

# **HEALTH SCRUTINY FORUM AGENDA**



**Tuesday, 4 November 2008**

**at 3.00 pm**

**in Committee Room B,  
Civic Centre, Hartlepool**

**MEMBERS: HEALTH SCRUTINY FORUM:**

Councillors: Barker, Brash, R W Cook, S Cook, A Lilley, Plant, Simmons, Sutheran and Young

Resident Representatives: Jean Kennedy, Linda Shields and Mike Ward

**1. APOLOGIES FOR ABSENCE**

**2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**

**3. MINUTES**

3.1 Minutes of the meeting of the Health Scrutiny Forum held on 14 October 2008  
(to follow)

**4. RESPONSES FROM LOCAL NHS BODIES, THE COUNCIL, EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

None

**5. CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

None

**6. CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

None

**7. ITEMS FOR DISCUSSION**

**Reaching Families in Need Investigation**

**7.1 Factors / Issues Affecting Families in Need:-**

*Social Factors / Issues*

- (a) Joint Presentation by the Anti-Social Behaviour Unit and the Family Intervention Project (FIP);
- (b) Presentation by the Youth Offending Team;
- (c) Presentation by Cleveland Police; and

*Housing Factors / Issues*

- (d) Presentation by the Strategic Housing Manager, Hartlepool Borough Council; and
- (e) Presentation by Housing Hartlepool (subject to availability).

**8. ISSUES IDENTIFIED FROM FORWARD PLAN**

**9. FEEDBACK FROM RECENT MEETING OF TEES VALLEY HEALTH SCRUTINY JOINT COMMITTEE**

**10. ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

**ITEMS FOR INFORMATION**

**Date of Next Meeting**

**Tuesday, 9 December 2008 at 3.00 pm in the Council Chamber, Civic Centre, Hartlepool.**

# HEALTH SCRUTINY FORUM

## MINUTES

14 October 2008

The meeting commenced at 3.00 pm in the Civic Centre, Hartlepool

### **Present:**

Councillor: Jonathan Brash (In the Chair)

Councillors: Rob W Cook and Michelle Plant

In accordance with Council Procedure Rule 4.2 (ii), Councillor Carl Richardson attended as a substitute for Councillor Chris Simmons.

### **Resident Representatives:**

Jean Kennedy, Linda Shields and Mike Ward

Also Present: Councillor Gerard Hall, Adult and Public Health Portfolio Holder  
Madeleine Johnson, Acting Director of Public Health  
Celia Weldon, Assistant Chief Executive, North Tees and Hartlepool PCT

Officers: Danielle Swainson, Early Years Manager  
Sheila O'Connor, Head of Business Unit (Family Support)  
Joan Wilkins, Scrutiny Support Officer  
Angela Hunter, Principal Democratic Services Officer

### **58. Apologies for Absence**

Apologies for absence were received from Councillors Caroline Barker, Shaun Cook, Chris Simmons, Lilian Sutheran and David Young.

### **59. Declarations of Interest by Members**

Councillor Jonathan Brash declared a non-prejudicial interest in minute 65.

### **60. Minutes of the meeting held on 9 September 2008**

Confirmed.

### **61. Matters arising from the Minutes**

A resident representative raised a number of issues in relation to minute 56 and it was acknowledged that the PCT had responded in writing, via the Chair to these issues. However, an update was requested on the operation

of the integrated urgent care provision located adjacent to the Accident and Emergency Department at the University Hospital of Hartlepool. The Assistant Chief Executive of the North Tees and Hartlepool PCT indicated that an update on integrated urgent care provision would be provided to the Chair of the Scrutiny Forum, who would then forward this to all Members for their information.

**62. Responses from Local NHS Bodies, the Council, Executive or Committees of the Council to Final Reports of this Forum**

None.

**63. Consideration of Request for Scrutiny Reviews referred via Scrutiny Co-ordinating Committee**

None.

**64. Consideration of Progress Reports/Budget and Policy Framework Documents**

None.

**65. Externalisation of Primary Care Trust (PCT) Provider Services - Update** *(Scrutiny Support Officer/Assistant Chief Executive, North Tees and Hartlepool PCT)*

The Scrutiny Support Officer advised Members that the Assistant Chief Executive of the North Tees and Hartlepool PCT had been invited to the meeting to provide an update on the externalisation of PCT provider services. The Assistant Chief Executive gave a detailed and comprehensive presentation which outlined the development of provider services. Members were informed that since the PCT Board decision was taken in April 2008 to externalise PCT provider services, detailed work had been carried out via a Project Oversight Group and Task Groups with the best estimate of actual transfer of services to the North Tees and Hartlepool Foundation Trust (FT) being 1 November 2008. It was noted that a number of other PCTs were undertaking different approaches to the North Tees and Hartlepool PCT, but it was felt that transferring provider services to the FT was the most appropriate way forward for the provision of health care services for this area.

A discussion ensued which included the following issues:

- (i) Had any steps been undertaken to examine how other PCTs were approaching the externalisation of services? The Assistant Chief Executive indicated that the Strategic Health Authority was working with the PCT to ensure that the arrangements in place were

appropriate for the area in terms of the provision of health care services. It was noted that regular service reviews would be undertaken to examine how services were being provided.

- (ii) In 2010, would the services being provided by the Foundation Trust on a host basis be subject to an open tender process? The Assistant Chief Executive responded that an open tender process would be followed, however, consideration would need to be given to the best way of procuring these services. For example, would it be best to look at procuring all the required services together, as will be provided by the FT, or to look for the provision of services on an individual service basis.
- (iii) What regard had been given to the workforce in view of the drive for world class commissioning? The Assistant Chief Executive informed Members that the workforce had been fully consulted throughout the process and there was a great deal of optimism about the transfer of services to the FT. However, a number of HR issues were still under consideration including workforce pension provision.
- (iv) In view of the relationship which will inevitably develop between the PCT and the Foundation Trust during the host service provision, what safeguards were in place to ensure the tendering process would be a fair process? The Assistant Chief Executive reassured Members that all the necessary safeguards and legal processes were in place to ensure that there were no barriers to entry for alternative providers throughout the tendering process.
- (v) It was noted that the NHS was the second largest employer in Hartlepool and clarification was sought on current and potential partnership arrangements within the town. The Acting Director of Public Health indicated that the key issue was providing the best treatment by the most appropriate people in the most appropriate place and partnership working with the voluntary sector, local authority and NHS would be an integral part of this service provision.

