

## Thinking Family: a new approach for tackling social breakdown

Westminster City Council's Family Recovery Programme



The Local Government Association is the national voice for more than 400 local authorities in England and Wales. The LGA group comprises the LGA and five partner organisations which work together to support, promote and improve local government.



Leadership Centre for Local Government  
Local Government House  
Smith Square  
London  
SW1P 3HZ  
**Switch 020 7187 7388**  
[www.localleadership.gov.uk](http://www.localleadership.gov.uk)



Introduction	3
Why Family Recovery?	5
How the Family Recovery Programme works	7
Case study 1	9
Case study 2	12
Monitoring success	15
One year on	17
What the Family Recovery team say	19
Appendix 1	
Frequently asked questions	21
Appendix 2	
Family Recovery Programme timeline	22

**The interconnected nature of the pathways to poverty necessitates an interconnected response. This must include scope for local solutions to be developed that are enabled rather than dictated by government.**

**Breakdown Britain**, Centre for Social Justice, 2006.

# Contents

The images used in this publication are illustrative only and do not portray any of the families or individuals mentioned.

What can be more important than safeguarding families and offering those that are vulnerable as much support as possible?

Westminster City Council has once again made great strides into this vital and delicate task, and with a pioneering approach to combining service provision and working in partnership with families the results are very encouraging.

So often when a family runs into problems, the symptom that actually engages the attention of public services is just one of a complex series of related and dependent problems.

Sadly time is often lost and resources deliver only short-term relief because of the absence of a joined-up, holistic approach to all the issues that are impacting on a particular family.

Westminster's Family Recovery Programme offers a fascinating blue-print in how to cut through the silos that too often exist in service provision.

By crafting a team of experts that work alongside the family there are clear case studies which demonstrate how families' lives have been turned around effectively and sympathetically.

This model offers struggling families an accessible and multi-faceted support team who can cut across administrative boundaries and go in to make the changes that in practical terms means the difference between a family breaking up and staying together.

The other pioneering aspect of this is the way in which the family is an active participant in the process through a contract. This partnership makes the likelihood of a sustainable and positive recovery all the more likely as families feel they are genuinely involved in shaping the way their lives are being improved.

This 'carrot first' approach is so important when dealing with something as sensitive as a family breaking down, and the evidence from this report is that it is genuinely yielding results.

Society as a whole is better and stronger for having strong and enduring family units – whatever form that family happens to take. Innovative approaches to helping families set down in the ideas in this publication point the direction to how we can do a lot more to help vulnerable families. If we can do that everyone benefits.

## Foreword

**Caroline Spelman MP**  
Shadow Secretary of State for  
Communities and Local Government.

# Introduction

## Cllr Brian Connell

Cabinet Member for Economic Development and Family Policy, Westminster City Council

**Westminster City Council's Family Recovery Programme is not 'just another pilot project' or isolated example of good practice that is easy to praise but difficult to replicate. We believe the programme offers a blueprint for a mainstream service that can tackle some of society's most damaging problems whilst making substantial savings to the public purse.**

In every local authority across the country, there are pockets of deprivation. Lives, neighbourhoods and communities are blighted by a relatively small number of families who suffer from multiple symptoms of social exclusion.

In Westminster, we calculated that around 3% of families are at risk of losing their home, their liberty or their children. The cycle of deprivation in which they find themselves means that the families in question are responsible for a disproportionate amount of crime and all the other problems that come with exclusion and dysfunction. These families are often well known to council departments, the Police and health services. In many cases, there will have been multiple interventions into many aspects of their lives over a long period of time, at great cost, but with little or no effect.

Despite the best intentions of the professionals and the commitment of politicians, families are often pushed from pillar to post across council departments and other public agencies. They slip between gaps in services and there is a lack of persistent work with families to help them solve their problems. Instead, the traditional focus of services has been to deal with the symptoms in the short term, to adhere to the bureaucratic, tick-box mentality so beloved of central government. Quite simply, the investment being made to tackle social breakdown is perpetuating the problem rather than solving it.

The medium term future for public services in Britain inevitably means that policy makers need to identify ways of doing more for less – a Westminster City Council mantra for many years. And at a time of unprecedented pressure on budgets, public bodies across the spectrum need to ask themselves exactly how they can deliver value for money in those areas of their work that might previously have seemed like a black hole. The era of throwing money at difficult social problems is most definitely over.

Westminster's Family Recovery Programme turns the rhetoric of joined up services into a reality. Led by the council, the project provides a multi-agency team around each family and uses the expertise and intelligence of a full range of professionals who – quite literally – sit around a table together to assess, intervene and persist in changing behaviour and delivering excellent services to the most vulnerable people in the community.

Using a single care plan for all members of the family, a single team around each family and a 'contract with consequences' to encourage cooperation, the programme aims to restore the natural resilience of families and lead to improved and crucially, sustainable positive patterns of behaviour.

