THE YOUNG Y FOUNDATION

Building resilient communities

A Young Foundation report for Wiltshire Think Family Board

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Summary

1. Wiltshire's Total Place work has ambitious aims: to improve wellbeing and transform service delivery by removing the confusion, duplication, and unnecessary burdens that can arise where citizens are interacting with multiple agencies.

2. Our work on Bemerton Heath was both a research and demonstration project for the Total Place project. The brief was to map existing feelings and capacity of community members on a single estate, Bemerton Heath in Salisbury, and then make recommendations for improving service delivery and community resilience.

3. This report captures the results of this work in summer 2010 with community members, families accessing multiple services and local service providers. It also makes recommendations about how the learning can be applied to other areas of Wiltshire, as part of the Total Place agenda.

4. Our findings and observations point to numerous small service improvements. Some of these are in hand as managers look to fine tune their delivery. But to achieve the kind of financial savings necessary in this climate, some more radical alternatives will need to be considered. We recommend that the Think Family Board consider five specific changes to their provision in order to improve services for the most vulnerable and better utilise the untapped assets of the community to deliver happier and more resilient families and communities, including:
    - reconfiguring support services into area based working teams;
    - more service interventions which work with the whole family not just individuals;
    - targeted additional support in areas with poor levels of wellbeing and resilience;
    - develop the opportunities for mutual aid within communities, promoting self help groups and community solutions; and
    - better differentiated service offerings for truly chaotic families compared to families who are disengaged less profoundly from the mainstream.

5. This report and the project that it is based on is just one part of the Think Family investigation into new models of service delivery. Our recommendations on how to reconfigure services should be read in parallel with the work on average user journeys and specific service costs completed by Sarah Thomas. Together we hope these set out a direction for service re-design in Bemerton Heath, which can form a template for a Wiltshire-wide approach.

Introduction

6. In Wiltshire, in common with other local authority areas, services have identified that a small number of families in the community are 'in crisis', struggling with a number of inter-locking issues, such as poverty, drug and alcohol dependency, inadequate housing, domestic violence or exposure to crime. Such families are receiving multiple interventions from a range of services and agencies (for example through social workers, health visitors, justice system).

7. Evidence suggests that local services spend a disproportionate amount of time and resources working with the most challenging families. The Social Exclusion Taskforce, in their Families at Risk review, also identified that support provided by different agencies often does not succeed because services are poorly coordinated and do not take into account the family problems at the root of an

individual issue. Wiltshire Council and their partners have therefore been working hard to develop more collaborative approaches to delivering services to chaotic families.

8.   But interventions like this are costly to the ever diminishing public purse. The council is interested in supporting local people to identify and help the most vulnerable families within their local area themselves, as well as building community resilience to help prevent families who are 'just coping' from slipping into chaos.

9.   Our work over the last four months has been part research project: to test the levels of community wellbeing, the perceptions of chaotic and disengaged families and the strength of volunteering etc as well as to learn from the stories of the 'families who are receiving multiple interventions' themselves, and from the service providers who are supporting them. But it has also been part demonstrator project: testing a new tool for measuring community wellbeing and resilience and a rapid community project development tool called 'Taskforces', both of which could be rolled out across Wiltshire. These two elements combined have informed our suggested options for new templates of services delivery.

10. This report is pulled together thematically. Whilst each of the annexes explore in detail the various research activities and community engagement methods, below we draw from each of these to explore:
     - Bemerton Heath and its community capacity;
     - the experience of disengaged, vulnerable and chaotic families on Bemerton Heath;
     - experiences of local service delivery;
     - what role the community can play in building wellbeing and resilience;
     - new models for service design and delivery.

About Bemerton Heath

11. During the last few months we have spoken to a number of residents and local agencies to immerse ourselves in the activity happening on the estate and inform the project. This has included:
     - speaking to over 120 local residents, visiting local residents' groups, attending community events, and knocking on people's doors around the estate. We engaged with several of these residents over a period of time through the Community Taskforce;
     - attending local Inter Agency Group (IAG) meetings, which provided an opportunity to touch base with, update and receive feedback from key figures in the community;
     - conducting more in depth interviews with over 25 stakeholders with front-line statutory service providers, those employed through community services, volunteers and elected Councillors.

12. We have observed that in many ways Bemerton Heath estate is two places rolled into one: an urban estate, with a rural backdrop; a very stable community, that includes some very unsettled families; a place where 66 per cent of people know their neighbours, but nearly as many have neighbours they avoid[1]; a community brimming with capacity and enthusiasm, yet one where many people still feel isolated and disconnected.

13. The estate boasts a new Academy and several primary schools, a GP surgery, two children's centres, local churches, a community trust and a neighbourhood and community centre. Yet despite

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[1] See Annexe 2: Surveys[1]

this level of provision local service providers acknowledge that they need to do more to work together collaboratively.

14. The estate has a poor reputation amongst Salisbury residents. Recent local press reports of anti-social behaviour and petty crime have done little to boost its ratings. Local people are proud of the area but worry that high levels of worklessness, combined with short term housing for young parents, ex-offenders and recent immigrants, have tarnished its name.

15. But the estate does feature a passionate community. A core group of residents spend a great deal of time volunteering - our estate survey suggested that 13 per cent of people volunteer locally each week, and many more volunteer once a month[2]. Many more are willing to help their neighbours, and few feel they have no-one to turn to in a crisis (neighbourliness is strongly correlated with happiness in fact: only those who never speak to their neighbours are 'unhappy' in the area).

16. The estate includes both well established, formally constituted groups with the means of raising finance, managing volunteers and developing detailed projects, as well as informal connectors – entrepreneurial people whose word is trusted locally. This combination is already proving successful: the Trussell Trust recently featured as good practice in the new government's Big Society briefings and the community group have recently started a third weekly youth club at the Neighbourhood Centre.

17. It is this community efficacy which Wiltshire Council and its partners need to capitalise on, in order to build a more resilient community. And there are clear opportunities to mobilise additional community resources - the time, energy and skills of local people – towards building wellbeing and supporting the most vulnerable people.

Disengaged, chaotic and vulnerable families on Bemerton Heath

18. Service providers have identified a number of families on the estate whose behaviour, circumstances or health issues cause significant issues for themselves, and often those living nearby. These families are often described as chaotic: they live on the margins of society, withdrawing from service interventions, making erratic decisions (sometimes fuelled by drug and alcohol dependency) and contributing little to the community. Local service provider's estimate that five or - six such families live in Bemerton Heath. Far more common are the families who are 'just coping': often in and out of work, suffering ill health and with children who struggle at school, these families are trying hard to get by but make multiple demands on service providers across the board.[3]

19. We used three different methods to understand these families better:

- Five ethnographic profiles ('day in the life of studies') with 'chaotic families'
- Survey data and interviews with local residents on the estate
- Interviews with local service providers.

