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INNOSI Project - Troubled families in Greater Manchester - UK. [Dataset]

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Field notes for focus groups with Greater Manchester Local Authorities

Dates of fieldwork:	March 2016
Country:	United Kingdom
Geography:	Greater Manchester
Method of data collection:	Focus groups
Language	English
Kind of data:	Field notes
Population:	The focus groups involved between two and four strategic managers in each local authority. This included the Troubled Families coordinators. Nine out of ten local authorities took part in the research. One focus group is with strategic informants at Greater Manchester level.
Sampling	Purposive
Number of units	10 focus groups
Key words	Service integration, payment by result, collaboration, co-location, data sharing

Local Authority 1

Meeting Observations

Meeting took place in a booth. The team works in open plan, with lockers in the corner and draws on wheel. The building is attached to the town hall, and people like to have meetings in the café as it is closer to the community (library).

Context

The national programme is shaped in GM through their outcomes framework. It is delivered differently across different LAs. They have changed their governance arrangements to support the new reforms. They have changed monitoring and tracking and what is put in assessments.

Vision

“There is a culture of sharing knowledge. This is something new”. This is perceived as a strength.

They also use a whole family approach, whereas before the focus would have been on one person. Those are considered new ways of working. Some front line workers who were convinced that they worked with families, realised after starting this new approach that they were not working with families until then. It is about family making significant progress and sustained positive outcome. They also keep a very strong focus on safeguarding that remains a priority.

Team

Over 20 people so have 2 team leaders, a council worker, a family liaison officer, police. They collaborate with other professions such as nurses, private and voluntary sector. Because of the size of the team (deemed large), they need to identify different models in the services.

It was noted that there was trust and good working relationships, and that this is important for families too as this has to be collaborative.

Training

Training on how to work differently was provided. Training provided on different IT systems and training around understanding the impact of a situation on a family.

Data sharing

Information sharing happens during meetings, but not everyone comes every time. It also happens during Communities of Practice.

Data is shared on needs basis, it is about picking up the phone and informal network. They have an early agreement for data sharing. Families need to consent for their information to be shared.

Needs assessment

It is more about engaging with the families and capturing their priorities in order to address them. It is also about recording the positives and strengths that a family has, as well as their needs. So it is not an assessment, the key worker's approach is very protective. Some information is captured in order to have a baseline and measure progress but it is really about engaging with families.

Also some data about school attendance can have gaps, and the family file might contain information about DV that they are not aware of.

Governance and processes

Works with wider leadership and the Public Service Reform team at Greater Manchester level. PSR has a strategic board in the council, with executive members of all partners. It also has an operational board with the head of services and implementation expertise.

They also have an integrated peer support group, with multi agencies that meet every 4 to 6 weeks and is open to anyone working with difficult families.

The line management role is less rigide, listens to what works and what doesn't work. It builds confidence. It is flexible.

Co-location

Several teams work together, including DWP, CRC, housing, and police. They are not seconded, but co-located. They would find it difficult to go back for former ways of working. To some extent, they have been collocated for years.

Gaps

Housing is a missing link in the document. There is a strong focus on employment and working with other programmes such as Working Well. Gap in mental health and drugs.

PBR

Leads are aware of this element of the programme, they are trying to make key workers aware of it. Yet, as soon as you are trying to work towards certain outcomes, you meet PbR. So they work alongside. Can't make too much of an issue, this is not about making money. Social worker will work on their own system but will trigger different points for monitoring and auditing. PbR works at strategic level. On the ground, some families will never get there

Benefits

For the families, it is not just the case of reshaping the model, they are really involved.

It is good for the key workers' personal development, they would struggle to get that somewhere else. This is also about sharing skills and knowledge, whilst avoiding duplication. It is an holistic approach, quicker for families to get a response to their needs, and it allows them to take ownership.

Challenges

Working with the Department of Work and Pension has created IT issues in terms of compatibility of programmes. However, it was noted that there was willingness and leadership on both sides to overcome this challenge.

Management is often where it blocks, the middle management. The leaders have the vision, but middle managers sometimes struggle to implement it.

It is also difficult to keep the vision whilst progressing.

Local Authority 2

Context

LA2 has a new approach to working, which is changing the relationships between citizen and state. Sponsored by services, embedded in the area. "The aim is to help people help themselves"

No operational manager, an Early Intervention and Prevention Service (EIPS) TF: 4 aspects:

1. EIPS with key workers
2. 3 levels of need (soon 4)
3. Low and medium – EIPS in association with other professionals
4. Medium to high: Family intervention programme with increased capacity.

Before it was about education care, now it is a referral programme looking at families with teenagers and working with social care at high risk end.

'Confident families' team testing new way of working for one year – it is about complex dependency, live well, low case load and very intensive

For phase 2, working with 1 100 to 1 200 families, with a reasonable success rate of getting about 20% of GM claim. So they are working beyond the numbers. Trying not to push people away no matter if they fit the criteria for TF or not.