Only eighteen months ago, the programme was just another social policy theory. Within six months, we were working with our first family and today, a year since its launch, we are helping to turn around the lives of 50 local families. Early results show that the programme has the potential to change lives whilst simultaneously making major financial savings.

The Family Recovery Programme is a relatively simple concept but one that we think is unique in British local government. No other programme we are aware of has such broad aims; dealing with crime, health, education, domestic violence, substance misuse and many others in a single intervention. No other project breaks down the traditional barriers between services so systematically. And no other project aims to deliver such sustainable and long lasting changes to the lives of whole families. It is a common sense, post-bureaucratic response to some of society's most intractable problems.

I hope both policy makers and practitioners find the content of this publication both interesting and useful.

# Why Family Recovery?

**Westminster delivers excellent children's and family services across the broad range of local agencies, as shown by its consistently positive independent assessments and Joint Area Review. However, there are many families in Westminster who are at risk of one or more factors that can lead to social exclusion such as poor parenting skills, housing problems, substance misuse, domestic violence and benefit dependency.**

In an assessment of the most extreme cases, Westminster City Council calculated that there are 40 local families who exhibit extreme anti-social and criminal behaviour and approximately 35 families whose children are suffering or likely to suffer significant harm leading to the initiation of care proceedings. As well as those most extreme examples, the council estimated that around 600 local families (3% of all families) were at a significant risk of social breakdown and demonstrated at least one of the recognised symptoms of exclusion. Those 3% are estimated to be responsible for around 80% of social care spending in the city as well as putting a disproportionate amount of pressure on policing, health and other services.

Outcomes for the families in question – and the quality of life for neighbourhoods and communities around them – are now well documented.

Evidence from the government's Social Exclusion Task Force and similar studies by the Centre for Social Justice, for example, eloquently illustrate how the pattern of social exclusion is proportionate to the number of and nature of family disadvantages for children in their early years. The Cabinet Office found, for example, that:

- Children from the 5% most disadvantaged households are more than 50 times more likely to have multiple problems at age 30 than those from the top 50% of households.<sup>1</sup>
- 63% of boys whose fathers go to prison are eventually convicted themselves.<sup>2</sup>
- Children who experience parental conflict and domestic violence are more likely to be delinquent and to commit violence and property offences.<sup>3</sup>

In response to the established and emerging evidence, Westminster City Council launched a systematic review of the ways in which services from across the public sector in Westminster could intervene more effectively into the lives of those most at risk of exclusion. It was clear that despite large – and now unsustainable – levels of resources across the public sector, long term solutions were proving elusive and that services simply were not being delivered in a way that could reverse serious social decline in the community.

The council asked itself some searching questions about why, despite its positive record on most services, they were failing to have a positive impact on those most at risk of becoming socially excluded. The findings included:

- Children's services provide excellent services to children but with limited effectiveness in relation to the adult members of the family.
- Adult services provide excellent services for adults but, again, with little input in relation to the children.
- Interventions were not tailored to specific needs and many families were being offered too many services which ran concurrently and were poorly phased.
- Professionals from a range of agencies were undertaking their own assessments independently thereby duplicating the work of other agencies and creating too many assessments overall.
- Work was being duplicated by council departments and other agencies because there was no coherent, shared care plan for families.

The policy response, which would eventually become the Family Recovery Programme, was guided by a number of the key principles recommended by the Social Exclusion Task Force:

## **No wrong door**

Contact for vulnerable families with the service should open the door to a broader network of support. Public services should not seek to deflect individual issues as they arise but, instead, aim to deliver long term solutions that might be complex and involve several services and agencies but, if ignored, mean that the family will continue to decline.

## **Whole family approach**

Services need to work in a genuinely integrated manner to ensure interventions are coherent, aligned and take into account all the factors associated with the family. The fact that the poor academic record of children in the family can be directly related to inappropriate housing conditions is a matter of common sense but was not accurately reflected in traditional service responses.

## **Building on family strengths**

The importance and potential strength of the family unit has often been misunderstood or underestimated by service providers. By engaging families in the care planning process and giving them a stake in their future relationship with services, they no longer become passive observers but can build their capacity to work through problems themselves.

<sup>1</sup> Feinstein, L and Sabates, R (2006), Predicting adult life outcomes from earlier signals: Identifying those at risk, Centre for Research on the Wider Benefits of Learning, Institute of Education, University of London

<sup>2</sup> Farrington, D and Coid, J (editors) (2003), Early prevention of adult anti-social behaviour, Cambridge University Press

<sup>3</sup> HM Treasury (2004), Child poverty review

# How the Family Recovery Programme works

**Westminster's Family Recovery Programme (FRP) consists of a multi-agency team who persistently intervene and support families who are at risk of losing their children, their home or their liberty.**

Public services, led by Westminster City Council, but involving the voluntary sector, NHS Westminster and Police Service work together in an unprecedented way to share resources, intelligence and expertise to solve long term social problems in a single intervention.

