

# REVISED AGENDA

## CHILDREN'S STRATEGIC PARTNERSHIP AGENDA



**Wednesday 22 November 2017**

**at 10.00am**

**at Centre for Excellence, Teaching and Learning  
Brierton Lane, Hartlepool**

**MEMBERS: CHILDREN'S STRATEGIC PARTNERSHIP**

Councillor Alan Clark, Chair of Children's Services Committee and Lead Member for Children's Services (Chair);  
Councillor Brenda Harrison, Vice Chair of Children's Services Committee;  
Sally Robinson, Director of Children's and Joint Commissioning Services, Hartlepool Borough Council;  
Danielle Swainston, Assistant Director, Children's and Families' Services, Hartlepool Borough Council;  
Mark Patton, Assistant Director, Education, Hartlepool Borough Council;  
Paul Edmondson-Jones, Interim Director of Public Health, Hartlepool Borough Council;  
Alastair Simpson, Assistant Chief Superintendent, Cleveland Police;  
John Graham, Durham Tees Valley Community Rehabilitation Company;  
John Bagley, National Probation Service;  
Dave Pickard, Chair of Local Children's Safeguarding Board;  
Ali Wilson/Andrea Jones, Chief Officer, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group;  
Lindsey Robertson, Professional Lead Nurse, Out of Hospital Care, Hartlepool and North Tees NHS Foundation Trust;  
Chris Davies, Head of Service, CAMHS, Tees, Esk and Wear Valleys NHS Trust;  
Dave Wise, West View Project, Voluntary and Community Sector;  
Kay Glew, Housing Hartlepool, Thirteen Group;  
John Hardy, Head Teacher St John Vianney Primary School, Hartlepool Primary Schools;  
Head Teacher, Hartlepool Secondary Schools;  
Alan Chapman, Head Teacher, Hartlepool Special Schools;  
Darren Hankey, Principal Hartlepool College of Further Education, Hartlepool Post 16 Colleges;  
Claire Naylor, Hartlepool Partnership and Social Justice Manager, Job Centre Plus;  
Christine Fewster, Hartlepool Carers;  
Graham Alton, Martin Todd and Jayne Moules, Changing Futures North East;  
Housing Representative, HBC;  
Chief Executive Officer, Young People's Foundation;  
Children and Young People Representatives;  
Parent Representatives.



# REVISED AGENDA

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 26 SEPTEMBER 2017**
4. **ITEMS FOR CONSIDERATION**
  - 4.1 Presentation – Young People’s Foundation – *Assistant Director, Children’s and Families Service*
  - 4.2 Presentation – Looked After Children Strategy – *Assistant Director, Children’s and Families’ Service*
  - 4.3 Presentation – Early Help Service Transformation Maturity Model – *Assistant Director, Children’s and Families Service*
  - 4.4 Healthy Relationships Partnership Update – *Changing Futures North East*
5. **ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT**

## ITEMS FOR INFORMATION

**Date of next meeting – Wednesday 31 January 2018 at 10.00am at Centre for Excellence, Teaching and Learning, Brierton Lane, Hartlepool**



# **CHILDREN'S STRATEGIC PARTNERSHIP MINUTES AND DECISION RECORD**

26 September 2017

The meeting commenced at 10.00am at the Hartlepool College of Further Education, Stockton Street, Hartlepool

**Present:**

Councillor: Brenda Harrison (In the Chair)

Sally Robinson, Director of Children's and Joint Commissioning Services

Danielle Swainston, Assistant Director, Children's and Family Services

Mark Patton, Assistant Director, Education

Paul Edmondson-Jones, Interim Director of Public Health

Rachel Smith, Strategic Commissioner, Children's Services

Chris Davies, Head of Service, CAMHS, Tees, Esk and Wear Valley NHS Trust

Kay Glew, Thirteen Housing

John Hardy, Headteacher, St John Vianney Primary Schools

Alan Chapman, Headteacher, Catcote Academy

Darren Hankey, Principal, Hartlepool College of Further Education

Dave Wise, West View Project

Callum Reed, Children and Young People's Representative

**Also present:**

Martin Todd, Healthy Relationships Partnership

David Pickard, Hartlepool Safeguarding Children's Board

Christine Fewster and Bev Hart, Hartlepool Carers

Jo Heaney, Hartlepool and Stockton on Tees Clinical Commissioning Group

Officers: Esther Mireku, Acting Consultant in Public Health  
Joan Stevens, Statutory Scrutiny Officer  
Angela Armstrong, Principal Democratic Services Officer

## **38. Apologies for Absence**

Apologies for absence were received from Councillor Alan Clark, Assistant Chief Superintendant Alastair Simpson (Cleveland Police) and John Graham (Durham Tees Valley Community Rehabilitation Company) and Ali Wilson (Hartlepool and Stockton on Tees Clinical Commissioning Group).

### **39. Declarations of Interest**

None.

### **40. Minutes of the meeting held on 18 July 2017**

Confirmed subject to the inclusion of apologies from David Pickard (Hartlepool Safeguarding Children's Board).

### **41. Hartlepool Children's Strategic Partnership – Terms of Reference**

The Assistant Director, Children's and Families Service presented the report which included a proposed updated Terms of Reference for the Children's Strategic Partnership. The report detailed the purpose and functions of the Partnership along with the roles and responsibilities of the Partnership members. The proposed membership had been updated to harness the expertise across all organisations to meet the outcomes for the Partnership with the option to co-opt additional members as appropriate.

It was suggested that the Partnership meets quarterly with extraordinary meetings, sub groups and task and finish groups arranged as required. Further details were included around the performance and review of the Partnership. The Quorum for Partnership meetings was proposed as three partner organisations to be represented.

Attached to the report by way of appendix was the Partnership working structure which covered the four locality areas.

A discussion ensued during which it was suggested that the quorum should be increased to a minimum of 5 partner organisations being represented.

The Chair of Hartlepool Safeguarding Children's Board highlighted that the importance of integration between the Safer Hartlepool Partnership and the Children's Strategic Partnership was emphasised as part of previous serious case reviews. The Assistant Director, Children's and Family Services noted that the Safer Hartlepool Partnership has statutory responsibilities alongside Health and Wellbeing Board and this link could be included within the structure diagram.

#### **Decision**

- (1) That the terms of reference be approved with the quorum increased to representatives from 5 partner organisations.
- (2) That the Partnership Working Structure be amended to show links between the Children's Strategic Partnership and Safer Hartlepool Partnership with the Health and Wellbeing Board.

## 42. Communication Task and Finish Group – Option Paper

The Assistant Director, Education presented a report which outlined the proposals from the Communication Task and Finish Group which had been convened to create an identity/branding for the Children's Strategic Partnership (CSP); ensure that the key changes outlined above were well understood by all partners and their workforce; and create a CSP communication plan.

The following options were proposed by the Group:

- (a) That the Hartlepool Children's Strategic Partnership be 'branded' and therefore have its own logo and identity which did not explicitly include all the logos/identity of the partners; or
- (b) Brand that reflects all individual organisations that make up the Partnership; and
- (c) A strap line, eg A Better Childhood in Hartlepool be used in the logo whichever option is chosen.

A discussion ensued and it was the consensus of opinion that a brand be developed to reflect all the individual organisations that make up the Partnership and that the strap line 'A Better Childhood in Hartlepool' be utilised as this was already established and included within the branding of the Partnership where appropriate.

The Assistant Director, Education indicated that some branding examples would be drawn up along with a draft communication protocol and strategy for the Partnership, including specific organisations where required. An update report on the development of the branding, communication protocol and strategy would be submitted to the next meeting of the Partnership.

### Decision

- (1) That a brand be development for the Children's Strategic Partnership that reflects all the individual organisations that make up the membership, utilising the strap line 'A Better Childhood in Hartlepool' where appropriate.
- (2) That a draft communication protocol and strategy be developed for the Partnership.
- (3) That an update on the above be reported to the next meeting of the Partnership.

#### **43. Presentation – Health and Wellbeing Strategy Consultation and link to Children's and Young People's Plan** *(Interim Director of Public Health)*

The Interim Director of Public Health provided a detailed and comprehensive presentation which provided the background to the development of the Health and Wellbeing Strategy. The Children's Strategic Partnership were asked to take part in the ongoing consultation which was exploring the following priority areas:

- Starting Well;
- Working Well;
- Ageing Well;
- Living Well;
- Dying Well.

The following were five ways of working as Partners in order to meet the key aims of the Strategy:

- (1) Make Every Contact Count;
- (2) Use Local Intelligence;
- (3) Voluntary and Community Sector;
- (4) Targeted Media Campaigns, Communications and Contacts; and
- (5) Strong Evidence Base.

The meeting broke out into focus groups to consider Health and Inequalities; Drugs and Alcohol; Dying Well; and Mental Health, after which each group provided feedback to the Part

It was noted that the Health and Wellbeing Strategy will be presented to a future meeting of the Partnership.

#### **Decision**

That the feedback from the focus groups be utilised to inform the further development of the Health and Wellbeing Strategy.

#### **44. Presentation – Updates on Task and Finish Groups** *(Strategic Commissioner and Assistant Director, Children's and Family Services)*

The Strategic Commissioner gave a detailed and comprehensive presentation which provided an update on the Future in Mind – Transformation Plan Update. It was noted that 15 Hartlepool Schools, children and young people and parents and carers had been involved in the development of the Transformation Plan.

In addition to the continuation of the work already highlighted, the Children's Strategic Partnership were asked to agree the following priorities for

2017/18:

- Continuation of Video Interaction Guidance, training for Health Visitors and Family Nurse Partners;
- Development of online signposting;
- Pilot integrated Thrive model;
- Pathway development to integrate ongoing intervention and support to families; and
- Development of evidence framework.

It was highlighted that the key aims of Future in Mind were to:

- Promote resilience, prevention and early intervention;
- Improve access to effective support;
- Care for the most vulnerable; and
- Develop the workforce.

A discussion ensued during which the Strategic Commissioner confirmed that this was a 5-year programme which ends in 2020. The Strategic Commissioner provided clarification on a number of issues that were raised.

The Assistant Director, Children's and Family Services provided a detailed presentation on the Integrated Early Help Offer. This would include the following areas of work:

- Health Relationships;
- Workforce;
- Future in Mind;
- Development of Integrated Pathway; and
- Development of Locality Partnerships and the development of Needs Profiles.

### **Decision**

The presentations were noted.

The meeting concluded at 11.40 am

CHAIR

# Children Looked After Strategy 2014-2017








## **Child Looked After Strategy**

This strategy outlines the vision of Hartlepool Borough Council for its children and young people in care and care leavers. Hartlepool Children's Services is committed to improving the experiences and outcomes for children looked after and care leavers in the town and is aspirational in its plan to deliver continuous improvement and remove the gap between children in care and their peers.

This strategy builds upon to 2010 to 2013 Children Looked After Strategy recognising the achievements realised through the delivery of the strategy and setting new priorities to deliver continuous improvement for the care of children looked after and care leavers in Hartlepool.

The delivery of the 2014-2017 strategy will be achieved with the active commitment and involvement of all partners which form the Children's Strategic Partnership and Corporate Parent Forum under the leadership of the Chief Executive, Director of Child and Adult Services and Lead Member for Children's Services.

This strategy is based upon the principle question of whether the care and parenting provided would be good enough for one of our own children.



## **Children in Need and Family Support Vision**

The vision is to support children and their families who are at risk of becoming looked after and to deliver a wide range of universal, targeted and specialist services. This will enable children to be safely looked after within their families and receive the right services at the right time.

The provision of tailored family support packages will be based upon a sound assessment of need with clearly defined outcomes to be achieved. Children should only become looked after where this has been assessed as being in their best interest and all available resources within the family and social network have been explored.

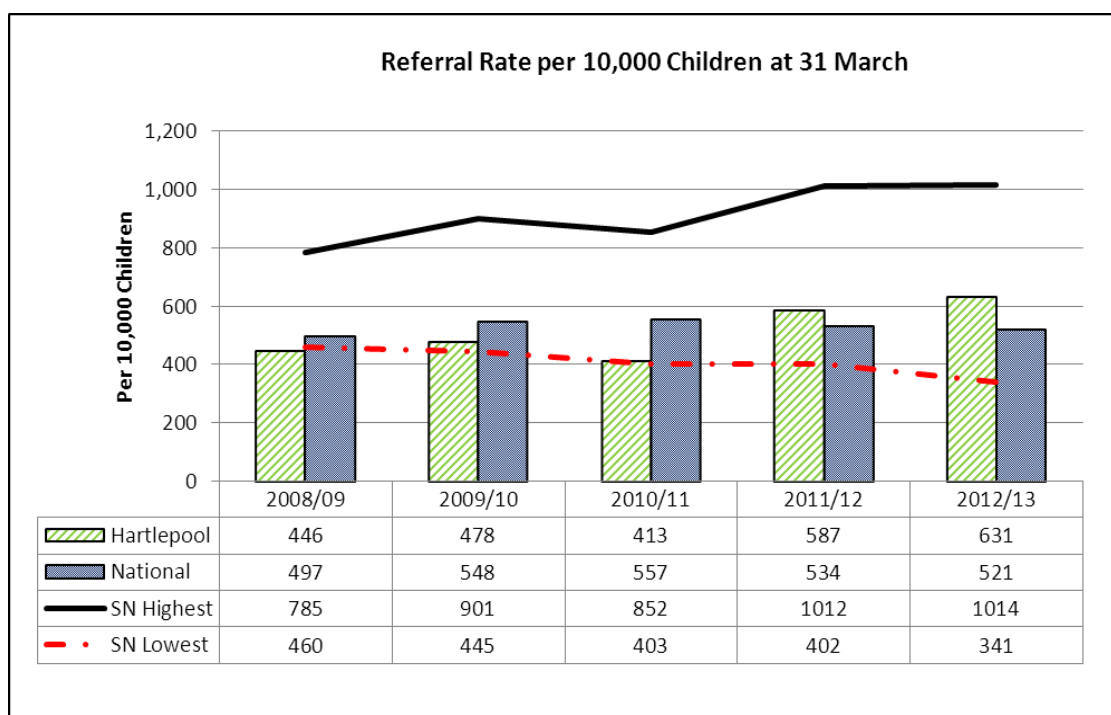
### **What we have done**

- Developed and implemented the Early Intervention Strategy 'A Better Childhood in Hartlepool' 2011-2013.
- Commissioned a range of services to support children and their families including, amongst other things, Parenting Programmes and 1:1 parenting support; activities for children aged 5-19; mentoring for children and young people and substance misuse services.
- Facilitated Family Group Conferences delivered in partnership with Action for Children.
- Developed and implemented an intensive support service for young people who are at risk of becoming looked after including the provision of a support foster carer service.
- Developed and implemented the Hartlepool Think Family, Think Communities Programme, delivering intensive family intervention programmes to children and families who meet the 'Troubled Families' criteria and making a commitment to turn around 290 families by March 2015.
- Implemented the recommendations of the Family Justice Review through local Public Law Outline arrangements and realigned services to strengthen pre-proceedings work with families.
- Completed an annual Matching Needs and Services analysis of all children who become looked after providing longitudinal data to inform service planning and development.
- Reviewed and updated the policy and procedures in relation to Special Guardianship and Residence Order arrangements.
- Completed an audit of children who become looked after to inform service planning and development.

## Needs Analysis

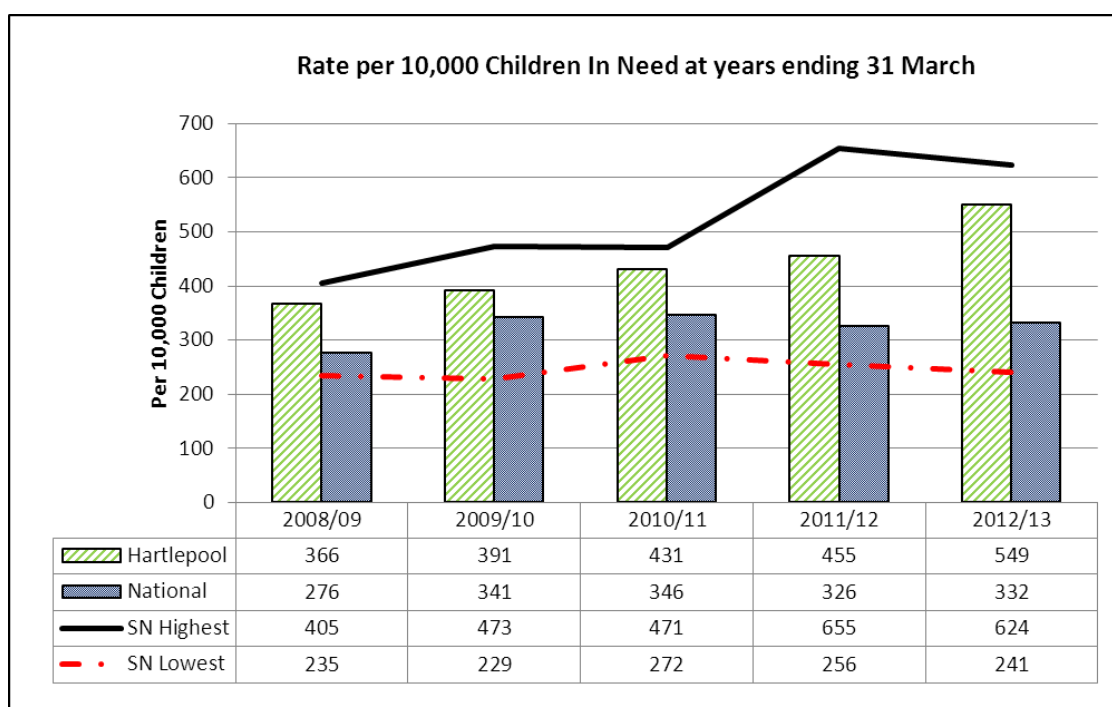
As the graph below shows, Hartlepool has a higher than average number of children looked after when considering the rate per 10,000 of the population.

In the last three years there has been a significant increase in the number of children looked after by the Council which is reflective of the national picture of rising numbers of looked after children for the majority of local authorities.




The increase in the numbers of children looked after in Hartlepool is reflective of the wider picture of increasing demand for services for children in need in Hartlepool. As the table below shows, between 2010 and 2013 there has been a 31% increase in the number of children receiving social care services and more families than ever are receiving help and support. The number of children looked after has increased by 25% in the same period. The increase in demand for services is multi faceted and has no one single causation factor, it is attributable to, for example:

- The increased awareness of the needs of vulnerable children;
- The pressures on families associated with the economic downturn;
- Welfare reforms with the associated increases in child poverty; and
- More families are receiving preventative services than before which are uncovering significantly high levels of need and vulnerability.

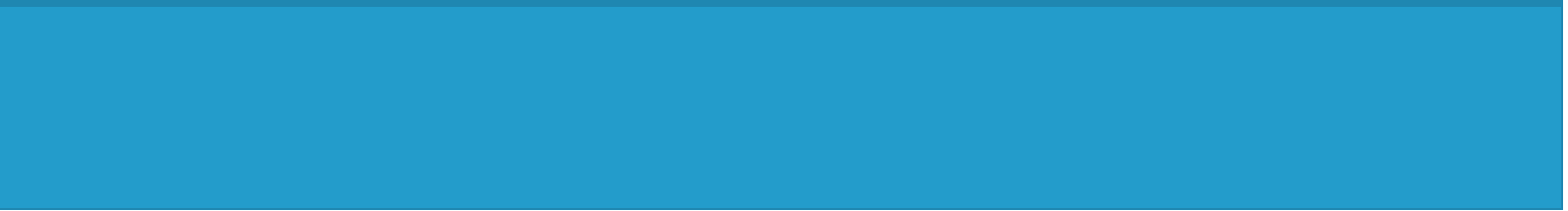


### What will we do?

- Review the Early Intervention Strategy in light of budget reductions investing in services which meet the needs of children and their families and prevent the need for statutory services.
- Reduce the care population and realign resources to preventative work by:
  - Increasing the uptake of Family Group Conferences;
  - Implementing system change arising from learning from the Think Family, Think Communities Programme rolling out delivery of intensive family support across early intervention and social care services;
  - Increase the delivery of intensive community support packages across the 0-17 age range.
- Develop and implement a reunification policy for children returning to their families from care;
- Improve care planning arrangements to ensure all admissions to care are underpinned by robust assessments and proactive planning.



### Impact of Measures

- There will be a reduction in the number of children who become looked after and for those who do, their placements will be planned and underpinned by a robust assessment of need. Emergency admissions to care will only occur as a result of an immediate child protection situation.
  - There will be an improvement in the stability of placements for children looked after as placements will be better planned and matched.
  - There will be a reduction in the number of children who become looked after for a second or subsequent time.
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## Corporate Parenting

### Vision

The vision is to ensure that every looked after child in Hartlepool experiences high quality care and stable relationships, is nurtured and grows up with a sense of identity and belonging. Children in care will feel their needs are given the highest priority and that they are valued and cared about not only by those who look after them on a daily basis but also by those who make decisions politically, corporately and operationally in the town.

