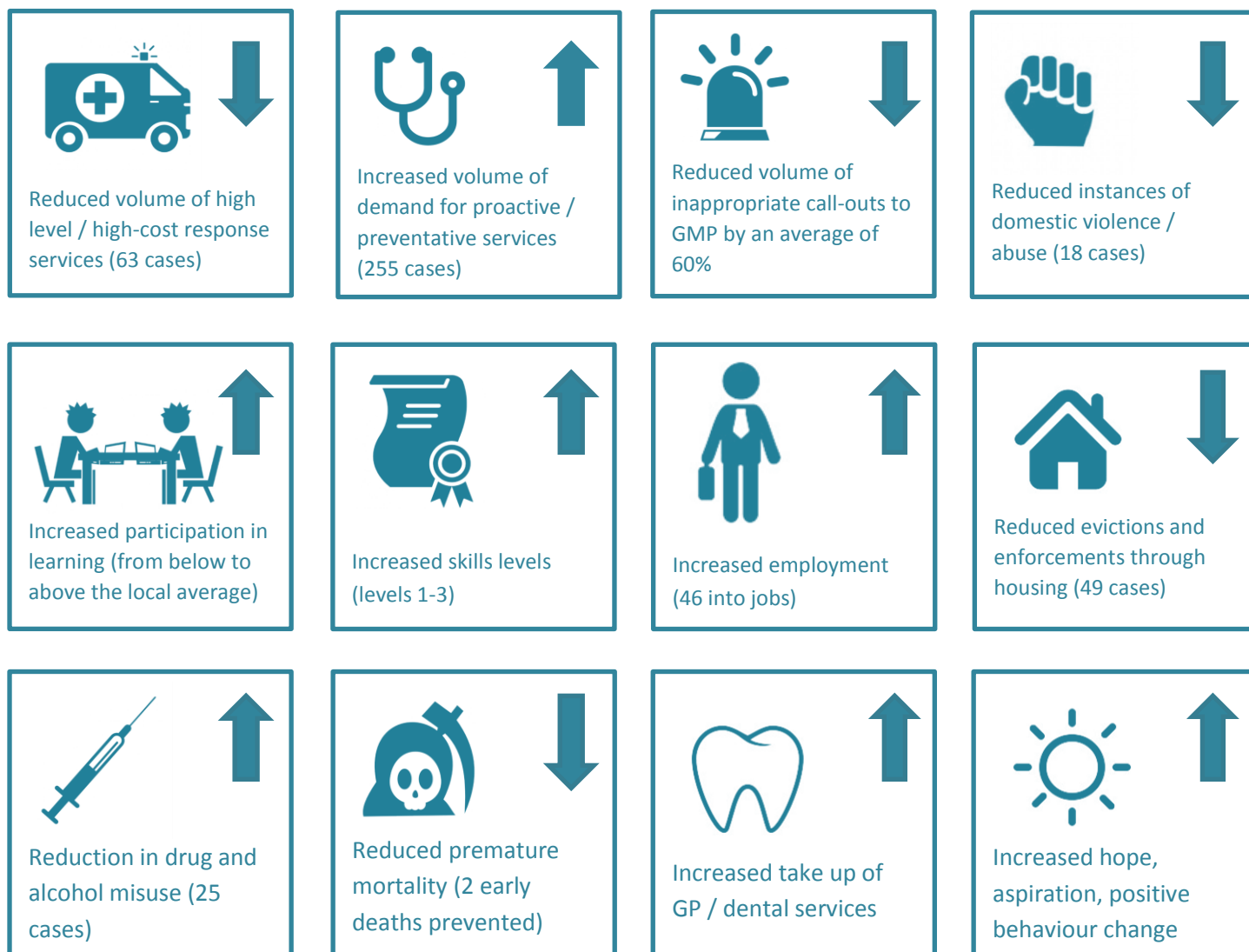


Place work in Rochdale borough (Kirkholt Pilot). Summary of findings / validated evidence:



From	To
High demand, complex issues with dispersed services responding to demand as individual tasks (often in an enforcement role)	Coordinated and sequenced jointly managed service offer; aiming to reduce demand by supporting participants to learn the skills to self-manage (measured through Cost Benefit Analysis)
High levels of emergency call-outs (mental health, anti-social behaviour and domestic violence and abuse)	Reduced call-outs / increased demand for preventative services
High unemployment, low skills	Increased employment and skills
Low levels of participation in learning	Increased participation in learning to above the borough average
Poor health, including mental health	Health improvements / crisis prevention
Cycles of poverty	Improved employment and skills - reduced likelihood of low pay / no pay cycles
High levels of housing arrears, evictions and enforcements	Reduced arrears, evictions and enforcements

