



Breaking the cycle

A prospectus of preventative programmes for
people facing multiple disadvantage

1. Introduction

Jen grew up in Birkenhead, went to local schools and wanted to be a nursery nurse. At 18 she had her first child. Her baby was only 4 months old when the first reported incident of domestic abuse was made to Children's Social Care. Professionals described her as a "nurturing mum" who "loves her baby unconditionally". Having grown up in a home with domestic abuse, Jen was no stranger to violence and was quick to minimise the abuse she experienced.

By age 21, Jen was mum to 3 children, and considered a "warm and loving parent" by those who knew her. But Jen felt she was "letting them down" as she found herself becoming stuck in a cycle of domestic violence and alcohol misuse. As her mental health deteriorated, she turned to pain medication, illegal substances, and alcohol to "get by". Over the coming years, Jen and her children had intermittent contact with Children's Services and other support agencies, but the words "lack of engagement" are repeated throughout the case files.

At age 30, after many months of medical treatment, Jen died of liver failure. Her 3 children were placed in the care of the Local Authority.

There are an estimated 363,000 adults experiencing multiple disadvantage in England - including a combination of homelessness, substance misuse, mental health issues, domestic abuse, and contact with the criminal justice system. Many of these people have been caught in this situation for years, experiencing entrenched disadvantage, trauma, and ill-health. They come into repeated contact with our police, criminal justice, social care, and health services without receiving the support they need to help them break the cycle. The most vulnerable adults in this situation are estimated to cost the state five times more than the average citizen per year. Beyond the finances is the human cost: life without hope; experiencing desperation; lack of options; feeling on the outside of a *normal life*; lost potential.

As Wirral Council sets out its ambitious and inspiring plans to transform the borough through the regeneration of Birkenhead and The Left Bank, it is the right time to be purposeful, collaborative, and work with intention, to enable people in those communities to break out of intergenerational cycles of disadvantage and poor outcomes- to help them find *room to breathe and space to grow*.

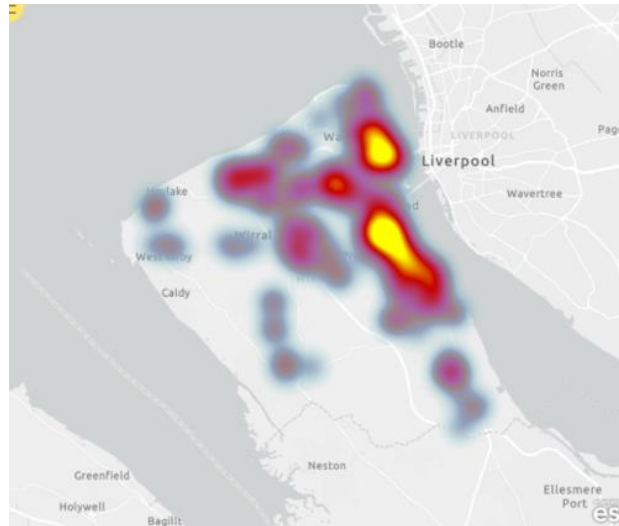
Emerging policy and plans for Wirral Council and its partners seek *equity for people and place and opportunity for all*. To make this a reality, it is time to abandon phrases such as *hard to reach* and *difficult to engage* and accept that perhaps it is not that the responsiveness of the people that is the barrier, but rather the support offer and the public services system that needs to change.

Breaking the cycle requires a more joined-up, person-centred approach to local delivery, with commitment to making long-term and sustainable changes to our local system that will deliver improved outcomes for individuals experiencing multiple disadvantage.

2. Rationale for change

(a) Understanding local need

Wirral, when considered as a whole, is a *fairly average* borough in terms of outcomes for its people. But the average masks a picture of disparity between the east and west sides of the borough. The heat map below shows referrals to social care services because of alcohol and substance misuse, domestic abuse, mental health issues, risk of homelessness and involvement with the criminal justice service.



Inequity has rightly become a priority for several strategic groups including Wirral's Health and Wellbeing Board, Wirral Health and Care Commissioning and Wirral Safeguarding Children Partnership. They highlight:

- Difference in life expectancy between the most and least deprived wards in Wirral is 12.1 years for men and 10.7 years for women (2016-18 data, Wirral Intelligence Service).
- Wirral has become more deprived between 2015 and 2019 and has 35% of its population living in deprivation (2019 Indices of Multiple Deprivation).

Wirral Intelligence Service's collection of statistics and insight, *This Is Wirral*, provides key messages relating to multiple disadvantage categories:

- The Wards of Birkenhead & Tranmere, Rock Ferry, Bidston & St James and Seacombe, consistently featuring in the bottom performing wards for "No Qualifications", "Participation in Higher Education", "Healthy Life Expectancy at Birth", "Out of Work Benefit Claimants and "Net Household Income".
- In Wirral (2018), the economic costs of alcohol were estimated to cost the borough £131 million.
- People living in lower income households were more likely to have requested, but not received mental health treatment.
- Over half (55%) of all social care users report having anxiety and depression in Wirral.
- The health of people experiencing homelessness is significantly worse than that of the general population, with the cost of homelessness experienced by single people to the NHS and social care being considerable. 41% of homeless people report a long-

