# Health and Wellbeing Board Hertfordshire

Agenda Item No.

3c

#### HERTFORDSHIRE COUNTY COUNCIL

HEALTH AND WELLBEING BOARD Wednesday 13 November 2013 at 10.00am

**SUBJECT: Thriving Families** 

#### Report of Jenny Coles, Director of Children's Safeguarding & Services

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#### 1. Purpose of Report

1.1 To provide an update on the structure, performance to date and emerging outcomes being delivered through the Thriving Families partnership arrangements.

#### 2. Summary

- 2.1 This report Includes:
  - Background Context
  - Performance update
  - Next steps

#### 3. Recommendations

#### 3.1 For Hertfordshire Health and Wellbeing Board to:

- Note contents, progress and achievement to date.
- Agree to continue to promote and champion Thriving Families internally and externally at relevant partnership or stakeholder opportunities.
- Maintain its existing strategic commitment for the thriving families approach to translate this into operational action, for example by aligning dedicated resource to support delivery and improved family outcomes.

#### 4. Background

4.1 Thriving Families has been established as part of the wider Early Intervention and Prevention ambition under the Health and Wellbeing

- Board and is overseen strategically via a senior multi-agency Thriving Families Board.
- 4.2 Hertfordshire Thriving Families operates a partnership model including core HCC resource (5 x double-district Thriving Families Teams from 1 February 2013) with aligned resources through partners/service providers.
- 4.3 Commissioned resources are also integral to the delivery model through jointly funded family intervention posts with a 'housing' focus and 'substance misuse' intervention workers through a health-funded contract. This contract has been awarded to Westminster Drugs Project with the alignment of 5 workers in the Thriving Families team structure and a 6<sup>th</sup> in HMP The Mount as part of the wider support for families with absent fathers in place from November.
- 4.4 Monthly, multi-agency double-district 'Action and Impact' reviews are well established across the county focusing on family outcomes and learning.
- 4.5 Internal audit processes are in place to validate outcome claims in line with Department for Communities and Local Government (DCLG) requirements.
- 4.6 Government has confirmed that the 'Troubled Families' programme will be extended for a further five years to 2020 details to be determined, but we estimate this will include a further 4000 families in Hertfordshire.

#### 5. Performance Update

- 5.1 Identification and engagement with families
- 5.1.1 Reporting on Thriving Families progress is provided quarterly to the DCLG as part of the performance framework supporting Phase 1 of the three year 'Troubled Families' initiative.
  - 624 families engaged against a target of 675 (Sept 2013 Year 2, Q2)
- 5.1.2 National expectation is that local authorities will have reached the midpoint and Hertfordshire has achieved 92% of this target.

#### 5.2 Outcomes

5.2.1 The second measure, against which Thriving Families are required to report, is the number of successful family outcomes achieved i.e. families 'turned around' and sustained. The first opportunity for Hertfordshire to submit a claim was in July 2013 and, in order to test the internal audit and finance requirements and the formal claims process, a small outcome claim of 10 was submitted.

- 5.2.2 Having refined internal audit processes we project a submission in excess of 160 outcome claims in the October 2013 claim period. This will bring us in line with the DCLG expectation of delivering 10% outcomes against 1350 target at this point in Phase 1.
- 5.2.3 In financial terms, using the DCLG Payment by results framework, the projected outcome claims (170 October 2013) equate to **approximately £100,000**.

#### 6. Next Steps

- 6.1 Scaling up delivery
- 6.1.1 There has been a slight downturn in the number of new families being engaged during the last quarter for a number of reasons including:
  - Hertfordshire is currently working with a higher proportion of 'high intensity' families (national average 30%; Hertfordshire current caseload profile 50%)
  - Complexity of families being supported exceeds the indications generated by the initial data matching which identified approximately 9% with all three DCLG core indicators. Currently 25% of families being worked with in Hertfordshire present all three core indicators. (Adult worklessness, poor school attendance, youth crime & ASB)
  - Number of families introduced to Thriving Families from school partnerships has been affected by the summer school break in quarter 2
  - Proportion of partner-led cases has been re-assessed from a 60:40 division to a new target of 70:30 case-led distributions moving forward
  - The process for the identification, tracking and verification of family outcomes is extremely resource intensive currently and limits analytical activity.
- 6.1.2 To address the fact that Thriving Families is slightly behind target at this point, a number of actions have been taken including:
  - Increasing the HCC Thriving Families capacity from 300 500 cases to respond to projected peak case holding from March 2014 (recruitment underway 15 x Family Intervention Workers)
  - Deploying assertive outreach senior FIWs (short–term) to support the identification and registration of families eligible for TF support and currently supported through schools and Children's Centres

- Undertaking a matching process to identify current CAF cases held by lead practitioners where eligibility to TF can be confirmed
- TF communications to increase awareness and accessibility e.g.
   GPs surgeries, health visitors, community centres
- Implementation of a countywide e-CAF system with integrated Thriving Families case management and performance information from October
- Increasing back office capacity to deliver effective case tracking and monitoring Independent Chair for Action & Impact reviews to improve challenge in system.

