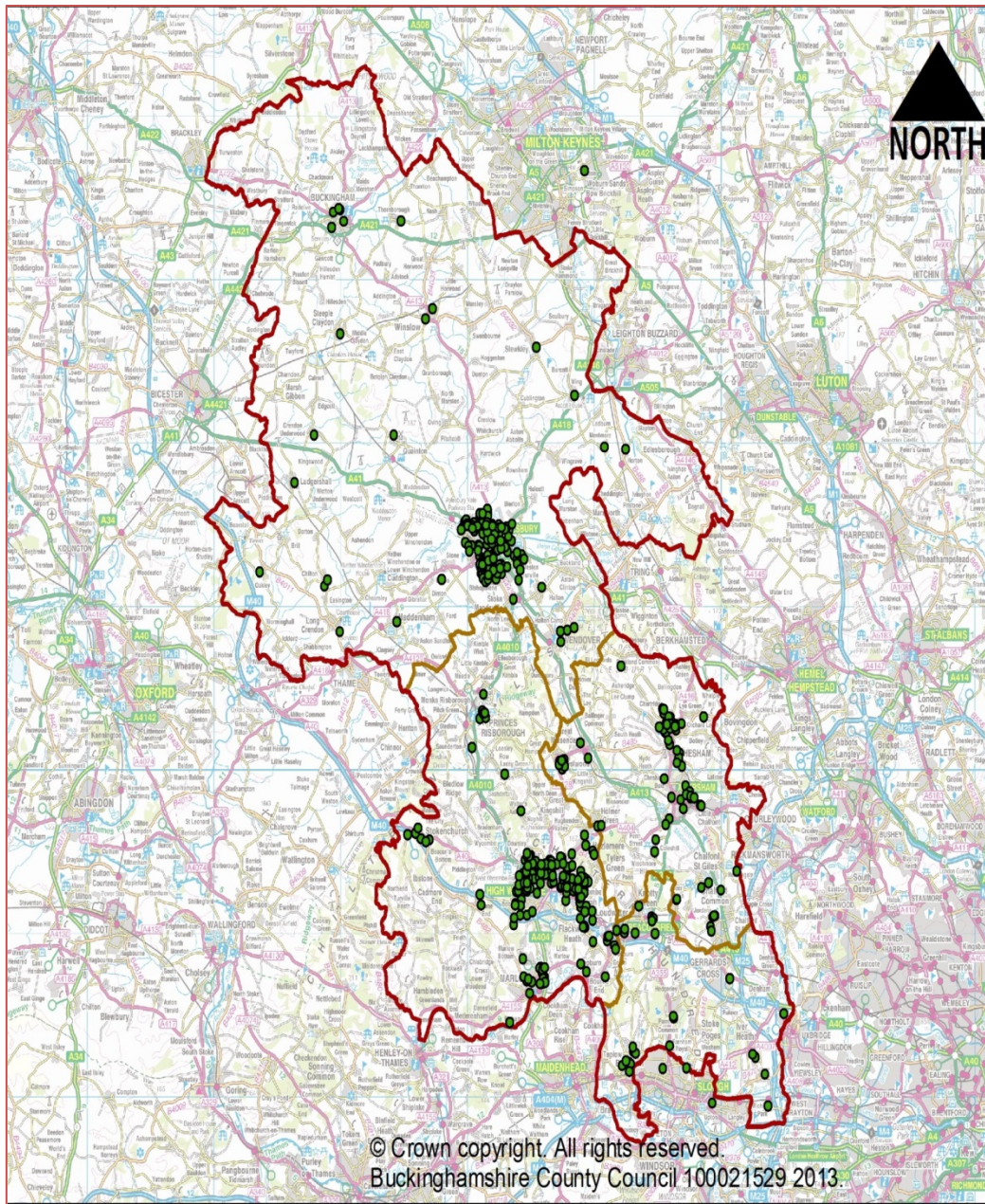
Ecorys, an independent evaluation partner, collected, cleaned and analysed the data. The findings are based on the first batch of data submitted by local authorities.

The findings show that on entry to the programme, that the sample of families had the following characteristics:

- 40% had 3 or more children, compared to 16% nationally.
- 49% were lone parent households, compared to 16% nationally.
- 82% of families had a problem related to education such as persistent unauthorised absence, exclusion from school or being out of mainstream education.
- 71% of families had a health problem.
- 54% of families were involved in crime or anti - social behaviour.
- 42% of families had had police called out to their address in the previous six months.
- 29% of troubled families were experiencing domestic violence or abuse on entry to the programme. National estimates put the level of domestic violence among individuals at around 7% in a year.
- Over a third of families (35%) had a child who was either a Child in Need, subject to child protection arrangements or where a child had been taken into care.
- One in five (21%) had been at risk of eviction in the previous six months.
- In nearly three quarters of families (74%) there was no one in work, compared to 17% of households nationally.
- In 83% of families, an adult was receiving an out of work benefit compared to around 11% of the population nationally.
- 70% were living in social housing compared to 18% of the population nationally.

The Local Picture

Where do our 'Troubled Families' live?



Of the 545 households engaged as part of Phase One, 185 families were located in High Wycombe, and 178 in Aylesbury. This is a significant proportion of the families. In fact, 93.19% of all the households identified in the Aylesbury Vale district area were within Aylesbury itself. This trend is comparable in the Wycombe district council area with 81.86% originating in High Wycombe.

28 families were engaged by the Families First approach despite living outside Buckinghamshire Council boundaries. 18 of these 28 households were located in Slough. This accounts for 64.29% of all the out of area households. It was essential that these families were highlighted, as they did not, and would not have appeared on Slough's list of

qualifying families, as they were accessing Buckinghamshire services, whilst living just outside our geographical boundaries.

What issues do they face?

The three initial indicators from Phase One were unemployment, crime and anti-social behaviour, and poor school attendance. However, families have typically faced a much more complex set of problems, as the national data above has indicated.

Case Study

Shaheen and Omar live together with their four children aged 12, 7 and twins aged 4. Omar works very long hours and Mum is struggling to cope with caring for the children by herself. The family's two youngest children were attending the local Children's Centre, who were concerned at the behaviours exhibited. The family were identified for support using the Families First approach due to the following issues:

- Aggressive behaviour of the twins
- Inappropriate parental supervision of the children, when travelling by car
- The eldest child acting as a carer
- Concerns around Mum's depression
- Inconsistent attendance at school, and persistent late arrival
- Children not attending health appointments

Dedicated workers, dedicated to families

As they had the best relationship with the family, the Children's Centre allocated a worker. This was Noreen who maintained responsibility for managing the intervention and co-ordinating the support that was identified on completion of the Family Outcome Star. She was fortunate to be able to speak the first language of the household, and understand the cultural nuances that presented as potential barriers to engagement for the family.

Practical hands on support

- For two weeks fairly early on in the intervention the worker visited the home early in the morning, to observe the morning routine.
- Clear explanations and discussions took place with the parents to inform them how positive engagement could lead to more positive outcomes. They were happy that Noreen would be the main person who would manage the other agencies for the family, and explain the processes involved.

A persistent, assertive and challenging approach

Omar had previously refused to engage with services, and had a poor relationship with services as he expressed he had been angry when his children were placed on a Child In Need plan, due to neglect. When it was explained how concerned professionals were about the children, and the inappropriate care provided by the eldest child, he agreed to take some responsibility for the household and support his wife by being more present.

Shaheen acknowledged that she was not coping well, and needed help. She had grown comfortable with Noreen, and was happy to accept assistance.

Considering the family as a whole – gathering the intelligence

The Family Outcome Star was completed with Shaheen. An additional appointment was made when Omar was available to ensure that his point of view was captured, and also to enlist his commitment to the process. An action plan was developed, identifying specific targets and demonstrating exactly what the family needed to accomplish to get there.

Common purpose and agreed action

Having spent time with the family piecing together the issues and their symptoms, Noreen called together the professionals who had been providing support. There was agreement to assist Mum with attending medical appointments with the children. She was embarrassed at not being able to understand what they were asking, due to the language barrier.

The children's education was being affected as they were either not attending school, or arriving very late. All four children had been allocated places at different schools, and Mum was struggling to get them all there as she did not drive. The remoteness of the geographical area meant that public transport, though not impossible to navigate, was extremely awkward.

Results

- Shaheen enrolled in ESOL classes to help her become more confident in attending her appointments and joined a number of other groups for Asian women within her community. This has positively affected the low mood she was experiencing.
- Omar adjusted his hours to assist with taking the older two children to school in the morning, allowing Shaheen to focus on getting the youngest two children ready to arrive at their schools on time.
- Discussion around car safety. Shaheen and her husband now understand the safety and legal implications around seatbelts in cars.
- New school placement allocated to enable the twins to attend the same school. Following a medical appointment, a diagnosis was made. The youngest child's behaviour was due to her frustration at not being able to hear. She has been fitted with hearing aids and her behaviour is no longer problematic.

Case Study

Carla and her three children, aged 13, 10 and 6 months lived together in temporary accommodation, and had been given notice that they needed to move out. They had been involved with Social Care for a number of years; however, the parent felt that underlying issues were never addressed to her satisfaction. The family were identified for support using the Families First approach due to the following issues:

- Mum was not accessing help to deal with her depression and low mood
- The older two children were displaying disruptive behaviour in school and were at risk of permanent exclusion
- They were to become imminently homeless and were not entitled to social housing
- Debts were escalating
- Mum had recently ended a violent relationship

Dedicated workers, dedicated to families

The Family Resilience Service (FRS) took on the management of this case. They linked in with the family to build trust through a joint meeting with the school, who were very concerned about the behaviour displayed by both children. Recognising that they were deeply unhappy about their current accommodation, the FRS worker attended appointments with Carla. Through this, she found that although Carla had been signposted to available support by a number of agencies, she had not felt confident to follow through with this.

Practical hands on support

Carla's FRS worker sat with her and completed the Family Outcome Star, providing Carla with a visual representation of where she was doing well, and areas where she required support. They built a plan and worked on a number of priority areas.

A professionals meeting took place to assess what each agency would be able to provide to help the family. Mum had not explained to school that there was an issue with accommodation. As a result, they increased their pastoral support for the children.

A persistent, assertive and challenging approach

Carla had an ambivalent attitude towards some agencies, stating that they weren't very helpful. Having had feedback from some of the work that had taken place, her FRS worker encouraged her to explore previous interventions, reviewing those that had worked well, and others that were not so successful.

Considering the family as a whole – gathering the intelligence

After completing the Family Outcome Star and agreeing the action plan, Carla was surprised to realise that previous agencies had repeatedly been attempting to assist her with the same issues. She admitted that her focus on keeping the domestic violence in her relationship hidden often meant that she had avoided workers, and did not complete tasks. This had impacted greatly on gaining positive outcomes for her and her family.

Common purpose and agreed action

Having a named worker that she could contact, who took care of co-ordinating her appointments helped Carla to feel more in control, while the pressing issue of her accommodation was being organised. Her worker sat down and helped her make lists of all the tasks she needed to complete. This was something totally new for her, as her partner had taken care of everything before.

Carla expressed that it was exciting but that it also made her nervous to be responsible for taking care of her family alone. Her worker ensured that she was linked into and engaging with a number of supportive universal agencies, as part of the exit strategy.

