



Suffolk
Family
Focus

Outcomes Plan v3.1

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Introduction

In phase 2 of the Troubled Families Programme we will continue to focus on positive outcomes for families. However, the payment by results framework for the expanded programme will operate differently.

This document is based upon the guidance provided in the Financial Framework for the Expanded Troubled Families Programme:



2015-03-01 Financial
Framework for the Ex

One of the major differences is that every Local Authority has to work with its partners to create its own outcomes plan that is agreed by all the agencies that have a role in delivering these outcomes. Therefore it vitally important that we create an outcomes plan for Suffolk that reflects what our partners can achieve for the identified families and sits comfortably within the partners existing strategic goals, and is where possible, a performance measure that is already part of the current basket of indicators for your agency.

Suffolk Family Focus will need to demonstrate that each family has achieved significant and sustained progress, against the families' initial criteria, as identified under the 6 new national criteria, but only two are initially required for the family to qualify for the programme.

In addition, the outcomes should ideally have a degree of alignment to the programme's family progress data, which then will provide a mass of family cohort data which can then be fed into the national web based cost saving calculator. The Calculator must be completed as part of the payment by results process. The purpose of this is to reduce future data collection burdens and also for gaps in service provision to be identified. Via analysis of this data we should then also be able to identify what interventions are effective and what are less effective. This in turn should assist with future commissioning and funding decisions.

Signs of Safety (SoS) has been adopted by Suffolk County Council as the overarching practice framework for all of its work with adults, children and families. It describes a purposeful and collaborative way of working with families and to secure the best outcomes for children and young people when involved.

Through Suffolk Family Focus, approximately 45 partner services, agencies and organisations have been offered the two-day Signs of Safety training. To date, 82 people from these partners have already attended the training. An additional 20 people are currently booked onto Signs of Safety training due to take place early 2015. This has helped to embed the Suffolk Signs of Safety and Wellbeing approach to a wider range of practitioners and professionals who are working with Suffolk's 'troubled' families.

This Outcomes plan proposal provides Suffolk County Council and their partners with an initial starting point in the development of the Phase 2 outcomes plan for Suffolk's families. Throughout January 2015 Suffolk family Focus hosted a series of workshops for colleagues, partners and local agencies to develop and agree the final outcomes. It is these agreed outcomes that will then be used to claim payment by results throughout phase 2.

As per Principle 8 of the Financial Framework for the Expanded Troubled Families Programme, it is important that it is understood that the purpose of the Outcomes Plan is to provide a short and simple account of the goals that each local authority strives to achieve with its troubled families,

against which success claims may be measured and verified. It should not be a complex, bureaucratic process.

DCLG Definition of a Family

In the Financial Framework for the expanded Troubled Families Programme, DCLG give a definition of a family:

'The programme aims to improve outcomes for children and intervene earlier in families with problems; all eligible families must include dependent children.'

For the purposes of the programme, a dependent child is a person aged 0-15 in a household or aged 16-18 in full-time education, in training or unemployed and living in a family with his or her parent(s).'

(Financial Framework for the expanded Troubled Families Programme - Annex A, DCLG – March 2015)

How will outcomes be chosen for individual families?

To be eligible for the expanded Suffolk Family Focus programme, each family must have at least two of the following six criteria (see the [Financial Framework for the Expanded Troubled Families Programme](#), pages 14-22 for more detail):

1. Parents and children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan, plus CAF and TAC.
4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
5. Families affected by domestic violence and abuse.
6. Parents and children with a range of health problems.