The FRP is centred on the work of the Team around the Family (TAF). The TAF currently consists of professionals with the following expertise:

- Adult mental health
- Anti-social behaviour
- Benefits
- Domestic violence (specialising in working with both perpetrators and victims)
- Education
- Health visiting
- Policing
- Housing
- Intensive outreach work
- Substance misuse
- Children's social work
- Access to training and work
- Information analysis

The key to the work of the TAF is the fact that all the professionals listed opposite are part of a single, unified team that considers all cases referred to the FRP and shares the information of their respective services in a uniquely open way. They are based in the same office and, despite their varied agencies, report directly to a single Operational Head of the Family Recovery Programme.

Using the resources of the information desk, a detailed picture is established of the history of involvement with families from across the spectrum of public services. It is on the basis of that intelligence that future decisions are made.

With the expertise of all its members, the TAF devises a single care plan that takes into account the varying needs and problems of each family member. The plan will outline the responsibilities of each of the agencies in the TAF and will appoint two lead workers who will act as the main point of contact with the family – one for the children and one for the adults. The care plan will also form the basis of the contract families sign to formalise their cooperation with the process. The family is invited to attend the meeting which sets the care plan and are engaged and involved with the process throughout.

Typically, the TAF will work with families for six to nine months with fortnightly reviews and regular intelligence updates from information analysts. Support and services are phased to avoid overloading the family with too much information and the approach is flexible enough to be altered at any point. The care plan uses intensive and persistent outreach work in the initial phase and several visits each week are often required in the first phase of the intervention before becoming less intensive as capacity is built within the family to change behaviour.

The TAF seeks the family's consent to work with them (although for safeguarding and crime the team can override consent); are clear about what the FRP can achieve and is transparent about what may happen if the family is unable to make or sustain change.

## **A contract with consequences**

**One of the main aims of the Family Recovery Programme is to build capacity within families so that they can take the lead in changing their own lives. It is for that reason that as well as involving the family directly in the care planning process, they are asked to sign a 'contract with consequences'.**

**Whilst the FRP gives the service no extra statutory powers, the contract spells out the possible consequences if families fail to cooperate with the team and continue to display destructive patterns of behaviour. Before families are accepted on to the project, they must sign the contract.**

**It is extremely unlikely that families will ever have been presented with the possible consequences of their actions in this way before. Sanctions outlined in the contract include the possibility of eviction as a result of anti-social behaviour and parenting orders or court action if children do not attend school.**

**So far, 95% of families who have been assessed for entry into the FRP have signed a contract. None has yet been broken.**

# Case study

# 1

**Family 'A' are of Somalian ethnicity. They have been known to Children's Social Care over the past eleven years, and initially concerns were raised in respect of the family's housing situation. Subsequent referrals and service involvement highlighted concerns around the mother's parenting ability, use of physical chastisement and of her suffering depression. The three children in the family at that time were placed on the Child Protection Register as a result of the significant concerns. The mother engaged in some parenting support work and the children's names were removed from the Register in 1998.**

Referrals continued to be received expressing concern around the inadequate home environment and housing, parenting ability, neglect in relation to the children's low school attendance, children being left at home unsupervised, the mother's engagement with health visiting services and a number of Police reports detailing incidents of domestic disputes and violence between the mother and extended adult male family members. The mother ended one marriage and entered another, and her current husband is the father of the younger children.

The most recent referral was received in early 2009 as a result of a serious domestic violence incident between the mother and her present husband. Investigation revealed concerns about the children's general well-being, school attendance, the mother's ability to cope with seven children aged between one year and 13 years old, and the parents' non-engagement with support services. Children's Social Care initiated a Section 47 investigation and convened an Initial Child Protection Case Conference. At this conference all seven children were made subject to a Child Protection Plan. The Family Recovery Programme attended this conference and parental engagement with FRP was made part of the Child Protection Plan.

## **A new family approach**

The family were referred to Family Recovery Programme by the Assessment Team due to multiple, historic and ongoing areas of need. The FRP has a consent-based approach, and this transparent way of working with the family meant they understood the weight of concern held by the professional network and the positive and, particularly, the negative consequences of failing to engage with support services or to effect some positive change. Family A consented to engage with the FRP.

## **Team round the family**

An initial Team Around the Family meeting was convened in March 2009, consisting of a multi-agency group who contributed to the identification of needs and care planning in order to author a Family Care Plan. The Family Care Plan incorporated addressing all of the presenting needs, was clear about who, what, and when these would be addressed, and identified the outcomes the team were hoping for and those they were hoping to avoid.