The Assistant Chief Executive of North Tees and Hartlepool PCT and the Acting Director of Public Health were thanked for their informative presentation and for answering Members' questions.

### **Decision**

The presentation was noted.

## **66. Reaching Families in Need Investigation – Setting the Scene** *(Scrutiny Support Officer/Acting Director of Public Health)*

The Scrutiny Support Officer informed Members that the Acting Director of Public Health was in attendance at today's meeting to deliver a presentation as part of the Forum's investigation into the 'Reaching Families in Need'. The Acting Director of Public Health gave a detailed and comprehensive presentation which began by providing a definition of a family in need and a list of key indicators which help identify these families. Some examples of actions being taken to reduce the health inequalities in

Hartlepool were included within the presentation. However, it was recognised that there were a number of issues that impacted on the ability to address these inequalities. Members were asked to note that the gap in life expectancy was wider across different areas of Hartlepool than it was compared to the national average. Examples of initiatives implemented elsewhere were shown in the presentation and included multi-agency working and partnership working across the health, social care, education and voluntary and community sectors.

Within the presentation the Acting Director of Public Health suggested a number of areas for further consideration during the Forum's investigation including early intervention and looking at how these support services were provided by other local "Family Pathfinders".

The Chair indicated that the Portfolio Holder would now present his evidence and a discussion on both reports would follow. The Acting Director of Public Health was thanked for her informative presentation.

### **Decision**

The presentation was noted and would be used to inform Members during this investigation.

## **67. Reaching Families in Need Investigation – Evidence from the Authority's Portfolio Holder for Adult and Public Health** *(Scrutiny Support Officer)*

The Portfolio Holder for Adult and Public Health Services was in attendance to provide evidence in relation to the Forum's investigation into 'Reaching Families in Need'. Listed in the report were three key areas which the Forum had identified for the Portfolio Holder to look at in detail and provide further information.

- a) *What are your roles and responsibilities in relation to the provision of targeted intervention for hard to reach families in need?* The Portfolio Holder informed Members that his role was to oversee the local authority's responsibility for adult and public health and request reports and further information as necessary on any issues identified. A key role was to act as the direct link between the public and the local authority for adult and public health issues.
- b) *What are your views on the current multi agency approach to the provision of targeted wellbeing and prevention health services for hard to reach families in need in Hartlepool?* The Portfolio Holder indicated that a multi agency approach was absolutely crucial in addressing the public health agenda and targeting people in need, especially in the areas of housing and financial inclusion.
- c) *What areas of improvement if any, would you suggest to reduce health inequalities and encourage hard to reach families to take up local health services?* The Portfolio Holder stressed the importance of

recognising how the provision of health and social care was linked together and the need to identify any shortfall in provision. The provision of parallel support through partnership working was also key to improving health inequalities within Hartlepool.

A discussion ensued which included the following issues:

- i) A resident representative raised a number of points in relation to various health issues faced by the residents of Hartlepool. The Chair indicated that the aim of this investigation was to look at forming a strategy to help reach families in need in the town, including addressing the health inequalities faced by these families.
- ii) A Member questioned how families were targeted for intervention as the scale of interventions was incredibly complex. The Acting Director of Public Health indicated that the current system relied on people coming forward to use services and it was therefore important to ensure that all services were linked together. It was noted that the local authority was best placed to help identify families who were not already engaged in the support systems available to them. The possibility of having one point of contact within local authority service provision to tackle problems such as health and housing needs in a co-ordinated approach was discussed.

At this point the meeting became inquorate.

The Early Years Manager informed Members that the Community Assessment Framework (CAF) was in place to identify any areas where support was required within a family at an early stage, including through effective liaison with schools. This framework has proven effective in helping families navigate across all the support services available.

- iii) There was some concern among Members that older and vulnerable people did not know how to access many of the services available for support and that the provision of a freephone number should be considered.
- iv) It was questioned whether any formal arrangements were in place for the sharing of information among the various agencies involved? The Early Years Manager informed Members that formal arrangements were in place to share information across all agencies including the community and voluntary sector. The Acting Director of Public Health acknowledged however, that there were a number of people who did not want support and in some cases, if their behaviour did not affect anyone else, it was difficult to intervene.
- v) The Head of Business Unit added that a lot of the issues impacting on health inequalities were generational and added that she had worked with families through generations on similar issues. This particular issue was being addressed as part of the Family Intervention Project.

The Portfolio Holder was thanked for his attendance and informative presentation.

**Decision**

The presentation was noted and would be used to inform Members during this investigation.

**68. Issues Identified from the Forward Plan**

None.

**69. Feedback from Recent Meeting of Tees Valley Health Scrutiny Joint Committee**

None.

The meeting concluded at 5.15pm.

CHAIRMAN



## HEALTH SCRUTINY FORUM

4 November 2008



**Report of:** Scrutiny Support Officer

**Subject:** FACTORS / ISSUES AFFECTING FAMILIES IN NEED – COVERING REPORT

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### 1. PURPOSE OF THE REPORT

- 1.1 To agree a definition of 'families in need' for the purpose of the investigation; and
- 1.2 Provide Members with initial evidence on a number of the factors / issues affecting families in need, to inform the Forum's investigation into the 'Reaching Families in Need'.