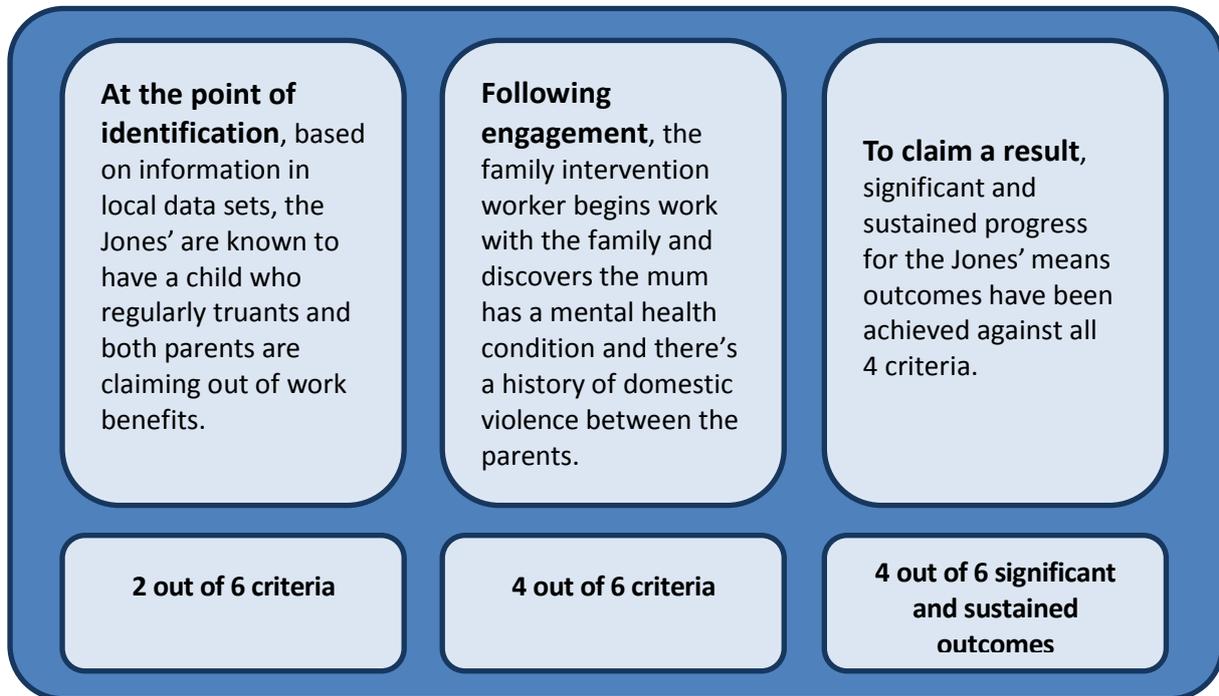
For each of the criteria listed above there are one or more outcomes that may be relevant for an individual family. Those relevant outcomes would form part of the individual family's plan. Achievement of or significant progress towards all the outcomes within the family's plan would constitute sustained and significant progress being made by the family in addressing their criteria.

However, while families may be identified as eligible for the programme on the basis of two criteria, the information available at the point of identification may not reflect the entirety of each family's complexity of criteria. Some criteria, such as domestic violence or mental illness, may be hidden until work begins with the family and uncovers the full extent of their needs.

Where additional criteria from the list above are identified within the family after the commencement of intervention work with them, relevant outcomes linked to the new criteria will need to be added to the Family's individual plan. The inclusion of additional outcomes to the plan as further criteria are uncovered is specifically stated within the Financial Framework for the expanded Troubled Families Programme, Annex D, Principle 2.

Figure 1 below helps to illustrate Principle 2 within Annex D of the Financial Framework for the expanded Troubled Families Programme:

Figure1: Principle 2



(Financial Framework for the expanded Troubled Families Programme – Annex D, DCLG – March 2015)

Only upon achievement of all outcomes within the family's plan will Suffolk Family Focus be able to demonstrate sustained and significant progress and make a payment by results claim for that family.

Proposed Outcomes and Measures

1. Parents and children involved in crime or anti-social behaviour				
Indicators		Links to Strategic goals		
<ul style="list-style-type: none"> a child who has committed a proven offence in the previous 12 months an adult or child who has received an Anti-Social Behaviour (ASB) intervention (or equivalent local measure) in the last 12 months an adult prisoner who is less than 12 months from his / her release date and will have parenting responsibilities on release an adult who is currently subject to licence or supervision in the community following release from prison and has parenting responsibility an adult currently serving a community order or suspended sentence who has parenting responsibility adults or children referred by a professional because their potential criminal activity or offending behaviour is of equivalent concern to indicators above 		<p>Joint Health and Wellbeing Strategy for Suffolk 2012-2022 Reduction in reoffending Reduced crime and antisocial behaviour</p> <p>Police and crime plan for Suffolk 2013-2017 Reduce Re-offending Reduce the number of ASB incidents</p> <p>Suffolk Youth Offending Service, Youth Justice Plan 2011-2014 Reduce re-offending</p> <p>Norfolk & Suffolk Community Rehabilitation Company Business Plan 2014-15 Organisational and Operational objectives Integrated Offender Management framework</p> <p>Restorative Approaches Suffolk Wide Strategy 2013-2014</p> <p>Safer Suffolk Partnership Anti-social Behaviour Strategy 2013</p>		
No'	Outcome	Measure of significant and sustained progress	Data/Source	Frequency
1.1	Individual family members previously involved in proven criminal activity are less likely to re-offend.	A minimum 33% reduction in proven offending compared to recorded offences in 6 months prior to enrolment.	<ul style="list-style-type: none"> Police Recorded incidents data and police outcomes/Police Court outcomes (Youth)/Youth Offending Service Court outcomes (Adult)/Probation service 	Quarterly
1.2	The family as a whole are less likely to be involved in anti-social behaviour.	60% reduction in anti-social behaviour across the whole family compared to recorded incidents upon enrolment.	<ul style="list-style-type: none"> Sanctions issued/ Anti-social behaviour teams and Police 	Quarterly
1.3	Families of 'equivalent concern' are not committing crime or ASB.	No police intelligence in the last 6 months	<ul style="list-style-type: none"> Police Intelligence 	Quarterly