Results

- Carla started attending her local Children's Centre. This provided her with an opportunity to meet other parents and speak to professionals, if she needed to. This helped as she had felt very isolated since moving to a new area to escape domestic violence.
- Carla was supported to meet with the mental health team to receive support with her depression.
- Support was given to assist Carla with finding new accommodation for her family, and raise a deposit of £100. Bucks Floating Support was instrumental in helping her with this, and directing her to debt management.
- Both children were receiving additional support within school, with work completed around emotional literacy, and protective behaviours. The use of reward charts stimulated their return to positive behaviour. The eldest boy has made excellent progress and now attends one to one sessions with a mentor.
- Towards the very end of the intervention, Carla was also attending the Freedom Programme.

Case Study

Kelly lives with her three children, aged 15, 17 and 19. The children's father passed away ten years ago. School referred the family due to the daughter's low school attendance. Mum reported concerns around the eldest daughter's relationship with the rest of the family. The family were identified for support using the Families First approach due to the following issues:

- Mum's mental health
- Low school attendance
- Financial worries
- 17 year old was NEET

Dedicated workers, dedicated to families

Initially there was no one that was linked in with the family on a regular basis, with the exception of the school. A professionals meeting took place and the school agreed to manage the case until a full picture of what was taking place could be gathered.

Practical hands on support

- The employment advisor with the Families First team attended one of the school meetings, and offered to meet with Mum to look at a possible transition into work. She was open to attending training courses, and had completed some in the past, though had not managed to convert the training into employment.

A persistent, assertive and challenging approach

Mum's engagement was sporadic due to her mental health. There were times when she felt so depressed that she was unable to get out of bed. When this was probed, it was discovered that she was not taking her medication properly, stopping whenever she felt well. This resulted in her starting to spiral into depression again. She was supported to attend her appointments, and regular checks were completed to ensure she took her medication.

Considering the family as a whole – gathering the intelligence

The school attendance of the youngest two siblings had been greatly impacted by Mum's health, as they felt that it was their responsibility to stay at home and look after her. The 17 year old had the potential to do very well in his exams, but had not attended school consistently and failed to sit most of them.

The eldest child was attending college and was very unhappy with the situation at home. She had spent a large amount of her childhood with relatives while her Father was sick, and had developed resilience to cope with her Mother's mental health. She planned to go to university and not return.

Common purpose and agreed action

The Family Outcome Star gave a very clear steer on the areas that required the greatest effort in turning around the present situation.

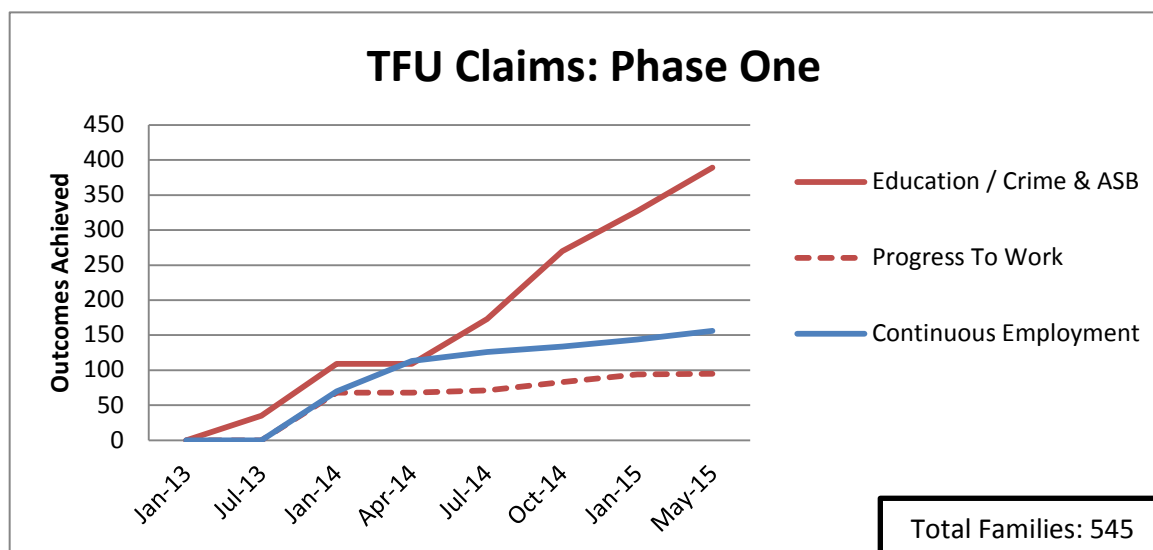
All the family members were given an opportunity to state how they would know when things had changed, and joined in the process of working out the steps that they would take to get there.

Results

- Connexions and the Youth Service provided support to the youngest child offering them an opportunity to talk about their concerns and also to look at alternative education routes to enable him to gain some qualifications. He is now enrolled at and attending the local college, studying for GCSE's.
- Kelly is attending her mental health appointments and taking her medication.
- Kelly has completed a course with the job centre and was successful in her application for a catering job in a local factory. This was her first job in twenty years.
- The eldest daughter is applying for university places near home.

As you can see from the case studies, our families' experienced disparate issues and these had very different impacts on their lives. Therefore, it is very difficult to identify what a troubled family looks like in Buckinghamshire. Situations are dependent on a number of variables, and their ability to cope at that specific time.

So how did we perform against our targets?



In total, there were 545 families turned around during Phase One of the Families First programme in Buckinghamshire. 389 (71.38% of total) of these achieved all relevant measures based on the Education / Crime & ASB parameters, highlighted in our outcomes plane later in the report. Of these 389 families, 95 also achieved 'progress to work' and this explains why the graph represents both these criteria in red. Meanwhile, 156 (28.62% of total) households had at least one adult move from out-of-work benefits into continuous employment. It is a particularly positive result to see that the figure for continuous employment surpasses that of the 'progress to work,' and we hope to carry this momentum forward into Phase Two of the programme.

There have been observations of increasing numbers of families experiencing financial hardship. The stereotype of families who subsist on government handouts is not the norm. Most are hardworking – and the current financial climate has brought additional complications to the fore, for example the number of families who are working, living without luxuries, but still struggling to make ends meet.

There have been ongoing discussions within Buckinghamshire for some time, which have been stimulated by the welfare reforms, and the need to plan for the inevitable changes that will be experienced by residents. The impact of changes alongside the expectation that services are required to 'do more with less' puts pressure on delivery, and difficult decisions are being made regarding priorities. Do we have realistic expectations of people who reside in Buckinghamshire?

It is deemed to be a realistic expectation that those who can work, should work. This is one of the main elements embedded in the design of the Troubled Families programme, both in Phase One, and remains in Phase Two.

The total allocation of 600 Troubled Families Employment Advisors to assist in direct work with families who are engaging is a commitment from the Department of Work and Pensions that aspires to demonstrate that while they are making difficult choices that may affect the

income that families have become accustomed to receiving, wherever possible, they will also provide support to those who have been identified as requiring assistance to access training and job opportunities. Once employment was attained, the value placed on work, and the self-esteem built was a frequent experiential outcome in many of the families worked with.

One of the clear outcomes that was demonstrated when those out of work were supported in their journey towards employment was increased confidence on acquiring and mastering new skills. Conversely, there were also concerns expressed by the employment advisors, and confirmed by a project facilitated by the Chesham Wellbeing Project of unrealistic expectations relating to the work that they might be qualified to undertake.

One of the primary difficulties when approaching a limited number of families was that it was unlikely that they would generate the levels of income in employment that they received in benefits. To reiterate, this was the case with a very limited number of households, but at the extreme end, the family income would have needed to be at least £60,000, and did not take into account payment received covering accommodation and council tax charges.

The cycle of 'worklessness' that many of the households had become used to, appeared symptomatic of their apparent helplessness and feelings of inability to control what was happening in their lives. Feedback from the employment advisors was very clear. For a significant number of adults that accepted their help, work for the individuals in the households was the last thing on their minds, when their accommodation was at risk.

The risk of homelessness is just one of the examples of the chaos endured by some of the families who engaged with the programme. The positive element of having a lead family worker who was co-ordinating the intervention, was that the professionals utilised a common sense approach, and agreed the order in which parts of the intervention were to be accomplished to ensure that families did not lose heart, and disengage altogether. Often, that meant tackling some of the things that felt small to an outsider, but that had a big impact to the family. These included tasks like supporting them to attend health appointments, or having the conversation about rent arrears, and possibly negotiating a payment plan, right through to establishing routines and ensuring that clothes and lunches were prepared in advance.

Experiencing the success of these smaller tasks enabled some of the families to build confidence and move on to the 'harder to tackle' parts of their plans, areas that were not simply a task to be completed, but that required ongoing dedication and commitment, such as maintaining a routine to get the children to school, or completing a training course to assist with accessing employment.

THE SHAPE OF THINGS TO COME

Building on success and lessons learned

The original iteration of the Troubled Families Programme closed at the end of March 2015, with the final claim period closing at the end of May 2015. Buckinghamshire met the centrally allocated target of assisting 545 households in successful interventions that met the performance criteria set out in the financial framework.

We have learned through Phase One that the use of an Agile approach was successful when applied not just to the project management of the programme, but also to the roll out of the model.

The chosen method of prototyping utilised the Agile delivery method allowing more rapid feedback and enabling the service to be responsive at an earlier stage where changes were required in business processes. This incremental approach ensured that where there were lessons to be learned, these were identified at the earliest opportunity, and adjustments to processes and delivery were made.