Sheffield University Ethnography:

- The approach works well both for the people supported by the pilot and the staff involved in the delivery.
- Key success factors
 - o Emphasis on shared values
 - o Problem focus
 - o Focus of action on client wellbeing; person centred and restorative approaches are effective
 - o Communication and co-location
 - o Who is present at discussions is key to the success/ outcomes of the discussions
 - o Flexibility
 - o Data and research drives key decisions
- Recommends roll out, with concerns that the emphasis should take account of the key personalities / skills profile within the team



MMU evaluation:

- The approach works well both for the people supported by the pilot and the staff involved in the delivery. The approach is value for money, with few additional costs and many savings.
- The pilot made a positive difference in the behaviour of partners, driving focus towards need (de-bureaucratisation)
- The Cost Benefit Analysis was valid
- Recommends:
 - o Detailed consideration of the baselining, assessment and recording processes, which need to be innovative: current available / used models will not capture effectively.
 - o Strengthen communications and links with wider workstreams / partners
 - o Consider the needs of different populations (there was an emphasis on young people in Kirkholt). Recommends adults, middle aged and older single people
 - o Further develop the innovation in CPD and supervision models.
 - o Retain the multi-agency meetings
 - o Clarify the board (innovate)
- Additional leadership and management findings (key success factors / recommend:
 - o Information sharing was important
 - o The “bottom up” / community led approach was important
 - o Flexibility built in
 - o Innovation: (distributed leadership model; protection from bureaucracy)
 - o Core partners’ involvement / buy in



Cost Benefit Analysis:

- Key contributors to the pilot (resources rather than £) were: RBH, Local Authority Skills and Employment Team, GMP, Health (particularly drugs and alcohol services)
- £3.68 return for each £1 (of existing resources) invested (5 year payback)
- Key beneficiaries of the pilot were: DWP, Local Authority children’s services, GMP and housing



Transformational Leaders Group / RBC Leadership / RBH Leadership / GMP leadership / GM place executive:

- Recognise the function of adult learning as key to success of the outcomes
- To further realise cashable value in the approach – retain emphasis on social mobility and link to economic growth (inclusive growth)
- Involve those who have been less involved
- Link more explicitly with early help (early help for adults?)
- Build into commissioning specifications
- Clear alignment of approach with direction of travel for other workstreams such as vulnerable adults, CSE
- The instinct is that this approach is right but there are continued questions about the replicability (is this approach right for certain types of communities rather than to be replicated across the board?) and the evidence that the personalities involved were key to success (how can we replicate personalities?: we should, but innovation will be needed to find a way)
- Consider the need for a small team who support the “start up” of place working and share the approach; influence service delivery models.
- Determine the next neighbourhood based on data. Go where this model will make the biggest difference.
- Link with locality planning when the LP process is ready



Service Users:

- We agree with the findings in the research and evaluation
- We have appreciated the different approach – our experience has been different, and has had much more positive affect
- We have been able to feel that we can now control things in our lives more. This is because, from the start, we were put in charge of what happened and enabled to find our own path.
- For some of us, this has been life saving. For others it's been life changing.
- The outcomes we have achieved happened more quickly because of the way of working
- We didn't think that this approach costs any more; it's all services that we would have had / were entitled to; they were just organised differently
- The personalities and approach of the keyworkers was important. They treated us kindly and with respect. We felt supported and not judged and we were able to be more honest and ask for help as a result.
- Hope was the most important factor in our success.
- We want to help others now; to “give something back”; we can see our own strengths and feel able to share them with others.
- This “makes a difference”. You must do more of it. We'd like to help.



Project workers:

- Give us autonomy and cover our backs
- Listen to what we are saying; allow that to be the emphasis of conversations and meetings; encourage us to draw out the voice of the service user in shaping actions
- Enable us to influence the whole project – lead from the ground up
- The training was great and the tools we were provided with really helped us to deliver quickly and effectively
- We like all that leadership and autonomy and the celebration of our work but can feel exposed or “put on a pedestal” if it's not done carefully



Academic focus groups:

- The use of principles and protocols rather than targets was key.
- The fact that politics are so often ignored is how things often stand and fail. This project recognised politics and tried to be open about them; worked around the inherent barriers
- The politics in this project have been “extraordinarily well-handled”
- It’s important for us to learn how to better advocate the approach (to be proud and stand up for this approach doesn’t have to be “showing off”; doesn’t have to be disregarding or disrespecting other approaches)
- Improvements that have happened are undoubtedly due to how specific team members have handled difficult situations
- Leadership ambition will either be about “doing good” or “being seen to be good”. This project is all about “doing good”. Retain that.
- If this is to be scaled, alternative approaches to recruitment are needed
- What we need is a “Trojan mouse”



European Agenda for Adult Learning (England Impact Forum), Learning and Work Institute, Citizens’ Curriculum, Royal Society of Arts:

- Having a keyworker in the team who is adult-learning focused is key
- An approach which embedded learning “key capabilities” into the interactions that would have happened anyway accelerated progress towards outcomes
- There is the potential for further benefits if the “reform” in this project is coupled with “growth”
- Nationally and internationally, Kirkholt is now seen as an exemplar of integrated working, delivering an entry level curriculum with impressive core and wider outcomes and an impressive approach to capturing outcomes



Department for Communities and Local Government:

-
- The pilot has made a positive difference
- Communities have become stronger



Our nutshell:

We work best with:

- high demand
- complex (adults focus)
- hard to reach or help
- not in services / threshold difficulties
- engagement issues

The top 10 demand data for an area is a good proxy / starting point for identifying these cases.

If the decision is made to roll-out this work, we advocate that we embed all the evidence and recommendations in a set of principles for place working in a new (early adopter) site.

The governance of the next phase of this work should include:

- Transformational Leaders Group
- An RBC leadership sponsor
- Complex Dependency and / or Early Help
- Premature Mortality
- Greater Manchester PSR and Place Exec



Our principles should:

- Include Public Service Reform and Whole Systems Thinking principles
- Include the principles for Inclusive growth
- Include the principles of a Citizens' Curriculum
- Be led by the research findings
- Be led by the participants of the Kirkholt pilot
- Be led by the front line workforce



Our approach should:

- **Include all the research recommendations (we accept them all)**
- **Be designed primarily by the “user experience”**
- **Our delivery model should be:**
 - **Strengths based**
 - **Problem focused**
 - **Whole systems**
 - **Restorative**
 - **Person centred**
- **Our delivery model should be applied throughout the whole programme, and should be clearly reflected in the leadership model which should be:**
 - **Whole systems**
 - **Discursive and reflexive**
 - **Distributed; applies recommendations:**
 - **Supervision and support incorporates psychological wellbeing / is explicitly designed to prevent burn out**
 - **Insulate the delivery from the bureaucracy**
 - **Training is part of the reflexive dialogue**
 - **Worker centred**
 - **Narrative centred**



The next place we consider should be:

- **High GMP demand**
- **High premature mortality**
- **High unemployment / low skills**
- **“Red / Amber” housing area**
- **High prevalence of priority group (adults, single people)**



Towards a logic model: The features that an early adopter site would intend to impact:

Demand reduces:

- Children’s Services (step down)
- Health (crisis prevention or need for reactive / emergency services)
- GMP – reactive / inappropriate demand
 - o Reduced “vulnerability”
 - o Top 10 cases stepped down
- Employment rate rises; reduced demand for out of work benefits and unemployment support
- Housing enforcement / arrears / evictions
- Sanctions / enforcement



Demand increases:

- Dental services
- Big Life (Living Well)
- Adult Care (some vulnerable adults at an earlier stage)
- Increased reporting of sexual offences / domestic abuse
- Drug and alcohol services
- Skills provision
- Employment support
- In-work support
- Health improvement services
- Early help (children’s centres, etc)
- Community champions (primarily literacy and financial support)



Social care:

- Learning disabilities (+ve impact of care packages; reduced vulnerability to financial or sexual abuse; improved engagement with daytime activities)
- Mental health (better management, improved engagement with daytime activities)
- Vulnerable adults (engagement with early help)



Health:

- Mental health (improved condition management)
- Engagement with preventative services
- Reduced premature mortality
- Reduced health crisis / emergency



Drugs and alcohol:

- Engagement with services
- Retention of clients with services
- Improved condition management



Housing:

- Reduced antisocial behaviour
- Reduced arrears
- Reduced evictions



Employment

- Improved access / retention in entry level jobs
- Improved access / retention in apprenticeships
- Improved access / retention in work experience
- Improved progression from low pay / low skill / no pay cycles
- Inclusive growth



Learning:

- **Improved participation**
- **Improved retention and achievement**
- **Improved progression**
- **Improved retention / achievement (schools)**

