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**Manchester City Council  
Report for Resolution**

**Report to:** Economy Scrutiny Committee – 12 December 2012  
**Subject:** Community Budget / Complex Families  
**Report of:** Deputy Chief Executive (Performance)

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**Summary**

This report provides an update on Community Budgets, in particular Manchester's approach to the development of Community Budgets to improve the delivery of services for troubled families. It highlights the links between this work and the Work & Skills agenda and how that can be strengthened in the next phase of work. It also outlines the investment model needed to make community budgets sustainable in the medium to long-term and sets the approach in Manchester within the Greater Manchester context.

**Recommendations**

Members are requested to note progress on Community Budgets and comment on the approaches being developed.

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**Wards Affected:**

Gorton South, Longsight, Baguley, Brooklands, Northenden, Sharston, Woodhouse Park, Blackley, Charlestown, Cheetham, Crumpsall, Harpurhey, Moston currently. Phase 3 will see Community Budgets roll out across the City with all wards affected.

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**Contact Officers:**

Name: Angela Harrington  
Position: Head of Regeneration  
Telephone: 234 1501  
Email: a.harrington@manchester.gov.uk

Name: Jacob Botham  
Position: MIF Development lead  
Telephone: 234 3041  
E-mail: j.botham1@manchester.gov.uk

**Background documents (available for public inspection):**

None

## **1.0 Introduction**

- 1.1 Greater Manchester was selected as one of 16 Community Budget pilot areas by Government. The pilot ran from March 2012 to the end of October 2012. A team of seconded civil servants and local secondees has been working up a Community Budget approach across four exemplars in Greater Manchester namely: complex families, transforming justice, early years and health & social care. Work and Skills was a cross cutting theme. The City Council has been working across all four exemplars but has led on much of the work on troubled families, which is the focus of this paper.

## **2.0 Background**

- 2.1 In 2010 Manchester City Council established the Manchester Investment Fund to support its strategy to reduce dependency, moving from spend on failure to investment in early intervention and prevention. This move indicated a commitment to sizeable investment to drive Public Sector Reform, which includes, among other initiatives, a New Delivery Model to support troubled Families by:
- Aligning and integrating services across the City Council and partner organisations to ensure that there is a more integrated approach and access to a wider range of information and services to support those families most in need of support;
  - Providing greater potential to sustain and scale-up programmes that are most cost effective/proven to work and decommission those that are least cost effective/least proven through robust evaluation;
  - Ensuring that the investment model that underpins the delivery model is sustainable by tracking cashable savings across agencies and ensuring that benefits are commensurate with investment and risk and is jointly managed.

## **3.0 Community Budgets & Troubled Families – Progress to Date**

- 3.1 Central to the Community Budget approach was the development of a New Delivery Model. This is being tested in Phase 1 of the Troubled Families Programme in Wythenshawe and Gorton/Longsight to demonstrate what if any, additional value is offered by the New Delivery Model. Key features of the New Delivery model are:
- Whole Family Assessment – a reduced number of assessments so that there is one view/ complete picture for the family not just the bit that relates to one service
  - Directing Troubled Families to interventions/services that have a strong evidence base of achieving outcomes for these families e.g. Family Intervention Project (FIP).
  - Interventions/services are planned and co-coordinated by a key worker so they can happen in the right order at the right time
  - Better integration where support services work effectively together, prioritising the needs of the family and reducing duplication
  - A focus on early intervention for ‘at risk’ families as well as those in crisis.