### 2. BACKGROUND INFORMATION

- 2.1 As previously indicated, in the presentation given by the Director of Public Health, around two per cent of families nationally, have not benefited from increases in living standards and opportunities. Evidence, however, showed that In Hartlepool this could be in the region of 20%.
- 2.2 For these families multiple and complex problems exist, including poverty, unemployment, a lack of qualifications, parental mental health problems, substance abuse, poor housing and contact with the criminal justice system. All of these problems can impact on children, continuing into adulthood, being passed from one generation to the next limiting aspirations, reinforcing cycles of poverty and providing poor behaviour models.

### 3. A DEFINITION OF A 'FAMILY IN NEED' FOR THE PURPOSE OF THE INVESTIGATION

- 3.1 As the first stage in its investigation, the Forum need to explore the definition of a 'family in need' for the purpose of the investigation. Work undertaken by the Cabinet Office (Social Exclusion Task Force) describes a family at risk / need as a family with multiple and complex problems which exhibit five or more of the indicators outlined overleaf:

- No parent in work;
- Poor quality or overcrowded housing;
- No parent with qualifications;
- Mother has mental health problems;
- At least one parent with longstanding limited illness, disability or infirmity;
- Low income (<60% of median); and
- Cannot afford a number of food and clothing items.

3.2 The Forum needs to consider if this is the definition which it wishes to establish as the basis for its investigation or if it wishes to suggest an alternative / expanded version. In particular, Members need to be clear as to whether for the purpose of the investigation a 'family' is, or is not, defined as a unit including children.

#### **4. FACTORS / ISSUES AFFECTING FAMILIES IN NEED**

4.1 During the course of this investigation evidence will be provided from a variety of sources, including the Council's Children's Services Department, Adult and Community Services Department, the PCT and Foundation Trust. Over the coming months, evidence is also to be sought from appropriate organisations / bodies operating in the areas where factors / issues affecting families in need are evident.

4.2 At today's evidence gathering session, consideration will be given to social and housing issues affecting families in need and to assist in this presentations are to be given by the following groups:-

##### *Social Factors / Issues*

- (a) The Anti-Social Behaviour Unit and the Family Intervention Project (FIP) – Joint presentation;
- (b) The Youth Offending Team;
- (c) Cleveland Police;

##### *Housing Factors / Issues*

- (d) The Strategic Housing Manager, Hartlepool Borough Council; and
- (e) Housing Hartlepool (subject to availability).

4.3 To assist in providing continuity of evidence throughout the investigation each witness has, and will in the future, be asked to answer the following questions through their reports or presentations:-

- (i) What is your role in breaking the spiral of aspirations and promoting health education?

- (ii) How do you identify families that have specific and persistent issues or problems?
- (iii) Do you have specific strategies for dealing with them?
- (iv) To what extent do you work in partnership and identify associated problems as they go and communicate with partners?
- (v) How do you feel things could be improved in the future to help co-ordinate activities / approaches to help reach families in need?
- (vi) What have been the achievements / positive outcomes of your work?

4.4 Members may wish to utilise these questions as a basis for consideration of the evidence to be provided, with the option to expand upon them as they see fit during the course of the meeting.

## **5. RECOMMENDATION**

5.1 That Members:-

- (i) Approve a definition of 'Families in Need' for the purpose of the investigation; and
- (ii) Note the content of the presentations, seeking clarification on any relevant issues, where felt appropriate.

## **CONTACT OFFICER**

Joan Wilkins – Scrutiny Support Officer  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 284142  
Email: joan.wilkins@hartlepool.gov.uk

## **BACKGROUND PAPERS**

The following background paper was used in the preparation of this report:-

- (a) Report of the Scrutiny Support Officer entitled 'Reaching Families in Need – Scoping Report' Presented to the Health Scrutiny Forum on 9 September 2008;
- (b) Setting the Scene Presentation from the Director of Public Health at the meeting on the 14 October 2008;
- (c) "Think Family: Improving the Life Chances of Families at Risk";

- (d) Cabinet Office Social Inclusion Task Force. 'Reaching Out: Think Family' ([http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_families\\_full\\_report%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families_full_report%20pdf.ashx));
- (e) Cabinet Office Social Inclusion Task Force. 'Think Families: Improving the Life Chances of Families at Risk' ([http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/think\\_families/think\\_family\\_life\\_chances\\_report%20pdf.ashx](http://www.cabinetoffice.gov.uk/~media/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_family_life_chances_report%20pdf.ashx)); and
- (f) <http://www.westminster.gov.uk/onecity/families.cfm>.



**Anti-Social Behaviour Unit  
and Families in Need**

**Health Scrutiny Forum  
November 2008**

# Mission Statement

- Hartlepool Anti-social Behaviour Unit ( ASBU ) believes that the people of Hartlepool have the right to live their lives free from harassment alarm or Distress.
- It is our goal to work effectively with the public and partner agencies to deal with the factors that affect the quality of life of residents through prevention, diversion, support and enforcement.
-

# Who do we deal with

- 25% of cases in Private rented Sector
- Unit itself does not keep records of deprivation- or use assessment tools other than the CAF.
- Strong links to areas of deprivation.
- Those subject to ASBO all started to have problems whilst at school- all excluded.