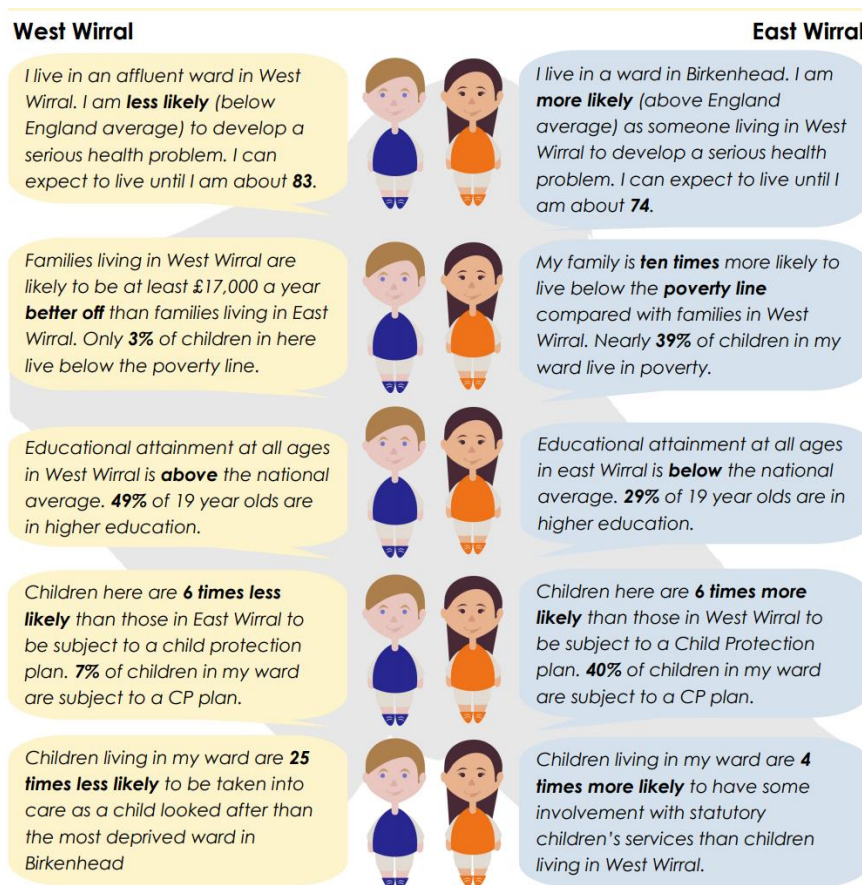
term physical health problem and 45% had a diagnosed mental health problem compared to 28% and 25% respectively in the general population.

- The majority of local YMCA (Young Men’s Christian Association) residents are in contact with drug and/or alcohol services. Wirral had over double the national rate of benefits claimants for ‘alcoholism’.

- In 2015/16, 22% of all crime costs in Wirral were estimated to be related to alcohol. Anti-social behaviour incidents related to alcohol were most common in the more deprived areas, with peaks in domestic violence associated with periods of increased alcohol consumption.

(b) Looking to future need

Whilst the Breaking the Cycle programme will work with adults, with and without children, now to support them to make sustainable change, it is important to give particular attention to the experiences of children and young people in the borough, our future adult population. Breaking the cycle means creating a different, *brighter future* for them. Wirral Safeguarding Children Partnership’s Annual Report for 2019-20 focused on disparity of experience and outcomes for children, producing the following insightful infographic:



3. Ambition for our people

(a) Change for individuals, services, and systems

The Breaking the Cycle approach aims to improve outcomes for those experiencing multiple disadvantage and placing a high demand on local response services, but for whom current systems of support are not working. By improving the way our local system and services work we seek to re-energise local people, their support workers, and our organisations.

Local people experiencing intergenerational cycles of disadvantage need, and deserve, more from public services and their local community so that ambitions for *brighter futures for children and young people, safe and pleasant communities and living an active and healthy life* are within their reach. This is what their support workers and our organisations want for them. Breaking the Cycle means change at individual, service, and system levels.

Change for the individual:

- ✓ improved wellbeing
- ✓ reduced offending
- ✓ reduced substance misuse
- ✓ better physical and mental health
- ✓ secure housing
- ✓ increased financial security
- ✓ increased levels of education, employment, and training
- ✓ increased safety
- ✓ experiencing purpose, belonging and security
- ✓ improved experience of services through co-production

Change for professionals and services:

- ✓ person-centred focus
- ✓ greater integration
- ✓ greater collaboration
- ✓ more effective delivery of service
- ✓ reduce demand on reactive services
- ✓ improved information sharing
- ✓ improved experience of work through co-production

Change for organisations and systems:

- ✓ stronger multi-agency partnerships
- ✓ improved governance
- ✓ data shapes commissioning
- ✓ achieving common goals
- ✓ better value for money
- ✓ joint commissioning approaches
- ✓ improved system of practice through co-production

(b) People who need help to break the cycle

This programme of preventative approaches is for people facing the following multiple disadvantage categories:

- domestic abuse
- mental health issues
- substance and alcohol misuse

- experiencing or at risk of homelessness
- involvement with criminal justice system

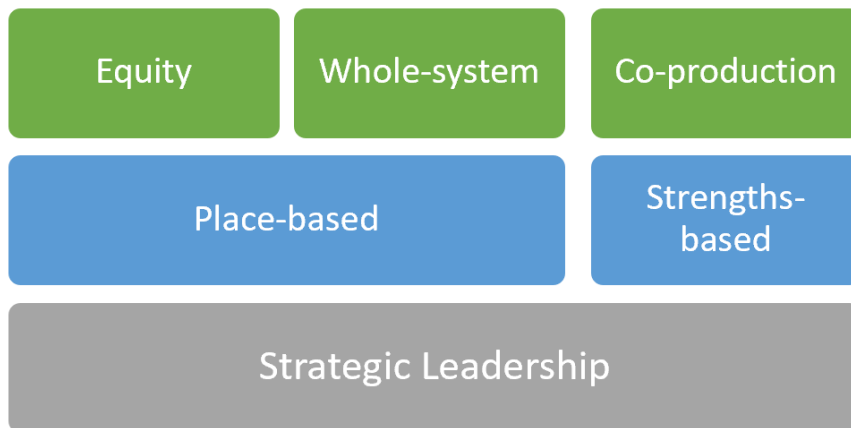
Priority will be given to people facing the above categories who also live in wards identified as having the highest levels of need which are creating the greatest levels of demand:

- Birkenhead and Tranmere
- Bidston and St. James
- Seacombe
- Rock Ferry
- Liscard
- Leasowe and Moreton East

The programme will work with individuals and families. Where adults are parents, or likely to become parents, the impact on their children and future cycles of disadvantage will be given significant consideration. Breaking the cycle for both the present and the future.