Suggested additional outcomes	2.1			
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2. Children who have not been attending school regularly

Indicators	Links to Strategic goals
<ul style="list-style-type: none"> a child who is persistently absent from school for an average across at least the last three consecutive terms (over 10% of sessions missed) a child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms. a child who has been permanently excluded from school in the last 3 consecutive school terms a child who is in alternative provision a child who is neither registered with a school nor being educated otherwise a child referred by an education professional as having school attendance concerns of equivalent severity to the indicators above because he / she is not receiving a suitable full time education 	<p>Suffolk County Council Key Priorities Raise educational attainment and skill levels</p> <p>Joint Health and Wellbeing Strategy for Suffolk 2012-2022 Every Child in Suffolk has the best start in life</p> <p>Raising the Bar - School Improvement Strategy 2013/14 - 2016/17 Every child reaches their potential Every child is given the best preparation for life before and beyond school</p> <p>Suffolk Attendance Strategy 2013-2015 All Suffolk attendance priorities</p>

No'	Outcome	Measure of significant and sustained progress	Data/Source	Frequency
2.1	All children in the family of Statutory school age are receiving suitable full time education and attendance levels are consistency high.	Attendance of 90% of possible sessions on average across the last 3 school terms. (excludes children with SEND)	• School attendance data/ EMS, Schools, Academies, PRU's	Termly
		Children with SEND have less than 10% unauthorised absence.	• School attendance data/ EMS, Schools, Academies, PRU's	Termly
		Fewer than 3 fixed term exclusions across the last 3 school terms.	• Exclusions data/ Schools, Academies, PRU's	Termly
		Fewer than 5 days fixed term exclusion across the last 3 school terms.	• Exclusions data/ Schools, Academies, PRU's	Termly
		No permanent exclusions within the last 3 school terms.	• Exclusions data/ Schools, Academies, PRU's	Termly
		A child who was not registered in a school is now registered & attending as required OR there is evidence of Home Schooling in place.	• CME data/SCC CME team	Termly

3.Children who need help				
Indicators		Links to Strategic goals		
<ul style="list-style-type: none"> a child who has been identified as needing early help <ul style="list-style-type: none"> children who do not take up the early years entitlement children identified as having social, emotional and mental health conditions children who have been reported missing from home and identified as of concern. a child 'In Need' under Section 17, Children Act 1989. a child who has been subject to an enquiry under section 47, The Children Act 1989 or a child subject to a child protection plan a child with a CAF or TAC a child receiving Universal Plus services (Children's Centres) a child nominated by professionals as having underlying needs of equivalent concern to the indicators above, and not covered under another criteria. 		<p>Suffolk County Council Key Priorities Support those most vulnerable in our communities Raise educational attainment and skill levels</p> <p>Joint Health and Wellbeing Strategy for Suffolk 2012-2022 Every Child in Suffolk has the best start in life Increased uptake of free early learning for disadvantaged 2 year olds and universal offer for 3 and 4 year olds.</p> <p>Prevention and Early Help Strategy 2014-2016</p> <p>Raising the Bar - School Improvement Strategy 2013/14 - 2016/17 Every child reaches their potential Every child is given the best preparation for life before and beyond school</p>		
No'	Outcome	Measure of significant and sustained progress	Data/Source	Frequency
3.1	All children in the family are safe and not at risk of harm	No further requirement to have a children in need plan or child protection plan and the case is closed or stepped down to Early Help and no repeat referral for social care in a 6 month period	<ul style="list-style-type: none"> Care First Information System/SCC CYP 	Quarterly
3.2	All children in the family who need Early help or Universal Plus are receiving the appropriate support required.	No further requirement to have a CAF or TAC and the case is closed because the "desired outcomes were met" (Profile case closure code) and no repeat referral for social care in a 6 month period	<ul style="list-style-type: none"> Profile Information System/SCC CYP eStart 	Quarterly
3.3.	A child, who regularly goes missing, ceases to do so.	No police recorded episodes of 'Missing' or 'Absent' for at least 6 months.	<ul style="list-style-type: none"> Police Recorded incidents data and police outcomes/Police 	Quarterly
3.4	A pre-school child maximises their social, physical and mental development and be prepared for school	Take up of 2, 3 or 4 year old funding entitlement for early education and 2 consecutive terms attendance or until child starts in reception class, whichever occurs sooner.	<ul style="list-style-type: none"> Early Education take-up data (EMS) /SCC Early Years & Childcare Service 	Termly
Suggested additional outcomes		2.1		

