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Social research

Number: 51/2015

Evaluation of Families First Year 3 Report Appendices

September 2015

Evaluation of Families First: Year 3 Report; September 2015

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Welsh Government Social Research, 30 September 2015
ISBN 978-1-4734-4836-0

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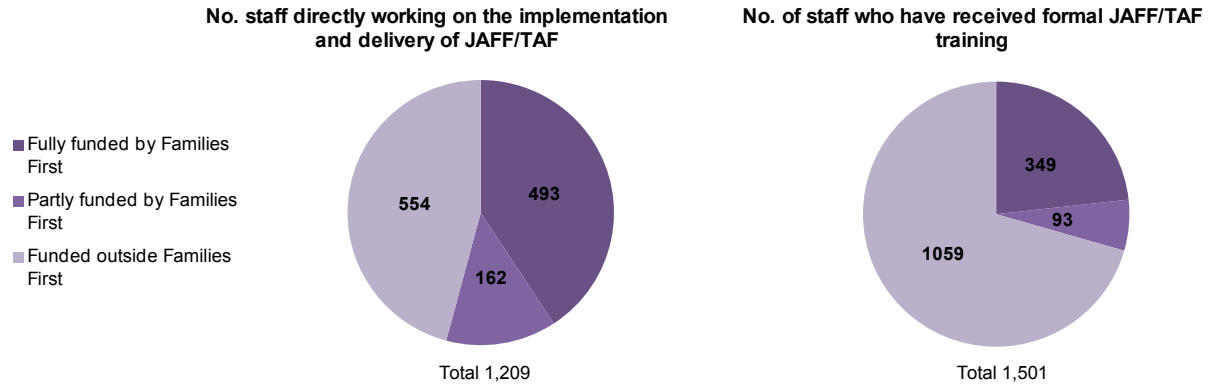
1.1 Additional data: Implementation of Families First

Staffing for JAFF and TAF delivery and training activities 2014-15



Source: Local authority progress reports, March 2015

Spending on each element by local authority

	FF 2014-15 budget (£)	% of total FF budget	JAFF/TAF budget (£)	JAFF/TAF budget as a percentage of LA FF budget	Strategic Commiss'd Projects Budget (£)	Strat. Comm. projects budget as a % of LA FF budget
Anglesey	838,402	2	254,008	30	448,318	53
Blaenau Gwent	1,318,026	3	1,041,246	79	184,561	14
Bridgend	1,839,557	4	438,939	24	1,213,440	66
Caerphilly	3,135,764	7	336,831	11	2,549,982	81
Cardiff	5,402,170	13	467,583	9	4,496,132	83
Carmarthenshire	1,565,798	4	67,280	4	1,374,314	88
Ceredigion	710,098	2	207,334	29	374,470	53
Conwy	1,347,314	3	184,225	14	1,049,967	78
Denbighshire	1,302,392	3	356,666	27	804,498	62
Flintshire	1,735,288	4	178,244	10	1,439,464	83
Gwynedd	1,309,009	3	240,231	18	972,321	74
Merthyr	1,110,058	3	381,714	34	653,441	59
Monmouthshire	717,959	2	79,455	11	606,875	85
Neath Port Talbot	2,223,844	5	529,361	24	1,540,522	69
Newport	2,734,568	6	438,955	16	1,912,452	70
Pembrokeshire	1,504,980	4	608,304	40	762,274	51
Powys	1,179,151	3	221,771	19	819,524	70
Rhondda Cynon Taf	3,885,443	9	314,049	8	3,176,256	82
Swansea	3,459,662	8	184,000	5	3,017,147	87
Torfaen	1,553,795	4	157,292	10	1,042,177	67
Vale of Glamorgan	1,544,990	4	475,191	31	872,635	56
Wrexham	1,318,745	3	288,070	22	1,318,745	100
Total	**42,268,995**		**7,450,749**		**30,629,515**	

Annex M. Progress reports. 2014-15

Examples of commissioned services by programme objective targeted.

Objective targeted: no. projects commissioned	Example of commissioned service	Agency
Health and Well-being: 66 projects commissioned	An **'Early Years'** project has provided a range of centre-based sessions/ programmes for parents and their children that encourage good health and well-being, secure attachment and early learning, with crèche support as appropriate.	Local authority in collaboration with local health board
	'A national charity provided advice, help, supporting the mental health and well-being of families in the local area.'	National charity
	A **Healthy Living** project has been delivered as part of the youth support element to educate young people, parents and other professionals about safe sex, positive relationships, sexually transmitted infections, teenage pregnancies and other health related issues.	Local Authority Youth Service
Reaching one's potential: 117 projects commissioned	A **School/Home Family Support Project and Social Inclusion Project** have workers supporting primary and secondary pupils in terms of educational attainment and attendance. Work with family as well as the child, links to other agencies, explores underlying issues and takes pressure off Head teachers. Specialist focus on supporting young carers.	Local authority in collaboration with charity

	'**Advocacy'** has been delivered to Independent Support for children and young people aged between 0 and 25 years and help to get their voices heard through the provision of confidential and independent advice, information and representation.	National Youth Advocacy Service
	Co-location was commissioned at a local school to facilitate local co-ordination of early intervention and prevention services for children.	Local school
	Pro-Active targeted Youth Engagement has provided intensive and bespoke interventions to families and young people in poverty who are at risk of not achieving recognised qualifications at 16 and or joining the Post-16 NEET cohort. A range of young people and family-centred approaches and interventions have been used to engage with families and young people, through intensive personal support activities and accredited learning opportunities designed to meet the needs of families and young people in poverty in a targeted way.	Local authority
Resilience: 71 projects commissioned	**Supporting Parents and Families through promoting information and financial literacy and supporting parents into work** was commissioned to provide access to information and outreach. This focused on providing financial literacy support to parents to access and benefit from services to return to work/employment support schemes.	National charity
	As part of the local **Disability Strand,** a project was commissioned to provide support for Children with Additional needs and for families whose child or children present with additional needs to build resilience and reach their full potential.	National charity

	A **Young Carers support service** was commissioned to provide support for young carers age 8-18.	National charity
Towards employment: 24 projects commissioned	**Family Learning and Engagement** was commissioned to support children, young people and families who are in or at risk of poverty, by supplying advice, guidance and practical support in relation to work, skills and tackling barriers to Employment, Education and Training.	Local authority Youth Service
	A **Strategic NEET Co-ordinator Project** has provided strategic lead and support in reducing the number of young people who are NEET.	National careers service
	A project focusing on **employment outcomes** has provided support to parents to access training and employment.	Local authority
JAFF/TAF: 19 projects commissioned	An **ASD/ADHD project support** team has provided a dedicated TAF Disability Team to support disabled children and young people and their families.	National charity

Families First activity in 2014/15

	Q1	Q2	Q3	Q4	Total
No. of families referred for a JAFF	2,331	2,321	2,177	**2,761**	**9,590**
No. of families completing a JAFF assessment	1,105	1,132	1,181	**1,225**	**4,643**
No. of families signing a TAF action plan	888	863	958	1,086	**3,795**
No. of families (of those starting a TAF action plan) closed with a successful outcome in relation to the TAF action plan	382	624	497	534	**2,037**
Total number of strategic commissioned projects	208	206	213	216	**-**
Total number of individuals accessing a commissioned project	63,320	53,438	36,971	**46,019**	**199,748**

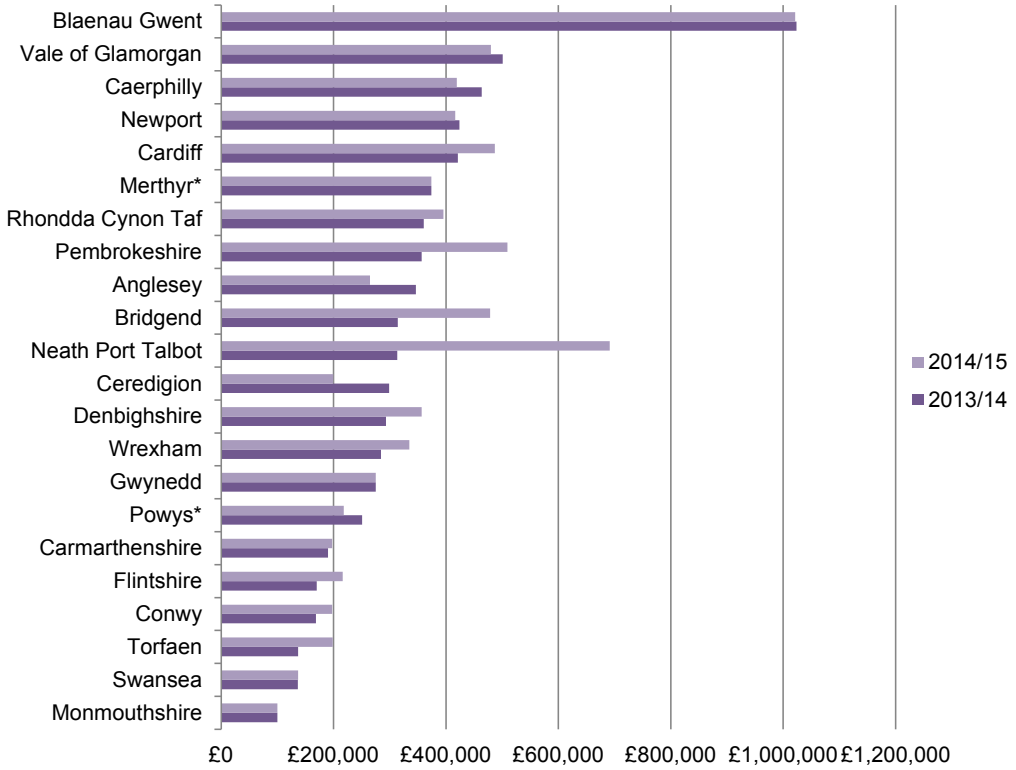
Source: Local Authority Families First progress reports, March 2015

Total expenditure on disability services 2014/15

	Budgeted spend (£)	Actual spend (£)	% deviation
Anglesey	138,000	132,476	96
Blaenau Gwent	91,063	92,219	101
Bridgend	159,500	186,051	117
Caerphilly	242,602	242,601	100
Cardiff	396,808	413,160	104
Carmarthenshire	184,217	111,691	61
Ceredigion	113,073	116,381	103
Conwy	98,511	107,362	109
Denbighshire	135,828	135,828	100
Flintshire	115,576	110,020	95
Gwynedd	90,697	90,697	100
Merthyr	90,000	61,895	69
Monmouthshire	50,937	31,629	62
Neath Port Talbot	153,646	153,646	100
Newport	354,376	383,162	108
Pembrokeshire	142,750	123,689	87
Powys	126,576	118,144	93
Rhondda Cynon Taf	309,847	383,311	124
Swansea	254,500	250,215	98
Torfaen	340,000	354,326	104
Vale of Glamorgan	200,000	197,164	99
Wrexham	214,753	235,993	110
Total	**4,003,260**	**4,031,658**	**101**

Source: Local authority progress reports, March 2015. Based on data provided by 22 local authorities

JAFF/TAF spending in 2013/14 and 2014/15



Source: 2015 Progress reports.*actual spend data 2013/14 was not reported by these authorities so projected values were used.