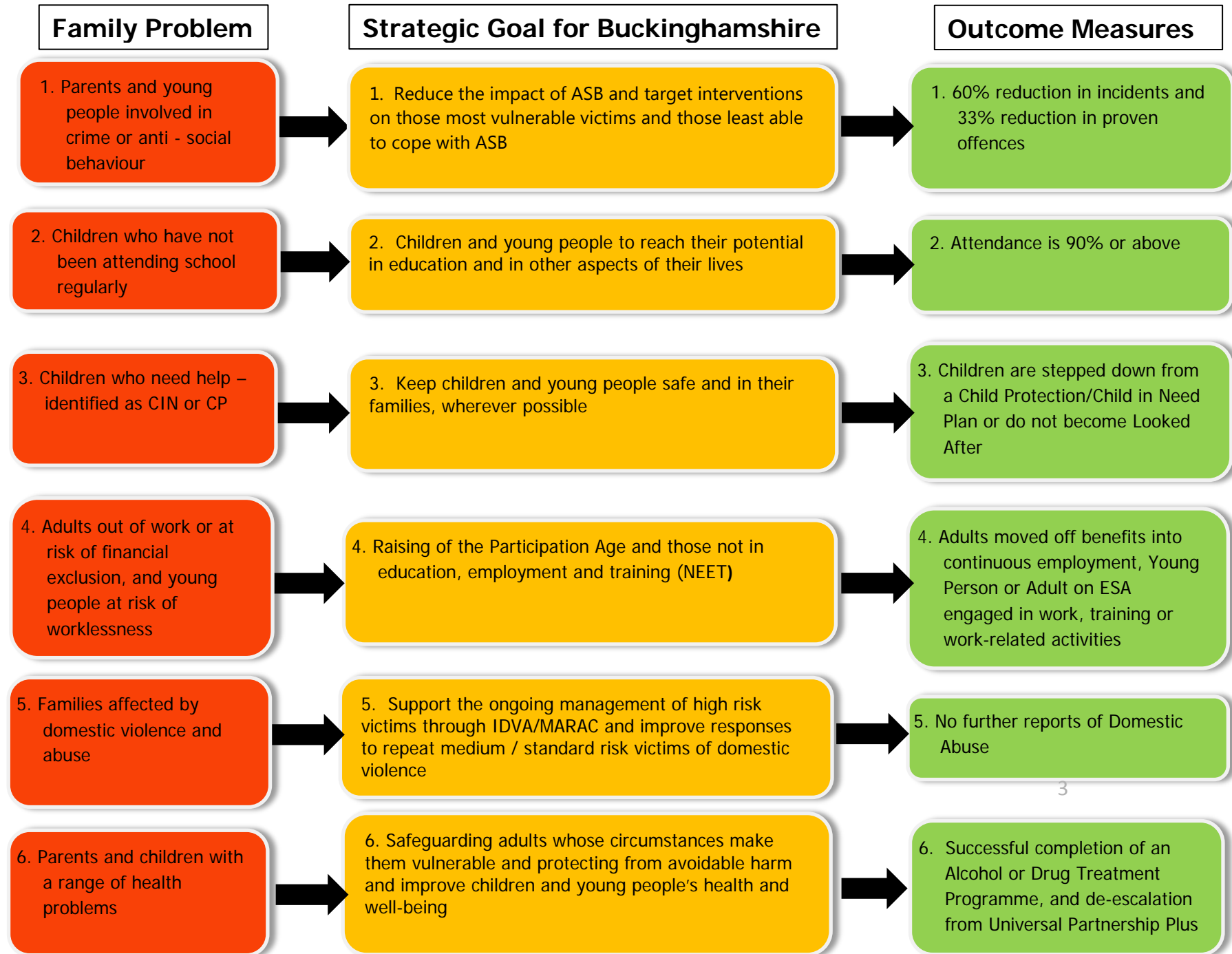
Phase Two – The Expanded Programme

At the Spending Review in 2014, it was announced that the Troubled Families programme would be expanded to work with 400,000 more families from 2015 to 2020, with £200 million funding for 2015 to 2016.

To further cement the commitment to the next even more ambitious phase of this programme, a document detailing the 'Shared Commitments' was devised, and areas were required to sign up to these elements, prior to embarking on the expanded programme.

(Please see Appendix A for details)

As referenced, rather than the stringent outcomes stipulated in the Phase One framework, partners have been encouraged to develop and design their own results frameworks. These have been subject to constructive support and challenge from the central team, and are in no way fixed. It very much remains a live agile document.



The sustainability of the Families First model depends on continued and expanded partner engagement with the established model of working. Membership of the Executive Steering group has been expanded to reflect these additional priorities, and the success of the second phase of the project will rely heavily on the engagement and inclusion of partners.

This new way of working has called for partners and colleagues within the Local Authority to work outside their normal remit in order to bring about the outcomes specified by central government. This was being achieved with no additional funding provided to external partners. The Payment by Results income generated was due to the overall commitment of partners to this agreed way of working.

With the support of Chris Williams, Chief Executive of Buckinghamshire County Council, and the multi-agency Families First Executive Steering group, we committed to making the Payment by Results income available to partners who would deliver projects and to work that directly impacted on the specified outcomes. This has generated good will among our partners, and stimulated a number of creative, impactful projects that continue to contribute to the attainment of the ever increasing stretch targets. For details of projects that have received contributory funding, please see **Appendix B**.

The approach taken by Families First now underpins the Early Help strategy across the Buckinghamshire Partnership and it is hoped that this will yield additional benefits in terms of outcomes for children and families, as well as improvements in the cost effectiveness of services.

Champions for change

For Phase Two we are expanding the reach of partnership working by the introduction of Families First Champions through a structured programme of funded secondments.

For 2015-16 these secondments have included:

- Two DWP Employment advisers
- A health visitor
- A Connexions Personal Adviser
- An Education lead for families where there is a child with severe behavioural difficulties

We plan to expand this in 2016-17 to include:

- A Substance misuse specialist
- A housing officer
- An Educational Psychologist
- A Mental Health worker

Work force development

While it is certainly a commendable aspiration to seek to embed the ethos of the approach one person at a time, it became evident fairly early on that it would be necessary to make a commitment to the workforce across the partnership. Reflecting on feedback from those who had undertaken responsibilities during our Chesham Prototype back in January 2013, they were very clear that the role of Lead Family Worker took them out of their comfort zone. We

knew that building confidence and upskilling where needed would be an essential requirement, if we were to deliver the successful outcomes of the project. This was absolutely not about asking people to do things entirely differently, but rather increasing their understanding of the approach, its benefits and the efficiencies of working in this way, as well as providing Practice Standards (see **Appendix C**) and training in the agreed Early Help assessment tool.

Building the confidence of the workforce

As part of the development function of the Families First approach the team is constantly seeking to improve training procedures that will enhance service delivery on the frontline and beyond. Working with managers with a training remit from across the partnership, we used a rapid and cost-effective appraisal of partnership working based on 5 separate criteria in order to identify good practice and problem areas within the approach. This exercise confirmed our analysis that we needed to concentrate on the following areas:

- The role of the lead professional / lead family worker
- Embedding the Outcomes Star
- Identifying and quantifying neglect
- Working with suicide and loss

Details of this training can be found at **Appendix D**.

Next Steps

We are pleased to announce that as of April 2016 the Buckinghamshire Safeguarding Children Board (BSCB) will be taking over the responsibility for the ongoing delivery of these key elements of workforce development, as part of their overall remit. This will provide the necessary multi agency central co-ordination and is an excellent example of the way in which Families First is contributing to system change across the partnership.

PERFORMANCE

Measuring Outcomes

As already mentioned, unlike the previous interim report, while there are numerous detailed case studies and analysed feedback from families who have experienced changes to their lives due to the interventions and combined efforts of partners, this report and its analysis does not focus in any great detail on the experiential element of the intervention. This is not a permanent omission. We are dedicated to collating feedback from families, and reviewing the difference that they feel professional interventions have made to their lives. A number of elements of performance management have been added to the national programme that will enable some of this input to be examined in detail, the basics of which are outlined below.

National Impact Study

This quantitative assessment of the impact of the programme matches data about the individuals within the households to provide an estimate of the added value of the programme. It does this by comparing those families who received an intervention, with individuals in families prior to intervention. The aim of this study is to collate evidence that will support a national cost benefit analysis of the expanded programme.

It will:

- Provide local findings to show the impact of delivery
- Provide this information across a greater number of outcomes
- Provide the information to local areas regularly throughout the life of the programme
- Use the information submitted to pre-populate the other calculators requesting data to facilitate greater comparability of savings.

Participation in the National Impact Study was a requirement of signing up to Phase Two of the programme. If areas declined to fulfil this commitment, then future Service Transformation Grant funding would likely be withheld.

Family Progress Data

There are a number of family problems that are not held in any national administrative datasets, but are still important indicators of family progress. This includes areas which feature heavily for Phase Two, such as domestic violence and issues around housing and financial difficulties, that impact on everyday life.

Without this information, the picture of the households would be incomplete, so this progress data is requested twice annually. The emphasis is on the change that is achieved by individuals within the household. As alluded to earlier, the measures have been aligned with the unit costs in the Cost Savings Calculator, and this will be pre-populated by information submitted during the completion of the Family Progress Data.

This information must be submitted for every family supported by the programme, the intention being that the Service Transformation Grant will support the local collection and submission of this data. Extensive guidance for sharing and collating this data has been produced, based on legislative principles. See **Appendix E**.

Cost Savings Calculator

This element of the programme has been a long time coming, and in the context of reduction in public spending, it is vital that we clearly understand the longer-term benefits of local delivery of interventions. The assumption is that this will go on to inform local strategic priorities, investment decisions and operational developments.

Longitudinal Study

It is important that we understand what makes the programme effective, and where we might use this information to make the approach more efficient. We are working in partnership with Oxford University to gain a greater understanding of what makes successful interventions work and under what circumstances. To do this we are focussing on the use of a qualitative evaluation process to analyse the outcomes achieved, and support the national quantitative data collection.

It will work alongside a cohort of families over a three year period, and additionally work to identify any outcomes of interest that are not captured by original indicators, and actively gain clarity in real detail about the interventions to ensure that success might be replicable to all those who need to use it.

In order to gather a full picture of the elements of the intervention that made the difference, the interviews will also include feedback from the lead family worker's.

It will work on the premise identified by DCLG of the five key family intervention factors:

1. A dedicated worker, dedicated to a family
2. Practical 'hands on' support
3. A persistent, assertive and challenging approach
4. Considering the family as a whole - gathering the intelligence
5. Common purpose and agreed action

Sustainable success

Locally, we have adopted an ambitious whole system approach to supporting both families in crisis, and those at risk of tipping into dependency on public services. Our current approach seeks to develop, implement and maintain a sustainable approach to working with families experiencing multiple challenges at a high cost to public services. This is to be achieved by a streamlined assessment and intervention using multi-agency delivery.

The link to Community Budgets is the inclusion of tracking the cost of intervention against the outcomes achieved, and also looking at the social value of the changes that families sustain. A key element of the business case for Families First is using a consistent FROI methodology (as part of a wider SROI approach) to ensure that there is a clear understanding of where public funding should be invested for what return, and where across the system future cost avoidance will feature. This work then enables further discussions about the shaping of public services on a place basis, rather than on an organisational one. This focus is in keeping with the national Community Budget work.

Key challenges for Families First resonate with the wider Community Budget work. These include information sharing; ensuring join up with other programmes; development of a sophisticated insight function; effective evaluation; sustainability and how to shift the focus to a strengths-based, rather than a deficit model.

Conclusion

Nationally the Troubled Families Programme is deemed to be successful as a catalyst for much needed system change and for making the business case for joined-up action to reduce public expenditure. There is, as yet, limited evidence that this approach does result in cost savings.

In Buckinghamshire the Families First programme Phase One has achieved:

- 100% of target families turned around
- The Families First approach adopted as the Early Help Strategy
- Training delivered to 528 people
- The Outcomes star adopted as the EH assessment tool of choice
- £300,000 invested in innovative partnership projects
- Secondments for Families First champions
- Commissioning of the longitudinal study
- Early starter status for Phase Two of the programme

Challenges for the future

- Financial constraints across the partnership leading to disinvestment in the programme
- Proving financial as well as family outcomes benefits
- Phase Two scaling up – a big increase in the project
- Taking system change to the next level
- Meeting local and national government demands for information
- Development of champions approach

APPENDIX A

Shared Commitments

Building on the relationships formed with local areas through the first Troubled Families Programme and with 'early starter' areas for the new programme, the Troubled Families Team will continue to work collaboratively with upper-tier local authorities and their partner agencies. This relationship between central and local government is critical to the programme's success and is based on a series of commitments made and fulfilled by both parties.

Importantly, while the expanded Trouble Families Programme will continue to operate a payment by results funding model, this is far from a purely financially transactional relationship. On the contrary, this programme is based on a common interest and ambition to transform the lives of this country's troubled families, to improve the services that work with them and to ensure more efficient and effective use of public money in the long-term.

On this basis, as part of the sign up process for the new Troubled Families Programme, all upper-tier local authority Chief Executives will be asked to sign up to a number of key commitments. These include the following:

- To achieve significant and sustained progress with an agreed total number of families over the 5 year period from 2015/16.
- To engage with an agreed number of families in the first year of the programme (2015/16). The local authority will receive upfront attachment fee in 2015/16 for this number of families.
- To integrate and transform local public service, evidenced through participation in the programme's National Impact Study, the submission of Family Progress Data and completion of the programme's Cost Savings Calculator. The local authority will receive a Service Transformation Grant, weighted towards their total number of families, to support this work.