- Partner engagement, identification of the families and oversight of the process through a Local Integration Team.  
A focus on family rather than the individual/s within that family is important as family and peer relationships have a greater impact on behaviour than public services.
- 3.2 The New Delivery Model in Wythenshawe and Longsight/Gorton was underpinned by a robust evaluation based on a randomized control trial, where 50% of the families identified went through the New Delivery Model while the other 50% received the usual services. Since it started in July 2011, over 420 families/adults have been engaged the programme. Although early in the process to see a the full extent of the value offered by the new delivery model, the last evaluation (from June 2012) showed there were some early indications of potential savings as a result of improved school attendance and reductions in anti-social behaviour in particular.
- 3.3 Although at the time the evaluation was undertaken it was too early to see how many families had gained sustained employment there were a number of individuals engaging in volunteering and skills development. The next evaluation is due in December 2012 and will give further evidence of progress in improving outcomes for the families including progress towards employment. The journey towards employment remains a central goal for all families, particularly as some of the needs of the family which are often barriers to employment are addressed. The recent FIP case study from Phase 1 of the programme in appendix 5 demonstrates this journey.
- 3.4 Phase Two has seen the programme align to government's Troubled Families Unit criteria and has seen the adoption of a more targeted approach to identifying families. Along with crime and Anti Social Behaviour and school attendance/exclusions, adults not in work is a identified as a core criteria for identifying a troubled family. Overall the Troubled Families Unit has established that Manchester can claim funding for 2,385 families over the next three years and a "payment by results" mechanism has been established for achieving improved outcomes around reducing anti social behaviour, improving school attendance and families progression towards employment.
- 3.5 Learning from the experience of Phase 1, the Community Budgets Phase 2 focuses on the whole of the North Manchester SRF area testing our ability to deliver the model at scale, reducing demand and cost. The new delivery model (NDM) (See Appendix 3) is a significant opportunity to better support families in the area with the intention that 1,000 families will be engaged between April 2012 and April 2013. Phase 2 will be accompanied by a robust performance framework and evaluation plan that underpin the Cost Benefit Analysis and Investment Agreements but will not include a randomised control trial. All activity is delivered through the NDM, which has been worked up with key public and voluntary sector partners. The principles of this approach are;
- Single lead professional
  - Whole family plan

- Sequenced and prioritised access to appropriate evidence based interventions
- Agreed outcomes

There are two complementary core (Tier 1) offers:

- Department of Work & Pensions European Social Fund (ESF) Complex Families;
- City Council Interventions – Assertive Outreach, Complex Families Parenting Team, Family Intervention Project, Families First (see appendix 1 for details)

- 3.6 The interventions for Phase 2 of Community Budgets in North Manchester were co-designed with partner public and voluntary sector organisations. Engagement was via workshops, meetings and one to one sessions. The roll out of Community Budget for Troubled Families, Phase 2 has been managed by the North Manchester Neighbourhood Regeneration Team who established the Local Integration Team (LIT). The LIT meets monthly and is responsible for the roll out of the programme and addressing any blockages. LIT members have been involved in raising awareness of the Community Budget programme and the phase 2 roll out. A Frontline workers event took place in July with over 68 attendees and all partners and voluntary agencies active in North Manchester have been briefed. Targeted work has taken place with the schools and partner agencies active in the Collyhurst area, where there is a concentration of complex families. The LIT is supported by the Corporate Core to identify and track the families, monitor performance and commission on the basis of evaluation, intelligence and Cost Benefit Analysis.
- 3.7 To qualify for the Troubled Families programme, the family has to meet the eligibility criteria and are then assigned to a key worker. The key worker is responsible for a single combined assessment and for the co-ordination of the range of interventions to meet the families' needs. A tracking system is used to monitor progress. Please see Appendix 2 for Eligibility Criteria. From its roll out to North Manchester in July 2012 to the end of October, 260 North Manchester families have been engaged with the Troubled Families programme.