1.2 Additional data: Impact on Service Design

Sharing and learning of good practice both within and outside of local authority areas

The ability to share good practice. % respondents 'very' or 'fairly satisfied'			
	Year 3	Year 2	Change Year 2 – Year 3
Meetings with immediate colleagues Unweighted base: 996	93	90	+3 ppts
Meetings/events with colleagues from other agencies/departments within your local authority Unweighted base: 977	89	85	+4 ppts
Cross-border networks, partnerships or events Unweighted base: 462	91	85	+6 ppts
National learning events Unweighted base: 329	82	76	+6 ppts
Attendance from the appropriate range of staff, agencies and departments			
Meetings with immediate colleagues Unweighted base: 998	85	83	+2 ppts
Meetings/events with colleagues from other agencies/departments within your local authority Unweighted base: 974	86	85	+1 ppts
Cross-border networks, partnerships or events Unweighted base: 458	80	86	-6 ppts
National learning events Unweighted base: 328	78	79	-1 ppts

Application of learning after the event			
Meetings with immediate colleagues Unweighted base: 980	85	81	+4 ppts
Meetings/events with colleagues from other agencies/departments within your local authority Unweighted base: 956	82	79	+3 ppts
Cross-border networks, partnerships or events Unweighted base: 458	79	76	+3 ppts
National learning events Unweighted base: 322	69	69	0

Source: Stakeholder survey year 2 and 3

2 Summary of Case Studies

	Presenting needs of family	Role of FF: what support was provided, plus complimentary services	Impact of FF: short-term/ emerging outcomes	Sustained impact of FF: final outcomes and services avoided	Families First principles in action
Family 1 GAM1	Mum: special educational needs and epilepsy. Daughter: learning difficulties. Household disrupted in the past due to domestic violence. Mum felt out of control somewhat, due to health problems and lack of confidence. Wanted help in preparation for daughter's transition into her teenage years and did not feel confident in dealing with the impending teenage angst.	FF support was offered as part of an overall package of support specifically to improve how Mum dealt with "parenting/ controlling" daughter. Support provided through regular "catch up" sessions with all support workers every 3 months. Other support: Daughter received educational support at special school, and was a member of a local youth group ". Also received support from Housing Association; mum attends cooking classes. Regular social worker assistance in the home; benefits and housing.	Positive evidence of success. No hard outcomes. Soft outcomes: Improved behaviour from the daughter who began to help out in the house, listen to Mum and respond to house rules. Daughter has more activities to do and seemed to enjoy the structure in the house. She had previously been bullied but not anymore. Mother has greater levels of confidence. This resulted in her desire to find some form of employment.	No hard outcomes of provisions generated. Soft outcomes: The softer outcomes identified from the initial visit have been sustained but several improvements in the home life of the family, such as the mother learning cooking skills and wishing to pursue training so as to improve her employability have faltered. However she still has this as an ambition The daughters behaviour has remained at an improved level and the mother feels the greatest success was child's behaviour,	**Integrated**; a range of services have been involved but co-ordinated centrally by the key worker. **Bespoke**; clearly focuses on addressing the mother's concerns fully. Approach to TAF meetings was bespoke so mother did not get overwhelmed. **Proactive**; addressed the early concerns the mother had. No clear crisis, but the family appear to have benefited despite the lack of hard outcomes. If support has truly improved school behaviour this may impact heavily on the child's educational outcomes.

Family 2 GAM2	Single mother with two young children, aged 3 and 5. Behavioural issues with both children. Son: speech/ communication issues and is withdrawn. Daughter: bad behaviour and low levels of development, seemed stressed & depressed/low mood. Mum: stress and mental health concerns. Previous abusive relationship Joblessness and ongoing court cases.	Provided support and advice to Mum who was feeling lost and very stressed. Mother received counselling support, parenting skills support and help with potty training. Son received potty training assistance and speech and language support. Daughter received additional support in school. Much of the support comes from another support group delivering similar family support as FF. Other services: Few practical services. Educational support from college which paid for crèche services Previous support from child protection team. Benefits and housing provisions. Mother complained that there has been little or no support from the school and from social services and has complained about the lack of help several times.	Positive evidence of success. Mother has now been able to return to education to retrain since becoming unemployed (her career having been affected by the court cases). Soft outcomes: Children's behaviour greatly improved, particularly the son who previously had language/communication and behavioural problems but began acting and talking quite normally Mum now feels a great deal more confident and feels like she is more in control, in particular in review meetings. Support has also provided an outlet for mother's concerns Mum began to deal with own emotions e.g. reported finding herself crying for no reason, when this didn't happen before, likely that she was now having time to emotionally process all that had happened to her.	Greatly improved behaviour and apparent well-being for whole family. Mother is now working towards a level 4 qualification, and volunteering to gain extra experience in her chosen career. While this cannot be fully claimed as a result of FF support, improvements for the children have been critical in mother returning to her career aspirations. Children are both seeing improvements at their school. If impacts are sustained both children's educational outcomes will likely be improved.	**Family-Focused**; KW identified the need to bring closure on parental breakup and supported family towards a mediation process which appears to have helped significantly. **Intensive**; mother described process as overwhelming initially, evidencing the desire to progress rapidly.

Family 3 GJM1	Single Stay At Home Mum who has not worked for seven years due to health problems, including venous disease (making walking difficult and stopping her from going out or playing with her son), anxiety and depression. Mum has housing issues and financial worries e.g. council not maintaining property, paying to make house safe. Eldest son has Attention Deficit Disorder and anger management problems. Exhibits difficult and aggressive behaviour at home which affects whole family. Mum said she and son were like brother and sister.	Referred by project worker supporting eldest son to complete secondary school and make a smooth transition to college or another positive outcome. Six week cookery course ESCAPE parenting course Anger management course for son. Other services: Doctor: Mum has suffered from depression for 10 years, has a repeat prescription for medication but has never explored other options. Consultant for venous disease/ Jobcentre Plus; Mum receives child credit, ESA employment support, and disability allowance. School; Mum felt school was approachable and teacher provided some support.	Mixed evidence of success so far. No evidence of hard outcomes to date. Some positive soft outcomes. Soft outcomes: Mum feels less alone, has learnt to be more patient and communicates better with her eldest son, and has learnt new parenting strategies. No changes to date in confidence, motivation or ability to relax because too much going on. Son's discussions with FF support worker empowered him, "It makes him feel he has a bit of a say, bit of control over life ".	Oldest son has become a lot less aggressive and behaviour has improved. Mum thinks this is a result of the support and parenting class that she went too. Mum feels that she now deals with conflict better. Fewer conflicts in the home and contributed to eldest son engaging with college. S has changed college getting on well now. Oldest son has a place at college to study engineering (post 18).	**Family-Focused** - Mum gave mixed feedback re whole family approach – has not always felt that the support covered the whole family. Children have not input into the assessment process because they were at school. Key worker relationship has been beneficial. Limited evidence that children have been involved as part of a whole family approach.
Family 4 GJM2	Family of 3 living with mother (grandmother) and siblings. Severe overcrowding and resulting rising tensions. Siblings have cataracts; require lots of hospital visits, and behavioural issues which together make family life difficult. Lot of pressure on	Mum asked for help to move out from grandmother's house, gain independence and create own family. Incredible Years parenting course - Project Oxfam - Speech therapy for son - Debt advice Other services:	Hard outcomes: Moved into own home; goal was to live independently as a family, so overcrowding reduced. Son referred for support service for children with SEN and disabilities. Assessment to be made following a referral from FF.	Mum has become more responsible in managing money, and is more responsible with money. Does not attribute this to financial capability support from CAB as wasn't ready to change her spending habits at the point of receiving the support.	**Family-Focused** - Sought to support both Mum and son with independent support (son too young to input into assessment process). **Bespoke** - FF support has been tailored to help Mum achieve own priorities. Mum said she had been *"given choices, helped and guided"*. Evidence

	Grandmother, hence how she started with FF in first place. Mum has long suffered from depression as a result of "broken family" history, physical and sexual abuse as a child, and severe bullying as a teenager. Partner moved in to grandmother's house so income support and child tax credits cut with immediate effect. Mum now seriously concerned about financial situation as partner earns £400 for working 16 hours a week. Child may have SEN	Doctor - Mum saw for medication and received referral via health visitor for CBT to help manage depression. Also saw doctor for son's eye problems and hearing difficulties which might be impacting on speech and language development. Job Centre Plus for benefits. - Housing Association (CCG) prior to and since moving out of childhood family home.	Soft outcomes: Family relationships improved. Mum and partner became a lot more open with each other, have set up as a family and as parents, they have matured. Son has come out of his shell, has space and freedom to play, is much happier, more confident and interacts more e.g. by making eye contact for the first time. Relationships with wider family better, less strained. Mum more confident e.g. now able to make phone calls. Had problems leaving the house but now confidence has soared. Mum has more respect for family life and better understands her role	elationship built with worker from referred service (Oxfam) has been valuable (facilitated through FF key worker). This worker helped put pressure on the housing office to follow up housing application. Being rehoused has made a big difference to Mum allowing independence and space for her and son. um feels that support has helped her to increase her confidence. She can now contact services herself rather than doing this through others. Now more independent. The support she has received through TAF has moved Mum toward the labour market; she is now able to think about seeking work.	that key workers have been **proactive** in suggesting support. "They help and don't push". **Intensive -** Monthly meetings and regular contacts have moved family on. Co-ordinator is seen as having effectively facilitated TAF working rather than providing a lot of support and advice directly.
Family 6 GJM3	Single Stay At Home Mum with five children, eldest is an adult. Lived in three bed home for 18 years, issues with overcrowding. Used to live there with ex-husband. Doesn't do anything for	Worked with FF for one year in April/May 2013-14. Referred via health visitor. Referred to parenting course that lasted for six weeks. Regular meetings with key worker and TAF (consisting of housing association, the key	Soft outcomes: Built resilience Has found key worker a great support and encouragement. Initial signs that behaviour in sons is improving and Mum feels more confident in her parenting.	FF has improved Mum's confidence in parenting, relationship with son (parenting course), local social network (through attending parenting course), engagement with education system, and relationship with housing	**Bespoke**: Mum was provided some local support in her own community that reflected her own identified need (parenting support) and which offered some additional benefits for her (social network).

	herself, very busy, everything went into the children. Mum described herself as 'a mess' before FF. Older son was being bullied at school and refused to go. Mum was 'under his thumb'.	worker, the health visitor, the school nurse and the head teacher). Oldest son accessed mediation training from the youth justice team and slightly younger son accessed a youth mentoring. Other services: School. Eldest son bullied at school, for which he has a support worker. Housing - Has lived in council house for last 18 years but was trying to find somewhere bigger with support of FF. Working with a tenancy support officer. Job Centre Plus - On the following benefits - Income Support, Child Tax, Child Benefit, Housing, Council Tax Benefit.	Mum decided to stop taking anti-depressants before Christmas 2013 and was feeling OK, a lot better – something she did not envisage without the support of Families First.	association (both through TAF). Support has also improved behaviour in two of her sons that had been exhibiting difficult behaviour through mentoring and youth work (the oldest of which was the key trigger for the intervention). Housing association has agreed to rehouse the family in more spacious accommodation which will improve the family's quality of life (currently living in severely overcrowded conditions). Been achieved through engagement of the housing association with TAF process and the key worker working alongside to help them understand the needs of the family. Long-term this situation will help daughter and baby granddaughter stay living with Mum as a support.	**Pro-active** given engagement and involvement of housing association. **Local** - Mum was able to access parenting support in her local community which has helped her build a social network.
Family 9 PJM1	Family consists of mother, father and three children: 15 year old daughter, 12 year old daughter and 10 year old son. Intervention focused on eldest daughter who has extreme anxiety and was unable to attend much of school for two	Family have received programme support for 18 months. Family says they don't have a key worker (although a youth intervention worker started working with eldest daughter). Support prior to FF was	Daughter has been going to school three mornings a week, due to the success of the CBT. It has really helped, she feels 'like a different person', calmer and stronger, using the tools she taught herself.	Limited overall positive impact attributed to the TAF intervention in oldest daughter although some intervention with youngest daughter prevented circumstances escalating. The support offered (CBT,	**Family-Focused;** TAF involved school staff and education practitioners rather than being a cross-service team. This made the family feel that the intervention designed to serve a policy goal (improving school attendance) rather than