### What we have done


- Hartlepool Borough Council has a long-standing Corporate Parent Forum made up of Elected Members and representatives from the Children in Care Council and foster carers. The Forum receives reports on all aspects of corporate parenting responsibility including, among other things, education and health of children looked after, fostering and adoptions and education, employment and training of care leavers. The Forum provides its members with the opportunity to challenge how services are delivered to children in care and measure the effectiveness of these services. The Corporate Parenting Forum has a pivotal role in listening to the voices of children and young people in care, speaking out on their behalf and being aspirational to make sure that future generations in Hartlepool have grown up happy, healthy, with stable relationships and a first class education.
- Established an effective Children in Care Council, supported by dedicated officers, to ensure the voices of children and young people influence service development at a national, regional, local and personal level.
- Established joint meetings between the Corporate Parent Forum and Children in Care Council.
- Undertaken a full Children's Services Scrutiny Investigation into services for children looked after for which Hartlepool Borough Council was nominated for a National Scrutiny Award.
- The Children in Care Council has reviewed and produced a revised Pledge for Children Looked After.
- Trained groups of looked after children and young people as Young Inspectors and Junior Inspectors so they can inspect the quality of aspects of their care and other local services for children.
- Implemented a 'Bring A Gift' scheme through the Children's Strategic Partnership where organisations are encouraged to offer something within their gift to children looked after.

## What will we do?

- Strengthen the governance arrangements around the delivery of the Children Looked After Strategy through the Corporate Parent Forum and Children's Strategic Partnership.
- Strengthen service user engagement for children looked after through, for example, the development of focus groups and specific participatory opportunities including consultation and project groups.
- Empower and support the Children's Care Council to be a widely recognised voice of and lobby for children looked after in Hartlepool and ensure that this group is representative of the views of all children looked after including children with disabilities and younger children by:
  - Exploring innovative ways of ensuring the Children in Care Council can communicate with and receive the views of children looked after who choose not to be members of the Council (websites, e-mail, newsletter, consultation events/activities);
  - Enabling other participation groups to feed into the Children in Care Council either through reports, presentations or joint project, activity events and residential experiences.
  - Ensuring that the findings of both the Junior and Young Inspectors are fed into the work of the Children in Care Council so they can act upon recommendations and instigate change and improvement in the services for looked after child.
- Elected Members will promote the interests of children looked after and care leavers in all aspects of their Council responsibilities.
- Implement the Children in Care Council "Quality Mark" for all reports prepared for Corporate Parent Forum, Children Services Committee and Children's Strategic Partnership.

## Impact of Measures

- The Corporate Parent Forum (in partnership with the Children in Care Council) will drive the change agenda to achieve the vision laid out within this strategy and hold officers and other partners to account.
- There will be an overall improvement in the performance of the Council in relation to outcomes achieved for children looked after and care leavers.
- Children and young people will report that they have influenced and shaped the services of the Council.

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- The needs of the children looked after and care leavers will be reflected throughout the business of the Council.



## Sufficiency

### The Vision

Each child or young person has a right to be looked after in accordance with an appropriate and full assessment of need. When a child becomes looked after, this will be a positive choice which is intended to meet their assessed needs and this decision will have been made, wherever possible, with the agreement of the child/young person, their family and significant others.

When a child becomes looked after, there must be a sufficient range of accommodation options available to be able to match the child to a placement that will meet his/her needs. Once placed, the child will experience stability, continuity and a plan for permanence developed and implemented at the earliest opportunity.

Any placement for a child looked after will, so far as possible and in the child's best interests, enable the child to remain close to home, have continuity of education and health care provision, enable siblings to live together and ensure suitability of accommodation if the child or young person is disabled. The education and health needs of a child should be given a priority consideration where accommodation or placement change is being considered.

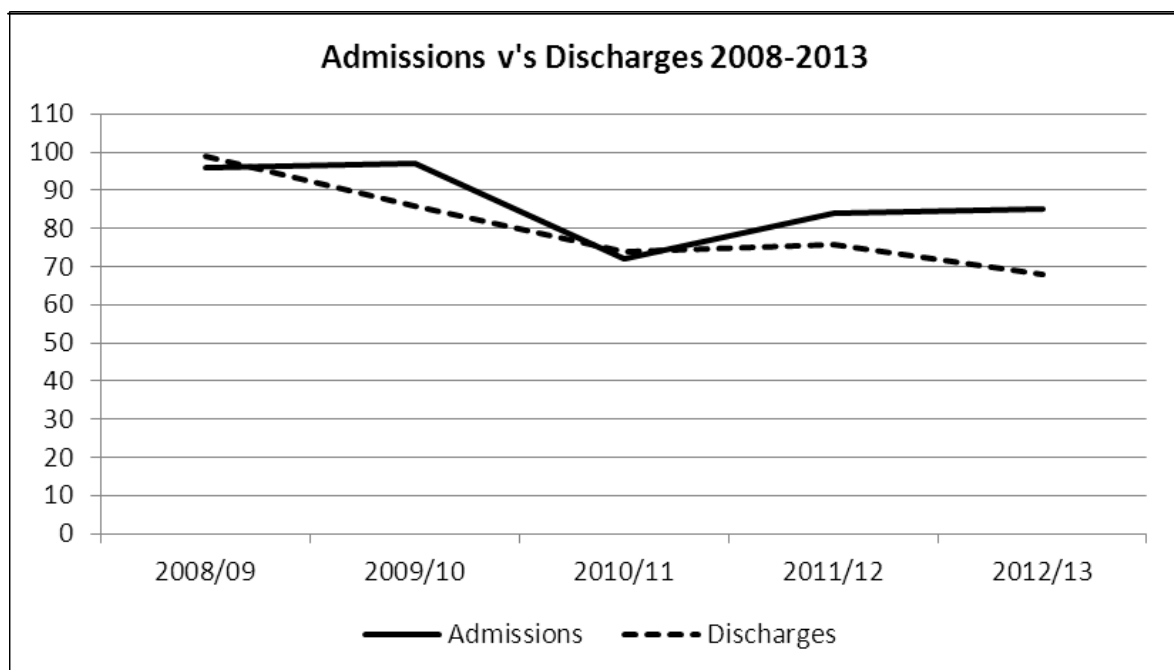
Statutory guidance places a general duty on local authorities to take steps to secure sufficient accommodation to meet the needs of looked after children (the "sufficiency duty").

### What we have done

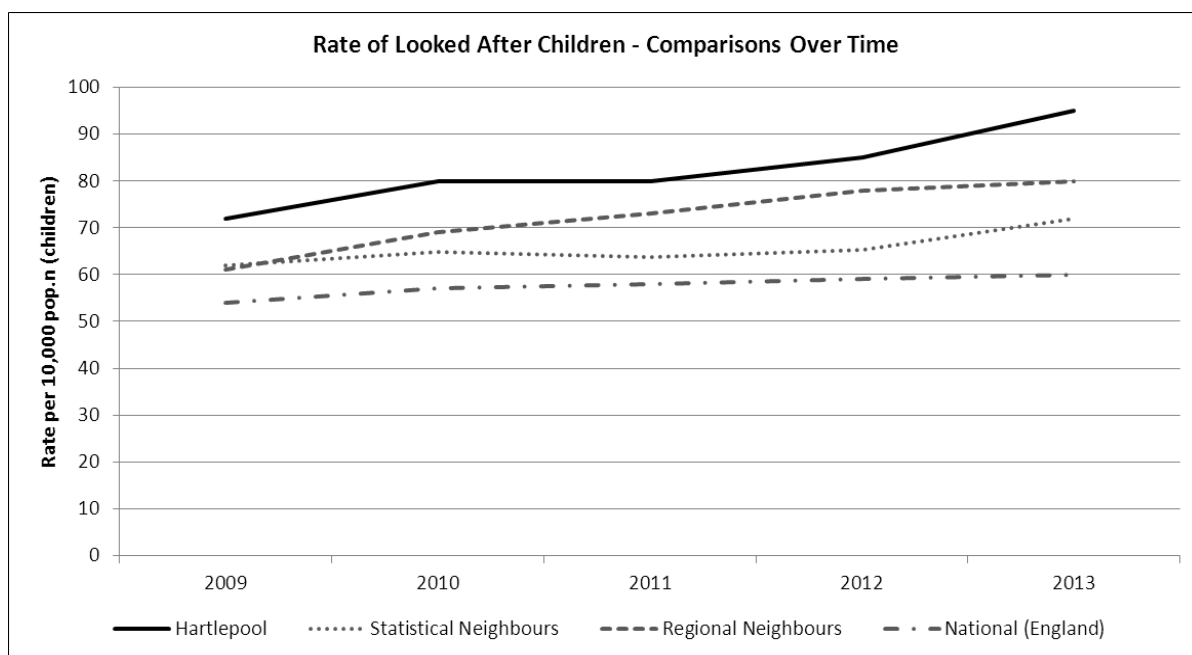
- Developed and implemented plans to open a Children's Home in Hartlepool to ensure that children needing residential care can be cared for within their home town promoting continuity of health education and family and social relationships.
- Re-configured provision at Exmoor Grove Children's Home to offer permanent and short break care to children with a learning disability and associated challenging behaviours.
- Increased in house foster care provision by 20% since 2010.
- Implemented a Connected Person's Policy for children looked after by family or friends.
- Reviewed and implemented a revised banded payment scheme and maintained foster carers allowances in line with Fostering Network recommended rates.
- Designed and delivered an annual foster carers' training programme in consultation with carers.

- Recruited trained and assessed adopters to provide adoptive placements for Hartlepool children.
- Facilitated existing foster carers to adopt children in their care.
- Ensured children are placed for adoption at the earliest opportunity through 'Foster to Adopt' arrangements.
- Led the development of a "Market Position Statement" and a sub-regional "Framework Agreement" for the commissioning of independent fostering agency placements.
- Engaged with independent fostering agencies to identify and communicate the needs of Hartlepool children with a view to influencing their recruitment strategies.
- Made use of national data in relation to the availability of residential placements when searching for placements to meet needs of an individual child.
- Implemented systems to ensure that decisions relating to the placement of children within the independent sector are subject to multi agency decision making through a shared Panel.
- Introduced a "Family Finder" social work post whose role is exclusively to provide permanent families for children waiting for long term foster care or adoption and avoid delay.

### Needs Analysis

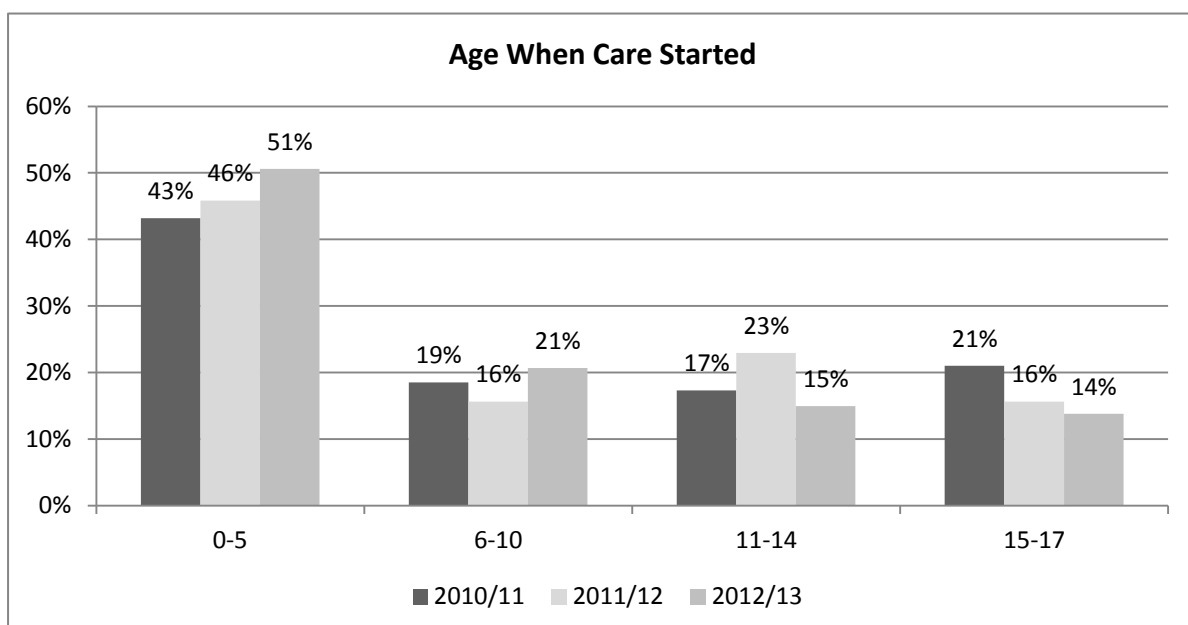
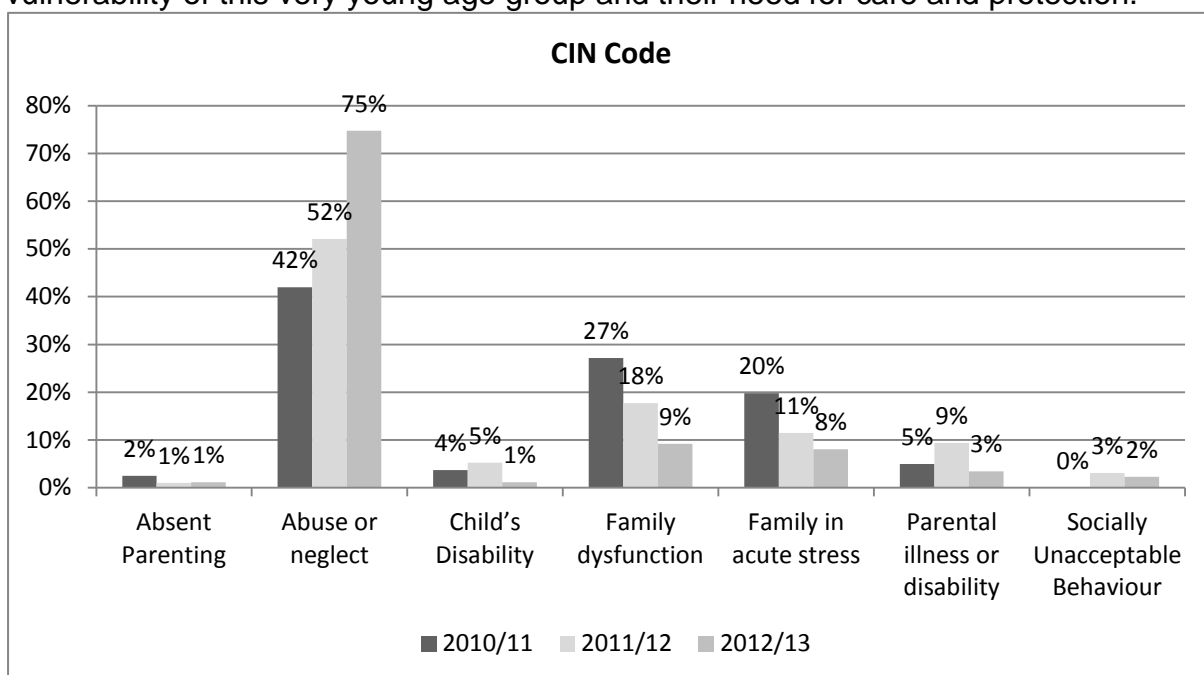



In the context of rising numbers of children looked after, it should be noted that the number of children becoming looked after each year is reducing. In 2012/13, a total of 87 children became looked after (from 50 families) compared with 107 children in 2009/10 (64 families). As the above graph shows, there is a reducing trendline for children becoming looked after. This reducing number in the context of an increasing number of children looked after means that for those children who become looked after, they remain in care long term and fewer children leave care than enter. This is attributable, in part, to the local authority policy to support young people in transition to adulthood to remain looked after through to 18 years of age. The authority is seeking to strengthen its performance in relation to adoption and increase the numbers of children leaving care through adoption or permanence offered by Residence or Special Guardianship Orders.



Hartlepool has higher than average numbers of children looked after when compared with other authorities nationally, regionally and statistical neighbours. There are very high levels of deprivation within the town with Hartlepool being second highest in the North East region with only Middlesbrough having greater levels of deprivation. Child poverty is increasing and there are high levels of need within the town. This is impacting significantly on how families are functioning and at times placing children in vulnerable situations necessitating their admission to care. Hartlepool Borough Council provides prevention services to support families at the earliest point when need arises, as well as intensive family support services for those children who are on the edge of care or care proceedings, nevertheless there are an above average number of children who need to be cared for by the local authority.

Over the past three years, abuse and neglect has been the primary reason why children have become looked after followed by family dysfunction and family in acute stress. During 2012/13, there was a significant increase in the number of children and young people who became looked after due to abuse and neglect accounting for 75% of the admissions to care. This led to a corresponding reduction in the other two need categories. When taken in the context of the age profile detailed below, with 51% of children becoming looked after being aged between 0 and 5 years, this highlights the vulnerability of this very young age group and their need for care and protection.




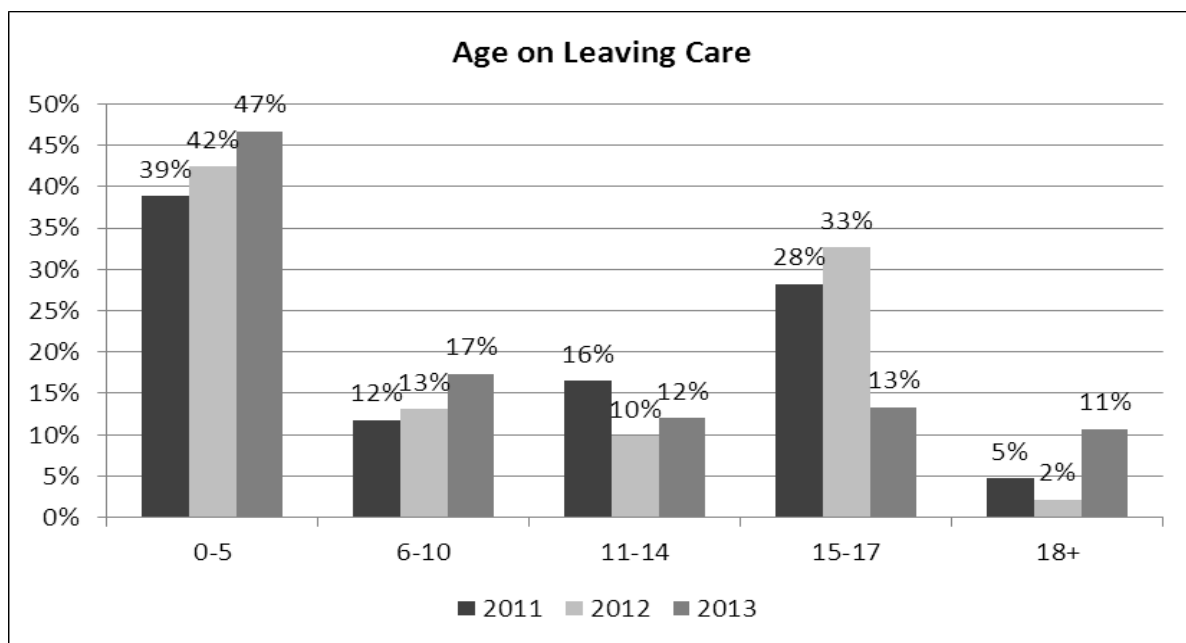


As the graph above shows, in 2012/13 just over 50% of the children who become looked after were aged 0-5 years with those under the age of 1 being the highest proportion at 17%. The need to become looked after at the younger end of the age range reflects the increase in the numbers of children subject to child protection plans and care proceedings in the past year. The high demand for looked after placements for the younger age group is met effectively within in house fostering provision and the local authority will continue to ensure that it has a sufficient supply of foster carers to meet this need.