#### **4 Community Budgets & Troubled Families, City Wide Roll Out**

- 4.1 Phase 3 of the Troubled Families programme will roll out the Troubled Families work city wide. It is in the design phase but will have the same broad objectives:
- To turn around the lives of Manchester's most complex and troubled families,
  - To progress each family closer to the labour market, with the ultimate aim of independence, sustained employment and wage progression,
  - To reduce the cost of dependency and demand on public services in Manchester, by intervening earlier and more effectively with the City's troubled families

- 4.2 The New Delivery Model for Phase 3 will be underpinned by the core principles within the Phase 1 and Phase 2 New Delivery Model – the inclusion of evidence based tier 1 interventions, a focus on the needs of the whole family, effective integration at all levels, the existence of a key worker model with sequencing of the right support services and prioritisation of Troubled Families.
- 4.3 A key element of the design of Phase 3 is to embed a “work first” outcome orientated ethos within each intervention. Although in some instances social problems and barriers to employment will have to be tackled first, this approach means where appropriate focussing on employment opportunities at the earliest opportunity and having a practical understanding of the jobs available, the attributes/skills in demand by employers, the support available, the messages and hooks that can be used to engage families.

## **5 Community Budgets – Investment Model**

- 5.1 As well as New Delivery Models the other key feature of the Community Budget approach is New Investment Models. This is being designed to address issues with the way public services are currently funded, whereby one part of the public service may reap investment by other public services without sharing the risk or the benefits. Investment in early years is often quoted as an example. Community Budgets across all its exemplars track investment and cashable savings. To ensure that Community Budgets become sustainable, they are underpinned by a new approach to investment and investment agreements between public and private sector partners.
- 5.2 By measuring the impact of the new delivery model on specific cohorts (for example Work Programme clients) the Troubled Families programme is building the case for investment from partners. High level agreements are in place with all three work programme prime contractors (Avanta, G4S and Seetec), the Manchester College, Greater Manchester Police and Greater Manchester Probation Trust. Job Centre Plus has invested in Troubled Families phase 2 through its Flexible Support Fund. The investment complements work on the ground to strengthen integration further and support the interventions working with the families to develop a better understanding of the work focused support and draw on the expertise provided by these partners.

## **6 Greater Manchester Community Budget Pilot**

- 6.1 The Greater Manchester Community Budget pilot has been completed. Detailed business cases for each of the exemplars: Troubled Families, Transforming Justice, Early Years and Health & Social Care have been submitted to Government. These are based on the experience and evidence to date of delivery across GM and propose implementation and scaling up as a key part of public sector reform. The approaches to delivery and investment, in particular the need to reduce demand, are even more critical in a financial climate that will see further cuts to the public sector. This will lead to a Greater Manchester public service reform programme.

- 6.2 In addition to the business cases on the exemplars, there is a further business case specifically focused on work and skills. It proposes adopting a community budgets approach more widely to address some of the long-standing /structural issues for certain cohorts of the 230,000 Greater Manchester residents that are out of work. The business case specifically contains proposals for: reducing the numbers of people on Employment Support Allowance (ESA) both through reducing the flow of people onto ESA through Fit for Work and applying a whole family approach to those already on IB/ESA; improving qualifications and work opportunities for young people; increasing progression in the labour market for those with few /no qualifications; and building on the Universal Credit pilots in Oldham, Tameside and Wigan.

## **7 Conclusion**

- 7.1 Community Budgets present the challenge and opportunity of radically changing the way that the City Council and the public sector delivers services, in particular for those residents who are most complex and high cost. Although, relatively early in its development, the Community Budgets New Delivery Model for Troubled Families is demonstrating effectiveness in delivering better outcomes for families. Phase 2 delivery in North Manchester is seeing the approach scaled up and rolled out to over 1,000 families and phase 3 will see the approach become citywide. Underpinning and fundamental to Community Budgets is the new approach to investment where public sector partners share the risk and rewards and invest and re-invest in interventions that work, while de-commissioning others. The Greater Manchester proposition to Government if successful will enable Community Budgets to deliver at scale.

## **Appendix 1**

### **European Social Fund Programme (ESF)**

#### **What is ESF**

As part of the Government's commitment to reduce the number of complex families in the country, the Department for Work and Pensions (DWP) has allocated monies from the European Social Fund (ESF) to support families with multiple problems, such as drug and alcohol misuse, debt or mental health issues. Participation by individuals and families in the programme is voluntary and will last for 12 months. Manchester City Council has been asked to identify families who may be suitable for the programme.