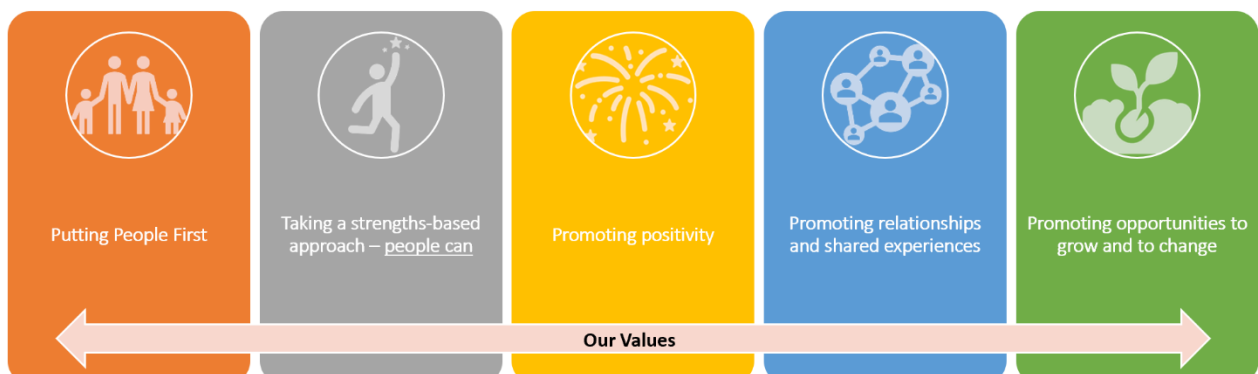
(c) Delivery Principles and Values

The co-produced Prevention Framework outlines the values and delivery principles which underpin the Breaking the Cycle programme. The figure below outlines the core set of building blocks to set the foundations for preventative approaches.



Local organisations and workers collaborated to agree a set a value base for prevention as follows:

With regard to the Breaking the Cycle programme, there is a further *ask* to workers,



supporters, leaders, services and organisations and that is, for people facing multiple disadvantage and intergenerational cycles we need to be prepared to give ***a bit more***.

- ✓ a bit more understanding
- ✓ a bit more time
- ✓ a bit more empathy
- ✓ a bit more support
- ✓ a bit more one-to-one help
- ✓ a bit more encouragement
- ✓ a bit more patience
- ✓ a bit more compassion
- ✓ a bit more choice

Giving *a bit more* will be achieved through the notion of *adapted practice* described in section 4 on delivery model and approach.

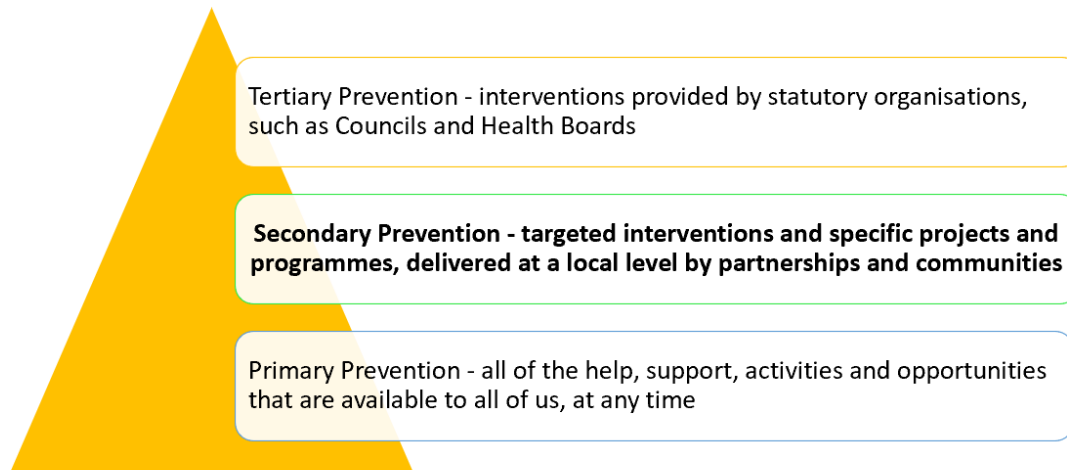
(d) Strategic Fit

The Breaking the Cycle prospectus is aligned with the following:

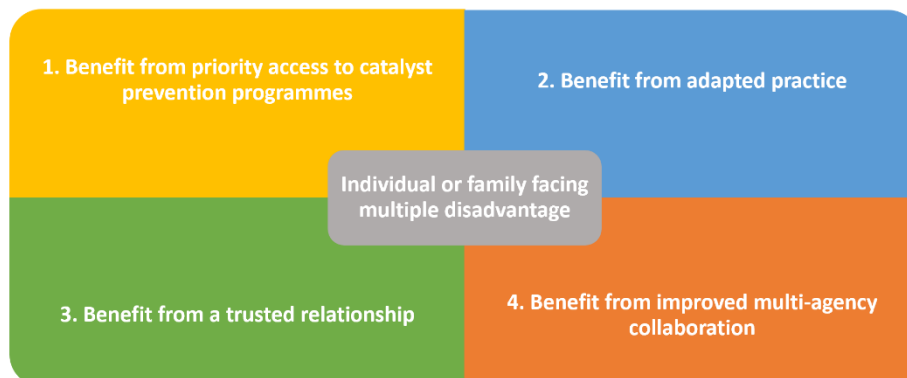
National Legislation & Policy	Local Strategic Plans and Policy
<ul style="list-style-type: none"> ✓ The Care Act 2014 ✓ The Equality Act 2010 ✓ The Children Act 2004 ✓ The NHS Long-Term Plan ✓ The 5-Year Forward Plan for Mental Health, Primary Care and NHS ✓ The Public Health England Strategy 2020-25 ✓ Domestic Abuse Act 2021 	<ul style="list-style-type: none"> ✓ Wirral Plan 2021-26 ✓ Climate Emergency Plan ✓ Community Wealth Building Strategy ✓ Neighbourhoods Strategy ✓ Domestic Abuse- No Excuse ✓ Safer Adolescence Strategy ✓ Health Inequalities Strategy ✓ Healthy Wirral Plan ✓ Digital Strategy ✓ Community Safety Strategy

4. Delivery model and approach

The Breaking the Cycle programme can be described as *secondary prevention*, with specific projects delivered to benefit particular groups. It is designed to offer more intensive support, beyond that which is available from more universal, early help services.



The delivery model features 4 aspects, to be delivered simultaneously, in collaboration with the individual and/or family.



1. Benefit from priority access to catalyst prevention programmes

There are 8 catalyst prevention programmes:

Pause- a programme for women who have had multiple children removed from their care aiming to give a pause from pregnancy to provide treatment and recovery from trauma.

Drive- a programme which aims to prevent harm to victims of domestic abuse, and their children, by working with high-risk, high-harm perpetrators to challenge and change their behaviour.

We Can Talk About Domestic Abuse- an additional provision of subject expertise and advocacy to work alongside Social Workers to improve the experience of families affected by domestic abuse.