It is a place-based approach – different in terms of needs. Some places won't need much whilst others will need a lot, so how to measure that?

Pilot in X: Integrated approach, with one coordinator. Working on broader cases, but brought Troubled Families into it. All working together, not co-located, they are integrated. They have a coordinator bringing them together, the case they work with is not necessarily related to their expertise so they get to better understand the other aspects. Have a TF worker in that team. Different way of working as not referring people to other services but rather pull expertise in. The pilot will be rolled out in other areas of LA2, in a slightly different way.

Vision

Have working principles: Asset based approach, having different conversations as being trained in ethnography to go in with open mind. This is not a tool box, rather about putting the families at the centre, listening and getting them to understand what they want. It's assertive and challenging. Holistic approach. They look at where the influence are within the family and wider family.

Team

Predominantly through council, schools, health visitors, GPs, police, testing two PCSO (Police Community Support Officer) as key workers in TF – challenging as they are quite isolated. Spending about 50% of their time as TF. Training team. The EIPS: very different, it is a TF team but working with broader criteria. There is a full time analysis and champion supporting individual members -

always available. Analyst is key, but topics are very practical (how to identify family, make a claim, etc.). TF coordinator meet with service managers on regular basis. They commission a fair amount of community sector organisations, also work with public sector (Working well). Increased capacity in social care, and dual mental health staff.

Training

Training in ethnography approach. Led by an inspirational person who worked with an anthropologist. Staff are trained to be accountable, courageous and positive. Also training on other practical things, but no interagency work training.

Data sharing

TF coordinator can access everything. Sometimes there are issues during meetings when health professionals are disinclined to share information. There is a data sharing agreement in place, under the community safety partnership there is a comprehensive data sharing agreement. Data sharing is not as bad as what people make it sound, there are ways around it. Consent form signed by family also helps. Information generally shared during meetings or a telephone conversation. Put a data sharing clause in commissioning contracts.

Needs assessment

Ethnographic training, not a massive assessment. Start with two questions such as: if you could change anything today, what would it be? Don't do assessment as don't think they add much value so use outcomes starts to measure journey

"We spend a lot of time in our systems assessing people out, often doors are designed to stay shut"

With locality plan, it is like a single case management of testing and triaging. Local needs around parenting with unresolved childhood trauma (e.g. attachment issues needing parenting programme such as Triple P but wasn't so successful). Also need around debt and housing, low level of mental health. Also trying to address the root cause cos sometimes only addressing symptoms rather than cause.

Governance and processes

PSR programme board meet quarterly to review the programme. Also there is a PSR steering group to align programme together. Also Confident Family Champion meeting to discuss issues and challenges on a monthly basis, in town centre. Accountability – report to programme board, service members from public sector, private sector and community organisations. Co-reporting process. Also co-reporting within the council, for instance mental health and drug and alcohol misuse report together.

Co-location

No co-location but service integration. With services co-locating housing, police, children and social care, early intervention. But long term focuses on service integration. It's only a small pocket, not across the borough. A bit sceptical about co-location, it isn't sufficient, people need to share same understanding, have shared outcomes and shared accountability. Otherwise they are just sitting next to each other.

Gaps

Some population not included in framework such as parents who had their children/babies taken away. Also gaps in terms of expertise around sexualised behaviour – need training. DV is one of the most important issues in LA2 and there are tensions between keeping people safe and addressing needs. Sometimes families don't want to split up, they just want the abuse to stop and it's difficult.

Funding / PBR

Funding stream is important. At the moment, the money is in health, so choose that approach to get funding for the programme. Before money was in criminal justice.

PBR (1 000 + 800 if turned around based on GM outcomes framework). The analysis is making sure the boxes are ticked, making sure that it is measured. Jacob. The framework slightly changes in each area depending on the type of information the system can give you. There was evidence that small companies applying PBR probably handed picked families, but it is not the case here.

Services cuts are very important so focusing on how to make savings and build resilience. So PBR might change for big organisations, but it is a small part of TF. It is more about collecting the data, which requires a big amount of effort to make the claims – which is taking the effort away from things that can help the families. However, it also helps focus the work. The austerity measures have also pushed for a different way of working at the strategic level, in place based team.

Benefits

Less duplication, responsibilities are dictated by competing outcomes from framework.

Challenges

Some issues such as low level drug dealing is not on the police's radar.

Need systematic change in procedures as they block the work. So taking 'careful risk' by ignoring them. If the programme gets bigger this needs to change. Procedures protect from risk, but are too constraining. For example, to do integrated assessments you would need to change the law. At the moments assessment are very silloed, specific assessment for direct payment, another one for health care etc.

Local authority 3

Meeting Observations

Met in city council annexe.