#### **Who are the ESF contractors?**

G4S has won the contract to deliver the programme in Greater Manchester and has subcontracted Work Solutions, Pertemps, and Pinnacle People to undertake work in Manchester.

#### **What do they do?**

**Family Support Brokers (FSBs)** - The G4S Family Support programme will be delivered using a single lead professional who will support and work with the individual/family for up to 12 months and act as a central conduit for the case and link to other support agencies.

**Integrated Approach** – The programme will work closely with other agencies already engaged with the individual or their family, and will broker new and additional support from specialist agencies as required (e.g. drug and alcohol support, debt advice etc.).

**Personalised Support and Guidance** – The FSBs will develop a bespoke programme of support to meet the requirements of the individual/family. This will identify barriers to employment, taking into account a range of factors such as housing, debt, family relationships, substance misuse, offending, health, employment history and skills. This initial work will also capture details of other family members that might benefit from working with the programme.

Through on-going support and guidance, and in agreement with the client, activities and focused interventions will be undertaken to help the individual and family address barriers preventing them enjoying a safe and stable lifestyle. Interventions might include training; counselling; information, advice and guidance sessions; group sessions; whole family sessions; one-to-one support.

Supporting and helping individuals and family members in this way to resolve or manage the range of complicated matters they face will enable them and the FSB to focus upon understanding their own potential, improving their work skills and securing sustainable employment.

#### **Who are their key targets?**

At the start of the provision at least one member of the family must be in receipt of a DWP working age benefit.

## **Assertive Outreach**

**Who are they?** – The Assertive Outreach Team are a new team based in the Directorate for Adults. They have been established to work with both families and single adults or couples without children as part of the Community Budgets programme.

Who they work with? - They provide a package of support based around a problem solving model to families and individuals whose needs are at risk of becoming complex. The service can work with individuals and families with two of more of the following:

- Family not in work/ benefit dependency
- Anti Social behaviour/ emerging criminality
- Poor or over crowded housing
- Low level mental health issues
- Chronic, limiting illness or disability
- Low income
- Alcohol and/or drug misuse
- Vulnerable adults and/or children.
- Poor levels of school attendance and attainment
- Disengagement from mainstream agencies.

**What do they do?** - The service collaborates with the customer and other agencies to provide a 6 month sequenced programme of support to assist customers to find realistic solutions to problems they face, this involves looking at the root causes of issues and challenging patterns of behaviour which will undermine progress. The aim is to empower people to take control of their lives and to learn skills that will help them to be more independent in the future. Each worker will work with 10-15 cases, providing two hours face to face support per case per week. The Assertive Outreach Team will monitor outcomes through monthly support reviews and also follow up support visits at 9 and 12 months.

**What are their key targets/outcomes?** The key targets/outcomes for the Assertive Outreach Service are around:

- Maintaining accommodation
- Reducing ASB / offending behaviour
- Reducing domestic violence
- Improving health / mental wellbeing
- Reducing drug and alcohol dependency
- Supporting individuals to access education, training and employment
- managing money
- Improving attendance at school
- Building social networks and relationships
- Safeguarding and improving parenting skills



### **Complex Families Parenting Team**

**Who are they?** - The team is located within Children's Services and is an amalgamation of the Respect Parenting Practitioner work and the Parenting and Prevention Team (formerly Youth Offending Services). The team structure is made up of one Team Manager, 5.5 Senior Parenting Practitioners, ten Family Support Officers, a Business Support Officer and a Policy and Evaluation function.

**What do they do?** - The Complex Families Parenting Team delivers evidence based parenting interventions to families with a range of complex needs, many of whom have disengaged with mainstream services. They work with families where there are entrenched cycles of behaviour, mental health problems, domestic abuse, substance misuse, youth crime and families within the Child Protection arena. The service takes a whole family, holistic approach.