	years. Sometimes found it hard to even leave the house. Family do a number of activities together although outline that there has been tension and arguing in the house.	provided by the daughter's school, but was found unhelpful. The school welfare officer lacked understanding, didn't offer any solutions; instead insisted that she had to attend school. 15 year old received CBT for 10/11 months. TAF meetings helped with accessing funds to support this. Daughter attended a couple of "Cool Futures" meetings (literacy and numeracy mentoring project) accessed via FF but this did not work out. Mother attended Barnado's parenting classes through FF.	Since the intervention, the school have become more supportive. Mother very positive about the parenting classes. Received moral support from other parents. Didn't feel so alone. Built up resilience. Things are calmer at home and mother has more time to spend with the other children. Parenting class has helped Mum to feel more positive and resilient.	youth work support) was appropriate and in some ways effective in building confidence. Whilst the young person improved somewhat in learning to deal with her anxiety, she eventually disengaged with services.	addressing their needs. **Integrated;** TAF intervention was not led by a key worker, and health sector input was missing for well-being issues. The interventions would have been more effective if delivered earlier (more pro-actively). Whilst there were points at which the activities/support were intensive, the overall length of intervention was longer than is often intended. Bespoke: the activities and support were appropriate and tailored.
Family 10 PJM2	Family; mother, father and three daughters (aged 11, 6 and 3). Intervention is focused on managing the disabilities of the two younger daughters. Three year old is profoundly deaf and autistic. Six year old has autism. Three year old's behaviour is particularly challenging. Six year old is in mainstream school and doing okay. The eldest daughter is very academic and doing really well at school. They do a number of activities	TAF Panel meetings – they've had four so far, held every eight weeks in the family's home, involving all the relevant agencies. Other support received includes: education psychologists, Action for Children support, teacher for the deaf, school nurses and health worker. Three year old receives mobility therapy. School SENCO has helped with getting funding for the girls' equipment. Young Carers offer support to 11 year old.	Parents are feeling more resilient and better able to deal with their daughter's behaviour. Parents have noticed that six year old has become calmer. They don't know where the three year old would be without TAF. Though Action for Children has helped Mum set boundaries and taught child that Mum is in control. They would definitely recommend FF. They think it's a unique programme as it brings various agencies	Family feels TAF support has helped to get school-based support into place for their daughter with the most complex needs and sped up the process of getting this into place, so improving her educational prospects. The positive outcome for the family was that appropriate support has been put into place for the child. The family feel that this support is in place and that it has been secured for daughter's whole journey through the education system,	**Intensive;** the family understood that the support would not last forever and were prepared for this eventuality. It was quite a focused intervention in that the TAF met regularly across a relatively short period and then the case was closed. The plan goal was achieved within this timescale. **Family-focused;** Family feels that the TAF approach was able to take the needs of the whole family into account. '*The team really took the time to listen and think about what was best for all*

	together as a family.	Health worker has been particularly helpful and has been very active in organising referrals and the various agencies. Family do not see the need for a key worker, they see the health worker as their first port of call and feel they receive enough support.	together in one place.	which they feel will have long-term benefits in helping her to integrate within society and to secure social and employment inclusion over the long-term. Difficult to demonstrate that costs will necessarily be saved over the longer-term.	*of us. The benefit of the team around the family is that you can see that things are happening and you build up trust with the people on the team'.* **Integrated**; Health worker has been particularly helpful and has been very active in organising referrals with the various agencies.
Family 11 PRB1	#Twenty year old mother, two year old daughter. Lives with partner, but he is not daughter's father. Daughter appears to have development problems. Mother has had mental health issues since age 11; depression (takes anti-depressants) and recently diagnosed with "teenage association disorder" (essentially bi-polar) but doesn't want to take anti-psychotic medication for it. She also has an eating disorder. Dropped out of her A-level courses when she fell pregnant. Neither she nor her partner have ever worked, they receive income support and carers' allowance.	Health worker is very helpful and has been involved in accessing all the various support services, helped with accessing benefits, arranging GP appointments and counselling. They've been on FF for two months; they've had two TAF meetings. Action for Children visits two or three times to help her cope with daughter's behaviour. Referred to speech therapy via Flying Start (12.5 hours per week). Mother attended a "Star" course - not linked to FF - a three week IT course which helps get people back into college, they also provided help with her A-level coursework.	Mother feels that impact of Action for Children support has been limited as she doesn't get on well with the worker. Flying Start Speech therapist has been very helpful. Taught daughter sign language so she can communicate better with mother, and her concentration span has improved. Mother is hopeful that daughter's development will improve, that she'll get less angry, more articulate and better able to express herself.	Positive impacts from speech therapy for daughter which resulted from TAF referral. Mum feels there was less impact from the referred AfC service as didn't feel that she got on well with the advisor. Mental health support through FF (community mental health provision) has helped Mum to manage depression better.	**Integrated**; Feeling that key worker (health worker) has effectively co-ordinated the TAF partnership which operated on a very integrated basis. **Pro-active**; Mum feels that TAF pro-actively considered need for speech therapy and sped up process of provision. **Local**; No issues in accessing appropriate support and TAF arranged locally including Flying Start opportunity. **Family-focused**; Whilst support was in interests of the family, at times she felt 'talked down to' by professionals.

	Mother is a carer for her step-father (who has multiple sclerosis, epilepsy and severe colitis). Mother has a brother who is autistic and her mother has a one year old and she helps them all out regularly.	Mother feels that she knows who to go to for help and which service provides what.			
Family 12 PJM6	Family consists of Grandparents, 15 year old grandson. Grandfather has serious health issues. There is some tension between him and grandson. The boy's parents are very chaotic. Mother has alcohol problems. Step-father was abusive towards son and his elder sister. Father described as very dysfunctional, lives nearby in a "homeless block" and steals from parents to fund drug habit. Boy had difficulties at school poor behaviour; tendency to disappear. Recently charged for assaulting a boy at the youth centre.	Grandmother's aims for her grandson are that he takes his exams, get a job, becomes independent and also to protect him from his father's bad influence. They've been engaged with FF for two years. Focused on grandson's education. Family assigned a keyworker from local charity through FF, with monthly meetings. Key worker arranged two education programmes for grandson: complementary education (three days a week) and Proactive education, consisting of outdoor activities (two days a week). Grandmother also receives support herself from key worker (as previous aggression from boy). Parenting support also provided.	They have a family plan which they use to assess progress and Grandmother can see from it that family life has become easier. Grandson's well-being has improved The Proactive education provision has really helped the grandson develop a sense of responsibility and trust (mainly through rock climbing in a team). Key worker from Women's Aid has had a very positive impact on the grandmother and has made her feel much more resilient and she has a better rapport than with previous social workers (feels that she can confide in her). Grandmother thinks that if she hadn't received this support she might have needed to call social services to take grandson away.	Grandson has achieved some results in his education and importantly has avoided becoming NEET by gaining a work placement. Grandmother strongly believes that in the absence of an improvement from the boy, she would have had to put him in the care of local social services.	**Family-Focused**; despite presenting need focused on the boy's outcomes, key worker identified support opportunities for both grandmother and grandfather.

Family 13 RSRCT1	Mum lives with two children (9 and 12) and has an older son (23) who lives nearby. Dad is estranged. Mum works at the LA in housing benefits. Problems result from domestic violence in the house. The father was abusive physically and mentally. This was impacting strongly on the children. Both parents work in the same office; where abuse continued despite break-up. Mum became depressed, was having panic attacks and was experiencing sleeping problems. Her daughter's behaviour was also becoming very difficult both at home and school and she was very depressed. Was very difficult for Mum to deal with, particularly because daughter is very similar to ex-husband and therefore found it very difficult to be around her.	School-referred to FF as daughter was becoming very upset at school. Worked with KW and a therapist, but not a full TAF plan. During the time they worked with FF they worked as a family, using play therapy. The three of them then received individual counselling. Parenting skills taught plus techniques to use for reducing stress (CBT and mindfulness). Other support: The only thing she accessed was counselling at work for two months as work were aware of her problems. This didn't help her however as she felt it was only focused on getting her back to work quickly – not on what she needed. Also spoke to the national domestic violence helpline.	Soft outcomes: Achieved a more calm and normal household. Play therapy brought them together as a family. Play therapy took children out of themselves and got them to forget what was going on. Mum says that FF made her return back to how she was before she met her husband. Didn't realise how much he had manipulated her over the years. Realised, through the counselling, that she didn't have to listen. 'My first thought didn't have to be him all the time, it was quite liberating'. She regained her confidence and 'made her so much stronger'. Through therapy she felt that she had permission to take her life back. Helped Mum 'see the woods for the trees'.	Mum said that she would have had a nervous breakdown if it wasn't for FF. Mum also said daughter's behaviour wouldn't have improved and both children would have remained withdrawn. Sustained impacts should improve educational outcomes for the child.	**Bespoke** - Mum felt FF was like 'total care' tailored to exactly what she wanted and needed. **Family-focused** KW/counsellor worked with each family member individually, as well as the whole family together, to help their relationship together. Worked very effectively according to Mum.
Family 14 RCTRS3	Single Mum. Has four children, the youngest (13) is the one who key worker predominantly works with. Not in work and receives	TAF has largely been for son but son and Mum have engaged with the following services. They have all been involved in a TAF meeting but	Soft outcomes: son is a 'totally different boy.' Had a parents' evening recently and school said he is doing very well. Mum feels less anxious. Is	"Daughter wouldn't be here" – said she would have done something to herself. Mum would still have worsening anxiety issues – therefore	**Intensive**: Key worker is obviously the aspect of FF that has helped the family with tireless support.

	benefits. Son not attending school (attendance was less than 100 days a year) and was getting into trouble in the area. Son has had anger management problems and weight issues (obesity). Daughter (25) admitted to mental health hospital (for several months). Still takes medication and has a social worker. Has three children who have been taken away by social services and are in the process of being adopted. Mum has anxiety issues. Taking medication to help her sleep. Was seeing the GP every week. Involvement with social services in the past.	not all of these together at the same time: o Detached youth services o Attendance and well-being officer at secondary school o Go 4 it (helping people get into sport and fitness) o Communities First (after school clubs/activities) o Supporting people (helping with debt. Other support: Mum sees doctor every two weeks for arthritis.	also sleeping better. Doesn't go to doctor for these issues anymore – only arthritis. Says Mum's parenting skills have improved. Financial situation has also improved, KW has helped them through these debt issues and they are in a much better financial position.	increasing medical issues. Mum says son would still have been missing school and would have been getting in trouble still. KW said the distance the family has travelled is big. E.g. when she first worked with them they didn't have any white goods, including a cooker. KW got them however, and now the Mum is cooking.	**Local**: Communities First involvement. **Family-focused**: Although TAF has son as the focus, KW has helped other children. Situation has impacted all, therefore makes sense to take a whole family approach. **Proactive**: KW identified quite early on from working with son that TAF could be helpful.
Family 15 RCTRS2	Mum and stepdad live with daughter (12) and son (10). Son has Asperger's, which has been the sole need for support. Violence and aggression is an issue for son both at home and school. Also told SS and school that Mum was hitting him, which she wasn't. Very distressing for Mum. Her Mum died a couple of	Family worked with key worker for about six months. Very positive about KW – worked with whole family. Son still uses exercises they used, such as the 'jelly bean' tree, to convey his feelings. Bereavement support after grandmother died. Co-ordination of training support for mother and CV skills.	Soft outcomes: Son's behaviour has improved. Mum's well-being has improved. Working towards qualifications to become teaching assistant. Volunteering at local school in preparation for new career path.	Son's behaviour much improved and change appears to be sustained. This is evidenced by mother returning to work. Now working as teaching assistant; believes would have a much worse job without the support of TAF.	**Intensive and pro-active**; covering lots of issues with one intervention. Picking up on several other opportunities; mother now back in work.

	years ago and this was difficult for the family. Social services involvement in the past as son told school Mum was hitting him, although untrue.	Other services: Support from CAHMS but this is limited. They've been trying to access it but appointments are frequently cancelled. Mum's sisters live nearby and they help out. In particular her son's behaviour can get very difficult and sometimes he has to stay with one of her sisters, down the road.			
Family 16 CRS1	Mum (40) lives at home with son (17), two daughters (18 and 21) and two grandchildren (4 and 6 months). Eldest daughter (with children) doesn't work. Home severely overcrowded. Son's school attendance very poor and social services have previously been involved with the family. Mum had a difficult childhood (abusive father) and has been an alcoholic since she was 16 but has been sober for the last three years. Has poor mobility. Anxiety issues now that she is sober. One of her aims is to get repairs done on the house.	Support from Next Steps, a charity which helps children get back into education/training after they've left the Integrated Family Support Team (who work with families whose children are at risk of being taken from family). Careers Wales involved in trying to avoid son remaining NEET. In total, FF worked with them for just over a year. Worked with Mum to help with debt and housing issues. Services that FF co-ordinator was aware family were accessing whilst he was working with them were: - Tenant support officer	Soft: Mum's confidence did improve but then deteriorated after FF support ended. Hard: Son completed exams and had some GCSE success.	No sustained impacts reported by case worker.	**Family-focused**: Even though FF brought in for son, worked with Mum in order to give her confidence to deal with son's poor school attendance. **Intensive**: Was intensive but this was seen by caseworker to be a negative i.e. rushed support. .