Context

It was indeed noted that Phase 2 of the programme had a strong focus on service integration, driving a change from multi-agency working to integrated working. There is an understanding that Phase 2 draws on lessons learnt during Phase 1, especially in terms of integration of services. It is part of the reform of public services and complex dependency. The key principle is to be evidence-based, have model fidelity, a key worker, whole family approach, good assessments, outcomes focused, getting in early. It's become the model to mainstream how they work, it's not just about TF, it's about replicating the skilled work they have been doing with complex families right across any family in the city. The second phase also has a stronger emphasis on prevention and how to improve service offer so families don't escalate.

Vision

Indeed the terminology was problematic.

"Some people didn't like the label, the terminology. We have always gone down the lines that this is about strengths and an assertive approach. Now we call that programme the 'confident and Achieving programme'. We wanted something to capture more, that it wasn't about being troubled, or being complex. It was actually and still says 'this is what we know about you, but this is where we want to get you'. It's about achieving aspirations"

Co-designing

"We've been talking a lot lately about the legacy. We talked a lot about co-designing things with partners (...) so when people come back to you and say 'well you told us to do like this', you say 'no we haven't told you how to do it, we all agreed'. But there is that legacy of the council being perceived in that way by partners. Manchester city council, huge organisation, very powerful politically and economically in terms of the size and the resource that we have. Traditionally, we probably have said 'this is how we want it, now you go away and do it'. We have really really tried hard to change that, so that we are involving partners in the co-design of things right from the beginning so that there is that sense of joint ownership."

However, it was also acknowledge that co-designing can be challenging. Partners are sometimes keen to receive clear instructions rather than contribute to a strategic plan.

Data sharing

In the hub, there is quite a high level of information sharing, especially if there are safeguarding issues or crime. The information is shared for the purpose of building the jigsaw, it is shared on a

needs to know basis, in order to provide a good picture. The underpinning principle is that they will have a signed consent, it is not a statutory threshold decision made on whether they should share data.

Needs assessment

Service integration is very different because they can respond to thematic issues and demands on particular localities.

Governance and processes

Accountability means that they are a lot of structures. They have a board with a Deputy Chief Executive that oversees it. And the Public Service Reform team reports to it. There is also an operational group and a local integration team that meets with local partners and feeds into the steering group.

Co-location

“Early Help Hub is kind of the wheel. So we have all those different arrangements from that, but what you get is the intelligence, the coordination, the co-location of services. And we didn’t have that previously. What we had was some teams delivering in part of the city. So in terms of service integration it’s really different now. Actually we are probably able to respond to a thematic issue at a place level, at an individual street or an individual school. We are able to understand and look at what is the demand in this particular locality.”

PBR

PbR is seen as an additional revenue. In the case of TF, it complemented and brought further part of the work through focusing efforts on the Family Outcomes Plan.

Some partners are funding their own key workers who are part of the delivery of the service. They get a proportion of the PbR when the claim is successful. The school clusters for instance, they deliver the key worker, evidence of whole family approach, they have supervision and support from in-house key workers and team leaders, so there is a common approach. Then they provide information needed.

“They would do it anyway.. but it also gives you a bit of an incentive. So if the schools were to dedicate some allocated resourcing for key working. This helps put some money back into the system”

People are using TF money in different ways to fund different things. Some of it depends on the LA’s journey and the key issues.

Benefits

Working together takes to make suspicion go down, it creates an identify and they are proud of being part of it when there is evidence that the intervention has impact.

Challenges

Service integration is complex, at the heart it is about relationships with families and other services, and the quality of those relationships. They talk a lot about legacy.

Local Authority 4

Meeting Observations

Meeting took place on the 09th floor, in a meeting room adjacent to an open space – MASH. The meeting room becomes a breakroom and is free from 11.30 to 2pm for lunch. Apparently, people come there to eat and chat.

Context

LA4 undertook some research in the past few years which informed a strategy to address service fragmentation. They have a 'fully integrated model' with the Early Help model. There was a strong cultural shift, which supported the organisational change (change in ways of approaching the families, empowering them, and working together).

Vision

They received training and have team building activities. Talked about cooperative ethos and core value of engagement, new ways of working with an open mind. There was a big investment in training – so far 96% of the families stay engaged – still early days.

Data sharing

Data warehouse where data is gathered and matched (data from schools, DWP, etc). It pulls information from different services, so you can check a family's profile/history. It is closely monitored

"Social care and statutory service.. we have the last say. But other people have information to bring along to the party, And actually it might be as important if not more sometimes. And it's that collective understanding, I think that's been quite a shift for some people".

Needs assessment

They use a self-assessment tool ('control diagram' in booklet, see picture below), which allows families to identify their level of needs across a number of topics. For example, well-being considers alcohol use, drug use, smoking, diet, weight, physical health and activity, mental well-being. There is still lee-way for practitioners to discuss some of the family needs (e.g. if important alcohol consumption is not seen as problematic at first) and tool is revisited on various occasions. The needs assessment will uncover further needs, so intermediate outcomes might be an increase in needs. It is a useful tool for causation as provides a full picture of all issues. The tool was developed in LA4 and they hold the copyright. They had visits from other LA who were interested in using/adapting the tool.