4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness				
Indicators		Links to Strategic goals		
<ul style="list-style-type: none"> an adult claiming any out-of-work benefits (or Universal Credit, if relevant). a child who is about to leave school, has no/few qualifications and no planned education, training or employment a young person who is not in education, training or employment (NEET) parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic/unmanageable levels and forms of debt and those with significant rent arrears <ul style="list-style-type: none"> Family has debt or financial problems that impact on their ability to meet basic family needs e.g. food, clothing, accommodation Rent or council tax arrears with threat of eviction from home 		<p>Joint Health and Wellbeing Strategy for Suffolk 2012-2022 Increased rates of employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness. Reduced NEET in 16-18 year olds</p> <p>Suffolk Growth Strategy 2012-2022 Skills</p> <p>Raising Participation and NEET Prevention Strategy and Delivery Plan - January 2015 to December 2016 Young people at risk of not participating and those that are NEET are identified early and given appropriate support to make successful transitions.</p>		
No'	Outcome	Measure of significant and sustained progress	Data/Source	Frequency
4.1 (a)	At least one adult (aged 18 or over) in the family is now in employment.	Continuous employment for 13 weeks Continuous employment for 26 weeks, out of the last 30 weeks (only applies to adults on JSA if not previously an incapacity benefit claimant)	<ul style="list-style-type: none"> Local DWP employment data/SFF DWP Co-ordinator 	Quarterly
OR				
4.1 (b)	At least one adult (aged 18 or over) makes job ready progress to work	enrolled in higher or further education or apprenticeship for at least 13 weeks (or completion of whole training course if lasts between 8 – 12 weeks or formal and sustained volunteering (6 weeks or more) or work experience (4 weeks or more) or a programme or course which removes a barrier to work for the individual.	<ul style="list-style-type: none"> DWP Realise Futures 	Quarterly
4.2	A family's risk of eviction or loss of utilities due to payment arrears is reduced.	An income and debt re-payment plan is in place and implemented for at least 13 weeks and there is no escalation in sanctions.	<ul style="list-style-type: none"> Borough/District councils? Housing associations? DWP 	Quarterly

No'	Outcome	Measure of significant and sustained progress	Data/Source	Frequency
4.3 (a)	Young people in the family aged 16 and 17 (NEETs) are now in employment.	Continuous employment for 13 weeks	<ul style="list-style-type: none"> Local DWP employment data/SFF DWP Co-ordinator 	Quarterly
		Continuous employment for 26 weeks, out of the last 30 weeks (only applies to adults on JSA if not previously an incapacity benefit claimant)		
OR				
4.3 (b)	Young people in the family aged 16 and 17 (NEETs) are making job ready progress to work	enrolled in higher or further education or apprenticeship for at least 13 weeks (or completion of whole training course if lasts between 8 – 12 weeks	<ul style="list-style-type: none"> NEET data/ SCC, Suffolk Youth Support Service MyGo/Youth Guarantee data/ SCC, Economy Skills for the Future DWP Realise Futures Talent Match 	Quarterly/ Monthly
		or formal and sustained volunteering (6 weeks or more) or work experience (4 weeks or more)		
		or a programme or course which removes a barrier to work for the individual.		

5.Families affected by domestic violence and abuse					
Indicators		Links to Strategic goals			
<ul style="list-style-type: none"> the young person or adult known to local services has experienced, is currently experiencing or is at risk of experiencing DVA a young person or adult who is known to local services as having perpetrated an incident of DVA in the last 12 months a household or family member has been subject to a police call out for at least one domestic incident in the last 12 months 		Police and crime plan for Suffolk 2013-2017 Preventing and reducing crime and ASB Caring for Victims and vulnerable people Vulnerable families, provide high quality services to victims, tackle domestic and sexual abuse Domestic Violence and Abuse – Partnership Strategy for Suffolk 2015 – 2018 Restorative Approaches Suffolk Wide Strategy 2013-2014			
No'	Outcome	Measure of significant and sustained progress		Data/Source	Frequency
5.1	The family are no longer subject to domestic violence and abuse.	The risk of domestic abuse (as measured by DASH assessment) has reduced substantially, and there have been no recorded incidents of domestic abuse within the last 6 months.		<ul style="list-style-type: none"> Police Recorded incidents data and police outcomes/Police Care first, Profile, eStart/SCC? MARAC? Professionals' judgement? 	Quarterly
Suggested additional outcomes		2.1	3.1	3.2	3.4