Each research technique brought different insights. Through each we observed:

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[2] See Annexe 2: Surveys[2]

[3] See Annexe 1: Interviews, for more discussion of family typologies

20. **Few of those put forward to us as 'chaotic families' seemed to be living chaotic lives** – the families were often in receipt of multiple services, formed of workless households and could be viewed as vulnerable, though not 'chaotic'. However, as the aim of this project was to find a cost effective way of supporting these families through service interventions and improved community contact was the principle aim of this project and the families we selected more than qualified for this.

21. Access to chaotic families was difficult for multiple reasons. Firstly, there is **no consensus across the statutory and voluntary agencies on what constitutes a chaotic family**. As a result, when asked to identify chaotic families, agencies put forward variations of vulnerable of families and individuals. As a result, at the time of writing this report, Wiltshire Council cannot estimate the number of chaotic families living in Bemerton Heath. Secondly, ethnographic research may not be appropriate method by which to research truly chaotic families. Such families may be invisible to service providers, may not consent to research (they may be under criminal investigation, subject to child protection orders and may be unwilling to provide information).

22. **Most families were making rational decisions given the choices they felt they were face with** - rather they were making fairly rational decisions to maximise the time they had with their children and the income they received. Most were willing to settle for a reduced but dependable income from benefits, rather than the unstable world of short term work. One family summed up the challenge and their decision to live off benefits: *"you have to do a certain amount of hours, and you get half your rent paid and you pay the other half. But that's not enough. We couldn't live off part-time work with a full family. Tried for a year and a half, and struggled with three kids."*

23. **Most people were struggling**– whether with self esteem, money management or ill health. Participants often described themselves as victims of a sequence of unfortunate events (for instance, ill health which led to unemployment which then led to poor mental health), which now left them powerless to change their own circumstances.

24. But neighbours viewed these families differently. Whilst some were described as 'vulnerable families' (people who were struggling through an unfortunate set of circumstances like ill-health or bereavement, and therefore deserving of sympathy), many more were described as 'problem families' (people who had 'brought it on themselves', through drug or alcohol abuse or a 'refusal to work'). One local resident commented, *"You can call them what you like but they're going to cause problems"*.

25. The community survey revealed that **residents had little time for these families** who they saw as the source of antisocial behaviour and noise and the diminishing reputation of the estate. As such the behaviour of just a few families was often cited as the reason people were not happier or more satisfied with the area.

26. **Few participants recognised the impact that their behaviour might be having on the happiness and wellbeing of their neighbours**. Nearly all dismissed the concept, but were happy to name other families who were perpetrating problems. Most spoke of withdrawing from the community though, like one interviewee: *"I keep myself to myself and I do not engage because I am scared"*. This social isolation is a particular barrier to community and self help based interventions to support individuals (as we discuss later).

27. A number of the participating families voiced anxieties about unfriendly neighbours. This sense of alienation may be self-perpetuating as families withdraw from the community and neighbours become strangers. Nonetheless, their anxieties can feed their sense of seclusion and exacerbate their vulnerabilities.

28. **State provision was viewed as a safety net**. We heard from individuals who did not want to burden family and friends with requests for help but saw this as the role of the state instead. These attitudes built dependency, with participants seeking validation from health visitors or play workers who came to the home, rather than friends and family. If Wiltshire is to be able to reduce the amount and costs of direct support to these families then a culture of mutual self help needs to be built.

29. Many of the most challenging families received **multiple visits from different public service providers each month**. For the families themselves these interactions were often confusing: professionals were bounded by the limits of their service or expertise; signposting was limited; some of the services are discretionary – withdrawn punitively for 'bad behaviour', whereas others are universal; some service providers challenge behaviour, others ignore it.

30. All of the families spoke positively about **at least one point of contact with the state**. This was usually a health visitor or play worker – someone who came into the home regularly and was therefore trusted. In some circumstances this trusted worker was able to challenge and change the families' patterns of behaviour. The families were very clear this wouldn't have happened through an interaction with a short term service or a 'call centre'. One mother said: "*if I didn't have my health visitor I wouldn't be here right now. I'd be homeless with the kids. Be in a lot of trouble with our debts. A lot of things would be going on if it wasn't for the health visitor. Without her we'd be hitting a brick wall, that's for sure.*"

31. Such relationships are particularly powerful given the complexity of self esteem and family aspirations within these families. Many saw life as unfair, a world in which they were simply victim to fate. Families often could not describe how their own actions could help them achieve their aspirations (both a consequence of **low levels of self esteem** and a lack of self awareness). These entrenched views and ways of thinking are unlikely to be challenged by a 10 minute conversation with a Job Centre Plus advisor or a social worker making an assessment, but rather need to be drawn out and carefully challenged by a 'trusted professional' with whom the families have a relationship.

Experience of local service delivery

32. We spent time directly mapping the experience of service providers as well as the perceptions residents had of their delivery through:
    - 15 1:1 interviews with local service practitioners;
    - A user journey mapping exercise with the family intervention project;
    - A service design day with local and senior public service personnel;
    - Interviews, survey data and ethnographies with local residents.

33. The estate survey revealed that most residents on the estate readily identified with health services. Most valued services were play rangers and health visitors who were embedded into community life and had built sustained relationships with the families.

34. The Bemerton Heath Inter-Agency (IAG) group has done much to improve the sharing of information between professionals and voluntary organisations on the estate. But service providers themselves acknowledged **that their own delivery could be chaotic at times**: a **lack of comprehensive data sharing** stifles cross referrals and preventative work and means clients often have to repeat information to multiple practitioners; almost all felt over stretched, with large caseloads meaning face to face time with families was tight; and **little opportunity for co-**

location means knowledge of other services and signposting was limited. As one provider put it: *"There are services available that as a provider I am not aware enough of or plugged-in to enough to collaborate with."*

35. We asked over 15 service providers to nominate chaotic families for us to interview. Just five turned up to a meeting to discuss these families – some deterred by the time commitment, others constrained by their own organisational data sharing policies and some seemingly too removed to engage (the most notable being social services whom we struggled to engage in any part of the project). This experience reflects broader **concerns over collaboration between agencies**.

36. We observed that **lots of work was generated for service providers by needs which could be met elsewhere**. For example, isolation and loneliness can be tackled by the community through preventative work like lunch clubs and befriending schemes, and antisocial behaviour issues do not always need to be channelled through the police force but could instead be tackled by local groups and diversionary activities.

37. We also noted that the crushing effects of **poor mental health, low level depression and self esteem issues** block many residents' self efficacy. Whilst service providers work with them to try and solve health, worklessness or alcohol abuse issues, residents report that they often try to change but stumble – pulled back by persistently poor self image issues. There is room for much more concerted work on improving personal wellbeing and resilience (the ability to bounce back from the challenges in life).