# Breaking Spiral/ Promoting Health

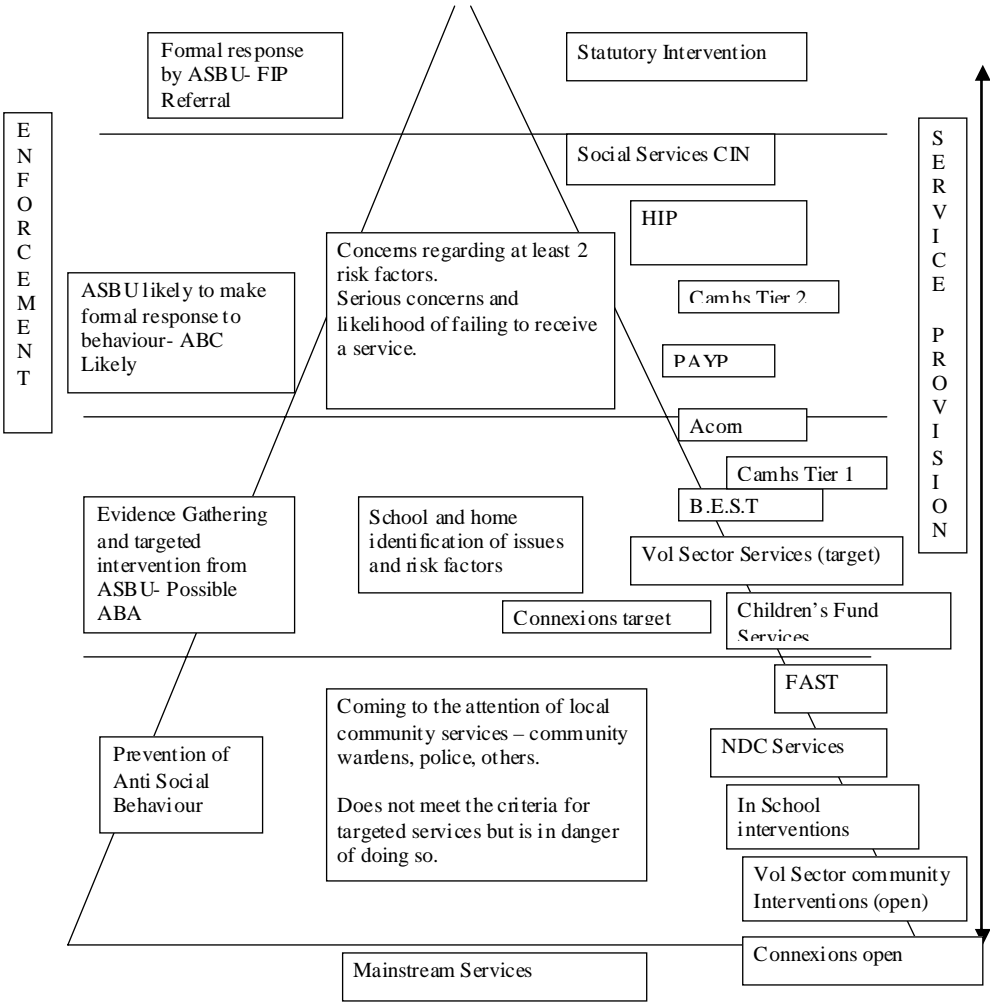
- Main role in promoting health education is in our referral role
- Straightline
- Hyped
- New Alcohol service for adults
- Advance ( ADHD )



# How we identify Families

- If ASB persists we “ move up a gear”
  - Low level- FAST
  - Mid Level- HIP
  - High Level – FIP
- Any concerns re welfare- CP

**The Range of Prevention Services and the Hartlepool Intervention Project**



## **PARTNERSHIP WORKING**

- Information sharing- Housing Hartlepool and other RSLs
- Information gathering-residents and neighbourhood Police teams
- Support, diversion- range of agencies; the HIP and the FIP; the fire Brigade
- Education and prevention- PAC in schools with YOS.
- ASBAD

# Areas for Improvement

- Ensure we always get feedback from our referrals so no-one slips through net.
- Greater use of CAF -and maybe training on other assessment tools.
- Better tools for identifying those needing early intervention.
- Increased promotion of parenting skills.
- Use of new Vulnerable Localities Index

# **What is Vulnerable Localities Index?**

The Vulnerable Localities Index (VLI) is a measure that can be used by the Police and Crime and Reduction Partnerships (CDRP's) to identify neighbourhoods that require prioritised attention.

# Where did it come from?

Its origins stem from partnered work between the Jill Dando Institute of Crime Science and the National Centre for Policing Excellence (NCPE) that worked towards developing new policy for community cohesion.

Since then it has become more widely applied to Neighbourhood Policing.