6. Parents and children with a range of health problems					
Indicators		Links to Strategic goals			
<ul style="list-style-type: none"> an adult with diagnosed mental health condition(s) who has parenting responsibilities or a child with diagnosed mental health condition(s) an adult with parenting responsibilities or a child engaged in drug, alcohol or substance misuse a new mother who has a mental health condition or who is engaging in drug, alcohol or substance misuse, or has other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health conditions of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in conditions like obesity, malnutrition or diabetes 		<p>Joint Health and Wellbeing Strategy for Suffolk 2012-2022</p> <p>People in Suffolk have the opportunity to improve their mental health and wellbeing</p> <p>Increasing successful completion of drug treatment</p> <p>Increased young people in drug or alcohol treatment referred from child and families service</p> <p>Increasing adults in alcohol treatment referred from criminal justice</p> <p>Supporting Young carers and Young Adult carers in Suffolk 2013-2015</p> <p>Suffolk Alcohol Strategy 2013</p> <p>Making Suffolk Safer</p> <p>Making Suffolk Healthier</p> <p>Suffolk County Council Key Priorities</p> <p>Support those most vulnerable in our communities</p>			
No'	Outcome	Measure of significant and sustained progress	Data/Source	Frequency	
6.1	An individual within the family engaging in drug, alcohol or substance misuse has successfully <u>moderated</u> or <u>abstained</u> from their use (as appropriate to starting point).	Positive engagement with and successful completion of a drug and/or alcohol treatment programme (and if moderated, individual has and is using appropriate strategies to ensure other family members are safe during use of drugs/alcohol/substances)	<ul style="list-style-type: none"> Data/ information from GP's and/or drug and alcohol treatment agencies Screening & progress measures from drug and alcohol treatment agencies 	Quarterly	
6.2	An individual within the family with a mental health condition has successfully stabilised it, or has mitigated its impact on the family.	Professional judgement by individuals key health practitioner (or key practitioner if no health practitioner is involved)	<ul style="list-style-type: none"> Key health practitioner (GP, Mental Health practitioner, CAMHS etc.) 	Bi-Annually	
6.3	Bespoke – depending on physical health condition. Taking into account severity and longevity of condition and if it is acute or chronic.	Professional judgement by individuals key health practitioner (or key practitioner if no health practitioner is involved)	<ul style="list-style-type: none"> Key health practitioner 	Bi-Annually	
Suggested additional outcomes		2.1	3.1	3.2	3.4

Additional Outcomes Information

1. Parents and children involved in crime or anti-social behaviour

Outcome 1.1

To be consistent with the identification criterion, a proven re-offence is defined as any offence which receives a formal out of court or court disposal. This includes custody, fines, community sentences, reprimands, warnings, cautions, penalty notices for disorder and community resolutions.

In order to base the result on a meaningful snapshot of offending behaviour, the performance level required is based on the average level of offending in the last 6 months, using 12 months' data. The result then requires at least a one-third reduction in the level of offending in the subsequent 6 months. In practice, this means the following:

Number of proven offences by family members in the 12 months prior to intervention	Average number of proven offences for 6 months = the basis for the required result	Maximum level of proven offending to claim the result
1	1	0
2	1	0
3	2	1
4	2	1
5	3	2
6	3	2
7	4	2
8	4	2
9	5	3
10	5	3

(Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities – March 2012)

Line of enquiry

Is an outcome linked to housing needed? (linked to new ASB rules/legislation). If 'Yes' should it be able to be linked as an additional outcome to all other criteria?

2. Children who have not been attending school regularly

Educational outcomes are concerned with learning achievement. While school attendance is a key indicator for schools, school registers only measure whether a child is present, not whether they have learnt anything. Nonetheless, we know that schools with better attendance records produce better scholastic results. Low levels of absenteeism are thus a reasonably good proxy outcome for learning achievements.

(A Guide to Outcomes, Barnardo's Policy and Research Unit – June 2006)

The DfE is currently consulting with schools and local authorities to change the definition of persistent absence to 10% from the current 15%. It is suggested this could be implemented as early as January 2015 to allow schools to embed good practice ahead of the academic year commencing September 2015. In light of this Suffolk Family Focus has decided to adopt the measure of 10% from the beginning of phase 2.

It is worth remembering that the responsibilities of young carers can have a serious impact both on a child's school attendance, and on their ability to learn while at school.

3. Children who need help

(Children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan, plus CAF and TAC.)