Further detail relating to all these commitments is provided in the Financial Framework.

Adherence to the above commitments for the new programme may be taken into consideration when decisions are taken about funding beyond 2015 / 16; payments may be reviewed and reduced or withheld if commitments are not fulfilled.

In return, the DCLG Troubled Families Team commits to offer local authorities the following:

- The freedom and flexibility to prioritise the families of greatest concern to them and their partners locally, on the basis of cost and the potential benefits of an integrated whole family approach.
- The freedom and flexibility to design their own framework (a Troubled Families Outcomes Plan), reflecting their local service transformation priorities and based on the principles laid out in this Financial Framework.
- Upfront attachment fees for an agreed number of families in 2015/16 and a results payment for all families with whom they wither achieve significant and sustained progress or move into continuous employment.

- Increased provision of local analysis and evidence back to local authorities from the national evaluation, offered earlier in the programme and more frequently. This evidence will give local authorities improved information about the problems families face on entry to the programme, the impact of their local delivery on families and the fiscal benefits being achieved. The data and analysis will inform ongoing service transformation, investment decisions and workforce development.
- A streamlined system for the collection and submission of information for the evaluation and for making results claims.
- Constructive support and challenge from the central team, based on shared learning and experiences across local authorities and their partners.
- Ongoing work across government and with key delivery partners (e.g. the police, NHS England and Public Health England) to promote more effective information sharing and service integration.

*extracted from: DCLG (March 2015) Financial Framework for the Expanded Troubled Families Programme

APPENDIX B

Approved Contributory Project Funding

Domestic Abuse Engagement Worker

Contribution to extend the employment of an individual Domestic Abuse Engagement Worker (DAEW) with counselling skills and experience, who contacts victims/survivors of domestic violence following attendance by police officers. The prompt and effective engagement, referral and signposting of domestic violence victims and their families will lead to a break in the pattern of abuse and violence. The post holder has key responsibilities to engage with partner agencies, including the Women's Aid, SMART, mental health teams, the Freedom Programme, Families First / Family Resilience teams; in order to support them in moving out of the cycle of abuse. It can be evidenced that the majority of the most persistent domestic violence cases involve substance misuse and mental health issues. This affects children and other family members of abusive households.

Family Resilience – Direct Work

Direct work with families carried out by Family Resilience front line workers based in community settings across the whole of Buckinghamshire.
Funding will include a dedicated Education Welfare Officer, who supports the achievement of the school attendance priority.
The work is carried out in partnership with a wide range of agencies, using a team around the family approach and dealing with all of the issues affecting the family. Outcomes are measured against Families First objectives to ensure that payment by results are maximised, and are monitored through the commissioning framework.
The single assessment and distance travelled measurement tool (the Family Outcome Star) is used consistently with all families. Case studies are provided regularly to demonstrate success and are used for training and communication purposes.

Young Carers Family Support Project

Families that are supported by the FSP usually include a family member who is experiencing mental health and/or substance misuse issues. Part of the approach currently adopted and that would be further extended with this funding would be the building of a positive relationship with the 'cared for' person in order to develop trust and support them in the removal of any barriers that might prevent them from accessing treatment. We are aware that the result of this is a reduction in the responsibilities placed on any young carers within the family and minimisation of the negative impact of this role.
A variety of inter-agency liaison would be undertaken in response to assessed need i.e. we work closely with schools, social care etc.

Skint!

Young People need to develop the appropriate skills for everyday living, particularly with the transformation from leaving home / care. It is important that young people are supported and are able to fulfil their potential and make the transition to independence and adult life.

'Skint!' links with a programme of projects and initiatives which are delivered through the Local Children and Young People's Partnership Boards and the Citizen Advice Bureau (CAB) county wide delivery programme to develop financial capability. We may be able to use the same cohort and signpost them to other projects, such as the Family Budgeting information event or the sessions being planned to assist with moving NEET young people into employment, as finances have been identified as a barrier that often prevents them from taking this step. Young people completing the seven week course will receive an AQA in 'Life Skills: Introduction to Household Budgeting'.

SAFE! Support for Young People Affected by Crime

SAFE! Support for Young People Affected by Crime helps young people aged 8-25 who have been harmed by crime or bullying and are finding it difficult to recover. SAFE! works to help these young people regain their confidence and sense of safety through one-to-one sessions focusing on protective behaviours. Our small team of professional project workers with backgrounds in social work, counselling, probation or education, encourage young people to develop strategies to build their self-esteem and to keep themselves safe. We offer up to 6 sessions or up to 12 in cases of sexual violence.

Research shows that without timely support, an experience of victimisation can lead to further problems including absence from school, low mood and can lead on to offending behaviour in the future. SAFE! works to break this cycle by promoting long term resilience and coping skills. This diminishes their risk of social exclusion, helps to repair lives and builds their potential.

Chess Medical Centre Multi Agency Support

This project provides a coordination service to bring together a 'virtual team' of professionals from across welfare, health, mental health and social care with the DWP at the heart of the team, with the aim of supporting Lone Parents (and their children) in receipt of benefits to prevent people moving into crisis across the different outcome areas.

Improving Health and Wellbeing in Families

The aim of the project is to improve the wellbeing of families through increasing their understanding of food and nutrition and the importance of physical exercise.

Through looking at these important issues, that are outlined as a priority agenda in this area we will also work with the families around the area of regular school attendance and how important regular school attendance is to the educational development, esteem and wellbeing of the child.

Initial assessments will be carried out with the families at the start of the pilot with reference to their child's attendance at school, health information from referrals and the family and tutors initial assessment of their starting point around physical wellbeing and nutrition.

Regular updates of school attendance and monitoring of progress will be collected in the form of a learner record.

At the end of the courses information about school attendance, uptake of physical exercise and current diet will be used as evidence.

Independent Domestic Violence Adviser

IDVAs continue to be a primary and essential support to the MARAC's which take place in both the North and South of the County and provide a pro-active service to victims of DVA by reducing the risk posed to them, their children and increasing their safety. The IDVA service is available to all sectors of the community aged over 16 (those under 16 should be referred directly to Social Care) that are experiencing DVA, including those from minority ethnic groups, forced marriage, honour-based violence, those involved in sex work, same-sex relationships and male victims. Priority for the service will be for those who are assessed by workers using the DASH Risk Assessment as high / medium risk of DVA.

Domestic Abuse & Substance Misuse Co-Location Funding

Request for financial support to extend substance misuse and domestic abuse co-location aiming to provide: A multi-agency co-ordinated approach by closer working with support from agencies to address substance misuse and domestic abuse, to provide early intervention for those with either substance misuse or domestic abuse issues identified either by Women's Aid or STARS and to prioritise supporting vulnerable people.

To refer substance misuse clients who are victims of domestic abuse to Women's Aid Services who can liaise with the client at the Oasis-Stars Building. Measured by numbers of clients being referred to partner agencies and organisations.

For domestic abuse victims to feel empowered and discuss their experiences at the weekly Freedom Programme hosted at Oasis-Stars building. Measured by numbers attending the weekly sessions.

An improvement in risk management and safety for co-location clients – Measured by completing a DASH risk assessment and family star at the start of engagement and again at completion of the intervention.

Identification and reporting of children at risk of harm and engagement with appropriate safeguarding services—Measured by numbers of clients being referred to partner agencies and organisations. Extension of this project will result in improved joint-working, strengthened knowledge outside of agency specialisms and firm up joint-working protocols to resolve issues.

Chelsea's Choice

Sexual exploitation is closely related to school attendance since many of the victims go missing for periods of time and so miss schooling and education. There are now researched links to gangs including organised crime groups and quite often the 'exchange' which needs to take place for exploitation to be committed is often related not only to 'love' but to alcohol and drugs, getting its young victims hooked on the these and so they then become reliant on their 'abuser' and so then become compliant.

This crime can also lead to its vulnerable victims' mental health issues, and drug and alcohol dependence.

During the 2013/14 academic year Chelsea's Choice, a theatre in education production, was performed in secondary schools across Buckinghamshire to raise awareness of child sexual exploitation and highlight the dangers associated with grooming and being safe amongst secondary school children. It was targeted at all secondary schools, mainly years 8 and 9.

During that time the theatre production was delivered to 32 schools and had approximately 7354 pupil's benefit from the presentation.

As a result of the production our evaluation showed that over 98% of all young people surveyed agreed they have a better understanding of what child sexual exploitation is, where and how to report it and a better understanding of online safety and terms such as grooming.

Family Matters

The Family Matters project provides support to the children and families of offenders. This element of the programme will focus on supporting and having an active presence amongst practitioners and families in Buckinghamshire. With our expertise and experience in this field we will bring together a support package that will aid resettlement and break the intergenerational cycles, present in some offender families.

This model aims to provide support at various stages in order to achieve whole system change. We hope our work over the 12 months of this project will raise awareness of the needs of families affected by imprisonment and our work will support the achievement of an integrated support model for these vulnerable families in Buckinghamshire.

Outcomes already demonstrated include:

- For children – improved emotional health, improved school attendance and achievement, improved take up of support services, improved safeguarding;
- For families – improved parenting, improved take up of support services, improved mental health;
- For practitioners – improved skills and resources, more effective signposting and referral pathways, more effective collaborative working, greater confidence in dealing with and reaching these families.

Wellbeing Project – Connexions support

To provide a dedicated, professional project worker to offer a bespoke supportive service to young adults claiming JSA at High Wycombe Job centre. To enable them to move into work and by doing so improve their quality of life.

Request to extend a very successful pilot project within Chesham to High Wycombe. The Chesham project has moved 66% of participants into education, employment and training. It is a collaborative approach between Connexions, JCP and Bucks CC with all parties needed to ensure the ongoing success of the project. The key to success of the project is the relationship between the project worker and client and having a small amount of money available to pay for specialist provisions, such as training courses. The project worker acts as a mentor / adviser / advocate and general support to enable clients to overcome barriers. Although initial meetings with clients are often held within job centre premises, future meetings are within local cafes, libraries and community settings, clients are responding very well to a non-job centre location.

Back to School Health Checks

To work in partnership with: child / young person, parents/carers, schools and attendance improvement officers' (where appropriate) in order to sustain school attendance by addressing residual or repeated physical or mental health concerns identified by the child/young person, family and / or school.

Vulnerable children and those with unmet health needs frequently miss school and can be absent on a regular basis with a seemingly acceptable reason for not attending – asthma attack, tummy upset, earache, coughs and colds.

Childhood illness affects all families and necessitates absence temporarily from school but for some it is repetitive and significant.

This project aims to offer regular opportunities for those identified by school as falling into this category an opportunity for a health check and support where needed in maintaining health and therefore attendance at school.

Health checks are aimed at those children and young people who frequently miss school because of a high level of reported short term illness episodes or the ongoing effects of a long term condition.

APPENDIX C

Buckinghamshire Early Help Practice Standards

This document seeks to bring together a set of Practice Standards which are applicable across all agencies providing Early Help to children, young people and their families across Buckinghamshire.

Working Together 2015 states that:

1. Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.
2. Effective early help relies upon local agencies working together to:
 - Identify children and families who would benefit from early help;
 - Undertake an assessment of the need for early help; and
 - Provide targeted early help services to address the assessed needs of a child and their family, which focuses on activity to significantly improve the outcomes for the child.