Cradle to Career- a place-based, collective impact project which aims to improve the life chances of people within the North Birkenhead community, with a specific focus on educational aspiration and attainment.

Family Nurse Partnership- a home-visiting programme for first-time young mums to support a healthy pregnancy, improve child development and health outcomes, and increase family aspiration.

ADDER- a programme which seeks to reduce drug-related crime, drug-related deaths and the prevalence of illicit drugs through multi-agency collaborations.

Get Real Programme- a specialist employability programme for care leavers and children looked after who are not in education, employment or training providing tailored, individual support to improve life chances.

Ways to Work- tailored help for people aged 16+ who are struggling to secure long-term employment, building confidence to become *job ready*, with access to mentoring and traditional work preparation activity.

Priority access to the catalyst prevention programmes will be given to those people requiring help to break the cycle, and there may be instances where individuals and/or families access a combination of programmes. Further details on each programme is contained within Appendix 1.

2. Benefit from adapted practice

The catalyst prevention programmes, many of which have well-established evidence-bases, are designed to provide specialist expertise for particular issues, but we are reminded that they operate within a much wider system of public services and communities. Those delivering preventative programmes need the commitment and support of the wider system to optimise their chance of success. To break the cycle, the wider system, services, and workers need to adapt practice and offer that bit more, for those facing multiple disadvantage.

Whilst a significant proportion of the catalyst prevention programmes are delivered by children's and adult services, the role of wider Council departments such as Neighbourhood Services, Libraries, Museums and Galleries, Leisure Services, Housing, and Transactional Management is equally important as they provide vital services, support and advice which is part of everyday life for our residents. So too, the services and support provided by partners such as Police, probation services, hospitals, health care professionals and education can make a significant difference in whether an individual will be successful in making a positive change. Adapting practice will allow us to go further, faster with our ambition to break cycles and improve outcomes for Wirral residents.

What adapted practice may involve:

- ✓ rather than send a leaflet or letter, take time to have a conversation.
- ✓ rather than expect the individual to come to you, go to them.
- ✓ open up venues, offering a welcome to individuals and their support workers to use the space as an alternative to more traditional or clinical venues.
- ✓ offer induction sessions on a one-to-one basis to allow individuals to gain confidence in attending facilities or taking part in activities.
- ✓ rather than expecting an individual, who is already overwhelmed, to join a queue or fit in with your appointment schedule, try to fit in with them.
- ✓ rather than signpost, make the contact together.

- ✓ adapt your pace, chunk it up, do less but more frequently to complete the task.
- ✓ try to provide choice.
- ✓ be inclusive, consider literacy or language barriers, and promote advocacy services.

On a case-by case basis, support workers will partner with colleagues to consider how practice needs to be adapted to ensure that individuals and families can access and engage with wider services. Whilst this may give rise to concerns for capacity of services and time constraints, it should not be forgotten that our current collective experience of *revolving doors*, repeat referrals, poor outcomes, frequency of *DNA-Did Not Attend* notices, and unsatisfactory contacts, means that together we must try a different approach.

3. Benefit from a trusted relationship

All individuals and families engaged in a catalyst prevention programme will have a designated key worker whose role it is to form a trusted relationship.

We have learned a lot from initiatives such as the Troubled Families Programme and Trauma Informed Practice to understand the value of a key worker with whom and individual and family can build a trusted relationship. Having a dedicated worker, who is dedicated to the family is a key part of breaking the cycle. It is the key worker's role to:

- ✓ Be honest, clear, assertive, and persistent.
- ✓ Understand the daily lived experience of each individual.
- ✓ Understand the dynamics within the family and wider networks.
- ✓ To be solution-focused, flexible, and creative in their approach.
- ✓ To act with authenticity, congruence and show unconditional positive regard.
- ✓ To co-ordinate support plans, collaborating and negotiate with partners.
- ✓ To help individuals and families recognise positive change in their lives.

The relationship between the worker and the individual is often the most transformational aspect. As noted by the Director of Dissemination for the Early Intervention Foundation (EIF):

“In early intervention services, the trust that develops between a skilled practitioner and a parent, child or young person can motivate and equip people to change their lives. The evidence shows that positive relationships can support the development of skills, coping strategies, confidence, and behaviour change for children and young people.”

Whether their job title is Social Worker, Case Manager, Intervention Worker, Support Worker or Advocate, is no matter so long as the worker is enabled through support, supervision, training, and collaboration to establish and maintain a meaningful relationship with those whom they work with.

4. Benefit from improved multi-agency collaboration

The catalyst prevention programmes are multi-agency in their formation. This combined with adapted practice from those agencies on the periphery of the support

plan, brings immediate improvement to multi-agency collaboration. What this Breaking the Cycle programme will actively seek to improve is information and data sharing across agencies.

Individuals and families facing multiple disadvantage will be interacting with many different public services at once, including schools, health services, the police and social care services. As we operate on different data systems, often the information available to workers is limited and means that they do not have a complete picture of the presenting issues. Sharing and matching data, in accordance with GDPR, means bringing together data from different services to get a combined view of the multi-faceted needs of individuals, families and different communities.

