



**NOTTINGHAM
CHILDREN'S
PARTNERSHIP**

PROUD OF NOTTINGHAM'S CHILDREN & YOUNG PEOPLE

Title of paper:	Early Intervention Programme Discussion Paper	
Report to:	Children's Partnership Board	
Date:	13.10.10	
Director(s)/Corporate Director(s):	Candida Brudenell, Director Quality and Commissioning	Wards affected: All
Contact Officer(s) and contact details:	Katy Ball, Early Intervention Programme Manager and Acting Head of Service, Children's Trust katy.ball@nottinghamcity.gov.uk	
Relevant Children and Young People's Plan (CYPP) objectives(s):		
Safeguarding and Early Intervention - Children, young people and families will benefit from early and effective support and protection to empower them to overcome difficulties		Y
Strong families - More families will be strong and healthy, providing an enjoyable and safe place for children to grow up		Y
Healthy and positive children and young people - Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions		Y
Achievement - All children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning		Y
Economic well-being - Child poverty will be significantly reduced		Y
Summary of issues (including benefits to customers/service users):		
<p>Nottingham is seen as one of the leading lights in driving the shift towards effective early intervention. After an innovative two-year grant-funded pilot programme, this discussion paper outlines the next steps to create a mainstreamed approach. The report provides an update on the work undertaken so far across the five strands of the Programme and a reflection on the projects and local challenges, alongside an appendix on the progress of the Early Intervention Projects. The paper proposes a number of work strands for a second phase, to move towards embedding a more unified philosophy and set of principles across all services in the City for children and adults.</p>		
Recommendations:		
1	That the Children's Partnership Board note the progress of the Early Intervention Programme and the decommissioning phase for the Early Intervention Projects.	
2	That the Children's Partnership Board discusses and agrees the next phase of work.	
3	That the Children's Partnership Board begins to consider routes to agree collaborative funding models for early intervention programmes in the City.	
4	That the Children's Partnership Board continues to champion the high profile brand and promotes the links with other strategic pieces of work, including Total Place and Aspiring Nottingham.	

1. RISKS

(Risk to the CYPP, risk involved in undertaking the activity and risk involved in not undertaking the activity)

High demand for costly specialist services is already an issue in the City. Agreeing a next phase of early intervention work across the partnership is a mitigating action for this.

2. FINANCIAL IMPLICATIONS

The Partnership needs to consider appropriate routes to agree collaborative models of funding for early intervention work.

3. CLIENT GROUP

(Groups of children, young people or carers who are being discussed in the report)

All

Nottingham is seen as one of the leading lights in driving the shift towards effective early intervention. After an innovative two-year grant-funded pilot programme, this discussion paper outlines the next steps to create a mainstreamed approach.

What is Early Intervention?

Early intervention is high on the national agenda as a key principle to achieve better outcomes at less cost. Early intervention is an approach to prevent a problem which is likely to escalate. It is often targeted and intensive and may be a model of support or a prescriptive programme. There is a clear, interlinked relationship with prevention, which is seen as a broader continuum of more universally applied support systems to increase protective factors and decrease risk factors. There is an embryonic and emerging evidence base for early intervention nationally. It is not a one-off fix, but a sophisticated process and a way of thinking that could be applied and tested across most services and systems. Establishing what works best at local level, providing effective return on investment, is critical and long-term.

It Costs More to Act Later, but it's a Long Game

It is estimated nationally that if the number of offences by children and young people was reduced by 1%, it would generate £45 million in savings to households and individuals per year. The cost of educational underachievement has been projected at £18 billion per year by the London School of Economics for the Prince's Trust. Statistics highlight intergenerational cycles; daughters of teenage parents are three times more likely to become teenage mothers, and 65% of sons with a convicted father go on to offend themselves. Inequality also impacts; a child living in poverty is more likely to have poorer health, lower attainment and less earning potential.

It is widely accepted that significant savings can be made through effective early intervention, in the long-term, but clear cost / benefit models in the UK are yet to emerge.

- Benefits are not necessarily accrued to the organisation that invests. Innovative and collaborative funding models need to be developed.
- It is hard to prove what hasn't happened, or to demonstrate causality. Comparator groups should be used where possible in carefully structured evaluation.
- The benefits from early intervention may take many years to be fully realised and costs may increase initially. The key focus should therefore remain on outcomes.

A Sophisticated Process, not a 'Magic Wand'

A single intervention made early, however well designed and delivered, cannot be expected to 'fix' matters. Early intervention is therefore a process and there are critical windows where interventions can be more effective.

Scientific research supports the importance of what happens in pregnancy and during the early years in a child's life in laying the foundations for virtually every aspect of a child's future development. Supporting parental skills, behaviours and health is one of the most important social policy issues today. Alongside a solid and nurturing whole family context and home environment, high quality early years provision is key to supporting good outcomes at age five, which is a critical benchmark for future achievement. It is much less expensive to invest in support during this early phase than a teenager who has become entrenched in negative and destructive cycles of behaviour, social exclusion, crime or drugs. Parents are often more receptive to support, for themselves or their children, during this stage. The role of adult services also provides important opportunities to support strong parenting and aspiration.

However, problems do not always arise in the early years of a child's life. Children, families and adults of all ages can benefit from effective early intervention support. A good example is the Department of

Health funded Partnerships for Older People Projects (POPPs) in pilot areas nationally, which have developed services such as telecare systems, rapid response services and home support, promoting well-being, independent living for longer and less need for higher intensity or institutional care. Every £1 spent on POPP services, creates a £1.20 additional benefit in savings on emergency hospital beds. A one year delay of one older person entering residential care saves £26,000.

Early intervention is a 0-100 age agenda.

Evidence-base and Fidelity Matters

Internationally, there is a growing evidence-base for a number of specific early intervention programmes. Some are being trialled in the UK, including the Family-Nurse Partnership from the USA, 'Stronger Families' from Canada and the 'Triple P' parenting programme from Australia. Nottingham is currently implementing a number of these.

The University of Colorado have 'blueprinted' a number of 'model' and 'promising' programmes after rigorous evaluation. Steve Aos, a leading cost-benefit analyst in Washington, has developed a model to prove financial benefits. New learning from the work of the Dartington Centre for Prevention Action in the UK has proved that if an evidence-based programme is delivered without fidelity to the prescribed design, then the effect is often neutral or even negative. This sheds a stark light on many poorly implemented pilots. This year, the Centre is launching a transferral pilot of the USA 'blueprints' in the UK, to test whether similar outcomes and financial benefits can be achieved. This cost / benefit work in the USA has led to more collaboratively funded approaches across organisations, where money is pooled in the interests of a common outcome or social impact bonds are created through private sector investors, to release public sector savings later. The financial climate in the UK and emerging place based budget principles could drive similar approaches.