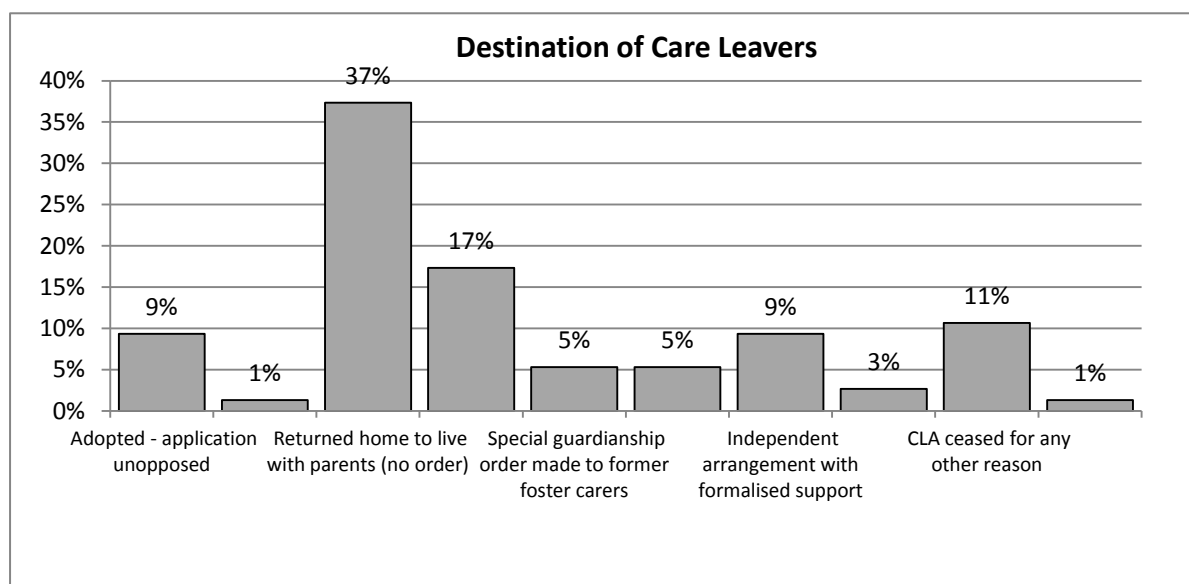
There has been a shift in the age profile of children becoming looked after in Hartlepool with a reduction in the number of adolescents becoming looked after when compared with previous years. This is attributable to the implementation of the Edge of Care Service from September 2012 where families with adolescents on the edge of care have received intense support packages to prevent family breakdown, including the provision of support foster care for families. Evaluation of this scheme has highlighted that the numbers of adolescents becoming looked after has reduced in the last 18 months. Going forward, the local authority intends to further develop this initiative to provide intensive support to children on the edge of care across the whole 0-17 age.

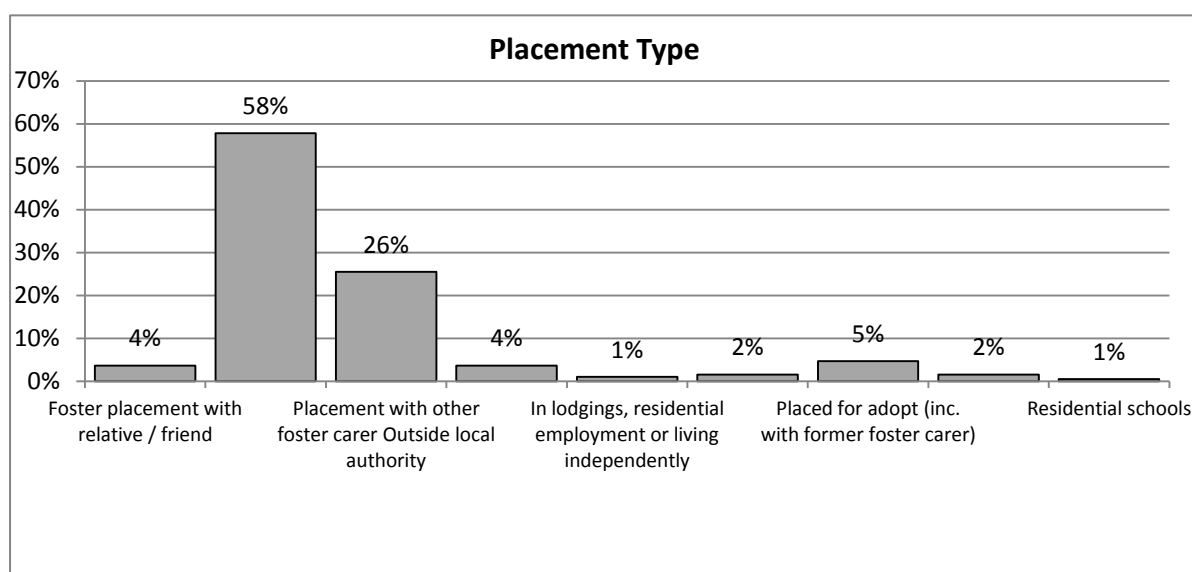
With regard to ethnicity, over the past five years the vast majority of children (average 91%) who have become looked after are of White British origin which is reflective of the local population. As at 30 November 2013, 97% of the children looked after were of white British origin, the remaining 3% were of mixed heritage, black/black British and other ethnic groups. Despite efforts to recruit foster carers from the BME community within Hartlepool, all of the authority foster carers are of white European origin and therefore there is a gap within in house provision for children from BME backgrounds. Targeted recruitment will continue to seek to ensure the authority is able to provide placements for children which are ethnically matched. Where required, it will also commission placements from independent fostering sector to meet ethnic and cultural needs.





Of those leaving care, as would be anticipated, the highest numbers are at the 0-5 years age range and those aged over 16. For the younger age group, as the table below shows, in 2012/13, 37% of children returned to their care of their parents, 9% left care through adoption and 27% have secured permanence through the making of Residence or Special Guardianship Orders. For this age range of children securing permanence is a priority for the Council ensuring that children are afforded, wherever possible, their right to a private family life and stability and consistency where their needs are fully met.



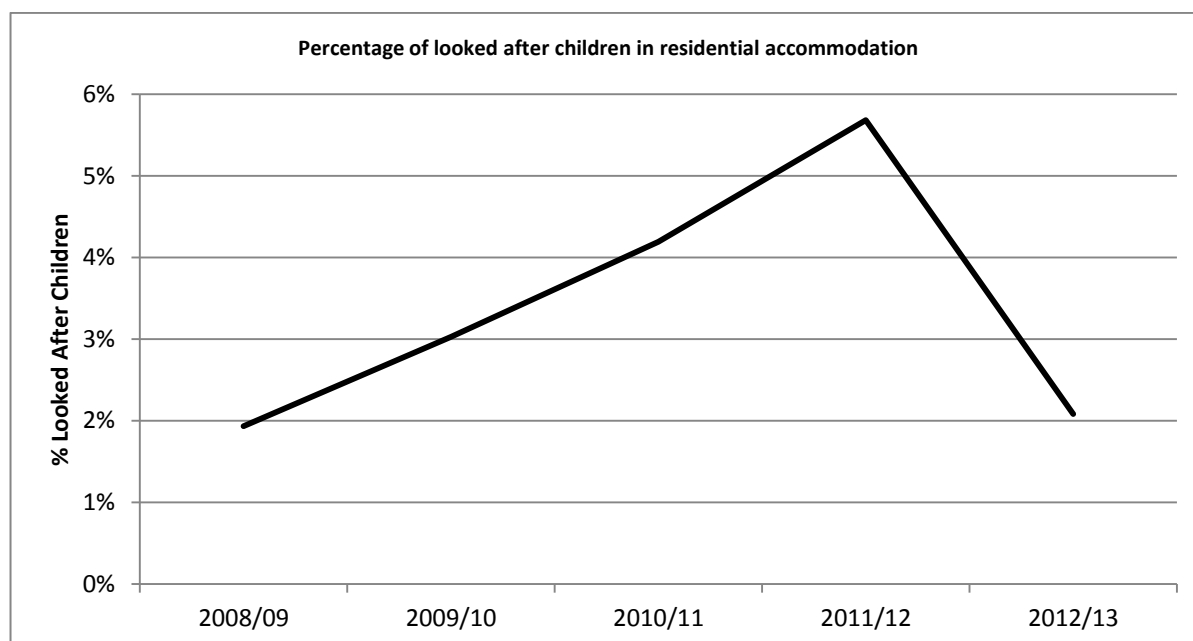


It is the policy of Hartlepool Borough Council, as part of its strategy for children looked after to, as far as possible care, provide for placements for children through its own fostering agency. This ensures that children looked after are cared for within their home community and have continuity of education, health and family and social relationships. Hartlepool Fostering Agency has a good cohort of in house foster carers and, when compared with other areas, a very high rate of foster carers per head of the local population. There are currently 99 foster carers approved by the Hartlepool Borough Council Fostering Agency and this number has increased by 20% since 2010. As the table demonstrates, 88% of children looked after are placed in foster care of whom, 86% are placed with in house foster carers. Just over 70% of children looked after live within the local authority boundary.

The authority has low reliance on independent fostering agencies to care for looked after children and for the vast majority of children, their needs can be best met within in house provision. Where placements are commissioned from the independent sector, this arises from the individual needs of the young person either through a plan for permanence that cannot be met within in house provision, or placements for adolescents with some associated challenging behaviours. Despite targeted recruitment activity, the Council has struggled to recruit foster carers able to offer placements for adolescents and as the data shows, the placements commissioned from the independent sector are all for children and young people aged 11-15.


In house foster care provision, underpinned by the increased placement capacity provided by the Independent Fostering Agency Framework ensures that the authority has a sufficient supply of foster placements to meet the needs of children looked after by the Council. The local authority will continue to undertake targeted recruitment to increase the number of foster carers able to offer placements for sibling groups, children with disabilities and adolescents. A fostering recruitment strategy is prepared and implemented annually.

Foster care is appropriate to meet the needs of most children in care and is the right placement type for them. However, some children and young people, find significant difficulties residing within a family home setting and residential care offers a positive choice for them. 2% of the children looked after by Hartlepool Borough Council live in residential care and 1% are placed in residential school. The council has a low reliance upon residential care; however for many of the children who require residential provision, they are placed in provision outside of Hartlepool. Decisions to commission residential placements for children are made through a strategic Commissioned Placements Panel which is made up of senior officers from health, education and social care. This Panel makes decisions on joint commissioning and joint funding arrangements.



Between 2003 and 2006, the local authority took the decision to cease to be a provider of residential care, closed children's homes in the town and moved to an arrangement where all residential placements were commissioned from the independent sector. As Hartlepool is a small town, in effect, this meant that children had to move away to live. In 2011/12, Children's Services Scrutiny Forum undertook an investigation into services for children looked after. Children and young people, foster carers as well as officers were invited to give evidence to the Forum about their views on the services provided. Members heard strongly from children and young people that they wanted to live with their brothers and sisters and that they wanted to remain in Hartlepool. At the conclusion of the investigation, the Members of the Scrutiny Forum made a recommendation that officers should seek to open a 3 to 4 bed children's home in Hartlepool and this led to the development of the children's home at 302 Stockton Road.






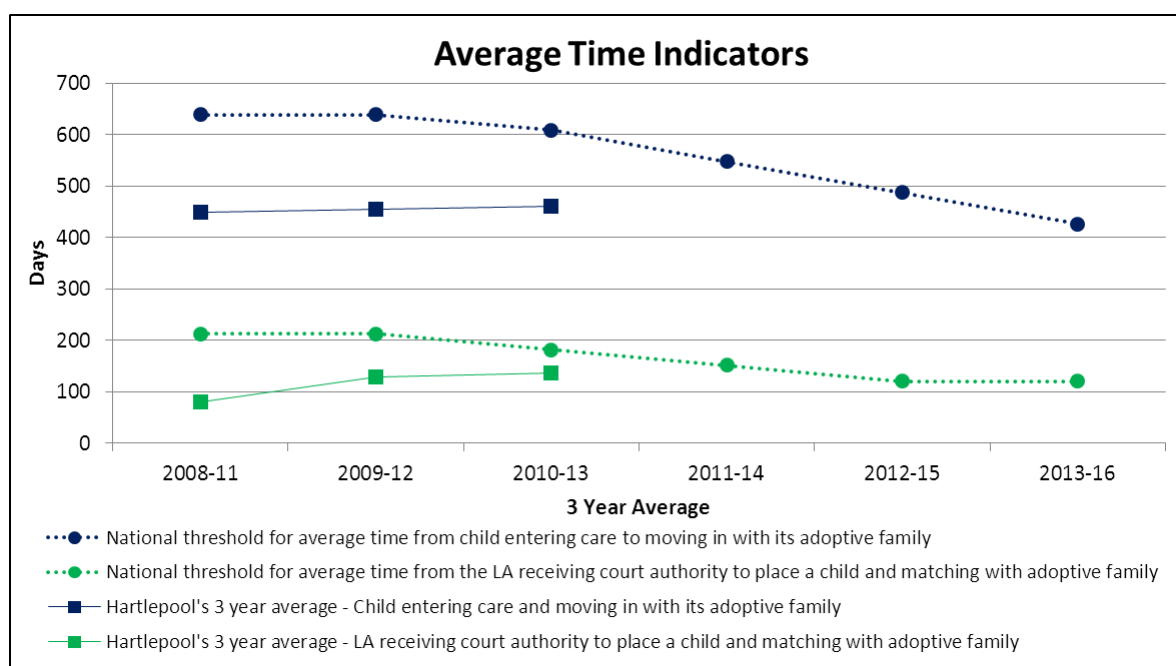
The children's homes at Stockton Road and Exmoor Grove will be sufficient to meet the needs of children in Hartlepool who require residential care based on current and historical levels of demand. However, for those children who require residential care and education, there is a very low density of provision within the north east. Some local authorities are entering into partnership with independent providers to commission residential care with education and Hartlepool hope to capitalise on any opportunity this may offer. Currently the local authority commissions placements in residential schools on a needs basis agreed with partners through the Commissioned Placements Panel. Placements are spot purchased once a child or young person has been matched with the most appropriate provision. This approach ensures that individual children's needs are at the forefront of the commissioning process and the primary consideration.

### Adoption

In line with the Government's Adoption Reforms, it is strategic priority for Hartlepool Borough Council to increase the number of children leaving care through adoption. The local authority recognises its small size, however, over the past three years has had very successful performance in relation to recruiting adopters and finding families for children for whom there is a plan for adoption. The local authority annually plans and implements a recruitment strategy for adopters and this has been successful in year on year increasing the numbers of adopters approved by the local authority. Where matches for children cannot be found within existing provision, placements are sought without delay through the Adoption Register, regional Consortium and national advertising. This mixed economy approach to adoption ensures that children are matched as early as possible, they experience minimal delay and permanence is secured at the earliest opportunity. This approach to adoption is effective for Hartlepool and meets the needs of local children.


The table below outlines the performance of the local authority in relation to the Government's adoption scorecard. Hartlepool Borough Council performs well against the national targets and for the last three years has exceeded the thresholds for performance in adoption.



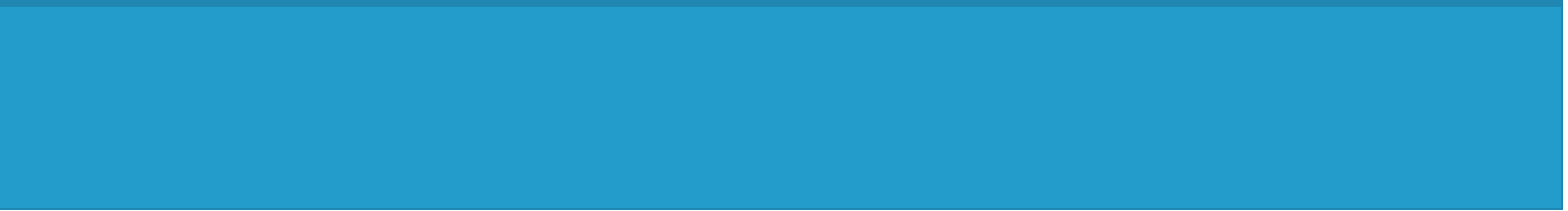


### What Will We Do?

- Provide high quality residential care for children looked after who require this type of placement within Hartlepool.
- Implement recruitment strategies for fostering and adoption with a specific focus on sibling groups, teenagers and children with disabilities.
- Implement adoption reforms to increase the number of children leaving care through adoption, increase the number of adopters approved by the Council and reduce timescales for assessment and recruitment of adopters.
- Improve performance in finding permanent families for children and young people looked after.
- Determine commissioning intentions in relation to local residential care with education and specialist residential provision for children with complex needs.
- Develop the provision at Exmoor Grove to ensure the individual needs of all children who are cared for within the home are met, affording privacy and space for those who live there permanently.
- Work in partnership to proactively manage the independent fostering and residential care market to increase placement capacity quality and choice.



### Measure of Impact

- Children and young people will experience improved placement stability and have their needs met within their home town area.
  - There will be an increase in the number of foster carers and adopters approved by Hartlepool Borough Council.
  - There will be an improvement in the Hartlepool Borough Adoption Scorecard performance.
  - There will be an increase in placement capacity and the range of placement choice to match children with carers.
- 

## **Care Planning for Children and Young People in Care**

### **Vision**

The vision of Hartlepool Borough Council is to ensure children and young people in care benefit from stability and security to enable them to live and enjoy a happy secure childhood and become confident adults who achieve their aspirations.

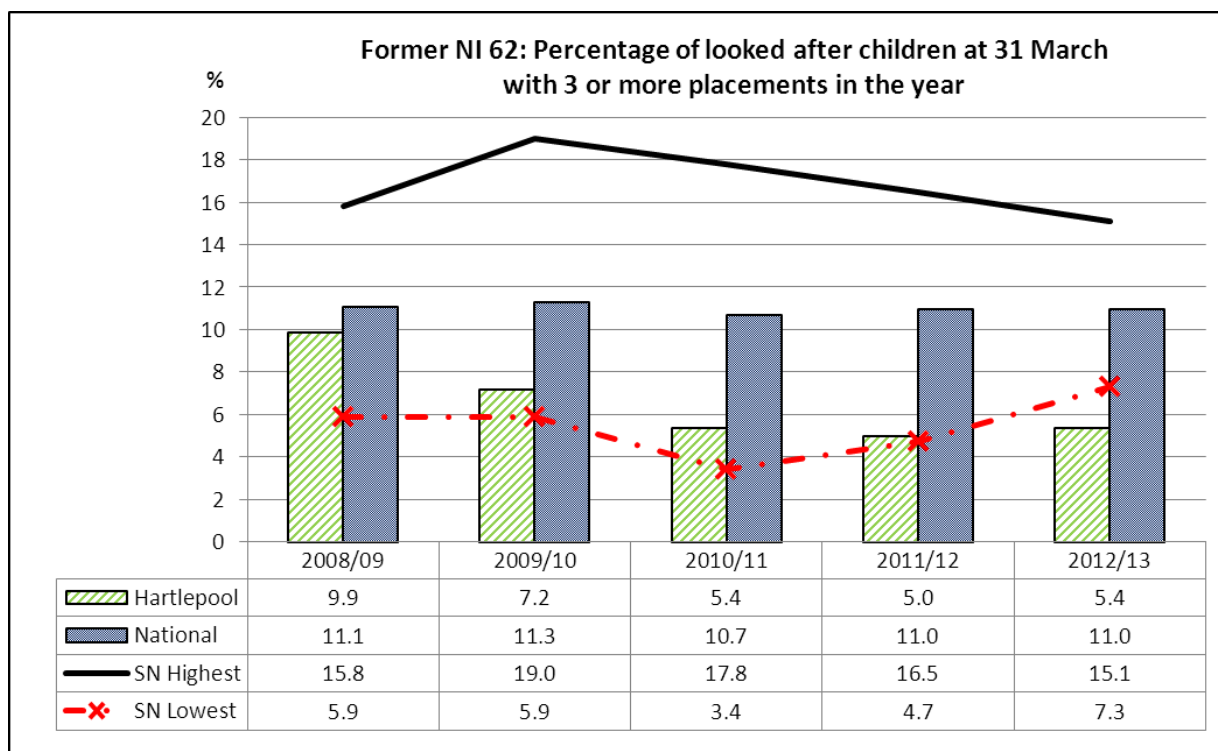
### **What have we done**

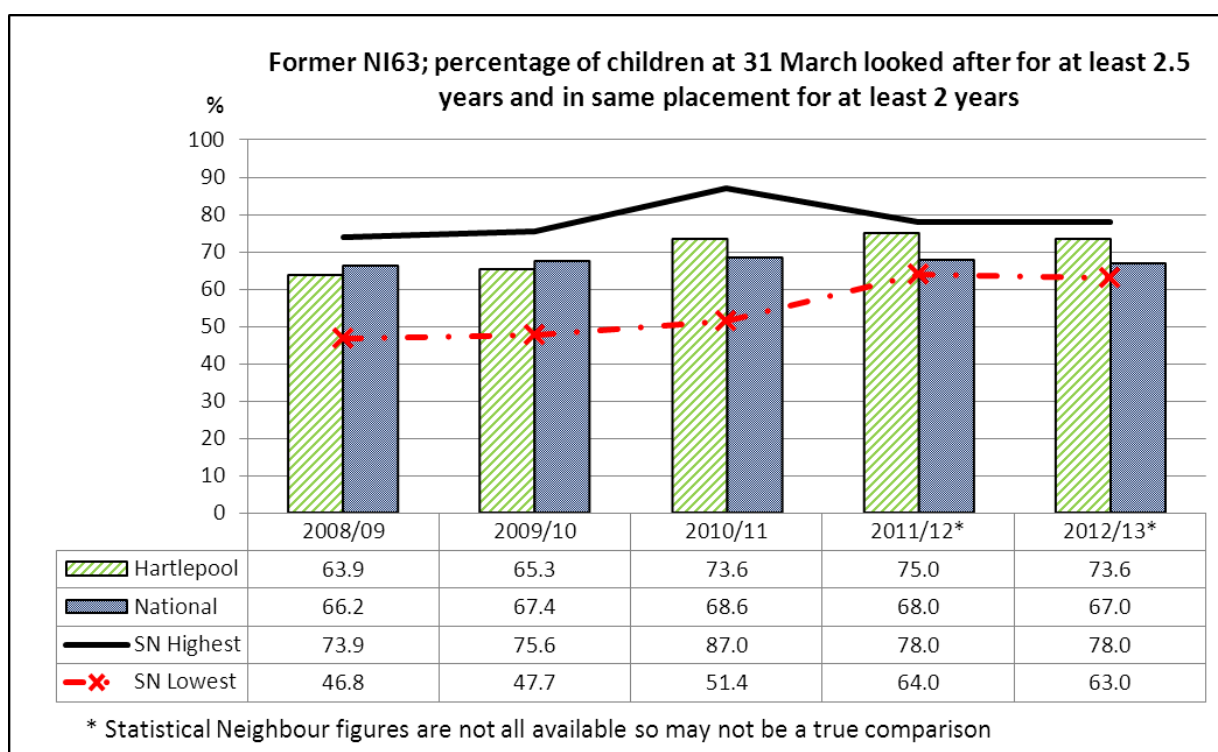
- Implemented a Care Planning Panel which considers all requests for children to become looked after, scrutinising the plan and determining what action is required. It also provides decision making in relation to emergency regulations of connected person placement, Residence Orders and Special Guardianship support and approves the match of permanent foster placement for young people aged 14 years and older. The membership of this panel includes service managers responsible for safeguarding and services for looked after children as well as the Resource Manager and a Legal Advisor to enable appropriate packages of support to be determined.
- Developed an overarching Permanence Policy and Procedure, and policies and procedures in relation to Special Guardianship and Residence Order to enable social workers to make the right decision when planning for the needs of a child.
- Undertaken a review and re-commissioning of Independent Visitor and Advocacy Services for children in care.
- Developed a placement support team to work with children looked after and foster carers where placements are fragile. This multi disciplinary team includes services provided by family support workers, CAMHS/clinician, play and filial therapists, the looked after nurse and an education, employment and training personal advisor.
- Implemented revised Care Planning, Placement and Review regulations.
- Strengthened the role and relationship of the Independent Reviewing Officer as a critical friend in care planning and review arrangements.
- Completed audits in relation to placement stability and drift and delay to inform service development and deliver continuous improvement.
- Developed, in partnership with the Children in Care Council, a Welcome Pack for children who become looked after.
- Developed, published and annually reviewed the Short Break Care Statement for children with additional needs and their families.

