PEOPLE SERVICES IN WESTMINSTER 2008-9: TARGETING FAMILIES AT RISK

This paper sets out the rationale for a new strategy for tackling the problems faced by families at risk in Westminster, February 2008.

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1. The issue

Westminster has around 40,000 children aged 0-19, in around 18,000 families. A small proportion of these families, estimated at around 3% of the total (approximately 1,200 children in around 600 families), suffers from various forms of long term disadvantage. These are the families at highest risk of social exclusion, whose problems bring them into contact with a range of statutory and voluntary agencies, on whom a disproportionate amount of public funding is spent, and for whom the outcomes, in terms of overall quality of life, and life chances for their children, are often the worst.

These families are not all the same. Some of them are involved in crime or anti-social behaviour, but many are not. Many have fractured lives, suffer from health inequalities, have problems with housing, schooling, unemployment, substance misuse, and other issues in varying combinations. At a time when social mobility is in decline, those in greatest poverty risk becoming ever more entrenched.

A particular issue for us in Westminster is turnover. A substantial number of families in our city are on the move in one way or another. Over one half of the babies born in some wards are born to mothers who themselves were born outside the UK. A number of families have fled persecution or war elsewhere, and may move on again fairly quickly. They represent some, but by no means all, of the families who are moving into and out of the city. But whatever their backgrounds, some of our transient families are among the neediest, and we need new strategies to assist them more effectively.

Our work on the Local Area Agreement (LAA) and neighbourhood budgets, together with the joint work we are doing with the PCT on a citywide Joint Strategic Needs Assessment, are important steps forward in getting detailed data concerning the needs of these families within their communities. At the area level, a very important role can be played by our five LARPs in identifying those issues holding families back, if necessary at street or block level and developing coordinated responses. The LARPs have a brief for regenerating local areas, which is of course crucial to the longer term wellbeing of the families who live there. All these activities are brought together under the auspices of our local Westminster City Partnership, which also
brings together the crucial role of the community and voluntary sector in terms of local advocacy and service provision.

Generally, the services provided by the council and its partners in the public and voluntary sectors are excellent, and meet the needs of most of our population very well. However, despite this high performance, we know that sometimes our interventions with the most vulnerable families across the agencies tend to lack coherence. At times there are gaps or duplications in service, an incomplete appreciation of each family’s needs as a whole, and sometimes ineffective responses to individual issues. Therefore, despite having excellent services, a lack of effective co-ordination can sometimes mean that the combined effect of those services on those who need them most is weaker than it should be.

This is not, of course, a problem unique to Westminster. Every local area is grappling with it. But in Westminster we are particularly well placed to tackle the issue, because of the strength of our existing services and our partnership working, especially with the NHS and the police. It gives us a good basis to start overhauling the way we manage and deliver our services.

2. **Why should we focus on the most at risk families?**

There are three reasons why we should care about these families. First: social responsibility. Local councils are elected to serve their whole community, and the democratic mandate has always included a strong element of concern for the needy. Second: community cohesion. Many of the families in the most deprived 3% have a marked negative effect on their community. They tend to be responsible for a significant proportion of local crime and disorder, and of low level nuisance. In addition, factors such as low social and academic skills, low educational achievement and worklessness, while they may not directly affect others at the time, have a long term negative effect on society as a whole. Third: a strong economic argument. The most deprived families tend to be a significant burden on the taxpayer, in terms of welfare benefits, social care, healthcare, criminal justice and educational support. By intervening more effectively to support them at an earlier stage, they are likely to become more like other citizens and less dependent on these high cost services. The cost to the taxpayer is expected to fall.
3. What is the basis of our service model for families?

The changing policy context – nationally and locally

The diagram above first started to be used widely in Children’s Services around the time of the Every Child Matters reforms in 2003, and has been used in a number of different variations across different service areas since then. It sets out a model of strong universal services (healthcare, education, and housing) on which more targeted and specialist services can be built. The point is that, in any whole system approach to public service provision (in this case support for families at risk), the universal safety net is just as important as the targeted multi-disciplinary interventions or the specialist services in delivering improvement.