## **Concerns identified**

- Overcrowded housing
- Poor school attendance
- Lack of engagement with health visiting/school nurse services
- Children not attaining at age-appropriate levels in education
- Lack of home routine
- Poor physical and general safety measures in the home
- Significant debt and benefits issues
- Possible parental depression
- Domestic Violence
- Father has minimal role in home
- Difficulty in engaging with support services

## **Trying to achieve**

- Agreed home and disciplinary routines to improve school attendance and management of seven children in the home
- Health and developmental needs (including immunisation) of all children to be met
- Effects of over-crowding to be diminished as far as possible
- Reduction in risk posed by history of domestic violence
- Address of significant debt issue and support in application for appropriate benefits
- Increase in parenting skills for both parents
- Support in reading/writing of English for mother – adult education
- For risk to children to be reduced so they no longer need to be made subject to Child Protection plan
- School attendance and attainment to improve and therefore increase positive life choices for children

## **The Team Around the Family**

- FRP Children's social worker – lead professional for children
- FRP intensive outreach worker – lead professional for adults
- FRP domestic violence perpetrators worker
- FRP health visitor
- FRP benefits & debt advisor
- FRP housing liaison
- Education welfare officer
- FRP education worker

### What would have happened without FRP?

A social worker would have usually had to manage the work with all children and parents alone. A referral to the Domestic Violence Information Project (DVIP - who carry out domestic violence perpetrator risk assessments for the council) would have been made with additional expense, cost and less intensity than our DVIP intensive outreach approach based within the FRP. The father probably would not have attended the DVIP appointment as it would have been in Hammersmith and consequently the case would have been closed and no risk assessment made of potential further domestic violence. A mainstream service would not have had time to build a relationship with the mother, which has enabled information to come to light for example in this case, the extent of financial problems and a recent risky circumcision to a child. There was a serious risk that the family would have been evicted as the social worker would not be focussed on housing problems and likely care proceedings would have started as a result.

### Positive outcomes to date

- The mother is now fully engaged with FRP and child protection workers
- Children are now all fully immunised
- School attendance is improved
- Star Charts (behaviour reward system) and parenting strategy support work with the mother is having a significant and obvious impact
- Specific health needs of one son are now being met with the support of the FRP health visitor
- The mother is engaging with Health Support Services
- The father is meeting with the FRP domestic violence worker to address his denial of his behaviour
- Nil further reports of DV or other violent incidents in the home
- Debt issues are now clarified and support given to consider bankruptcy proceedings
- Work with the mother is being undertaken regarding concerns about the risk of early marriage for her 13yr old daughter

### Parent views of FRP

**“I think the project is fantastic.”**

**“I have found them very helpful.”**

**“It’s working.”**

In conversation with the family they highlight that the difference between this project and other statutory services they have experienced is that there seems to be more time available to spend with workers and consequently the family feel better listened to and also that they do not feel judged. They did raise that there are more professionals involved than they would like but do feel involved in the planning of the work.

# Case study 2

**At the time of FRP’s initial involvement with the ‘B’ family, child ‘B’ had complex needs including escalating offending behaviour, a poor relationship with his mother, crises of identity, inadequate housing and stunted emotional development. He was misusing cannabis which resulted in two hospital admissions and also began expressing violent behaviour which led to his expulsion from school. A large number of professionals were aware of ‘B’s case by late 2007 though they found it extremely difficult to engage and assess him. As ‘B’ was out of education he was bored and unfocused during the day and much more likely to be out committing crimes with friends who were in similar situations. His offending behaviour swiftly escalated as a result.**

‘B’ became involved in serious criminal activity in 2007, receiving a reprimand for offences against property and a conviction for theft. At the time of first FRP involvement in October 2008 ‘B’ had impending court cases for a variety of crimes including robbery and possession of an offensive weapon. In 11 months there were 48 reports of crime and anti-social behaviour involving ‘B’.

Westminster City Council Community Protection Team first became aware of the anti-social behaviour of ‘B’ when copied in to an initial warning letter sent by Westminster Youth Offending Team (YOT) regarding reports of anti-social behaviour.

During the 6 months of his Anti-social Behaviour Contract ‘B’ breached 17 times. ‘B’ also used threatening and intimidating behaviour towards local residents, passers by and shopkeepers.

### Family recovery intervention

FRP began working with the family at the launch of the project in October 2008, coinciding with a marked escalation in ‘B’s criminality and anti-social behaviour. The initial TAF (Team around the Family) meeting was held in October.

At the onset of the work with the family, ‘B’ was on a YOT Referral Order, he was also on a Police tag, subject to conditional bail, curfew and was engaging with YOT 3 days a week and attending Resettlement and Aftercare Provision on a voluntary basis. The FRP was able to build upon and support this good work.

**Concerns identified at the initial Team Around the Family meeting:**

- Criminal activity
- Drug use
- Mental health and violent ideation
- NEET status (Not in Education, Employment or Training)
- Non-communication between 'B' and his mother

**The urgent needs to be addressed by FRP:**

- To fast track a move to a suitable property – the family or four were all in one room in bed and breakfast accommodation.
- 'B's exclusion from school
- To support 'B' to engage with home tutor
- To address 'B's drug use
- To address 'B's criminal and anti-social behaviour
- To address family immigration status, ability to work and claim benefits.
- Outreach worker to carry out parenting intervention around routines/boundaries/communication regarding both children
- Family Therapy Service to complete an assessment of parenting with recommendations

**The Team Around the Family:**

- Children's social worker – lead professional for children
- FRP intensive outreach worker – lead professional for adults
- Marlborough Centre family therapist
- FRP health visitor (PCT)
- FRP anti-social behaviour caseworker
- Youth Offending Team caseworker

**Results following the FRP care plan:**

**Housing –**

1. A suitable property in the South of Borough to remove 'B' from peer group he was offending with was identified and the family moved.
2. Having his own bedroom has given 'B' space and improved his familial relationships. 'B' has not offended since the move.
3. The family received assistance with the provision of basic furnishings and application for benefits when immigration status secured.