- Delivered annual training programme for social workers which focuses on the quality of care plans with an emphasis on the voice of the child being included in the process and underpinned this with regular practice clinics to embed learning.
- Implemented bi-monthly performance clinics for managers which challenge and scrutinise performance in relation to assessments, care planning and review arrangements.

### Needs Analysis

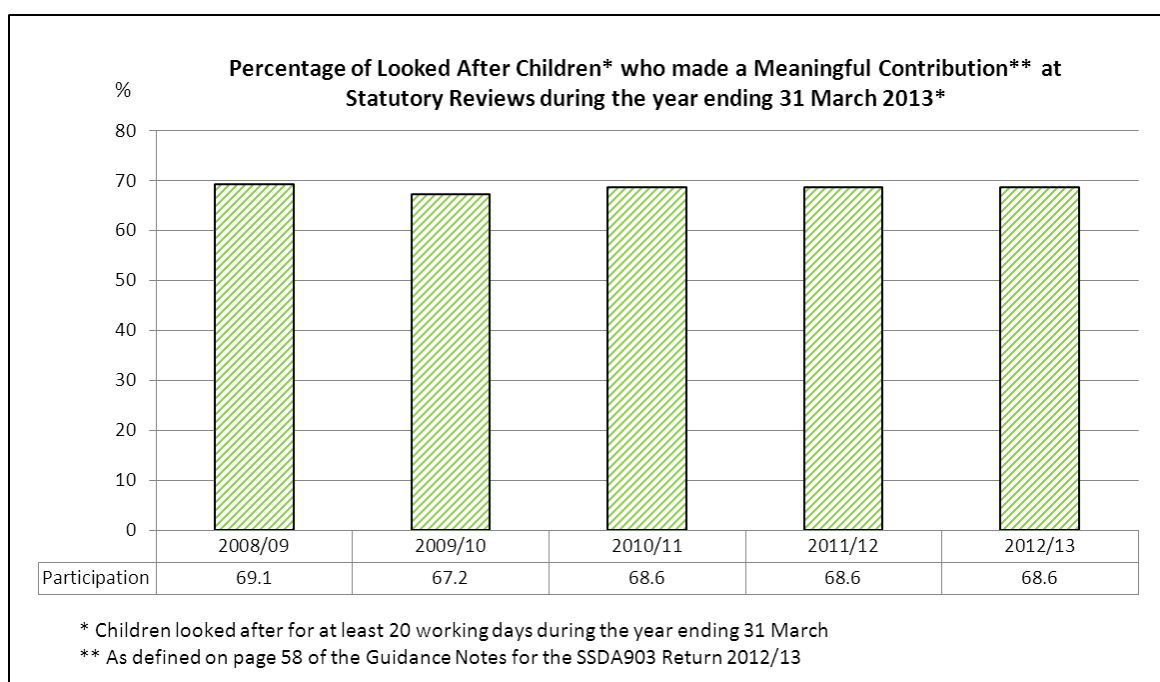
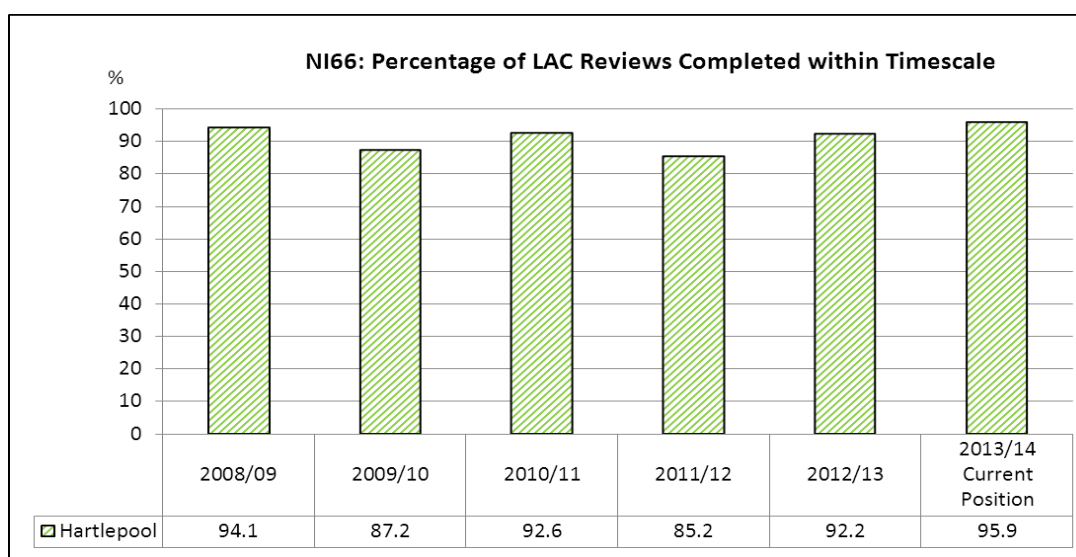
Placement stability has shown excellent performance against the national indicator set. There are two measures in relation to short term and long term stability and in both of these measures performance has been below the target set and in the top performing quartile nationally.






Completion of looked after reviews within timescales shows an improving picture. Timely and responsive looked after reviews are an essential part of planning and decision making for children and vital for securing permanence for children. Where reviews take place out of timescales, the reasons for this are monitored and regularly reported to ensure there is no drift in planning for children.

Performance for children looked after actively contributing to and participating in their looked after review is consistently just below 70%. Increasing meaningful participation and encouraging children to engage in decisions that are made about them is an identified area for development.




### What will we do?

- Find permanent families for children without delay.
- Work to continuously improve placement stability for children in care ensuring children receive consistency and continuity of relationships, care, education and health.
- Re-commission independent visitors service working with local voluntary and community sector to deliver a more responsive, effective and localised service.

- 
- Work with Children in Care Council to review and strengthen voice of child in looked after review arrangements.
  - Benchmark local practice against Government document 'Improving Permanence for Looked After Children once final version published.
  - Develop and implement training and support programme for connected person carers.
  - Improve the quality of care plans in relation to children and young people's participation and evidencing the child's journey.
  - Develop the skills of the children's workforce, in particular, foster carers, social workers and residential child care officers to strengthen their practice in relation to understanding and responding to the individual needs of children.
  - Embed Child Appreciation Days for all children moving to permanent placements.
  - Improve preparation for and post adoption support planning and the range of services to prevent disruption.

#### Measures of Impact

- Improved performance in relation to short term and long term placement stability and care leavers report positive care experiences.
  - Improved performance against the national indicator set for children looked after.
  - Improved quality of care for children and inspections consistently judge services as being good as a minimum.
- 



## **A First Class Education**

### Vision

Children looked after will be encouraged and helped to achieve success in learning to realise their ambitions. As corporate parents we will be aspirational in supporting children and young people to believe in themselves and aim high.

### What have we done

- Created a virtual team to promote the achievement and attainment of children looked after.
- Provided support and challenge to Head teachers, designated teachers and social workers to prioritise educational outcomes for children looked after.
- Monitored pupil progress, achievement, attendance and exclusions of statutory school age children and use this information to identify appropriate intervention for those children who are experiencing difficulties.
- Embedded personal education plans that are led by social workers in partnership with teachers, reviewed each term and document the child's educational journey. Six monthly dip sample quality audits are completed.
- Been a pathfinder and pathfinder champion authority for Special Education Needs and Disabilities.
- Facilitated termly designated teacher meeting.
- Presented annual reports of the Virtual Head Teacher to the Corporate Parent Forum.
- Improved performance in relation to the school attendance of children looked after and reduced exclusions.
- Supported schools to use pupil premium funding effectively to target appropriate support so that the majority of children looked after make more than expected progress from entering care.
- Engaged with local Higher Education Institutes to inspire young people to consider university and deliver training to foster carers.

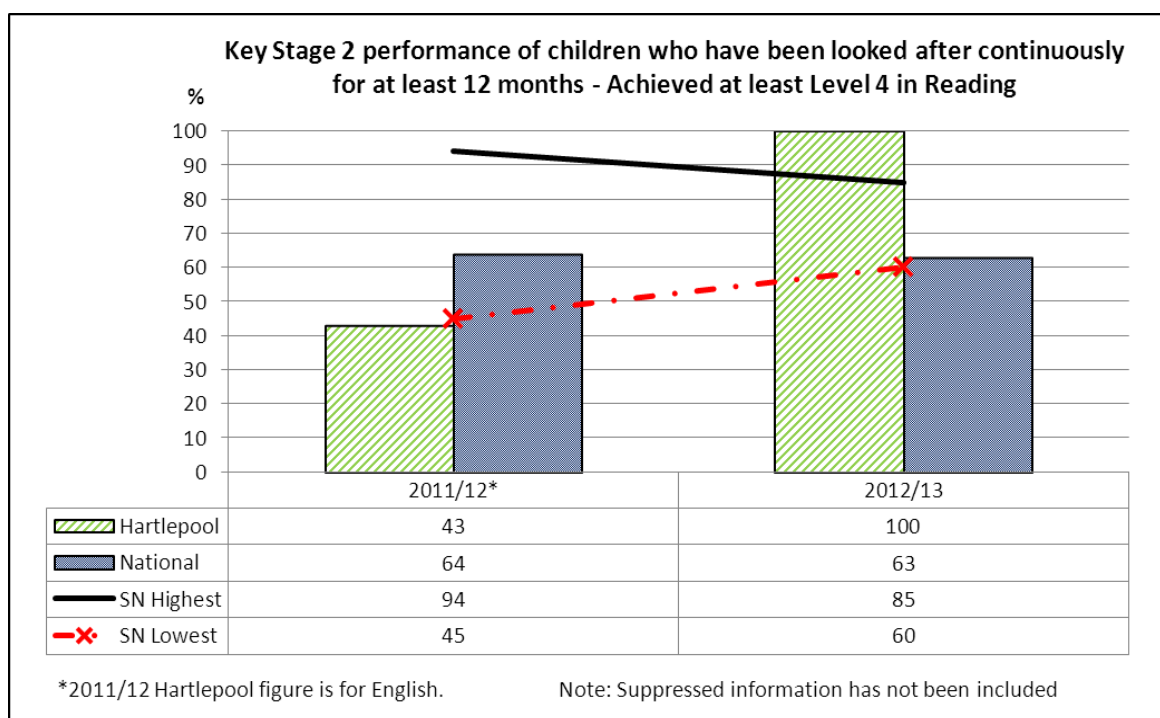
### Needs Analysis

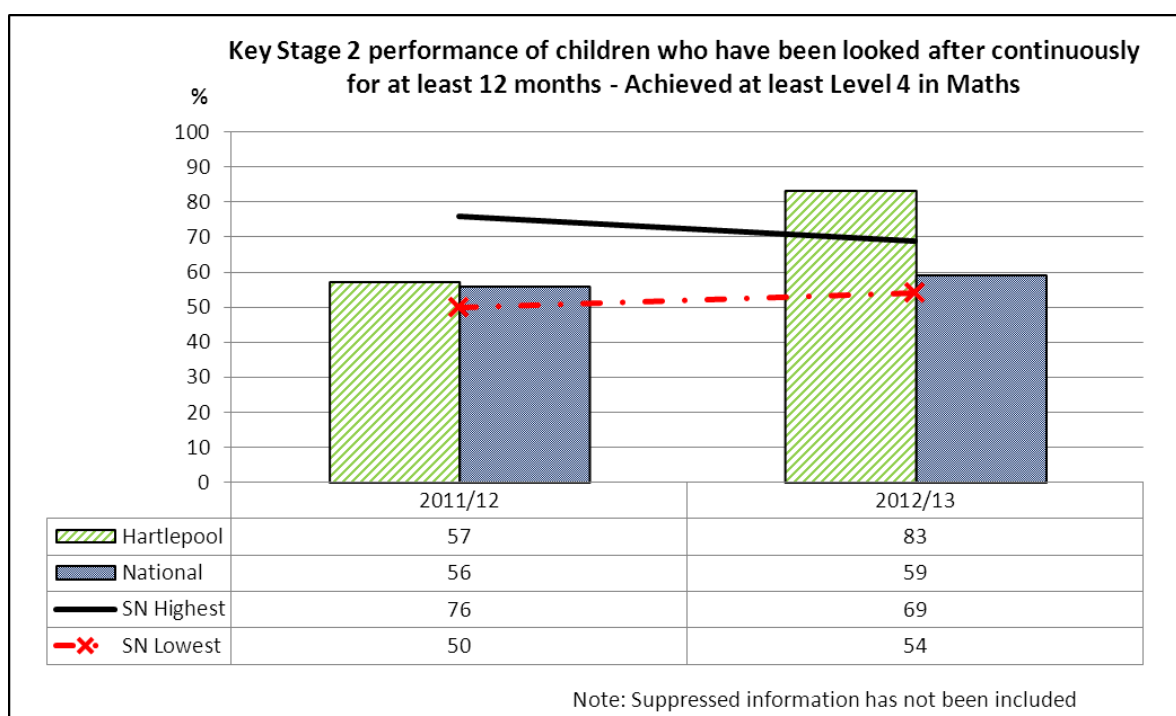
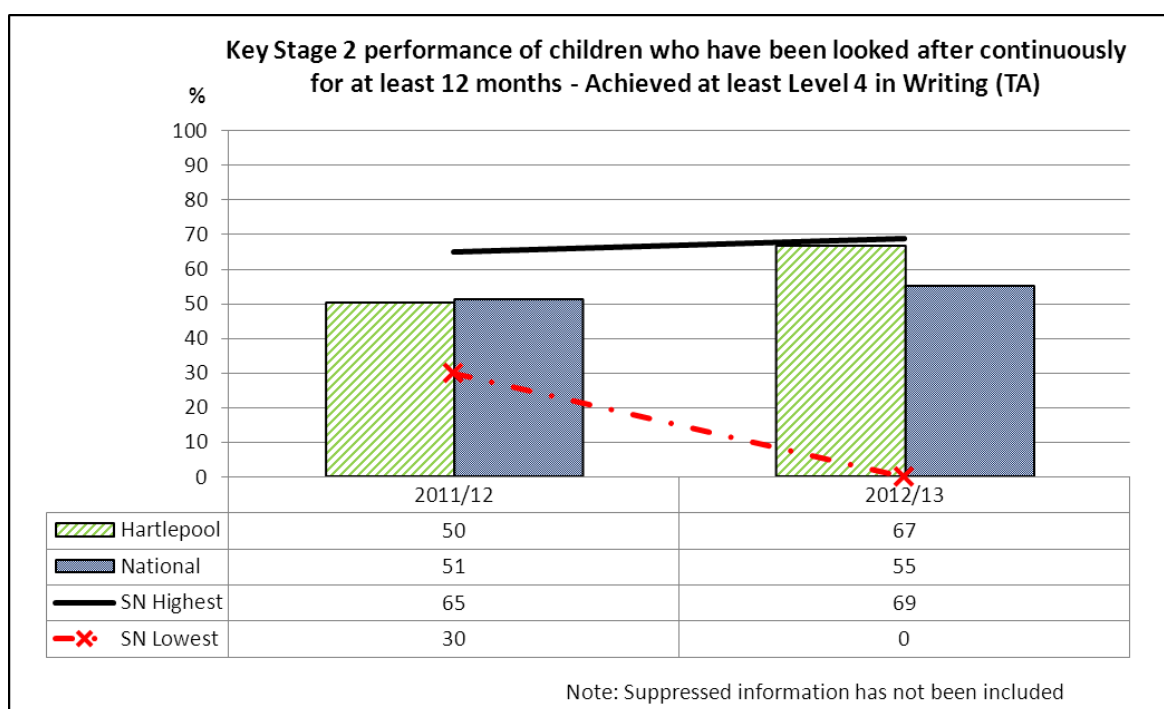
The school attendance of children looked after in Hartlepool has improved over the last three years at a faster rate than both its statistical neighbours and the national average figures.

Over the last 3 years data indicates that on average only 19% of children entering care in Hartlepool were working in line or above national averages. Whilst in care the majority of the children and young people therefore needed to make above average progress in order to reach expected levels and to narrow the gap with their peers. Despite low attainment on entry to care children looked after in Hartlepool make at least good progress and achieve well. Significant numbers of children make better than expected progress from entry to care. During the school year 2012/13 the majority of children in all year groups made at least expected progress based on prior attainment at the end of the previous key stage.

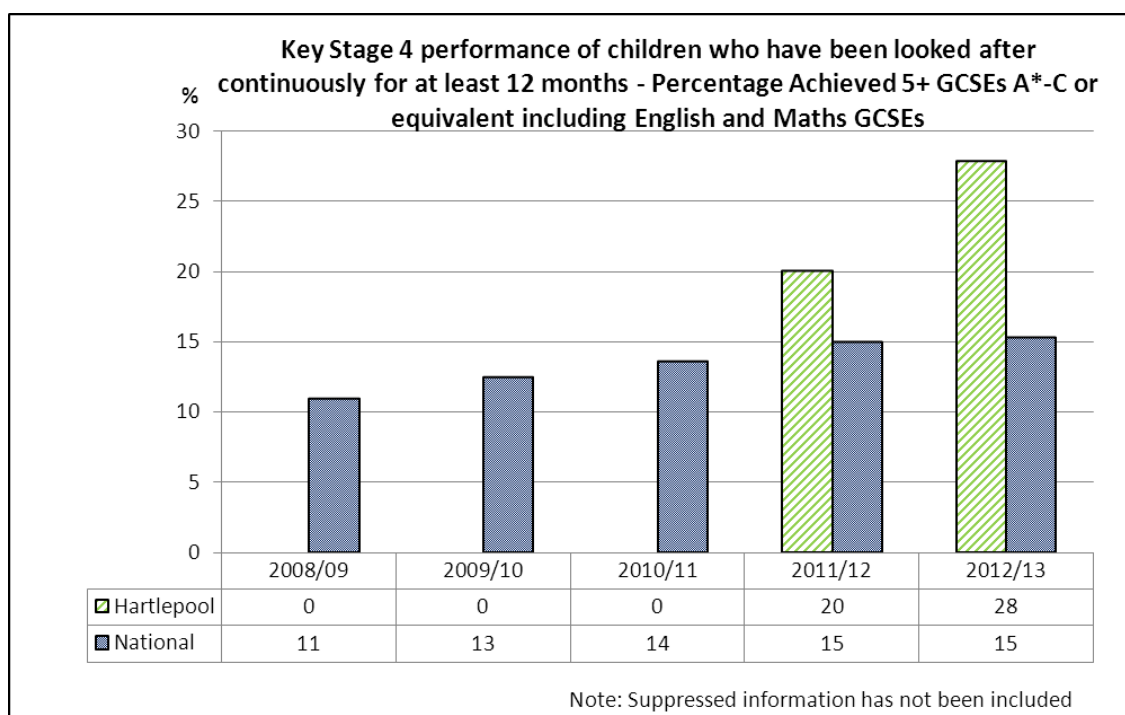
Although the 2013 results show an improving trend over the last 3 years in all subjects, attainment in Key Stage 1 for children looked after is below the national average. However, the gap is closing between looked after children and all Hartlepool children in reading and writing.