The team provides additional parenting related support to reinforce the learning from the other programmes and to address specific issues within the family. The focus is on empowering and enabling parents to learn and change, become aware of their own attitudes and beliefs and try out different ways of behaving.

A range of evidence based programmes are offered; The Incredible Years (IY) Basic programme, The IY School Aged Programme, The IY Advanced Programme, Triple P Group Teen, Strengthening Families 10-14, Strengthening Families, Strengthening Communities and Parenting Your Teen in Manchester. The child age range the programmes cover is from 3-18 yrs. Programmes run for 2-3 hours per week for between 8 and 20 sessions. The service is needs led and parents attend the most appropriate course for their needs.

Additional courses are also offered and delivered in partnership with Manchester Adult Education Service. These course are aimed at improving parental self esteem and to facilitate progression into education, employment and training.

Programmes delivered by the CFPT are evaluated using standardised measures including The Strengths and Difficulties Questionnaire, The Beck Depression Inventory II and the Eyberg Child Behaviour Inventory. Qualitative interviews and case studies are also used to develop an evidence base for what works.

**What are their key targets/outcomes?** – At the heart of the work is improving the relationship between parents and their children, and the relationship between the family and community they live in. The team aims to make a positive contribution to;

- Reducing antisocial behaviour and youth crime
- Improving levels of parental depression and anxiety
- Reducing the number of children in the LAC group
- Improving school attendance
- Tackling the worklessness agenda

### **Family Intervention Project (FIP)**

**Who are they?** – The Family Intervention Project uses an assertive and persistent approach to engage the most challenging, hard to reach families. A lead professional is assigned to the family who identifies and coordinates a package of multi-agency interventions to meet their support needs and challenge negative behaviours. The FIP is already well established and working with families across Manchester.

#### **What do they do? –**

- Family Intervention Projects work with the most difficult to engage families that place the highest demand on services and resources.
- FIPs work to a national evidence based model which includes a whole family assessment and support planning processes.
- A coordinated multi agency approach is facilitated to provide a flexible package of support and implement a range of bespoke interventions.
- Key workers use a persistent and assertive approach to engage families.
- FIPs identify and address the root causes and symptomatic issues around negative behaviour.
- FIPs aim to equip families with the life skills to empower and facilitate long term changes, breaking intergenerational cycles around issues such as worklessness, poverty, poor health, parenting, education and criminality.

FIP key workers work intensively with families visiting them three to four times (around five hours) each week. They work with five families and take a whole family approach, looking at the root causes for their presenting behaviour.

The FIP deliver direct interventions and also co-ordinate the work of other specialist agencies. This includes: applying for charitable/grant funding; completing referrals to Children's Services; linking families to Drugs and Alcohol Services; supporting families to improve their mental and physical health; reducing ASB and offending; improving school attendance and educational attainment; improving parenting capacity; reducing debts and improving budgeting; and breaking intergenerational cycles of worklessness.

#### **What are the key targets/outcomes?**

- Child protection concerns addressed. Reduced risk of physical and emotional harm to adults and children.
- Reduction in Domestic Abuse incidents and police call outs.
- No further offending or reports of anti social behaviour.
- Improved property condition.
- Family in secure and stable tenancy.
- Reduction in substance misuse and improved physical/mental health.
- Income maximised - family more financially secure and independent.
- Children engaged in nursery provision, increased levels of school attendance and attainment.
- Networks of support identified through engagement in community groups and provision. Access to youth provision and positive activities.
- Adult family members in voluntary, part time, full time paid employment.
- Reduction in attendance at Accident and Emergency.
- Increased parenting capacity.
- Reduced risk factors.

## **Families First**

**Who are they?** - The Families First team work with families with children at the edge of care to keep families together where it is safe to do so. The model operates across a number of countries worldwide and results show that where children referred are on the edge of care, 75% - 80% remain at home following the intervention and continue to do so for at least one year after the intervention has concluded. The team is made up of one Team Manager, 15 full time Practitioners and two half time Transition Workers.