The Centre for Excellence in Outcomes (C4EO) made a national call for best practice approaches this year and is starting to collate local models and approaches with proven impact, alongside the key themes to make early intervention work.

Going Forwards Nationally

Early Intervention is a key priority for the Coalition Government. Graham Allen, MP for Nottingham North, was recently appointed to chair a national review of early intervention aiming to ensure that children at greatest risk of multiple disadvantage get the best start in life. This will link to the work of the Secretary of State for Work and Pensions, Iain Duncan Smith and the Children's Minister, Sarah Teather. Potentially, Nottingham could become one of 12 Beacon Sites nationally, taking part in implementation and evaluation pilots and sharing best practice.

Going forwards, it is indicated that early intervention should be a shared responsibility nationally and locally, where evidence is gathered collectively. Sector-led improvement through stronger commissioning and innovative approaches to funding and delivery are also important, including co-producing services with the citizens who use them.

Nottingham's Early Intervention Programme Approach

Early intervention is embedded within the Nottingham Plan and is a priority for all theme partnerships. The Programme was launched by One Nottingham in April 2008, through £4m Area Based Grant funding, and has achieved strong national profile. It is strategically driven by the Children's Partnership, due to the intrinsic links with the 'Aspiring Nottingham' and 'Family Nottingham' themes, and has primarily focused on children and families. There are five strands:

A City definition was agreed in November 2007 by the One Nottingham Board:

'Our aim is to break the intergenerational nature of underachievement and deprivation in Nottingham by identifying at the earliest possible opportunity those children, young people, adults and families who are likely to experience difficulty and to intervene and empower people to transform their lives and their future children's lives.'

1. Governance – aligning priorities, decision-making and workforce development

- Strong 'Nottingham Early Intervention City' brand created with national and local profile.
- Workforce Core Training Standard created, incorporating ei approaches and principles.
- Currently developing the local authority commissioning process around ei as a key principle.
- Ei definition and key principles being revisited to establish a unifying City philosophy.

2. Projects – 16 pilot projects provided the opportunity to:

- Pilot two evidence-based programmes from other countries.
- Adapt or create nine new programmes to create evidence.
- Re-engineer some existing work to catalyse impact.
- Gain and share learning around specific models, research and integrated processes.
- Enable some quick wins and positive support for over 15,000 children and families.

Clear indicators of strong / weak impact are monitored. Generic learning from the integrated processes and workforce systems around these programmes has been collated.

Better links between some services and systems have been forged, adding value for families.

3. Learning and Evaluation – strengthening local evidence and research into practice

- Methodologies created to structure and monitor collectable outcomes from projects.
- Partnership with the University of Nottingham – analysis of local barriers to adults and children's mental health joint working, establishing local factors for engaging fathers, focused PhD student placements, starting work to research victimisation risk factors.
- Nottingham established as a key partner within a national network of experts.
- Work underway to identify a 'Nottingham EI Package of Programmes and Services'.

4. Finance – understanding costs and benefits

- Conceptual cost / benefit model developed for two programmes.
- Emerging cost / benefit approach being developed for family level (FIP families).
- Menu of costs being created, providing a foundation for Total Place work to build on.

5. Knowledge Management – better understanding our children and families

- Household intelligence on children informing planning of local provision.
- Insight work linking adult and child data to explore the best engagement strategies.
- Ethnography work and case studies of FIP families undertaken to show how services and non-state support connect around families, informing Total Place work.

Learning from the Early Intervention Projects

Characteristics of the projects that are working well:

- Intensive and focused on behaviour change.
- Evidence-based and delivered with strict fidelity. This tends to be supported by an effective supervision model with a clear trajectory of early indicators to monitor, for example, the Family-Nurse Partnership.
- Targeted at specific groups, at critical times.
- Where there is consideration of the whole context and causes, rather than symptoms.
- Caseloads allow time to build a good relationship between the worker and family / child, and a strengths-based approach is used. This links to decreased direct demand on social care, or a more effective relationship.
- Where there is strong leadership and management by the project lead.
- Where deliverers are clear on specific early signs of risky behaviour, engage the child / family in an assessment and have access to a clear referral process. For example, referrals into drug treatment have increased by 327% from DrugAware schools. Referrals have been at an earlier stage, treatment time has been shortened and success rates have been higher.
- Where there are good communications in place so that a service is visible.

Some projects are reporting positive early indicators and anecdotal evidence, but it is too early to see the designed longer-term outcomes. One example is the 11-16 Life Skills Curriculum. However, intensive consultation and co-design of the programme has ensured strong engagement at an early stage. Some of the longer-term projects will be difficult to measure, as there are few credible or common tools to assess softer outcomes like aspiration and positive decision-making. The Raising Aspiration project aims to provide an evaluation tool for local use that may at least provide consistency for comparison of the impact of different projects. Some projects, like Active Families are showing positive engagement and impact, but the unique nature of the model and the targeted cohort means that a comparator group is difficult to find.

Characteristics of the projects which are not working well:

- Evaluation is poor and does not reflect the positive impact reported by workers.
- The intervention is not for a consistent reason, for example mentoring, and is therefore difficult to evaluate.
- When a project is implemented on top of an unstable system or where there has been turbulence and high vacancy levels in the delivery team.
- Where referral numbers have not been high enough. This suggests that the service is either not visible or not needed.

Decommissioning process and sustaining some work longer-term

Project funding ends in March 2011. During Autumn 2010, a process will be undertaken to:

- decommission projects safely
- use learning from projects to propose some specific changes to mainstream systems
- propose the route to mainstream some projects

Broader local challenges to consider:

- How to create a pervasive culture that respects both families and other professionals. Empower professionals to push past the cultural stopping point with families and take responsibility as a lead professional. There are few incentives currently.
- Establishing a common language and processes across agencies.
- Remove obstacles to joint working across appropriate services for children and adults.
- Situating universal services at the hub of a continuum of early intervention support.
- Outreach work for vulnerable groups requires home visits and support outside the '9-5'.
- Relationships with the 'state' can be a negotiation. The image of services is important in gaining trust. There are implications for the new Family Community Teams.

- Good quality assessment is important and the Common Assessment Framework should be the key process for children. Alignment of assessment for adults and children, and the impact of adults on children is not in place consistently.
- 'Forgotten' members of the family are often the ones holding things together, and need support. Needs are dynamic not static.
- Consider how to support resourceful families to use non-state support.
- Ensure the right people are targeted by programmes and that fidelity is maintained

Phase Two – the next steps for Nottingham, Early Intervention City

Bold and dynamic senior leadership has supported the Programme through the first phase, and will be increasingly required to drive Phase Two. There are a number of proposed work strands going forwards:

Building the Early Intervention Strategy

- Continue to build the high profile 'Nottingham, Early Intervention City' brand, linking related high profile work under this, including Total Place.
- Join elements of the Early Intervention and Aspiring Nottingham agendas more formally. Raising aspirations is an important part of our early intervention approach.
- Develop the early intervention definition and principles as a unifying philosophy, across services for adults and children.
- Further embed early intervention principles within the commissioning process for services for children, families and adults.
- Establish a benefits realisation strategy through commissioning to project and actively manage long-term financial benefits to organisations and outcomes for citizens.
- Review emerging international policy and evidence and continue active engagement in the national conversation.
- Identify Early Intervention champions locally to support the leadership of the strategy.

