

Nottingham, Early Intervention City MJ Awards 2011 – Delivering Better Outcomes Achievement of the Year

Nottingham is keen to be one of the leading lights in driving the shift towards effective early intervention nationally. Evidence clearly says that it works – the earlier the better, early in life or early in the development of an issue, at any age. In 2007, partners in Nottingham began to design a whole partnership, City-wide approach. After an innovative three-year grant-funded pilot programme, strong early results are evident for citizens, evidence around what works and how to shift more resource to early intervention approaches is beginning and stronger approaches to demonstrating social return on investment are emerging. The pilot programme is the start of a long-term commitment in Nottingham. Early intervention is a top priority in the Nottingham Plan (Sustainable Community Strategy) and the Children and Young People's Plan. A clear second phase of work on systemising early intervention approaches and programmes, and exploring more innovative and collaborative ways to fund early intervention, is being shaped.

From the beginning this has been an ambitious Programme, focussed on creating a cultural shift, empowering the City's workforce to always thinking and acting early intervention for our citizens.

Nottingham's Early Intervention Programme Approach

Early intervention is embedded within the Nottingham Plan and is a priority for all theme partnerships in the City. 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.

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.'

This was developed in partnership with all key organisations across the City. Strong partnership lead on this agenda:

"I am fully supportive of the Early Intervention Programme. To me it is about providing real direction and help to the families, children and young people who need it most in our city, so that they have increased opportunities to feel included and be successful. It offers the chance to help reduce many of the causes of crime rather than just the symptoms."

Shaun Beebe

Former Chief Superintendent, Nottinghamshire Police.

“An early intervention programme will ensure that the city begins to address the intergenerational problems that Nottingham along with many other cities have historically suffered. For decades we have dealt with the symptoms of crime, poverty and poor educational attainment, but we are now committed to a course that will help us to deal with major issues before they become a problem and before they blight the lives of so many of our citizens.”

Alan Given

Former Chief Executive, Nottingham’s Crime and Drugs Partnership.

“Nottingham has been at the forefront of this groundbreaking work and its success depends very much on the close working relationships we have built with our partner agencies in the city.”

Jane Todd

Nottingham City Council’s Chief Executive

There are five strands to the Programme:

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 early intervention approaches and principles. We are about to launch a Core Standard for our Children’s Workforce to drive consistent early intervention approaches across agencies, when working with families. The Family Support Strategy has just been launched which shows how the system and pathways come together and how we need to work with families for longer, earlier. This will further embed the Common Assessment Framework.
- Currently further developing the local authority commissioning process around early intervention as a key principle.

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

- Pilot two evidence-based programmes from other countries. The Family Nurse Partnership is a model with a 30 year evidence base from Colorado, USA. Nottingham is part of a national pilot to trial this model, which provides intensive support to first-time pregnant teenagers and their partner, from as early in the pregnancy as possible until the child is two years old. Nottingham’s project is providing support to 170 first-time pregnant teenagers and their partner – 145 babies have been born and some strong indicators are already being seen of the project’s success, including improved mental health and parenting skills, reduced smoking rates that are lower than the City teenage pregnancy average, higher levels of mothers initiating breast feeding at birth and immunisation uptake at 100%. Nottingham is also part of an international trial of a model of FNP delivery to groups in parallel with the US, looking at cost and impact. The Stronger Families project is an evidence based programme from Ontario, Canada, to help families overcome the impact of domestic violence. This has seen some very promising early results, maintaining a lower repeat incident rate than nationally – currently at a repeat rate of 7.7%, compared to 44% nationally.



- Adapt or create nine new programmes to create evidence. Some of these have been **co-produced with citizens and providers**. The 11-16 Life Skills project took a strong stance to ensure that the development of a curriculum programme to equip 11-16 year olds with the life skills that they need, was citizen-led. The project held broad consultation with hundreds of young people in the City and found that the subjects that young people feel are most important to learn more about are mental health issues, financial capability, sexual relationships, parenting and democracy. The most important skills for them were managing relationships, social skills and economic capability. The project consulted widely with staff and found that some were not confident in teaching more sensitive subjects, so the project responded by providing the training, which has had excellent feedback. NFER have been working alongside the project, conducting an independent evaluation, and have rated the consultation process as 'excellent'. They have reported increased confidence levels in staff to teach sensitive topics and a heightened awareness of well-being. They have found improved confidence in young people to formulate and express opinions, improved risk awareness and have found that they feel better informed and equipped to make decisions about sex and relationships.

The Raising Aspirations project, developing an innovative package to raise children's aspirations in schools, trialling interventions and producing an aspirations raising toolkit, with a unique aspiration assessment tool, has been co-produced with deliverers, colleagues from the University of Nottingham, staff in schools and pupils. The interventions are already showing strong early results, with significant improvements in the confidence, attitude and behaviour of pupils who had been identified as having very low levels of confidence and aspiration at the start of the project, and two schools reporting SATs results 10% higher than predictions in these pupils. The next phase of this work will be to trial whether the same results can be achieved through other partnership workforce teams.