#### 6.2 Demonstration models

- 6.2.1 A key aspect of work being progressed within the partnership is the development of an evidence base which will inform future access to the wider early intervention offer from Thriving Families. In order to establish how and where holistic family support services can best be deployed, a number of demonstration models are being developed in collaboration with partner agencies. These will test hypotheses, explore the range of presenting needs which indicate future risk to both the families and partnership budgets, and assemble evidence based on practical experience.
- 6.2.2 The first of these demonstration models will be delivered working alongside the Hertfordshire Probation Service, focussing on a small group of female offenders and their families in the south of the county. The cases which have already been identified will be led by the Probation Service and the focus will be on achieving both their key Performance Indicators (focussing on the prevention of re-offending) and also the outcomes which families are able to achieve when supported by the holistic Thriving Families approach.
- 6.2.3 This model, and others yet to be developed, will operate typically for between 6-9 months and in addition to improving outcomes for families will provide good evidence of whether this collaborative activity can be deployed thematically, demonstrates good value from an invest to save approach and achieves sustainable benefits for families who might otherwise become long-term costs to the public purse
- 6.2.4 Planning and development work looking at other priority areas is underway with health partners and several districts in order to explore the geographic potential of this focussed approach.

#### **Attachments**

Attached to this report are two tables which illustrate the Thriving Family projections and a case study:

#### Table 1

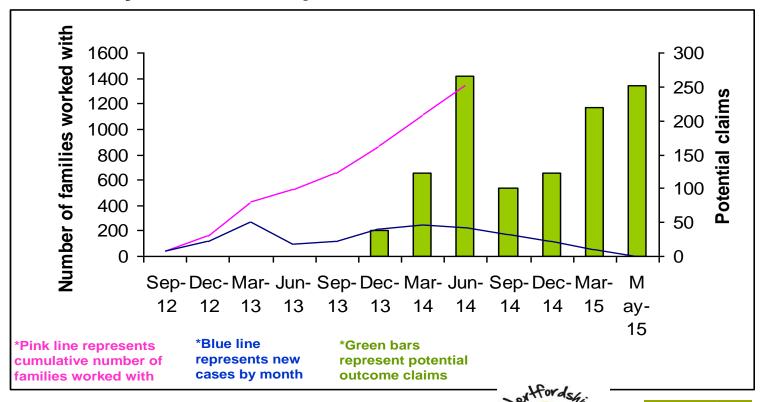
- Cumulative number of families being worked with by the thriving families partnership
- Projected outcome dates
- Projected progress against DCLG target

#### Table 2

- Projected outcome achievement dates based on average 9 month intervention
- Projected outcome claims submission based on min 6 month sustained outcome.
- Projected peak case holding period and throughput

Two Case Studies

# Projected cumulative families worked with, new cases by month and potential outcome claims



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### Projected Thriving families caseload and outcome schedule

	Sept 2012	Dec 2012	March 2013	June 2013	Sept 2013	Dec 2013	March 2014	June 2014	Sept 2014	Dec 2014	March 2015	May 2015
Families being worked with – cumulative	39	161	427	527	650	870	1122	1350				
NEW this quarter – families being worked with	39	122	266	100	123	220	252	228				
End of average 9 month intervention	ļ		<u> </u>	<b>↓</b>	•		1					
End of 6 month sustained outcome				Į_	<u> </u>		<b>↓</b>	,			*	
Potential claims						39	122	266	100	123	220	252
Cumulative claims						39	161	427	527	650	870	1122
Net case holding				488	489	443	595	700	480	228		

Peak case holding profile for June 2014 (70:30 split):

HCC Thriving Families capacity = 490 cases

External partner resource capacity = 210 cases (includes 94 cases with commissioned activity)