The shift towards preventive services, in healthcare (cf. Darzi review) and other areas, is reflected both in Government policy and in our approach in Westminster. But in order to do this successfully, we need to make a number of strategic shifts:

- Getting away from traditional service silos, with action led by qualified professionals;
- Engaging the whole public sector (cf. LAA);
- Delivering community cohesion, active citizenship, and strong neighbourhoods by focussing on specific families in need;
- Using partnership programmes (including volunteering and joint strategies);
- Intervening early and persisting.

This is a challenging agenda for those involved in service reform. It requires a different mindset, where services are designed around client groups rather than according to traditional service boundaries. It builds on Westminster’s strengths – a
concern to put our customers first, and a willingness to embrace change. It is in line with the new partnership agenda of the Local Area Agreement, and the new localism of neighbourhood action and ward budgets. It recognises the importance of volunteering – it’s not just what we spend that makes a difference, but what we all do. And it recognises that, if we are to tackle the needs of the most at risk families effectively, we need to intervene earlier and persist longer with our interventions. Some of the issues these families face are deeply entrenched, and go back over generations. This is particularly true of worklessness.

4. What issues are we dealing with?

The families in the 3% will generally be in contact with anything between two and twenty separate statutory or voluntary agencies, over a range of issues. They will exhibit several risk factors in combination:

- Overcrowded/unsuitable housing;
- Victims and perpetrators of crime;
- Poverty, worklessness, poor job prospects;
- Benefits and dependency;
- Poor school attendance linked to poor attainment;
- Poor academic and social skills;
- Poor parenting;
- Domestic violence;
- Drug and alcohol abuse;
- Young parenthood;
- Unstable partnerships;
- Low aspirations, low self esteem, aimlessness.
The agencies dealing with them will be from a variety of sectors:

As the diagram indicates, there is a danger of agencies overlapping with one another rather than working collaboratively. Our analysis of the issues is likely to move us beyond straightforward partnership working into the more complex and demanding area of service integration. This implies the establishment of multi-agency teams at local level, working under an integrated management structure, with shared budgets, programmes and objectives. Our targeted services for families should be based on a whole system approach, where a single lead worker has responsibility for co-ordinating the interventions from the different agencies and professionals involved.

A Family Intervention Project (FIP), where a multi-disciplinary team including a key worker, job centre worker, housing officer mentor and others is created to tackle the issues, was piloted in Westminster. The FIP was originally established by Home Office funding in 2005, and sponsorship of the programme moved to the DCSF in 2007. Families are referred into the project through a variety of sources, and referrals are often triggered by some kind of crisis. Typically this might be the threat of imminent eviction for nuisance or non-payment of rent. A key worker is assigned to the family, and the parent(s) are required to sign a contract, setting out what support they will receive and what commitment they need to show to the programme. The key worker co-ordinates the involvement of the multi-agency team which works with all the members of the family according to their needs.

There are other good examples in Westminster of similar approaches.

The Marlborough Family Education Centre is a joint educational and mental health service which specialises in dealing with children’s behavioural and learning
difficulties at school. It takes children who are at risk of exclusion, and who later will be at risk of offending, and works with them and their parents to understand and manage their behaviour, working on parenting skills and social adjustment, so that the children are able to reintegrate successfully into school.

The Family Drug and Alcohol Court, which was launched recently, is a new way of dealing with parents with substance misuse problems in the Family Court, where legal proceedings have already started and there is a high risk of having to take children into care. A team of social workers and other professionals are co-ordinated by the Family Court Judge, a contract is agreed with the parent(s), and there is regular monitoring of progress (including drug testing), focussing on parental responsibility and the welfare of the children. This approach has been very successful in the USA in rehabilitating drug offenders and improving the outcomes for their children.

These programmes, and others like them, are already producing encouraging results. But they are not yet in the mainstream of our services. Most of our mainstream services are still working substantially in their traditional silos. The challenge before us now is to bring about a systematic transform of our mainstream services by building on the approaches pioneered by these integrated projects, so that we can develop a much more coherent overall approach to families at risk.

5. **Mainstreaming our approach to families at risk – the 3% initiative**

If we are to deal effectively with the needs of the 3% families most at risk, we need to introduce a more integrated way of working across agencies and programmes as part of our mainstream provision. This is not a trivial piece of work. It requires us to review our current services with a view to making some changes now, and to ask ourselves what implications these will have for the future. We have already embarked on a wide-ranging review of these services – the 3% review.

