Appendix 2:

Department for Communities and Local Government

ROCHDALE BOROUGH COUNCIL

Delivering Differently in neighbourhoods

Case Study

Making a Difference in Kirkholt

#collaborative transformation #early intervention #domestic violence and abuse #drug and alcohol misuse #skills and employment #community empowerment #housing #mental health #anti-social behaviour #premature mortality #leadership #assertive engagement #social isolation

The headlines

- Partners representing public sector and voluntary and community organisations in Rochdale agreed to support a project to test new approaches to delivering services to families and individuals to help them become more confident, independent and resilient.
- A place-based pilot project to test and develop a new model of multi-agency integrated service delivery intended to achieve better outcomes for people and a reduction in future demand for high level / high cost public services
- The redesign moves **from** dispersed, unconnected services that respond to demand as it arises (often in an enforcement role and with an inability to prevent further demand because the system deals with single issues) **to** coordinated and sequenced joint case management of public services involved in a neighbourhood
- Evidence reveals significantly better outcomes and demand management attributed to the success of the integrated early support approach
- Cashable return on investment of £3.68 (payback over three years) for every £1 (investment of existing resources) can be attributed to the new way of working

> ‘This pilot has shown partnership working at its best: a team of dedicated people from across the public sector working together, place focussed and better co-ordinating support required by local people. The outcomes are encouraging; showing us not only how demand can be reduced but also how change can be sustained through increased skills and employment outcomes.’
>
> Steve Rumbelow, Rochdale Borough Council

What is the context?

Kirkholt is a post war estate located to the south east of Rochdale and is home to approximately 6,500 people (3.1% of the population of Rochdale.) The area contains a high percentage of young people (25% in the 0-15 year old age group) but slightly smaller working age and older age populations compared to the rest of Rochdale. There are also slightly more females (51.7%) to males (48.3%). The BME population accounts for 20.7%, which is slightly lower than the Rochdale average of 21.4%. A customer insight tool, MOSAIC, identifies that the three most common types of household in Kirkholt are:

- Vulnerable young parents needing substantial state support
- Older tenants on low rise social housing estates where jobs are scarce
- Childless tenants in social housing flats with modest social needs

The Public Health Profile 2013 for the Borough of Rochdale identifies Kirkholt as within the most deprived quintile in the country, with a life expectancy of 11.6 years lower for men and 9.6 years for women in comparison to the more affluent areas in Rochdale. On the Indices of Multiple Deprivation Kirkholt is identified as one of top 3% most deprived neighbourhoods nationally.

According to the 2011 census there is a lower percentage of economically active adults in Kirkholt, with 28.6% in employment full-time as opposed to 36.4 % across Rochdale. The figures for part -time employment are very similar at 13.5% as opposed to 13.2% for Rochdale, whilst self-employed percentages are less at 4.6% as opposed to 7.9% for the wider area. This has helped contribute to a higher rate of unemployment in Kirkholt at 10.6% in comparison to a borough average of 5.9%.

The Kirkholt Area Profile (2014) also identifies that there are proportionately more claimants in Kirkholt than in the borough as a whole in relation to: Disability Living Allowance, Jobseekers Allowance, Income Support and Employment and Support Allowance.
In terms of domestic abuse in Kirkholt, data provided by GMP at the end of 2014 revealed:

- During the calendar year of 2014, 6060 incidents were reported, of which 1172 were recorded as crimes
- In 4311 of those incidents, children were recorded as being present
- Balderstone & Kirkholt was ranked 3rd of the 20 wards in terms of volumes of incidents recorded during this period - a marked change from its position in 2012-13 when it was ranked 9th

A number of areas in Rochdale were considered to pilot the new ways of working, all having quite similar profiles. The area of Kirkholt was finally chosen because it has a higher number of residents and its location means that it is a very clearly defined community standing on high ground and bordered by motorways on two sides – the A627(M) to the west and the M62 to the south.
Kirkholt is an area where there is evidence of high levels of demand for public services; particularly reactive or crisis services. Prior to the pilot, the public service offer to residents comprised of dispersed, unconnected services that responded to this demand as it arose (often in an

enforcement role) and were unable to prevent further demand because the systems led them to deal with single issues (silo-working). This resulted in continued:

- High levels of call outs to emergency services (particularly Greater Manchester Police (GMP)) to address domestic violence / abuse or anti-social behaviour
- High levels of unemployment exacerbated by low skills and low motivation to improve skills
- Low levels of participation in learning
- Poor health, including mental health
- High levels of drug and alcohol misuse
- Generational cycles of poverty
- High levels of housing arrears, evictions and enforcements
- High levels of premature mortality
- Resultant family impacts

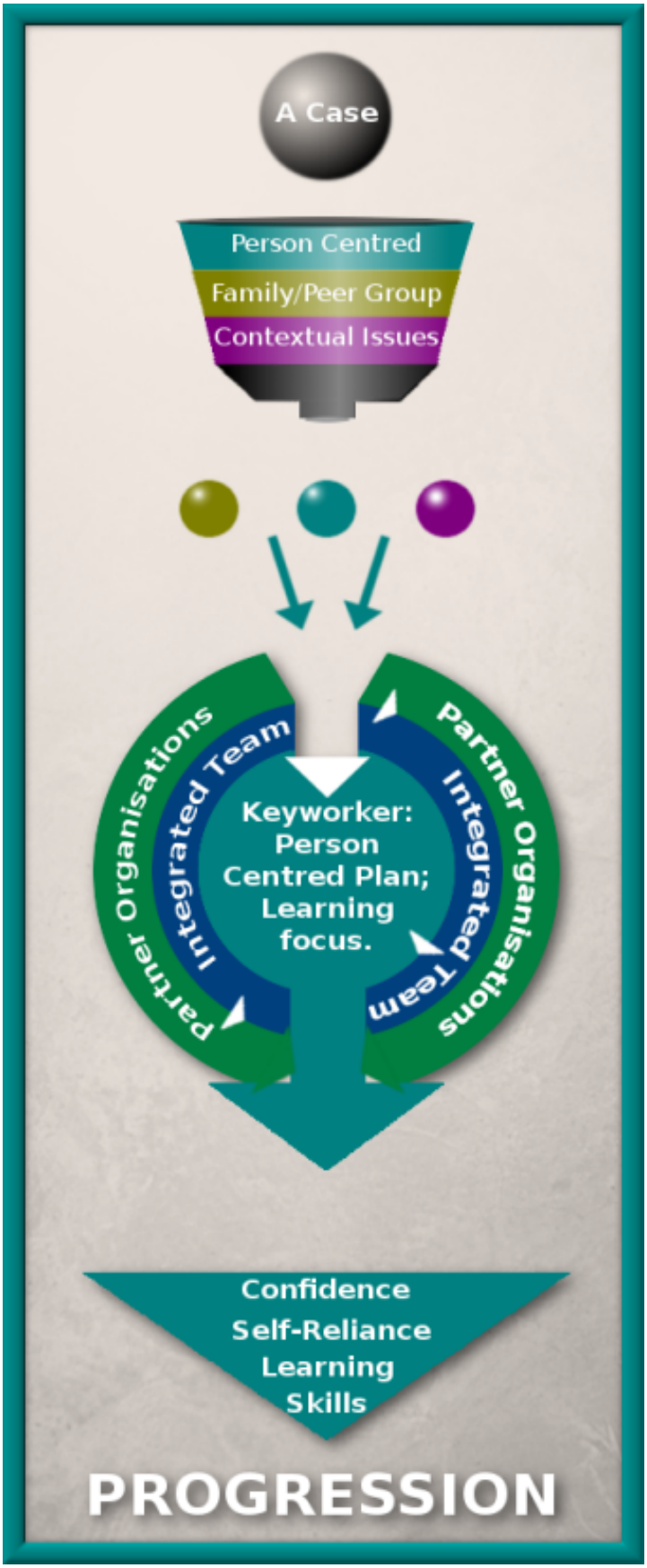
The workforce in each organisation was only able to deal with the issues relating to their individual remits and in an environment governed by bureaucracy. Co-working was difficult because of heavy workloads and the organisation of the 'system' across the public sector. There was, importantly, evidence of the symptoms of 'burn-out' amongst the workforce resulting in little hope of positive change, despondency and a level of dehumanisation of their clients.