Programme approach

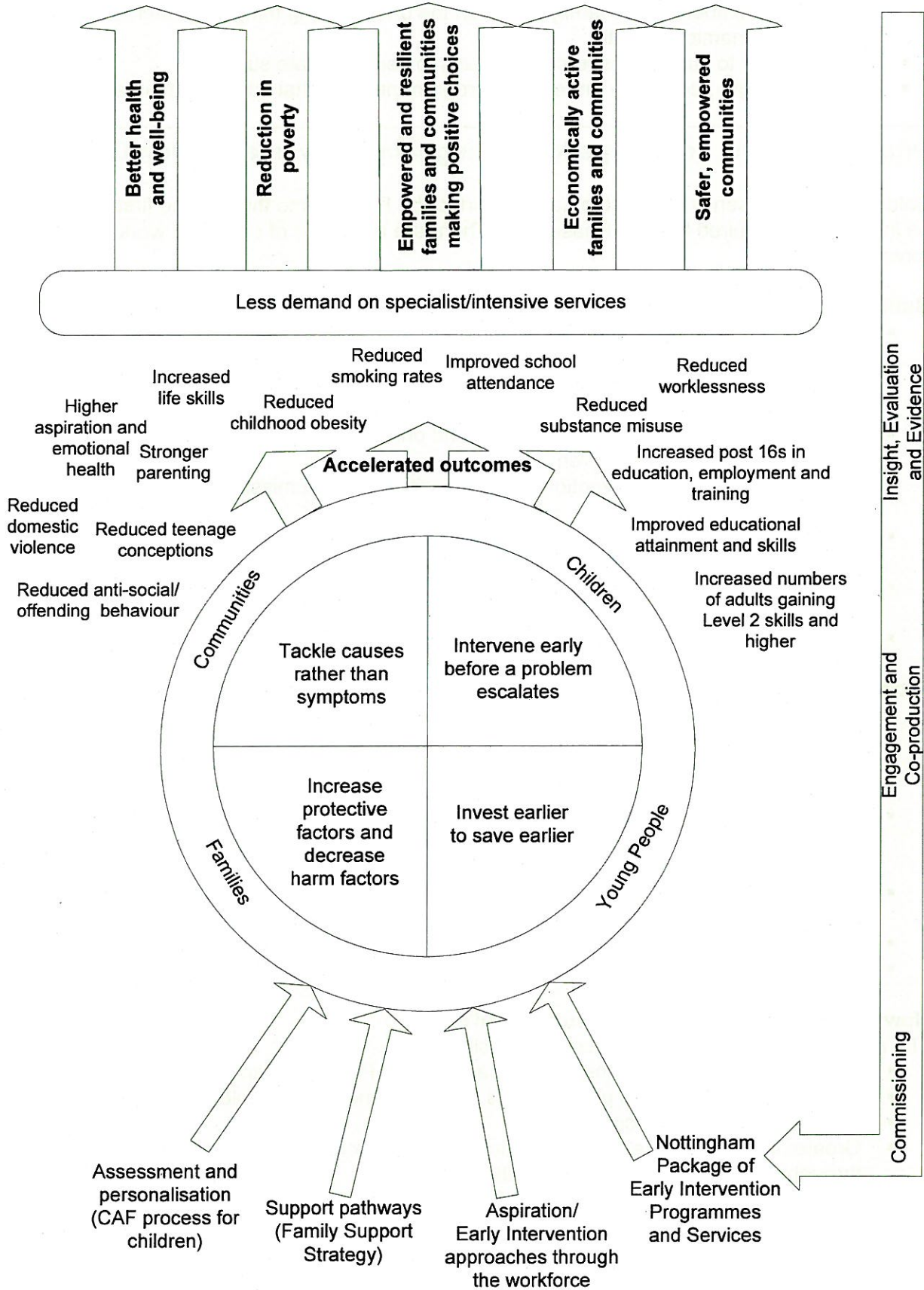
- Continue work to create a Nottingham Package of Early Intervention Programmes and Services for Children and Families.
- Create a parallel package for adults and older people.
- Identify key programmes and models to systematise.
- Identify specific programmes and models for quality reviews or improvement. programmes, ensuring standards of implementation and return on investment, as part of a benefits realisation plan.
- Identify areas to create greater links or pilot integrated models between services for children and adults.
- Explore the feasibility of emerging innovative funding solutions and models to shift resource.
- Create quality standards for evaluation of programmes and services, including costs.

How will we know we have been successful?

The measures to demonstrate success will include:

- Accelerated outcomes in the Children and Young People's Plan.
- Accelerated outcomes in priority areas for adults and older people.
- Evidence of prevented costs.
- Greater investment in early intervention and less in crisis end services, in the long-term, through a commissioning model to shift resource.
- Strong engagement and co-design of solutions with vulnerable groups of citizens.
- Evidence of greater use of non-state support and personalised support for resourceful families and individuals.

Draft Early Intervention Model for Children and Families



* Parallel model to be developed for adults and older people

Key: SCS = Sustainable Community Strategy, CYPP = Children and Young People's Plan
 N.B all of these projects drive the CYPP Operational Objective 2: *Shifting Resources to Early Intervention and Prevention*