38. Service providers themselves also acknowledged that they needed to act earlier to prevent crisis (rather than at the time of crisis) and service provision should focus on behavior change and fostering aspiration amongst families at risk. As one provider said "a *big challenge is getting people to realise that they come with problems before they reach crisis point like eviction. People end up in this situation without really realizing and then ask 'How did I get here?'*"

39. A very different type of support to families is therefore needed - support that is more sustained and not merely a short-term intervention that does not surface the underlying problem. The Family Intervention Project (FIP) is perhaps the best example of this to date. As the user journey map shows below, the family is encouraged to go on a journey of behaviour change.

40. Yet the FIP team has been less effective than it could have been: constrained by poor awareness amongst other providers and a lack of referrals.
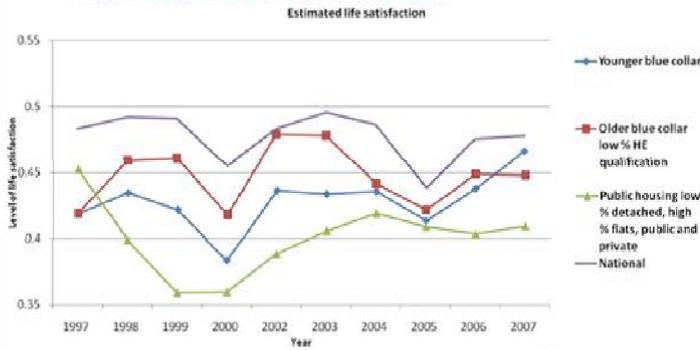
	REFERRAL	INITIAL MEETING	ASSESSMENT	CONTRACT	INTERVENTION	EXIT
	Week 0	*Week 1–3*	*Week 4–6*	*Week 6–8*	*Week 8–52 or even 18 months*	*52 weeks–18months*
CONTACT WITH FAMILY	Family nominated by service provider Family sign referral order OR: Sometimes go out and do referrals by forms - PR exercise Receive welcome letter and service introduction OR family decline by phone	Letter and phone call to arrange Intro meeting to explain offer Myth bust - convince cynical families	Family observation - face to face, one to one Discuss with parent (s) at home or coffee shop Discuss with child at home or quiet place Text contact Verbal updates/feedback on process Collect info on families from agencies Families can withdraw Families disclose new information	Shown draft contract Opportunity to add to contract - few do Have to sign	Meet every 6 weeks Daily support – strategies to get children to school; relationships Parenting classes or one to one One to one classes with young people in school Holiday activities - positive relationships; positive groups; adventures Cold calls to check up Intervention intensity tails off Offer feedback Coercion: biscuits; incentives; consequences	Exit procedure - decrease visits to weekly Then - phone key worker Then - contact with another person Signposting to other services
CONTACT WITH PARTNERS	Agencies (police; school; housing) refer Form checked against criteria by FIP manager If decline - phone agency Form complete Service provider signs	Discuss with service providers Multi-agency discussion with family Myth bust of service mis-sold	Record on d'base within 5 days Outcome by phone Schools are very open to contact Extra data gathering Hard to reach some agencies e.g. social services; schools; Health Visitor	Draft contract - 5 - 6 pages Identify strengths and weaknesses Agencies commit to action - continue service and communicate with FIP Contract signing with family and agencies	Meet all agencies every 12 weeks Phone or write to agencies - as needed Co-ordinate other agencies Expect new info from other agencies	
EXPERIENCE OF *— the family*	Uncertain - not used to interventions Struggle to understand Initial surprise, paranoia, trepidation	Nervous - first meeting Can feel judged	Patient Were paranoid but now pleased	Positive No families argue Rapport with key worker Trusting	Worry - too supportive stop encouraging family Rewarding - when families responsive Goes beyond coercion and is comfortable journey Frustrating if not changing	Happy to see FIP member Satisfying Sad and happy
— the fip	Hard work - no admin support	Trepidation if meeting is bad Identify opportunities if misunderstandings Referrer is enthusiastic	Busy Good feeling - family now co-operating Hard to contact providers Hard to record and remember information Lots of travel	Worry that contract meeting families suddenly disagree Physically stressed - getting to know family Relief if everyone turns up to meeting Nervous - writing up contract Sense of achievement Can feel almost like a stalker Realistic about goals	New face is unsettling for family but a good thing Safe space for family to talk about what works Can't be jack of all trades Pleasure - see difference in review meetings	Sad and happy

What role can the community play in building wellbeing and greater levels of resilience?

41. Our approach to understanding community wellbeing and resilience encompasses a focus on both deficits and assets within the community. Our analysis seeks to uncover not only where there are vulnerabilities but also the extent to which the community has the capacity to help itself.

42. On Bemerton Heath we have used the Young Foundation's Wellbeing and Resilience Measure (WARM), a framework to measure wellbeing and resilience at a local level. Using publically available data sets, ward information and our own data capture through the estate survey, the WARM tool can be used to compare Bemerton Heath to other areas, as the figure below shows.

43. As figure two shows our **overall assessment is that the estate is faring well**. Bemerton Heath has strong social networks. People are generally well connected and can draw on family, friends or neighbours for support. Communities which exhibit this type of social capital have strong 'survival resilience', able to withstand some level of shock.

44. Our work elsewhere suggests that this can be a mixed blessing. Areas with high levels of bridging social capital (where heterogeneous groups form easily) can allow people to employ social supports in the absence of material supports. For instance, friends and family members can be used to look after children or borrow money from relatives. However, communities with high bonding social capital (where homogeneous groups form easily) can **lack the ability to adapt** as people are locked in to social norms. This can inhibit aspiration and discourage people from looking for new opportunities. [4]

45. Stage two of the chart above identifies assets and vulnerabilities on the estate. Using the domains from our WARM model and local data from central and local government data sources. Each domain is accorded a colour – red (indicators in this domain are consistently below the local authority average); amber (indicators are in line with local authority averages or mixed performance – above and below); green (indicators are above the local authority average). As you can see we identify a number of areas of concern namely:
     - low attainment in education and skills
     - high proportion of income claimants
     - high proportion of lone parents
     - limited local (Bemerton Heath) economy.

46. Finally stage three graphically represents the data from our WARM analysis. Using the BHPS data we set out all the above variables on the same scale and the averages of the type of people that live in Bemerton Heath have been compared to the national. Bemerton Heath averages that are the same as the national average will equal 1, those below the national are decimal places below the national, e.g. .95 or 95 per cent of the national and those above the national are decimal places above the national e.g. 1.1 or 110 per cent of the national.

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[4] The Young Foundation (2009) Sinking and Swimming London: Young Foundation [4]

Stage 1: how has Bemerton fared?