	Various things need doing – e.g. there's asbestos behind some of the walls and curtains need putting up. Debt problems a big issue for the family, mainly stemming from her time as an alcoholic.	- Psychiatric nurse - Careers Wales			
Family 17 RCTRS1	Mum and Dad live with daughter (7) and son (10). Son has Asperger's and got very anxious about school – would often refuse to go. Mum had to give up full-time work. Son had high levels of anxiety also angry and had aggressive behaviour. Daughter also felt left out because of son's behaviour. Mum was very unhappy as a consequence of son's behaviour. Was on medication for anxiety/depression the process of son's worsening behaviour developed over two years.	Learning support services – a special advisory teacher for ASD. Educational psychologist for son. Further school input. Systemic psychotherapist (for Mum and Dad). CAHMS. Nurturing training course.	Son's school attendance has improved from roughly 61% to nearly 90%. Son also happier and less angry due to extra support at school. Mum feels a lot happier now not on anxiety/depression medication. Caseworker felt this was a good example of a TAF as although family are very competent and can access services themselves, when she came on board, the family were lost and needed direction. The TAF model helped get them the services they needed at that time.	Son's attendance would still be poor. Mum thinks that social services would have been involved. Increased confidence: set up a support group a year ago (now a registered charity) with friends for parents in similar situations. Mum believes support has made her more resilient. KW confirms Mum and son progressed significantly. Son was extremely anxious at first and would literally hide at home. Found socialising very difficult, but he's now going to school and speaking in front of his class – which is a huge improvement.	**Family-focused** – worked with both son (through TAF meetings school) and also parents (with the family psychologist). **Bespoke** – KW would 'really listen to us.' Although wanted KW to be more readily available: 'sometimes she wouldn't be able to call till the next day but I needed her there and then'.
Family 18 CRS2	Single mother, with four children (ages 6-12) and grandad (who Mum cares for as he has epilepsy). Son has complex needs including respiratory	Services accessed: - Nurturing programme. - Other children attended group aimed at siblings of children with disabilities. - Legal advice from SNAP	- Limited impact. In interview Mum said made no impact. - Did say that siblings enjoyed course though – would have preferred it had gone on longer.	Mum is now home schooling child. Did not feel that support offered any meaningful support for her.	**Bespoke**: Although TAF did bring other services on board that they hadn't tried, Mum did not feel listened to and felt that support was not tailored to what she needed.

	problems, muscle tone, anxiety, delayed speech and vision problems. Main issue is M's anxiety and difficult behaviour at school. Related to this is the effect that his unhappiness is having on his siblings. Mum wants to decide on whether he should be home schooled by her.	regarding things son was entitled to at school. - Waiting input from CAHMS. Wanted FF to give her access to play and socialising with other children who have relatively mild disabilities, the programmes M has been accessing has been too high end. Has health visitor from before FF.			**Family-Focused**: Support focused on son and education rather than helping the whole family, which Mum wanted. Father was also excluded from the process; despite being separated, Mum felt this would have helped. **Intensive;** Mum felt timescale offered was insufficient/too short.
Family 19 CAM1	Family of three; mother with severe mental health problems and two children; a son 5 and daughter 14. Issues began when the mother became unwell after the birth of her son. At this time the husband decided to abandon the family, despite having been a stay at home father. The mother went on to lose her job as a health professional after assaulting a colleague. She then endured two court cases (one for assault – diminished responsibility, one relating to mortgage arrears). Children had both become deeply affected by the	Family received a full TAF plan to address the problems in the household and support the children to improve their circumstances at school. The family received counselling to rebuild their relationships. Both schools became involved too, to support the children and engage with the mother who felt marginalised due to her mental health problems. The TAF team also helped the family come to terms with the father's absence. Supporting the children to challenge their father who is currently still living in another country.	Mother reported strong impact on her self-confidence and motivation to return to work. Mother described the support as allowing her to try and help herself rather than getting support for the problems alone. Children have both seen some improvements in their mental health and improved attendance at school.	Mother continues to feel a lot more confident now support has ended. The help she has receive and contact with the son's school has inspired her to now pursue a career in education. Both children continue to see small improvements at school although the elder daughter is still being bullied. Mother in now volunteering and on a government 'back to work programme'.	**Bespoke** – mother felt the support was addressing the right issues, but importantly for her, in the right way. Supporting mother to help herself. **Family-Focused** – addressed the trauma that the whole family had felt and helped all challenge the father's behaviour and actions which he had not apologised for. **Intensive** – support was time-limited and focused on achieving goals quickly for the family. Mother was happy with the approach of the support.

	change in circumstances. Both had encountered problems at school and both had suffered from bullying. Family was known to social services due to concerns about the children.				
Family 20 CAM2	Family of three, mother is unemployed and has severe depression (under control with medication), father is a recovering alcoholic, but now unemployed, son has autism and daughter also suffering from mental health issues. Family were referred to FF after daughter had attempted suicide for the third time. While family all have issues, mother was only concerned about daughter's mental health problems and getting them under control. The daughter's health was also impacting on her education, as she was approaching the end of her secondary education.	JAFF assessment was conducted but the family decided it was only support for the daughter that was needed. A local charity provided the daughter with a key worker who provided emotional support for her and advocacy support too. With her help she eventually started taking medication to control her symptoms. The key worker also supported the mother informally, offering a friendly ear when she had concerns about her daughter. Daughter eventually moved into private accommodation with a support worker from the charity coming to visit her regularly.	At the time of the first visit (wave 1) the family had only just been referred to FF and had limited experience of the service. No objectives had been agreed and the mother was still quite upset about her daughter's health.	With the help and advocacy of the key worker, the daughter now has control of her mental health and is on a medication that works for her. Since receiving support, the daughter is now in work while waiting to begin a university course (beginning this September). The mother is now confident that she no longer has to worry about her daughter in quite the same way; this reduced stress has impacted positively on the rest of the family.	**Bespoke** – despite significant problems for the family as a whole, when they said the only help required was for the daughter this is what they got. **Local** – support for daughter was from a local charity and local accommodation was found for her. **Pro-active** case study suggests that support worker made a real difference in getting daughter onto a medication, and supported her with finding accommodation.

3 Summary of Families First Programme Elements

Introduction to management and governance

The Families First programme is managed at two levels: i) national management and co-ordination across 22 local authorities; ii) local management within each area, including co-ordination of multiple agencies and projects.

The Families First guidance describes the programme as essentially 'an innovation programme' that requires local authorities to develop their own models of working to address the needs identified in their area. The management and governance of the programme therefore necessitates a balance between specified requirements that are core to all local authorities and 'principles' that promote variation in the way the programme is implemented locally.

Local management and governance

Whilst allowing for local variation, guidance for Families First asked all local authorities to consider the following when designing management and governance structures for the programme:

- to consider the merits of building on existing governance structures;
- to ensure representation of multiple agencies, families and young people in delivery groups;
- to regularly review plans to assess whether management structures are fit for purpose; and
- to consider the contribution and opportunities developed through expansion of Flying Start and continuation of Communities First programmes.

Local authorities are also expected to consider developing multi-authority working through sub-regional delivery groups.

National management and governance

The national management of Families First sits within the Children, Young People and Families Division in the Welsh Government. It is expected that national arrangements will consist of:

- good communication between the Welsh Government, local authorities and the third sector in order to achieve a coherent set of aims and objectives and to promote multi-agency and multi-authority working;
- an appropriate monitoring framework with which to assess progress against key objectives; and

Introduction to management and governance

- sound risk management in understanding the factors and influences (from both within and outside of Families First) that will shape whether the programme meets its intended objectives.

Introduction to JAFF and TAF

Families First aims to work with the whole family in order to support children, particularly those living in poverty. It also aims to offer early support in order to reduce the likelihood of families developing more complicated and costly needs. In addition, the programme recognises that supporting a family often involves many different teams and services. In order to ensure these services work well together, as part of Families First, teams are required to develop a **Joint Assessment Family Framework (JAFF)** and a **Team Around the Family (TAF) model.** These are described in more detail below.

JAFF

JAFF is designed to encourage agencies to work together to assess whether a family needs support, and if so, the nature of the support required. They are designed to be used by lead professionals across a range of different services and aim to provide greater consistency in terms of referring families to agencies for support, plus ensuring that the most appropriate agencies are involved at the earliest opportunity.

The majority of local authorities previously had protocols for joint assessment, with many using the Common Assessment Framework (CAF) or variants of the CAF. As a result, Families First could involve developing new systems or further aligning existing systems to Families First principles. In particular, the new framework should demonstrate innovation; take account of the family and support engagement with the family; and ensure that information is accessible, meaningful and useful.

TAF

The information gathered through a JAFF is used to assess whether a family requires additional support. If further multiple forms of support are required, a TAF is established. The team comprises a number of professionals from different agencies who meet regularly to discuss the family's needs (either face-to-face or virtually). There is typically a key worker who is the main point of contact for the family and is responsible for co-ordinating the inputs and support from other professionals. A TAF aims to pull together the right people, from the right agencies to ensure that a family receives the right advice, help and support in a timely manner.

Introduction to JAFF and TAF

Many authorities previously operated a Team Around the Child model so Families First aims to ensure that a broad range of support can be delivered in ways that suit family, and not solely the child's, circumstances and needs. Accordingly, the composition of the TAF model, possibly based around existing structures, should reflect the breadth of need and should include a range of appropriate partners.[1]

Roll out

Though all local authorities are required to establish JAFF and TAF models, Families First allows for innovation in the local design and delivery of these elements. As a result, local authorities are using a wide range of different models for JAFF and TAF designing models to fit best with the agencies and structures of their local area.

JAFF and TAF were initially developed in six 'Phase One' Pioneer authorities.[2] It was intended that these areas would provide learning on how to transform services so that families are supported through an integrated, whole family approach. In March 2011, a further eight 'Phase Two' Pioneer authorities were announced[3] and then in April 2012, the programme was rolled out to include all Local Authorities.

Introduction to strategic commissioning

In addition to a new approach to assessing need (JAFF) and co-ordination of family intervention (TAF), Families First also asks local authorities to consider a new approach to the commissioning of family support services. Thus a large share of the resources available for Families First is used to fund 'strategically commissioned projects'.

Such projects are based on local need and are aimed at supporting a broader spectrum of local families than might be reached through JAFF and TAF processes and models. The process of strategic commissioning represents a new way of commissioning family support services. Although the specific nature of projects has not been specified by the Welsh Government, it is expected that commissioning under Families First should demonstrate 'strategic management' through:

- a coherent and structured set of projects, that in turn contribute to population outcomes;
- commissioning based on a local assessment of the needs of children and

[1] Families First Programme Guidance, July 2011, Welsh Government.
[2] Phase One Pioneer areas were Wrexham, Denbighshire, Flintshire, Rhondda Cynon Taf, Blaenau Gwent and Merthyr Tydfil.
[3] Phase Two Pioneer areas were Pembrokeshire, Ceredigion, Carmarthenshire, Gwynedd, Conwy, Anglesey, Cardiff and Newport.

Introduction to strategic commissioning

families;

- a focus on delivery through prevention and early intervention;
- consideration of joint commissioning – both across agencies and across multiple authorities;
- a smaller number of large-scale strategic projects rather than a large number of small-scale bespoke projects;
- a set of time-limited projects, with a clear exit strategy; and
- inclusion of the voice of children and families in the commissioning process.

Introduction to the Families First disability element

Families First aims to improve the support available to families with disabled children and young people, and in particular families that are not eligible for statutory provision to support their needs. Each local authority's Families First funding includes a ring-fenced amount that should be spent on improving provision for families with disabled children and young carers.

The Families First guidance specifies that the needs of families with disabled children and young carers 'should be taken into account when designing or commissioning *all* services' under Families First, the additional funding is provided to 'ensure that the specific needs of these families are provided for'[4]As with other elements of the programme, services should be designed in response to local need. The intention is that families with disabled children and young carers are able to access mainstream services alongside other families, as well as having the specialist support they need.

Areas that the guidance highlights as being appropriate for local authorities to focus on through the disability element of the programme are:

- improved co-ordination and integration of services;
- income maximisation and awareness of welfare rights;
- improved access to employment, education and training;
- supplementary provision of short breaks and respite;
- training for specific child care provision;
- training and other support opportunities for parents; and
- increased access to play and leisure, including pre-school play provision.

[4] Families First guidance: our emphasis.
http://gov.wales/docs/dhss/publications/111219ffguideen.pdf

Introduction to Learning Sets

The Families First programme requires local authorities to demonstrate a commitment to shared learning at local, regional (multi-authority) and national levels.