Project description, success measures and Thematic Partnership	Priority	Emerging early indicators of impact/progress *	Potential medium and long-term outcomes
<p>Family Nurse Partnership Providing support to first-time pregnant teenagers and their partner in order to positively impact on their parenting skills and outcomes for them and their child.</p> <p>170 pregnant teenagers enrolled onto the project.</p> <p>Increased positive outcomes for the cohort and their children, including reduction in multiple teenage pregnancies in the cohort or more appropriate timing of subsequent pregnancies, reduction in smoking rates, increase in re-accessing of education, employment or training and increase in numbers with healthy body-mass index.</p> <p>This project is part of a national pilot where precise impact targets are not being set due to the nature of the pilot.</p> <p>(Health and Wellbeing Partnership)</p>	<p>SCS Strategic Priority (SP) 3, <i>Family Nottingham; teenage pregnancy rate will be halved.</i></p> <p>CYPP Strategic Objective (SO) 2, <i>Strong Families, Operational Objective (OO) 4, Improving Support. SO 3, Healthy and Positive Children and Young People, OO 8, Reducing Teenage Conceptions.</i></p>	<p>Strong early impact. Strong evaluation.</p> <p>145 babies born and 150 clients engaged, out of a target of 175 (target has been reduced to 150 due to one Nurse being on maternity leave, to return to 175 on return in April 2011). Improved mental health and parenting skills, reduced smoking rates: out of the 45% smoking during pregnancy 25% have stopped, giving a smoking rate of 29% (City-level teenage pregnancy smoking rate of 57%). Of those still smoking 80% reduce their smoking rate by at least 50%. Increased breast feeding rates: 55% of mothers have initiated breast feeding at birth (49% City-level teenage parent rate), with 29% breastfeeding at two weeks (25% City-level teenage parent rate). Immunisation uptake rate is at 100% (City-level rate in all-age mothers is at 90%).</p> <p>Anecdotal evidence that issues are identified at an earlier stage and therefore Social Care support is more effective. More in-depth analysis is planned with Nottingham University.</p> <p>Best practice is being disseminated.</p> <p>Nottingham is part of an international trial of a model of delivery to groups, looking at cost and impact. This trial will be unique within this country to Nottingham.</p> <p>The project has received £50,000 to evaluate engagement of fathers in their child's life. Results of this are due in September 2010. Initial findings are that some men do not engage with the service because they believe it to be just for mothers; however the depth of the relationship the nurse develops with the father is a crucial variable in achieving successful outcomes for the child.</p> <p>Going forwards and cost information Future cost per year: £525,000. Cost per family per year: £3,000.</p> <p>The cost of a teenage parent claiming benefits, who works from the time that the child is three to 18, is calculated at £45,600.</p> <p>Prevented costs include: £1,000 saved by preventing one day in hospital for one pregnant woman £10,000 saved by preventing a ten day stay in intensive neonatal care for one baby £27,000 saved by preventing a child from going into foster care for a year. £650 saved by preventing the need for a core assessment to be undertaken by Children's Social Care.</p>	<p>The 30-year evidence base from Colorado Nurse-Family Partnership trials show the benefits as fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment, reduced levels of child abuse and neglect, less involvement with the criminal justice system (both mother and child), less substance misuse (children) and less emotional problems such as aggression, anxiety and depression (children).</p>
<p>Adult Offending Team Family Intervention Project Working holistically and intensively with adult offenders and the families in which they live or impact upon in order to break the cycle of intergenerational offending and reduce the criminal influence that adult offenders have upon the children with whom they have contact.</p> <p>24 families engaged.</p> <p>100% of families' tenancies are secure at point of</p>	<p>CYPP SO 1, <i>Safeguarding Children and Early Intervention, OO 1, Stronger</i></p> <p>SO 2, <i>Strong families, OO 4, Improving parenting support, SO 3 OO 10, Strengthening positive behaviour.</i></p>	<p>Strong impact, though small numbers due to intensive model. Strong evaluation.</p> <p>The project has worked with ten families (48 individuals). A secondment is in place from the Probation Service into the team, to establish a more effective referral route.</p> <p>The project has seen an 88% reduction in social care interventions involving young people in the cohort. 88% have shown a reduction in criminal/anti-social behaviour since being engaged and 56% of children show improved school attendance where this has been an issue. Where appropriate, 100% of those engaged comply with community sentences and 70% comply with community orders.</p> <p>The project has established links with Nottingham Prison with a view to working with those in custody and their families, to ensure better transition back into the family environment.</p>	<p>Reduced numbers of new entrants from the cohort into the youth criminal justice system.</p> <p>More effective partnership working between Probation Service and Nottingham City Council.</p> <p>Reduction in children of offenders, from this cohort,</p>

<p>exit from project.</p> <p>60% of NEET young people within the families are engaged in education, employment or training during the project.</p> <p>40% of children in the cohort show improved attendance where attendance has been an issue.</p> <p>24 parenting/behaviour contracts issued.</p> <p>40% reduction in housing actions against families engaged in project at point of exit from project.</p> <p>70% reduction in police incidents/complaints/reports relating to the family</p> <p>20% reduction in social care interventions involving young people in the cohort.</p> <p>70% of cohort engaged, demonstrate reduction in criminal/anti-social behaviour since point of entry onto the programme.</p> <p>60% of clients comply with community sentences whilst engaged.</p> <p>(Crime and Drugs Partnership)</p>		<p>Going forwards and cost information Full business plan, costings and evaluation are being ratified by stakeholders by 15th October. Following ratification the Project Sponsor will drive this forward with partners.</p> <p>Independent national research by the National Centre for Social Research shows that nationally FIP intervention costs are in the region of £8-£20,000 per family (Nottingham estimates this at approximately £8,750), with estimated further prevented costs of approximately £82,000 a year per family. Local figures are currently being investigated; early findings indicate significant potential savings.</p>	<p>going on to offend.</p>
<p>The Sanctuary Initiative Providing additional security to the homes of survivors of domestic abuse and a package of support, including home visits</p> <p>24 Sanctuary installations to be completed per year.</p> <p>Reduction in repeat incidents of domestic violence within the cohort.</p> <p>Prevention of homelessness within the cohort. (Neighbourhood Partnership)</p>	<p>SCS SP 5, Safer Nottingham, be more effective at tackling the causes of crime and intervening earlier in the lives of those at risk, SP 3, Family Nottingham, More families will be strong and healthy, providing an enjoyable and safe place for children to grow up.</p> <p>CYP SO 1, Safeguarding Children and Early Intervention, OO 1, Stronger Safeguarding, SO 2, Strong Families, Improving parenting support.</p>	<p>Strong impact. Strong evaluation. There have been 104 Sanctuary installations so far since the project began in April 2007; higher than the target of 80.</p> <p>Latest figures show call-outs to 30% of the Sanctuary properties since the start of the project, which is significantly lower than the national repeat victimisation rate of domestic violence of 44%.</p> <p>The project has successfully reduced the prevalence of homelessness applications, from domestic violence being the third most prevalent reason for making a homeless application to Housing Aid in 2006/07, to the fourth in 2007/08 and the fifth in 2008/09.</p> <p>The project is working on a cost-benefit model (see below).</p> <p>Going forwards and cost information The average cost per Sanctuary installation (including the cost of Sanctuary Plus floating support) is £3130.07. In comparison, in Nottingham a 'typical' homeless application will cost the local authority approximately £5,542.26. Future cost per year: 2010 £55,600, plus management costs through the Homelessness Prevention Gateway). Ongoing saving identified (without accounting for management costs): £2,415 per family.</p>	<p>Reduction in repeat incidents of domestic violence.</p> <p>Prevention of homelessness.</p>