Estimated life satisfaction

Legend:
- Younger blue collar
- Older blue collar low % HE qualification
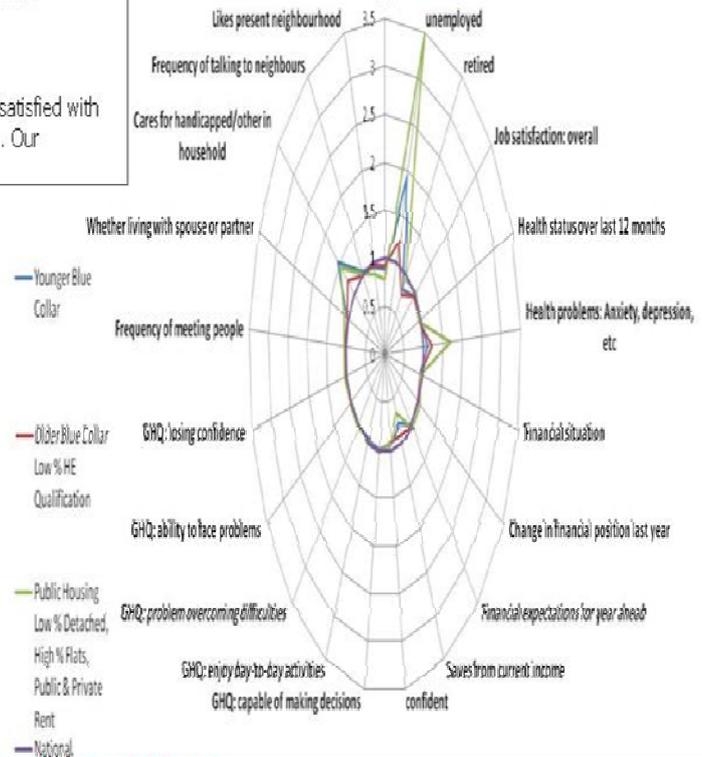- Public housing low % detached, high % flats, public and private
- National

Satisfaction with life: The majority of people living in Bemerton Heath are satisfied with their life. Just under nine in term people stated they are satisfied with their life. Our estimates suggest that older residents tend to be satisfied with their life.

Stage 2: measure assets & vulnerabilities

Self	Emotional resilience and life satisfaction
	Education
	Health
	Material wellbeing
Supports	Strong & stable families
	Social capital
Systems & structures	Local economy
	Infrastructure
	Crime & anti-social behaviour

Main assets
- Low levels of deprivation amongst older people
- Strong social networks (particularly amongst older residents) with most people able to draw on emotional support

Main vulnerabilities
- One in three people find in harder that usual to deal with problems
- Prevalence of anxiety and depression
- Poor education. Low attainment and low proportion of people that are staying on in education
- Prevalence of lone parents

Bemerton Heath

Main groups in Bemerton are: Young blue collar, older blue collar, people that live in public housing.

Stage 3: benchmark Bemerton against national trends

Legend:
- Younger Blue Collar
- Older Blue Collar Low % HE Qualification
- Public Housing Low % Detached, High % Flats, Public & Private Rent
- National

Stage 4: understand and plan

The WARM data analysis and the local data identify four main concerns: low attainment in education and skills, high proportion of income claimants, high proportion of lone parents and limited local economy in Bemerton Heath.

Bemerton Heath has strong social networks and the majority of people can draw on emotional support. People are generally well connected and can draw on family, friends or neighbours for support.
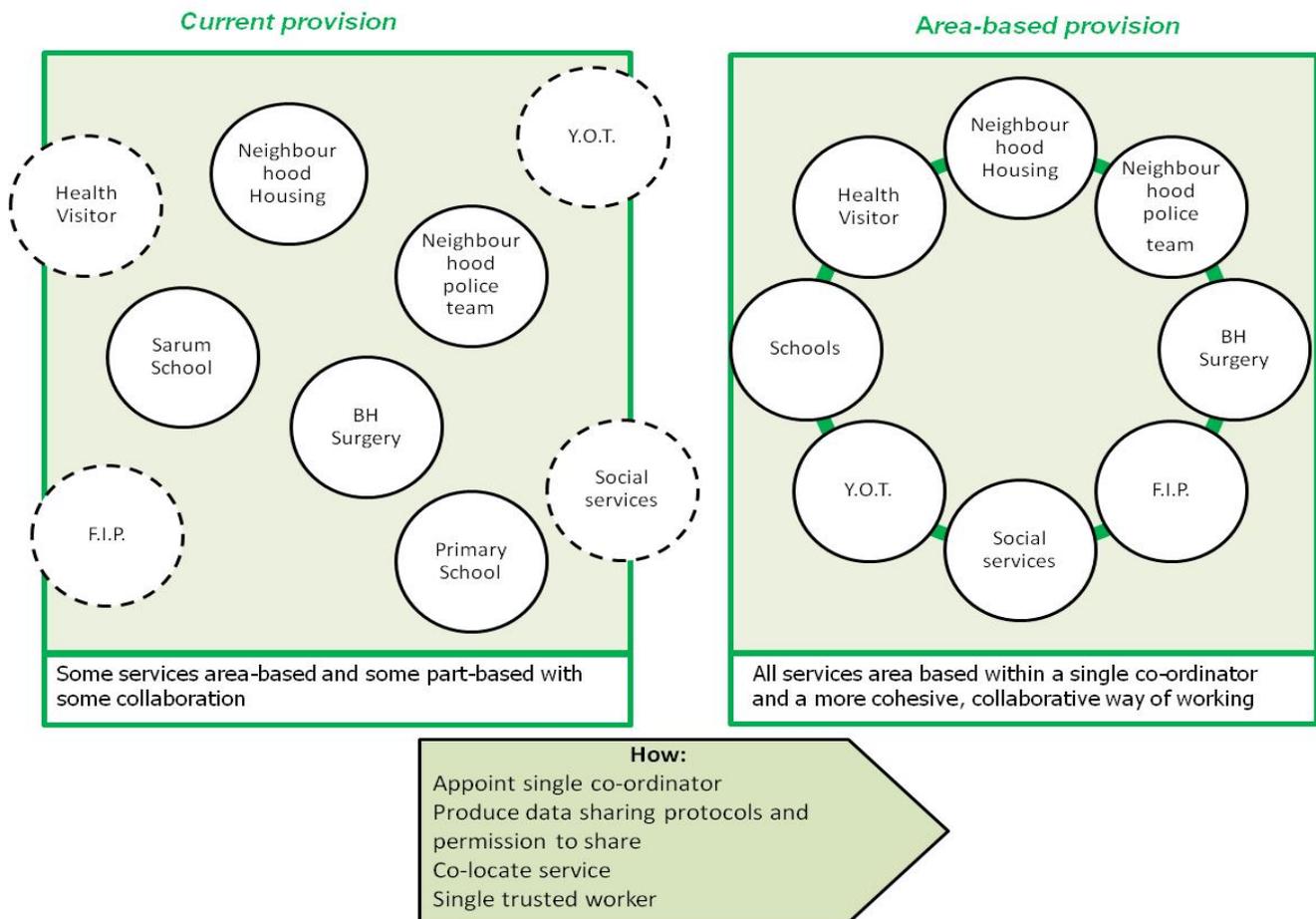
47. Particularly noticeable here are the **high levels of unemployment**, compared to the national average. This is particularly evident for residents that live in public housing. In addition, the graph illustrates **high levels of anxiety and depression**, again this is particularly problematic for those residents that live in public housing. In contrast, older residents are less affected by the vulnerabilities documented in our WARM analysis above. But note that residents that live in public housing and younger blue collar workers are marginally more likely to talk to their neighbours and live with their spouse or partner, suggesting that this group can draw on emotional support and are less likely to be isolated.