Governance and processes

Governance structures sit in different services – LSEB, Health and Well-Being Board and DCS. The Early Help Board meets bi-monthly at the moment as it is in its first year. Meeting will then occur on a monthly basis. There is a robust framework of reporting are clearly defined as they are accountable. The Early Help team meets on a daily basis at 10 am – allocation meeting – to discuss new cases and do triage in a coordinated approach. It is consent-driven. Also have MASH meetings on a weekly basis with other services that might not be based in the building (e.g. housing, probation).

Co-location

Now that people are together in one room, they appear to be more honest as to what is achievable, there is a better understanding of what they do. People can challenge each other, there are more conversations. All the information is at one's fingertips. There is an open door policy. Allows for open discussion.

Gaps

People with high level of needs, who have been in the system for a long time. Also individual adults without children (or with children in care). Drugs. Biggest gap is in mental health and relationship behaviour.

PBR

Doesn't support directly decision making. They work with broader population and mostly funded by other services.

“When it comes in, the payment by result doesn’t support directly the Early Help, so Early Help is funded through a number of streams (...) a lot of it from public health, adult mental health, so it’s a collaborative approach. It’s a collaborative effort, if we are going to do this, everybody puts in the pot. The TF money (...) what we made sure it doesn’t do is support the delivery cos we always knew that it wasn’t going to be a long term funding stream. So some of the stuff, such as data warehouse, some of systems that have been set up to be able to pull off all the data is where it’s gone.”

The TF money doesn’t support delivery as such, it is more so used for the data warehouse. PBR / new way of working has brought a greater awareness of the cost of the services to the practitioners. They are more likely to think about how much savings a service can make if family achieves outcomes. They are more aware of the impact on funding. They are not so concerned about getting money from PBR. It has however contributed to a cultural shift. However, focus remains on family outcomes

Benefits

Avoids duplication, better identification of needs by the family. From family point of view, there is only one referral, no need to tell their story multiple times. They are assessed and receive intensive support from one key worker.

Challenges

Culture and need to have buy-in from leaders. There is something about how leaders support the staff. It is about shared responsibilities

Local Authority 5

Meeting Observations

In small office, used for meetings in Town Hall. Have to go through reception downstairs. The Hub won't be here.

Context

LA5 appointed team to deliver TF, so they have a model of using existing services to deliver the new agenda. TF phase 1 was perceived as good as brought in loads of money, phase 2 is less funded so had to change the criteria. The development of their hub linked strongly with Working Well programme.

Vision

Work with families with complex life styles. They have high cost for health. One issue is how to engage families who don't have children and fall between the programmes. TF are a large puzzle. They are trying to reduce demand on other services and get better outcomes for people with complex needs and at risk. The key shift was the change in funding.

They have worked with some of the families for many years and are trying to find a new point of contact, which service is the best fit? Who will they engage with? This is a different route to engaging with families.

Data sharing

There were issues between the TF cohort and the Working Well cohort.

Training

Had a three day training looking at multi-agency work and exploring case studies of families in order to understand its benefits. They did a family journey.

There is a need to invest in staff and organisation to support them to work differently.

Governance and processes

They have an ongoing consultation with stakeholders to clarify strengths and weaknesses. They have clear lines of accountability.

Co-location

Hub is a driver to culture change required to deliver those services. LA5 already had social care and police work well together, they do joint visits. Hub has formalised collaboration, through MASH. They are currently bringing in other services such as housing and health in order to have an holistic approach.

Hub is a physical space that facilitates collaboration and offers a working space where information can be shared. They can engage with local partners, they have the middle management services buy in.

Gaps

Gaps in delivery, they are trying to use other services. The mental health gap is being filled.

PBR

There were significant changes between phase 1 and phase 2 of the programme, both in terms of PBR (phase 1 = £ 4 000 per family) and in terms of threshold. Phase two is lesser funding, so some LA are trying to pass on the PBR element to commissioned services. However, this was only starting at the time of the interview and participants pointed out that it was a challenging process, especially since it hadn't been done before.

The good thing is that Payment by Result is not tiered in Phase two, so it is a single payment per family.

“The money we get is an attachment fee, and that covers a lot of our delivery. We have targets we need to meet in terms of payment by result to fund things, so there is pressure to meet those targets, but we are getting there. We have to adapt sometimes how we work with families around that.. (...) focus may change slightly, so focus for some of the families is on shorter interventions timeframe with certain indicators in TF, you can make a claim after 3 or 6 months. So with shorter interventions, you can make it. They tend to be around lower level stuff, like a child has been excluded for a few days. So it's around shorter, sharper interventions really.”