Clients would have to access services through each individual agency, having only the issue relevant to that agency addressed, and then be signposted to other agencies for any additional support needed. People were left confused, frustrated and disheartened, often giving up, only to return for help at some point in the future when they were experiencing even greater difficulties – the 'revolving door' effect.

Another hurdle people faced was the thresholds in place for them to be able to access services. People seeking early help, particularly those who didn't have young children, were often turned away due to not meeting the given thresholds. Without that help when it was first needed, their circumstances would deteriorate until they reached the stage where they did qualify for services, by which point their lives had become chaotic and thereby much harder to recover from.

It became clear that there needed to be a radical change of approach if outcomes were to improve for the residents of Rochdale. This realisation was coupled with the need to address the existing and future financial challenges facing all public sector organisations and the projections of an unsustainable rise in demand for those services. A whole systems thinking approach was used to better understand the level of demand and to help redesign a delivery model.

What service delivery model has been adopted?



The new model is a coordinated and sequenced joint case management of public services in a neighbourhood. The approach is strengths based and person centred in nature and places the people involved (in whatever configuration makes sense to them; family, individual, natural social grouping of peers) in control of the prioritisation and sequence of change.

Prior to the pilot, people who needed help might be identified by one, or all, of many different services individually, for example, at the Job Centre, GP, hospital, school, housing provider, etc. Unless a Children's Services Common Assessment Framework (CAF) process was started, each agency would try to address the presenting issue(s) without seeking to understand the root causes of those issues and any other problems the person / family may have. For those people without children, a CAF process would not have been possible and there was no other method available to initiate a multi-agency approach. In addition, many people actually went unnoticed by any agency and effectively 'fell through the cracks' until their problems became serious enough to need urgent reactive intervention.

The initial new route of entry into the Integrated Partnership Team was through police data (but this could change in the future as other information sharing arrangements become formalised). For example, the top ten highest volume call-outs in the area for any reason would be identified (the project found the highest call-outs were around mental health, domestic violence and abuse and anti-social behaviour). Information for each case was shared with the team and 'round table' discussions took place where the 'presenting behaviour' was analysed and an attempt to understand what the behaviour was telling us was undertaken. Once the main issues had been identified and summarised, a keyworker was assigned – either the lead keyworker for the pilot, or the person from the agency that had already had some involvement with the individual / family. It was found that once a keyworker became involved, people in the family or extended grouping would self-refer to gain access to similar levels of support for themselves.

The strategy is led by a set of principles agreed by partners rather than strict compliance with an action plan. This was made easier by the fact that the pilot did not require additional funds to be allocated to it - it was delivered through existing resources used differently.

As there were no specific targets, the focus was simply on doing 'whatever it takes to reduce demand'. Working within these principles made it possible:

- To be person / family centred and treat people as individuals
- To share information willingly and appropriately and to make decisions working together
- To empower our workforce to be creative, to learn, to take risks and encourage independent thinking
- To demonstrate professional curiosity and challenge standard practice

- To develop a skilled and confident workforce
- To be available when the person needs us to be
- To reduce demand through early intervention

Workforce risk assessment combines both the physical and mental / emotional risks of this approach with the focus of the mental risks being on prevention of burnout at an individual level. This results in a very 'human' approach; case work shifts from compliance with tasks and bureaucracy (succeed or fail approach), to analysis of narratives to enable deeper understanding and generation of ideas for further progress. This results in a tangible shift from despondency to hope.
The workers are not constrained by targets, the only aim being to tangibly improve the lives of the people they work with. The information shared, and shaped, during the twice-weekly Integrated Partnership Team meetings allows workers to have a much richer view of the person or family, thereby enabling better conversations to be had with both the people and partner organisations.
As yet, no formal action planning process has been developed; reflecting the priority on making a difference in terms of outcomes before setting up a system to support the approach.

The keyworker role
In this new approach people are supported by a keyworker who coordinates a response across public sector service areas and is supported by a multi-agency team. Multiple issues are able to be dealt with; the workforce having had initial training, supported by on-the-job learning, through being part of an integrated team.
The keyworker supports those concerned to take their own actions and focuses on 'high challenge, high support' approaches. As this client group is often difficult to engage into services and activities, the keyworker practices 'assertive engagement' – which involves building good relationships with clients, being persistent, collecting and taking clients to attend first appointments or training sessions and continuing to maintain contact. By arranging in advance to take clients to the first of a series of appointments or training sessions to support or introduce them, the keyworker ensures that they make a start on the first steps of their agreed actions. This approach has been found to achieve high levels of engagement / retention / impact.