48. The quantitative assessment of community capacity is backed up by our experience of the passions and commitment of the local community to building community resilience. On Bemerton Heath we used a **community development tool called Taskforces** to introduce a group of local residents to the survey, ethnography and interview data we had collected and encourage them to find community led ways to tackle the issues identified. The temporary nature of the taskforce, coupled with the focus on practical action, stands it aside from other community engagement techniques. This approach prevents generalised discussion around subjects, and instead promotes a focused and practical approach, "What could we, the community, do about this issue today?"

49. **The taskforce revealed a real appetite for change**. The group discussed and debated the issues which they felt most strongly about before unanimously selecting two priorities, to form the focus for the remainder of the taskforce meetings:
    - Anti-Social Behaviour (ASB): Especially ASB attributed to youth in the area and changing the fear of crime.
    - Community Parenting: Looking at the capacity of the community to better support parents within it, especially those who may be struggling and to take some joint responsibility for monitoring the behaviour of its youth.

50. The taskforce were presented with examples of best practice and asked to draw on their own experience to generate ideas to practically tackle these issues. Firstly they agreed that a youth led project where young people design and build a BMX track and are then responsible for its maintenance, would help reduce low levels of antisocial behaviour and reduce the fear of crime.

51. Secondly the taskforce group began work on a community parenting scheme, matching older residents with some of the most vulnerable groups on the estate to share skills (primarily) and share experience of parenting (secondary) in non threatening environments. For example, the school is keen to match up six of the excluded / challenging pupils with six volunteers from the estate to carry out an activity together (e.g. IT skills). The Trussell Trust are happy to run a beading or sewing class matching six estate volunteers with local teenage mums to be.

52. The experience from the taskforce and working with groups on the estate over the summer, suggests that the estate is not short of volunteers, enthusiasts and community infrastructure. **There is a great deal of scope for community members to be involved in providing local level, low cost, community solutions to develop early preventative work** on better parenting or address the isolation of some residents or develop youth schemes which build trust between the young people and those who have high levels of fear of crime. What is needed is more forums for open debate about these issues and tools which empower communities to act quickly as needs arise.

New models for service design and delivery

53. So how can existing services be redesigned to support vulnerable families and individuals better? How can the latent capacity of the community be better utilised to prevent crises or specific needs escalating to the point where formal statutory services need to be involved? We suggest several areas which we believe would help achieve real change:
    - reconfigure support services into area based working teams;
    - work with whole family not just individuals;
    - target additional support in areas with poor levels of wellbeing and resilience
    - develop the opportunities for mutual aid within communities, promoting self help groups and community solutions;
    - better differentiate the needs of chaotic and problem families, to improve service offerings.

Reconfigure current service delivery into area based teams

54. Bemerton Heath, and a number of other communities in Wiltshire, have clear needs which require additional levels of service interventions compared to other areas. Our observation was that despite the rhetoric of shared services, and the valiant effort of the Inter Agency Group (IAG) on the estate, many services were struggling to deliver this additional level of support coherently to families.

55. Our sense is that two things are needed to radically and rapidly change this situation. Firstly to **create area based working in the communities of need**. Area based working is more familiar in services that have an environmental or place-management focus, like housing or street scene. It is a less common approach in welfare services focused on vulnerable individuals and families.

56. This focus should run alongside the whole family approach discussed below. Together these would signal a significant departure from current practice, involving disinvestment in add on services and universal support in other areas of the county and investment in targeted local teams in the areas of greatest need.

57. To achieve a place based approach to working with families in Bemerton Heath, and areas like it would need:
    - a single person acting as the local coordinator who could give the team a common endeavour;
    - genuine pooled budgets where services make investments and savings to the public purse not just to Police, Health or Council budgets;
    - enhanced data sharing between agencies to identify the families most in need of help and improve the referral process;
    - and to be co-located on Bemerton Heath.

Current provision

Some services area-based and some part-based with some collaboration

Area-based provision

All services area based within a single co-ordinator and a more cohesive, collaborative way of working

How:
Appoint single co-ordinator
Produce data sharing protocols and permission to share
Co-locate service
Single trusted worker

58. **A single person acting as a coordinator** for local areas would require a significant reallocation of resources for Wiltshire. But it became clear during the research that currently not only does the lack of collaboration create waste in the system, but it also generates additional work: enquiries about confusing services and a lack of referrals leading problems to escalate. At the very least more joint training is needed for staff from different agencies, as well as the freedom to work 'for the public service' rather than just their host agency. This would help create a common endeavor.

59. This would be further supported by **piloting a community budget** (such as the work underway in 13 areas as recently announced by the coalition government) where services pool their budgets and commission single pieces of work according to the multiple needs of local families. The intention is that both benefits and savings are made to the public purse not just to individual agencies.

60. **Enhanced data sharing:** Providing a multi-agency, information sharing hub for local service providers was viewed as the single most important step that could be taken to improve existing services. Increasing the numbers of referrals and earlier identification of repeating patterns of problem behavior were seen as clear wins. Work is already underway in the county to help this vision become a reality (Wiltshire Partnership are drafting a single data sharing protocol and plans to develop a multi agency safeguarding hub), but our experience of talking to service providers suggest the cultural barriers to data sharing run almost as deep as the logistical and bureaucratic barriers.

61. **Co-location of services:** Service providers, residents and chaotic families alike identified a desire to create a single community hub where local people could access multiple services. This could be delivered through a new community hub, a mobile unit or integrated into an existing service, for instance the school (the latter option may be less costly). The centre could house medical, dental,

educational and community safety services. One interviewee suggested this could be modelled on the Bemerton Heath community centre or the Trussell Trust, which provide multiple services within one centre.