- Re-engineer some existing work to catalyse impact. The Family Welfare project re-engineered the Education Welfare Service to improve and increase outcomes through the service, enabling identification of siblings of persistent absentees for early intervention and trialling the impact of a lead professional budget. This saw a huge improvement in City levels of persistent absence, with Summer term 2009 statistics showing a reduction of 23.5% across all Secondary schools and Academies, and 44.9% across Primary schools. The project has also achieved a significant improvement in the speedy resolution of the causes of persistent absence through 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.
- 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.

- Systems work – Nottingham City has invested significantly into a comprehensive early intervention package of Early Years and Foundation Stage provision and support over the last eight years. This has resulted in boosting Foundation Stage Profile results to above the national average, despite high levels of deprivation. In 2006 we were 8% below the national average. We have now progressed to 3% above the national average.

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

- Methodologies created to structure and monitor collectable outcomes from projects. Through our strong partnership with the University of Nottingham a number of PhD students have been linked to early intervention projects to support evaluation. This has provided a huge amount of added value, including the creation of a framework for quantitatively measuring aspects of welfare intervention with families and evaluating their impact, now used in place of a number of different assessment methods used previously, and a number of pieces of research have been undertaken, informing the development of the projects' approach during their establishment, such as research into the effects of parental mental health on their children. We have also had a number of senior University colleagues involved in an advisory role, including leading an Early Intervention Evidence Group to support and challenge delivery leads in their evaluation methodologies.
- Nottingham is part of national conversation and network sharing good practice.
- Work is underway to identify a 'Nottingham Early Intervention Package of Programmes and Services'. Evidence-based programmes and models to reduce demand on high end high cost services. 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.

4. Finance – understanding costs and benefits

- Conceptual cost / benefit models have been developed for two programmes. We are able to demonstrate prevented costs in some areas. We have developed cost benefit models in two projects. Both show that they prevent us from spending significantly more money.
 1. Stronger Families, an evidence based programme from Ontario, which supports families to deal with the impact of domestic violence, has reduced repeat incidents significantly. After taking off the cost of the project, it is projected that this will prevent a further £253,000 per year being spent on supporting further incidents across 64 families, using national costing figures.
 2. The Sanctuary Scheme adds security to homes, allowing the family to stay within their home and social networks, after the perpetrator has been removed. A Sanctuary installation costs £3,130, compared to £5,542 to re-house a family.
- There are many additional pro-social benefits to both models which cannot be costed. We need to be able to understand social return on investment and what things cost...but it is hard to measure some things like aspiration.
- Emerging cost / benefit approach being developed for family level. Nottingham's Family Intervention Project (FIP) works intensively and holistically with the most chaotic and complex families that have a history of non-engagement or dysfunctional engagement with services. The team lead a multi-agency team around the family, focusing on changing behaviours that impact negatively on resources and are high in cost. The

project has achieved very strong success with families, including **70%** of children with improved school attendance where this has been a problem, an **88%** reduction in social care interventions involving young people, **88%** with a reduction in criminal/anti-social behaviour and 100% compliance with community sentences, where this has been an issue.

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.

Analysis using the Department for Education FIP costing tool to estimate the potential costs prevented so far has shown prevented costs of **£5.3 million** over a random sample of 41 FIP families (after the family cost incurred by the FIP is taken into account). The prevented costs have been projected against a window of two years. Extending across all families engaged prior to April 2010, this would amount to further prevented costs of circa **£10 million**. The real savings in frontline worker time and resources are likely to be significantly higher.

- Menu of costs being created, providing a foundation for Community Based Budget 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 Community Based Budget work.

The Children's Partnership is leading the Early Intervention agenda.

- Benefits are not necessarily accrued to the organisation that invests. Innovative and collaborative funding models need to be developed. A challenge for the Children's Partnership is how to fund early intervention models in more innovative and collaborative ways. Also there will be a stronger market development focus going forwards to support more voluntary sector orgs and people in communities to provide services and be self-sustaining.

Results for citizens

It is still early to declare the results from the delivery projects, as the real impact of many of these projects will be seen in the next generation. There are, however, strong early indicators of impact in the 21,500 families who have been worked with in the City, with key results including:

- An 88% reduction in social care interventions involving young people in the cohort across the Adult Offending Team Family Intervention Project 12 high need families
- An 11-16 life skills curriculum package for the City, highly regarded by Ofsted



- 96.2% of families who have suffered domestic violence in the past have not had any repeat incidents since working with the Stronger Families project (26 families)
- A unique, tested and evaluated toolkit to assess and raise aspiration in 10-11 year olds, for the City
- A 314% increase in referrals into structured drug treatment from educational settings
- 15,503 pupils receiving an enhanced curriculum around substance and alcohol use
- 85% of teenage mothers in the Family Nurse Partnership either stopping smoking or reducing smoking by over 50%
- 70% of families who have suffered from domestic violence have had no repeat incidents since working with the Sanctuary Scheme.