**Education –**

1. 'B' received one-to-one tuition at home after the family moved to appropriate accommodation.
2. A boarding school placement was identified for 'B'
3. 'B' started boarding school at the end of April 2009 and by all accounts has been settling in well.

**Parenting –**

1. A family assessment was conducted by The Marlborough Family Centre (which provides early intervention services for families via the schools system) including assessment of parenting ability and the impact on children.
2. Younger brother now thriving at nursery.
3. Appropriate bedtime routine has been developed.

**Immigration/benefits -**

1. Judicial review of Home Office failure to make decision over the family classification as 'over-stayers' was applied for. They now have indefinite leave to remain, have been able to apply for passports and have legal status in this country.
2. This provided clarity on the benefits situation and allowed for the correct applications to be made as a result of legal immigrant status.

**Criminality/anti-social behaviour -**

1. Following an anti-social behaviour Case Conference 'B' began to do well on his YOT order and was fully engaging in statutory and voluntary activities. He was moved by YOT from high risk re-offending and violence to low risk.
2. Anti-social behaviour that was previously occurring had drastically reduced. Some recent criminal activities have been 'No Further Action' and no new reports of crime/anti-social behaviour have been received.
3. As 'B's behaviour was so improved FRP asked for ASBO to be reconsidered. The FRP caseworker acted as liaison between Community Protection and FRP, highlighting improvements. City Guardian and community checks revealed no new incidents.
4. The Crime and Disorder Reduction Service agreed that stand alone and post-conviction ASBO applications were unnecessary unless 'B' committed any further anti-social behaviour, although the file was to be kept open for evidence gathering.
5. 'B' was discharged from a long-standing involvement with a drug treatment project.
6. 'B' was given an 8 month YOT order, his mother was subject to a parenting order with conditions to continue work with The Marlborough Centre. 'B' engaged extremely well with YOT and there have so far been no Police/ or anti-social behaviour reports in 2009. The Police report made specific reference to 'B' claiming to have changed his ways and to no longer be involved in criminal activity.

**What would have happened without FRP?**

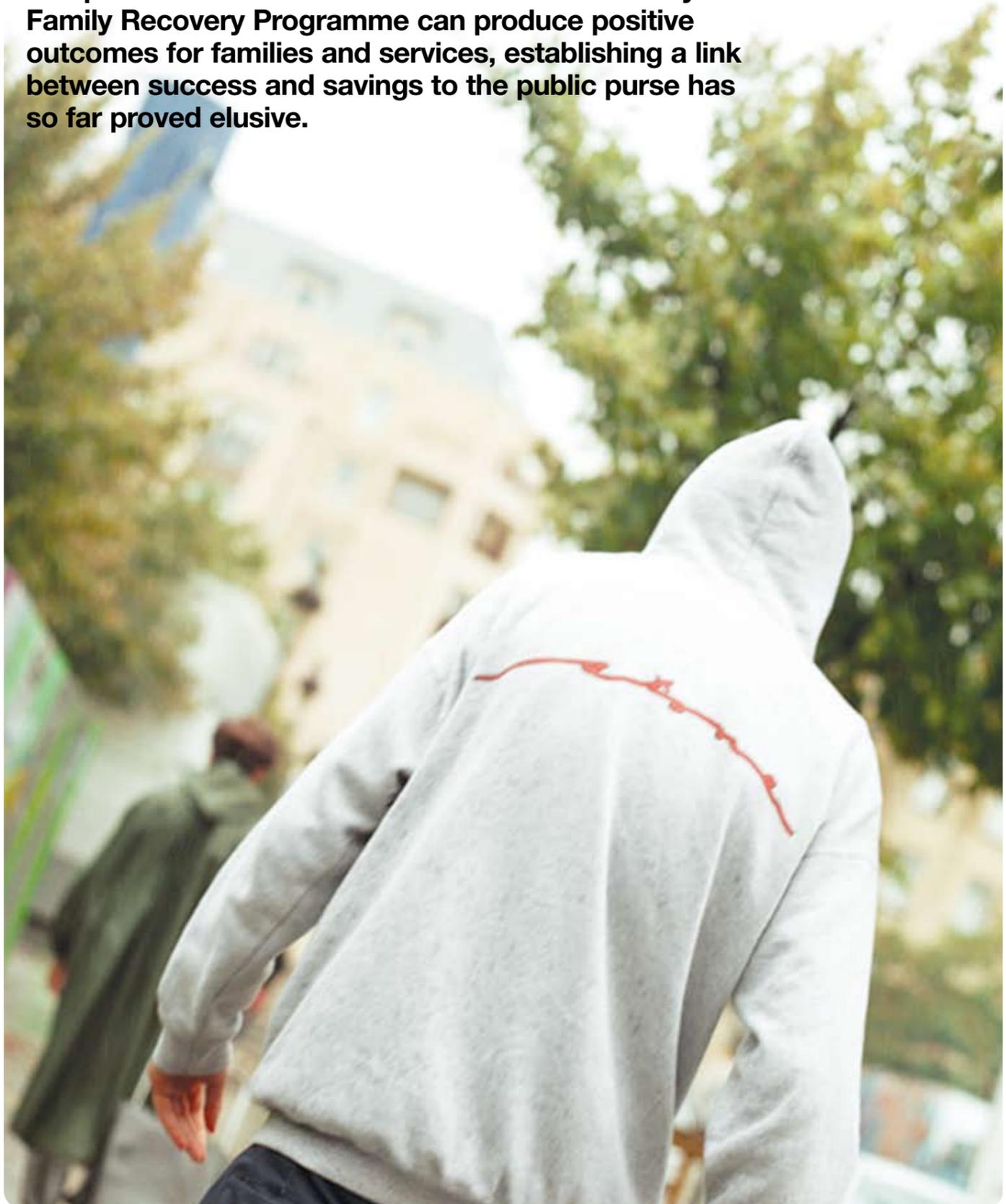
The family would have worked with Youth Offending Team worker and Children's social worker. It is unlikely that they would have been able to address the issues around 'B's tutoring, parents' benefits or the needs of the three year old son including nursery and intensive parenting so quickly or comprehensively. It would be highly likely that the risk of re-offending by 'B' would have persisted and that the three year old would be subject to care proceedings or a child protection plan. The mother would have had no prospect of working legally.