At Key Stage 2, the results show an improving trend over the last 3 years in all subjects and the gap has narrowed between Hartlepool children looked after and all Hartlepool children. Attainment at Key Stage 2 for looked after children is in line with the national average.





The 2013 Key Stage 4 results are the best ever recorded for Hartlepool children looked after and show an improving trend over 3 years. The gap between those looked after and all Hartlepool pupils has narrowed for the 5 A\*-C indicators. Attainment in Key Stage 4 for children looked after is above the national average.



### What will we do?

- Ensure all children attend and receive the highest quality education to reach their potential.
- Improve standards in reading, writing and mathematics in Key Stage 1.
- Improve the rate of pupil progress from Key Stage 2 to Key Stage 4.
- Support all schools to ensure they are judged to be good or outstanding by December 2015.
- Close the achievement gap between looked after pupils and all other pupils.

### Measures of Impact

- There will be a further improvement in the attainment and achievement of children looked after and the gap between them and their peers will continue to close.
- There will be an increase in the numbers of looked after and care leavers in further and higher education.

## **Promoting Health and Wellbeing**

### **The Vision**

Children looked after in Hartlepool will enjoy good physical, mental, emotional and sexual health; have access to a range of services to meet their health needs in a timely and responsive manner. Most of these needs will be met through universal provision, however, where it is required, children looked after will have access to specialist services some of which will be delivered by dedicated staff to promote the health and wellbeing of children in care.

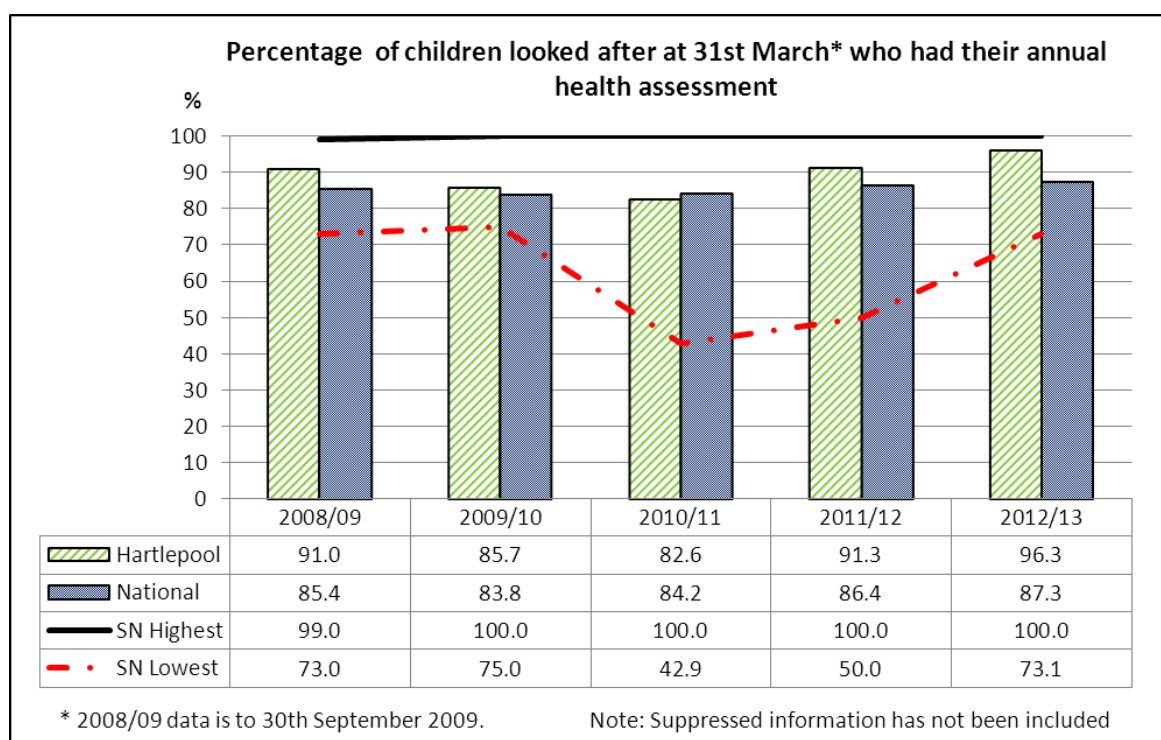
### **What we have done**

- Developed and implemented a Service Specification in partnership with Tees, Esk and Wear Valley NHS Trust to deliver dedicated Child and Adolescent Mental Health support for Children Looked After.
- Developed and implemented a dedicated therapeutic team for looked after children that provides amongst other interventions, play therapy, filial therapy and direct work.
- Continued to gather Strengths and Difficulties Questionnaires data from carers, teachers and for 2013/14 collect data directly from young people.
- Facilitated training and support to foster carers in relation to attachment theory, filial therapy and how to manage children's emotions and behaviour.
- Proactively ensured that children looked after living outside of Hartlepool have their health needs met.
- Delivered, through the looked after children's nurse, individual, group and drop in services for young people at Number Nine Church Street and in supported housing projects where she is able to prescribe and advise on sexual health issues, smoking cessation and offer appropriate sign posting or facilitate access to dedicated drug and alcohol services.
- Ensured all looked after children and young people are registered with a doctor, dentist and optician.
- Ensured all children receive an initial health assessment upon entering care by a suitably qualified doctor.
- Ensured all children looked after receive either a 6 monthly or annual health assessment depending on their age, which is undertaken by a suitably qualified professional. All children have a dedicated health plan.
- Provided care leavers with access to advice, support and prescribing for smoking cessation, contraception and minor ailments from the looked after children nurse.

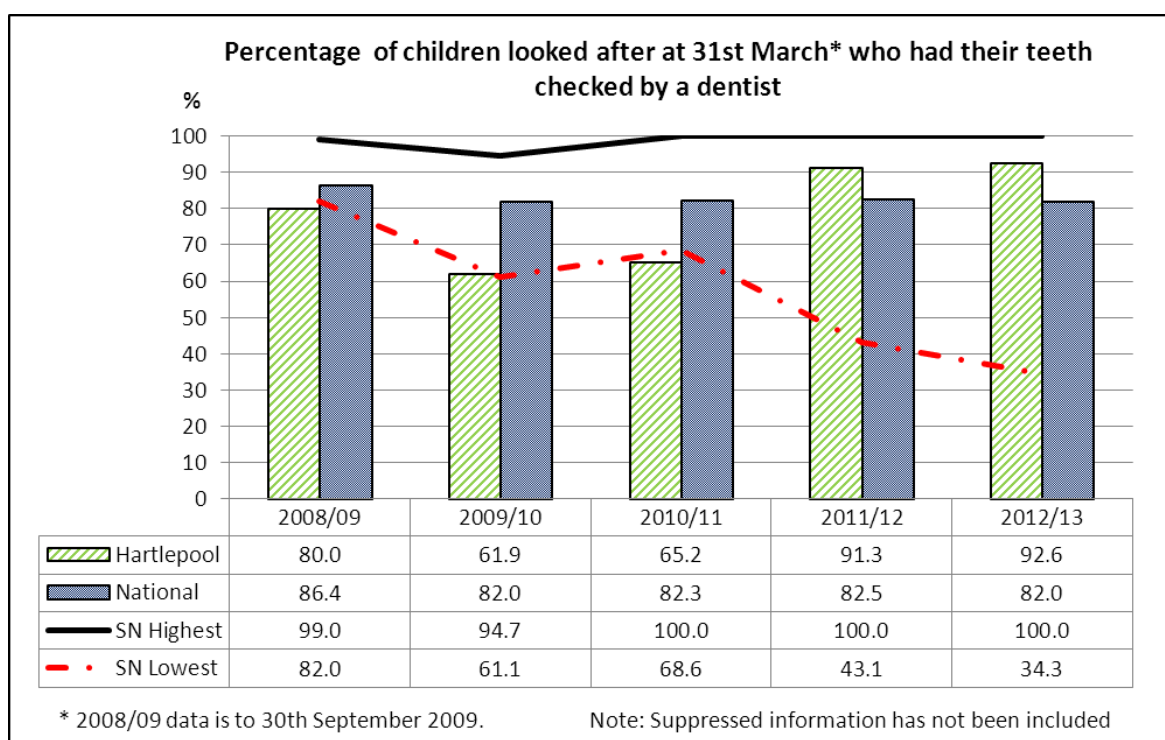
- Ensured all children, where there is a plan for adoption, receive a health assessment from a Consultant Paediatrician who is also available to discuss any medical or development concerns with prospective adopters.
- Provided children looked after, care leavers, foster carers and residential staff with free access to swimming and discounted activities available within the council Leisure, Sport and Recreation Services.
- Delivered training to foster carers and children's residential staff on a variety of health topics, including dental health promotion.
- In conjunction with young people developed and implemented a Health Passport.

### Needs analysis

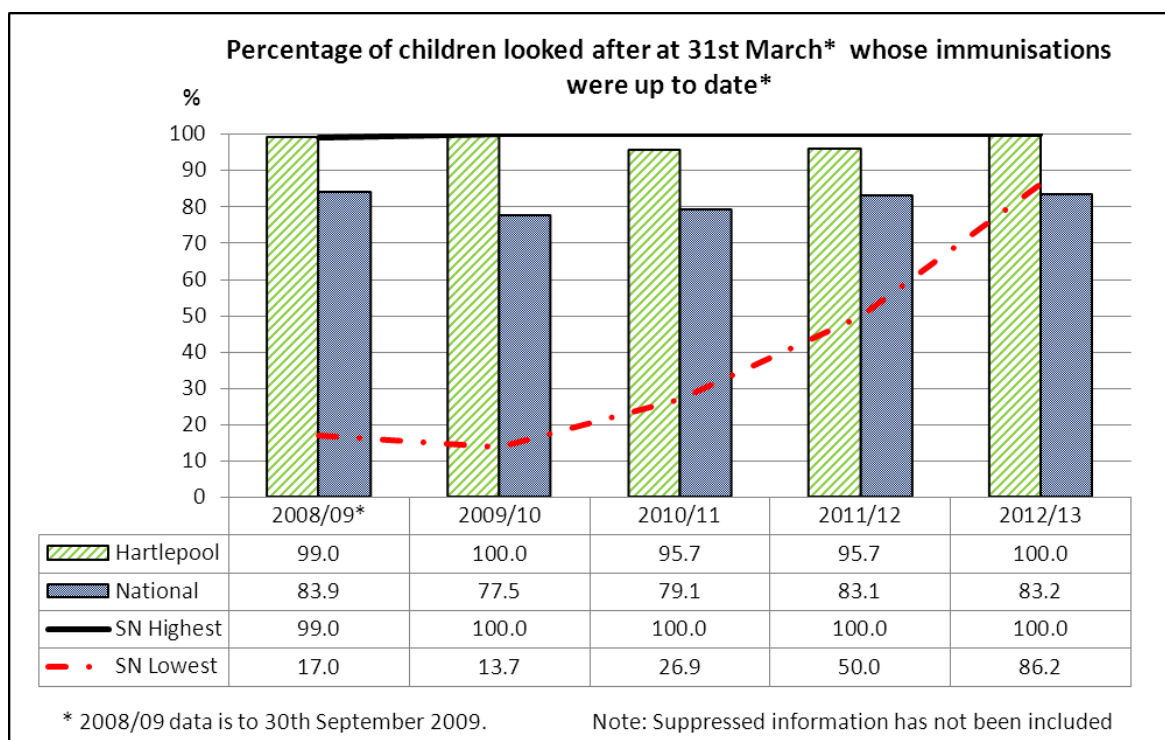
The number of children who have their annual health assessment in Hartlepool is above the national average and shows good performance. A similar picture emerges when considering performance in relation to dental checks for children looked after.







For children who become looked after, the local authority ensures that any outstanding immunisations are brought up to date realising a 100% performance against this indicator which shows an improving picture over the last three years.



### What will we do?

- Ensure that all looked after children receive an initial and review health assessments, are registered with a GP, Dentist and Optician and are up to date with their immunisations. They will have an appropriate, dedicated health plan which is integrated within the child's looked after plan.
- Further embed the Strength and Difficulties Questionnaire, with a focus on young people's self reporting and we will ensure that any identified needs are met and services accessed in a timely way.
- Monitor and adapt the service specification with Tees Esk and Wear Valley NHS Trust in relation to child and adolescent mental health services to ensure it is meeting the needs of looked after children.
- Implement a training programme for foster carers and residential social care officers to ensure the emotional and mental health needs of looked after children are met.
- Consult with the Children in Care Council, children and young people looked after and care leavers to gather their views on how to further develop health promotion, advice and support.
- Further embed and improve the quality of health passport information in partnership with young people.
- Explore innovative ways of engaging the minority of young people who decline a health assessment.
- Ensure there is an assessment of the emotional needs of children being placed for adoption and this is considered in their adoption support plan.

### Measure of Impact

- There will be an increase in the number of children and young people who have an up to date health assessment.
- All children looked after will have up to date immunisations and dental checks.
- All children placed for permanence will have an assessment of emotional health and well being and there will be a decrease in placement disruption.



## Care Leavers

### The Vision

To support young people who have experienced care to move towards independence at a time that reflects the individual needs of the young person in relation to emotional maturity and coping skills without creating artificial barriers driven by age.

Hartlepool Borough Council is aspirational and inspirational for the care leavers for whom the authority has corporate parenting responsibility. To achieve this, the council must ensure that the aspirations of care leavers are high and services are configured to support young people to achieve their goals.

### What have we done

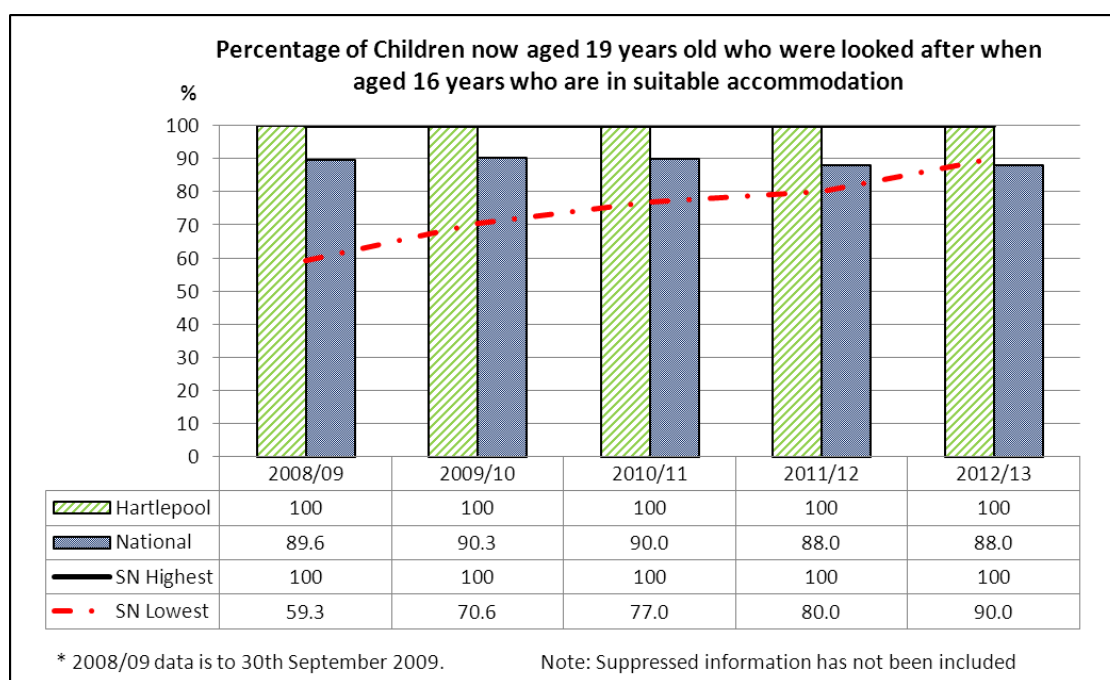
- Developed and implemented a 'Staying Put' policy supporting young people to stay with their carers beyond their 18<sup>th</sup> birthday.
- Developed a town centre based provision at 'Number Nine' Church Street where young people can access social work support, services from the looked after children's nurse, employment, education and training advice and group work activities for example a young parent and child group.
- Developed supported accommodation at Rose House. Young people told us they wanted 'their own front door' and good quality supported housing. Young people were involved in the tender process for the providers and agreed on the outcomes to be achieved from the provision, Rose House opened in July 2013.
- Employed a care leaver as an apprentice within the Placement Support Team as a participation worker; she was successful in winning an Adult Learners Award both regionally and nationally.
- Worked closely with Economic Regeneration Department to facilitate apprenticeship opportunities across council departments including in schools, the Youth Support Services and the Economic Development Department.
- Participated in the 'From Care to Work' Scheme working closely with National Care Advisory Service.
- Provided financial support to all young people in higher education including the provision of a home base during holiday times.
- Been active members of the Leave Care Benchmarking Forum and two care leavers are members of the Young People's Benchmarking Forum. Hartlepool young people have been actively involved in national work to improve services for looked after children and care leavers.
- Care leavers are active and supportive members of the Children in Care Council.

- Adopted the Care Leavers Charter which was reviewed by the Children in Care Council who decided that Hartlepool's Pledge to children in care and care leavers encompassed the actions within the Care Leavers Charter.

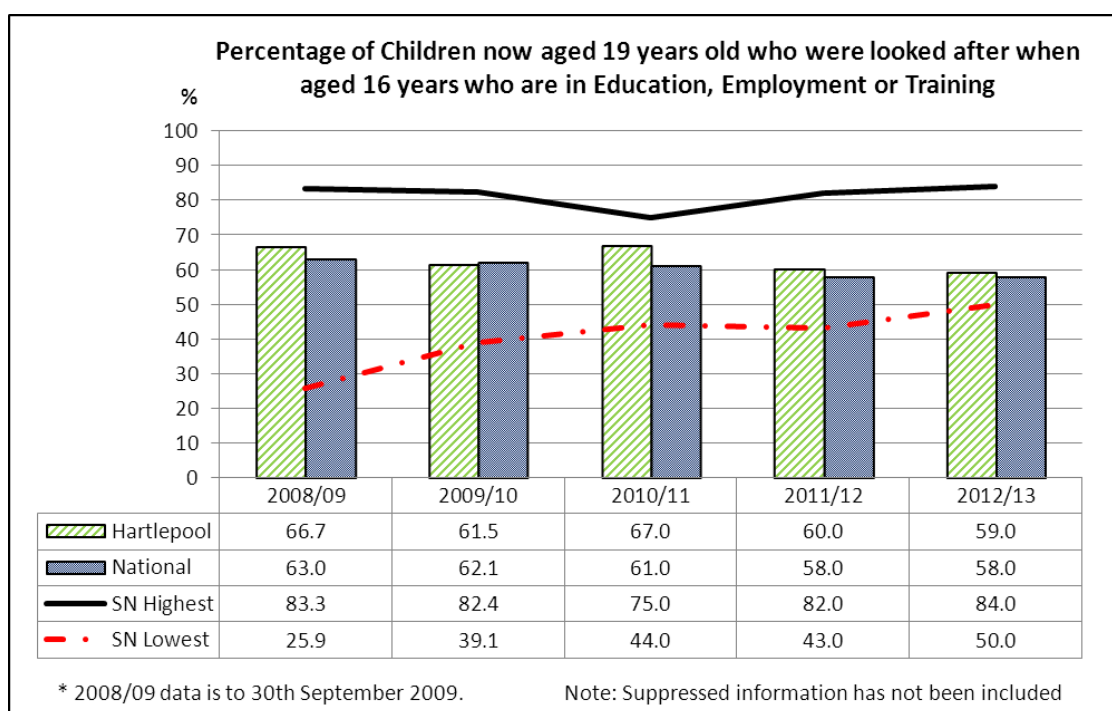
## Needs Analysis

Young people leaving care in Hartlepool receive high levels of support which ensures they make successful transitions to adulthood. For the past 5 years Hartlepool has achieved a 100% return for the national indicator in relation to young people in suitable accommodation. This has been achieved through partnership working with the voluntary and community sector and housing providers to ensure care leavers have access to appropriate accommodation suitable to their individual needs.