62. For service providers such a move was not just about making the service more accessible to the public, but also to spearhead better understanding of other services and develop more collaborative local working. The cost implications of co-location and/or co-branding are not insignificant, but could be offset by sharing back office functions and by stripping out duplication.

Services should work with the whole family, not just individuals

63. There has been an assumption in the public policy discourse of the last few years that if you can get an individual back to work then family life will improve. One of our observations working with 'chaotic' families (either on the Heath or in other parts of the country) is that for many worklessness is the least of their problems. Some suffer with mental health issues, others have desperately low self esteem, drug or alcohol addictions or chronic health conditions which seriously limit their abilities to connect. The interplay of these problems is the critical factor causing an individual or family to struggle.

64. Currently services are configured to help individuals – employability schemes for the workless, play work visits for excluded children etc. We suggest that more effective interventions for the most vulnerable families can be achieved by **configuring services to support the whole family not just an individual.** This is a radical departure from existing service structures, but recognises interventions with one person in a chaotic family often fail to hit the mark if they are not backed up by support for other family members.

65. This approach is acknowledged by psychologists and psychotherapists in various schools of family therapy, who are united in their starting point that individuals cannot be understood in isolation from one another, but should be viewed as part of a wider family system.

66. The family intervention project (FIP) is perhaps the best example of this approach in the local area. However Wiltshire are concerned about the cost of this service. We would suggest that whatever the future of this services, the elements of the approach that should not be lost are:
   - working with a whole family not just individuals;
   - developing relationships with a single trusted worker;
   - using behaviour change theories in everyday practice.

67. **Single trusted worker**: Vulnerable families often referred to a single, trusted point of contact. This person could not only signpost families to other agencies but could also provide a fine balance between validation and challenge. Sustained relationships provide insight into the real needs of families and ensure that vulnerable families do not slip through the net when their needs change. Instead a single trusted worker can monitor the progress of the family and elect different services – from intensive support to universal offer – as families needs adapt.

We would also recommend these frontline workers are given **more training in the theories of behavior change** – reconciling their own practice and experience against the literature of what causes long term behavioral shifts. There is much to be learnt from the commercial sector here, whose carefully crafted media messages have changed our consumer habits so effectively.

Target additional support in areas with poor levels of wellbeing and resilience

68. **Create a wellbeing map of Wiltshire and focus efforts or funding on areas with low levels of resilience**: The WARM tool can easily be replicated by Wiltshire staff across the county using our recently published toolkit (with some data analysis support).[5] Wellbeing and resilience measures can enable local professionals and communities to identify the community's strengths as well as its weaknesses as well as identify more vulnerable members of the community. This could be as part of a routine 'state of the community' health check or part of a more targeted mapping exercise.

69. If the council is interested in building communities which meet the low level needs of the population themselves then it could choose to invest extra resources and community development activities in areas of low resilience (rather than concentrating on deprivation etc).

70. It may also be worth backing a series of explicit 'resilience boosting' activities. For example, the UK Resilience Programme, delivered in South Tyneside, Manchester and Hertfordshire Councils, aims to improve the resilience of 11 to 13 year olds. The Penn Resiliency Programme is a *proven* school-based programme building resilience, coping skills and problem-solving through work-shops. Initial investment to train teachers, teaching assistants and people that work with children and young people on estates like Bemerton Heath could potentially be repaid by hours of support from skilled volunteers, helping the most vulnerable families to change their behavior and cope with crisis.

Create the conditions for mutual aid and self help to flourish within communities

71. Though the merits of 'Big Society' are hotly debated, few would dispute its fundamental premise: that in the years ahead government will be able to do less, and society in all its forms will have to do more.[6] Social capital is key: helping communities to make more connections 'self help' solutions to flourish – where communities not only take responsibility for helping families in crisis, but also help prevent families reaching crisis in the first place. This could take the form of informal agreements to 'get to know our neighbours', to one off projects, through to formal volunteering schemes or the creation of new local social enterprises.

72. Measures suggest that social capital has risen in the UK, albeit modestly, over the last 15 years.[7] There is of course both positive and negative social capital though. Putnam's widely respected work suggests that whilst bonding capital – social networks between homogeneous groups of people – can reinforce negative patterns of behaviour amongst groups which reinforce each other's choices, bridging capital - social networks between socially heterogeneous groups – can be much more positive.[8] Connecting older and younger people, or chaotic ex –offenders with settled families etc can do much to build social growth on both sides.

73. Below we suggest a series of tools which Wiltshire could invest in, in order to help specific communities' building bridging social capital. These include:
      • community development models like taskforces to rapidly generate new ideas;
      • support new platforms which help people organise themselves like timebanking, community websites or peer support schemes;

[5] Mguni N and Bacon, N (2010) Taking the temperature of local communities: The Wellbeing and Resilience Measure (WARM) : The Young Foundation[5]

[6] The Young Foundation (2010) Investing in Social Growth: Can the Big Society be more than a slogan? : The Young Foundation [6]

[7] Ibid

[8] Putnam, Robert D. (January 1995)). "Bowling Alone: America's Declining Social Capital". *Journal of Democracy* **6** (1): 65–78.