Outcome 3.3

The outcome 3.3 relates to those children who run away or go missing from home. The reasons for running away are varied, complex and unique to individual children. Running away is often a sign that something is wrong in the child's or young person's life. Main reasons for running away are:

- Problems at home – ranging from arguments with parents to long-term abuse or maltreatment
- Mental health conditions
- Bullying, racial harassment, homophobia
- Teenage pregnancy
- Wanting to be near friends or family – especially when a young person is in care and there are complications or failures in contact arrangements with family and friends.
- Grooming for sexual exploitation – evidence suggests that 90% of children subject to sexual exploitation go missing at some point.
- Forced Marriage - some young people run away because they are at risk of or in a forced marriage.
- Child Trafficking- young people may go missing when they are being trafficked.

(Safeguarding Children Who Run Away or Go Missing from Home or Care - Policy, Procedures and Practice Guidance – July 14, <http://suffolkscb.org.uk/assets/files/2014/SafeguardingChildrenWhoRunAwayOrGoMissing.pdf>)

Outcome 3.4

The Early Years and Childcare Service include all children with Child Protection or Child in Need status in the 15 hours of funded childcare offer to economically disadvantaged children from the term after their second birthday. This decision was taken as part of SCC's CYP directorate Early Help strategy, which recognises the protective factor for children accessing an early years provider as well as the increased opportunities for social, emotional, physical and communication development.

Evidence shows that regular, high quality early education has lasting benefits for all children. It is beneficial to their social, physical and mental development and helping to prepare them for school. In addition, parents are able to work because childcare places are available, accessible and affordable and are delivered flexibly in a range of high quality settings.

(Early Education and Childcare - Statutory guidance for local authorities, DfE – September 2014)

Additional outcomes to be considered

To ensure further safeguards are in place for children, it may be prudent to include the education Suffolk Family Focus outcomes for children between the ages of 4-16 years that meet the 'Children who need help' category. The reasoning being that it gives young people a safety element as they are being seen outside the family home. If the child is regularly attending school, they will by default be regularly seen by professionals who will be in a position to identify physical, mental and emotional changes in the child.

Line of enquiry:

Where children are identified against the 'SEMH' code (Social, Emotional and Mental Health) on the national School Census, should we have a specific outcome for them? If 'Yes', what should it be?

4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness

The movement of a family off benefits and into continuous employment often represents the culmination of significant and sustained progress across a range of outcomes for many families. For example, mental illness, substance misuse, offending behaviour, poor school attainment and experience of domestic violence and abuse are all well evidenced barriers to employment. To overcome these barriers, secure work and maintain it for at least 13 weeks represents a major outcome for most families.

(DCLG – Financial Framework for the Expanded Troubled Families Programme – March 2015)

Outcome 4.1

This outcome can be met in one of two ways. The first, outcome 4.1(a) requires an adult to enter continuous employment for the period below associated with the type of benefit they were previously claiming. This is *the only stand-alone outcome*, and achievement of this outcome would be sufficient to claim the outcomes funding associated with that family (DCLG – Financial Framework for the Expanded Troubled Families Programme – March 2015). The two different periods of continuous employment reflect that someone on Job Seekers Allowance is much closer to entering employment than someone on Employment and Support Allowance. The table below is designed to help clarify the period of continuous employment required for each out of work benefit type.

Benefit	Period of continuous employment required
Job Seekers Allowance	26 weeks (out of the last 30 weeks)
Job Seekers Allowance Severe (Former Incapacity benefit claimants)	13 consecutive weeks
Employment and Support Allowance	
Income Support	
Incapacity Benefit	
Carer's Allowance	
Severe Disablement Allowance	

(DCLG – Financial Framework for the Expanded Troubled Families Programme – March 2015)

If no adult achieves outcome 4.1(a), the family will be expected to achieve significant, sustained progress in the same way as for any other headline criteria. Outcome 4.1(b) reflects this, recognising that appropriate progress towards work can be as significant for someone several years from work-readiness, as someone already work-ready entering continuous employment.

5. Families affected by domestic violence and abuse (Hidden Harm Strategy)

Additional outcomes to be considered

As stated in the Introduction section of this document all eligible families must include dependent children. Therefore, it would be prudent to consider including the 'Children who need help' outcomes.

As similarly suggested in the 'Children who need help' criteria; to ensure further safeguards are in place for children, it may be prudent to also include the relevant education criteria Suffolk Family Focus outcomes for children between the ages of 4-16 years. To ensure children are regularly being seen by professionals who will be in a position to identify physical, mental and emotional changes in the child.

6. Parents and children with a range of health problems (Hidden Harm Strategy)

It is important to remember that the presence of a mental or physical health condition is not in itself an indication of a *problem* within a family. Many people with physical and mental health conditions manage the impact of their conditions so well that it has no negative effect on the family as a whole, and sometimes has a positive effect. Physical and mental health conditions should not therefore be used as a blanket measure, but should be considered as one of a family's criteria only when it is not being well managed and/or is having a substantial negative impact on the family as a whole. The outcomes are structured around this, and while the indicators focus on people with diagnosed conditions, there is the flexibility to include people without a formal diagnosis *where the concerns are at an equivalent level* to a poorly managed diagnosed condition, or to engaging in substance misuse.