**What do they do?** - Families First work intensively with families to break entrenched cycles and build on existing strengths and skills which will help the children to be safe and enable families to stay together.

Families First work with each family on a set unique goals based on the Social Worker goals taken at referral. The FF Practitioner works with the family in order to:

- Empower the family to remove practical blocks to change (e.g. no gas, untidy house)
- Help the family to break goals down into manageable actions and develop family skills (time management, bedtime/school routines, cleaning, budgeting) with the aim making the family less dependent on services.
- Support the family to recognise what specialist services they need to access to continue change and maintain positive outcomes.
- Recognise and praise the family's achievements.

This is done through working with families in their own homes over six weeks, working flexible hours at times which are most useful to the family and acting as a direct contact. Families also have a named social worker allocated to them during the six week intervention.

Success against agreed goals is measured at review sessions after three and six weeks. Outcomes are also measured at three, six, and 12 month periods after they have working with a family to demonstrate the impact of the intervention.

### **What are their key targets?**

- To turn around deteriorating/chronic circumstances by intensive intervention
- Enable families to develop skills they need to be able to determine their own solutions

## **Appendix 2**

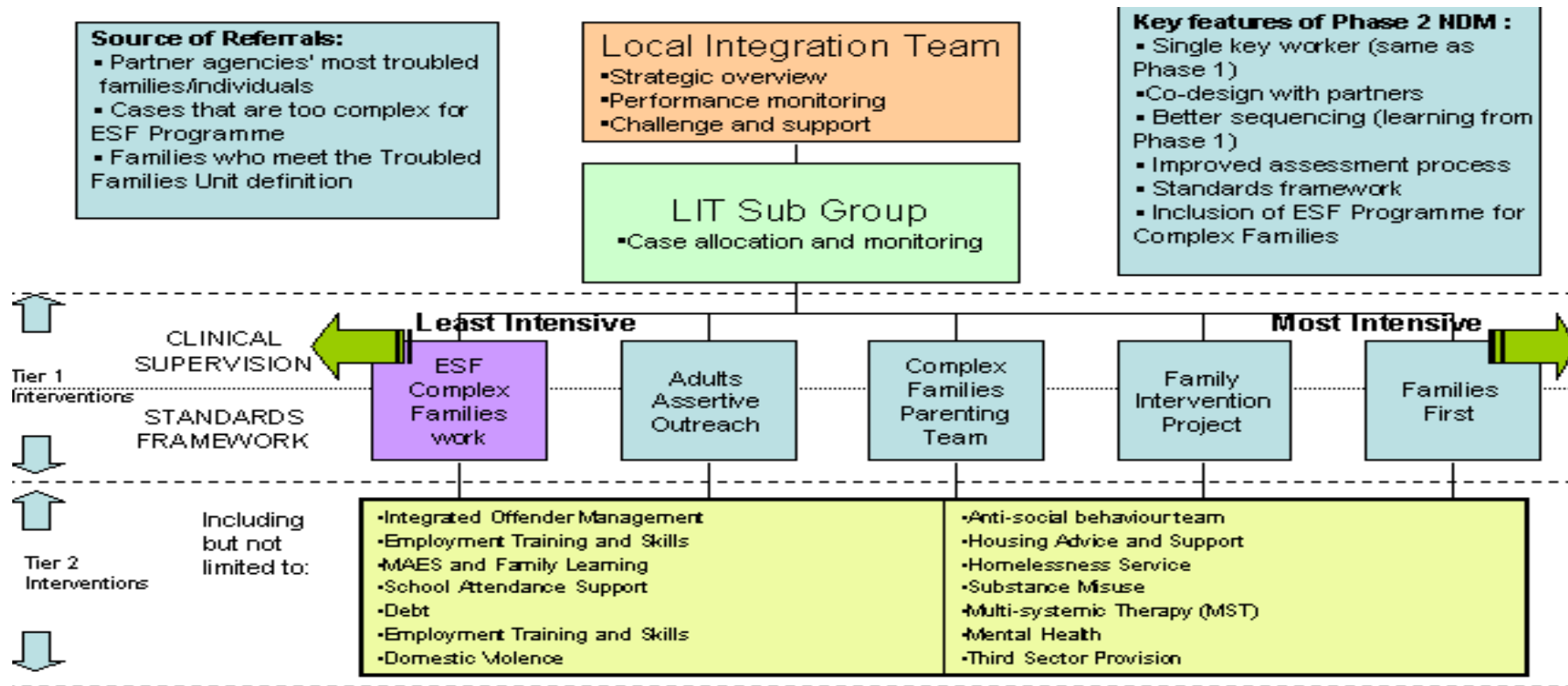
### **Criteria for Complex Families**

As a guide a family/individual with **three or more** of these criteria can be referred into the complex families programme. A Manchester family also includes single adult and adult only families.

- Crime and ASB (proven offence in last 12 months AND/OR 1 or more family member has an ASBO, ASB injunction, ASB contract, housing related ASB intervention in the last 12 months)
- School exclusions (permanent exclusion, 3 or more fixed term exclusions across 3 consecutive terms OR in PRU due to exclusion)
- School attendance below 85% (15 % unauthorised absences or more across the last 3 consecutive terms)
- Worklessness/in receipt of work benefits
- Looked After Children and children on the edge of care
- Homelessness
- Mental health issues
- Alcohol misuse
- Substance misuse
- Benefits (not only out of work)
- Domestic abuse
- Debt
- Transiency
- Non engagement