The keyworker also provides or locates advice and support around a range of lifestyle and life skills issues, including: housing, finance and debt, utilities, domestic violence and abuse, health and caring responsibilities, wellbeing, suicide prevention, family and relationships including child protection, and support as a victim or offender in the criminal justice system.

The keyworker role transfers from a navigator to an educator as progress is made. Once the person / group is in a position to be hopeful of positive change, the keyworker works with them to transfer the skills needed to sustain and continue progress. The keyworker uses an adult learning process known as RARPA (Recognising and Recording Progress and Achievement in a non-accredited setting) to enable the person / group to self-assess and identify their own issues, plans and, importantly, to notice the progress being made.
Supervision and support focuses on enabling the workforce to undertake their role and leadership is 'distributed' through a 'bottom up' approach starting with the supported person leading their own case (keyworker becomes enabler / unblocker), through to the keyworker leading the case plan (management becomes enabler / unblocker).

> *'In both local and national governance settings, the collaborative or partnership delivery model has become increasingly prevalent across a range of policy areas. Typically, there can be problems with these types of delivery models: too many organisations may be involved in collaboration, for example. This tends to result in tensions around resources (particularly in public or third sector organisations following cuts to budgets), power relations between actors, issues with communication and a lack of clarity around goals or aims. In the Kirkholt pilot, however, what has taken place does not reflect any of these issues. Respondents saw this collaborative aspect of delivery almost unanimously as a real strength, and the communication between organisations was flagged as a huge impetus for successes in the pilot project.'*
>
> Dr Rory Shand – Senior Lecturer in Public Services, Manchester Metropolitan University (MMU)

Who are the key partners?

There are several layers of partners supporting this pilot.
The core group consists of the following public sector and community and voluntary services:

- Rochdale Borough Council
  - Skills and Work Team
  - Community Safety
  - Renaissance – Community Drug and Alcohol Outreach Team
  - Children's Centres
- Greater Manchester Police
- Rochdale Boroughwide Housing (social housing provider)

- Victim Support
- Greater Manchester Fire and Rescue Service
- Working Well (Ingeus)
- Community Champions (a team of local volunteers)

Commissioned partners (to deliver a particular service):

- Rochdale Connections Trust (provided the Freedom programme for victims of Domestic Violence and Abuse)
- Key to the Door – TOYS programme (Training Opportunities for Young parents)
- Raise the Youth Foundation (bespoke learning provision for young people NEET or at risk of becoming NEET, with complex needs / challenging behaviour)
- No Worries IT Ltd (specialist digital inclusion / digital skills provision)

Partners who link in with the pilot in response to identified client needs:

- St Vincent's Housing Association (social housing provider)
- NHS, including:
    - CAMHS (Child and Adolescent Mental Health Services)
    - Community Mental Health Team
    - Health Visitors
    - School Health
    - Pathways – integrated drug and alcohol service
- Rochdale Borough Council
    - Adult Care
    - Community Restart – Adult Care
    - Stronger Families
- Women's Housing Action Group
- Probation Service
- Big Life
- Early Break (drug and alcohol services for young people)
- Health Connections (Public Health)

Strategic partners:

- Rochdale Borough Council, including:
    - Adult Services
    - Children's services
    - Organisational Development
    - Skills and Work
    - Customers & ICT
- Councillors
- Greater Manchester Police
- Rochdale Boroughwide Housing
- Public Health
- National Health Services
- Greater Manchester Fire and Rescue Services
- Probation Service
- Community and Voluntary Services Rochdale
- Kashmir Youth Project

- Department for Work and Pensions
- Link4Life (the local sport, leisure and cultural organisation)
- Healthwatch

‘Rochdale Boroughwide Housing (RBH) recognises this was a real opportunity to develop partnerships and provide a person centred approach, helping to ensure sustainable tenancies, homes and communities. Working on the Kirkholt pilot has removed barriers between agencies and delivered results. We have seen clear reductions in levels of anti-social behaviour in a number of cases and the new approach has already delivered long term positive changes for RBH members, tenants and employees.’