The Ofsted Improvement Plan 2014 for Buckinghamshire requires "that the local authority and partners coordinate and target early help effectively, so that families receive support when their need is first identified"

This document should be read in conjunction with the following Buckinghamshire Safeguarding Children's Board documents:

- [Accessing Services for Children in Buckinghamshire – Thresholds Document – Sept 2014](#)
- [Thresholds Guidance Sept 2014](#)
- [Buckinghamshire Multi-Agency Early Help Strategy Sept 2014](#)
- [Buckinghamshire Multi-Agency Early Help Offer](#)

Overarching Practice Standards

- The voice of the child is listened to, recorded and impacts on decisions
- The safeguarding and welfare of the child is the focus for all that we do
- The families we work with are treated with respect and honesty and kept informed throughout any intervention

- The strengths of the families as well as concerns will be assessed and used to safeguard any child
- The work with children and their families will be based on the achievement of identified improved outcomes that are measurable
- At all times due regard is taken of the race, ethnicity, gender, disability, religion and communication needs of the child and their family.

My responsibilities as a front line worker with children and families are as follows:

Referral and Assessment

- I will arrange, wherever possible, to visit the family with the referring agency to discuss the reason for the referral
- I will ensure that I have received consent from the family to sharing information with other agencies in order to support them
- I will inform the child and their family that I am the named worker for them and I have given them details of how to contact me including when I am not at work
- I will clearly explain to the child and their family about my role, the purpose of my involvement and what support and intervention I and my agency can offer.
- I will record the reason for undertaking the assessment of the child and family on the case note database system for my agency, including an overview of the protective factors, risks, issues and concerns evident for the children in the family.
- I will contact relevant agencies involved with the child and family and obtain their views to inform the assessment process.
- I will use appropriate tools including genograms to identify trends, patterns and the family history to understand how this may have impacted upon the life of the child and their family

Planning

- I will develop an intervention action plan with the child and their family.
- The plan will focus on the strengths in the family as well as addressing any concerns.
- The plan will include clear outcome measures to show progress.

Intervention

- I will work closely with the child and their family to ensure that their plan is achieved
- I will see the family regularly in line with the requirements of my agency
- I will review the family progress regularly with them

- I will continue to discuss the child and their family with other relevant agencies through regular reviews
- I will ensure communication with internal colleagues and external agencies is clear, comprehensive, effective and evidenced
- I will refer to statutory agencies in cases where a child may be at risk of significant harm.
- I will work to provide good quality support to families, linking them into other universal or specialist services when appropriate
- I will focus on the family's functioning, their resilience and will build on their own capabilities to solve problems.
- I will use supervision and team meetings as appropriate to reflect on my feelings about the child's circumstances, to review the plan and to ensure that I am putting the child first in my considerations
- I will ensure my work is targeted and timely in order to avoid delay and drift.

Recording

- I will ensure that the journey of the child is clear in the record
- I will ensure that all records are respectful of the child and their family
- I will be careful in my recording to distinguish between fact and opinion
- I will ensure that I follow the quality standards of my agency in all recording

APPENDIX D

Training Report

As part of the development function of the Families First Approach the team is constantly seeking to improve training procedures that will enhance service delivery on the frontline and beyond. In order to help achieve this, on the 26th June 2014 and 5th February 2015 Bucks County Council (FF team) organised Partnership Briefing with Senior Management, who are responsible for training within their specific agencies (with another one scheduled for the 1st December 2015) These sessions were facilitated by David Crowe, a professional consultant who specialises in coaching training and has 25 years' experience of Operational and Human Resources Management. The events had a dual purpose to improve partnership awareness, whilst simultaneously addressing where the Families First partnership approach can be developed.

On the 26th June 2014 the workshop was attended by around 20 partners representing agencies like: Police, Health, Adult and Children's Social Care and Probation. During the briefing attendees were asked to complete a Partnership Assessment Tool to provide a rapid and cost-effective appraisal of Partnership working based on five separate criteria. This would then identify good practice and problem areas within the approach. As a result, the % of people operating as Lead Professionals was deemed as the criteria that required most improvement.

On the 5th February 2015 the workshop saw an increase in popularity after a positive response and consequentially around 24 partners attended. Here, the participants engaged in group work to respond to three key questions posed by the Families First Team.

1. Is the Lead Family Worker Role working effectively in your organisation?
2. Agencies are in agreement that a single overarching family assessment and plan (Family Outcome Star) is the way forward- how is this working in practice?
3. Based on the Early Help Coordination proposal what additional protocols/policies do you need to support these changing requirements?

The responses to the first question outlined that some agencies were still not clear on the Lead Family Worker (LFW) role and there was a need for further clarity. For example, some partners stated that they were unsure what the role actually entailed and that it was still considered very much a work in progress, whilst others noted that practitioners were often fulfilling the role but were unaware of this. Therefore, the partners agreed that LFW training needs to continue to be available and that there should be more awareness-raising around the position and the training offered.

In relation to the second question, it emerged that in practice there was still a range of assessment tools being used across partners, for the families. Some organisations were still not using the Family Outcome Star (FOS) model and instead were using less structured alternatives. The FOS model was often "seen but not used" amongst partners as some agencies mentioned it was difficult to determine whether it was an engagement or assessment tool. However, the partners present again agreed upon the importance of a single overarching family assessment tool and it should be noted here that the Common Assessment Framework (CAF) had limited success across Buckinghamshire in initial

prototyping. Therefore, the FOS model is the favoured approach and it is agreed there needs to be a greater commitment to the use of the tool across the board.

With regard to the Early Help Panel coordination proposal, data sharing was highlighted as a typical issue for partnership working. The participants raised consent and confidentiality concerns and highlighted that this could hinder effective communication strategies across the individual agencies.

Lead Family Worker Training

The Lead Family Worker (LFW) role is essential for successful multi-agency coordination within the Families First approach and therefore it is imperative that the role is understood and effective. As of 5th February 2015, it was apparent that there remained some confusion around the role for a proportion of Senior Management, which could be reducing the % of people operating as Lead Professionals.

Naturally, it is a priority of the Families First team to amend this situation and there is a need to continue pushing forward with the LFW training. Since April 2014, there have been four LFW training events, with two cancellations on the 14th July 2014 and the 24th March 2015, due to a lack of participants. These sessions were facilitated by David Crowe and a member of the Families First team, with each session having a similar structure. Approximately 12 - 14 individuals attended an in-depth and intensive one day course to support and refresh the participants to give them confidence and to help them acknowledge their existing skills to fulfil their role as the LFW.

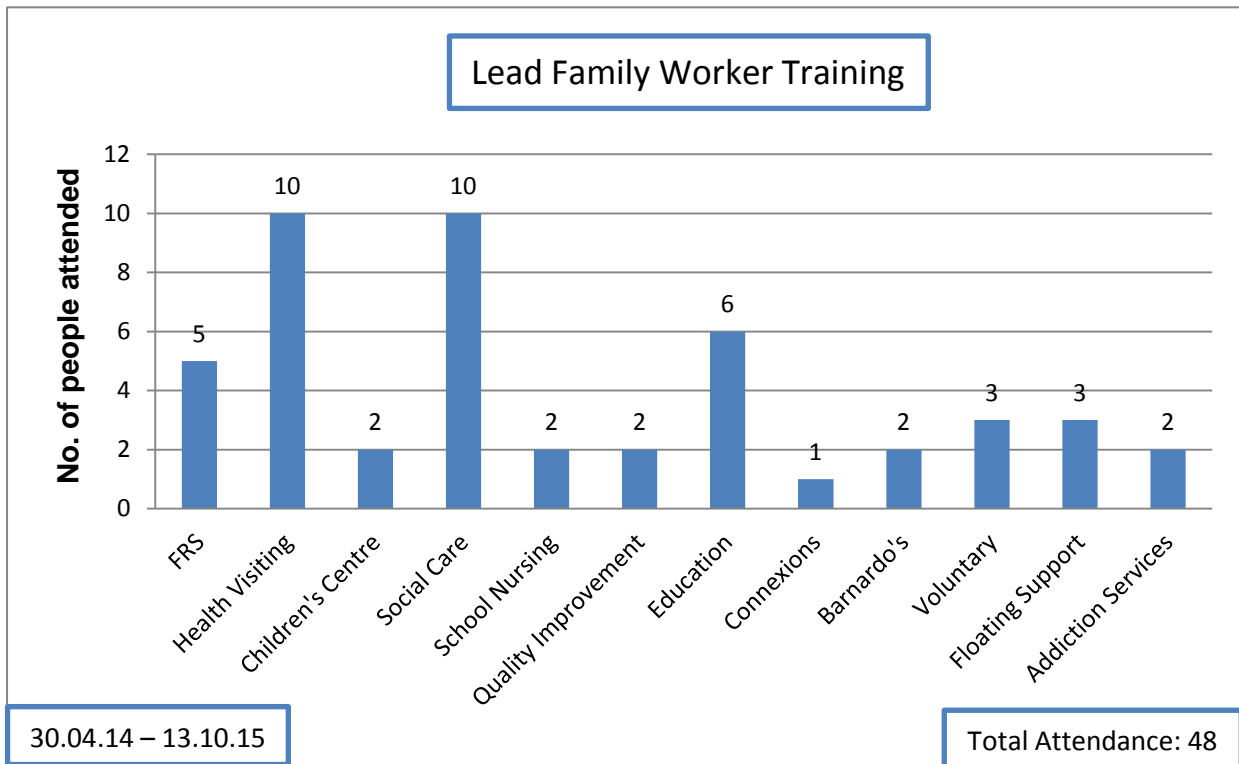
Prior to attending each training event, the participants were required to complete a three - pronged preparation form. This involved background reading on the principles of coaching and motivational interviewing, their previous experience of coaching (both formal and informal) as well as their learning objectives for the session. This would then be applied to the training itself. The introduction enabled the participants to share their priorities for the day and included a welcoming introduction and background to the LFW role from the Families First team member.

Once this was completed, the training re-affirmed the role of the LFW and provided further clarification to dispel any confusion. The participants then completed a self-assessment of their compatibility with the role based on the eight primary qualities that a LFW should possess, such as empathy, humility, integrity and trust. This helped to set the scene for those attending.

The next section of the training focused on the more specific skills required to be a successful LFW, such as coaching theory, effective communication approaches as well as the ability to be assertive and challenging. As part of this process, David asked participants to engage in an exercise with a partner, questioning them on a challenging work / personal situation using the GROW and Whitmore coaching models, that he introduced. The participants used three case studies to practice the role and develop their skills in exploring, facilitating; documenting challenging scenarios that they may encounter as a LFW and how these could be / were resolved.

The final and most important aspect of the training involved identifying how all these skills could be applied in the workplace and what challenges may arise as a result of this. Each

participant was also encouraged to create an action plan for ongoing development, using the support and ideas provided by the trainer’s expertise.



Feedback

The most recent feedback from those who attended the LFW sessions has been very positive and further training has been encouraged across the board. The feedback was particularly praiseworthy of the content and the trainers, stating that the event was a great opportunity to “network” and to “revisit strategies of conflict management.” The participants also raised the possibility of considering whether the LFW training should be voluntary or compulsory.