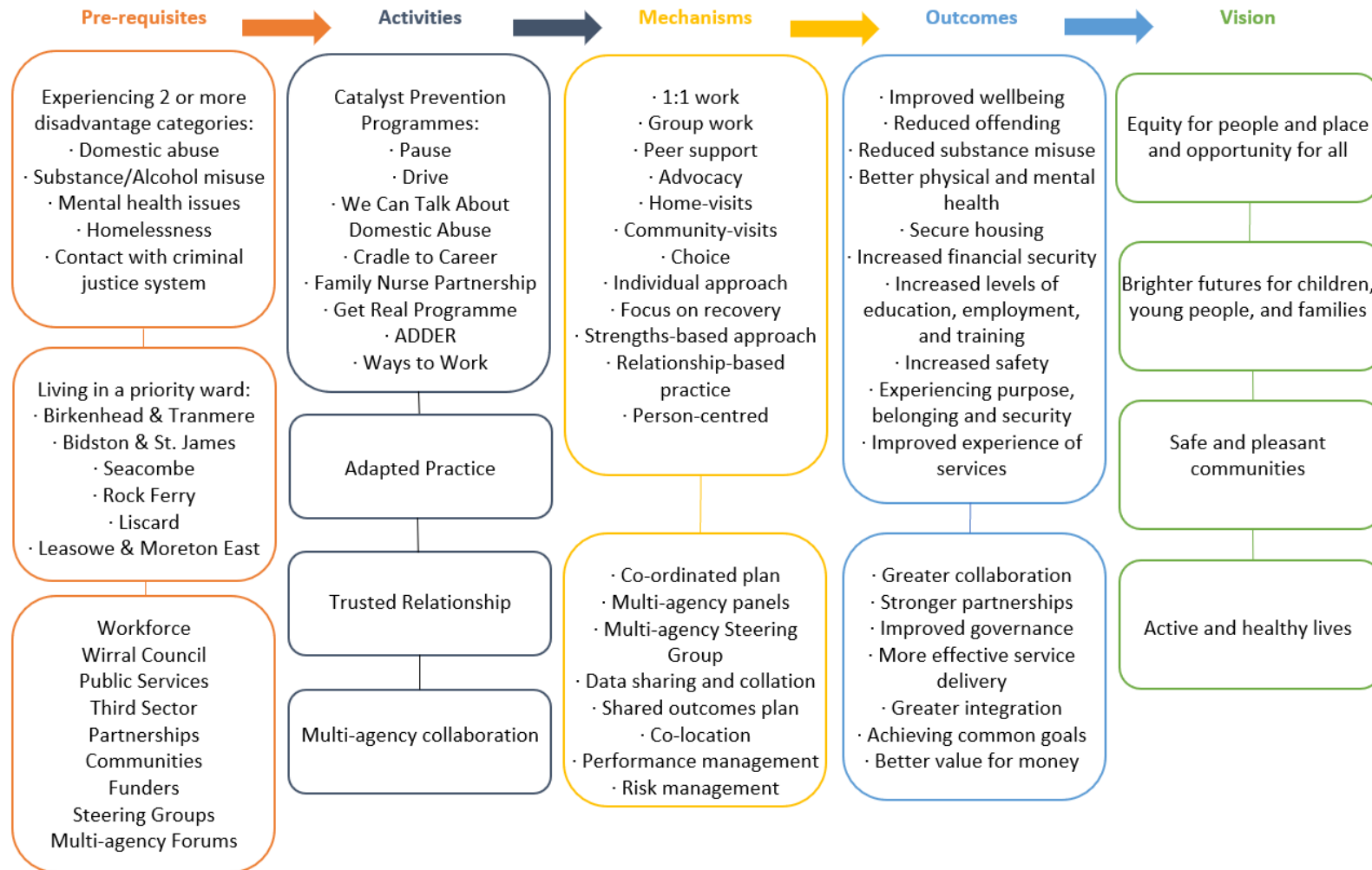
Previous data collection practices from the Troubled Families Programme will be extended to provide means to collect, match, and analyse data for families engaged in the Breaking the Cycle programme. The resource to extend this approach is available to the programme. This will enable:

- ✓ Better information for workers: whilst data does not replace professional judgement or decision-making, good access to information can support decision-making and holistic practice.
- ✓ Better understanding of how the catalyst programmes and wider services operate: data analysis will help us understand how well our services are working and to ensure optimum performance. This will support benchmarking costs and performance, make reporting easier, enable more sophisticated cost benefit analysis.
- ✓ Better evaluation of what works: improved data collection will enable an evidence-based assessment to be undertaken on how well each project, or combinations of projects, work to break the cycle for people facing multiple disadvantage and inform future programmes.

5. Achieving change

(a) Breaking the Cycle- Theory of Change Model

(b)



Breaking the Cycle Outcomes Plan

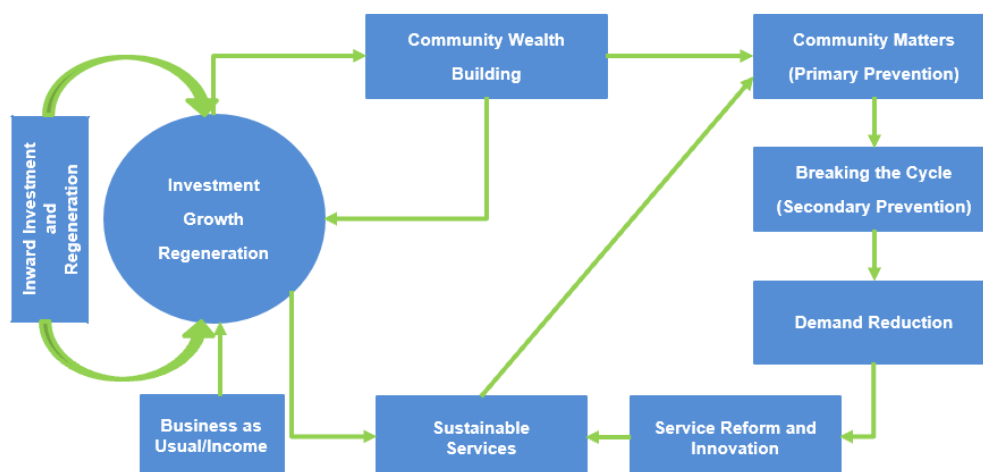
Issue	Breaking the Cycle Success Target	Sustainment Period	Cohort Target
1. Individuals involved in crime and anti-social behaviour	Individuals have stopped offending with a realistic expectation that this will continue	12 months	60% of families no longer offend – have not offended during sustainment period
	Individuals have ceased involvement with ASB with a realistic expectation that this will continue	12 months	50% of families have no involvement in ASB during the sustainment period
2. Children and young people who have not been attending education regularly	All children in the family are attending school at or above 90% for the most recent consecutive terms. Alternatively, where attendance issues are severe, substantial improvement may be deemed acceptable where: (i) Overall attendance is over 50% for the most recent consecutive terms (ii) Overall attendance has improved by 40% or more during the same period (iii) this decision is consistent with the views of the Attendance Service	Three consecutive Terms	60% of families achieve the 90% attendance threshold, 65% reduction in the number of families affected by fixed term exclusion, and 75% reduction in the proportion of families with a 16- to 24-year-old NEET throughout the sustainment period
3. Children who need help	The aim is for the needs to be met and children to de-escalate through the threshold of need. Evidence should indicate that needs have been met and it is safe for all children in the family to de-escalate by at least 1 level of need	12 months	De-escalation in level of need, by at least one level, for 75% of the cohort
4. Worklessness	Evidence should indicate that all workless individuals have engaged with employment support and made identifiable progress to work such as training, voluntary work, employment coaching etc	12 months	20% of workless individuals have worked for a minimum period (6 months) within the sustainment period
5. Violence within families	Domestic Abuse Outcomes Matrix evidences low/no risk which has been maintained for 3 months. If the matrix score is unavailable, evidence from an assessment where lead professional is satisfied that no further risk of domestic violence or abuse is present will be sufficient	12 months	70% of individuals affected by domestic abuse have reduced their levels of risk to 'low' within the sustainment period
6. Individuals with a range of health problems	Engagement with an appropriate health service or the completion of a health programme and a reduction in score for Alcohol and Drugs Misuse / Mental Health assessment in an appropriate Distance Travelled Tool. If the Distance Travelled Tool is not available, evidence from an assessment where lead professional is satisfied that health issues have been addressed and there has been a significant improvement in the individual's health	At case closure	95% of families have engaged in appropriate treatment services
7. The Individual or Family Journey	All individuals/families recognised and benefit from progress in a number of relevant areas such as parenting capacity, confidence, relationships, problem solving evidenced through the distance travelled	At case closure	85% of individuals/families report improvement in relevant areas