The expected outcome of participating in learning sets is the ability to access, apply and contribute to shared learning. This involves sharing knowledge about practice, challenges, solutions and tools and using this to develop local delivery approaches. It is anticipated that the application of action learning will lead to improved outcomes in terms of the quality of services delivered through Families First.

Local and regional multi-authority learning

The planned activities for the local and regional learning sets are outlined within each of the local Families First Action Plans, with information provided about the intended partners, focus of activities, objectives and funding arrangements.

A set of core principles were proposed for the rollout of learning sets as part of the main implementation phase of Families First.[5] These were subsequently included within the Families First programme guidance issued by the Welsh Government. They include:

- having a 'broad membership' of both managers and practitioners, with all members taking an active role to support a participatory approach to delivery;
- being focused on particular activities or work-plans;
- meeting regularly; and
- promoting reflection and learning as well as challenge and support.[6]

In subsequent guidance issued in 2013, the requirement was reiterated for all local authorities to commit to participating in multi-authority learning sets, and to document their frequency, focus and outcomes. This guidance further differentiated the role of local learning sets from those at a national level, which focus on issues of national (policy) relevance. Performance with regard to multi-regional learning is being measured against metrics including expenditure of learning, percentage of strategic staff engaged in learning, progress against activities in action plans and the number of multi-authority learning partnerships. Outputs are being measured with reference to the proportion of strategic staff and practitioners reporting positively on the experience of participating in learning and with reference to views on whether learning has had an impact on and improved the quality of services.

[5] GHK and Arad (2011) Families First Learning Sets: key lessons for planning and delivery.
[6] Welsh Government (2011), Families First: Programme Guidance.

Introduction to Learning Sets

National learning sets

National Learning Sets provide a mechanism to bring together learning on issues that are common to all those involved in delivering Families First. Topics for the national learning set will be selected based on the findings of the evaluation report so it can be focused on disseminating evaluated evidence of practice. As part of the process of facilitating learning at a national level, a **Managed Learning Environment (MLE)** was established as part of the national evaluation.

Progress is being measured with reference to WG expenditure on national learning set activity and the number of national learning sets delivered. The outputs of national learning will be measured with reference to the number of events, number of individuals attending events, those using the MLE and those reporting positively about learning. Learning set outcome measures relate to the proportion of participants reporting learning had a positive impact on service design and quality.

4 Theory of change model

The diagram on the proceeding page sets out an overall logic model for the Families First programme that provides a framework for understanding how the resources absorbed and activities funded through the programme lead on to expected outputs, outcomes and impacts. In summary:

- **Inputs:** Resourcing for Families First is provided to Families First partnerships in the form of a grant paid to local authorities on a quarterly basis. This grant can be used to fund local authority costs as well as to fund local discretionary projects and programmes, and a share of this resource has been ring-fenced for activity directed at supporting families coping with disabilities. However, a wide range of other resources may be leveraged to support the delivery of programme objectives. This would cover any in-kind resources contributed by local authorities to support the Families First team (such as senior management time or overheads), any resources contributed by other agencies engaged by Families First in the delivery of the programme, and any supplementary funding for discrete projects.

- **Activities:** Families First partnerships are given substantial flexibility in how they approach the delivery of the programme. However, local delivery of the programme is expected to incorporate a range of common features:

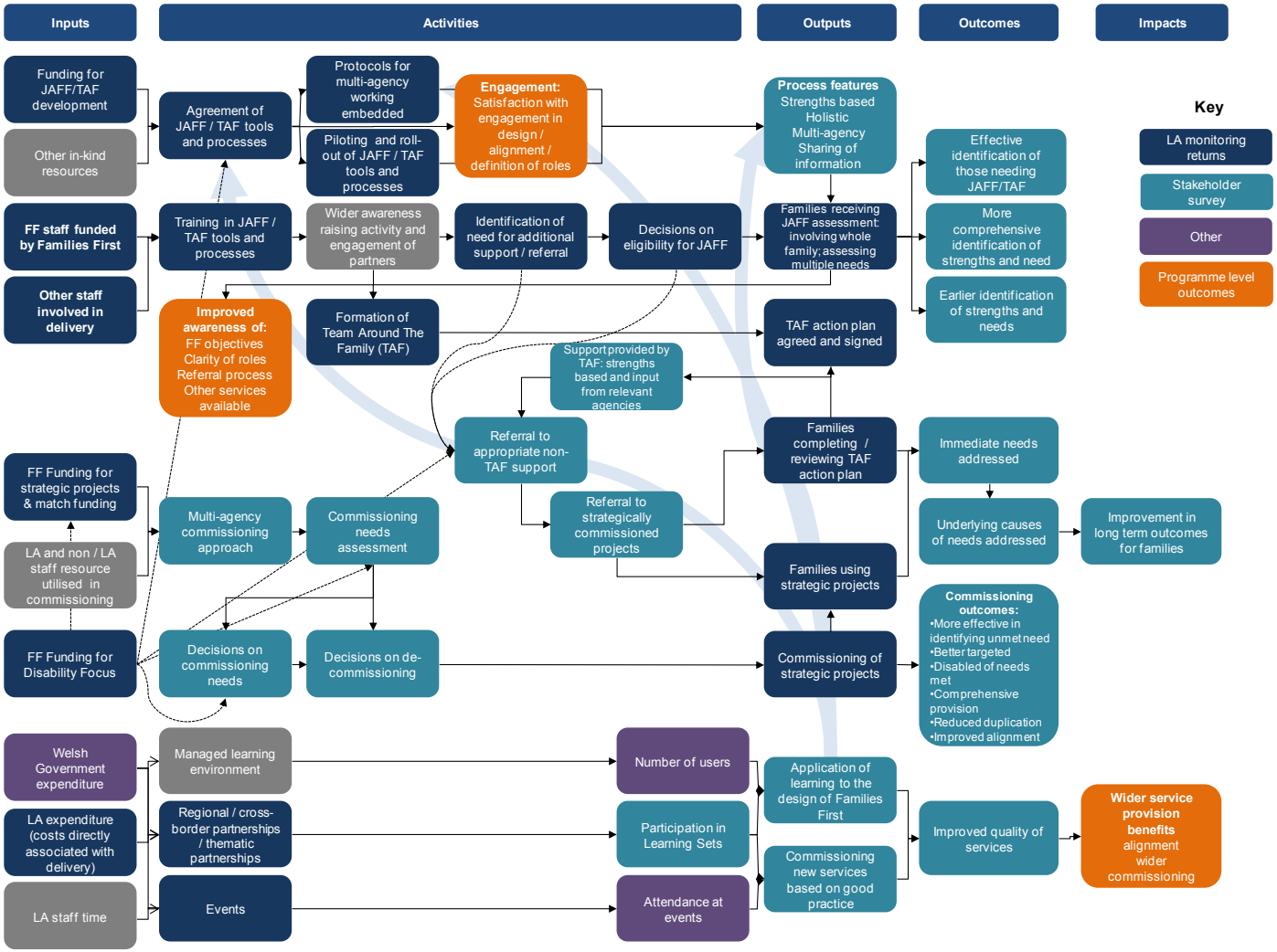
    - strategic planning, based on local audits of need and current provision;
    - JAFF development and implementation;
    - TAF development and implementation;
    - strategically commissioned projects;
    - disability element; and
    - learning sets.

The common **outputs, outcomes and impacts** of Families First are set out in detail in the diagram overleaf but can be understood at three levels:

- **Process change:** The programme involves major change and development in the service support landscape, with associated outputs, outcomes and impacts at a system level. In particular, these process changes involve embedding new processes for both strategic planning as well as co-ordinating support for families. These processes are expected to deliver a range of process outcomes, ranging from reduced duplication of local services, accelerated and more comprehensive assessment of the strengths and needs of families, and improved quality of local service provision.

- **Service users:** It is expected that the changes in systems and local processes will contribute to delivering positive outcomes for those families benefiting from the programme including.
- **Population:** It is hoped that benefits experienced among users of the new system and services will translate into impacts at the population level, on four specific population outcomes identified for the programme. In practice the ability of the programme to achieve change at the population level will be dependent on the scale and reach of Families First across the population, and this is something that will need to be reflected upon in the course of the evaluation.

Figure 1: Theory of Change model for the Families First programme



5 Sources of evidence

This section provides a summary of three of the sources of evidence used in year 3 of the evaluation of Families First: the Performance Change Performance Measures framework, the Stakeholder Survey and the Case Studies. A summary of the Family Outcomes Tool method is provided separately in Section 6.

5.1 Process Change Performance Measure framework

The **Process Change Performance Measures framework** (PCPM) was discussed and agreed at a number of the Monitoring Framework Task and Finish Group meetings, involving the Welsh Government, a selection of local authority Families First leads, representatives from local health boards and the third sector and the Evaluation Team. The framework helps to demonstrate the extent to which processes and systems in the delivery of services for children, young people and their families have changed and continue to change due to the introduction of Families First. The Framework comprises descriptive measures, such as the staffing levels for Families First teams locally, and evaluative measures, such as staff perceptions of the effectiveness of elements of the programme. Data for the PCPM framework is provided through local authority quarterly progress reports and the stakeholder survey.

5.2 Stakeholder survey

Ipsos MORI carried out a **web-based survey** with 584 employees for Welsh Local Authorities aged 18+ (main strategic staff, wider stakeholders, practitioners and managers of strategic projects). Interviews were conducted using an email link to an online survey. The survey was disseminated among staff identified by all 22 local authorities in Wales. Results are based upon all responses between the 10th March 2015 and 21st May 2015. Data is weighted by local authority so that all areas are given equal weight. An asterisk indicates a score less than 0.5%, but greater than zero. Unless otherwise indicated, results are based on all respondents. Where results do not sum to 100, this may be due to computer rounding, weighting, multiple responses or the exclusion of "Don't know" and "Not stated" figures.

Please note that 'don't know' responses have been removed from the base to allow for a more robust comparison between questions and sub-groups. Percentages are therefore based on all those giving a valid response only. However, the original proportion who initially gave a 'don't know' response is still recorded.

Due to the small base sizes and profile of responses among each of the 22 local authorities, it is not possible to compare responses to the survey between local areas; however, where appropriate, differences between larger sub-groups (such as staff group) have been identified.

In total 584 surveys were completed, which represents a high proportion of those involved in FF across Wales; however there is no reliable data on a 'population' against which to weight the data. Instead, the 22 local authorities have been weighted equally so that each local authority has an equal weight in the aggregate total. This approach means that smaller areas contribute to the total as much as the larger areas do. Taking this approach allows for generalisations to be made about the staff/stakeholders involved in delivering the FF programme, essentially treating respondents as coming from 22 sub-samples.

5.3 Case studies

Seven local authorities were selected to provide in-depth information about a range of models and practices being used in Families First. The selection of local authority case study areas was taken in partnership with Welsh Government and ensured a range of areas by geography, socio-demographic characteristics and approaches to Families First. Case study visits were conducted in three stages:

i) analysis of local secondary evidence to give a detailed picture of the local service context;

ii) in-depth interviews and discussion groups with professionals involved in managing and delivering Families First; and

iii) (in four of the seven areas) in-depth interviews with families who have received Families First services locally.

A total of 23 family case study visits were made in February-April 2014. Recruitment was undertaken by local practitioners in accordance with guidance provided by the evaluation team to ensure that families represented a broad spread of demographics, needs, strengths, levels of engagement and stage of intervention. Follow-up interviews, with a subset of the same families, took place in spring of 2015 to review their experience and the longer-term impact of engaging with Families First.

6 Introduction to the Family Outcomes Tool

The **Family Outcomes Tool** (FOT) was discussed and agreed at a number of the Monitoring Framework Task & Finish Group meetings, involving the Welsh Government, a selection of Local Authority Families First leads, representatives from local health boards and the third sector and the Evaluation Team in Summer-Autumn 2013. The FOT aggregates data captured by local authorities to provide an overall assessment of what proportion of families experiencing Families First have seen improved outcomes. Local authorities use 'distance travelled tools' with the families they work with through the programme, to measure their progress against agreed objectives. These data have been aggregated under a set of 10 domains (such as 'training, skills, employment and income'), so that the evaluation can provide an overall assessment of the proportion of families benefiting from Families First.