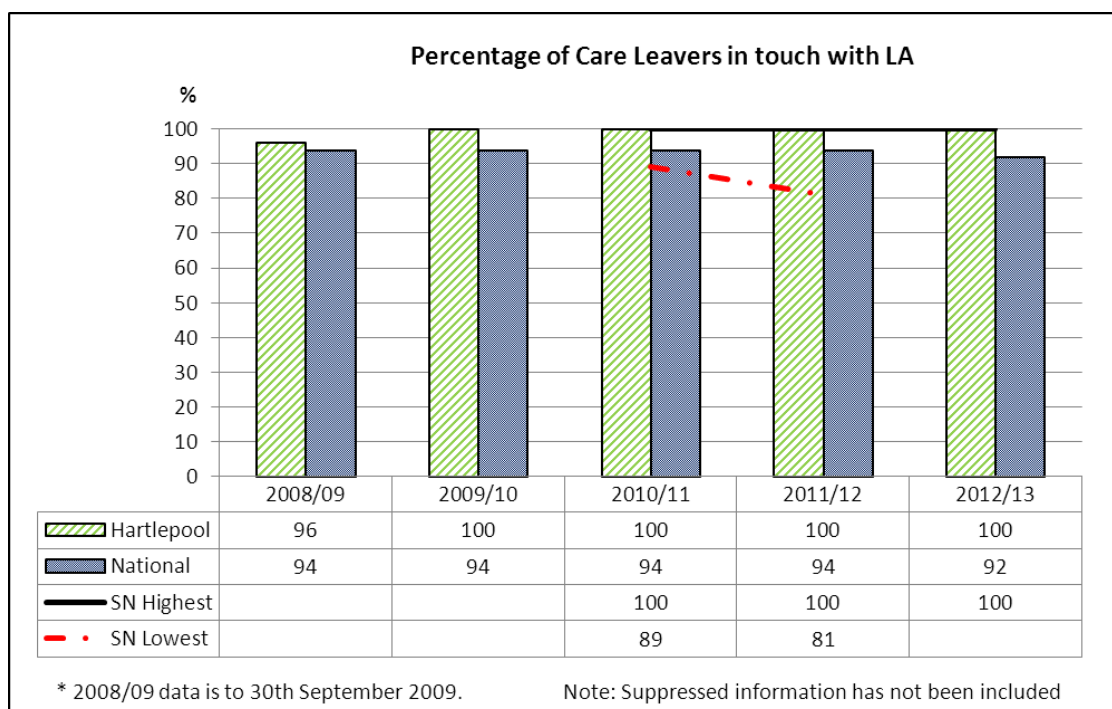
As young people approach adulthood, the priority for the Council is to ensure that children leave care at a time that reflects their individual needs, emotional maturity and coping skills. To this end, the Council has implemented a Staying Put policy which enables young people looked after to remain with their foster carers beyond their 18<sup>th</sup> birthday. Currently, just over 30% of children previously looked after by the Council are supported in Staying Put arrangements.




The proportion of care leavers not engaged in education, employment and training is in line with the national average. Despite the local challenges of very high unemployment, the care leavers in education, employment and training are in line with the average for the local population.



The table below outlines the local authority performance in maintaining contact and support to care leavers on their 19<sup>th</sup> birthday. Performance has been consistently high for the past four years and is reflective of the cohort as a whole, i.e. those up to the age of 21 years.






### What will we do?

- Review and refresh from Care 2 Work Programme.
- Continue to encourage, support and facilitate young people to access further and higher education.
- Ensure all young people are able to stay with their foster carers beyond their 18<sup>th</sup> birthday.
- Develop and implement post 16 Personal Education Plans.
- Work with housing providers to ensure young people have access to permanent housing in an area of their choice and close to their support networks.
- Deliver support and training to ensure young people are equipped with the practical and financial skills needed in adulthood and that they have emotional support through their transitions.
- Provide opportunities for care leavers to inform and lead service development.
- Complete interviews with young people at key stages through their transition to adulthood.
- Benchmark local arrangements against the government's Care Leaver Strategy to ensure we are meeting their vision and aspirations

### Measures of Impact

- Sustained performance in suitable accommodation.
  - Young people will report that they feel encouraged and supported to achieve their aspirations.
  - Young people will report that they felt supported through their transition to adulthood and helped when they made mistakes.
  - Increased numbers of care leavers in further and higher education.
  - Evidence of care leavers impacting on service development.
- 



Department for  
Communities and  
Local Government

## Early help service transformation maturity model:

A practical guide and toolkit for local  
authorities and their partners delivering  
the Troubled Families Programme

# Foreword

From the inception of the Troubled Families Programme in 2012, we had a clear ambition that the programme would drive more effective delivery of early help and support to the most complex families in a joined up and coherent way, working across local services.

When we launched the new Troubled Families Programme last year, we made transformation of local services an even clearer objective as this is the best way that we will secure sustainable, high quality services for families after the programme ends in 2020. The question was not only how do we achieve this end, but how can we afford not to?

The new Troubled Families Programme, running from 2015-2020, funded from central government and delivered in partnership with 150 upper tier local authorities across England, is about getting to grips with the complex and debilitating problems that troubled families have – helping them get their kids back to school, tackling violence in the home, supporting them through health problems and placing parents on a pathway to work. But it is also about driving through a transformation in the way public services are delivered. The programme encourages services to work in a new way for families with multiple problems, taking an integrated, whole family approach. Not looking at individuals or individual problems, but at the family as an entity – with overlapping and connected problems and histories.

The knock-on effect of working in this way is to reduce demand for costly reactive services.

For example, identifying the underlying and interconnected problems of a family means not only ensuring a truanting child is supported to get back to school but that their mother gets the right support for her mental health problems so the children are no longer worried about leaving her alone at home. Providing effective support to a family early means that a family might see a GP, not turn up repeatedly in A&E; that parenting support is put in place before a child becomes at risk of being placed in local authority care; and that a mental health problem might be identified and treated before crisis point and before a parent feels they can no longer hold down their job, which in turn will have a major impact on the children.

Transforming services means there should no longer be a host of unconnected services and professionals circling a family with their own assessments, thresholds, appointments and measures. The Troubled Families Programme provides local authorities with a dedicated Service Transformation Grant and this should be used to ensure that they and their partners join up services around families and better integrate what they offer and how they deliver.

In a time of significant cost pressures on local authorities and their partners, we cannot afford not to take an integrated approach to how we work with the most complex, and costly, families and in doing so manage future demand.



“Transforming services means there should no longer be a host of unconnected services and professionals circling a family with their own assessments, thresholds, appointments and measures”

Throughout the delivery of the Troubled Families Programme so far we have talked about the importance of this ‘service transformation’ but perhaps have been guilty of not having articulated a clear enough description of what we mean and examples of where we see it working well. This is why we have developed this Early Help Service Transformation Model and Toolkit, capturing the principles that underpin meaningful system and cultural change in clear and accessible language. The model and toolkit supports local areas to assess how they are performing in transforming their services working across all partners and helps areas to consider what more can be achieved.

We are putting a new Peer Challenge Network in place so that local areas can challenge each other on the assessments they have made. The new network will make sure that the service transformation assessments are fair and robust and it will give peers an opportunity to share expertise with each other. In setting up this new peer review approach, we have learned from the Institute for Government’s recent research on the best way to help people involved in integrating public services locally to share experiences and learn from one another to improve outcomes on the ground. The model and toolkit have been tested and refined by colleagues in local government, other Government Departments, the police and other partners, for which I am very grateful. However, we do not intend this to be a ‘final product’. If the toolkit and model are a success then it should mean they are updated, revised and improved regularly as we learn more from each other.

Two final things: We know that this is not easy. People charged with delivering and managing services, and the budgets that resource them, are under pressure so asking for increased integration and partnership working can be difficult. It can be a time when people understandably want to retreat into their own way of working in their own organisation. I hope this model will be a way to counteract that by showing the bigger picture of what can be achieved. I also recognise that central government may preach partnership working but we ourselves are sometimes not as joined up as we ought to be. I can only say that we are listening and we are trying to deliver on what you tell us you need.

**Joe Tuke**

Director, Troubled Families Programme  
*Department for Communities and Local Government*

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### **The model and toolkit will...**

- Help local areas identify what stage they are at in the transformation of their early intervention and support services for complex families.
- Capture the principles that underpin meaningful system and cultural change, as well as reflecting the family's experiences of services.
- Help make a strong case for transformation across all local partners.
- Promote principles of wider service transformation and integration in the long term – for example, integrated approaches to tackle youth offending, respond to domestic violence and improve adult social care provision.
- Provide a framework for periodic review of progress and help drive continuous improvement towards service transformation goals.

# Executive summary

The new Troubled Families Programme is working to achieve significant and sustained progress with up to 400,000 families with multiple, high-cost problems by 2020. This is backed by over £900m of central government investment.

The new programme is working with families who have a wide range of problems: worklessness and financial exclusion, poor school attendance and attainment, mental and physical health problems, crime and anti-social behaviour, domestic violence and abuse and children who need help, including children with Special Educational Needs and Children In Need.

The programme will help to reduce demand and dependency of these complex families on costly reactive public services and will deliver better value for the taxpayer. A dedicated key worker considers the problems of a family as a whole – they organise services to grip the family's problems, and works with the family in a persistent and assertive way towards an agreed improvement plan.

As part of this, there is enormous scope to transform how public services work with families who place a disproportionate burden on services. This 'service transformation' should ensure that an integrated, whole family approach to early intervention

with families is the norm by the time the programme comes to an end in 2020.

This model and the toolkit answer a need that has been identified by local authorities: to clearly explain what we mean by service transformation, with measurable indicators of progress that can be easily monitored.

Service transformation is such a vital part of the Troubled Families Programme that we will want to ensure that every area is using this model and toolkit to make robust assessments of how they are doing and plans for what they need to strive towards. This will be picked up in the dialogue areas have with the Troubled Families National team including through visits and spot checks.

Local authorities and their partners, geographical characteristics, prevalence of family problems, systems, governance and leadership are inherently different from place to place. So this model and toolkit has been designed so it can be adapted to meet local circumstances.

## How the model has been developed

### Evidence base

The Early Help Service Transformation Maturity Model draws upon a number of existing models that have been developed to measure public service transformation. In particular, it draws upon the approach used to benchmark local areas deployed by the previous Government's Public Service Transformation Network, and the Early Intervention Foundation's maturity matrix<sup>1</sup>.

1 <http://www.eif.org.uk/publication/early-intervention-maturity-matrix/>

The maturity model also incorporates best practice on improving local public services from the Institute for Government (IfG) and the Local Government Association (LGA). Their recommendations have informed our approach, in particular on the importance of peer challenge and support as a tool for improvement<sup>2</sup>, supporting learning between areas to improve outcomes and the importance of transparency around standards in service provision.<sup>3</sup>

### Consultation with local areas and national partners

Not only did many local authorities make the case that guidance and advice on service transformation should be developed, they and their partners have played an important role in developing the model. We have worked extensively with them to refine the model so it can be as effective as possible in practice.

We have sought feedback on the model from local authority chief executives and received written and verbal feedback from over 50 areas. We also discussed the model at Troubled Families Programme regional meetings and at workshops with Troubled Families Co-ordinators (TFCs).

Additionally, a number of local areas volunteered to ‘champion’ test the maturity model over summer 2016. This involved:

- talking to families about their experience of services

- looking in detail at local evidence sources
- conducting a desktop exercise to test a particular strand of the model
- developing ways to capture and score feedback locally
- seeking views of frontline practitioners at multi agency forums
- talking to local partners about the model at strategic steering groups and network structures and at regional meetings
- using the model to capture “next steps” for local service transformation

The National Police Chiefs’ Council’s (NPCC) Troubled Families Group has been closely involved in the development of the model, led by Deputy Chief Constable Simon Nickless.

We have shared this model with the Cabinet Office, HM Treasury, Home Office, Department for Education, Department for Health, Ministry of Justice and the Department for Work and Pensions and across other teams in the Department for Communities and Local Government. Their engagement and feedback will help us develop a shared language to discuss public service transformation and an agreed set of principles across government.

<sup>2</sup> See the evaluation conducted by Cardiff Business School in 2014 which endorsed the value of LGA’s peer challenge programme, <http://www.local.gov.uk/peer-challenge>

<sup>3</sup> See IfG report on Local Public Service Reform: <http://www.instituteforgovernment.org.uk/publications/local-public-service-reform> and IfG’s Failing Well report: <http://www.instituteforgovernment.org.uk/publications/failing-well>



# Assessing maturity: a practical guide for local areas

The Early Help Maturity Model is designed to enable local areas to assess the maturity of public service transformation in early intervention and support for complex families. It is a practical tool to help local areas evidence and assess their performance against six strands:

- The family experience of transformed services
- Leadership
- Strategy
- Culture
- Workforce Development
- Delivery structures and processes

Each local area will have unique set of circumstances and what each area can achieve by 2020 will differ. The model will help track your progress and to set out what is achievable within a timescale that is realistic, while at the same time giving a clear picture of the aspirations for both families and services. The model should inform local transformation plans and discussions with local partners. It is not an inspection tool.

## Making a robust assessment

The model is designed for local authorities to make a robust assessment of their local area's service transformation maturity, before it is then subject to a peer review process. The model is designed to be completed in conjunction with your local partners – particularly the police, schools, housing and health service – bringing together evidence sources and talking to frontline staff and families as well as with senior strategic partners, service providers and elected members.

In addition to key teams usually based within the council such as youth offending, children and adults social care, community safety, education and public health, we would expect the following **core partners** to be involved in the completion of the model in every local area, with additional partners added based on local circumstances:

- the police – including representatives from the Police and Crime Commissioner's Office as well as the Chief Constable
- Job Centre Plus district manager and Troubled Families Employment Adviser (TFEA)
- the chief officer of the Clinical Commissioning Group (or equivalent)
- schools
- social housing providers
- the Mayor (if applicable)
- community rehabilitation providers
- leading voluntary sector providers

As the local authority receives a dedicated Service Transformation Grant from the Department for Communities and Local Government (DCLG) to drive service transformation, the local authority is responsible for ensuring that the assessment is rigorous and that the national Troubled Families Programme team is kept updated on the completion of the model (see section on the role of the national team below). However, we would expect all partners to co-complete and jointly own the assessment.

## Peer review

The initial Maturity Model assessment informs the next step, which is a peer review. This is a vital stage of your assessment as it enables you to robustly test your findings with representatives from another area or partnership. Peer review is a key part of the completion of the maturity assessment as it offers:

- support and challenge from peers who are delivering the programme in another area
- the opportunity to compare and contrast evidence sources and data systems
- the chance to learn about different approaches that have worked well in other local areas and share lessons learned about what could have gone better

From the group of areas that have tested the draft Maturity Model, a number have volunteered to become early 'Peer Support Champions'. These Peer Support Champions are willing to pair up with an area who requires a peer review. The early Peer Support Champions are from a range of local authority areas across the country; large, small, two-tier, London boroughs, counties, unitary authorities and metropolitan boroughs. They also encompass a diverse range of models and are all at different stages of the transformation process. The Police Troubled Families Network through the NPCC will become Police Peer Support Champions, to support local areas and forces in the peer assessment and review process.

When you are ready to be matched with a Peer Support Champion please contact [families.team@communities.gsi.gov.uk](mailto:families.team@communities.gsi.gov.uk). They will be able to suggest a range of appropriate peer reviewers after a discussion about your specific requirements.

We encourage local areas to volunteer to become Peer Support Champions once they have completed their assessment and have been peer reviewed. We are also looking for Peer Support Champions from local partners, such as policing, health service and schools. Peer reviews will be led by a small cross-service team from a local area, visiting another area where they engage with partners from a range of services.

The national team will produce separate guidance about best practice for peer reviews following pilots in early 2017.

## The role of the national troubled families team

Service transformation is a core element of the national Troubled Families Programme. The rationale for extending the first programme was to achieve sustainable service transformation in local areas, to manage demand, reduce cost and ensure more effective interventions were offered to families in the long term. The importance of this is reflected in the annual Service Transformation Grant expressly given to each local authority for this purpose. Although ultimate responsibility for delivering the objectives of the programme rests with the local authority, the national Troubled Families team needs to know how central government investment is being used locally and whether the programme is delivering its service

transformation objective. That is why we are placing an emphasis on an assessment to be made by local areas and for that assessment to be subject to review and challenge.

Regular conversations will help the national team understand where local areas assess themselves to be, track progress and identify the strengths of a local programme as well as areas that may need improvement and further support. The national team will also broker the matching of Peer Support Champions.

The national team expect each local area to:

- complete an initial -assessment as set out in this toolkit
- agree overall scoring with all local partners (ie whether the area is early, developing, maturing or mature for each of the strands of the model)
- confirm the initial assessment using appropriate local governance arrangements for example, Police and Community Safety Partnerships or Health and Wellbeing Boards
- subject this assessment to a peer review
- update the national team each time the assessment is updated – we would advise areas to update their assessment at least annually

### Scoring and evidence

The Maturity Model gives local areas options for rating or ‘scoring’ their journey to maturity. The intention is that these scores help local areas to measure their progress and benchmark themselves with other local areas.

This toolkit sets out a number of features under each strand of the model that an area should be able to evidence in order to be assessed as ‘early’, ‘developing’, ‘maturing’ or ‘mature’. A local area should be able to evidence all of the features under each strand in order to assess themselves as being at that stage.

We recognise that many areas will consider themselves at either the ‘early’ or ‘developing’ stage. This is not in itself an issue for concern. The point of the model is to get an honest and shared understanding of a starting point so that significant and measurable progress can be made over the course of the programme.

The toolkit provides examples of a range of potential local evidence sources or measures that areas can draw from for each strand of the model, as well as national evidence sources that can be used (see Annex 1 for details of national sources). Where possible, we have linked examples of different evidence sources to the specific elements within each strand of the model. The examples given are not meant to be prescriptive or exhaustive, but we do expect local areas to consider the range and quality of the evidence they use for their initial assessment and peer review, including a mixture of qualitative and quantitative data where possible. It is important that areas give themselves an assessment against each strand.

### A partnership approach to completing the model

An important part of completing an assessment using this Maturity Model should be a deeper shared understanding across partners of the principles that underpin integrated family working and integrated local service delivery and transformation more broadly.

We have already seen evidence of this in the local areas that volunteered to start testing the model with their partners in different ways. The NPCC has led the way amongst partners in its endorsement of the model and their intention is to promote the use of the model to assess neighbourhood policing approaches to early intervention.



### Top tips from Cheshire West and Chester Council

Cheshire West and Chester volunteered to champion test the maturity model. Working together with local partners, the TFC completed a detailed assessment of evidence available locally to support their completion of the model. Based on this experience, they have compiled the following list of top tips which other areas may find helpful.

1. **Be honest with yourself** – when completing your assessment ask yourself: ‘do I have the evidence to back this up?’
2. **Be clear about your range of evidence** – make sure you have a range of quantitative and qualitative evidence sources to back-up your assessment.
3. **Have a local champion** – make sure someone locally is driving this forward.
4. **Get the right people engaged and participating** – make sure you have the right partners to support your assessment process and be flexible in pursuing different ways to get a wide range of people participating at all grades.
5. **Challenge yourself** – you and your partners should be free to challenge each other to make sure the assessment is honest and robust.
6. **Let the model drive your ambition** – use your honest assessment to drive forward the commitment of partners to further work.
7. **Seize the opportunities** – do not be afraid of using the tool to put the spotlight on problems and weaknesses as it will enable the partnership to take action where its needed
8. **Utilise your national troubled families network** – work with the national team, other local areas at regional meetings and with your Troubled Families network to learn from their experiences and source examples of good practice; don’t reinvent the wheel.

# Using the maturity model strand-by-strand

The maturity model can be used flexibly to fit local circumstances but the following provides more detail about each strand of the model and how it can be measured and evidenced. We have also provided good practice examples from the local areas who volunteered to test the model.

## 1. The family experience of transformed services

The family strand of the model looks at the real change for families that can be achieved through transformed services. It describes the experience of a family at different stages of a local area's journey towards integrated, family-focussed, outcome-based working.

To assess the maturity of the impact of services for a family, we recommend local areas use evidence sources that capture the following:

- The extent to which services are integrated around families – and having one person focusing on the family rather than several (one worker).
- A recognition from services that individuals are operating in the context of a family and so need to be dealt with as such (one family).
- Clarity of focus across all relevant services on what the family needs to

change and a common endeavour around families (one plan).