Family Outcome Star

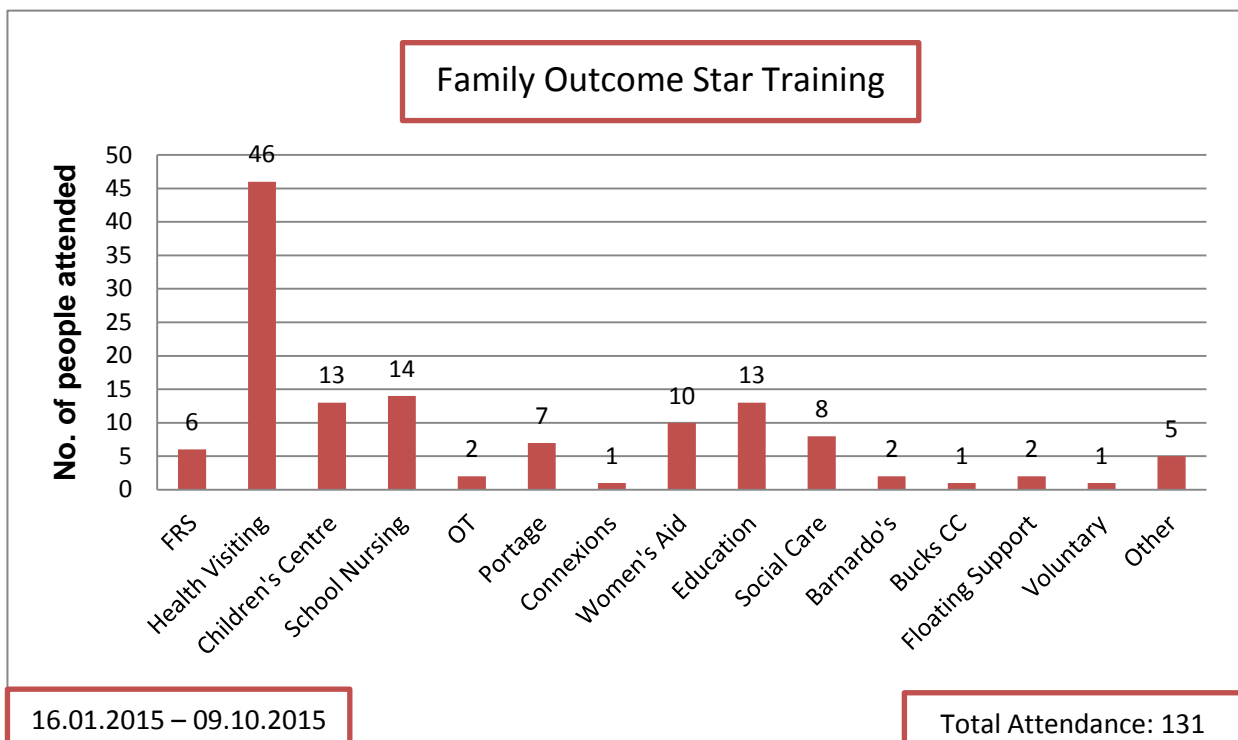
The Family Outcome Star (FOS) training will usually be delivered to Lead Family Workers (LFW) who will have direct contact with families.

The training programme for FOS is currently split into three slightly different models:

1. Family Outcome Star Training (Full day)
2. Outcome Star Consolidation Training (Half day)
3. Families First and Outcome Star Awareness (Half day)

Each of these training models will be provided a minimum of four times a year.

The FOS training was initially provided by the Triangle Consulting Social Enterprise (Triangle.) Following a pre-determined period, the FOS programme then had a year to embed without any additional training, to determine whether the system would be a success, in practice. The FOS experienced a positive response from a range of families and practitioners. At the same time, it became apparent that there was a need to have a single overarching assessment tool, to ensure consistency and shared priorities within the multi-agency approach. As a result, in November 2014 Triangle and the Families First Team decided to prepare a cohort, who could then go on to independently provide FOS training for those who needed it in the future, within their own agencies.



Suicide Prevention Training

It was agreed that Suicide Prevention Training would be beneficial to help frontline staff identify those who may be at risk of suicide or self-harm in the families that they work with. The initial ethnographic study and evaluation of the Chesham Prototype identified that significant loss or bereavement is one of the most prevalent causes of “troubled families” and this has strong connections with suicide. In particular, following the Buckinghamshire Children’s Safeguarding Board’s (BSCB) Serious Case Review (SCR) of Young Person G, it was necessary for Bucks County Council (BCC) to take the appropriate steps to help prevent a similar occurrence in the future.

Currently, the Suicide Prevention Training is scheduled to be a bi-annual event and was recently delivered on 17th October 2014 and 14th January 2015. The training was provided by the Oxford Health Suicide Prevention Lead as well as practitioners from Child and Adolescent Mental Health Services (CAMHS) and Bereavement Trust. The sessions were an opportunity for approximately 12-18 frontline staff to explore the prevalence and key risk factors associated with suicide.

At the start of the training, the participants were introduced to the interpersonal theory of suicide and self-harm, which is visually presented in the diagram below:



Once the attendees were familiar with the theory, there was the opportunity to discuss the subject matter in groups and ask salient questions. Following on from this, there was guidance on referral pathways and information on the support services in place. This included how to identify and when to seek advice from specialist services.



Feedback

The training has been very popular and highly evaluated, so much so that there was a waiting list for practitioners who wanted to attend the course. As a result, the Families First team arranged for two further sessions on the 5th November 2015 with another session planned for the 6th January 2016. These were facilitated by the Suicide Prevention Lead from Oxford Health. The Families First team are hoping to expand the programme through sharing responsibility between BCC and Public Health.

Resilience Training

Developing family resilience is a key aspect of the Families First approach and is vital to providing a long-term solution to the cycle of disadvantage experienced by many “troubled families.” The Resilience Training programme was initially split into two separate sections, Understanding Resilience and Developing Resilience.

The aim of the Understanding Resilience workshop was that by the end of the programme the participants would have a thorough understanding of what is meant by resilience and how it is important for the wider success of the Families First approach. On the other hand, the Developing Resilience training had the ultimate goal to allow frontline workers, who attend, to enable their families to achieve and sustain resilience through a solution-focused approach.

Both these sessions were provided by Colin Pollard, who is a freelance consultant, trainer and life coach with over 25 years’ experience of working with individuals in a diverse range of settings including education, youth work, substance misuse and safeguarding. Although, the training contained different content it adopted a similar structure, combining a mixture of theoretical input from Colin, experiential exercises, pair work as well as group exercises. Between November 2013 and March 2014, the sessions ran on a relatively frequent basis with eight separate workshops during this period. Out of the 115 participants who attended only one said that they would not recommend the training to a colleague. Therefore, the sessions were well received with “positive strategies to use and deliver in practice, at home and work.” Despite this, upon the completion of the last workshop Colin believed the provision of the Resilience training had probably ran its course. As a result, from early 2015 the Resilience training will no longer be provided.

Graded Care Profile

The Graded Care Profile is a practical tool used for assessing Child Neglect. It is a qualitative system that focuses on whether the carer is successfully providing for the child’s needs in areas such as Physical, Safety, Love/Belongingness and Esteem. Each of these criteria will then be evaluated by the practitioner using a grading system, ranging from one to five. This is detailed in the table below:

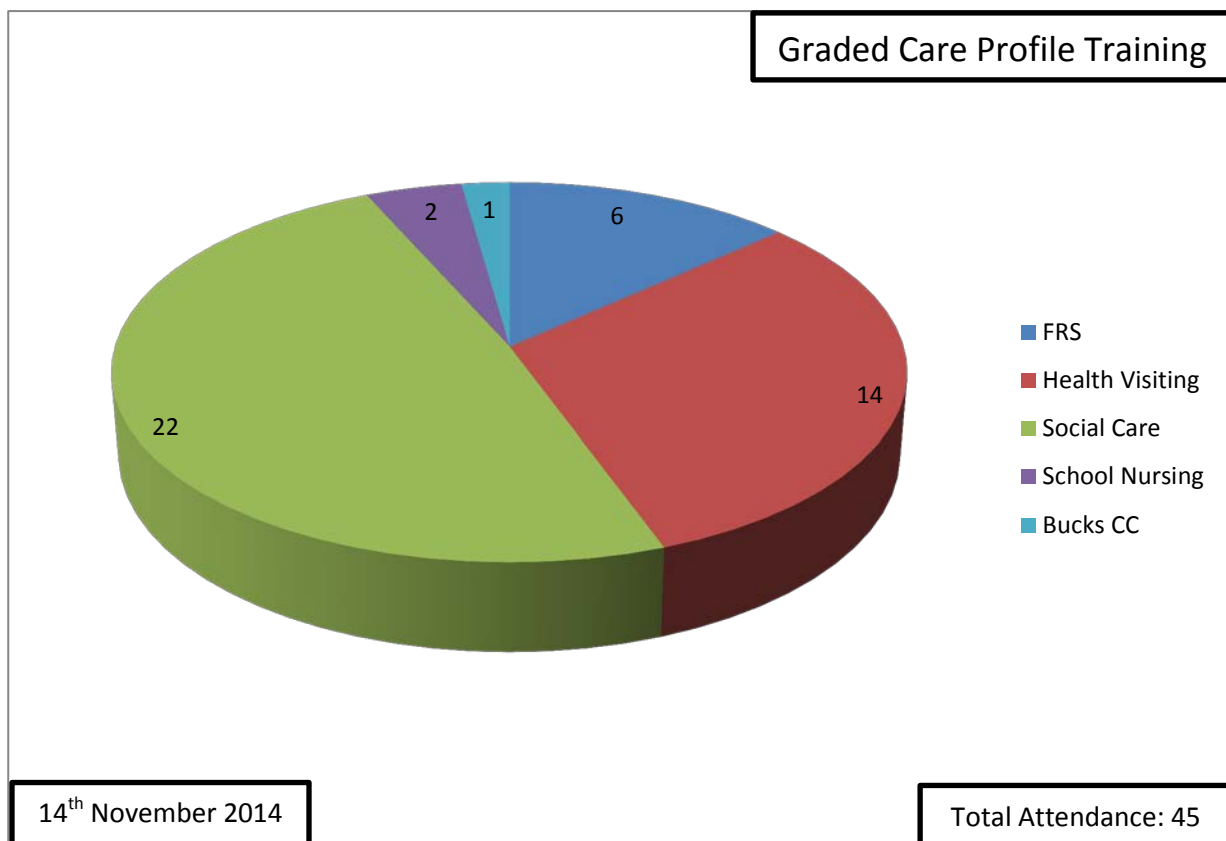
| | Grade 1 | Grade 2 | Grade 3 | Grade 4 | Grade 5 |
|---|-----------------------|---------------------------|----------------------------|----------------------------|--|
| 1 | All child’s needs met | Essential needs fully met | Some essential needs unmet | Most essential needs unmet | Essential needs entirely unmet/hostile |
| 2 | Child First | Child Priority | Child/Carer par | Child Second | Child not considered |
| 3 | Best | Adequate | Equivocal | Poor | Worst |

1: Level of Care 2: Commitment to care 3: Quality of care

The training was initially commissioned by Health, specifically the Named Nurse for Child Protection to support Health Visitors and School Nurses in effectively assessing neglect. The Families First team negotiated to offer places to colleagues in Childrens Services, with the

agreement to fund a further two sessions on the 14th November 2014. The Families First team are planning to deliver some further sessions in the New Year, with the view to expanding the programme.

The training for this tool will be a half-day multi-agency event scheduled to take place four times per annum. The sessions will essentially teach the attendees to use the tool effectively and cascade the training to colleagues to promote consistency and impartiality across the board when assessing neglect.