# The Methodology

## Identify Neighbourhoods

- Census Output Areas, as the aggregate unit for these statistics

## Crime Statistics – April 2007 to March 2008

- Burglary Dwelling
- Criminal Damage to a Dwelling

## Deprivation Statistics

Income deprivation

- Employment deprivation

## Education Statistics

- Population that has less than 5 GCSEs grades A\*-C or equivalent

## Demographic Statistics

- Population of young people

# VLI Scores

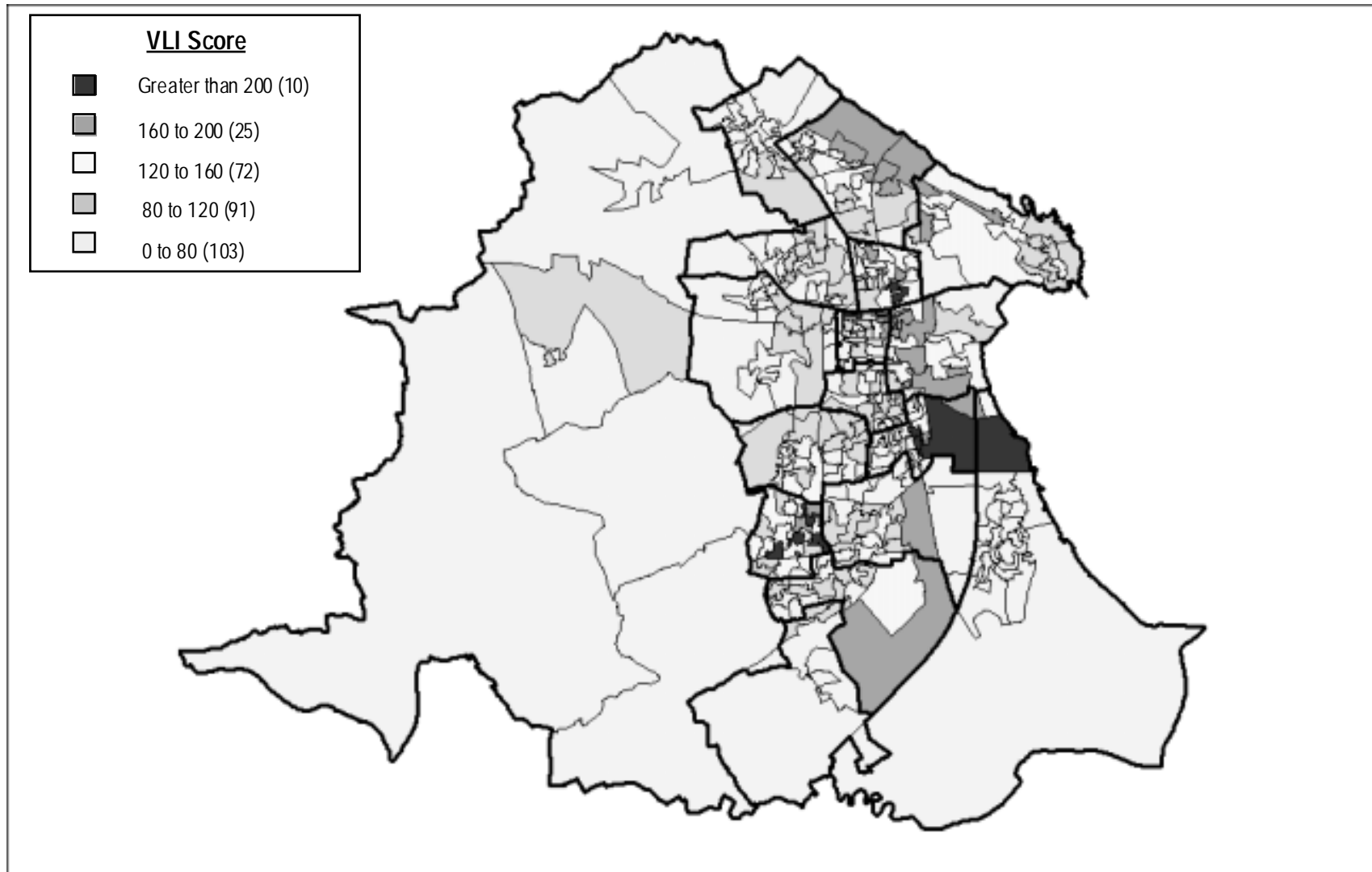
Within the Hartlepool district there are 301 Census Output Areas (COA's) as such each one has been given a VLI score based upon a their crime, deprivation and demographic make-up.

As specified by the Jill Dando Institute, the following VLI score ranges have been used:

- Greater than 200
- 160 to 200
- 120 to 160
- 80 to 120
- 0 to 80

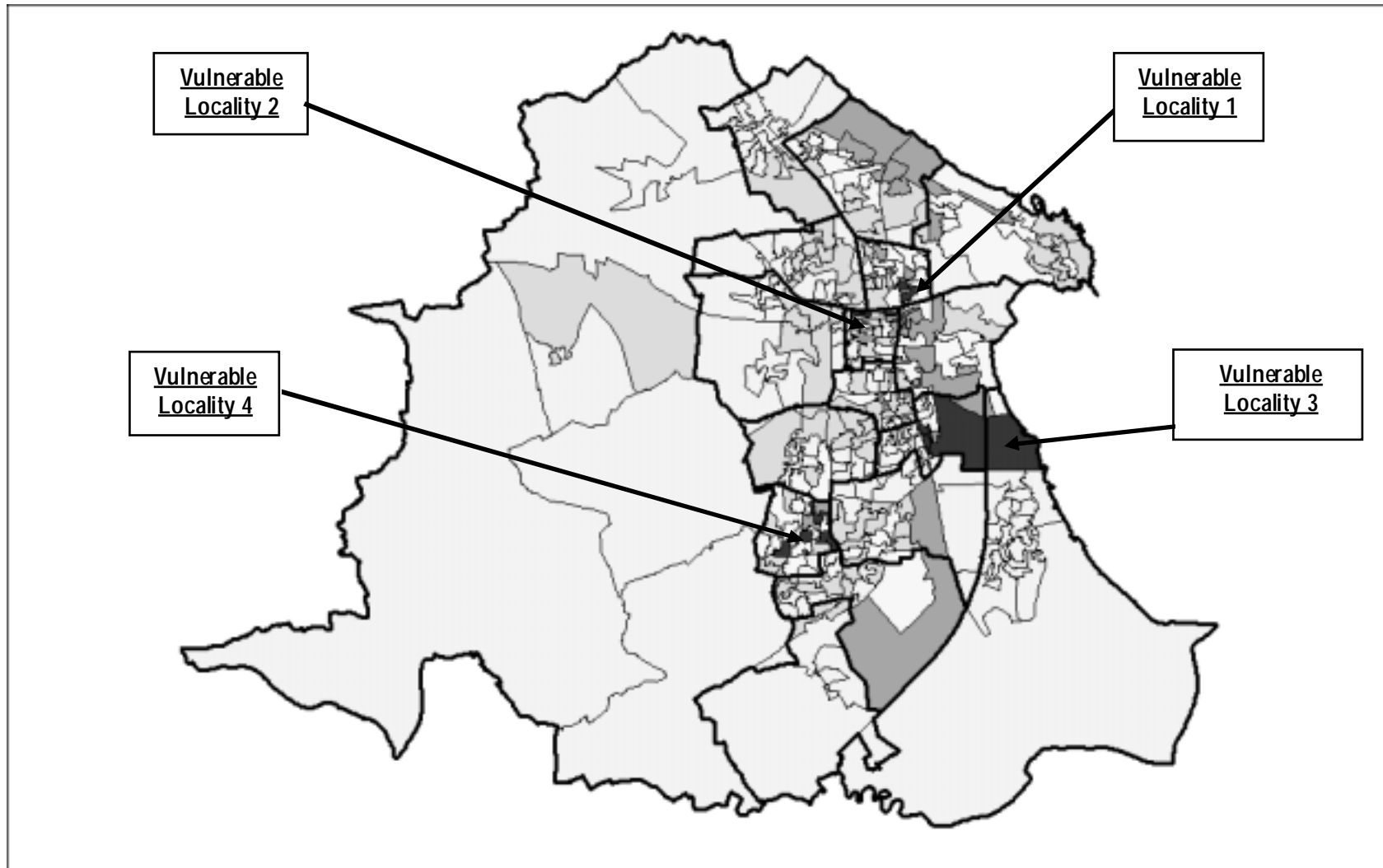


# Vulnerable Localities in Hartlepool



The above map displays the Hartlepool district, highlighting both the ward and Census Output Areas boundaries.