“With some of the Troubled Families in Phase 1, the chaotic ones, you are looking at years of interventions. You don't have the luxury to do that with some of these families. We will still do that..”

Before, they were given a big chunk of money to deliver services and had regular monitoring and accountability processes. Now they get the money based on outcomes, once they get the money there is less time spent explaining in detail how they brought around change for the family. So it is perceived by some as more productive and effective.

Benefits

A better coordination of response to families stops escalation of needs.

Some families go back to where they were, but others have significant changes. Employment is key.

The hub gathers a lot of experience and skills. So they use this collective experience. They have a shared vision. They went from being reactive to being proactive and have a better understanding of the service users and better datasets. They can identify a family that is at risk.

Challenges

It is time intensive and people were a bit sceptical before the events, but they have since changed their mind.

It is sometimes difficult to claim for the TF, they have reduced issues, made progress, but not enough to claim.

Also the resources are scarce. Numbers of TF are increased in phase 2, but there is an expectation to see "significant and sustained change".

Local Authority 6

Meeting Observations

The interview took place in LA6 Civic Centre.

Context

We refer to the programme as “Helping Families” internally but the term is not used to market it.

Number of families and workers? For recording and monitoring under TF approx. 400 – 500 families per year. Staff number a bit blurred in reality the infrastructure covers a greater number of families with similar issues so the workforce delivering support is a bit broader maybe 30 – 35 family support workers in early intervention teams across the city, 7 –10 delivering our intensive family intervention project(external provider) – 3 youth workers, 6 employment and skills specialist acting as keyworkers (VCSO same as WW), 1 financial resilience specialist.

Vision

What are the Objectives of TF in LA6? Good question [laughter]. Primarily around reforming the way our services work for families - ensure we have integrated pathways for families with complex needs. Integrated support.

Is there a shared vision of integration? I think it is developing. The 0 – 25 pilot has a vision. There are example of joining up in Business as Usual but now in 0 – 25 we are making it more systematic.

Governance and processes

Delivery is by a range of primarily council delivered services that have a locality footprint across the city. At the most complex end we have a commissioned family intervention project – very intensive for families with very complex needs with a focus on early intervention and early help. We are consolidating our early help offer. We have a couple of [pause] effectively pilots for young people at risk of offending. One is partnership between the Police, GM Fire & Rescue and Salford youth services focussed– that has been going on for a year now coming to an end. That pilots will be incorporated into a broader range of integrated services called 0 -25 – your colleagues attended a launch in X.

Data sharing

We have a single front door - well not quite a single front door - a developing single front door for children and families. It largely came from a safeguarding background. Based on legislation that supports safeguarding. No Information sharing agreement yet for 0 – 25 yet - that is still in its infancy, it's one of the work streams. Information Sharing is variable depends on the partner - some more willing than others. Not always about legality but more about practicalities of obtaining the

information and physically transferring it in ways that can be used - may not suit how they [partners] store and retrieve data.

Needs assessment

Family profiles and Issues? In phase 1 it was determined by national criteria and the partners we used. This led to over representation of offending in Phase 1. We had a high proportion of 1st time entrants to Youth Justice. In phase 2 there is renewed focus early help rather than families in need of statutory support. The early help cohort is representative of willing partners so will reflect their priorities.

In 0-25 we have services that can give holistic support and give support in areas where families did not have support before because they did not meet individual thresholds. You have mentioned Working Well. They might have had support around parenting and school but issues about worklessness, adult skills or adult mental health were not picked up. Now there are receiving support in those areas. In a Workshop yesterday an issue was brought up by a housing provider and the head of Early Years pointed out that the conversion focussed exclusively on older members of a family but there were 3 year old twins who would benefit from early intervention.

Co-location and integration

We have invested heavily in integration around learning and skills - the programme sits with the head of employment and skills. We have well developed arrangements - co-located, matrix managed resources. We also have joint assessment, joint visit protocols and shared assessment.

Gaps

Integration is less well developed in areas other than learning and skills especially where we are reliant on partners to deliver programmes. In 0-25 that is being taken forward – to extend integration to broader partnerships. We are looking at different levels of integration. We still have services delivering against age range cohorts (eg Early Years, school age, Youth services) we are looking at better integration to support the whole family agenda within those council services but also beyond that looking at the infrastructure we need to develop for partners.

PbR

BbR in Phase 1 was more straight forward very quantifiable – I would not say easy.

Phase 2 has a different approach. There are benefits to us not financial but practice benefits. PbR is a lot closer to practice. We have needed to connect case management to monitoring systems - it is a fairly complex process. It is a combination of outcome areas identified by the key worker through assessment and it needs a catalogue of evidence – that is what we need to produce for internal audit.

PbR has a higher overhead [than other mechanisms] in supporting it especially in phase 2. We have spent a lot on system development - IT and also other processes eg redesigning assessments - some make a positive contribution to outcome but not all. Some is to feed the PbR machine.