<p>11-16 Life Skills An 11-16 Life Skills Curriculum programme, designed to support the development of the skills and knowledge needed for young people to make the best life decisions, increase confidence levels and raise aspirations, is being developed and trialled in six educational settings. This includes a training programme for teachers and a toolkit for this to be rolled out across the City. NFER(National Foundation for Educational Research) are conducting an independent evaluation of the project.</p> <p>Six wide ranging consultation sessions undertaken on the development of the programme in lead settings.</p> <p>Production of 11-16 Life Skills curriculum package which can be rolled out across the City.</p> <p>Teaching staff in all six lead settings confident to deliver the programme. (Children's Partnership)</p>	<p>SCS Priority Aspiring, SP 3, Family Nottingham, all children and young people will leave school with the best skills and qualifications they can achieve and will be ready for work or further learning.</p> <p>CYPP SO3, Healthy and positive children and young people, OO 10, Strengthening positive behaviour.</p>	<p>Strong co-design model. Not appropriate to assess impact. Consultation held with 550 students and 218 staff; independent research organisation NFER have rated this as excellent practice. This found that students feel that there is a need for more coverage of mental health issues, financial capability, sexual relationships, parenting and democracy.</p> <p>Schools have given positive feedback on the programme, with 98% of teaching staff who have received extra training reporting increased confidence to deliver the content. The model has already been taken on by a school outside of the initial trial group, Nottingham University Samworth Academy is developing a system of assessing pupil progress in Life Skills and the new curriculum has been rolled out to 300 students in one of the lead schools.</p> <p>A toolkit for schools to deliver the programme is being developed, to be completed in January 2011, to include a number of Planning Framework models and the new SEAC (Social Emotional Aspects of Change) programme, based on SEAL but focuses on changing negative behaviours. This will be showcased to schools at an event in February, with the aim of rolling this out to all other secondary settings in the city.</p> <p>Programme models are being revised in line with NFER recommendations.</p> <p>Going forwards and cost information Support for implementation through the Healthy Schools Team: £8,500 - £17,500 per year. Life Skills Curriculum to be delivered and evaluated across seven settings per year from January 2011 – March 2013.</p>	<p>Stronger Families Project Development and delivery of a programme of focused and time-limited group and individual empowerment sessions for children and young people of all ages affected by domestic violence and their non-abusing parent.</p> <p>16 programmes delivered.</p> <p>24 staff trained as programme leads for the delivery of the Stronger Families project.</p> <p>188 individuals engaged in the project (90 parents and carers, 98 children and young people).</p> <p>60% of referrals are received from non domestic violence focused agencies (awareness raising of domestic violence across the City).</p> <p>40% of cohort experience no further incidents of domestic violence (City baseline of repeat incidents of domestic violence for those not supported by the project was at 22% for 2009/10).</p> <p>25% of young people in the cohort do not become subject to a Child Protection Plan for a first or subsequent time. City baseline of re-registration was at 12.3% for 2007/08 and 12.1% for 2008/09.</p> <p>60% of young people show improved school</p>	<p>SCS SP 5, Safer Nottingham, Be more effective at tackling the causes of crime and intervening earlier in the lives of those at risk, SP 3, Family Nottingham, More families will be strong and healthy, providing an enjoyable and safe place for children to grow up.</p> <p>CYPP SO 1, Safeguarding Children and Early Intervention, OO 1, Stronger Safeguarding, SO 2, Strong Families, Improving parenting support.</p>	<p>Strong early impact. Secure evaluation. Fragile trainer recruitment model that has not yet achieved sustainability has reduced delivery numbers. There is a clear need, currently picked up by Social Care. Sustainable recruitment needs support.</p> <p>Eight programmes (188 group sessions) held so far with 43 children and 26 mothers engaged and many of the children showing significant changes in their previous negative preconceptions about domestic violence; results from the first year show that none of the children believe that their mothers sometimes deserved to be hit, compared to 20% before the programme, and now only 20% of children think that alcohol and drug abuse cause domestic violence, compared with 100% before the programme. All of the mothers who have completed the programme have shown that they are better able to understand their child's feelings.</p> <p>There has been one repeat incident of domestic violence within the first nineteen families who have completed the programme (between August 2009 and June 2010), which is significantly lower than the national domestic violence repeat incident rate of 44%. Research shows that approximately half of all child protection registrations and half of all re-registrations are linked to domestic violence.</p> <p>Schools have reported improvements in the behaviour, confidence and interactions of a number of young people in the programme. There has been increased school attendance of school age children where this has been a problem. Head teachers have expressed interest in the project; ongoing liaison with between Project Lead, EIP Manager and Head teachers.</p> <p>20 staff in the City have been trained to deliver the project, with a further seven being trained during October 2010.</p> <p>This project acts as a unique referral pathway in the City for this cohort for a number of partners, including Social Care, Health, Police and the Voluntary Sector. The project is raising awareness of domestic violence widely, with 60% of their referrals to the project being from non-specialist Domestic Violence agencies.</p> <p>Going forwards and cost information Future cost per year: £90,440. Cost per family: £1,344.</p>	<p>Increased well-being and economically active citizens.</p> <p>Reduced repeat incidents of domestic violence in the cohort</p> <p>Reduced levels of intergenerational domestic violence within families in the cohort</p>
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<p>attendance, where this is an issue. (Crime and Drugs Partnership)</p>	<p>Active Families Contribute towards the decrease in rates of cardiovascular disease through increasing opportunities for families to engage in physical activity and sport are being used to contribute to halting the rise in obesity and reduce health inequalities and cardiovascular disease.</p> <p>Focus is on areas of the City with the highest levels of deprivation, the lowest participation in active recreation and highest child obesity rates in Year Six at school.</p> <p>400 families with increased physical activity through accessing the Active Families project.</p> <p>200 of the families (50%) accessing Active Families are from Super Output Areas with high levels of child obesity.</p> <p>10% of cohort engaged with the project and have converted from previous engagement with Go4it project.</p> <p>20% of families engaged, go on to have continued engagement (8 or more sessions).</p> <p>100 families (25% of cohort) progress on to other activities after engagement with the project. (Health and Wellbeing Partnership)</p>	<p>SCS SP 6, <i>Healthy Nottingham, Health inequalities between areas and social groups will be significantly reduced.</i> CYPP SO 3, <i>Healthy and positive children and young people, OO 7, Promoting healthy living.</i></p>	<p>A cost-saving model is being developed. Initial findings show that even with a conservative model with a 20% repeat incidence rate, if delivered to 64 families (in line with referral numbers), the project will prevent £253,148 per year of costs for support after incidents of domestic violence.</p> <p>Strong impact (though no possible comparator group to benchmark against). Secure evaluation.</p> <p>Engagement is on track, with 310 families (1073 individuals) engaged so far since the project launched in May 2009. 12% of these families have already started to show continued engagement (5 sessions or more attended), out of a target of 20%. 63% of those engaged are from areas with low levels of physical activity and high levels of child obesity and deprivation.</p> <p>The project also acts as a unique referral pathway for childhood obesity between the ages of two and four, and also a pathway from the Go4it! Project; 3.6% of the cohort have converted from previous engagement with Go4it!</p> <p>There is no natural comparator group to benchmark the results against, as this family-focused model is not being trialled in any other Local Authority in the country.</p> <p>Going forwards and cost information Future cost per year: £50,000 - £60,000 for 200 families. Cost per family per year: £208-250.</p>	<p>Increased health, activity levels and family cohesion in the cohort.</p> <p>Reduced levels of cardiovascular disease in the City.</p>
<p>Putting Families at the Centre A national NHS and University of Nottingham collaboration. Nottingham is a partner in the NDLC (Nottingham, Derby and Lincoln) CLAHRC (Collaboration for Leadership in Applied Health Research and Care).</p> <p>The focus of the project is translating current academic research around mental health services and children and young people into working practice through two 'Diffusion Fellows', acting as change agents across the City. The work is exploring the impact of uncovering parental mental health needs in order to better meet the needs of the child and the barriers to a joint model</p> <p>Barriers to a joint model of child and adult mental health provision established and a pilot change model agreed.</p> <p>Research methods and knowledge of current academic research around mental health</p>	<p>SCS SP 6, <i>Healthy Nottingham, CYPP SO 1, Safeguarding children and early intervention, CYPP SO 2, Strong Families, OO 4, Improve parenting support.</i></p>	<p>Two colleagues have been trained as 'Diffusion Fellows', acting as change agents to drive service redesign within Children's and Adults' Mental Health service provision in the City and diffuse learning from research, linking in to expertise through the University and wider CLAHRC Programme, engaging key colleagues in the translation of research into practice.</p> <p>Research undertaken by the University into the organisational barriers to a joined-up model of adult and child mental health provision in the City. Session held to present initial findings to key stakeholders and explore next steps. Proposals to trial a joined-up, family focused model are being developed and are to be explored with partners in November.</p> <p>A workshop is being delivered by Diffusion Fellows to colleagues working with children and parents/carers in schools to engage them in this discussion, collate their views, disseminate findings of research and engage them in the development of solutions, in the context of TAMHS (Targeted Mental Health in Schools).</p> <p>Going forwards and cost information Future cost per year: £15,000 for two years to continue Diffusion Fellows role to oversee trial of a joint mode.</p>	<p>Evidence established for whether a joined-up model that looks at both adults' and children's mental health needs within a family will be more effective.</p> <p>More effective City system to support mental health needs.</p>	