# Vulnerable Localities in Hartlepool



The above map displays the Hartlepool district, highlighting both the ward and Census Output Areas boundaries.

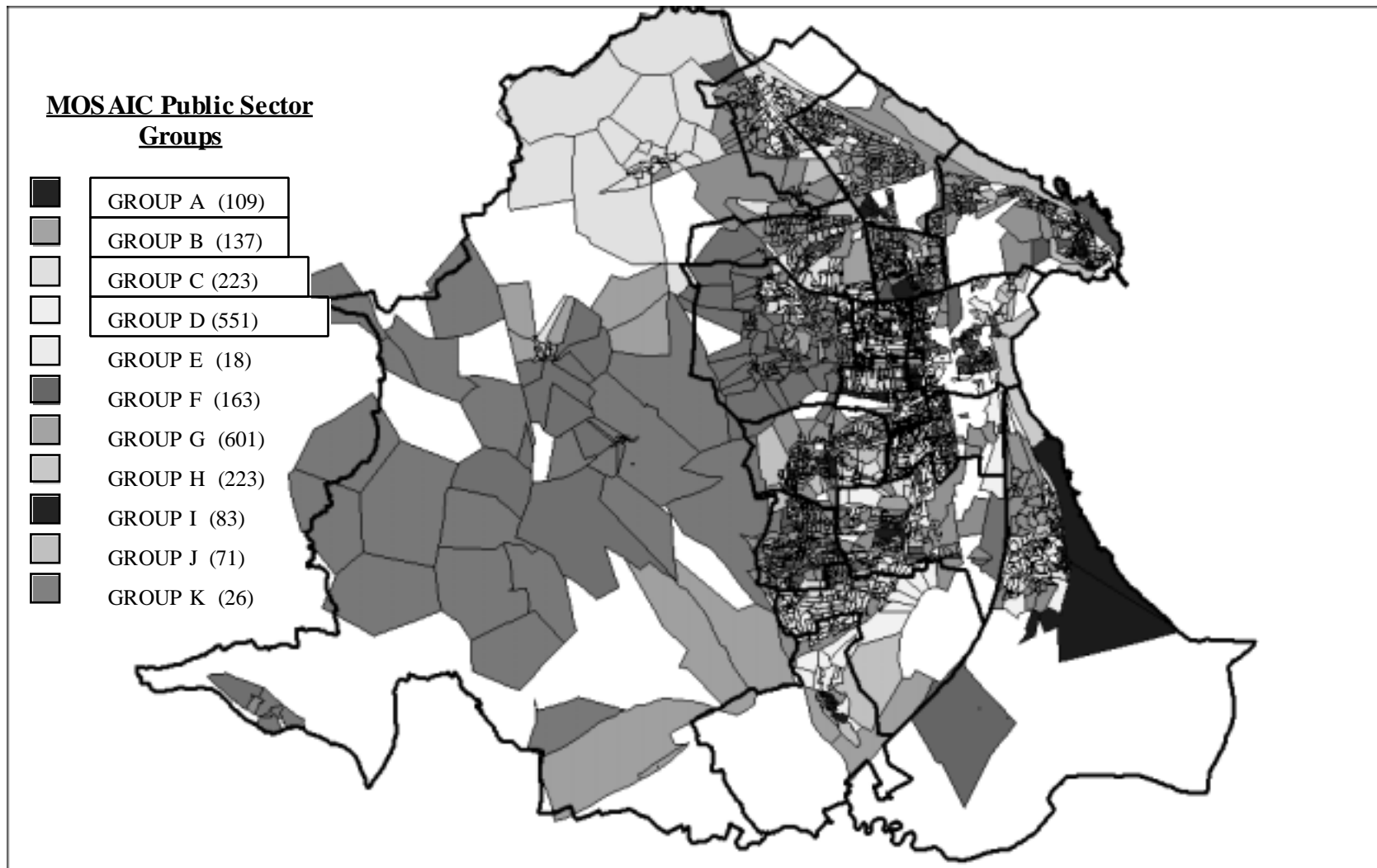
# Who are the Community?

To help the Partnership to gain an understanding of the people who reside in these Vulnerable Localities, MOSAIC Public Sector lifestyle data has been integrated into this exercise.

## What is MOSAIC?

It is a Geo-demographic segmentation system – that classifies all households and postcodes in the United Kingdom into 61 Types aggregated into 11 Groups.

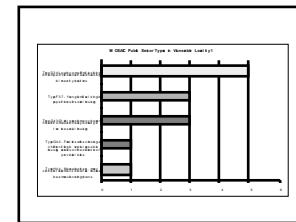
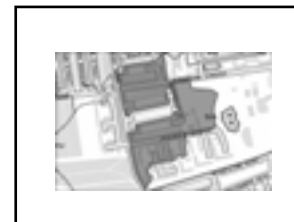
# MOSAIC GROUPS



The above map displays the Hartlepool district MOSAIC Public Sector Groups, highlighting the ward and postcode boundaries. The areas which are white do not have a MOSAIC Public Sector Group attached to them, this is because they are either uninhabited or are industrial areas.