I am in two minds about PbR. It is a double-edged sword. PbR is not always helpful when trying to facilitate conversations with partners. There is a perception that PbR should be distributed [laughter] not always helpful! Sometimes it puts services off - they can see it as an exercise in chasing PbR there has been a little bit of challenge around that. But sometimes it can be helpful in a strategic discussion internally in a large organisation undergoing strategic change and having to make savings. The fact that there is an income stream that is performance related can be helpful. There have been local conversations about moving away from PbR but we have to think very carefully about the risk that it is perceived as lower priority if there is no income stream. The lead for TF sits in children's services but some outcome areas are not traditional CS priorities so PbR helps.

Benefits

We know there are keyworkers who work differently now but not wholly consistent in every area. Often it is driven by an individual success that the keyworker has seen.

Challenges

Biggest challenges are around cultural change - facilitating change - it has been a particularly difficult climate. There are challenges around behaviour change of the workforce at all levels. We are still working through that. Structural integration in some instances is perceived as a risk to middle management but those are the people you are relying on. They have the most to lose. With senior management it is seen as a priority - but how well changed on the ground?

An element of resistance to change in part driven by fear about the outcomes of change. For some services they think it is something they have been doing for some time but we are challenging the level and the breadth of the integration. It is difficult to encourage change if they think they are already there. Services are structured within a professional frameworks. People have chosen a career in an area and asking them to step outside it can be threatening. People can feel deskilled, less specialist, losing professional status. There are real challenges - there may be aspects that we need to preserve and others that we need to broaden out and make less specialist.

In some instances there are actual conflicts in some outcome areas eg we have a very real example this week of practitioners who are supporting families with issues they have low knowledge of - they are providing guidance that may not necessarily be in line with the guidance we would like them to provide. Some of this comes from their political or ethical position eg there has been tension around employment and skills from people who come from Social Work or health - they are used to being more supportive and may have a different view on the role of work and of benefits - very different from a DWP or a job centre plus worker. A family may receive conflicting advice.

Local Authority 7

Meeting Observations:

Meeting took place in a meeting room in Bury Town hall. Mike and Ahmed attended but said little (Ahmed talked about data sharing). Karen spoke very fast with a lot of enthusiasm constantly referring to the specialness of Bury. Solutions from other places will not work in Bury. Mike brought in a picture and put it on the wall depicting a representation of the town Hall, a revolving door and a green area (the lawn) which represented the community and was labelled with various life stages including young children retirement and bereavement. Karen constantly pointed to the picture during the meeting and promised to send a copy of it.

Context

There was a slow start to TF 2. In LA7 Troubled families is known as “Supporting Communities, Improving Lives (SCIL)”. LA7 has been relatively late coming to Troubled Families. It is a small borough a number of separate towns - Bury, Prestwich, Radcliffe, Ramsbottom, Tottington and Whitefield. Each town has its own distinctive character. The intention is to have community based drop ins throughout the borough. Two pilots have been set up

Number of families worked with in 2014-2015 = 215

Vision

Services integrated but locally specific.

By 2020 we will all be working together in neighbourhood teams

Too many people keep returning to council services again and again and still have the same problems (points to town hall on the picture). With austerity, that model is no longer affordable. SCIL is a new way of working to ensure that families receive early help and support when it is most needed. New integrated services will reduce demands on public agencies. Deliver here [points to green part] bring our resources here to work together when we see we are making a difference - eg a child in school - we see a difference here in the town hall.

TF phase 1 has ended. We need to look at one key worker whole family approach. Take it right through the generations from 0 to 100 plus. Invest in that so we don't get the revolving door – we are “team LA7” all partners police, fire, voluntary sector [points to the picture]. It's like when I go to M&S for a red jumper come out with a jumper, coat, shoes, and a bag! It's about them the customer.

It does not matter what the national agendas are. We have to work within them but it's what happens on the streets of LA7.

Data sharing

Gone from pieces of paper on the floor to proper systems.

Ahmed has lived and breathed it. AGMA consent form rolled out across partners 2 months ago just sent a reminder Working with the ICO on health data it has been a hard trawl. TF demands data sharing but how you do it, you have to develop locally. Generally, partners are OK with it. For health sharing data brings their Information Governance with it - not the will the frameworks.

There is a consent form for families entering the programme by which they agree that personal information will need to be shared to provide them with help. Information including health and social care is shared by the Bury Partners to help measure successes. The Early Years lead has been fantastic went out of the way to make sure we got consent.

In practice much information sharing between workers in the front line services is informal. Everybody knows everybody in Bury networking makes it easier to achieve what we want to do – makes it easier.