APPENDIX 3

# Phase 2: New delivery model



#### **Appendix 4. North Manchester Community Budget case study provided by G4S (ESF Complex Families programme)**

Mother and father of three children. Both have been out of work for more than 10 years. Mother has three children at home and three other children who have been taken into care in the past. Mother has previously had alcohol problems, she has poor literacy skills and suffers from anxiety, finding it difficult to leave the house. These have impacted on her parenting ability. Father is diagnosed paranoid schizophrenic and rarely leaves the house. The house is in a poor condition - it is untidy and unhygienic.

The clients needed support to tackle the issues mentioned above. In particular they needed help to start leaving the house, making independent journeys and using buses. They needed to build their confidence and motivation and to improve their literacy and communication skills. Additional help is required to address mental health issues and tackling past events – in particular having three children taken into care.

The couple were referred onto literacy and communications and confidence courses. The support worker went on bus journeys with the couple to the venues where the courses were held and provided them with timetables and route information. This meant that they were familiar with the buildings and how to travel to them. Both have been referred to Self Help Services for support with mental health issues.

The couple are awaiting their first appointment with Self Help Services for specialist mental health support. They are also attempting to write their life story as a therapeutic way to deal with events in their past. They are due to attend a communication/confidence skills course and are now travelling independently.

The main positive impact to date is that the couple now have the confidence to access a number of opportunities that they would have not previously considered. This has enabled them to travel alone and gain new skills and experiences. Their parenting skills have also improved significantly.

Both the mother and father plan to find employment. The mother would like make her three children who were taken into care proud of her if they ever come to find her. She also plans to improve her reading and writing and write a life story about her experiences, which she has already started. Both are motivated to give their children (three not in care) a better life and help them to be more successful than they have been.