To do this, local areas should consider looking at information which gives a picture of:

- the number of interactions a family experiences and the different agencies involved during an intervention
- the approach of the family keyworker or lead worker – ie whether or not the family benefitted from the 'family intervention' approach
- the number and quality of different assessments a family has to go through and whether these assessments took a whole family approach
- what access the family has to evidence-based specialist interventions, and how these are sequenced to provide the right support at the right time
- the extent to which there is a clear focus on outcomes for the family
- the resilience of the family post-intervention

### Case example: Leicestershire

Leicestershire wanted to test the family experience of transformed services. They were keen to find out how local families from across the county felt about the service they had received just after their keyworker or lead worker had stopped working with them. Leicestershire's local authority team devised

### Leicestershire Families Day questions:

- Was it clear to you from the beginning who your main worker was?
- Was your support plan easy for you to understand?
- Were you involved in the plan and did you set any goals?
- What other services are you using now to support you and your family?
- Did your plan involve getting back to work?
- Have you started working with any other people/services since your case was closed and how did you find them?
- Do you feel confident that you can maintain the positive changes you made with your support worker?
- How are you feeling about your/ your families' future?

a simple questionnaire to get the views of families who had experienced support from a keyworker as well as those families that received less intensive support from a lead worker at a local children's centre.

Leicestershire were keen to get the views of a range of families, not just the 'usual suspects' who might regularly contribute to feedback. They hosted a family 'pop up fun day' at a local adventure park. They arranged transport for families, enlisted the support of a local supermarket to provide a free lunch, and put on a range of activities and information sessions during the day. Families were then encouraged to complete questionnaires.

Leicestershire have used the information gathered from this questionnaire as part of their evidence bundle to assess the family experience strand of the model.

*"I had a support worker and together we made a plan on what we were going to do, I started to attend groups and met new people my support worker helped me to think about going back to work and the courses I could do to help me do that. I now feel much more confident and have made friends I don't feel like I am on my own anymore."*

– Leicestershire family

**Local evidence used for the families experience strand could include:**

- Plans for families including actions that have been signed-off and agreed by the family
- Focus groups, surveys and interviews with families
- Case audits, casework reviews and dip sampling of case records
- Case closure feedback from families
- Feedback and measures of impact from keyworker attendees on training programmes
- Partner and TFEA feedback
- Evidence of significant and sustained progress for payment by results claims
- Families' involvement in service reviews
- Local family evaluations commissioned by the local authority or partners, this could include use of a specific 'Families Perception Tool' or similar

**Evidence of family working practice that has a focus on the 'family intervention factors':**

- A dedicated worker for each family
- A focus on what is happening for the family as a whole
- Provision of practical, hands-on support
- An assertive and challenging approach
- An agreed family plan and common purpose among partners

## 2. Leadership

The leadership strand of the model looks at evidence of a common purpose across senior leaders to lead, design and deliver services that best meet local needs for families with complex problems.

Leadership is about ‘who’ is leading transformation locally – a visible commitment to a shared cross-service vision to achieve sustainable outcomes for families, to transform services, to understand and manage future demand and meet the particular needs found in specific localities.

To assess the maturity of the leadership strand, we recommend that local areas provide evidence of:

- a clear focus on services that best meet local need
- a visible commitment from leaders across partners to outcome-focussed, whole family working, which may include collaborative commissioning processes and shared or pooled budget arrangements
- an understanding of demand management, using evidence and analysis to anticipate and manage future demand locally
- an appreciation of links to wider local and national transformation programmes, including adult social care and health integration and reform of children’s services

### Case example: Bath and North East Somerset

Bath and North East Somerset decided to test the leadership strand of the model. They brought together senior partners from the local authority, Avon and Somerset police, Children’s Health, Sirona Health Care, CAMHS, Curo and Knightstone Social Housing providers in the area, Department for Work and Pensions and voluntary sector representatives for an initial scoping meeting to think through examples of evidence to demonstrate a common purpose and a shared focus on services to meet local need as a starting point for this discussion.

They talked through examples of where committed local leadership has led to innovative change to practice. For example, Curo Housing have trained all of their repair operatives visiting families in their home to identify and report situations of concern via a ‘concern card’ reporting system directly in to their early help service; problems that might not have otherwise been picked up.

They identified a strong commitment to common purpose, with the active support of the local authority chief executive (requesting regular reports on the progress of the Troubled Families Programme locally), an active and well-supported programme board, a clear publicised vision statement with values adopted by all partners, an early help divisional plan and process map, and developing shared commissioning specifications among children, young people and family services amongst their evidence.

They recognised they still have some way to go to implement a shared commissioning framework for families, and identified a need to improve the focus on outcomes for

families across early help services that are consistent and can be evidenced. However, they are making good progress.

#### **Local evidence used for the leadership strand could include:**

- Events with partner agencies (senior leaders) targeted at driving the troubled families approach within their service
- A key strategic group acting as governance board for troubled families, all partners are engaging and actively contributing (with clear decisions and actions from meetings, joint projects, multi-agency action plans being monitored)
- Named specified roles and responsibilities for different parts of the Troubled Families strategy across local services
- Leaders articulating the same troubled families vision and their organisation's role in delivering it (demonstrated in meetings, events, surveys, interviews)
- Customer journey mapping, process mapping, output and outcome improvements which show that structures are delivering effectively and are continuously reviewed and improved
- Research into the impact of local collaborative projects
- Delivery of a range of services that are jointly commissioned, with a clear and well publicised joint commissioning strategy
- Services that have been co-commissioned with service users
- Local and/or regional strategic governance that brings together wider transformation programmes

### 3. Strategy

The strategy strand measures progress on the journey to transformation in early intervention and support for complex families by looking at a local area's broader strategic priorities and, within that, where the commitment to transform support for complex families is positioned.

To assess the maturity of the strategy strand we recommend that there is evidence of clear strategic commitments by all local partners to:

- deliver integrated family-focussed, outcome-based services
- commission services based on sound evidence of what works, working collaboratively with partners and service users on service design and delivery
- prioritise and commission services that manage future demand using data to measure and forecast demand on services
- use cost benefit analysis to understand the effectiveness of local services and act on the results

### Case example: Hampshire

Hampshire embarked on testing the strategy strand of the model. It is a large county with a broad geographical spread, so bringing partners together from distant locations was a challenge and it was important to ensure district representatives could be involved.

Hampshire decided to start their testing by undertaking a desktop assessment, then presented their summary of evidence sources across their partnerships. The evidence sources used to assess where they placed themselves in the strategy strand included: the stated commitment to family working in their strategic plans, alignment of Troubled Families focussed work with both their early years and early help service at county level, and consideration of how much commitment there is to whole family working across partners in the districts.

Hampshire Troubled Families Team decided to present a summary of their initial assessment in a 'one page' executive summary format, together with an initial RAG (red, amber, green) rating of their maturity, plus a next steps plan to be agreed with partners. In an interactive event with partners, Hampshire removed their own RAG assessment and asked the representatives to rate each of the strands of the model using an electronic voting system. This meant that instant scores could be shared with the audience; interestingly the ratings largely mirrored Hampshire Troubled Families Team's own desktop assessment carried out prior to the event (see Annex 3 for more information).

### Local evidence used for the strategy strand could include:

- Strategies and plans that robustly set out the Troubled Families and early intervention approach across all local agencies with clear links to demand management
- Early intervention referenced in multiple strategies across partnership, with actions that can be cross-referenced across all action plans
- Services commissioned specifically to meet needs identified through strategic assessments – demonstrated in contract specifications and criteria
- Joint commissioning posts and funding streams
- Inspection regimes highlight commissioning practice as a key area of strength
- Strong culture of integrated commissioning across local partnership (local authorities, health partners, CCGs, voluntary and community sector) underpinned by strong evidence base and cost benefit analysis
- Strong and coherent links across local, regional and national transformation programmes

## 4. Culture

The culture strand looks at how local areas are developing a shared vision for early intervention and support for families with complex needs. It looks at how a shared vision can be evidenced through all tiers of staff, by elected members and across partners, and how this shared vision is communicated to the community.

To assess the maturity of the culture strand local areas should look for evidence that:

- the principles that underpin meaningful system and cultural change are communicated clearly across partners and to the community in a way that is accessible and meaningful
- staff are taking personal responsibility and ownership to ensure they work across boundaries to support families effectively



### Case example: Norfolk

Several areas have started to think about how they can engage their partners in making an assessment of transformation maturity, to identify strengths in the delivery of their programme but also the shared culture that underpins their work.

Norfolk held a service transformation workshop with staff from Children's Services, Adult Services, the police, probation, youth offending, local housing partners, District Council community teams, health visiting teams, representatives from the Voluntary and Community Sector and their TFEA to talk through the culture and workforce development strands of the model.

In 2015, Norfolk redesigned their services to offer a comprehensive early help approach to deliver services to vulnerable families.

The session on the culture strand of the service transformation model was therefore a great opportunity to understand how those changes felt from a partner perspective and also what those changes meant for their collective vision of their local Troubled Families Programme and what further work is needed to embed this across Norfolk. The initial reaction from attendees was that it was hard to pin down which category the area fell into, pointing out that activities were taking place that came under the developing, maturing and mature stages. However, following a more detailed review of the evidence, it became clearer.

With their assessments made, attendees moved on to agreeing the actions they thought needed to undertake individually, collectively or through their relative organisations to move them to the next stage.

### Local evidence used for the culture strand could include:

- A clearly communicated shared vision, evidenced by clear and accessible communications with families and the local community
- Shared values and vision driven by senior leaders – for example at multi-agency governance boards – who sign up to the principle of working differently with families with complex needs
- Staff across all agencies championing whole family working (eg through events, workshops, partner meetings, 'temperature checks' with staff across grades)
- Evidence of cultural change with partners demonstrated by a commitment to integrate services and tested through families' experiences of the service they receive.

## 5. Workforce development

The workforce development strand focusses on the skills and capability of the workforce to deliver transformed services, and how they are incentivised to do so.

To assess the maturity of the workforce development strand areas should look for evidence that frontline staff have:

- a clear understanding of the principles of family working (family intervention factors) – a focus on a whole family assessment and family plan and an understanding of the impact of their work
- access to the right training at the right time
- the ability to use sound evidence-based, outcome-focussed practice and learning from their own experience as well as from peers

Areas should also look for evidence of:

- staff being supported by appropriate organisational structures with sound governance arrangements alongside supervision arrangements, performance monitoring and promotion opportunities
- cross-partner workforce training plans and commitment to shared resources, while at the same time having a clear recognition of different cultures across partners

### Case example: The Core Cities management skills framework and whole family worker programme

The Core Cities<sup>[1]</sup> Group of Troubled Families Co-ordinators started discussing their respective workforce development requirements in early 2015. It was clear that, whilst a good deal of training was taking place across the country, there was a need for a consistent approach to training and developing family key work managers across agencies. As family working spread across partners and as services transformed, this gap was becoming more apparent.

A Workforce Development Group was established with leads from each core city. The group designed, developed and delivered a workforce development programme, piloted in Newcastle and Sheffield in Spring 2016, which centred on the relationship between managers and whole family workers, specifically:

- creating the right conditions, conversations, and behaviours for working with families, in teams, and with partners
- providing creative solutions to learning and development, including providing training, consultancy, and enabling the workforce to take ownership of their development
- identifying and influencing workforce behaviour change needed across partners in order to transform services

[1] Core Cities is a single local authority voice to promote the role of major cities in driving economic growth and the case for city devolution. They represent the councils of England's eight largest city economies outside London along with Glasgow and Cardiff.

“Managers felt empowered with skills and knowledge that’s having a direct impact on their work and the families they are supporting”

- developing self-awareness, resilience and knowledge of interventions and practices that work for families

The evaluation from these pilots has been positive, finding that managers felt empowered with skills and knowledge that’s having a direct impact on their work with their teams and the families their teams are supporting.

The core cities workforce development group is now looking to make this training available to all areas within their regional groups.

For more information please contact

[families.team@communities.gsi.gov.uk](mailto:families.team@communities.gsi.gov.uk)

**Local evidence used for the culture strand could include:**

- Local staff survey evidence
- Performance appraisals
- Recruitment and retention standards set (including attrition rates)
- Training needs assessments and skills audits
- Practitioners describing how coordinated working happens in practise (eg in surveys, face-to-face discussions)
- Shared recruitment and opportunities across partners

**Training and development specific evidence sources:**

- Multi-agency training offered to practitioners in different services
- Use of evidence-based or accredited training programmes with robust workforce development plans in place which include partners and managers
- Feedback and measures of impact from attendees on training programmes
- Pooled budgets for training and development across services

**Keyworker/frontline view of services:**

- Evidence of robust induction, regular supervision and appraisal
- Mandatory training for each job grade (ie a family case worker mandatory requirement list)
- Monthly performance management information on caseloads and outcome measures
- Individual training needs analysis completed and linked to appraisal and monitored through supervision

## 6. Delivery structures and processes

The delivery structures and processes strand looks at evidence of the integration of teams across disciplines and organisations, delivering consistent evidence-based interventions and using shared information, assessment, prioritisation, and case management systems.

To assess the maturity of the delivery structures and processes strand, areas should look for evidence of:

- a clear commitment by partners to deliver integrated working structures with sound evidence based practice in place
- shared ambitions for outcomes for families, using the local Troubled Families Outcome Plan
- delivery structures that enable staff from different disciplines to work together to shared priorities and outcomes
- high-quality whole family assessments in a shared format across partners
- agreed data sharing protocols supported at strategic and operational level
- shared data systems enabling identification and prioritisation of families needing help, monitoring of family progress and outcomes and cost benefit analysis of interventions

### Case example: West Yorkshire Police and Leeds City Council

West Yorkshire Police has seconded a Police Inspector and researcher to the Troubled Families programme in Leeds, known locally as Families First Leeds. The programme involves a range of partners, including Leeds City Council, West Yorkshire Police, Leeds Community Healthcare NHS Trust and JobcentrePlus.

When a family is referred to Families First Leeds, information is collected about their employment status and requirements, physical and mental health needs, school attendance, social care interventions and support needs plus family involvement with crime or anti-social behaviour. Leeds City Council keeps this information on a secure database.

The database can be accessed by managers across the partnership who are leading on the work with families, but the information is not available to frontline police officers and staff. To address this, West Yorkshire Police place a 'flag' on every family attached to the Families First Leeds programme on NICHE, a police records management system. The flag means that when police officers have any contact with a family attached to the programme, an immediate notification is made to an electronic NICHE Families First Leeds mailbox. The police researcher can then share this information with partner organisations who are working with the family and, if relevant, add it to the Families First Leeds database.

This approach is a key part of transforming delivery processes in Leeds. It means key workers have better information about the families they are working with, and so can support them more effectively. It also means

West Yorkshire Police can better support the programme by targeting their resources, in particular their neighbourhood policing teams, to where they are most needed.

### **Examples of local evidence used for the delivery structures and processes strand could include:**

- Information sharing agreements, protocols and action plans in place with sign-up from partners – both at strategic level and for operational practice
- Linked datasets, single databases accessible by multiple teams and across partners – allowing identification and prioritisation of families who most need support
- Integrated case management systems
- Customer journey mapping demonstrating improved, efficient and positive outcomes, supported by initial data and information sharing
- Common/single assessment templates or tools and multi-agency guidance for implementation of this
- Case file audits that demonstrate partnership responses that have delivered positive outcomes, supported by data and information sharing
- Monitoring data which can be used to feed into local evaluations, demonstrating positive change (eg families being identified and engaged with in a timely manner)
- A Troubled Families Outcome Plan that demonstrates a clear focus on ambitious outcomes across partners, underpinned by an outcome guide and linking directly to individual family plans

### **Evidence of integrated working:**

- Single ‘front door’ to services – integrated team of professionals including partners such as police, health, housing, adult services, domestic abuse and community and voluntary sector presence
- Family profiling in place creating a ‘360 degree profile’ of families across partners informing case management processes and working practice
- Pooled budgets in place for front door and operational practice, based on cost benefit analysis of fiscal benefits for different services
- Common language across partners and workforces

# Annex 1: Service transformation maturity model

## Six transformation strands:

1. The family experience
2. Leadership
3. Strategy
4. Culture
5. Workforce development
6. Delivery structures and processes

## The family experience of transformed services strand

### Early

- Family experiences many and repeated interactions with different staff from different services, many by letter only, often delivering conflicting messages/ having different priorities, and with some only focussed on a specific member of the family only.
- Family has to go through multiple assessments with little or no feedback about what's happening next, and in doing so, having to repeat their "story" many times - they often don't know the name of their worker, or when they will see them next.
- Workers know nothing or very little about other services that might be available, they are often critical of other agencies/ their own organisation to the family/ they appear over stretched and don't have time to listen to the family or consider their needs or what's important to them- they have no credibility with the family and are often judgemental without offering any practical support.
- The family doesn't get access to evidence based services, they don't get any information on how they can access local and community services themselves.

### Developing

- Family experiences less "touch points" – fewer agencies involved with them- those that are involved seem to know who else is involved with the family.
- Key agencies like health and probation still work separately with the family and are focussed on the child/children/one person only.
- The family are still asked to undertake a number of different assessments, and data sharing between agencies seems limited (different agencies still know about different people in the family).
- The family knows who their keyworker is, and there is some sense of knowledge of "what will happen next".
- The family has little knowledge of what community and voluntary services can help them and there is little access to/limited capacity to access evidence based services (e.g. long waiting lists for parenting programmes).

### Maturing

- Family has a clear sense of who their keyworker is. Their family keyworker is clear about what behaviours need to change for the family and also takes their ambitions into account. The family keyworker has a persistent and assertive approach and is able to work with the family to make practical changes to their circumstances.
- There is a clear family plan that the family has developed with the keyworker. The family plan includes goals and milestones - including getting back into work.
- Where other agencies are involved they are, in the main, specialist services (e.g. Health visitors/CAMHS service).
- The families keyworker has regular access to information on the family and the family no longer has to "tell their story" several times.
- The family are aware of what community and voluntary sector support they can access in the community, and they are able to access evidence based programmes when they need them.

### Mature

- Family trust their keyworker and feel "plugged in" to a range of support through them. They are confident to access services independently when their keyworker no longer works with them, and they have been supported to access a range of community and voluntary based services that meet their medium/long term need.
- Family keyworker is clearly able to work across services to deliver support that's needed for the family - the service the family get is no longer dependent on which agency provides it.
- The families needs and circumstances are captured in one assessment and one family plan, with the family keyworker having access to all of the information that's relevant to provide support to the family.
- The family are able to "own their own road to change" and are positive about the future.