6.1 The process of a domains-based approach

The process of collecting the data used in the domains-based approach can be summarised as follows:

- *Step 1*: Local Authorities collect Distance Travelled Tool (DTT) data for each family entering a TAF.
- *Step 2:* This information is collated by LAs to identify a family's journey against locally identified measures (for example 'child mental health'), aggregating the journey of all children and parents together.
- *Step 3:* The measures collected through local distance travelled data are then grouped by LAs to map the family's journey against a number of pre-agreed 'domains' (for example 'emotional wellbeing'). This allows for data to be merged across LAs at stage 5.
- *Step 4:* This information is aggregated by LAs to map the journey of all families against each domain (for example how many families have made an improvement in 'emotional well-being').
- *Step 5:* The Evaluation Team aggregates data collected across all 22 LAs to create a programme-wide map of families' journeys against each domain.
- *Step 6:* This data is then used to demonstrate how the Families First Programme has contributed to each of the four Programme Outcomes.

7 Whole Family Approaches: Literature Review

This paper presents a review of the evidence base relating to 'whole family' models of intervention, drawing upon UK and international literature. It builds on the review first undertaken in July 2013 and updated in May 2014. This version updates the review to include recent sources and literature where relevant, also updating the overview of other early intervention and/or 'whole family' support programmes. Examples of 'what works' in supporting families was incorporated into the review as part of the year 2 update.

The paper is intended as a resource to be used by local authorities, the Welsh Government and other key stakeholders within the Families First programme. It reflects upon and updates the evidence that was presented within the literature review by GHK and Arad Consulting for the Pioneer phase of the programme (GHK & Arad, 2011).

7.1 Aims and key research questions

The review aimed to explore key issues from the research literature regarding the 'whole family' model of intervention. The review was guided by the following principal research question:

"What can the research literature tell us about the effectiveness of whole family models of intervention and support for families, and what are the transferable lessons for the Families First programme?"

The following secondary research questions were also explored:

- What transferable good practice messages can be identified in relation to the following aspects of 'whole family' professional working:
    - targeting and engagement;
    - whole family assessments;
    - whole family multi-agency working; and
    - lead professional and advocacy roles?
- What is the impact of different types of 'thresholds' or programme eligibility/funding criteria? What are families' experiences?
- What is the evidence regarding the efficacy of strength-based approaches versus deficit models in the context of whole family assessment and review?
- What are the workforce and training considerations?

7.2 Approach

The review process was carefully structured in line with the Government Social Research (GSR) guidelines for a Quick Scoping Review. A protocol was developed clearly outlining the parameters for the desk research; including:

- research question(s) to be addressed;
- study scope;
- data sources;
- search terms; and
- quality scoring.

In order to maximise the resources available for the review, a purposive sampling approach was taken. Sources were identified from the expert knowledge within the evaluation team.

7.2.1 Structure for the remainder of this section

The reminder of the paper outlines the evidence from the literature in response to the key research questions. Specifically it covers:

- Aspects of 'whole family' working:
    - targeting and engagement;
    - whole family methods of assessments;
    - whole family multi-agency working; and
    - lead professional and advocacy roles.
- The impact of different types of 'thresholds' or programme eligibility/funding criteria.
- Strength-based approaches versus deficit models.
- Workforce and training considerations.
- Overview of Early Intervention Programmes

7.3 Aspects of 'whole family' working

7.3.1 Targeting and engagement

Targeting and engagement processes for whole family support raises questions of *when* and *how* to target families, as well as *which* individuals should be included within the definition of a family.

Identifying and intervening earlier – the evidence base on when to target families

Early intervention is now widely understood to be the most effective approach for achieving positive outcomes for children and families, and the fiscal and social benefits of intervening early to address problems before they escalate have been clearly demonstrated through previous research (Aos, 2004, Doyle, 2007, Walker and Donaldson, 2010). In recent years the term 'early intervention' has been used to describe a wide range of activities, leading to some confusion as to what it actually entails. There is significant evidence, much of it cited in the Graham Allen review of early intervention: *"Early Intervention: Smart Investment, Massive Savings"* (2010) and his subsequent report "*Early Intervention: The Next Steps"* (2010) that the first three years of a child's life are critical to their future outcomes. In this context the term 'early intervention' is applied to all activities that target children for help when they are very young. When used in this way, 'early' refers more to the age of the child than to the stage in the development of their problems (DfES, 2010).

- Recognised in Allen's review (2010), however, is that remedial programmes for families can find a place in early intervention if they are helping create better future parents. Therefore, he concludes that early intervention should encompass programmes for children up to 18 years of age. This is reinforced elsewhere; for example, the Policy Review of Children and Young People (Treasury, 2007) included the following definition: *"Early intervention means intervening as soon as possible to tackle problems that have already emerged for children and young people".*

- In the context of the Families First programme the focus on prevention and early intervention means the programme encompasses both of these definitions and importantly seeks to catch an emerging family problem early enough, regardless of the age of the child, to achieve a positive outcome for the family.

Mechanisms for identifying families – how to target families

The supporting evidence for identifying families can be drawn from a range of different sources. In a review of different methods of engagement and identification for families with complex needs, Lea (2012) identified three principal approaches that are the most widespread:

- identification through existing contact with services;
- identification through datasets to identify those at risk of developing complex needs; and
- identification on a geographical basis, by pinpointing localities that are known to contain a high concentration of families with complex needs.

Of these different approaches, Lea found that the majority of families were targeted for support on the basis of existing contact with services. This means that a systematic means of communicating families' needs emerges as being important on an inter-agency basis.

A more systematic approach of identifying families on the basis of known risk factors and strengths was piloted by the Merthyr Tydfil Family Support Service (FSS), which has been independently evaluated and has since been incorporated into the local Families First model (see report by Cordis Bright Consulting, 2011). The FSS aimed to work alongside families with children aged 0-18 years, where there was a 'risk of escalating problems'. The FSS used a 'mapping tool' to identify the most vulnerable families to be referred onto the programme. The mapping tool is based upon the 'Think Family Toolkit' developed as part of the 2007 Think Family Review (Social Exclusion Task Force, 2007) and supplemented by local data provided by Merthyr Tydfil Borough Council. One of the main lessons learned from the piloting was the importance of *systematic* information sharing between different practitioners/organisations, and having common definitions of need. Without this, it was found that some families were not initially identified. The local authority has since developed a comprehensive training programme to underpin the assessment process.

The research literature also highlights some other approaches that have proven effective for ensuring that the identification and targeting of families is as comprehensive as possible. These include:

- Modifying initial family consent forms, to get consent from families to share information between statutory agencies and other relevant agencies for the purpose of addressing the needs of children and young people.
- The use of a common record, which is transferable between agencies. One such example is that of 'single health records', which are used in the South East of England by Health Visiting Teams. The forms are used by a range of agencies including family support workers, children's centre managers, community development workers, teenage pregnancy workers, and childcare development officers (Ibid. 2011).

Traditional risk-based methodologies for identifying families have, however, come under some criticism. For example, in a critique of Family Intervention Projects (FIPs), Gregg (2010) highlights that many families were selected on the basis of displaying statistical risk factors, such as lone parenthood, living in poor quality housing, having a child with schooling problems, learning difficulties or a SEN (statement). Gregg argues that a disproportionate focus on these types of factors can detract from less easily identifiable issues such as poor mental health and low self-esteem, which in turn risks that the services offered to families are not always fit for purpose.

Another challenge identified within literature for 'whole family' programmes relates to the active refusal of some families to engage with services when they are offered (Morris et al., 2008). Resistance to accessing services can be for a number of reasons, including:

- mistrust of support from statutory agencies with a perceived 'social care' agenda;
- previous negative experiences of engagement with these services; and
- efforts to conceal negative behaviours such as drug or alcohol misuse that might give practitioners cause for alarm.

In its evaluation of the Family Pathfinder programme in England, York Consulting (2011) highlighted the effectiveness of solution-focused approaches in overcoming resistance to support. Being able to demonstrate 'quick wins' often proved to be important for building the trust required for more sustained intervention, by first demonstrating tangible short-term improvements to the family's circumstances.

Additionally, Ecorys' evaluation of Improving Futures (2013 B) highlighted the importance of family-focused communication and engagement approaches for targeting families, and specifically marketing and promotional activities such as leaflets, posters and websites designed to be family-friendly. Otherwise, locally constituted organisations have been found to play an important role in engaging families through building levels of trust and raising awareness of programme interventions. The evaluation has also pointed to the effectiveness of community-based events through which families can hear directly about the projects, and of building links with schools which can act to speed up the process of identifying and engaging families.

Defining the 'family' - which individuals are included

The understanding and definition of 'family' emerges as being a key consideration when seeking to design appropriate support for whole families in general, but particularly for those with multiple or complex needs. Lea (2011) argues that imposing a rigid definition can be counterproductive, because: *"…whatever definition of families and complex needs that we decide upon, there will be the possibility that we miss a key factor because it is outside the scope for identification".*

In a separate study, Henricson (2012) notes that definitions are often driven by the funding criteria for individual policy programmes, which can inadvertently set the criteria for inclusion or exclusion for support. The Improving Futures programme has a defined age criteria whereby the oldest child in the family must be aged between 5 and 10 years old in order to receive support. The evaluation (2013) research found that practitioners working to deliver support through the programme were often concerned that families not meeting the criteria would result in needs going unmet if a suitable alternative source of support was available. Age criteria allow interventions to be targeted but this sometimes presents challenges for practitioners to implement where family members outside of the criteria are not able to be supported.

In the *"Think Family"* literature review, Morris et al. (2008) advocate the need for a wider definition of the family, beyond household-based definitions and immediate 'blood' relatives. This message is reinforced by Morris in her report to Nottingham County Council (2012). Based on the findings of in-depth qualitative research with families in one English local authority, the study found that individuals outside of the household often exerted a strong influence over the families' needs and circumstances, but were less often included within the service intervention. Morris concludes as follows on the importance of working with the extended family and non-resident individuals:

> *"Without acknowledgement in practice of the wider family network, professionals can remain unaware of significant family relationships or family members and this may curtail the impact of their interventions."* (Morris, 2012)

One method used to identify wider family networks is the use of 'Genograms'. These are often used by family therapists, and are seen as useful in providing information about relationship patterns within a wider family network (see Galvin). The approach was used within the Westminster Family Recovery Project, one of the Think Family Pathfinders, as a means of capturing an overview of family relationships and dynamics as part of the initial assessment process.

7.3.1 Whole family methods of assessment

A variety of methods and approaches have been tested and are used to asses families' needs; the most established of these have historically focused on children, with the wider needs of the family taken into account to a varying degree. The picture within the UK is a rather complex one, and the predominant tools and approaches have evolved in contrasting ways within the individual devolved administrations. These statutory tools are outlined initially below before examining the evidence of emerging tools for whole family approaches.

Statutory tools for assessment

The Common Assessment Framework (CAF) is the principal tool used in England to screen for child and family support needs. It is also used to a varying extent within Wales, following a piloting exercise involving a number of Welsh local authorities.

The CAF seeks to bring together data from a variety of agencies*: "…to support earlier intervention, encouraging practitioners to look outside of their normal work area and recognise where the provision of extra support… is necessary"* (Lea, 2012). Research undertaken by NFER for the Local Authority Consortium (Easton et al., 2011) found positive outcomes associated with the CAF, including where children and young people need early preventative support through to more complex embedded family issues. The report looked at the cost effectiveness of the approach and found most CAF costs being under £3,000, rising to around £8,000 for the more complex cases.

Elsewhere, however, research has highlighted a number of potential weaknesses of relying on CAF data – or any single assessment – as a basis for understanding *family* needs. An evaluation of Intensive Intervention Projects (Flint et al., 2011) concluded that the CAF had not always sufficiently captured the complexity and full extent of the issues affecting children and families who were referred to the programme. This was particularly found to be the case where the needs of children were hidden at the time when the initial assessment took place.

The Scottish equivalent of the CAF is an *Integrated Assessment* process, developed under the Getting it Right for Every Child policy framework. This is a two-stage process, with an initial Integrated Assessment, followed by a Comprehensive Integrated Assessment. The framework is rooted in the *My World Assessment Triangle*, which considers the child's physical, social, educational, emotional, spiritual and psychological development, from the point of view of the child, and is at the conceptual heart of the Scotland approach to child support. It is perhaps the model most closely in tune with the UNCRC's Article 12, in requiring that every child has the right to express their views on issues that affect them.

Assessment tools also exist for children with additional needs. The *"Framework for the Assessment of Children in Need and Their Families"* (Department of Health, 2000) was developed following a series of case reviews and the Laming Inquiry into the death of Victoria Climbie. The assessment takes a child-centred approach for children in need with a view to improving their longer-term outcomes.