While most agencies will already have robust tools and measures in use to define improvement in both physical and mental health, support could be provided for those agencies which do not usually measure such improvement. Where possible, measurement of the outcomes should be folded in to the main assessment and review process.

Young carers, while not formally part of the outcomes framework, are often present in families with a range of health problems. It is expected that the family plan will include consideration of the needs of any young carers, as well as the needs of the family member with a health problem for whom they are caring.

Additional outcomes to be considered

As stated in the Introduction section of this document all eligible families must include dependent children. Therefore, where alcohol or substance misuse or dependency is present within the family and impacting on the children, consider including the relevant 'Children who need help' outcomes.

As similarly suggested in the 'Children who need help' criteria; to ensure further safeguards are in place for children, it may be prudent to also include the relevant education criteria Suffolk Family Focus outcomes for children between the ages of 4-16 years. To ensure children are regularly being seen by professionals who will be in a position to identify physical, mental and emotional changes in the child.

These outcomes would potentially be relevant to parents with mental health conditions that presented a risk to children and other adults within the family also.

Links to local strategic plans

Strategy	Link to document
Joint Health and Wellbeing Strategy for Suffolk 2012-2022	http://www.suffolk.gov.uk/public-health/
Suffolk County Council Key Priorities	http://www.suffolk.gov.uk/your-council/suffolk-county-council-key-priorities/
Suffolk Alcohol Strategy 2013	www.transformingsuffolk.co.uk (Suffolk Alcohol Strategy).pdf
Restorative Approaches Suffolk Wide Strategy 2013-2014	http://www.transformingsuffolk.co.uk/files/2013/2013-05-28_suffolk_strategy.pdf
Violence Against Women and Girls and Men Experiencing Domestic Violence - A Partnership Strategy for Suffolk 2011-2014	VAWG - A Partnership Strategy for Suffolk 2011-2014
Police and crime plan for Suffolk 2013-2017	http://www.suffolk-pcc.gov.uk/wp-content/uploads/2013/07/Police-and-Crime-Plan-2013-2017.pdf
Raising Participation and NEET Prevention Strategy and Delivery Plan - January 2015 to December 2016	 2015-01-07 Raising Participation NEET Pr
Suffolk Growth Strategy 2012-2022	http://www.suffolkcoastal.gov.uk/assets/Documents/Council/Policies/SuffolkGrowthStrategySummary.pdf
Prevention and Early Help Strategy 2014-2016	http://www.suffolkscb.org.uk/assets/files/2014/Prevention-and-Early-Help-Strategy-2014-16.pdf
Raising the Bar - School Improvement Strategy 2013/14 - 2016/17	http://www.suffolk.gov.uk/assets/suffolk.gov.uk/Raising%20the%20Bar/School%20Improvement%20Strategy%20June%202014.pdf
Suffolk Attendance Strategy 2013-2015	http://www.st-louismiddle.suffolk.sch.uk/Parents/SuffolkAttendanceStrategy.pdf
Safer Suffolk Partnership Anti-social Behaviour Strategy 2013	http://www.transformingsuffolk.co.uk/partnerships/safer-suffolk
Norfolk & Suffolk Community Rehabilitation Company Business Plan 2014-15	http://www.norfolksuffolkcrc.co.uk/publications.html
Suffolk Youth Offending Service, Youth Justice Plan 2011-2014	http://www.suffolkjos.co.uk/assets/files/YOSAnnualReportJusticePlan.pdf

Appendix A - Datasets for Indicators

Parents and children involved in crime or anti-social behaviour	
Indicator	Data Source
a child who has committed a proven offence in the previous 12 months	Police, under current data sharing agreement and or Youth offending service
an adult or child who has received an Anti-Social Behaviour (ASB) intervention (or equivalent local measure) in the last 12 months	ASB teams, Housing providers, district/borough councils. Problematic, as no consistent recording. Possibly also Police non-crime incidents as 'flag', but not measure
an adult prisoner who is less than 12 months from his / her release date and will have parenting responsibilities on release	Probation companies and/or prison management? Could share data under the same 'prevention of crime and disorder' provision as the police, but would need to be negotiated also data held on cases being worked by CYPS is held
an adult who is currently subject to licence or supervision in the community following release from prison and has parenting responsibility	Probation companies? Could share data under the same 'prevention of crime and disorder' provision as the police, but would need to be negotiated
an adult currently serving a community order or suspended sentence who has parenting responsibility	Police via search on all persons sentenced to a community order (obtain address), then a cross search with CYPS and education address records
adults or children referred by professional because their potential criminal activity or offending behaviour is of equivalent concern to indicators above	Various