**A family member commented about FRP intervention:**

**“My family has seen a lot of change since we've started working with them.”**

# Monitoring success

**An overriding objective of the council is to measure the cost benefit of this new way of working. Whilst there is consensus amongst policy makers that early, targeted and persistent intervention of the kind delivered by the Family Recovery Programme can produce positive outcomes for families and services, establishing a link between success and savings to the public purse has so far proved elusive.**



Over the past decade and more, there have been thousands of pilot projects that have claimed to change lives and improve services – especially for socially excluded people – but little concrete evidence to reinforce those assertions.

As Westminster City Council's ambition for the Family Recovery Programme is for it to become a mainstream service for socially excluded families, a major focus has been placed on measuring the potential savings to the public purse.

The notion of cost avoidance has become more pressing at a time of austerity for Britain's public services. It is more important than ever, therefore that public agencies determine which policies actually work.

A cost avoidance model has been devised for the FRP that measures the long-term financial impact on the council's budgets as well as potential savings to partner agencies.

The model is based on the assumption that if Family X were not supported by the council in this intensive way, their needs and behaviours would risk incurring high costs to Westminster and the public purse on an ongoing basis.

The costs used in the council's analysis are drawn from widely publicised and accepted research studies and from a variety of different institutes and disciplines.

Following the FRP intervention, Family X's needs and behaviours are assessed again and improvements are converted into avoided costs.

The model established for the Family Recovery Programme has five elements:

1. When a family enters the FRP process, a record of the risks and needs of all its members is collected under a number of 'domains'. The assessment is done by the full Team Around the Family so takes in a wide number of issues and the views of several professionals. The risks are collected in seven domains (parenting, health, employment, offending and anti-social behaviour, family, education and the individual).

2. The potential costs to all public services of the risks are established from council records and other evidence provided by government and academic research. For example, the legal costs of implementing an ASBO are around £15,700 for the council and its partners. A child in care costs the public purse around £50,000 each year, a figure that can rise to £300,000 for some young people. A young person who is not in education, employment or training (NEET) costs the economy and the public purse around £52,000 per year.

3. The level of risk is re-assessed by the multi-agency professionals once the family has completed its time with the FRP. The risk of educational failure for a child who might have experienced a poor attendance record, for example, might halve following FRP intervention thereby reducing the risk by and potential costs by 50%.

4. Those costs are weighed against the costs of the FRP top work with the family. Typically, an FRP intervention costs the council and its partners around £20,000 for a six month period.

5. Finally, a cost avoidance figure is produced for each family for a single year and for a number of years into the future.

There are a number of assumptions, constraints and caveats around a study of this kind. The risks of a family exhibiting negative behaviours, for example, will always be a professional judgement more than a firm prediction. It can also be easy to overstate potential savings. It is for those reasons that analysts of the FRP have kept their assessments conservative.

Westminster City Council and its partners are aiming to refine the model over time and reshape services in the future based on its results. And despite its natural complexities, the FRP analysis currently fills a gap in social policy that has hitherto been void.

# One year on

## The Family Recovery Programme was launched in October 2008. The first family entered the service in November 2008 and there are now over 50 families benefiting from the service.