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(c) Breaking the Cycle Investment Plan

Project	Wirral Contribution	Other Contribution	Total Investment	Annual Cost	Unit cost for 12-month activity
Pause	£200k	£224k from Department for Education	£424K	£283k	£11,778
Drive	£285K	£225k from the Community Safety Partnership £330k from the National Lottery	£840k	£336k	£5,600
We Can Talk About Domestic Abuse	Nil	£350k from What Works for Children's Social Care	£350k	£350k	£1,620
Cradle to Career	Nil	£2.6m from a collaboration of the Steve Morgan Foundation, Shine and Right to Succeed	£2.6m	£867k	£1,040
Family Nurse Partnership	Nil	£470k from the Public Health Grant	£470k	£470k	
ADDER	Nil	£1.4m from the Home Office and Public Health England	£1.4m	£1.4m	Tbc
Get Real Programme	£25k	Nil	£25k	£25k	£1,042
Ways to Work	£172k	£259k from European Social Fund	£431k	£216k	£859
Total	£682k	£5.858m	£6.540m	£3.947m	

Whilst the key driver for the Breaking the Cycle programme is to improve outcomes for people facing multiple disadvantage, the programme can make an important contribution to the Medium Term Financial Strategy. Further work is being undertaken to calculate potential savings and/or cost avoidance. The role of prevention in the MTFs can be illustrated as follows:



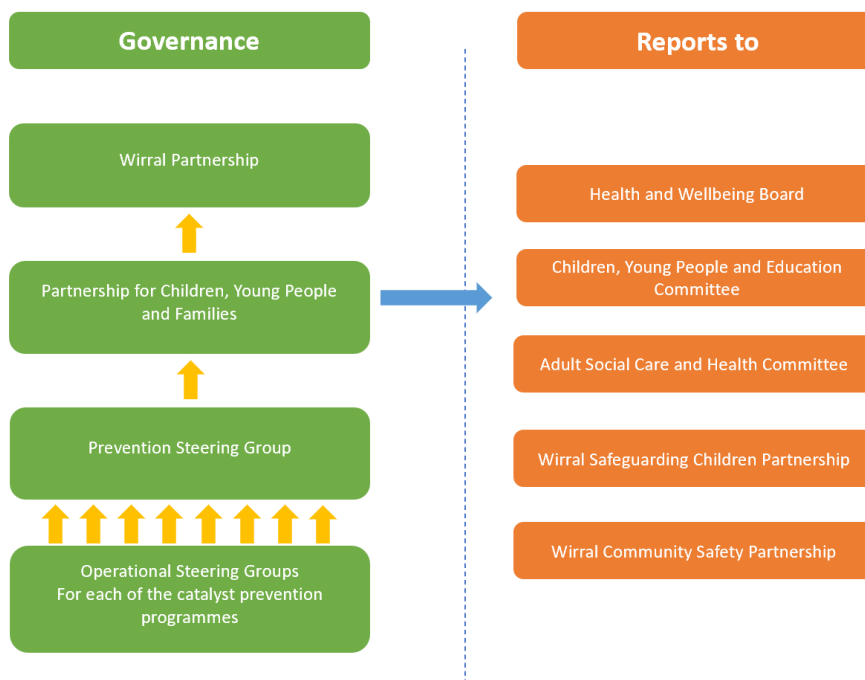
(d) Breaking the Cycle Risk Management Overview

Risk	Impact	Mitigation
Catalyst prevention programmes do not meet their contractual requirements and are ceased.	Capability of the Breaking the Cycle programme is reduced.	Robust arrangements are in place for contract management of all catalyst prevention programmes, with clear milestones, deliverables and outcomes identified. The Prevention Steering Group will provide oversight of contract performance, reporting to the Partnership for Children, Young People and Families and the Council's Project management Office.
Catalyst prevention programmes do not apply consistent practice in accordance with the prevention framework and Breaking the Cycle prospectus.	Likelihood of achieving long-term change for individuals and families is compromised.	Responsibility for the delivery of the programmes is held by a single senior officer, who Chairs the Prevention Steering Group and reports directly to the Chair of the Partnership for Children, Young People and Families, and to the Director of Adult Social Care and Health. Quality assurance activity will be used to routinely test the consistency of practice across programmes.
Ability to share quality data across agencies would prevent full implementation of integrated information.	Failure to capture and share relevant data will reduce the capacity to understand and measure change, cost-benefits, and create an evidence base for preventative intervention.	The programme is endorsed by the Partnership for Children, Young People and Families, and benefits from a multi-agency steering group. Escalation routes are established through the partnership. Objectives and intention to share data is supported by GDPR and legislation related to safeguarding children and vulnerable adults.
Inability to engage the wider organisation and partners to adapt practice for individuals within the cohort.	Likelihood of achieving long-term change for individuals and families is compromised.	The programme is endorsed by the Partnership for Children, Young People and Families, and benefits from a multi-agency steering group. Escalation routes are established through the partnership. Wirral Council's Senior Leadership Team support for a prevention programme
Lack of engagement for individuals and families.	Lack of take-up would lead to continued high demand of acute services. Individuals would continue to face cycles of poor outcomes.	Known cohort of individuals and families experiencing multiple disadvantage is high, with the majority already engaged with public services. Information leaflets are available for each catalyst prevention programme, with explicit consent obtained for all participation. Partnership workforce informed and able to inform individuals and support engagement where in their best interest. A communications plan will be implemented for Breaking the Cycle.
Too many individuals and families wanting to engage on catalyst prevention programmes.	Individuals and families would continue to face cycles of poor outcomes.	The Breaking the Cycle prospectus clearly outlines the priority categories for access. Each programme has a clear eligibility criteria linked to its funding arrangements which supports the priority categories.
Capability of data management system to collate, present and provide analysis of information.	Manual collection of information would lead to missed opportunities and less efficient and effective responses at individual, service and system level.	There is capability within the Liquid Logic system and Power BI tool which can be developed to meet needs. Further support available from IT and providers if required.