<p>services and children and young people to be 'diffused' throughout the workforce. (Children's Partnership)</p>	<p>Raising Aspirations Developing and trialling an aspirations-raising toolkit, which includes a unique aspirations assessment tool, a package of interventions and a process for developing an aspirations focus, for use across the wider Children's Workforce, alongside Aspiration Development Officers delivering the work in schools and meeting to research and plan future interventions. This project is focused within two hotspot wards in the City where teenage pregnancy rates are the highest in Western Europe or rates are showing a rising trend, with the hypothesis that raising aspirations will increase positive decision making.</p> <p>Tool established to benchmark aspiration.</p> <p>Cost/impact mapped of key activities in the City for reducing teenage pregnancy.</p> <p>Raised aspirations of the cohort.</p>	<p>SCS SP 3, Family Nottingham, Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions, Aspiring.</p> <p>CYPP SO 3, Healthy and positive children and young people, OO 8, Reducing teenage conceptions.</p>	<p>Positive early indicators beginning to emerge. No robust national tools to assess aspiration.</p> <p>A package of aspiration raising interventions is being developed and trialled.</p> <p>Aspiration evaluation tool has been developed, with support from Nottingham and Sheffield Universities' Economics Departments and a PhD research student, and is being trialled and modified across the seven schools.</p> <p>100 children have received intensive support and a further 200 have received group support. Early indicators of the impact of the interventions being trialled are already being reported by teachers, such as significant improvements in the confidence, attitude and behaviour of pupils in the cohort who had been identified as having very low levels of confidence and aspiration at the start of the project.</p> <p>SATs results are currently being cross-referenced with the cohorts receiving aspiration-raising support. Two schools have already reported that the group performed well above expectation, with two other schools reporting results 10% higher than predictions and in one school a number of individual pupils have made up 13 sub levels of progress, compared to the predicted six.</p> <p>Going forwards and cost information Next phase: to roll out the toolkit to a number of different groups in the City.</p>	<p>Increased aspirations and well-being. Reduced teenage pregnancy levels.</p>
<p>Family Welfare – Reducing Persistent Absence Tackling the causes of absence in schools through the education welfare system, focusing on the early stage of the cycle of absence, particularly on families with young children who have poor attending older siblings, in order to break the intergenerational cycle of non-attendance.</p> <p>More effective education welfare system in place across the City enabling more effective communications within the service and allowing colleagues to spend more time with citizens than on administrative processes by academic year 2010/11.</p> <p>Contribution towards reduction in persistent absence across Nottingham City secondary schools (including Djanogly Academy) from 9.7% in July 08 to 8.1% by July 2009, 7.1% by July 2010 and 5% by July 2011.</p> <p>5% incremental reduction in persistent absence in those supported by Budget Holding Educational Welfare Officer against standard Education Welfare Officer support.</p> <p>10% improvement in attendance of younger siblings of identified persistent absentees against previous year's performance.</p>	<p>SCS SP 3, Family Nottingham, reduce the percentage of pupils leaving school with no qualifications to 0%.</p> <p>CYPP SP 3, Healthy and positive children and young people, OO 10, Strengthening Positive Behaviour, SO 4, Achievement, OO 11, Engaging Learners Better.</p>	<p>Positive impact – persistent absence catalysed through new system. Evaluation of impact of budget holding professionals is weak.</p> <p>There has been a significant reduction in persistent Absence (PA) in schools in the North Locality, the first target for the project, from 491 pupils in July 08 (11.9% PA) to 376 pupils in July 09 (9.6% PA). This was a 23.4% reduction in PA. Across the six schools specifically targeted by the DCSF between September 2009 and March 2010 there was a decrease of 133 cases of PA; a reduction of 26%. Summer term 2009 statistics show a reduction of 23.5% across all Secondary schools and Academies, and 44.9% across Primary schools.</p> <p>The Education Welfare Team has been reduced by 30%, which has compromised the target of having a maximum of 30 cases per Education Welfare Officer (EWO) within this model.</p> <p>Indicators show that PA is tackled and resolved more quickly with the use of the Lead Professional budget, as the amount of children or young people who are persistently absent for more than one term has shown a decreasing trend since the start of the project, from 46% in Autumn 2008/09 to 23% in Autumn 2009/10. This shows a significant improvement in the speedy resolution of the causes of PA.</p> <p>Court training has increased success rates in providing a case that enables the Court to fine parents; while the average cost per court case has only varied slightly, the average fine has increase from £140 in September 2008 to £305 in September 2010.</p> <p>Baseline information 11.11% Secondary Persistent Absence in the City in July 2007.</p> <p>Going forwards and cost information No ongoing funding required. Project was set up to change the delivery system across the City.</p>	<p>Reduced persistent absence in the City.</p>	