Westminster's excellent track record of joint working across public agencies has been further strengthened by the introduction of the project and the FRP has evolved as a genuinely multi-agency team. The Information Desk, in particular, has proved to be a vital tool to allow different services to communicate more effectively and there is a consensus that the intelligence-led and co-operative style of the programme has led to better care plans for families. In addition, the intensive outreach approach has been successful in engaging families who had previously been exceptionally hard to reach.

Westminster City Council has devised 19 measures to track the effectiveness of the project and early results are encouraging. Of the 18 families who have participated in the FRP and have been part of the project for six months or more:

- 78% of parents are now engaged in parenting courses.
- 67% of families are now registered and engaged with GPs and health services with 11% subsequently referred on to specialist health services.
- 83% of families have had their benefits checked and corrected where necessary and two mothers are in training for work following long periods of time without any employment.
- Since becoming part of the FRP, 55% of families with a history of anti-social behaviour have been the subject of no further complaints.
- 61% of children have shown an improvement in their school attendance.
- 56% of families with housing arrears have established a plan to clear those arrears and 39% of participating families have similar plans for their serious debt problems.

In its first year of operation, the FRP has also given a more detailed picture about the lives of socially excluded families in Westminster.

For example:

- 75% of all mothers who have been accepted on to the programme display low level mental health problems. Those problems had not been picked up by previous interventions from public agencies but are having a profound impact on the life of that family.
- 55% of families have substance misuse problems which are a feature of family life. The vast majority of those cases involve alcohol.
- Domestic violence is a factor in the lives of 80% of those most excluded families. As a result, the FRP has commissioned extra voluntary sector support for a number of those families.
- 100% of parents have concerns about their parenting skills.

The first year of operation has also highlighted a number of challenges for the service in the future:

- The FRP has exposed a gap in knowledge about the potential of the voluntary sector to provide specialist services in a mainstream project of this kind. The FRP highlights the very specific nature of some families' issues that the public sector alone simply cannot provide.
- There will be a challenge for services to calculate accurately the financial benefit of the programme. In addition, if the project makes demonstrable savings through future cost avoidance, services will need to consider where budgets might be reduced to correspond with falling demand.
- One of the foremost aims of the FRP is to turn lives around and so encourage families to contribute positively to society. This kind of contribution includes employment. Whilst there is specialist support available in terms of training and employment advice as a core part of the service, the nature of the families involved means that employment remains an aspiration for many rather than a definitive target.

### The Information Desk

Public services collect a large amount of data and intelligence on individuals and families but rarely share it effectively with each other. The Information Desk and the analysts are an integral part of the project and the team.

The FRP's Information Desk actively seeks out information held by all the services involved in the programme and, using Sharepoint software, presents it in a way that can ensure the best possible decisions when producing the care plan and monitoring progress and next steps. The team's information analysts attend care planning meetings and follow-up sessions.

The team can rely on real time information from the Police and can collate existing assessments/care plans as well as producing family trees, case chronologies and previous interventions in a summary format. Analysts are also responsible for assessing the outcomes in the care plan and monitoring progress against them. The Information Desk is also key to tracking the progress of families once they leave the FRP and can highlight situations when families might benefit from being referred – once again – to the team.

As the programme develops, information from other sources would assist the work of TAF in assessing the best approach with families and monitoring their progress. Co-operation with the Probation Service and the Department for Work and Pensions (DWP), for example, would help professionals.

### The voluntary sector

One of the major priorities of the Family Recovery Programme is to engage the voluntary sector in mainstream service provision more closely than ever before.

As well as working with established providers such as Action for Children, a commissioning budget exists within the service that the Team Around the Family can draw upon to provide specialist services that traditional public agencies cannot deliver. Innovative commissioning is a weakness in traditional public service delivery that the FRP is aiming to improve.

One of the challenges of the first year has been to identify the full range of services available in the city. Westminster has a largely untapped resource in relation to voluntary services and the team continue to work with the sector to locate services that are more suited to the ethnic, cultural and geographic circumstances of the client group.

**“Although the project is still developing, I am aware that there are real and positive results being achieved. For instance recently I was involved with the family of a pregnant teenage couple that we at Marylands are working with. The Family Recovery worker was addressing practical matters such as housing and health for the wider family which allowed us to make more effective plans for the teenagers, secure in the knowledge that the key needs of the whole family were also being dealt with”.**

**Maria Bloor, Project Manager**

Action For Children - Marylands Family and Adolescent Centre

“

People have talked a lot about partnership working in the past but the FRP really puts it into practice. Instead of picking up the pieces, the Police are now able to be part of the solution for families who might otherwise spiral out of control. It's good news for the families, their neighbourhoods and whole communities.

The Information Desk is an innovation that I can easily see catching on in children's safeguarding work.