- using local training providers to invest in community skill sets for dealing with conflict, administering first aid or setting up a new organisation;
- creating semi formal roles for older people;
- promoting entrepreneurialism and the development of new social enterprises
- local events and festivals that bring different groups together
- local community websites – Wiltshire Council is already working with the Young Foundation through our Local 2.0 programme.
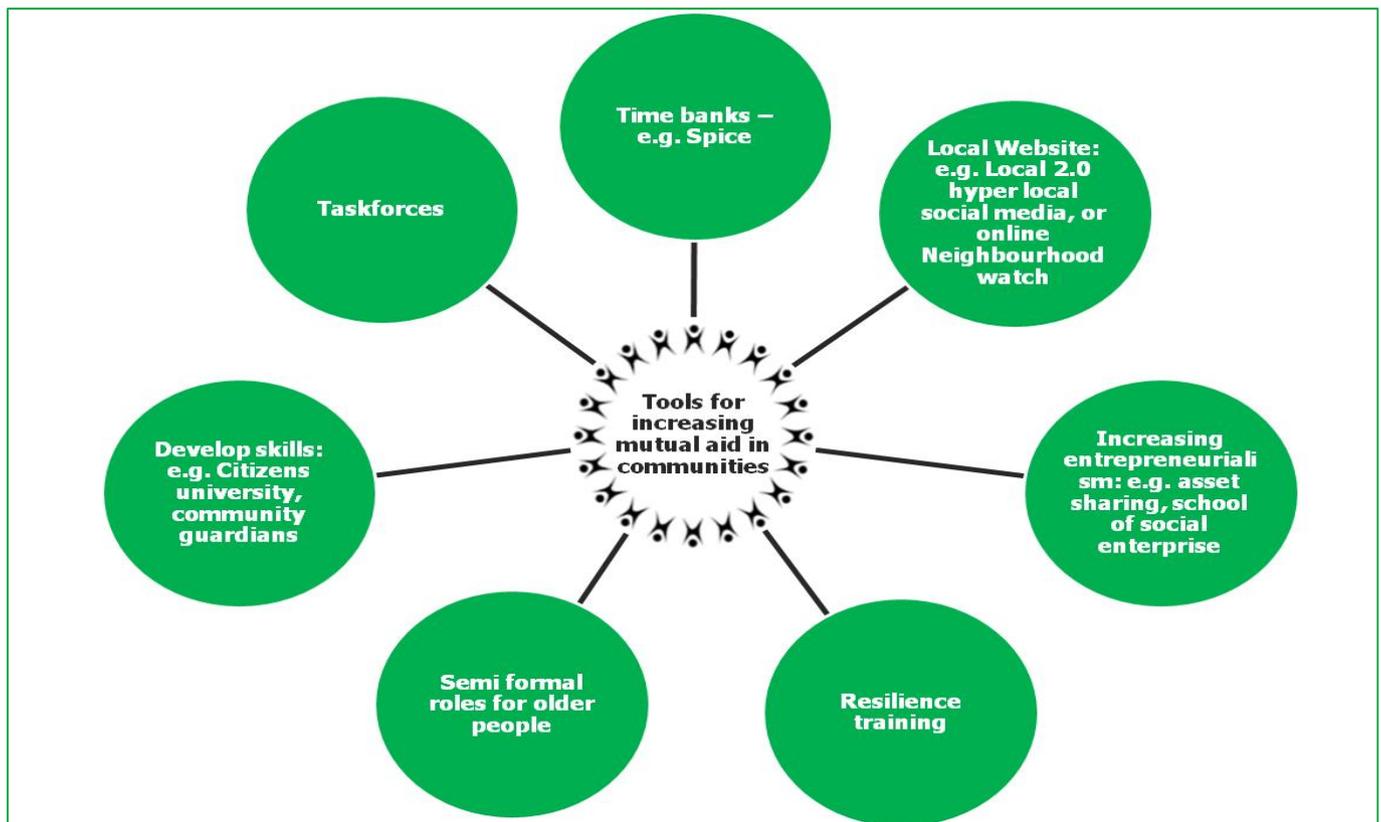
74. We also suggest that the council look for additional funding to support the development of some of these initiatives in communities with low levels of social capital. NESTA have recently set up its 'Neighbourhoods Challenge', offering grants for projects which help build new models for mutual aid. Wiltshire would be well placed to apply.

75. **Use the 'Taskforce model' as a community development tool in areas of need**: Research suggests that a quarter of UK adults have had an idea to tackle issues in their community, yet only 17 per cent of those with an idea had done anything about it. The biggest barrier to taking action is not knowing where to get the right support, with 80 per cent saying they would progress their idea if there was appropriate support in place.[9] In Bemerton Heath the taskforce helped meet this need.

76. Wiltshire could roll out the use of taskforces to help the community develop small community projects quickly. Our experience in Wiltshire and other areas is that the combination of short meetings, a time limited brief, a mixed group of people and a focus on action, is relatively unusual for forums where workers and community members come together. Taskforces are just one free community development tool on the market.

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[9] NESTA (February 2010) Citizens demand more opportunity to tackle social challenges: NESTA[9]

77. The taskforce model was particularly successful on Bemerton Heath because of the talented group of experts it contained - both residents and service providers who know the area well. In many ways the IAG already provides such an arena and other areas too are likely to have existing groups from which time limited working parties could be tasked with rapidly developing and prototyping a new way of working to meet a particular need.

78. A second step is to **support new tools and platforms that can help people organise themselves** in ways that improve their daily lives. The internet makes this much easier and cheaper than in the past. Tools like blogs and Twitter are encouraging two way conversations about such information but many public servants and bodies lag behind in their understanding of the importance of such technology and their ability to use it effectively.

79. The development of strong **neighbourhood websites**, combining news, exchanges, discussion groups and marketplaces can help build local social capital. Wiltshire already matches web developers with local groups to help build such sites. In some areas websites like this host local **timebanks**, a system where individuals can earn credits for time they spend helping out in the community. For every hour they spend helping an elderly neighbour with their shopping or pitching in at the community gardens they earn a credit. This credit can either be redeemed when they need someone else's assistance or from a menu of incentives such as retail vouchers, cinema tickets or passes to the local leisure. Spice have been very successful in Wales, using a timebank to increase volunteering by 100 per cent or more.[10]

80. Others use online technologies not to gain rewards but to co-ordinate support for local people in need. Tyze uses **online social network technologies to organise a network of support** for vulnerable older or disabled people. Friends, family, doctors and others can coordinate their visits and provide help when it is most needed, even for simple tasks such as cooking a meal or prescription reminders.[11] A similar tool could be used to co-ordinate volunteer support for the most vulnerable families in Wiltshire – a young mother returning home from hospital, a family who have suddenly become workless etc.

81. Wiltshire could chose to emulate the Family by Family model running in Adelaide.[12] It also uses online technologies to create platforms of peer support in order to support families that are struggling. 'Thriving families' volunteer their time to put on local events and learning experiences which bring people together, and many also act as mentors for struggling families. The offer is packages as an opportunity to try new things, for support in coping with different life stages, helping with money, cooking, and food, or with their child's behaviour.

82. **Invest in community skill sets:** Whilst the most difficult problems need professional service interventions, communities benefit from having plenty of people in them with vital skills to prevent a crisis. The recently launched Citizen's University suggest four categories of skills form the core knowledge base for citizens to ensure our communities are safe, strong and resilient:
    - averting and managing crisis (e.g. first aid, using defibrillators, how to intervene if someone is at risk of harming themselves);
    - enhancing neighbourhood safety (e.g. how to de-escalate a conflict that may result in a fight, how to intervene in anti-social behaviour, self defence);
    - creating strong, resilient communities (e.g. supporting family, friends or neighbours to live independently, organizing community events, being involved in local decision making);
    - enabling healthy, sustainable households (e.g. basic nutrition and cooking, home maintenance skills, making your home more energy efficient).

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[10] Savage V, O'Sullivan S, Mulgan G and Ali, R (November 2009) Public services and civil society working together: An initial think piece[10]

[11] For more information see http://www.tyze.com [11]

[12] For more information see http://www.tacsi.org.au

83. Wiltshire has already had success in this area – linking web designers with community areas in need of a web presence. It could adopt a similar approach here, identifying local or small scale providers to provide bite sized learning for residents in core skills. The aim would be to reduce the risk of violence, strengthen communities' capacity to act for themselves and even reduce unnecessary accidents and hospital admissions.