Whole family assessment – emerging practice

As noted, a major potential shortcoming of many of the established assessment tools is their limited coverage of the 'whole family'. By comparison, tools with a stronger 'family' focus have started to emerge over the past four to five years. York Consulting (2011) examined the use of whole family assessments to identify the needs of families with multiple problems, as part of a wider evaluation of Whole Family Pathfinder Projects. The local authorities involved in the study had each adopted one of four principal approaches, which were categorised and described within the study as follows:

- Hybrid model – A tool that builds on the CAF domains to provide a detailed assessment of family need.

- CAF+ Model – Additional questions added to the CAF on adults' needs within the family and specific family issues, with the structure of the CAF largely retained.

- Service-Led Assessment Model – Use of existing assessment forms developed or used by services, for example 'person-centred planning'; a 'day in the life'; and family chronologies.

- Information Model – Use of existing assessments and information from services working with the family to develop an intelligence report.

The principal benefits of effective whole family assessment identified within the York Consulting study were as follows:

- the identification of additional needs which in some instances may have gone unnoticed;
- stronger and more trusting relationships developed between practitioners and families due to the 'intensity' of the assessment procedure; and
- greater levels of family engagement in the assessment process, including from adult family members who might not be designated the role of 'primary carer'.

The main challenges of utilising these approaches included:

- the reluctance of some agencies and professionals to move away from their individual service agenda (due to both practical constraints, targets and different 'organisational cultures');
- the time and resources needed to implement the approach – especially during the initial transition phase from existing (separate) assessment systems; and
- the reluctance in some instances for practitioners to 'step-back' from engaging with the family to allow a designated key worker to assume overall responsibility. Building inter-professional trust and understanding emerges as being a potentially important factor in this respect.

The use of whole family assessment has also been developed through the Community-Based Budgets Pathfinders for Families with Complex Needs Pathfinders in England. In Birmingham, the Family CAF (fCAF) was developed and rolled-out with the aim of providing earlier and more joined-up support for families with complex needs, and to bring together both child and adult services to devise an appropriate package of support. An early (unpublished) qualitative review of the implementation of the tool suggests that the approach has been effective in allowing assessment of

the needs of the family as a whole so that individual members are not being dealt with in isolation and that the fCAF process is being experienced as a more effective and efficient way of working by practitioners and families.

The Joint Assessment Family Framework (JAFF) in Wales, the development and testing of which is being undertaken through the Families First programme, is a further example of emerging whole family approaches to assessment. Evidence from the review of the Pioneer Stage (GHK, 2012) suggests that the critical elements of JAFF are that it provides a mechanism for engaging with families rather than a rigidly formal assessment tool, therefore allowing some flexibility to be retained. This was reported to be useful where families did not necessary require a full assessment. Equally, research participants in the review reported that JAFF provides a "*trigger for conversation"* rather than a "*formal tick box assessment tool",* allowing an "*agenda free conversation"* that enables families to identify their own needs. As such, JAFF provides a tool to facilitate examination of whole family needs, providing an opportunity for other needs to be identified that may not emerge through other more structured assessment. The review of the Pioneer Stage also highlighted that the competence and experience of the implementing practitioner is critical to the effective application of the JAFF, with one staff member describing it as "*striking a balance between art and science"* implying the need for a professionally informed approach coupled with good communication and 'people' skills. Going forward the assessment of the use of JAFF approaches in the full roll-out of Families First will need to assess these issues in the context of reviewing the approaches as a successful model of whole family assessment.

Towards more user-led approaches for whole family assessment

Families' taking a more active role in appraising their situation has also been shown to be effective in facilitating whole family assessment approaches. For example, *the "Evaluation of the Integrated Family Support Service (IFSS)"* programme in Wales (Thom, 2012) found that the teams delivering the programme had more positive results when they viewed a crisis from the perspective of the family as a whole rather than the terms set out by social services.

> *"Staff report that this is when families are most receptive to working with the [IFSS team], and by providing support at an earlier stage the intervention is able to 'get families back on the right path' before the challenges become insurmountable."* (Thom 2012 p39)

Active family engagement in the assessment process was also identified by Morris (2012) as an important means of successfully working with families to provide support. Morris argues that assessment procedures should take account of the reasons why some individuals within families are more prone to requiring service intervention, a critical issue where a whole family assessment is the aim.

The turn towards Participatory Assessment and Measurement (PAM) offers an opportunity to underpin whole family assessments with a user-led principle. The aim of these approaches is empowering families to have a greater say in appraising their own situation, rather than being passive recipients of an expert-based diagnosis. The Family Outcomes Star – examined below – is a tool used heavily by projects in the Big Lottery Fund Improving Futures programme in pursuit of user-led whole family assessment.

Case study: Participatory assessment methods – the Outcomes Star

The Outcomes Star developed by MacKeith and others remains one of the seminal PAM tools. First developed and piloted in homelessness services across the UK, the approach is widely known and implemented across a range of settings, and has been further tested in the USA, Australia, Denmark, Italy and Norway. The Outcome Star aims *"…to simultaneously measure and support change when working with vulnerable people as service users*" (MacKeith, 2011). A suite of tools has been co-produced with service users and tested over a period of months through desk research, interviews, workshops, adjustment and further piloting. They include a Family Star, which has been developed specifically for use within family support contexts,[7] and which includes eight domains against which to measure change.[8]

An independent evaluation of the Family Star was recently commissioned by the charity Family Action (York Consulting, 2013). The evaluators reviewed data from more than 3,200 Family Stars, which were completed by beneficiaries of Family Action's projects, alongside qualitative interviews with practitioners and managers. The evaluation concluded that the Family Star has provided *"…an effective management and measurement tool for family support work… [which] engages families and frontline staff, as well as managers and commissioners in the journey of change".* Particular benefits were identified for using the model to engage with families with mental health needs. The evaluation emphasised the importance of a 'whole organisation' approach to the use of the Family Star, so that staff at all levels understand the approach and administer it consistently. The main challenges related to the need for staff to broach difficult and sensitive topic areas in order to measure distance travelled, and the corresponding need for adequate professional training and support to administer the tool.

7.3.2 Whole family multi-agency working

The main challenge of multi-agency family support approaches is the risk that multiple appointments and contact with a range of professionals from different agencies is confusing for families. According to DCLG, activity can become costly

[7] http:/ / www.outcomesstar.org.uk/ family-star/

[8] Promoting good health; Meeting emotional needs; Keeping your child safe; Social networks; Supported learning; Setting boundaries; Keeping a family routine; and Providing home and money.

and unfocussed where professionals, assessments and appointments overlap (DCLG, 2012).

DCLG has outlined that where *"some of the starkest evidence for this collective failure to properly help families is to be found in the frequency of problems which are transmitted from one generation of the same family to another"* (DCLG, 2012). In this respect, while specific difficulties and issues might vary between family members, the nature of such generational problems is that they will impact on a whole family. As such, multi-agency support directed at the whole family are often more appropriate and effective in recognising that difficulties experienced by one family member often reflect and link with issues for the family as a whole.

The research literature identifies a number of models of multi-agency working with families. Broadly speaking, multi-agency support can be distinguished between those models that work with the *whole* family – including where family members participate in certain activities as a *group* from those that deliver an integrated support package but work principally with individual family members, and those that work with adults or children but take the wider family situation into account. Henricson (2012) notes how 'parenting support' and 'family support' are too often used interchangeably, and that whole family minded practices are often weakly defined within policy, due to a more restrictive focus on the primary carer (and often the mother).

One example of whole family multi-agency support, which is characterised as an intervention working with the family as a group, bringing together relevant agencies is that of Family Group Conferencing (FGC). Although principally emerging and currently used in the context of child protection, this approach has underlying principles that offer the potential for replication in the context of family support. Most FGC schemes adhere to themes such as 'Widening the circle' (involving extended family), 'Taking/sharing responsibility for solutions', 'Culturally competent practice' and 'Family leadership and empowerment' which are themes relevant to all whole family multi-agency approaches. In terms of its practical benefits, a review of the use of impact of FGC concluded that they were an effective means of producing comprehensive and realistic plans which were owned by the wider family (Barnsdale et al., 2007).

Several projects are currently delivering whole family support through the Big Lottery Fund's Improving Futures Programme. While some of these projects are not delivering pure whole family support, some of the principles underlying the support are interesting to note. One project for example, is using a family budget model to address family needs. The Choice and Control project in Worcestershire is using the personalised budget model as their core model of support. A two-step approach has been designed for administration of the family budgets. During stage one, a family can access a 'trouble shooting' budget of £350 to address any immediate priorities or barriers that may prevent longer-term change for the family. The second stage of support involves use of a Resource Allocation System alongside an assessment of

the family using the Family Outcome Star to determine the allocation of budget available for that family, which on average is expected to be in the region of £1,000-£2,000.

Another project, the Isle of Wight's Troubled Families programme, is implementing personal budgets with the intention that families can purchase additional support that is unique to their needs. A key worker works with the family to agree goals and to work towards achieving them. Families receive a maximum of £300 each and spending must be linked to achieving the goals. Support and services are tailored around the family's needs, rather than the family being thrust into existing services which may not be suitable for them. Such personalised budgets have proven valuable in addressing many areas, in particular around education, work and positive activities.

The research literature underlines the importance of being mindful of situations in which a 'whole family' approach is not appropriate, however, and where this mode of engagement must be handled sensitively to avoid a potential conflict of interests. Some models of Domestic Abuse services developed in the USA require families to work with the perpetrator of the violence, which goes against the practice generally adopted within the UK where services for victims and perpetrators are kept separate (Morris et al., 2008). Moreover, the identification of safeguarding concerns should always follow a statutory referral process.

Other possible tensions arise between the needs of the individual and other family members. For example, health services face particular challenges in working within a 'whole family' setting due to the very clear professional guidelines for patient confidentiality (Henricson, 2012). Indeed, the evaluation of the IFSS programme identified that health professionals found it more challenging to work in a multi-agency environment due to strict professional practice codes, but also because of the cultural shift that was required for adjusting to a multi-agency 'whole family' model. A feeling of *'professional detachment'* was described within one of the consultation exercises with health workers for the evaluation.

Commissioning/Monitoring

Action 4 Children and the New Economics Foundation have produced '*A guide to commissioning children's services for better outcomes*'. In it they suggest that an outcomes-based commissioning model should be used where outcomes are specified rather than activities and outputs. This will enable innovative ways of delivering services, as well as enabling freedom for providers. They suggest that a monitoring framework is used that is 'capable of capturing performance against these outcomes', rather than against output targets. Using outcome indicators, measuring the distance travelled towards an outcome, calculating the SROI and providing suitable funding for the potentially time-consuming and difficult task of collecting outcomes data are all effective ways of measuring for outcomes to monitor and improve children's services.

Lead professional and advocacy roles

The need for a clear designated individual to oversee family support and to mobilise other services emerges as a common theme from the literature on multi-agency and whole family support. A study reviewing 20 examples of 'team around the family' practices in Wales and England found that some sort of key worker or lead professional role was commonplace to provide a single point of contact for families. Their precise role, caseload sizes, and the level of time spent with individual families were found to vary considerably however and the review found that there was no standardised model in this respect.[9] A further review by Lea (2012) also identified that family-based support programmes often benefit from having a number of key workers to co-ordinate inputs from multi-disciplinary teams and to facilitate information-sharing.

A number of studies have sought to identify the core characteristics of effective lead professionals working with families who have complex needs. A recent evidence review for the Troubled Families Programme presents five core components of effective family intervention, based upon a synthesis of previous evaluations, including the Family Intervention Projects (FIPs) and Intensive Family Support Projects (IFSPs). These five 'family intervention factors' are described as follows (DCLG, 2012, p6):

- a dedicated worker, dedicated to a family;
- practical 'hands on' support;
- a persistent, assertive and challenging approach;
- considering the family as a whole – gathering the intelligence; and
- common purpose and agreed action.

These qualities are reinforced by other studies. For example, the final report from the evaluation of the Family and Young Carer Pathfinders Programme identified the need for a highly skilled, credible and experienced professional working intensively with families and providing case leadership and management, delivering intensive support, and brokering specialist support as necessary (York Consulting, 2011). The first phase interim evaluation of the Family Support Service in Wales (Thom et al., 2012, also cited a 'strong' key worker model and having a clear lead agency as success factors for effective family support (Cordis Bright Consulting, 2010). It is apparent from the literature, however, that many of these roles have been tested in the context of higher-end intervention with families. One of the challenges for the Families First programme is to understand the extent to which they are transferrable to early intervention.