Gareth Swarbrick, Rochdale Boroughwide Housing

What has been the impact?

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
Resultant family impacts (family being considered to be the 'natural' grouping)	Improved communication, reduced debt, resultant reductions in domestic violence and abuse

There is strong evidence that the impact on clients has been extremely positive and that demand for services is now much more appropriate, i.e. reduction in unnecessary demand and increase in early help and preventative interventions.
One of the key elements of the pilot has been to work at helping local people overcome issues of limited local facilities and isolation from support and services (due to Kirkholt's geographical position and the fact that it is some distance from the main town centre and other district centres).

For clients the impact has been*:

- A dedicated keyworker is the single point of contact through which all necessary services are coordinated
- Holistic assessment rather than single-service (silo) approach
- Speedier access to help across a range of services
- Increased hope, confidence and resilience; understanding and believing that positive change can happen and learning how to make more of it
- Managing their finances better
- No longer in abusive relationships
- More in control of their drug and alcohol misuse
- Participation in learning, boosting skills and confidence
- Access to training opportunities leading to work
- In work rather than in receipt of benefits
- Improved satisfaction - 100% of clients very happy with the service they received
- Removal of 'revolving door' effect
- Many talk about wanting to give something back as a result of the help they received and the improvements they have experienced in their own lives

*** As evidenced in evaluation and other documents which can be accessed via the link at the end of this document**

Quotes from two clients:

> *'I thought it was normal (domestic violence / abuse). I want to help out, like I was helped to become more confident, if I hadn't of had the help I'd have broken down. I couldn't go to my parents as they had mental health problems.'*
>
> Source - MMU evaluation

'I got in touch with the Keyworker, it was like climbing a hurdle, she responded to me, I was surprised, I hadn't expected her to. She said I needed to start helping myself and she'd help me…the Keyworker had mapped my life out from day one and I filled in the gaps. It was like snakes and ladders, every time I went up a ladder I slid down the snakes. It was the situation with the drink and the drugs, I've escaped most of this…the Keyworker helped me to sort this out and now I'm here with my own flat and it's brilliant….. If you approach the people in the project they will help you, if you are serious and want that help they will go out of their way to help you, some people don't want to help themselves, if you're willing to show your commitment and do something they'll help you.'

Source - MMU evaluation

For workers the impacts are:

- Significant enthusiasm for the new way of working
- Less bureaucracy so more time to spend actually helping clients
- Freedom to be creative
- Ability to achieve speedier outcomes due to appropriate and safe information sharing
- Improved job satisfaction
- Reduced symptoms of burn-out
- Increased autonomy
- Experience of accelerated progress towards positive outcomes

It's a very different way of working for a lot of people. We've had MAW (multi-agency working) before but not where we share and work like this. Systems can be very difficult and very different. This project doesn't allow those things to be barriers. We were allowed to be creative – it naturally worked…. Nobody defined a family. It didn't have to be a household. It was a person and those involved – those who loved and cared for them – or those who didn't. That could be a broad range of people – no boundaries. Also didn't try to group the problems. For example if a referral was for domestic abuse we didn't only deal with that.'

Worker, Source - MMU evaluation

'I see that when the right support is implemented at the right time in a life the change can be positive; if the timing is not right then it can almost be a futile exercise. A good keyworker sees and hears the need that must be addressed at a particular time and embarks on supporting the person with that. It must come from the client in order to have longevity and any sustained impact in their lives and futures. We can signpost and suggest and guide but it has to be at their pace. This can be frustrating at times but when it works it is a beautiful thing to see the transformation of not just one person's life, but a family's and even that of a community.'