Children who have not been attending school regularly	
Indicator	Data Source
a child who is persistently absent from school for an average across at least the last three consecutive terms (over 10% of sessions missed)	School Census. (Timeliness issues) EMS?? (Accuracy issues) EOTAS (for alternative provisions) Schools
a child who has received at least 3 fixed term exclusions in the last 3 consecutive school terms; or a child at primary school who has had at least 5 school days of fixed term exclusion in the last 3 consecutive terms; or a child of any age who has had at least 10 days of fixed term exclusion in the last 3 consecutive terms.	School Census. (Timeliness issues) EMS?? (Accuracy issues) EOTAS (for alternative provisions) Schools
a child who has been permanently excluded from school in the last 3 consecutive school terms	School Census. (Timeliness issues) EMS?? (Accuracy issues) EOTAS (for alternative provisions) Schools
a child who is in alternative provision	EOTAS
a child who is neither registered with a school nor being educated otherwise	Inclusion Service / LIS CME data

a child referred by an education professional as having school attendance concerns of equivalent severity to the indicators above because he / she is not receiving a suitable full time education	Various

Children who need help	
Indicator	Data Source
a child who has been identified as needing early help <ul style="list-style-type: none"> – children who do not take up the early years entitlement – children identified as having social, emotional and mental health conditions – children who have been reported missing from home and identified as of concern. 	(via?) Early years team (or their source of data, if we absorb the matching function) SEND team? Multiple CAF/TAC referrals Police (COMPACT for missing persons)
a child 'In Need' under Section 17, Children Act 1989.	CareFirst6 case recording database
a child who has been subject to an enquiry under section 47, The Children Act 1989 or a child subject to a child protection plan	Care First case recording database
a child with a CAF or TAC	Profile case recording database
a child nominated by professionals as having underlying needs of equivalent concern to the indicators above, and not covered under another criteria.	Various, including eStart for Universal Plus

Adults out of work or at risk of financial exclusion or young people at risk of worklessness	
Indicator	Data Source
an adult claiming any out-of-work benefits (or Universal Credit, if relevant).	DWP
a child who is about to leave school, has no/few qualifications and no planned education, training or employment	Schools (via the at-risk-of-NEET report they get?)
a young person who is not in education, training or employment (NEET)	Profile? DWP
<ul style="list-style-type: none"> • parents and families nominated by professionals as being at significant risk of financial exclusion. This may include those with problematic/unmanageable levels and forms of debt and those with significant rent arrears <ul style="list-style-type: none"> – Family has debt or financial problems that impact on their ability to meet basic family needs e.g. food, clothing, accommodation – Rent or council tax arrears with threat of eviction from home 	Housing providers DWP District/borough councils VCS working with debt issues where there is a data sharing agreement.

Families affected by domestic violence and abuse	
Indicator	Data Source
the young person or adult known to local services has experienced, is currently experiencing or is at risk of experiencing DVA	Various, pending Shirley Osborne's project to centralise DA information police Data
a young person or adult who is known to local services as having perpetrated an incident of DVA in the last 12 months	Various, pending Shirley Osborne's project to centralise DA information police data
a household or family member has been subject to a police call out for at least one domestic incident in the last 12 months	Police (contacts include domestic incidents)

Parents and children with a range of health conditions	
Indicator	Data Source
an adult with mental health conditions who has parenting responsibilities or a child with mental health conditions	NSFT, NSH, CCG's Profile and Care First 6 where consent is in place via family plan.
an adult with parenting responsibilities or a child engaging in drug, alcohol or substance misuse	New Drug & Alcohol service's performance measures Profile and Care First 6 where consent is in place via family plan.
a new mother who has a mental health or ie engaging in drug/alcohol/substance misuse, or other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership	Health visitors, Children's centres, Profile and Care First 6 where consent is in place via family plan. Family Nurse Partnership data (Children's Centres have recently begun recording mothers receiving a universal partnership plus service on profile)
adults with parenting responsibilities or children who are nominated by health professionals as having any mental and physical health conditions of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in conditions like obesity, malnutrition or diabetes	Various

Change Log

Date	Version Number	What's changed	Who?
March 2015	3	Finalised version, signed off for PBR by SFF Board	Janine Pettit / Robert Ellam
07/04/16	3.1	Updated sources of information in Annex A and Outcomes to include eStart & Realise Futures. Specified Universal Plus as part of Children who need help.	Robert Ellam