## Leadership strand

	EARLY	DEVELOPING	MATURING	MATURE
<b>Leadership</b> Partnership working and governance  <b>“Who” is leading transformation</b>	<p><b>Local determination:</b> There is little evidence of a shared understanding of what services best support families, and little shared understanding of what need is in terms of family services.</p> <p><b>Partners committed:</b> Key local partners are not fully engaged in collaborative working with families. There is little or no shared governance or shared objectives.  There is little evidence of commitment to working to a common purpose and little or no commitment to develop joint outcome based commissioning.</p> <p><b>Evidence of demand management:</b> Governance arrangements for the TF programme are weak with little strategic support for key staff. There is little understanding of how the programme will impact on wider services to families.</p> <p><b>Links to wider transformation programmes:</b> There is no clear accountability for service transformation or incentives for local leaders to drive reform in partnership.</p>	<p><b>Local determination:</b> Key senior partners are developing an understanding of services that meet local need, but culture is still predominantly to a ‘silo-ed’ approach with agency led priorities.</p> <p><b>Partners committed:</b> Most key local partners are engaged at all levels and there is a commitment to develop an outcome based commissioning framework, which is in the development phase. There is still some work to do to include the community and voluntary sector.</p> <p><b>Evidence of demand management:</b> Supporting governance arrangements are in place and becoming established with partners committed to develop work to better understand demand for services and cost savings.</p> <p><b>Links to wider transformation programmes:</b> Key leaders are developing an understanding of shared purpose and are proactively working towards an understanding of how whole family working can achieve wider transformational goals.  There is still some way to go to develop a focus on family outcomes.</p>	<p><b>Local determination:</b> Key senior partners have a focus on services that meet local need, whilst being at different stages of commitment to shared outcomes.</p> <p><b>Partners committed:</b> There is a common purpose across key partners and a commitment to commission outcome based services, whilst still developing in practice (including a developing sense within the community and voluntary sector).</p> <p><b>Evidence of demand management:</b> Governance arrangements are now established to underpin common purpose, and shared understanding of demand reduction and cost savings, as opposed to cost avoidance, is maturing.</p> <p><b>Links to wider transformation programmes -</b> leaders demonstrate a developing sense of shared purpose to deliver locally determined outcomes based services to families and at the same time are developing their resonance with wider local and national priorities.</p>	<p><b>Local determination:</b> All senior leaders in core partners have a demonstrable focus on services that best meet local need for families</p> <p><b>All partners committed:</b> There is a common purpose across all partners in the statutory, community and voluntary sector to commission outcome based services that have whole family working at their core.</p> <p><b>Clear evidence of demand management:</b> Strong governance arrangements underpin common purpose with clear plans in place to manage future demand, deliver value for money and achieve cost saving. Clear approach to using evidence and analysis to understand demand and inform commissioning of services.</p> <p><b>Clarity of links to wider transformation programmes:</b> Leaders demonstrate a shared purpose to deliver services for families that are locally determined but at the same time have clear links to wider local and national priorities.</p>
	<b>MEASURES: Governance arrangements and activity of partners to support strategic commitment throughout organisations, including structure of local commissioning</b>			

## Strategy strand

	EARLY	DEVELOPING	MATURING	MATURE
<b>Strategy</b> Alignment with local area's broader strategic priorities  <b>Commitment to WHAT will happen: IMPORTANT</b>	TF runs as a stand alone programme with little evidence of a whole family approach in strategic plan or commissioned services.	Whole family approach evident in area's early help offer and the commissioning of some services provided by local partners.  <b>Recognition of outcome focussed approach to family working evident.</b>	Key partners have a commitment to integrated, whole family working.  <b>Developing commissioning practices</b> Integrated commissioning of services is developing, based on emerging evidence and needs analysis, as are links to wider transformation programmes. These are underpinned by local strategic plans, an understanding of needs in individual localities and neighbourhoods, and there is a growing evidence base to inform financial planning.	<b>Shared purpose:</b> There is a clear commitment to integrated family focussed, outcome based services are embedded in strategic plans for all partners. Sustainability of services after 2020 is part of the area's strategic ambition.  <b>Mature commissioning:</b> Strategic commitment informs integrated commissioning of services which is based on evidence of what works and on the needs of the local population.  <b>Local determination and national links:</b> Strategic plans reflect the local landscape, adapted as necessary to the needs of localities and neighbourhoods, whilst demonstrating clear links to wider transformation programmes.  <b>Focus on family outcomes:</b> Strategic plans clearly set out ambition for families including for financial stability and resilience.
MEASURES: Evidence of the WHAT is happening: Strategic plans for local authority and partners				

## Workforce development strand

	EARLY	DEVELOPING	MATURING	MATURE
<b>Workforce development</b> Skills, capabilities and performance objectives  <b>Now including a keyworker experience element</b>	<p><b>Training and development:</b> Insufficient focus and/or investment in training and workforce development. Silo-ed training; competing performance objectives for staff. No links with the voluntary sector or wider community groups. Training opportunities are not informed by evidence based practice</p> <p><b>Performance objectives:</b> Competing performance objectives for staff. No sense of shared core principles across agencies and little understanding of whole family working.</p> <p><b>Shared opportunities across the workforce:</b> No or little shared opportunities – training opportunities are piecemeal. Promotion opportunities are few and - recruitment lacks transparency. Few or no links with the CVS Keyworker frontline worker view of services. Frontline staff have a limited understanding of the impact of their work. Training opportunities are limited and staff have no access to evidence based programmes. Staff don't feel supported, any good practice is because frontline staff "make a way" in spite of structures and not because of them. Staff have little understanding of why family working is important and know little of what others in different agencies do - there is little interaction.</p>	<p><b>Training and development:</b> Some focus on improving skills. Few links with the voluntary sector or wider community groups. Evidence based practice is emerging. Little evidence of measuring impact of any training and development.</p> <p><b>Performance objectives:</b> Some evidence of growing understanding of local partners' performance incentives and objectives. Understanding of whole family working is developing.</p> <p><b>Shared opportunities across the workforce:</b> Integrated co-located working of equal value in agency progression. Evidence of clear commitment to continue to develop shared opportunities but more work needs to be done to ensure equality of opportunity for staff across agencies.</p> <p><b>Keyworker/frontline worker view of services:</b> Staff have some understanding of the impact of their work, and some understanding of what some key partners do, but working practice with partners is piecemeal and training opportunities aren't shared. There is some developing opportunity for joint training but no real measure of its impact.</p>	<p><b>Training and development:</b> Some shared training between professions and linked performance incentives and objectives between professions. Clear links with the voluntary sector to support complex families in the community.</p> <p><b>Performance objectives:</b></p> <ul style="list-style-type: none"> <li>• Shared performance objectives now developing across key partners and integrated working valued in performance measures.</li> <li>• Core principles of family working are understood across all partners and are developing across most.</li> </ul> <p><b>Shared opportunities across the workforce:</b> Partners are committed to shared opportunities and developing systems to enable this to happen in practice, including with the CVS. Promotion opportunities are advertised across agencies and experience of working in an integrated way is valued in progression.</p> <p><b>Keyworker/Frontline worker view of services:</b> Training opportunities for staff are developing and governance arrangements and direction from managers support this. Workers from different agencies now have access to evidence based programmes and shared training opportunities. Key workers feel that family working practice is now valued family assessments and plans are being rolled out and work is underway to progress pooled budgets to support this.</p>	<p><b>Training and development:</b> Workforce development is embedded in practice across all agencies depth and breadth of opportunities. There is clear consistency of opportunity for training and development, with recognition of different agency cultural starting points. Training is provided both for the core family team and to lead workers across partners. Development is informed by evidence based practice. Impact of workforce development is evaluated and impact informs future workforce development plans.</p> <p><b>Performance objectives:</b> There are shared performance objectives and training opportunities across professions. Core principles and behaviours of family working are shared and understood across agencies.</p> <p><b>Shared opportunities across the workforce:</b> Promotion routes are linked to integrated working and not contained within agency. Promotion opportunities are visible and recruitment is transparent with cross organisational equal opportunity values embedded in recruitment policy and practice. Strong links exist with the voluntary and community sector to support complex families in the community.</p> <p><b>Keyworker/Frontline worker view of services:</b> Frontline staff have a clear understanding of the impact of their work. They have access to the right training at the right time – including evidence based programmes and training from a range of partners. Frontline staff are support to common purpose by structures, governance and clear direction from managers and have access to promotion and development opportunities that are clearly communicated to them. Workers from different agencies have shared priorities and access to pooled budgets for families. Frontline staff have a clear understanding of the principles of family working (FI factors) and a clear sense of a focus on a family assessment, plan and outcomes for families. Frontline staff are supported by regular development reviews. Peer support opportunities and opportunities for reflective practice.</p>
<b>MEASURES: Workforce training programmes; performance management and promotion processes</b>				

## Delivery structures and delivery processes strands

	EARLY	DEVELOPING	MATURING	MATURE
<b>Delivery structures</b> Integration of teams across disciplines and organisations	No integration in the delivery of services for complex families across organisations; significant data sharing barriers preventing close working.	<b>Services are separate</b> but professionals from different disciplines/organisations work together to achieve specific goals for complex families. Focus and funding remain single agency. There is developing work to deliver services through <b>shared data</b> and case management systems from lead core partners.	<b>Multi-agency structures</b> are in place to co-ordinate separate approaches. Structures may include specific co-ordinator roles, some pooled budgets and evidence of effective data sharing between professionals. Effective data systems are operational and can be accessed by more than one agency. <b>There is evidence of shared commitment to analyse need/ deliver an integrated response and measure impact and early work to develop systems to support this.</b>	<b>Effective and appropriate integrated working:</b> Organisational structures enable professionals from different disciplines work together to shared priorities. High quality whole family assessments take an agreed single form and understanding of whole family assessments is embedded across partners. <b>Shared information:</b> Partners have shared integrated data systems underpinned by robust data sharing agreements. Core partners can access one single data system to access case management information. Data systems are picking up early indications of need and moving towards use of predictive analytics. <b>Structures enable identification of demand</b> There is a clear commitment by all partners to shared analysis of what works and how to meet future demand for services for families.
	<b>MEASURES: Data systems and data sharing agreements and practices; cost/benefit analysis of services; data on demand for services</b>			
<b>Delivery Processes</b> Tools and approaches to identify and work with complex families	Professionals using a range of approaches, rarely evidence-based or pursued jointly with other disciplines, sometimes competing. No use of outcomes evidence to drive delivery.	Some professionals using a whole family approach and sharing tools, There is no shared vision across disciplines on early intervention and support. Little use of outcomes evidence to drive delivery.	Most professionals use a shared whole family approach and understand value of evidence-based commissioning though some tools still specific to certain disciplines. Outcomes evidence is used to drive delivery.	Professionals from different disciplines use <b>shared whole family approach and evidence-based tools</b> to deliver a shared vision for early intervention. Outcomes evidence is used effectively to drive delivery and improve performance, evaluation is integrated within delivery and used to reform services.
	<b>MEASURES: Use of outcomes data and evidence-based interventions across professions; local needs assessments and referral processes</b>			

## Culture strand

	EARLY	DEVELOPING	MATURING	MATURE
<b>Culture</b> Shared vision and ambition and openness to challenge and change	Competing vision and ambition between local services; limited opportunity for innovation and collaboration. Resistant to further change or challenge. Wholly reliant on additional resources for reform.	Some shared vision and ambition between services but little communication to staff and little evidence of the vision and ambition driving practice; innovation and collaboration accommodated but not yet welcomed. Some resistance to further change and challenge. Reliant on additional resources to reform.	Shared vision and ambition communicated to staff across local organisations who understand and work in line with this vision.  Innovation and collaboration encouraged with growing resilience to change. Emerging evidence of sustainable behaviour change and less reliance on additional resource to drive continued system reform.	<p><b>Clear shared vision and ambition:</b>            There is a clear shared vision and ambition across all partners which is effectively communicated to and embraced by staff.</p> <p><b>Commitment to transformation</b>            The vision and ambition are clearly informed by:</p> <ul style="list-style-type: none"> <li>• An understanding of demand and commitment to transform the way public services work with families with multiple problems</li> <li>• An understanding of why integrated whole family working and shared priority delivers sustained outcomes for families across the 6 key problem headings of the programme,</li> </ul> <p><b>The vision and ambition can be evidenced</b>            This vision and ambition is evidenced through all tiers of staff and elected members, across all partners, and they are communicated to the community. Staff take personal responsibility and ownership to work across boundaries to support families with complex needs.</p>
	<b>MEASURES:</b> Evidence of new, evidence-based local practice; internal communications to staff across local services and communications to the wider community			

## Annex 2: National evidence sources

### Sources of evidence for service transformation

This annex signposts various sources of information that will be useful to local authorities in assessing service transformation.

### Troubled Families Information System (TFIS)

TFIS provides local authorities with information about the progress of families worked with according to a range of outcomes identified in national data sets. It also provides characteristics of families brought on to the programme. These are useful tools for understanding the Troubled Families cohorts and how they are changing. In 2017 it will also include local cost benefit analyses. Currently the outcomes presented in TFIS cover employment, education, crime, domestic abuse, and child safeguarding. In 2017, health data from NHS digital will also be included in TFIS. We encourage local authorities to share access to this information with their partners.

From Spring 2017 the cost saving calculation element of TFIS will provide local authorities with the costs savings identified from changes in family outcomes compared to programme spend. The calculator will also calculate how savings are distributed across local agencies. Although TFIS is focussed on the Troubled Families cohort specifically, the information it provides can be used to inform decision-making to drive wider service transformation and to inform commissioning practices across local services.

TFIS is a flexible tool for areas to look at family progress using national data. Here are some tips to using TFIS to help inform local service transformation:

- By looking at family progress information for different outcomes and by looking at this information by selecting different cohorts, the information may help to understand whether local programmes are getting better at improving family outcomes. This is best interpreted with reference to a local understanding of service transformation. So, for example, an improvement in adult offending in cohorts over time, combined with other evidence of a strengthened partnership with the police such as workforce development practices, could be useful evidence of the results of that partnership.
- The progress information for each measure also calculates comparison data for nearest statistical neighbours which will help areas benchmark the progress of their families across a range of issues under the six themes of the programme. For example, selecting a trend in school absences for a cohort of families will also display the nearest statistical neighbour trend. This could support the selection of a peer review partner.
- In 2017 the cost calculation part of the site will be fully functional, meaning the financial costs and benefits of all the different outcomes will be visible on the site. This also



includes costs and benefits broken down by agency based on the underlying research. This information will demonstrate how any savings realised through better outcomes benefit different agencies, and which agencies are bearing the cost of supporting families. This information should prove very valuable in discussions with local partners about designing and commissioning services, improving efficiency, and planning.

### National evaluation

The wider national evaluation of the Troubled Families Programme will also generate material that will act as useful reference information and tools to inform completion of the Maturity Model. The key sources in this area are:

#### *Qualitative case studies*

This work tracks the implementation of the programme in case study local authorities (nine in 2016/17 and eleven in 2017/18). The research will include understanding the development of local authority service transformation alongside associated challenges and opportunities. It will also involve interviewing a range of local authority staff and partner agency staff – the research covers the perspectives of families and keyworkers. A first report from this work will be made available to areas in November 2016. This and subsequent reports should act as useful reference material for other local authorities. This information can be used in the following way:

- DCLG will issue reports from the qualitative case study work – reading these reports will provide areas with an assessment of service transformation in the case study local authorities.

- The case study reports will assess progress on service transformation in case study local authorities and follow up reports will assess further progress – the reports also highlight the challenges that case study areas have faced which the reader will be able to reflect upon and use to inform their own service transformation journey.
- The qualitative interviews with families (and keyworkers) will also provide insight into how family intervention is perceived by families, and what it is about intervention and the keyworker that families appreciate – this information will offer contextual information for all local areas in regards to workforce development and the family experience strand of the service transformation model.

#### *Online staff survey results*

The annual online survey of TFCs, key workers, and TFEAs includes several questions aligned with the Early Help Maturity Model. These surveys will generate national benchmarks and yearly progress information which will be shared with local authorities. These should assist local authorities in considering how their own transformation journey compares to national progress on issues like workforce development. The first reports from the surveys were provided to local authorities in January 2016. The second set of reports will be available in early 2017. This information can be used in the following ways:

- If TFCs record the responses of their local authority, they will be able to compare where they stand in relation to the national average by cross-referencing these responses with the national survey data – for example, the extent to which a local authority considers the programme to have influenced local commissioning can be compared to the national data.

- The survey also includes information such as the characteristics of keyworkers, the average number of staff, and the challenges to delivery – understanding the national picture of these issues provides material which can be compared to local data.
- As discussed below in relation to research tools, a local authority might want to use some of the questions asked of TFCs and key workers in their own local surveys – some of the questions could also be asked of wider partners to help understand the extent to which they view the strength of partnership working.

### *Family survey*

The survey of c.1,000 families in twenty local authorities who are participating in the programme collects the characteristics of families and their self-reported problems at the start of intervention and re-interviews families post-intervention. The interview includes a section on service experience which will measure and track family perceptions of the service they received. The results of these will be useful as reference material for understanding family experiences. DCLG will make the baseline results of this survey available to local areas and these can be used to:

- consider the characteristics of the families responding at a national level and how this compares to a local cohort of families
- understand the types of problems faced by families that are captured by the survey such as self-reported mental health, self-reported domestic abuse

The section of the survey covering perceptions of local services and the help that families have received prior to joining the programme will provide useful overview data about the perceptions of families regarding services, which can help inform

the design of services and the completion of the family experience strand of the maturity model. Some of the questions covered in the survey can be re-used in any local survey or evaluation of the family experience. Key questions are highlighted below.

### *Research tools*







Local authorities may want to draw on the tools that support the research above. To help facilitate this we have made available the questionnaires and topic guides used in the national evaluation. These are materials used in the case study qualitative research (interviews with staff, partners, families and keyworkers), the staff survey questionnaire (TFCs, key workers and TFEAs), and the family survey questionnaires (interviews with main carers and young people in families), and are available on Khub.





### **Local sources of evidence**

Local sources of evidence are suggested in the blue boxes underneath each distinct strand of the maturity model as set out in the toolkit. However, these are not comprehensive and local areas will have their own sources of evidence they may wish to draw from. Peer Support Champions may also be able to offer advice on additional or alternative sources of evidence. The national Troubled Families team would be interested to hear about any useful sources of evidence that are not included in this toolkit.



# Annex 3: Hampshire summary table and maturity model push voting system

Transformation Strand	Hampshire's self rating	Hampshire's summary of key evidence
<b>Leadership</b> Partnership working and governance	 	<ul style="list-style-type: none"> <li>• Governance provided by a committed Management Group and Strategic Board comprising a variety of senior public/ voluntary sector partners.</li> <li>• Strong commitment/governance by lead elected member and good elected member support for programme at both county/ district levels.</li> <li>• CCG and police secondments made to the programme. Public Health investment and HCC Leader investment.</li> <li>• STFP contributing to commissioning activity and transformational programmes such as Early Help and new FSS service delivery model.</li> <li>• Independent/impartial academic partner evaluation Phase 1 &amp; 2 – generating business case and impact evaluation of the programme to inform discussions relating to future service demand and associated cost benefits of whole family working and multi-agency approaches.</li> </ul>
<b>Workforce development</b> Skills, capabilities and performance incentives	 	<ul style="list-style-type: none"> <li>• Shared objectives, training, performance being developed – CSD Innovation Volunteers/TF Int Support Serv (TFISS) + Family Support Service (FSS)/CVS Development plans.</li> <li>• Commitment for whole family working seen from partners i.e. School Nursing and CRC.</li> <li>• FSS /TFISS looking at pathways of support Level 1-4 services, making use of associated grant funding opportunities and service directories.</li> <li>• Governance of TFISS and FSS being aligned.</li> <li>• Level 3 &amp; 4 CSD training 'Working with complex families' developed and now part of the regular training offer.</li> </ul>
<b>Culture</b> Shared values and openness to challenge and change	 	<ul style="list-style-type: none"> <li>• Translating examples of good practice into mainstream business as usual is challenging for partners. Financial/staffing resources in some areas make relationships difficult but additional resource from the programme has been able to overcome these issues for specific families – case studies available to promote impact and best practice</li> <li>• Staff practice and strategic leadership for the programme is strong and seen as transformed in some areas but translating/ embedding the shared vision into departmental / organisational operational practice remains a key focus area.</li> <li>• Team managers need more guidance/ support to transform practice. Progress being made with CSD (FSS &amp; EHH), Police, Health &amp; Schools.</li> </ul>

Transformation Strand	Hampshire's self rating	Hampshire's summary of key evidence
<b>Delivery structures</b> Integration of teams across disciplines and organisations		<ul style="list-style-type: none"> <li>• Most partners engaged in the programme will work together, share data and use SafetyNet.</li> <li>• Moving towards Maturing as the FSS 0-19 service offer develops in the coming months and goes live on 1/4/17.</li> <li>• Data sharing remains challenging with some key partners; not happening as a matter of course.</li> <li>• Some good co-location examples (Havant/Rushmoor) but limitations in other Districts/Boroughs (2 tier authority issues).</li> </ul>
<b>Delivery processes</b> Tools and approaches to identify and work with complex families		<ul style="list-style-type: none"> <li>• Maturing for those partners and families engaged in the programme.</li> <li>• Integrated Early Help/STF family plans.</li> <li>• Identifying and capturing transformative practice within whole services working with families 'outside' of the programme is a future ambition. [CRC / Information and Advice project / East Hants and Havant MIND, School nursing, EHH, Innovation / Havant Transformation Programme looking at communities based upon STFP approach.].</li> </ul>
<b>Strategy</b> Alignment with local area's boarder strategic priorities		<ul style="list-style-type: none"> <li>• <b>Examples:</b> STFP Childrens Trust PI's /STFP contribution to DV commissioning / Alignment of STFP with FSS 0-19 service and Early Help / TF Intensive Family Support / CSD Innovation Grants / YOT E2E / CVS development plans / Health Visiting and School Nursing service spec / Substance Misuse service spec / merging of Early Help/Local Children's Partnerships and STFP Local Co-ordination Groups in some areas / joint commissioning CCG and District Councils.</li> </ul>
<b>The family experience of transformed services</b>		<ul style="list-style-type: none"> <li>• Lead professional role and high level family plan approach is working. Staff persistent in making contact and maintaining whole family focus. Succession and transition planning proving effective. Work outcomes are high in Hampshire.</li> <li>• Lead professional not always providing specialist support. Relationships formed on basis of trust. Evidenced via local performance data (nominating agency and leads) &amp; independent academic local evaluation of Phase 1, plus local LCG commissioned non-intensive support.</li> <li>• Many partners have access to Safety Net which holds family data and supports coordinated activity.</li> <li>• Families worked with by the commissioned Transform service have clear step-down plans, involving third sector support where appropriate.</li> <li>• STFP working with EHH and FSS to provide details of third sector and evidence based programmes to support families.</li> </ul>