## Appendix 5 Family Intervention Project (FIP) case study

<b>Case Study</b>
<b>Family Intervention Project</b>
<b>Background to Referral</b>
Single parent family, mother (S) and 4 children, 2 boys aged 14yrs and 10 yrs and 2 girls aged 7yrs and 2yrs.
The family were referred to the FIP by Mental Health Services due to mum's worsening mental health problems. She was suffering post natal depression and had attempted suicide. Her husband had passed away a few months previously due to serious substance misuse. Mum had also been a victim of domestic abuse from him.
<b>Presenting Issues</b>
Mum's mental health was very poor. She had a long history of depression which worsened following the birth of her youngest child.
Mum had previously been a victim of domestic abuse from her partner (the children's father) who lived with them. The children were subject to a Child Protection Plan due to this. The father had died due to substance misuse. His death exacerbated mum's mental health.
The family live in private rented accommodation and the property condition was very poor. There were mice, cockroaches and numerous outstanding repairs.
The family were in financial crisis, there was a shortfall in the housing benefit of around £170.00 per month. Mum had obtained various loans to keep on top of this shortfall and to try and prevent eviction. She had other debts amounting to £6000.00.
Mum displayed limited parenting capacity and she struggled to meet the basic needs of her children. This had resulted in a fairly chaotic household and lifestyle. There were no routines in place, mum was not able to manage negative behaviour, impose sanctions or recognise her own role and responsibilities as a parent.
The 14 year old son was presenting with low mood, lacking enthusiasm, experiencing mood swings and there were issues around personal hygiene. Mum also reported concerns around him mimicking the domestic violence behaviour perpetrated by his father towards her.

<p>Education: The 14 year old had 33% attendance at school. The 10 year old had 57% attendance at school. The 7 year old had 61% attendance at school. All of the children were under achieving and had low attainment in school. The 2 year old was not attending any nursery/childcare provision. Mum had also been fined £250.00 for poor school attendance.</p>
<p>All of the children presented as unkempt and their personal hygiene was not being addressed. None of the children were registered with a dentist. Other health appointments had been missed and were outstanding.</p>
<p><b>Interventions/Outcomes</b></p>
<p>Frequent home visits to the family were conducted; these visits were both planned and unplanned. Visits varied including out of hours, evening and weekend visits. This established a positive working relationship between the FIP keyworker and the family to enable a programme of work to be completed.</p>
<p>The first priority was mum's mental health. The keyworker supported her to engage with her GP and other mental health professionals. Her medication was reviewed and changed. Consequently mum's mood, behaviours and motivation has significantly improved.</p>
<p>Mum was referred to Money Mentors after disclosing the amount of her debts. They investigated the rent issue and established the shortfall was £70.00 not £170.00 per month. All her debts have been identified and reasonable repayment plans were negotiated and are now in place. Mum is budgeting more effectively.</p>
<p>The keyworker contacted Private Sector Housing who took enforcement action against the landlord to get the repairs completed and the infestation treated. The property condition has now improved.</p>
<p>The keyworker applied to charities and obtained: a fridge, washing machine, beds and bedding, table and chairs and new school uniforms. This enabled the family to shop on a weekly basis rather than a daily basis and no longer need to use the laundrette. The children now all have their own beds in their own bedrooms which gives them their own identifiable space and family relationships have improved. The family sit down and eat meals together.</p>
<p>The children's personal hygiene and appearance has improved. They are now making positive friendships in school and are more outgoing.</p>
<p>A Child Protection Plan was no longer necessary as risks were being managed effectively so the case was closed to Children's Services.</p>
<p>The keyworker implemented morning routines during early morning visits. They helped get mum up and be organised and helped</p>



the children to be ready for school and arrive there on time. School attendance has improved significantly to 97%, 100% and 92% respectively. Any recent absences were all accounted for due to sickness which could be evidenced by the GP. The children's educational attainment has all improved. Their behaviour is better and their motivation has increased.

The whole family are now registered with a dentist and attend regular check ups. The children's health appointments are being met.

Positive activities are now in place. The 14 year old attends the school football club twice every week. The middle two children attend the gardening club and art class after school. Mum takes the children out each weekend to spend positive time together with them as a family. The children have responded very well to this and this has helped build and improve family relationships.

A lot of work has taken place around aspirations and goals for the future. Mum has said she would like to work with disadvantaged people in some way. The FIP keyworker arranged for her to engage in a volunteering programme with Riverside Housing. The keyworker helped to arrange childcare for the 2 year old child to facilitate the volunteering. Mum has completed her induction and is currently volunteering 5 mornings every week. There is a possibility this will lead into paid employment within the Provider's organisation in the future.