(e) Local Partnerships and Governance

All aspects of the Breaking the Cycle programme are multi-agency in nature. Each of the catalyst prevention programmes have arrangements in place to oversee operational delivery and strategic co-ordination.

It has been agreed by the Partnership for Children, Young People and Families, that a multi-agency Prevention Steering Group, with representation across public services, third sector organisations and involving young people and adult as lay members is established. This Prevention Steering Group will be Co-Chaired by the Assistant Director for Early Help and Prevention and a nominated third sector representative. It will meet on a 6-weekly basis and report to the Partnership for Children, Young People and Families. Governance and wider reporting are illustrated in the diagram below:



The Assistant Director for Early Help and Prevention will lead on the programme, with the Director of Adults, Health and Strategic Commissioning as the Senior Responsible Officer.

The Project Management Office (PMO) will provide oversight of project deliverables, plans, milestones and Key Performance Indicators, ensuring that the Senior Leadership Team are kept updated on progress.

Where external evaluations are in place, commissioned by external funders, participants and beneficiaries will be supported to engage. Interim and final evaluations will be shared through governance and reporting arrangements. Wirral Safeguarding Children Partnership is committed to sharing all multi-agency learning, audits, reports, via their website.

Further Detail on Catalyst Prevention Programmes

Pause	
Summary	The programme will work with women who have experienced repeated pregnancies that result in children needing to be removed from their care. This will involve the Local Authority and other partners working together to implement an integrated, intensive and systemic model of support tailored to meet women's needs.
Leads	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Lynn Campbell, Head of Service Children's Social Care
Funding Arrangements	£0.2m contribution from Wirral Council £0.2m contribution from Liverpool City Council £0.448m from Department for Education (split between Wirral and Liverpool)
Target Cohort	24 women (Wirral cohort) who have experienced repeat pregnancies that result in children being removed from their care
Timeline	18-month programme, commencing April 2021.
Key Performance Indicators	<ul style="list-style-type: none"> · Estimated net cost savings for Wirral £0.3m per year, for 6 years, from 2022. · Reduction in pregnancies · Reduced referral rates to Children's Social Care · Reduced number of Section 17 (Child in Need) or Section 47 enquiries (Child Protection) · Reduced number of children in care · Positive service-used feedback
Anticipated Impact	<ul style="list-style-type: none"> · This will prevent the damaging consequences of children being taken into care every year. · Positive and significant impact on women engaging on the programme including progress towards learning and employment, improvement in mental health, reduction in domestic abuse, stability of housing, quality contact with removed children, reduction in substance misuse, support from specialist agencies.

Drive	
Summary	Drive will improve the lives of victims/survivors by working with high-risk, high-harm perpetrators of domestic abuse to challenge and change their behaviour. This will involve a multi-agency panel having oversight of all cases and working together to apply disruption tactics whilst the Case Manager undertakes an intensive behaviour change programme.
Leads	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Anna Jones, Performance and Improvement Manager
Funding Arrangements	£0.33m contribution from the National Lottery £0.225m contribution from the Community Safety Partnership £0.285m from Wirral Council
Target Cohort	125 high-risk, high harm perpetrators of domestic abuse
Timeline	30-month programme, commencing March 2021
Key Performance Indicators	<ul style="list-style-type: none"> · Reduced number of serial perpetrators of domestic abuse · reduced number of repeat and new victims · Reduced harm to victims and children · Reduced referral rates to Children's Social Care · Reduced number of Section 17 (Child in Need) and Section 47 enquiries (Child Protection)
Anticipated Impact	<ul style="list-style-type: none"> · Reduction in prevalence of domestic abuse · Improved co-ordination and collaboration in tackling perpetrators · Significant contribution to key priorities of the Domestic Abuse- No Excuse strategy to <i>increase safety without adding to trauma and reduce opportunities for perpetrators to abuse</i>

We Can Talk About Domestic Abuse	
Summary	An additional provision of subject expertise and advocacy to work alongside Social Workers to improve the experience of families affected by domestic abuse. Team includes 3.0 FTE Domestic Abuse Practice Professionals, 3.0 FTE Domestic Abuse Family Advocates, 1.0FTE Team Manager and 1.0 FTE Project Officer. The project is being evaluated by Manchester Metropolitan University.
Leads	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Alex Kaittell, Head of Service Children's Social Care
Funding Arrangements	£0.35m contribution from What Works for Children's Social Care Fund
Target Cohort	216 families affected by domestic abuse with cases open to Children's Social Care
Timescale	12-month delivery, commencing in January 2021
Key Performance Indicators	<ul style="list-style-type: none"> · 54 families receiving support in 3 months · 108 families receiving support in 6 months · 162 families receiving support in 9 months · 216 families receiving support in 12 months · Quarterly audits completed plus Learning Report published and Learning Event held
Anticipated Impact	<ul style="list-style-type: none"> · Reduction in Section 47 enquiries (Child Protection) · Prevention of children becoming looked after · Improved relationships between families affected by domestic violence and their Social Worker · Social Worker understanding and experience of working with people affected by domestic abuse improves · Contribution to the priorities for Domestic Abuse- No Excuse strategy to <i>increase safety without adding to trauma</i>