Worker, Source - MMU evaluation

Impact on workers' behaviours, knowledge and competencies

People operating in the re-designed roles:

- Behave with hope, confidence and resilience
- Have an understanding of the new approach both theoretical and practical - many are sceptical at first and need time to challenge and resist (which is part of the process)
- Have the practical knowledge of how to help a person in a particular way
- Know how to navigate the 'system' - know who's entitled to what, what support is available, what approach might be taken, what to look out for
- Have personality traits and values that are naturally person-centred (although this can be learned too in some cases)
- Have a high level of interpersonal skills and the capacity for emotional intelligence
- Demonstrate analytical skills and leadership traits

I thought it was really good. First of all there was a sense of a team of people all interested in doing this sort of work. So building up relationships for a start. Secondly it made me think about how you deal with people, listen to them, have a positive approach, noticing things. Asking the right kind of questions – the strengths based approach. Understanding things like the social model of literacy was really good. Understanding barriers. The mental health side was useful …. A bit of an

armoury …. As well as all that it's 'don't just think like an employment officer – there is a toolkit that can help you think differently'.

Worker, Source - MMU evaluation

For services as a whole, this results in:

- Reduced volume of high level / high-cost response services
- Increased volume of demand for proactive / preventative services
- Reduced volume of inappropriate call-outs to GMP (monitored at both a household and neighbourhood level)
- Reduced instances of domestic violence / abuse
- Increased participation in domestic violence / abuse support and prevention programmes (victims)
- Increased participation in learning
- Increased skills levels (monitored at both an individual and neighbourhood level)
- Increased employment (monitored at both an individual and neighbourhood level)
- Reduced evictions and enforcements through housing
- Increased demand for (primary rather than acute) health, drug and alcohol services (people with long-term conditions or addictions seeking help)
- Reduction in premature mortality figures
- Increased identification of adult safeguarding / vulnerable adults issues before crisis happens
- Increased uptake of GP / dental services
- Increased engagement with services, including engagement of others hitherto unknown but who are at risk of crisis
- Increased hope of positive change, aspirations and motivation

One of the keyworkers has said that the supportive network of the IPT has:

- Made her feel less isolated because she has done a lot of joint work with colleagues from other partner agencies
- Made her job easier because when she needs some help or information from another agency for one of her clients, members of the IPT have been able to provide that help or information, or to direct her to the appropriate named person within their organisation
- Made it easier and quicker for her to access other services – e.g. to resolve housing issues, drugs and alcohol issues, etc.
- Made it possible for her to visit clients accompanied by a colleague from another partner agency where it may have been unsafe for her to do so alone
- Made it more likely that clients who have been victims of crime will make a statement to the police, because GMP colleagues have listened to her advice on the best approach to take for each individual (e.g. for domestic violence / abuse) and have facilitated joint visits

Other members of the IPT or agencies invited to meetings when their clients have been discussed have said that:

- They value the supportive network that the IPT has become
- They have a better understanding of the constraints of the other agencies in the IPT, but also where they can help
- They have a better understanding that what their agency may view as a good outcome for them may have a negative impact on other agencies
- They have changed the way they work with their clients, giving that bit extra to make sure that the client doesn't fall at the last hurdle
- When they have attended a meeting where all professionals involved with a client have been invited, they have been able to find out information and agree actions during the course of the meeting which would normally have taken much longer to co-ordinate
- Where actions have been agreed by other IPT members, they are confident that they will happen, and that all parties involved will keep each other updated (via meetings or the monitoring officer)
- When domestic violence / abuse has been identified, they can see that the new approach of dealing with the underlying issues is making a real difference to the families
- Clients haven't been able to play off different agencies against each other, because the IPT have shared information and agreed the approach and actions

- The IPT has added impetus which has enabled them to put forward a good case for resources for their client (Adult Care, drug and alcohol services, mental health services)
- The Making the Difference training programme provided them with tools to enable them to initiate difficult conversations with clients
- Other RBH tenants are asking for the RBH Housing Officer who is the front line worker representative on the IPT to be their housing officer

Case study:

'Whilst the keyworker was speaking to one of her most complex clients, the client asked her to help a man she knew who was nearby, because he was very poorly. The keyworker spoke to the man, who disclosed that he had been a previous drug user and since his partner had died recently, a man had moved into his home with him, he was using drugs again, and this man was taking all his money to pay for drugs (financial domestic abuse). The keyworker brought the case to the IPT who made a Vulnerable Adult referral to Adult Care. The IPT liaised closely with Adult Care, and the keyworker promoted a request for a period of residential respite care which was approved. The keyworker also referred the man to the drugs service. The keyworker then handed this case to a colleague to 'key work'. The new keyworker accompanied the client to GP appointments and supported him to settle into the respite care home. At his health assessment, he scored zero, and the client acknowledged himself later that he was close to death at that point. The drugs service supported with a treatment programme, and the client gained weight and said he felt much better. The keyworker visited regularly and the housing officer provided support around his tenancy. The client disclosed that he had lost his phone, so had lost contact with his daughter who lived in another part of the country. The keyworker liaised closely with the client's social worker, who located a telephone number for the daughter and rang her. The daughter was really pleased to hear that her father was safe, and said that she had never before been able to persuade him to engage with services. She has now arranged for her father to move out of Rochdale to live near her.'