**Inspector Paula Light**, Westminster Police

The programme gives me the information, resources and support I need to go out and do my job feeling reassured that the rest of the family's needs are being addressed

**Vanessa Silva - Carrera**, Social worker

We are already discovering things about local families that simply weren't being picked up before. The prevalence of low level mental health problems and alcohol abuse amongst so many of the mothers, for example, is affecting their daily lives and ability to manage their children's behaviour but weren't considered acute or serious enough to meet the thresholds of existing mental health services.

The FRP is giving us a chance to intervene more effectively with issues such as depression and anxiety which has so far prevented parents from dealing with their children's behaviour or improving their parenting. This means we may prevent offending and poor outcomes for the next generation.

**Selina Douglas**,  
Head of Commissioning for substance misuse and homelessness

Action for Children have been involved in this project from the very beginning. The idea behind it was exciting and completely in line with our objectives. For me, I saw that it had the potential to provide a real 'joined up' service rather than the 'almost' joined up services often promoted in policies and vision statements.

**Maria Bloor**, Project manager,  
Action For Children - Marylands Family and Adolescent Centre

In the past, each family might have had several care plans from various agencies that overlapped and repeated each other. It wastes the time of staff who could otherwise be out there on the front line tackling the real problems.

**Gill Matthews**, Housing officer  
CityWest Homes

”

## What the Family Recovery team say:



## Frequently asked questions:

### Who can make a referral to the FRP?

Referrals are welcomed at any time from statutory and non-statutory agencies. The primary sources of referrals so far have been through the Children's Assessment Service, Core Adult Services and Crime and Anti-Social Behaviour panels. As the project expands, we hope to receive referrals from voluntary sector partners and other government agencies such as the Probation Service and DWP.

The FRP uses existing local networks to identify families who might benefit from the service using its local Civic Watch panels (who deal with crime and anti-social behaviour) as well as Westminster's Local Area Renewal Partnerships.

### What is the caseload capacity of FRP?

Teams take on 60-70 cases over a period of 6-12 months. In its first year, the programme concentrated its work in the North and North West of the city where social exclusion is most prevalent. Over the coming year, the programme will expand to take referrals for families from across Westminster.

### Is participation in the FRP voluntary?

Families consent to information being shared between agencies to create their Family Recovery Care Plan at the Team around the Family Meeting. They also sign a 'Contract with Consequences' which outlines all the possible repercussions of non-cooperation.

95% of families who have been referred to the FRP have consented to the working with the team and have also signed the contract.

### How much does the FRP cost?

The funding of the FRP reflects the partnership ethos of the programme. The breakdown of costs up to 2011 is as follows:

- Westminster City Council funding: £500,000
- DCSF – Family Pathfinder funding: £300,000
- Westminster PCT £240,000
- DCSF – Anti social behaviour and crime grants £190,000 (2008/9 only)
- Metropolitan Police: providing staff at no cost

### What is the difference between the Family Recovery Programme and Family Intervention Projects (FIPs)?

Every local authority now has funding to develop a FIP aimed at families who are engaged in crime and anti-social behaviour.

The aims of the Family Recovery Programme are much wider than FIPs. Whilst a large proportion of those families referred to the FRP have been identified by community protections services, the FRP works with families with a range of other problems associated with poor parenting, low educational attainment, mental health issues etc. The FRP deals with those families who are at risk of losing their liberty, their home and/or their children.

### How long does the FRP work with a family before statutory care proceedings are put in place?

FRP currently has several cases where they work closely to support the work done by children's social workers, particularly cases at high level Children in Need and Child Protection levels. FRP work will provide evidence upon which Children's Social Care can base decisions about any statutory action around Child Protection or initiation of legal proceedings. FRP is not responsible for the timing of these decisions but has the responsibility and expertise to indicate and/or refer to statutory agencies when concerns about the welfare of children are raised.

### How is the programme being evaluated?

As a recipient of DCSF Think Family funding, the programme will be part of a national evaluation. In addition, the council is monitoring 19 separate performance indicators based on outcomes both for families and for the wider community as well as commissioning academic research through the University of East Anglia.

The benefits of early, sustained intervention of this kind are widely accepted but the consequent savings to the public purse have never been clearly articulated. Westminster City Council is therefore devising a robust cost/benefit analysis of the overall project

## Family Recovery Programme timeline

# 1 Day

Referral to FRP received, the case is screened and a decision made to accept the case

# 7 Days

- Family visit completed to gain consent
- Information desk starts search for data across different agencies
- Team around the Family (TAF) meeting arranged
- Multi-agency TAF meeting with all relevant agencies i.e. social workers, police, head teachers, education welfare, adult mental health, family therapist, housing, benefits, domestic violence etc
- Care Plan is written, families attend the meetings where possible to discuss care plan and their needs
- Small Team around the family appointed and Lead Professionals appointed for adult and children

# 15 Days

- Sign off care plan with family agreement
- Phase 1 work starts
- Reviews every 2 weeks
- Phase 2 more intensive work starts after approx 3 months
- Subject to progress case is closed usually in 6-9 months and handed over to voluntaries and lower tier service
- Family is tracked for further 2 years and can be fast tracked back into service as and when necessary