Needs assessment:

We held 2 workshops with the community and all partners. Needs are different in different parts of the borough. In Radcliffe the problems are school attendance, drug users aged 20 – 30, and old people with no heating. In East Bury they are smoking, crime and domestic violence.. Issues of high concern are different in each town

SCIL has moved to a conversational tool – the wheel .The wheel allows families to identify their own level of needs across a number of topics. It gives each family a score on a scale 1 – 100 and families are very positive about this. They like to see their own progress on the score. The wheel generates a number after 3 months that figure gets better. A bit like the STAR - families like it. I'm from the generation that remembers "house points". Behind that is a support plan.

The wheel an electronic tool but in hubs they will have ipads for customers to use themselves

We also have another 'wheel' being developed for primary schools the feelings wheel.

Governance and processes

Services involved: Greater Manchester Police, Greater Manchester Probation, the Youth Offending Service, social housing providers, all sides of health, HVs NHS and LA7 Clinical Commissioning Group (CCG) a DWP worker many voluntary sector and community groups - we work closely with churches and charities - X and the Princes Trust. TRAs are coming in [Tenants and residential letting agencies]. Working across organisational boundaries is essential.

One of the staff's deputy is a policy officers some of the successes have been unbelievable - children off CP register mum's gone to college.

Police officer, DWP, probation joining with Early Years and Working Well. It's a multi agency approach about solving problems they are everybody's problem. It is team Bury. We want to make

sure people don't hit statutory services – break cycles of behaviour. Some families have gone through one door then another then another – we want to find all the issues at the beginning.

Formal structure - a mobilisation board a programme board and making it happen groups eg around assets we will commission an org to coach and develop communities

Co-location

Move to neighbourhood working . We have identified 2 buildings there will be a multi disciplinary team not necessarily all in the hub some virtual. 7 days week community venues “personal shoppers” will do the wheel with customers. We have a directory across the borough allow will allow community members to use the hubs –participatory budget.

Learning from pilots will help us roll it out. Every town is different.

Gaps

Young people dealing with adult problems we want to promote activities for young people remind family units what the role of parents and of children are.

PBR

It was really, really difficult – a new concept difficult for us even more for partners. IS agreement not correct the 1st time we did not submit to DCLG the 1st time.

In phase 1 there were ambiguities about being turned round - if you went to prison the family was turned round! Being sorted out in phase 2. We want to have complete audit scales that has taken 2 years of work we can use evidence from skilled workers - the lead workers' judgement. This model is about true turning round. For us it is what difference we have made in Bury. We use case studies as part of the audit trail.

DCLG were pleased about the strength of our partnership. They have a whizzy piece of kit family outcome put in it measures if they are achieved and calculates the cost.

Benefits

It is a whole family approach 0 – 100+ years old.

The culture is “yes we can do it”. We have access to senior offices at a moment's notice. There is buy-in .at senior officer level the - CE has intervened.

There are some good example of success eg an individual on long-term benefits now has a bike repair shop and is teaching others

Challenges

Data sharing is a main challenge

Workers were afraid of losing their jobs at the start now they refer to the SCIL team

Local Authority 8

Meeting Observations

Have a service open plan. Manager seems to have a separate office.

Context

They keep true to the standards of the programme. There is a deep dive of public services with systems thinking approaches to understand what was going wrong.

Phase 1 was too rigid and didn't reflect reality. They had 620 families as a target and had to find them. But there were much more than that and the local knowledge was different to that national research. Also the criteria did not fit the reality, mental health is a massive issue. This is built in in phase 2. Phase 2 is much better, more grounded in reality, much broader. But it is harder to hit. So it is more practical but more difficult. The progress can be difficult if the outcomes are overly prescribed.

Vision

The Troubled Families agenda was to have one single case worker, with one single assessment and working across boundaries. The idea is to have a single front door for families with complex needs. It is about families not being passed around. So one person has the control of the case.

Data sharing

They have an information sharing agreement, with a privacy assessment impact that is a means to an end. Before there was a lengthy debate about sharing but there was no money and it takes time.

Needs assessment

They use the Common Assessment framework that is used across public services. They also do a risk assessment level.

Governance and processes

The TF agenda is not different from the PSR one. They have a strategic team, and monthly meetings with coordinators. Daily, they go through triage and three times per week they meet to discuss the more complex cases, those who don't fit any remit and they try to find a solution.

Co-location

To start, they seat together and talk on a daily basis. But colocation is not integration, it goes beyond integration. It involves some elements of integration.

Gaps

Housing, especially regarding legislation and advice. There are complex benefit issues (people subject to sanctions, people falling in gaps).

PBR

TF is not a stand-alone programme. PbR is perceived here as a catalyst to change:

“ We didn’t want to get bugged down in PbR, so we used it as a catalyst”.

The TF programme is perceived as a joint investment. The LA puts in some money and some funding is received through PbR.

“We have what is called a joint-investment agreement with some partners. So it’s not commission. We say ‘we will put some money in, if you put some money in, and we will double the number of families we work with’. And then if you achieve those results, we can passport that money to you. The idea that, although that’s great in the short-term, we won’t be able to sustain that. So we use it to say ‘we work like this, in an integrated fashion, we meet that payment by result (..) to me it’s a primary way to get everybody working in an integrated fashion”

In this case, the broad agreement would be that the partner would invest half of the attachment fee, and would receive all the result money if successful.