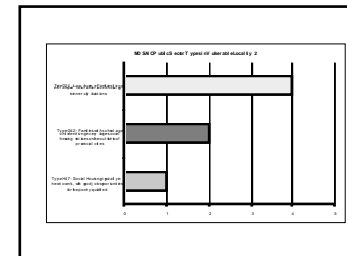
# VULNERABLE LOCALITY 1

- Located in the Dyke House Ward
- Comprises of 2 Census Output Areas
- Population of 512
- 285 Households
- MOSAIC Type D24 ' Low Income Families living in cramped Victorian terraced style housing in inner city locations'
- Concerns – Drugs, Litter, Strangers, Car Crime, Under Reporting
- Characteristics – Poor Education, Unhealthy Lifestyles, High Levels of Crime & Disorder, Low Incomes
- Engagement Methods – Daily Papers, TV, Undersubscribed to Internet, Betting & Bingo



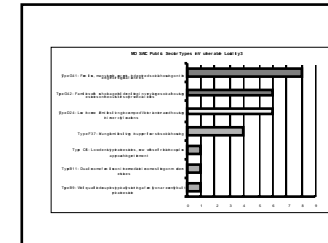
# VULNERABLE LOCALITY 2

- Located in the Grange Ward
- Comprises of 1 Census Output Area
- Population of 238
- 145 Households
- MOSAIC Type D24 'Low Income Families living in cramped Victorian terraced style housing in inner city locations'
- Concerns – Drugs, Litter, Strangers, Car Crime, Under Reporting
- Characteristics – Poor Education, Unhealthy Lifestyles, High Levels of Crime & Disorder, Low Incomes
- Engagement Methods – Daily Papers, TV, Undersubscribed to Internet, Betting & Bingo



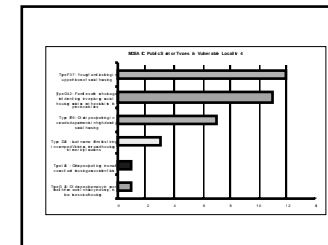
# VULNERABLE LOCALITY 3

- Located in the Foggy Furze & Seaton wards
- Comprises of 3 Census Output Areas
- Population of 858
- 432 Households
- MOSAIC Type G41 'Families, many single parent, in deprived social housing in the edge of regional centre'
- Concerns – Drugs, Abandoned Cars, Strangers, Being a Victim of Crime, Under Reporting
- Characteristics – Poor Education, Unhealthy Lifestyles, Smoke Heavily, Binge Drinking, Poor Housing, Anti-social Behaviour & High Unemployment.
- Engagement Methods – TV, Telemarketing, Posters, Direct Mail, Low IT Use, Betting and Bingo.



# VULNERABLE LOCALITY 4

- Located in the Owton ward
- Comprises of 4 Census Output Areas
- Population of 899
- 524 Households
- MOSAIC Type F39 'Young Families living in upper floors of social housing'
- Concerns – Drugs, Abandoned Cars, Strangers, Car Crime, Under Reporting
- Characteristics – Poor Education, Unhealthy Diets, Drug & Alcohol Misuse, Teenage Pregnancies, Anti-social Behaviour & Crime, Unemployment.
- Engagement Methods – TV, Telemarketing, Posters, Direct Mail, Cinema, Betting and Bingo.





# WHAT NEXT?

- **Strategic Focus**
- **Develop and Expand Linkages**
- **Collaborative Partnership Working**

THANK YOU  
for  
listening



# Hartlepool Family Intervention Project



# ***RESPECT Action Plan 2006***

- Identified the need for working with 'problematic' families that were persistently causing ASB in the local community.
- 53 FIPs were created in order to tackle these families via a twin track approach to stamp out ASB and create safer communities

# ***What are FIP's and what do they do?***

- Projects which challenge and support families to address the causes of their anti social behaviour
- Projects vary, no single model
- Key workers who 'grip' the family and agencies involved
- Work with families in their own homes, dispersed accommodation or specialist residential blocks
- Assessment of needs of the whole family and community
- Development of new service package: rationalising existing services, negotiating specialist provision needed (e.g. parenting support) and filling in the gaps
- Make families aware this is the last chance and failure to change behaviour will have consequences
- Intensive/ intrusive approach

# ***Key features of the FIP approach***

- Focus on the most problematic families persistently perpetrating anti-social behaviour who are at risk of losing their homes
- A 'whole family' approach which considers the needs of the whole household and assesses the underlying problems driving the family's behaviour in order to identify which services need to be involved
- Some form of contract between the family and the project which sets out the changes in behaviour that are expected and support that will be provided
- Lead key worker who coordinates activity and whose persistent and assertive working style ensures families stick to agreements in the contract and change behaviour.

# ***Project objectives***

- Stopping anti social behaviour by problem families
- Preventing homelessness
- Providing sustainable routes back to settled housing
- Helping achieve the five *Every Child Matters* outcomes for children and young people, with a particular focus on:
  - Improving children and young people's attendance and behaviour at school, reducing the level of truancy and exclusion;
  - Reducing the prevalence of teenage pregnancy;
  - Reducing alcohol, drug and volatile substance abuse of both children and young people and their parents;
  - Improving the mental health of both children and young people and their parents;
  - Reducing the number of young people not in education, employment or training.

## ***How do we identify families that have specific & persistent issues/problems?***

- Families identifies through HIP panel – multi agency panel of both statutory and voluntary agencies
- There **MUST** be history of persistent ASB
- A pattern of failure to engage with services
- High risk of enforcement action due to behaviour



# ***Issues to date***

- Inappropriate housing
- Substance Misuse
- Mental Health issues
- Non school attendance
- Dependent on benefits - worklessness
- Poor parenting
- Lack of motivation

# ***Are there specific strategies for dealing with them?***

- Every family is unique and assessed on their own needs, however, they all have;
- Family contracts – highlighting an approach of support and enforce
- Persistent Key Worker – Big Brother approach
- Regular reviews

# ***Partnership and Communication***

This is essential to the success of the FIP and is paramount throughout the whole process from referral to closure.

There are multi agency referral meetings and reviews.