<p>(Children's Partnership)</p> <p>Developing Natural Learning Encouraging children to explore their local environment and develop reasoning skills, analyse risks and predict the consequences of their actions through the Forest Schools learning approach. This activity will create opportunities for emotional, social and behavioural development, improving outcomes through improving behaviour and higher level thinking skills.</p> <p>Training resource established.</p> <p>Twelve schools to be trained.</p> <p>90% of children in the cohort feel more confident to make better decisions.</p> <p>No Key Stage One exclusions due to behaviour in the cohort.</p> <p>(Children's Partnership)</p>	<p>SCS SP 3, <i>Family Nottingham, Children and young people will be healthier, fitter, more emotionally resilient and better able to make mature decisions.</i></p>	<p>Positive Impact. Self-evaluation and teacher assessment.</p> <p>Five schools have been engaged in the programme so far, with three schools having completed it. There have been no exclusions in the cohorts since the start of the project. Schools are committed to embedding the techniques in order to sustain the model.</p> <p>In school one there was a 71% increase (25% significant) in self awareness, 83% increase (13% significant) in motivation, 50% increase (8% significant) in social skills and 46% increase (8% significant) in empathy in the cohort, measured through the NFER emotional literacy model.</p> <p>In school two, over 80% of all children strongly agree that the project increased their confidence, helped them to learn which risks are wise to take, helped them to make better decisions and that they now have better communication skills and social skills.</p> <p>For the same cohort, 67% of staff reported a more positive attitude in the cohort, 74% reported that the children are more motivated, 60% reported that the children now are more able to make better decisions and 67% reported that the children are quicker to see the connections between their actions and the consequences.</p> <p>75% of parents reported an increase in confidence and 100% reported that the children were more motivated, have a more positive attitude, are better at problem solving, are more able to make better decisions and are quicker to see the connections between their actions and the consequences.</p> <p>In school three, over 85% of all children agree strongly that the project increased their confidence, social skills and their ability to make better decisions and has helped them to learn which risks are wise to take.</p> <p>Going forwards and cost information Two 'trainer schools' established to continue work after the pilot. Cost per child: £97.</p>	<p>Improved behaviour, confidence and wellbeing.</p>
<p>DrugAware Award Working with schools to implement an excellent standard of drugs and alcohol education and policy within Nottingham City.</p> <p>Project to fully engage with 47 City schools (11 secondary and 36 primary) and 35 schools to receive DrugAware status.</p> <p>100 young people referred from schools into specialist substance misuse provision across the two years. Number of referrals 2008/09: 42 per year.</p> <p>Increase in rates of successful test purchase operations based on community intelligence compared to standard (non intelligence driven) test purchase operation results.</p> <p>2200 parents or carers attending community DrugAware sessions to increase confidence and knowledge around talking to children about drugs issues.</p> <p>(Crime and Drugs Partnership)</p>	<p>SCS SP 5, <i>Safer Nottingham. Be more effective at tackling substance misuse and drug dealing in local communities, SP 6, Healthy Nottingham, People will be healthier, happier and live longer, and will feel able to achieve their potential and make a positive contribution to city life.</i></p> <p>CYPP SO 3, <i>Healthy and positive children and young people, OO 7, Promoting healthy living and OO 9, Reducing substance misuse.</i></p>	<p>Strong early impact through Compass Education Link Worker</p> <p>Evaluation in other strands does not yet show whether impact is translating into reduced substance misuse.</p> <p>Compass There has been a 327% increase in referrals into structured drug treatment from educational settings since the start of the project; 31 young people have been referred into specialist substance misuse treatment from schools during the last Quarter, a total of 116 so far (in comparison, there were 44 referrals into Compass in the previous academic year from schools, an average of 11 per quarter). A high level of these referrals has been through DrugAware schools. Education Link work is engaging young people at an earlier stage and it has been found that the average treatment time is four months for education referrals, compared to five months for YOT referrals. Rates of drug free completion are at 62% in education referrals, compared to 21% for YOT referrals. The cost-implications of these patterns are being investigated.</p> <p>To compare tier three 2009/10 referrals through the different pathways, 4% of the Education Link referrals have returned to the service more than once, compared to 46% of the YOT referrals. This roughly equates to £756 being saved for every education-referred young person, compared to YOT-referred.</p> <p>Healthy Schools strand 35 schools are currently engaged in the project through the Healthy Schools strand. 15,503 pupils are receiving an enhanced curriculum around substance and alcohol use (40.4% of all registered pupils within the city). Initial school evaluations by the Healthy Schools Team show an average 2.3 point shift (scale of 1-5) around quality of school drug policy, 1.8 point improvement in quality of drug education, 2 point shift around the confidence of the school to address drug/alcohol issues with parents and 2.3 point shift around the confidence of the school to support young people affected by drugs/alcohol. 188 teachers and teaching assistants have been trained by the Healthy Schools Team to deliver substance misuse</p>	<p>Reduced levels of substance misuse in the City.</p> <p>Reduced levels of alcohol-related anti-social behaviour in the City.</p>