What have been the key elements of success?

- Full commitment of core partners involved – true integrated working, not just sharing the kettle and the paper clips
- High level of enthusiasm for working in the new way
- High degree of trust built between integrated partnership team members
- Willingness to share information
- Willingness to 'go the extra mile' to secure speedy outcomes
- The generation of 'hope' in that both workers and service users became confident that positive change would happen
- Approach worked **without** an injection of additional funding / posts – just people doing their jobs with a different approach and focus
- Training - to enable frontline workers to help people in need to help themselves and to sequence help to support sustainable improvement in the quality of their lives
- Mentoring - to demonstrate to frontline workers the values and behaviours needed to support the new approach and how it can make a difference
- The characteristics of the team's keyworkers:
  - An approach that is 'interested-assertive' (I'm here to listen and to understand your needs and I will help you to make progress, challenging you sometimes)
  - Never give up no matter how many setbacks there are (stick-ability)
  - Demonstrate a higher level of emotional engagement (both positive and negative emotions) shared within a trusting team
  - An approach to teamwork that is personal and respectful with lots of laughter and support (signs of a bonded team)
  - And, when cases are challenging, a tenacity and level of advocacy for the case that won't accept the 'system' as good enough and prompts thought / action to get a better offer for the client

> *Greater Manchester Police, Rochdale Division, has been 100% committed to this exciting work. Delivering differently in Kirkholt has given our front line workers the freedom to be innovative, find solutions to wicked problems and support members of the community to become more self-reliant and less dependent on reactive services. I am very pleased with the learning and results we have seen so far.*
>
> Chris Sykes, Greater Manchester Police

What has been learnt?

- Early help is essential to reducing future demand for high level / high cost public services
- A strengths based, person centred way of working achieves better outcomes for the clients and results in higher levels of job satisfaction for the worker
- Eliminating unnecessary bureaucracy enables positive outcomes to be achieved much quicker
- It doesn't have to cost more to work in this new way, but it can certainly save money over time
- Targets are generally counter-productive –if a worker has a target to achieve, the support they offer will be with the intention of achieving the target rather than what is right and appropriate for the family or individual they are working with
- Help needs to be sequenced in the right order for sustainable improvements to be achieved
- Even though it is not necessarily new, it feels new - this is because of having a remit that is not restricted by target compliance, and by working in a genuine partnership
- Workers should be recruited for their attitude and emotional intelligence above qualifications

Of course, we can't predict the hurdles that will arise in the future but we have the collective confidence and trust that we'll find a way. We've learned that, by agreeing to be guided primarily by the established principles, we keep our sights on the overall needs of the programme, rather than our individual service needs. It is easy to see what needs to happen and, ultimately, all our services benefit.

> *This approach to working has been genuinely exciting. To have the opportunity to work as part of a fully integrated team, to play to our strengths, to apply our individual intelligence and collective common sense and to understand what can happen when these things come together has been remarkable. The level of trust and learning that has come out of that is unprecedented in my experience. I've learned so much, both about the partners in the team, what their services do and how the challenges play out and also been able to gain insight into my own area of work; seeing it through the eyes of others.*
>
> Helen Chicot, Rochdale Borough Council

Who can I contact?