84. **Creating semi formal roles to better use the skills of local older people**– Wiltshire could better utilising the experience and talents of retired public servants in localities to respond to acute needs – for example, using retired head teachers, police officers or doctors as an informal network to respond to community needs in times of disaster (fire, flood etc). Our taskforce was boosted by the skills of a former healthcare professional and many more suggested they'd be interested in mentoring or supporting young parents.

85. Nearly 30,000 retired people in California contribute their time and talents to a similar scheme called *Senior Corps*. They work as volunteer safety patrols for police departments, first responders in natural disasters, foster grandparents for children with special needs or as Senior Companions helping older people in the neighbourhood to maintain independence. A similar scheme was trialled in the UK unsuccessfully, but there is room in the local Wiltshire market for more targeted volunteering opportunities for older people.

86. Within every community there are a number of gifted entrepreneurs, each able to spot good ideas which will help tackle unmet needs. Much of their potential lies untapped though – constrained by a lacking of start up funding, advice or support – many good ideas never see the light of day. The coalition government has committed itself to developing the role of social enterprise. The School for Social Enterprise offers a tangible way to make this happen locally and **a local 'school' for entrepreneurs** on Bemerton Heath and in other areas of Wiltshire could help with the development of a new era of mutuals, co-operatives and social enterprises in areas where the state is pulling back its services.

Better differentiate needs to improve service offerings

87. Only a few of those suggested to us as subjects for our ethnographies (targeted at 'chaotic families' seemed to be living chaotic lives – rather they were making fairly rational decisions to maximise the time they had with their children and the income they received. Their behaviour and lifestyles were different from other families who did seem to be genuinely chaotic. This second group of 'problem families' did not tend to acknowledge the effect of their behaviour on others and often appeared to be intentionally withdrawing from community connections.

88. We suggest that in order to make the services in Wiltshire more efficient, the county needs a common and better system for differentiating between those families who are 'chaotic' and those who are simply disengaged from the community – perhaps making unconventional lifestyle choices.

89. Partners could agree to adopt the criteria used in Westminster as a threshold to identify families. There a family that has been threatened with loss of children; liberty or their home are classed as chaotic and are required to participate in intervention. Wiltshire Police estimate that using these criteria approximately three families on the estate would be classed as chaotic.

90. Differentiation of these groups (who are currently often referred to in the same way by the community and service providers) will help the County to target their finite resources where they are needed most. For genuinely chaotic families with high and complex needs, a mixture of enforcement and support will be most appropriate. This will likely be time and resource heavy, but

apply to a small number of families. For disengaged families the most useful approach could be to involve them more in the shared life of the community to help them find pathways to more stable employment and strong role models for their children. We summarise this distinction below:

	Chaotic families	Disengaged families
Characteristics	• At risk of loss of liberty, loss of children or loss of residence • Unstable income streams or worklessness • Unpredictable patterns of behaviour due to drug or alcohol abuse, or mental health issues • Some cause concerns about parenting and safeguarding • Struggle to see effects of their behaviour on others	• Unstable income streams or worklessness • Often making a 'lifestyle choice' to live on benefits, rather than being trapped in that position • Low level antisocial behaviour • Feel cut off from the community • Describe neighbours are unfriendly but make no efforts themselves to connect with others
Most appropriate service interventions	• Family interventions (not just interventions focused on the individual) • Intensive programme of behaviour change support • Tackle underlying needs first – housing, health, self esteem etc • Enforcement action for very chaotic families and when needed	• Family interventions (not just interventions focused on the individual) • Focus on reconnecting them with their local community and building community pride

Conclusions

91. Our recommendations are drawn from the insights and experiences of people that live and work in the community, and are corroborated by the data analysis. There is, generally speaking, a consensus on the issues that face the community. High levels of unemployment, lack of aspiration, low self-esteem and confidence, poor educational attainment, and single parent families are some of the main vulnerabilities that impact on the community at large, but which are often amplified within disengaged and chaotic families.

92. Our work within Bemerton Heath highlighted a genuine appetite to support the most vulnerable families. Our recommendations build on this and are rooted in using the enthusiasm of residents, with support where needed, to deliver area based solutions. Co-operation between service providers, local community groups and local residents is needed to support the development of community solutions.

93. Specifically we have recommended that the Think Family Board consider five changes to their provision. Our part of the Total Place project did not cover financial profiling of existing and speculative service configurations (this was part of the remit of Sarah Thomas' work). However, we highlight some of the potential savings of each of these five ideas below.

Young Foundation recommendation	Easy to implement?	Proven elsewhere?	Potential savings?
Targeted additional support in areas with poor levels of wellbeing and resilience	Relatively easy to change allocation of funding but would require member buy in and significant political cover.	No, this would be a pioneering approach.	In short term outgoing would remain the same. Expect need to tail off in years 3-5 as areas become more resilient.
Reconfiguring support services into area based working teams	Challenging because of cross agency practices, cultures and budgets.	Yes. The FIP team demonstrated the beginning of this approach but many areas have taken this further to have lead practitioners.	Significant short term savings by reducing management overheads and repeated work. Significant longer term savings through more targeted preventative work.
More service interventions which work with the whole family not just individuals	More challenging because it requires a change in culture and working practices.	Yes, as demonstrated through FIP. Particular successes in Westminster, Blackpool and Newcastle. Some Sure Start centre's also demonstrating good savings eg South Tyneside Early Excellence Children's Centre Hebburn North Ward South Tyneside	Significant resource investment required to carry out intensive family interventions which may only be needed by some. However, culture of working with whole family and methods of behaviours change could easily be taught to practitioners and applied to everyday practice.
Better differentiated service offerings for truly chaotic families compared to families who are disengaged with the community	Relatively easy to implement.		Significant short term savings, pulling back from intensive work with many to just the most acute need and using

			community resources to prevent the vulnerable from becoming chaotic. Long term savings possible. Would require careful execution to achieve savings.
Develop the opportunities for mutual aid within communities, promoting self help groups and community solutions	Relatively easy. Existing pilots underway, numerous online sharing tools available. Community capacity in Bemerton Heath likely to be repeated elsewhere.	Yes, for example: Timebanking in Wales has created dramatic increase in volunteer numbers. School of everything fostering skills share internationally. Resilience training in South Tyneside and Manchester to empower older people.	Significant medium and long term savings, as per the vision of the Big Society. Requires short term investment in infrastructure and community development to maximise impact though.

94. Combined we expect these changes to help improve services for the most vulnerable and better utilise the untapped assets of the community to deliver happier and more resilient families and communities.

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- gave their input through the Bemerton Heath inter-agency group (IAG).

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