This includes making changes now by:

- Identifying the top 3% of families who are most resource intensive for the council and its partners.
• Mapping their circumstances and needs and the services they receive from all public sector agencies.
• Identifying opportunities to strengthen public sector involvement.
• Continuing and expanding targeted early interventions.

However, the 3% review also aims to introduce wider changes:

• How can services be redesigned to be more effective in the future?
• What works to end the cycle of dependency?
• Building on initiatives to bring about system change.

We are working with our partner organisations – especially the police, the NHS and the voluntary sector - to look at a number of case studies which will help us identify the ways in which our services need to change in order to achieve the desired improvements more effectively. This will in turn inform our commissioning of services and the design of the overall system for the future. One area where we need to keep up the pressure on central government is the benefits regime, which is currently managed from Whitehall and is not flexible enough to be integrated effectively into local programmes.

The 3% initiative will broaden and strengthen the multi-agency approach piloted in the Family Intervention Project.

We know that families have different needs, according to the type of profile they present. For some the main issue may be the behaviour or attendance of the children at school. For others it will be issues such as substance misuse, domestic violence or mental illness. Some families are involved in anti-social behaviour, and a small minority in organised crime. There will therefore be a number of smaller sub-programmes (such as the Family Drug and Alcohol Court, or the Marlborough Family Education Centre) which will take the lead with particular sections of the cohort. The police are interested in taking a proactive lead with the ‘top 40’ criminal families.

All these individual programmes will follow a similar approach, combining enforcement and support in a targeted, proactive and prolonged intervention. Together they will constitute a new and better coordinated approach to the 3%.
Our goal is to expand family intervention by:

- Introducing a more assertive, proactive approach based on the experience of the Family Intervention Project.
- Formalising partnerships with the police, courts, health services, schools and housing services.
- Intervening earlier, persisting and integrating targeted enforcement and support.
- Projects led by qualified key workers, with full involvement of the partnership.

At the heart of the model will be three new geographically based multi-agency Family Assessment and Intervention Teams. We intend to pilot the approach in one area of the city first, and evaluate its effectiveness before rolling it out across the city. We aim to have the pilot team up and running by the end of this year. Eventually the three teams, will together manage a caseload of the 600 families, operating at different levels of intervention and support according to each family’s needs. Our aim is to intervene in such a way that families’ natural resilience is strengthened, and they are enabled to contribute positively to society, rather than be a burden on it.

A key feature of our proposal is that it is genuinely multi-agency, including the third sector. The public sector cannot, and should not try to, do everything itself. Voluntary organisations are often better placed to provide support through local networks, and some mainstream and specialist services. Their contribution, both in identifying and in meeting needs, will be an important and integral feature of the new system.

In financial terms, we need to look at the eventual cost savings to the taxpayer as a whole, as well as just to the council. We are proposing a significant shift of effort towards more intensive intervention and prevention work, which will inevitably mean some redirection of resource. We are bidding to become a ‘Family Pathfinder’ which, if successful, will bring in extra resources on a ‘spend to save’ basis. If our bid is not successful we are proposing to invest in these enhanced services ourselves over the next three years. The investment in enhanced preventative services for these families should in time generate savings in some of our more specialist and higher cost services. But this will only be part of the picture. There are likely to be savings in terms of reduced demand on NHS services and policing, as well as savings to the benefits budget as people get into sustainable work and become financially more
independent. We cannot yet quantify the saving which will eventually be achieved. However, similar preventative programmes elsewhere have been evaluated on this basis, and we shall need to do the same here.

The family intervention model:

We shall develop this model over the next six months with our partner agencies, including local voluntary and community organisations, with the intention that it will form the basis of our future joint work with families at risk.

6. Next steps

We are interested in receiving any views and comments which will help us to take this work forward and to get the final service model right. We shall be consulting within the council, with our partners and with key stakeholders, including some of the families themselves, to help shape the new system. We aim to present a report to Cabinet in early summer setting out our Target Operating Model, and we hope to have the new multi-agency teams in place by the beginning of next year.

If you would like to give us initial feedback on these proposals, please email your comments to Tom Butler, our project manager for the 3% initiative, at tbutler@westminster.gov.uk. We look forward to hearing from you.