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Other information

The "Making a Difference in Kirkholt" pilot was complex and cut across many strands of public sector work. As such, the evidence and evaluation content is focused on different thematic areas.
The following provides a summary of the available evidence with contact information or links to enable access to relevant documents:

SUITE OF PROJECT EVALUATIONS:

Ethnographic evaluation
Sheffield University undertook detailed ethnography over a three month period towards the start of the pilot. This document provides a brief literature review and an ethnographic study (heavily redacted to preserve confidentiality) including findings and recommendations:
http://www.rochdale.gov.uk/pdf/2016-05-27-Summary-of-ethnographic-study-Kirkholt-Integrated-Partnership-Team.pdf

Summary evaluation
Manchester Metropolitan University have provided a summary of the project evaluated , the methods of evaluation, findings and recommendations:
http://www.rochdale.gov.uk/pdf/2016-05-17-Making-a-Diff-Exec-SummaryHMcL-41.pdf

Full evaluation
Manchester Metropolitan University undertook a full project evaluation including interviews with service users and staff, case reviews and validation of the outcomes data. This is the full report including detailed findings, conclusions and recommendations:
http://www.rochdale.gov.uk/pdf/2016-05-27-Making-Difference-Eval-Report-V14-HMcL-41.pdf

Cost Benefit Analysis
The full Cost Benefit Analysis (CBA) is not publishable, due to technical constraints, though we're happy to share the source document. This can be arranged by emailing community.champion@rochdale.gov.uk. The proposition summary here describes the process and findings of the CBA, which was validated in February 2016:
http://www.rochdale.gov.uk/pdf/2016-05-27-Proposition-Summary-for-CBA-DDIN-Making-a-Difference-in-Kirkholt.pdf

CONTEXT OF THE PLACE PILOT:
Area profile 2014
This document was the basis on which the decision to pilot integrated place based working in Kirkholt was made:
http://www.rochdale.gov.uk/pdf/2016-05-17-Kirkholt-Area-Profile-final.pdf

Health profile 2013
The project found positive impact on premature mortality, which was not part of the scope originally. This health profile outlines the context, with reference to a shorter life expectancy in the more deprived areas of the borough of around 10 years.
http://www.rochdale.gov.uk/pdf/2016-05-17-HealthProfile2013Rochdale00BQ-(1).pdf

NATIONAL PILOT: A CITIZENS' CURRICULUM
The Making a Difference in Kirkholt pilot trialled Learning and Work Institute's "Citizens' Curriculum" approach to engaging people into learning which is led by them and which embeds a range of capabilities which are relevant to their everyday lives. Two phases of a Citizens' Curriculum pilot have been undertaken in the context of integrated service delivery in Kirkholt and these documents highlight the impact:

Citizens' Curriculum Infographic
This image summarises the findings from phase 1 of the Citizens' Curriculum Pilot in Kirkholt:
http://www.rochdale.gov.uk/rbcimages/2016-05-17-Citizens-Curriculum-Infographic.jpg

Brief Literature Review
This document summarises citations of the Making a Difference in Kirkholt Pilot in national documents relating to the Citizens' Curriculum:
http://www.rochdale.gov.uk/pdf/2016-05-17-Literature-Review-of-Citizens-Curriculum-(navigation).pdf

Towards a Citizens' Curriculum
Describes a Citizens' Curriculum approach along with the findings of the national phase 1 pilot:
http://www.rochdale.gov.uk/pdf/2016-05-17-Citizens-Curriculum-report-FINAL.pdf

European Agenda for Adult Learning
The final report, December 2015 (p12-14) highlights the impact of the Kirkholt (and similar) projects on the basic skills challenge in England:
http://www.rochdale.gov.uk/pdf/2016-05-17-Final-European-Report-2014-15-Final-LR(1).pdf

Peer Review
This critique of the Rochdale phase 1 pilot was undertaken by a panel of peers and academics as part of the European Agenda for Adult Learning England Impact Forum:
http://www.rochdale.gov.uk/pdf/2016-05-17-Eurpoean-Agenda-for-Adult-Learning-Peer-review-of-Rochdale-Citizens-Curriculum.pdf

OTHER RELATED INFORMATION
Premature Mortality
During the process of partnership working, it became evident that the work was having a potential positive impact on premature mortality by preventing early deaths (2 attributable cases) or contributing to actions that help prevent early deaths (up to 14 additional cases). These slides outline how the Kirkholt pilot work fit with proposals for good practice in communities, based on Public Health evidence, to support work which helps reduce the likelihood of premature mortality.

http://www.rochdale.gov.uk/pdf/2016-06-02-System-and-scale-into-Community-Engagement.pdf