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. Key headlines include:

- Join elements of the Early Intervention and Aspiring Nottingham agendas more formally. Raising aspirations is an important part of our early intervention approach.
- Continue to create a package of interventions
- Review emerging international policy and evidence and continue active engagement in the national conversation.
- Explore the feasibility of emerging innovative funding solutions and models to shift resource.

The appendix gives descriptions on good projects and real life case studies.



Early Intervention Delivery Project Case Studies

Family Nurse Partnership

Nottingham's Family Nurse Partnership, one of 50 UK pilot sites, goes to the heart of early intervention by helping and supporting children before they are even born. Evidence from Colorado and around the world shows that less healthy mothers tend to have poorer pregnancies, leading to ill health in later life for their children. They may also not have a mother figure to teach them essential life skills. The partnership aims to tackle these difficulties and is an intensive home visiting programme that links vulnerable teens in early pregnancy with a family nurse. The aim is not only to increase the health of mother and baby but also improve the family's aspirations. The nurse helps with a wide range of issues from healthy relationships to diet and stays with the teen from pregnancy until the baby is two, providing a stable and mentoring influence. The nurse makes regular visits and can also refer mums to other services for help, such as housing, health or substance abuse services.

Case study 1

Gemma was a 19-year-old living in the Radford area, pregnant with her first child. She was in a stable relationship with her partner Anthony, aged 23, but living in temporary accommodation. Gemma had a chaotic family life with historical involvement from social services. At least four other family members still had active child protection plans.

She was referred to the Family Nurse Partnership at 14 weeks pregnant and was assigned her own nurse. But within the first few weeks, her community midwife referred Gemma and her unborn baby to social care due to the history of her family. She was devastated. Gemma was trying so hard to distance herself from the negative influence of her family.

Her instinct regarding social care was not to engage with them due to her negative association from her own childhood, however she was able to turn to her family nurse. She talked openly about her childhood, the neglect she had suffered and the allegations of sexual abuse from her father and grandfather.

By working together and involving Anthony she could identify how she wanted life to be different for her child and she was able to work through the required assessment.

Both Gemma and her partner completed their assessment with social care and through working with the Family Nurse Partnership were able to demonstrate that they could look after their child. The result was that no child protection plan was required, a relief for Gemma and a considerable cost saving for social care.

Gemma improved both her diet and exercise during pregnancy, engaged well with her 'bump' to build her baby's brain and reduced her smoking from 20 per day to four. She gave birth to her son, Karl, at 36 weeks and they both spent less than 24 hours in hospital.

Karl is now 13 months old, a happy and thriving little boy with a healthy attachment to both parents. Both Gemma and Anthony are available for the ongoing fortnightly appointments.

Anthony is now in employment and Gemma is considering college.

Gemma's attitude has changed from one that was wary of outside intervention to one that is prepared to 'go with the flow' and is more accepting of alternative viewpoints. This is due to the therapeutic relationship between nurse and client, the appropriate use of motivational interviewing to help her explore her feelings and triggers for change, and the quality of Family

Nurse Partnership facilitator topics to consider her changing life circumstances. Her self-esteem has increased and both she and Anthony can see their hopes and dreams becoming reality for themselves and their son.

Case Study 2

A young girl was referred by a community midwife to the programme when she was approximately 12 weeks pregnant. She was 16 years old and living in a children's home. Her partner was in police custody awaiting sentencing for a stabbing incident.

She had been in the care system for the past two years. Her mother had been unable to cope with her and her brother due to severe mental health problems.

On meeting the young person, it was apparent that she had many issues including drugs, anger and violence against others in the home, including the staff. However, she also possessed many strengths, including an overwhelming love for her unborn baby and desire to be a good mother and learn as much as possible about parenting. She took very little persuading to be part of the Family Nurse Partnership.

The nurse worked with the girl during her pregnancy on a weekly basis. She always attended visits, engaged very well and was eager to learn. There were times when she became angry with her mother, workers and the system. She was encouraged to explore her feelings around these issues and consider what she wanted for herself and her baby. This was to have her own house - not to have to share 'dirty kitchens and bathrooms' with others, to return to education in order to get a good job and provide for her baby.

During her pregnancy she was moved to a mother and baby hostel and eventually when her baby was about four months old she moved to her own council residence.

To date key changes that have been seen are drastically reduced smoking from 30-40 per day to three-four per day during pregnancy, an improved diet that has continued and after breast feeding for five months she is now successfully weaning her baby on home made foods. She has also given up her drug use completely.