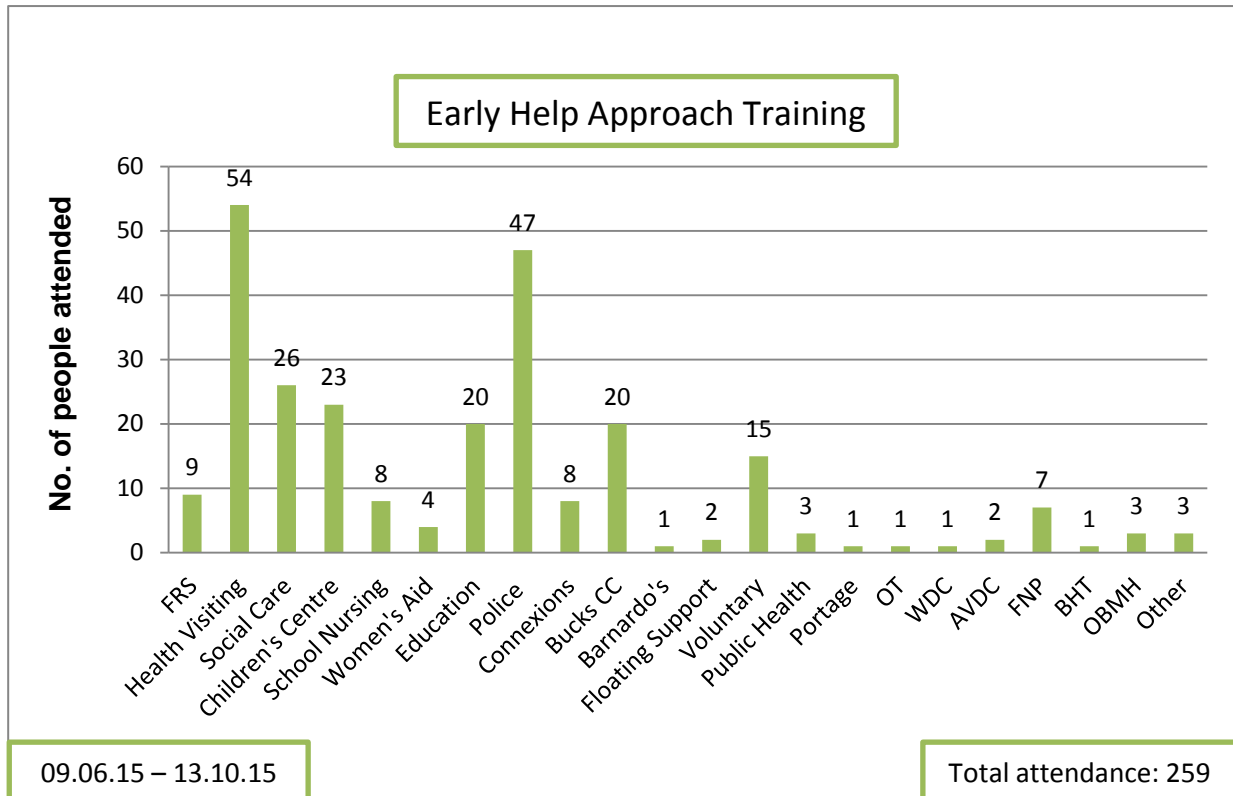
Where do we go from here?

In order to provide best service to the families we work with, it is important to continually develop the workforce allowing them to achieve their full potential, without hindrance. On the 5th February 2015 at the Partnership Workshop, Senior Management raised data sharing concerns with regard to the Early Help Panel proposal. It seems that consent and confidentiality issues are inhibiting effective coordination amongst partners, which is so crucial to the Families First approach. Therefore, it could be worth considering commissioning a training programme on information sharing procedures.

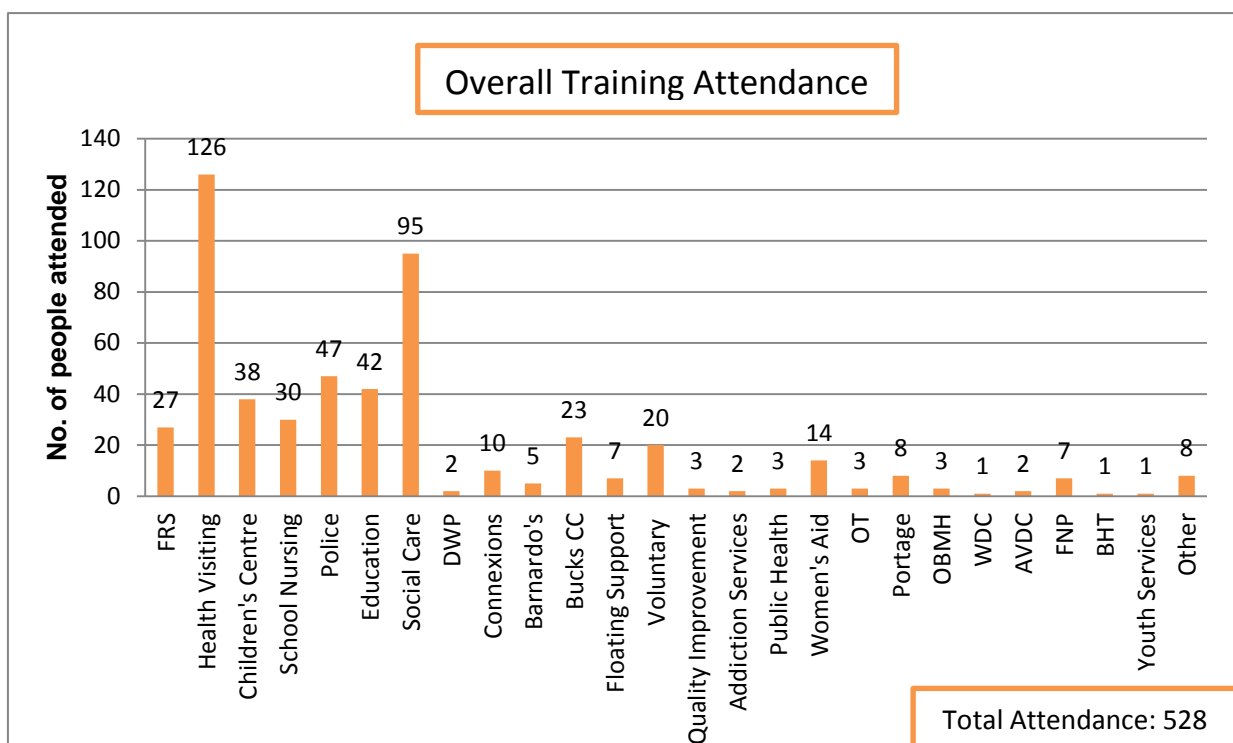
In addition, it is essential that the training we do offer is sustainable. As a result, training should continue to be filtered through to external bodies (as has been done with the FOS training.) As it is not viable for the Families First team to continue to deliver and implement the training as a time limited project, which could cease to exist from 2020 onwards. Furthermore, training may need to be expanded to reach more practitioners.

Consequentially, it might be shrewd to enquire whether a permanent and larger corporate body would consider intermittently adopting training procedures over the next five years. This could be the BSCB, or alternatively independent training bodies could be established. It has now been confirmed that the Families First team will be handing over training responsibilities to the BSCB, as of April 2016.

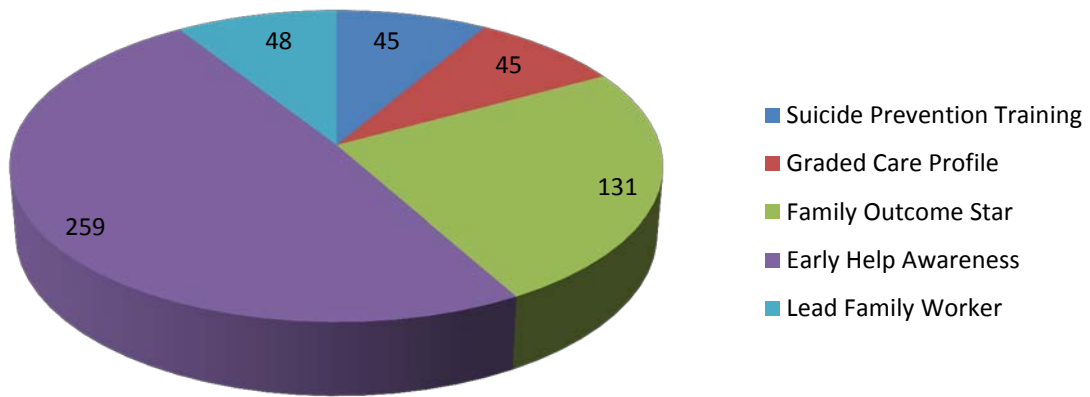
Early Help Approach



Overall



Training Breakdown



Total attendance: 528

Glossary of Terms

AVDC: Aylesbury Vale District Council

BHT: Buckinghamshire Health Trust

DWP: Department for Work & Pensions

FNP: Family Nurse Partnership

FRS: Family Resilience Service

OBMH: Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust

OT: Occupational Therapy

WDC: Wycombe District Council

APPENDIX E

Data Sharing Guidance and Principles

The first Troubled Families Programme has driven significant changes in the ways that local authorities, government departments and local partner agencies systematically share information to identify and work with troubled families. The new programme offers an opportunity to build upon and extend upon this area of important public service transformation.

This annex highlights the different sources of information that are available to local authorities to help identify families who are eligible for support under the expanded Troubled Families Programme. It also includes potential gateways, including statutory and common law powers, for sharing information.

The information provided represents work in progress. Together with the 'early starter' local authorities the Troubled Families Team will seek to understand further, the specific barriers that might hinder data sharing under the expanded Troubled Families Programme and identify opportunities to address them.

As with the first programme, families will be identified on a 'household' basis. For these purposes, the definition used by the Census 2011 may be useful – i.e. 'a group of people who either share living accommodation, or share one meal a day and who have the address as their only or main residence'. For the purposes of the programme, families must contain dependent children¹.

In some areas, population churn and engagement across local authority boundaries may present issues. For example, some children may live in one local authority, but attend school in another; and some families may move between local authorities mid-intervention. The Troubled Families Team will not prescribe how local authorities should manage these issues, but encourage collaboration to agree pragmatic and legally compliant local data sharing solutions between local authorities.

Parents and children involved in crime or antisocial behaviour

In most cases, the main sources of information on parents or children involved in crime or anti-social behaviour are likely to be the police, anti-social behaviour teams, youth offending teams, housing providers, prisons and providers of probation services².

A significant proportion of crime and anti-social behaviour data is likely to be drawn from the local police, using the Police National Computer and local youth offending teams. The police have a general common law power to share information to prevent, detect, and reduce crime.

¹ A dependent child is a person aged 0-15 in a household or aged 16-18 in full-time education and living in a family with his or her parent(s). Non-dependent children in families are those living with their parent(s), and either (a) aged 19 or over or (b), aged 16 to 18 who are not in full-time education or who have a spouse, partner or child living in the household. Such children are often young adults, but may be older.

² National Probation Service, Community Rehabilitation Companies and other providers of probation services.

There are also legal gateways that support data sharing in prescribed circumstances such as section 115 of the Crime and Disorder Act 1998, which allows the police, local authorities, health authorities, providers of probation services and other relevant agencies to share information about any person for a purpose linked to any provision under the Crime and Disorder Act, including where it is necessary for crime reduction. Section 115 of the Crime and Disorder Act was relied upon under the previous programme and is still applicable.