Cradle to Career	
Summary	A place-based, collective impact project which aims to improve the life chances of people within the North Birkenhead community, with a specific focus on educational aspiration and attainment.
Leads	Project Sponsor: Elizabeth Hartley, Assistant Director Early Help & Prevention Project Lead: Kerry Mehta, Head of Service Family Matters
Funding Arrangements	£2.6m contribution from The Steve Morgan Foundation, Shine, Right to Succeed. Realignment of Local Authority and Public Service staff resource.
Target Cohort	2,500 children and young people living in North Birkenhead and their families.
Timeline	3-year pilot commencing in September 2020.
Key Performance Indicators	<ul style="list-style-type: none"> · Increased uptake in universal services, related to the Childhood Offer (take up of 2, 3 and 4-year old funding, school attendance, school attainment) · Reduction in crime and anti-social behaviour · Increased levels of education, employment and training · Increased participation in health services- substance and alcohol treatment, mental health support, physical health support
Anticipated Impact	<ul style="list-style-type: none"> · Increased community cohesion · Collective impact achieved with partners, residents and community organisations · Positive service user feedback

Family Nurse Partnership	
Summary	A home-visiting programme for first-time young mums to support a healthy pregnancy, improve child development and health outcomes, and increase family aspiration. Women are recruited onto the programme early in pregnancy and support can be provided until the child is two years of age.
Leads	Project Sponsor: Jane Harvey, Consultant in Public Health Project Lead: Julie Graham, Senior Public Health Manager
Funding Arrangements	£0.47m Wirral Council (Public Health grant)
Target Cohort	First time young mothers and their families (predominantly teenage parents, but support can be provided for mother aged up to 22 years if they have additional needs)
Timeline	The programme is a longstanding element of the Healthy Child Programme for 0-19 years.
Key Performance Indicators	FNP is licenced under a National Unit with a requirement to complete a reporting framework which includes: <ul style="list-style-type: none"> · Client attrition fidelity goal, · Recruitment before 16 weeks gestation, · Programme uptake, · Ages and Stages Questionnaire (ASQ), · Behaviour change impacting on maternal health · The 'New Mum's star' to identify personal goals and progress.
Anticipated Impact	To improve vulnerable children's development, their readiness to learn at school, and their early educational attainment: factors which are known to influence improved health, wellbeing and economic outcomes for people in the long term.

ADDER	
Summary	Pilot project to test an intensive, whole-system approach, led by local police and drug treatment and recovery services, to tackle drug misuse and drug-related crime.
Leads	Project Sponsor: Elspeth Anwar, Consultant in Public Health Project Lead: Gary Rickwood, Senior Public Health Manager
Funding Arrangements	£1.4m contribution from the Home Office, Department for Health and Social Care, Public Health England
Target Cohort	Problematic drug users, particularly those who are also offenders. Cohort number to be confirmed.
Timeline	15-month programme commencing in April 2021
Key Performance Indicators	<ul style="list-style-type: none"> · Reduction of drug-related deaths; · Reduction in drug-related offending; · Reduction in the prevalence of drug use; · Sustained and major disruption of high-harm criminals and networks involved in middle market drug and firearms supply. <p>These are to be delivered by the combined and co-ordinated efforts of drug treatment services (and their local health and social care partners), and Merseyside Police.</p>
Anticipated Impact	<p>To reduce the number of Drug Related Deaths/Deaths in Treatment by strengthening the health and care partnership work around the specialist treatment service.</p> <p>Increased diversion from problematic drug use, for younger people before they begin, or at the very beginning of their experimentation, and for those young people and adults who have got into difficulty and who are offending as a consequence, increasing the diversion away from a prolonged journey along a criminal justice pathway.</p> <p>Increase the engagement of drug using offenders with specialist treatment and reduce their level of criminal activity as a consequence of that engagement.</p>

Get Real Programme	
Summary	A bespoke, intensive employability programme for care leavers aspiring to access employment and overcome their personal barriers. The programme is delivered by a Wirral based education provider, Eutopia Project, alongside officers from the Council 14-19 Team.
Leads	Project Sponsor: Paul Smith, Head of Integrated Skills, Learning and Employment Project Lead: Gareth Jones, 14-19 Learning, Skills and Employment Manager
Funding Arrangements	£25,000 per annum contribution from Wirral Council
Target Cohort	24 Care Leavers aged 17 to 21 not in employment, education and / or training (NEET)
Timeline	2 courses commissioned (12x care leavers per course) - January 2021 to July 2021 and January 2022 to July 2022
Key Performance Indicators	<ul style="list-style-type: none"> · Minimum of 60 percent of programme participants to access and sustain employment post internship phase. · Significant cost savings to the public pursue (up to £20k / annum / successful outcome) from no further benefit payments, housing support, reduced requirement for health services, reduced incidences of anti-social behaviour, as a positive consequence of sustained employment. · Increase in the percentage of care leavers in employment, education and / or training (EET).
Anticipated Impact	This programme seeks to break the cycle of worklessness and a poverty of aspirations often exhibited by care leavers. All participants in the programme will get to undertake experiences that take them of their comfort zone and help to identify their strengths and build confidence / resilience. A paid internship element of the programme will give the participants an opportunity to shine, develop positive routines, gain valuable real-world experience and employment.

Ways to Work	
Summary	Supports young people and adults who are unemployed and have multiple barriers to positive participation. Each participant is supported by a designated coach who will undertake an initially assessment and provide a tailored package of support leading towards employment, education and / or training.
Leads	Project Sponsor: Paul Smith, Head of Integrated Skills, Learning and Employment Project Lead: Joanne Smith, ESIF Programme Manager
Funding Arrangements	£172,340 contribution from Wirral Council £258,510 contribution from European Social Fund (ESF)
Target Cohort	251 enrolments of which 160 long term unemployed, 91 young people not looking for immediate employment (active enrolments are a challenge to remove barriers and promote participation), 38 young people from the BAME community and 78 young people with special educational needs and / or disabilities and 25 enrolments from lone parents with a dependent child.
Timeline	2-year programme commencing December 2020
Key Performance Indicators	<ul style="list-style-type: none"> · Improvement in basic skills · Reduction in NEET for 16- to 18-year-olds · Assisting inactive young people to overcome barriers to positive participation · Participation in local volunteering opportunities · As a minimum, 43 percent of all participants to successfully access employment, education and / or training
Anticipated Impact	The anticipated impact on young people and families will include a reduction in reliance on and access Universal Credit and benefits. Young people and families will also benefit from improvements in wellbeing including mental health and self-esteem. In our most deprived communities, the project will tackle multi-generational unemployment and worklessness presenting positive role models and raising aspirations.