Her relationship with her mother has also improved and she has started college. She has begun to see that her relationship with the baby's father is controlling and abusive and it's not what she wants in the future.

Her parenting is wonderful - she is an excellent mother who not only meets all her baby's physical needs but emotional needs too. Her baby is a healthy, sociable and happy child.

This programme costs approximately £3,000 a year to deliver over two and a half years.

The cost of her new baby in care would have been £2,500 per week.

Added costs would have been for the young person still in the care system, youth offending, drug rehabilitation and more costs to the benefits system.

These savings are significant but are nothing compared with the social benefits of this young girl parenting her child and having aspirations for their future together.

Stronger Families

Children who have suffered domestic violence often have difficulties coming to terms with their experiences. They may feel that it's their fault or that they should have intervened. Stronger Families is an empowerment programme that provides help for children, young people and their non-abusing parent. By helping families deal with their emotions and the trauma of domestic violence, the project aims to reduce levels of domestic violence long-term and the numbers of children needing a care plan.

Case Study



A mum had been with her violent partner for over 10 years, and she had a five-year old daughter. She had been separated from him for eight months when a support worker referred the family to Stronger Families.

'My husband was very controlling, stopping me going out and doing normal things like meeting with friends. He often hit me and raped me. I was treated like a slave and he also took all the money I earned, leaving me and my daughter with nothing. He was cruel to our daughter and also hit her. It made me really depressed and I often thought about killing myself. I found the strength to leave my partner and I'm now rebuilding our lives.'

Her daughter was soon asking questions about why they had left their home and family. She had also started to show signs of difficult behaviour and demonstrated a lack of confidence. The Stronger Families coordinator met mum for an initial assessment where they talked about her experiences and discussed the family's needs.

Mum and daughter attended the 12-week Stronger Families project in 2009, which is divided into a mothers' and a children's group. The group lasts for an hour and a half and childcare and transport is offered where needed.

The children's group is designed to help build a child's self esteem by focusing on helping them deal with their emotions relating to the violence and to understand that what has happened was not their fault. Skills such as positive problem solving, conflict resolution and feelings awareness are developed by the programme.

Mum attended the parent sessions, which provide a safe and supportive environment and prepare them for issues raised in the children's group.

'I found the Stronger Families Programme really useful to think about my daughter's feelings. I understand now that children are even affected by things they haven't seen; their understanding is deeper than you think. I am now able to talk to my daughter in an open way. I am going to continue involving my daughter more, especially if my daughter is particularly quiet or naughty.'

At the end of a programme, further support can be offered by linking into other services, or with one of the partner agencies.

Since the completion of the programme, the Stronger Families team has contacted the child's school to assess any changes in the child's behaviour from a third party. The teacher said: 'The child's confidence is improving massively which is having a great effect on her social, emotional and intellectual abilities in all aspects of school life. I am absolutely full of praise for the support [daughter] and [mother] have received.'

Family Intervention Project

Nottingham City was among the first local authorities in the country to trial family intervention in 2007. The team works with the most challenging families in the city; those experiencing severe social breakdown and those that have a history of being hard to engage. The team may be triggered by a referral about an individual but it works across the whole family unit to address the root causes of problems. These families are not easy to reach; they have a history of social exclusion and a deep mistrust of service authorities. The team uses an assertive model of engagement to get these families to work with them.

Case study

Police, social care and education referred the family to the Family Intervention Project following reports of anti-social behaviour, non-school attendance and concerns of child neglect. The four eldest children had not been in school for the past 18 months and the two youngest children were at risk of permanent exclusion due to their very challenging and aggressive behaviour.



Parenting in the family was extremely problematic with little evidence of boundary setting or consistent discipline methods. The father had acute mental health difficulties and the mother was alcohol dependent and suffered from depression.

A multi-agency conference was convened during which the FIP identified and prioritised the work that was required and provided co-ordination for the services involved.

The family was in danger of homelessness and this was considered to be a key priority. The private landlord agreed to suspend plans to evict the family whilst the FIP began work with all family members.

The FIP worked with the whole family, visiting late and early to help ensure children went to bed at night and got up in the morning at appropriate times.

The parents were subject to parenting contracts with acceptable behaviour contracts (ABCs) served on the children. The mother was supported to access specialist alcohol counselling services.

Education and training provision was put in place for all the children, including statements of special educational needs. Tenancy support and debt management were also provided.

A multi-agency team around the family met every six weeks to review progress in dealing with their many complex needs.

In the last nine months there have been no further complaints of anti-social behaviour. All the school-age children are now in full-time education with over 90 per cent attendance. One of the children has just achieved five A-C grades in her GCSE examinations. The mother has benefited from the specialist counselling support, her confidence has risen and she has attended employment training.

This family has now exited the FIP and the positive changes have been sustained.