Contracts can only be effective through partnership working with both other agencies and the families

Key Workers act as lead practitioner and therefore have a duty to keep all parties up to date

# ***How could things improve?***

- Improved links with adult services
- More established links with schools –  
Team around the School approach
- More dispersed accommodation – FIT  
tenancies – more suitable accommodation  
within the town overall

# ***Achievements so far***

- 1 ASBO diverted – 1 gained – 1 on hold
- Overall reduction in ASB
- 7 parents completing parenting programs – further 3 to commence this week
- Communication within the home improved
- School attendance improved
- 4 parents and 1 young person completing a cookery program
- 3 parents completing computer skills course
- 1 parent engaging in basic adult literacy skills
- 2 parents seeking voluntary work
- 1 young person seeking employment
- 3 families registered with dentist
- Families accessing local GP when appropriate
- 1 young person secured own accommodation
- 1 family moved into dispersed accommodation
- 2 young people engaged in training
- 1 young person gaining 2 GCSE grades



# **Hartlepool Youth Offending Service (YOS)**

# Identification

- After receiving a young person onto a YOS programme all aspects of their home life are assessed using Youth Justice Board assessment tools.
- Regular home visits are carried out by an allocated worker, who completes the assessment taking into account all risk/protective factors in the young persons life at that time.

# Identification

- Not only are the young persons needs met any parenting issues are also identified.
- These are discussed regularly during staff supervisions and Case Managers meetings
- Referrals for Parenting Programmes are on a voluntary basis unless a Parenting Order has been issued at court. Both delivered via Hartbeat  
- Barnardos



# Parenting Programmes

- Hartbeat – Barnardos
- Nurturing Programme
- 10 week programme
- Giving Praise/Discipline/Time Out/Calm Down/Family Rules/ Rewards/Penalties/ Self Esteem/Feelings/Communication/ Stress/Health Issues etc, etc.

# Parenting Programmes cont.

- B76 – Barnardos
- Strengthening Families Programme
- 7 Weeks
- Building family relationships
- Coping strategies

# Parenting Programmes cont.

- Parenting – ADHD
- Awareness/coping with young people who have been identified
- Who to turn to
- What is available
- What can be done

# **Youth Inclusion Programme (YIP)**

- In 2000, YIP's were first established by the Youth Justice Board across 156 Youth Offending Teams, their main aims being, to stop identified young people from offending and to reduce year on year the number of first time entrants into the Youth Justice System
- We currently have 3 YIP`s in Hartlepool covering Owton Manor, Dyke House and North 1

# What is a YIP?

- YIP's differ from generic youth work through there targeting of the core group
- 13 – 16 year olds (senior YIP)
- 8 – 12 year olds (junior YIP)
- All of the young people referred onto a YIP have been identified as being most at risk of offending, truancy or social exclusion



# YIP

- Also provides an opportunity to identify families in need due to workers home visits.
- Affords us the opportunity to engage with “hard to reach families” at an early stage.
- Information, Advice & Guidance to families via YIP Prevention worker.

ARE THERE ANY  
QUESTIONS



**CLEVELAND  
POLICE**  
*Putting People First*

**Inspector Peter Knights**

**Hartlepool Neighbourhood Safety**

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# Issues

- Domestic Abuse
- ASB
- Youth Offending/Juvenile
- Licensing

# Issues

- Schools Liaison
- Individual enquiries e.g. care facilities
- Mental Health Liaison
- Misc, including Cadets/Crimestompers etc

# Key Activities

- Domestic Abuse:
- Reactive
- Proactive
- Preventative
- Partnership
- Emphasis on the victim

# Anti-Social Behaviour

- Links with HBC ASBU
- Prevention better than...
- Links to alcohol related crime
- Long term issues:

We'll reap what we sow.

# YOS/Juvenile

- Early notification of offenders
- Entrants to the judicial system
- Early warning! Drugs/drink/other

# Licensing

- Concentrates on town centre economy
- Joint operations
- ASB/Disorder/Football/Domestic Abuse/Children at Risk

## Others

- Health liaison – minimisation of risk
- Education in a variety of forms:  
recognition of roles
- Need for heavy involvement in youth  
agenda

# Summary

- Health and policing issues are linked
- Substance abuse is a key driver
- Environmental issues likely to increase



# Thank You



Penny Garner-Carpenter  
Strategic Housing Manager  
Housing and Health

# Housing and Health

- Housing plays a major part in people's health, both good and bad
- Housing Strategy and Partnership – cross tenure, RSL and other partners
- General Needs Housing
- Supported Housing
- Sheltered Housing and Extra Care
- Floating Support – all tenures
- Connected Care (Housing Hartlepool)

# In-House Provision

- Housing Advice and support, access to housing
- DFG & Handyperson Services
- House Renovation and Repair (grants & loans)
- Housing Conditions (enforcement)
- Supporting People

# Housing contact

- Housing Advice, seeking accommodation, adapted accommodation etc.
- Housing repairs – particularly owner occupiers and private renting
- Housing Association – know/visit their tenants
- Support workers - invaluable

# An example

- Part of the private sector pilot project
- Set up first tenancy support in private sector
- Found a young man who was struggling to cope on his own
- Moved to more suitable supported accommodation
- Plugged into health and support network
- Successful outcome

# Role in breaking the spiral

- Strategic role of the authority
- Direct role in delivery of services
- Indirect role of enabling and commissioning of services

# Identifying families with issues

- Strategic role, access to services, supporting people, enabling services.
- Housing Needs Analysis
- Direct role – providing Housing Advice, support, other services



# Specific Strategies

- Housing Strategy
- Homelessness Strategy
- Supporting People Strategy
- Older Persons Housing Strategy
- Housing Regeneration Strategy

# Partnership Working

- Housing Hartlepool and Connected Care (Andy Powell)
- Housing Panel, multi agency approach to nominations
- Supporting People
- Housing Partnership
- Sub Regional Partnerships

# Connected Care

- People with the most needs don't receive services
- Services need to address the 'whole person'
- Connected Care brings together services to meet the whole needs of the community, integrating health, social care and housing

# Future Improvements

- Build on existing protocols, more joint working
- Other agencies to trust housing staff and to work with us
- FIP – have more involvement in ‘housing’