In addition, section 17 of the Crime and Disorder Act 1998 recognises that local authorities have responsibility for the provision of a wide and varied range of services to and within the community. In carrying out these functions, section 17 places a duty on them to do all they can to reasonably prevent crime and disorder in their area.

As part of the new programme, local authorities may also need to obtain data in relation to prisoners and adult offenders with parenting responsibilities, for which the main sources be the National Probation Service, Community Rehabilitation Companies and prisons. This information can, in some circumstances, be shared under section 14 of the Offender Management Act, which permits the sharing of data that would assist with the supervision or rehabilitation of offenders.

Given that the National Probation Service and Community Rehabilitation Companies are new organisations, the Troubled Families Team will work at a national level with the Ministry of Justice to promote the importance of sharing data with these bodies. However, local authorities should also seek to build relationships with local providers and encourage them to collect and share the data that will help them identify troubled families in a legally compliant manner.

Many local authorities have highlighted the need to strengthen data sharing arrangements between the Troubled Families Programme and local prisons. The importance of this for prisoners nearing release who are not in custody locally has been a particular issue. Linked to wider discussions about data sharing with the National Probation Service and new Community Rehabilitation Companies, the Troubled Families Team will work with the Ministry of Justice and HM Prison Service to progress these issues during the roll out of the new programme.

Children who have not been attending school regularly

Most of the relevant education data is already collected by local authorities on a termly basis using Unique Pupil Numbers, as part of standard data collection requirements for the Department for Education as part of the returns to the 'School and Alternative Provision Census'. The Troubled Families Team recommends the use of this locally collected data to ensure the information is as current as possible.

There are a number of limited exceptions, where the information collected locally for the School Census may need to be supplemented by other sources:

- Academies: Academies collect this data through compatible systems and are legally able to share this with local authorities using Part 4 section 23 of the School Discipline (Pupil Exclusions and Reviews) (England) Regulations 2012. Around half of academies already share their data with local authorities.

- Fixed exclusions: This data is not always collected for children in alternative provision, independent schools or non-registered alternative provision providers. As such, local authorities should identify these children within their own local systems and through discussions with such schools. We expect these to be relatively small numbers. Some supplementary information may be needed from Education Welfare Officers (or equivalent) to produce a complete picture of each child's circumstances. For example, this may relate to children who are in reception year classes and sixth form.

There are a small number of children who are considered 'missing' because they are not on the school roll. These children are likely to be among the most vulnerable category of children and therefore, it is important that the Troubled Families Programme identifies them as far as possible. However, it is not our intention to target children who are being appropriately home schooled, as these children will be receiving an education from their parents.

Local authorities may collect and share attendance under the school census regulations – Education (Information about Individual Pupils) (England) Regulation 2013, S.I. 2013/94 - which require maintained schools and pupil referral units to share information about pupil attendance.

Children who need help

Most of the information needed to apply the suggested indicators under this headline problem is already collected within local authorities, as part of their Children Services arrangements (or equivalent). However, it will typically require local authorities to combine information from across a range of sources.

For example, to identify children who have not taken up the early education entitlement, this may include cross-referencing information relating to two year old children who are eligible for the early education entitlement with information about those who are actually attending an early year setting. Under section 99 of the Children's Act 2006, local authorities obtain information about individual children who are receiving early years provision; and under s13A of Childcare Act 2006 Her Majesty's Revenue and Customs shares tax benefit credit and benefit information with local authorities for the purpose of determining whether or not a particular family may have a child who is eligible for funded early education.

Local authorities are also likely to draw a significant amount of the data relating to children who need help from their own local authority Children Services. Some of this information is already shared within the first programme and the relevant gateway is the implied powers to share information under section 17 of the Children Act 1989 in order to enable assessments to be undertaken as to whether services may be required by a child in need. More generally, implied data sharing powers under section 10 of the Children Act 2004 may also provide a means of obtaining information in order to safeguard and promote the wellbeing of children.

Adults out of work or at risk of financial exclusion or young people at risk of worklessness

For the first programme, the Department for Work and Pensions created a new legal gateway under the regulations of the Welfare Reform Act 2012. This allowed the Department

for Work and Pensions to share data with local authorities – without informed consent – for the sole purpose of identifying troubled families.

The new regulations came into effect in May 2012 and they will continue to provide the gateway for identifying young people and adults in receipt of out of work benefits under the expanded programme. They will also provide the gateway for the sharing of this data once Universal Credit comes into effect, providing a gateway for adults claiming Universal Credit and subject to work related conditions.

Under the first programme, most local authorities have accessed this information via a manual data sharing arrangement with the Department for Work and Pensions. However, as part of a phased roll out, most local authorities are now moving onto a more flexible, frequent, accurate and cost effective automated system – known as the Automated Data Matching Solution (ADMS) for the Troubled Families Programme. Guidance will be available on the ‘Supporting families’ Knowledge Hub.

Where family members are in receipt of Universal Credit (UC) Troubled Families Employment Advisors and Jobcentre Plus Single Points of Contact will help local authorities with any queries and provide information they need. This will include information about earnings threshold.

DWP are currently assessing how data sharing processes, for example the Labour Market System marker management information reports and ADMS, will work for families on Universal Credit.

To identify young people who are at risk of or are already not in education, training or employment, local authorities may draw on information held in their Client Caseload Information Systems (or equivalent). Local Authorities have a statutory duty to encourage and assist young people to participate in education or training. This stems from sections 68 and 70 of the Education and Skills Act 2008. As part of this duty local authorities collect information on 16 to 19 year olds and will be aware of those who are not in any form of education, employment or training, including those who are not able to work because of illness or other reasons such as caring for dependant or family members. Local Authorities may choose to share this information internally further to their general power of competence under section 1 of the Localism Act 2011. This information could be defined as individual pupil information under section 537A(9) of the Education Act 1996 so could also be shared by local authorities using section 537A(6) of that Act.

Families affected by domestic violence and abuse

In most cases, the main sources of information on families affected by domestic violence and abuse are likely to be the police or local domestic violence support services.

Like crime and anti-social behaviour, data obtained from the police can be shared using section 115 of the Crime and Disorder Act 1998.

Under section 54 of the Domestic Violence, Crime and Victims Act 2004 information can be disclosed by police to victim support groups (with consent). The data can also be shared between agencies via Information Sharing Agreements (ISAs). It is advised that ISAs

between local services and local authorities should conform to IDVA Protocol, MARAC Protocol, MARAC/MAPP Protocol and SDAC Procedures.

Given the sensitive circumstances and nature of these cases, it is most likely that agencies will refer cases to a local authority on an individual basis (see referral section below).

Parents and children with a range of health problems

The sharing of health data for the identification of troubled families has been one of the biggest challenges of the first Troubled Families Programme. The new Troubled Families Programme aims to prioritise efforts to overcome these issues and ensure greater collaboration between local troubled families teams and health bodies. Given the particular sensitivities around the sharing of personal health data, the Troubled Families Team has been working with Public Health England, Department of Health and NHS England to agree an approach that allows families to be identified for support under the expanded programme on the basis of their health needs.

We have agreed a recommended minimum approach that local authorities and health partners may use to identify families on the basis of their health needs. The approach was published in November in draft data sharing guidance with advice from the health data sharing governance body (Information Governance Alliance) and national health agencies.

The approach recommends that a list of families that have already been identified as meeting one of the programme's indicators is shared with relevant health partners so that they can use this to flag whether any of the suggested health indicators are met. You will then need to talk to your relevant health partners and / or governing bodies to work out the best ways of gathering and sharing this data.

While we recognise this is unlikely to unlock all the data you need to work with families, it will start the process of identifying the families in the health system that may be eligible for support. Some local authorities may already be receiving health data or have negotiated alternative data sharing arrangements with local health partners. The new data sharing guidance will not override this and should be used to help reinforce the health system's support of the Troubled Families Programme.

Further information on the interim health data sharing protocol for the Troubled Families Programme is available here:

<https://www.gov.uk/government/publications/troubled-families-supporting-health-needs>.

Data Protection Act 1998

As most of the data to be processed for the purpose of identifying families will be “personal data”³ within the definition of the Data Protection Act, and in many cases this data may be considered “sensitive personal data”⁴ within the definition of the Data Protection Act it will be important for local authorities to ensure that the processing of personal data is carried out in accordance with the data protection principles set out in Schedule 1 to that Act.

The first of these principles requires that personal data must be processed fairly and lawfully and, in particular, that a condition of Schedule 2 is met. Where the data to be processed is sensitive personal data, a condition of Schedule 3 must also be met. One of the conditions an authority may rely on to process personal data under these Schedules is the individual’s consent (or in the case of sensitive personal data, explicit consent) to that processing. However, where it is not possible for an authority to seek consent in advance of processing personal data there are other conditions for processing which an authority may seek to rely on. For instance, when seeking to satisfy a Schedule 2 condition, authorities may look to paragraph 5(d) of the Schedule which allows for processing where it is necessary for the exercise of a function of a public nature exercised in the public interest by any person.

The conditions to allow for the processing of sensitive personal data under Schedule 3 are more limited and careful consideration will need to be given to the applicability of any particular condition. For instance, where it is not possible to seek explicit consent to processing, it may be possible for authorities to rely upon the condition set out in para 7(1)(b) of Schedule 3. This allows for processing where it is necessary for the exercise of any functions conferred on any person by or under an enactment and you will need to consider whether the information is needed in order that you can carry out a function which you have a duty or power to carry out under legislation.

It may also be possible for you to rely on Article 4 of the Data Protection (Processing of Sensitive Personal Data) Order 2000, which provides for processing which (a) is in the substantial public interest; (b) is necessary for the discharge of any function which is designed for the provision of confidential counselling, advice, support or any other service; and (c) is carried out without the explicit consent of the data subject because the processing is necessary in a case where consent cannot be given by the data subject; the data controller cannot reasonably be expected to obtain the explicit consent of the data subject; or it must be carried out without the explicit consent so as not to prejudice the provision of that counselling, advice, support or other service.

³ means data which relate to a living individual who can be identified – (a) from those data, or (b) from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller, and includes any expression of opinion about the individual and any indication of the intentions of the data controller or any other person in respect of the individual.

⁴ personal data consisting of information as to - (a) the racial or ethnic origin of the data subject, (b) his political opinions, (c) his religious beliefs or other beliefs of a similar nature, (d) whether he is a member of a trade union (within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992), (e) his physical or mental health or condition, (f) his sexual life, (g) the commission or alleged commission by him of any offence, or (h) any proceedings for any offence committed or alleged to have been committed by him, the disposal of such proceedings or the sentence of any court in such proceedings.

Referrals

The Financial Framework suggests a range of indicators that can be used to identify families under the six headline problems. However, within this Financial Framework, we recognise that referrals will be one important way through which local authorities can identify the families with the breadth of problems that the expanded programme is targeting. This is why there are suggested indicators under each of the headline problems referring to 'problems of equivalent concern'.

These indicators enable referrals from professionals locally and, depending on the nature of the risk and seriousness of the circumstances may be undertaken with or without the individual's consent. In some cases, consent must be obtained by law before a referral is made. However, in cases where consent is not prescribed by law, individuals should be made aware that their data is being shared and their consent should be sought wherever possible. However, this will be a matter for local assessment and professional judgment in the circumstances of each case.

Given the scale of the programme, referral arrangements are unlikely to be sufficient to identify the required volumes of families in each local authority. However, the expanded programme provides the flexibility to identify families through these means, where appropriate and as a supplement to other sources of identification.