<p>Young Citizens Equip all Year Five pupils in Nottingham City's 80 Primary Schools with the knowledge, skills and experience to prevent them from becoming a victim or cause of crime in the future. Resource materials provided for learning to continue in the classroom.</p> <p>5,100 Year Five pupils participate in the project and have a better understanding of anti-social behaviour offending and its potential outcomes.</p> <p>100% of primary schools (74) within the City provided with innovative and sustainable anti-social behaviour focused educational resource.</p> <p>60% of cohort demonstrating improved understanding of risk behaviours, the criminal system and the risk of offending.</p> <p>55% of cohort demonstrate increased understanding of the criminal justice system three months after engagement.</p> <p>(Crime and Drugs Partnership)</p> <p>iRise</p> <p>Working with a group of approximately 65 children and young people in the care of the Local Authority in Key Stages 2-4 (ages 8-16), who are in</p>	<p>SCS SP 5, Safer Nottingham, Be a significantly safer city with lower crime, fear of crime and perceptions of lower anti-social behaviour. CYPP SO 3, OO 10, Strengthening positive behaviour.</p>	<p>education, which is significantly above projections. 26 schools are using the DVibe assessment tool to inform drugs and alcohol education curriculum planning.</p> <p><u>Catch 22 strand</u> Delivery of sessions/support to parents and community around child alcohol and substance use and how they can better engage with young people about this. 37 community sessions have been delivered, attended by 546 parents and carers 90% of attendees reported increased knowledge about drugs and alcohol and 70% reported increased confidence in talking with young people. Nine community volunteers are now signed up to deliver DrugAware education and be champions for the project within local communities. Evaluation has shown that 88% of attendees have improved confidence to talk to young people about substance misuse and 47% of these had retained this increased confidence after six months. Of the attendees 63% had put this experience into practice and used the training to talk to young people about substance misuse.</p> <p><u>Trading Standards strand</u> Improved processes within Trading Standards delivery (repeat visits) has led to more effective targeting of most problematic off-licenses. 16 training sessions have been held with retailers, 13 additional test purchase operations have been carried out, with a success rate of 19.4% when based on community intelligence, compared with 9.7% for all other attempts.</p> <p>Going forwards and cost information Compass: £60,000 per year Healthy Schools: £35,000 per year</p> <p>Catch22 and Trading Standards strands being decommissioned early, due to budget cuts within the Working Neighbourhoods Fund (WNF).</p>	<p>Reduction in antisocial behaviour in the cohort.</p>
<p>Positive impact. Self-evaluation at end of activity and after three months.</p> <p>74% of primary schools in the City have been engaged, with 2,799 pupils participating. 71% demonstrate improved understanding of the risk of engaging in anti-social behaviour by the end of day one activity and 60% of the cohort demonstrate retained understanding of the risk of engaging in anti-social behaviour three months after the session.</p> <p>This project was designed as a pilot that would evolve into a sold service to schools from the provider.</p> <p>This project is being decommissioned three months early, with delivery due to end in December, due to budget cuts within the Working Neighbourhoods Fund (WNF).</p>	<p>Poor impact. This will improve through the delivery of the positive psychology personal development programme.</p> <p>Due to the loss of the team identified to run this project during Nottingham City Council's workforce reduction process, delivery of this project was delayed. A Development Officer is now in post.</p>	<p>Increased well-being, aspiration and economic well-being.</p>	

<p>Nottingham City schools, to increase attainment and aspiration and develop social and emotional resilience through individual learning support, motivational personal development programme focusing on goal setting and self esteem and awareness raising of aspiration-raising events to inform young people about post-16 educational opportunities.</p> <p>30 young people in care between 8 and 16 years of age engaged in 15-hour personal development course.</p> <p>15 one-to-one mentoring relationships established between children and young people looked after of the relevant age and suitably trained and experienced mentors.</p> <p>68 young people in care between 8 and 16 years of age engaged in interventions to enhance attainment.</p> <p>45 parents/carers engaged to enhance their aspiration for the children they support.</p> <p>Raised aspirations, personal and social skills and emotional resilience.</p> <p>(Children's Partnership)</p>	<p><i>early and effective support and protection to empower them to overcome difficulties, Aspiring.</i></p> <p>CYPP SO 4, Achievement, OO 11, Engaging learners better.</p>	<p>14 referrals have been received into the mentoring workstream and relationships are being set up. This workstream is being closed but current relationships will continue.</p> <p>Positive psychology development programme delivering to 30 young people in the care of the Local Authority. Study Support programme delivering to 68.</p> <p>15 young people and 14 parents/carers have attended aspiration-raising education information events in Quarter One 2010.</p> <p>Partnerships developed with Aiming Higher, New College Nottingham and Nottingham City Council Sport and Leisure Services to deliver aspiration-raising educational opportunities awareness events. Two events in quarter two so far have attracted 18 young people and four foster carers.</p> <p>The budget has been reduced due to performance.</p>	
<p>Mentoring Scheme</p> <p>Developing and piloting a mentoring programme for 360 young people who are between eight and 12 years of age, who are experiencing difficulty in their lives and are at risk of offending or engaging in anti-social behaviour. Mentoring support-aims to increase self-confidence and aspirations and reduce anti-social behaviour.</p> <p>360 face-to-face mentor relationships established.</p> <p>360 e-mentoring relationships established.</p> <p>260 new volunteers engaged.</p> <p>60% of cohort with increased self-confidence at end of engagement with project.</p> <p>60% of cohort have improved aspirations (qualitative measure).</p> <p>80% of the cohort referred to the project as a persistent absentee are no longer persistently absent on leaving the project.</p> <p>20% of young people referred from YOT do not commit an offence during engagement.</p>	<p>SCS SP 5, Safer Nottingham, Be a significantly safer city with lower crime, fear of crime and perceptions of lower anti-social behaviour, Aspiring.</p> <p>CYPP SO 3, Healthy and positive children and young people, OO 10, Strengthening positive behaviour.</p>	<p>Poor evaluation does not reflect positive outcomes reported by staff.</p> <p>110 face-to-face mentoring relationships and 10 e-mentoring relationships established. At the end of Quarter One 2010 evaluation showed that at the end of relationships 86.5% of young people engaged have increased confidence and improved social skills and 59% have enhanced knowledge and understanding of healthy lifestyles where this has been identified as an issue. 32% have reported improved aspirations at end of engagement.</p> <p>The project is behind on projected numbers and poor evaluation is not reflecting the positive outcomes reported by staff. Funding has been renegotiated in order to increase value for money.</p> <p>The project is being decommissioned three months early, with delivery due to end in December, due to budget cuts within the Working Neighbourhoods Fund (WNF). Prior to this an independent evaluation will take place to assess the impact of the project and to generate learning for the development and implementation of future models.</p>	<p>Reduced anti-social behaviour, increased confidence, attendance and healthy lifestyles within the cohort.</p>

(Crime and Drugs Partnership)		
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Related Early Intervention Delivery Projects

Project, Theme Partnership and status	Impact
Using Customer Insight Children's Partnership Completed	<p>Research has been undertaken using Experian's 'Mosaic' customer insight segmentation. This has increased our understanding of need within the City and how to deliver the right services through the right facility at the right time.</p> <p>Follow-on work linking Children's and Adults' Services data has included reviewing the uptake of Free School Meals, School Transport and Online Admissions Applications, plus the commissioning of a wider Youth Services targeting project and a project to review the take-up of leisure offers by families. Youth Services have already used some of the insight gained to reassess services and target additional funding where it is needed most. The information is shared through the Nottingham Insight website, and used in locality planning and workforce development proposals.</p>
Homelessness Prevention Gateway Neighbourhood Partnership Performance monitored through Neighbourhood Partnership	<p>Improving access to temporary housing and ongoing support for individuals with complex problems in Nottingham in order to tackle the causes of homelessness. A contact and assessment function is provided that seeks to resolve and prevent homelessness in the first instance, assess accommodation, support needs and make referrals into different types of accommodation.</p> <p>This project is a successful model and seen as a market leader. Learning is shared on a national scale, and the project mentors other local authorities and holds regional and national seminars. Eight representatives have visited the project from the Welsh assembly and three from the Northern Ireland Housing Executive.</p>