“Payment by Result is... accepted. It can have its use in terms of focusing people on outcomes. But I also think it can act as an aversive incentive and a distraction to some of our work.(...) it can drive efficiency, or inefficiency sometimes”

Key workers are aware of PbR, but they are making sure that they are not driven by the target. Overall, PbR is perceived as a ‘mixed blessing’, it has facilitated cooperation between services, but they need to be careful not to get driven by it.

Benefits:

“[When working together] you kind of go to the crazily simple to the quite strategic. So some of it is like people building relationships and working together on cases and getting rid of some of the silliness of our bureaucracy. So for example, a social worker and police officer seat next to each other.. as the weeks go by, 1) they stop having such conflict-based relationships, 2) they start to problem solve cases between them, and start to find ways to respond to needs instead of saying ‘our employer says it’s your job’. So it’s practical things like getting together, and working, and sharing information”

Duplication of work is better identified and successfully dealt with. There is a culture of commissioning with different purposes.

Challenges:

The problem is that families have to wait until they meet the threshold to benefit from the programme. So they are sending families away.

Culture is also an issue, people are indoctrinated in their own profession. They need to get the mandate to develop their own culture. There is a blame and risk averse culture in public services.

Legislation is an issue, especially regulatory frameworks. They are working despite the system, but this is informing the reform. They can list the problems, so they are listing the blockages. But they can only do it a bit as they don't have the capacity or budget to focus on this.

Also a challenge is the budget allocated from different places. They would like to pull different levels. Staff are employed by different people, under different terms and conditions and this created confusion. They are trying to work with a common purpose.

The accountability framework still makes people jump, they have to work around it. So there is a joint accountability but former structures still exist.

Local Authority 9

Context

The LA is very aware that families move around a lot and decided to deliver TF as part of their mainstream programme, which is the Integrated Children Services. They are currently restructuring their services, so they have moved offices and lost a significant number of staff.

Vision

There is a strong focus on health and schools. Around 50% of children are not school ready. Teachers can tell you within weeks who will be struggling. They work collaboratively with schools.

Making every interaction count and making sure the family only has to tell the story once.

Uses Strengthening families approach.

Data sharing

They have an agreement to share information, it is ongoing. The schools would want to know all the information, but they are a bit wary about this and share on a needs to know basis. Information can be shared during the allocation meetings. Health is where it is most debatable whether to share or not.

Needs assessment

It is a real partnership with teachers that include co-training. They try to listen to families and respect their priorities. If housing is their priority, they address that first. It is about engaging with parents and explaining the benefits.

Governance and processes

Cuts had a significant impact on governance and processes. They had to cut 3 million out and are looking at innovation to improve their services. They are currently changing the forms and processes. They are thinking about what they are doing, how they can do it better and how to work together. It's a long process.

Co-location

They have integrated health visitors, schools and midwives working together. There is a strong focus on health. They don't have co-located services.

Gaps

Mental health is an issue, and intergenerational depression.

Benefits:

They have trained a lot of practitioners in restorative practice. They built their skills and became more positive with the approach on how to engage with families. It has supported a shift in working.

Challenges

Restructuration happens at senior level so it is about trying to get the front line staff to see the difference.

Getting the TF data is very difficult.

Greater Manchester Focus Group

Service integration: TF is about getting the families into the relevant services. It is matching people to services rather than dictated by a programme. It breaks down barriers that still exist. It is high quality service, no matter where and how you come in.

When families have complex needs, they will engage with different programmes. The challenge is putting together a business case on what to pay attention to. The demand is on public services.

PbR is politics, it comes from the leadership across Greater Manchester. It's a different model.

The programme means that TF with complex issues and in need of early help are identified. We are tracking families for us and government. The programme means we are more proactive at identifying the families. It is a shift towards using the information to understand the family and get them in the system quicker. Phase 1 was dealing with demand, phase 2 was an enabler to reform. It is there as a tool to help us to other things that we need to do. Phase 1 was very focused on antisocial behaviour. There was a recognition that the programme was more than that. It helps us understand what we are doing and question if it is the right thing. Where is the real need?

PbR has some value in some scenarios. It doesn't fit neatly with the complexity of the issues. Once incident and it makes it difficult to make a link to success. It is not always a clean cut with that model. It could reduce the demand, but it's difficult to reflect on the programme.

In the Working Well programme, they employ PbR by action to reflect what you see as positive moves towards employment. It can drive change.

In Greater Manchester, there is a strategy with an ambition. There is a clear understanding that we need a problem solving approach. It is a success in spite of PbR.

Next year, the TF funding will come as part of another stream. We could implement our own Pbr model. PbR is a political thing, ministers like PbR.