## Family E: Mother, estranged father, 2 sons & 1 daughter

#### Joined Thriving Families:

First presented to Thriving Families Board: July 2013

First presented to Thriving Families Board. July 2013									
At start of engagement:	The Thriving Families approach:	Early Outcomes:							
Agencies involved (reactively) included Welwyn Hatfield Community Housing Trust ASB team, Tenancy support worker, CAMHS, Children's services, GP, Health Visitor, Outreach worker Creswick School, School nurse, Head teachers (Commons Wood School and Creswick), NHS paediatrician, DWP, Herts Police, School attendance officer, Cri (Drug/Alcohol worker)	Dedicated worker allocated from Thriving Families team. Visited family. Attended appointments with family.	Agencies involved proactively under Thriving Families to support change include Welwyn Hatfield Community Housing Trust ASB team, Tenancy support worker, CAMHS, Children's services, GP, Health Visitor, Outreach worker Creswick School, School nurse, Head teachers (Commons Wood School and Creswick), NHS paediatrician, DWP, Herts Police, School attendance officer, Cri (Drug/Alcohol worker). The family are now in a much more stable situation.							
School attendance (core indicator) – One child has ADHD/Autism. Children's poor attendance at school.	Mother getting numerous telephone calls from school regarding her son's behaviour. Son now on regular medication.	Next child protection review July 2013. No issues around attendance. Appeal for new school accepted.							
Worklessness (core indicator) – Parents not working.	Child Protection plan focussed on attendance and arranged for an appeal for a new school.	Mother to consider voluntary work now children are in a more stable situation and will this prior to seeking work.							
Anti social behaviour (core indicator) – Long history of domestic violence and ASB, father arrested on numerous occasions. Reports of drug use. 14 police logs in two months in 2011. Child protection put in place.	Lack of attendance at doctor's appointments  New furniture provided, rubbish cleared and DIY arranged by use of local Tesco staff (20 attended one day and decorated the entire	Mother now attending all GP and hospital appointments.  Over last 15 months all ASB has stopped.  Property is clean, tidy and fully furnished.  No threat to take possession of house.  FIP to prepare for case closure.  No issues of substance misuse and alcohol abuse.							
Risk of homelessness (local indicator) – Huge debt of £20,000 including rent arrears of £1500. Notice given for possession of house. Suspended possession order put in place. Property in poor condition.	home free of charge and supplied new carpets. TF arranged for Mother to apply for bankruptcy and engage use of Shelter.								
Domestic abuse (local indicator) – As above for ASB. Father suffered sex abuse as a child and has recurring nightmares and affecting his lifestyle.	Parenting Puzzle course put in place but not attended.	Referred to Turning point to reduce drug use. No longer any risk of domestic violence.							
Costs in 6 months before intervention = £42,999	Intervention Cost = £6,208	Costs in 6 months after intervention = £4,600							
Police call outs = £2,046 Domestic violence = £19,707	Background cost = £3,789	JSA = £1,704 Disability benefits = £1,896							
Arrests = £5,790 Truancy (2 children) = £3,024	Cost of FIW time for 9 month intervention = £2,419	Drugs programme = £1000							
JSA = £1,704 Child Protection Plan = £8,231	12,413	SAVINGS = 32,191 for 6 months							
Possession order and rent arrears costs = £2,500		(costs before intervention less intervention costs less costs after intervention)							

dedicated worker - what is really happening - practical hands-on support - assertive and challenging approach - common purpose

### Family E: Mother, estranged father, 2 sons & 1 daughter

#### **Joined Thriving Families:** First presented to Thriving Families Board: July 2013 Costs in 6 months before start of **Intervention Cost: £6,208** Costs in 6 months after engagement: £42,999 intervention: £4,600 Police call outs: Background costs of running the TF **Drugs Programme:** programme (staffing, accommodation, Cost of accessing Turning Point - £1,000 62 hours of police time at £33 per hour - £2,046 lighting and heating, training, operational costs etc) divided by the number of Job Seekers Allowance: Arrests: families expected to be worked with in a year (450) = £3,789 per family 3 arrests at a cost of £1,930 each - £5,790 24 weeks of JSA at £71 per week - £1,704 Job Seekers Allowance: **Disability Living Allowance:** Cost of FIW time for 9 month intervention 24 weeks of JSA at £71 per week - £1,704 24 weeks of DLA at £79 per week - £1,896 = £2.419Possession order and rent arrears costs: Cost of issuing Notice of Seeking Possession - £600 Cost of dealing with rent arrears - £1,900 **Domestic Violence:** National cost of dealing with domestic violence -£19,707 Child Protection Plan: Cost of setting up Child Protection Plan - £6,011 £370 to monitor CPP per month for 6 months - £2,220 Truancy: Based on 36 hours of Attendance Improvement Officer Time per case costed at £42 per hour - £1,512 Truancy for 2 children - £3,024

dedicated worker - what is really happening - practical hands-on support - assertive and challenging approach - common purpose