[9] *A Qualitative Study of Team around the Family Approach:* Efficiency and Innovation Board: New Models of Service Delivery, unpublished report from the Welsh Government http://gov.wales/topics/improvingservices/public-services-leadership-panel/nwp/effectservices/familylifechances/?lang=en

In contrast to the idea of the intensive key worker, Kent has recently introduced Family Intervention 'Light' Workers to its Troubled Families programme. While Family Intervention Project Workers work intensively with a very small number of complex families, 'light' workers work with multiple families (up to 15) for six months, complete the CAF with them and develop the 'action plan'. The idea is that by being able to offer a tiered approach, resources are used effectively while still ensuring that families receive the most suitable support. However, there is not yet any evidence regarding the effectiveness of 'light' works on early interventions.

Features of key working

Given the emphasis on the key worker role in effectively delivering whole family approaches, it is useful to unpack the key functions provided by the role. These potentially include:

- co-ordinating services for families;
- involving families in developing a tailored support package;
- advocating on behalf of families with agencies to raise awareness of their needs (Henricson, 2012); and
- providing intensive support to families.

The evaluation of the Family and Young Carer Pathfinders projects highlighted the effectiveness of key workers working flexibly to co-ordinate multi-agency staff to find a solution to family needs (York Consulting, 2011). This was achieved partly by key workers identifying and addressing the underlying causes of family problems. The findings showed that for families with multiple needs, the key worker acted as the 'lynch pin' in providing and co-ordinating effective support for families and was central to improving and sustaining outcomes (York Consulting, 2011).

Westminster City Council also developed a successful key worker model for their Family Recovery Programme, whereby two workers were allocated per family, one for adults and one for children reporting to the programme's 'Operational Head'. The team was drawn from a variety of disciplines and experience across social care, health, education, policing, housing, substance misuse, access to work and training and information analysts. The model included an 'Information Desk' to assist with inter-agency information exchange (Henricson, 2012). A similar model was developed by the Child Poverty pilots, with a lead agency acting as a hub, co-ordinating family assessments and referrals to agencies. The Child Poverty pilots also assigned two caseworkers per family to facilitate access to appropriate support (Evans and Gardner, 2011).

Successful key worker approaches were also evident in the Families First Pioneer Areas so the expectation is that this will continue in the current programme. For example, from February 2011- March 2012 a range of services were delivered to Tredegar Community as part of Families First, including key worker support to 40

families. The panel decided whether a support package was needed and, if so, who the professional lead – acting as a key worker – should be from within the TAF. The key worker was then introduced to the family and a support package offered within five working days. Delivery of support began within two weeks of the referral. The family was supported as a unit, with the key worker supporting intra-family relationships through therapy or counselling, as well as identifying individual support needs (GHK et al., 2012).

The research evidence further demonstrates a central role for key workers in advocating for families, reducing their anxiety and fear of stigma when accessing services. In some cases key workers have accompanied the family to appointments with new service providers (York Consulting, 2011). This is exemplified by the following example from the national evaluation of the Children's Fund.

> *"Children's Fund project workers often played a mediating role between families and statutory agencies, particularly where families had previous negative experiences of communicating with professionals, such as school teachers or social workers. Several parents reported improved access and engagement with statutory services and improved communication and relationships with statutory professionals." (Edwards et al., 2006)*

The following case studies further illustrate the role and potential benefits of key work models drawing on examples in Wales.

Case study: Integrated Family Support in Wales

The Integrated Family Support model included an IFS Spearhead worker, who worked with the family and case co-ordinators for adults and children to facilitate the interventions families need to work towards their Family Plan. The IFS spearhead worker remained involved over the next 12 months, arranging and attending follow-up case reviews and recording progress against the Family Plan. The IFS spearhead worker made contact with the family at 1, 3, 6 and 12 months after the end of the intervention and assessed progress and provided booster sessions when required. After the year the IFSS spearhead workers reviewed progress with their managers and liaised with relevant services.

Case study: Example of effective key worker delivery in Wales

This project secured additional funding as part of a UK Government/Home Office anti-social behaviour initiative to work with high demand families. The project was concerned about children with additional needs who did not require statutory interventions but who might place a higher demand on public services in the future. The project was designed to provide a more targeted and efficient service for families' needs, improve service integration and improve service access. The average family was engaged with the project for 12-18 months. Key workers spent

an average of six hours a week per family, and the lead care worker used the key workers' evaluations to regularly assess the families' needs. The project was cited in a Home Office evaluation to be in the top five of its type across the UK, although no cost avoidance work had been undertaken. The budget for the On Track team and buildings was approximately £300k. The original Home Office funding lasted five years and funding now comes through Fframwaith. Fframwaith is the Children and Young People's Programme for RCT, funded through a combination of core funding and specific grants such as Cymorth.[10]

7.3.3 The impact of 'thresholds' or programme eligibility/funding criteria

Morris et al (2008) has identified several categories of support, the third of which is whole family support:

- Category One: Working with the family to support the service user. Approaches that seek to strengthen the ability of family members to offer support to a primary service user within that family.
- Category Two: Identifying and addressing the needs of family members. Family members are recognised as having their own specific and independent needs arising out of their relationship with the primary service user.
- Category Three: Whole family support. Whole family approaches focused on shared needs and strengths that could not be dealt with through a focus on family members as individuals.

A review of programmes and interventions seeking to deliver whole family support has shown that while they have broadly selected this category as part of the overall design there is much more limited evidence about how this has been translated into specific thresholds or eligibility criteria for whole family engagement. The literature more commonly demonstrates that the trigger for most family orientated interventions, whether whole family or not, are concerns relating to children. There are only a few examples where the trigger has originated in adult services or in relation to a whole family issue. Henricson (2012) suggests, however, that individual triggers that lead through to support of the wider family context are entirely legitimate, particularly in relation to society's duty to protect children in their vulnerability.

In some instances, however, the issue of thresholds has been seen to prevent individuals or families from getting the support they require, and in particular before problems 'escalate'. Cordis Bright Consulting (2010), for example, highlights the need for flexibility in order to draw in all of the relevant services required to support families*, "in service delivery and access arrangements so that thresholds do not bar*

[10] *A Qualitative Study of Team around the Family Approach:* Efficiency and Innovation Board: New Models of Service Delivery, unpublished report from the Welsh Government http://gov.wales/topics/improvingservices/public-services-leadership-panel/nwp/effectservices/familylifechances/?lang=en

families from the services they need". The example was given of substance misuse by a family member who does not meet the threshold for statutory involvement but would still benefit from engagement with the programme in particular in order to avoid the problem 'escalating and further impacting on other family members' (Cordis Bright Consulting, 2010).

7.4 Strength-based approaches vs. deficit models

Reviewing the evidence from previous programmes and the wider literature, suggests that initial referrals to family intervention support is typically on the basis of families displaying particular risk factors (as noted earlier). Subsequent support and interventions typically then also seek to address the perceived or assessed deficit of the family as the primary focus of support. In the examples of interventions where whole family assessments are used, it is reported that the strengths of the family are captured through the assessment process. The assessment tools used in pilot areas testing whole family approaches (Kendall et al, 2010) were variously reported to look at 'the needs, *strengths* and interrelation of problems for the whole family'. The subsequent action plans and support delivered did not, however, clearly demonstrate how the family strengths were taken into account or used. This is further reflected in the work of Morris (2012) looking at the experiences of families using multiple services. A key finding was that *"families perceive strengths within their ways of 'doing family' were rarely recognised by professionals".* (Morris, 2012, p14)

Using family strengths once engaged has been repeatedly advocated as a means to engagement and positive change (Henricson, 2012) but specific examples are more limited. A C4EO review of effective practice in working with highly resistant families in a child protection context (2010) concluded that *"More positive outcomes (e.g. lower placement rates and recurrence, improved parental attitudes and behaviours) were achieved by programmes including high levels of participant involvement, strengths-based approaches and access to social support"* (C4EO, 2010, p16). However, the same report equally acknowledged that only certain families are likely to benefit from these approaches; *"While concentrating on strengths and breaking down parenting practice into achievable segments may be good practice with families with lower levels of need, it was often not effective with families with multiple, entrenched problems."* (C4EO, 2010, p38)

The practice review of local Think Family approaches likewise noted the benefits of getting to below the surface family issues and risks and advocated building on families' strengths, as an approach to empower families instilling "*resilience, self-belief and independence*" (Kendall et al., 2010).

One potential example of the application of a strength-based approach is evident within the Improving Futures programme. The Dundee Early Intervention Team project is taking an asset-based approach to delivery of its intensive support of

families. The project team are trained in a social pedagogy approach which recognises the family as experts in the problem and the solution, and are seeking to support families to identify and address their own problems using the resilience and strengths the family possesses (Ecorys, 2013 A).

7.5 Workforce and training considerations for whole family working

Implementing whole family approaches requires systems change and training for delivery partners. The following sections therefore consider systems change in terms of workforce development and strategic management, before exploring the training requirements for particular sections of the workforce supporting whole family approaches.

7.5.1 Implementing strategic/higher level change

Whole family approaches are based on the development of integrated pathways between agencies providing different elements of family support. Establishing these integrated pathways to promote early intervention and prevention requires change management and workforce reform to ensure roles and processes are fit for purpose. Developing and implementing these integrated pathways will require time, commitment and effective partnership working between authorities. This will necessitate cultural change, including *"a professional and managerial culture that values the development of good working relationships both with families and with other professionals"* (C4EO, 2010). Co-location by itself is not sufficient to ensure integrated service delivery (Tunstall, 2007)

Learning from other programmes can inform approaches to workforce development. For example, a review of the successful implementation of the Family Pathfinder programme undertaken by York Consulting found that local authorities working on a new 'systems change' approach to delivering support struggled to engage services without first modelling the approach. The Merthyr Tydfil Borough Council Children and Young People's Partnership established a Family Support Service (FSS) in 2009/10 to work alongside families with children aged 0-18 years where there may be risk of escalating problems. Multi-agency approaches benefited from high-level clarification of the roles and responsibilities of individual practitioners delivering co-ordinated multi-agency, multi-disciplinary support (Cordis Bright Consulting, 2010).

Other good practice examples regarding workforce and training considerations were highlighted by the South East Strategic Leaders report (2013). This offers examples of how local authorities have invested creatively in boosting capacity and training staff to meet new skills demands. Milton Keynes plans to train their staff regarding the Troubled Families initiative to Level 4 of the City and Guilds Work with Parents with Multiple and Complex Needs, which will also boost staffs' skills concerning Assertive Outreach techniques and Solution Based Therapy. In Reading, after identifying a gap in staffs' skills, a Mental Health Worker (adults) was recruited to

support parents with mental health issues, while in Bracknell Forest an Educational Psychologist was recruited to address skills gaps.

7.5.2 Implementing operational change

There is consensus in the research for a need for professionals in regular contact with children to be better prepared for identifying when families require intervention, and to have the confidence to act on their concerns. Thoburn (2009) highlighted the need for front-line staff in agencies providing universal services, central to the early identification and provision of effective services, to receive appropriate training in assessment skills.

"Family Interventions into Practice – A 'Think Piece' to inform the Improving Futures Evaluation" (Henricson, 2012) likewise explored key issues for the effective planning and delivery of family interventions. Training and supervision for those implementing the new assessment processes were identified as key, to ensure records are kept in a comprehensive and sensitive manner, and can be analysed effectively. Training to implement new standards and produce meaningful assessments and intervention options is also typically needed, such as in the areas of neglect and emotional abuse.

The literature points to the need for improved assessment training and highlights some suitable training programmes that could be upgraded. For example, the evaluation of the Family and Young Carer Pathfinders Programme identified the integrated assessment training programmes on the CAF, fCAF, whole family assessments, the lead professional role and the TAF approach, as being essential to systems change. Recommendations were made for such training to be introduced across adult and children's services and in the voluntary sector (York Consulting, 2011).

Supervision for staff conducting assessments for whole family interventions is also required. For example, the report "*Effective Practice to Protect Children Living in 'Highly Resistant' Families"* recommends enhancing assessment standards and reassessments. The report recommends appointing a lead professional to oversee assessments, information-sharing and planning process, incorporating children's views, and ensuring professional analysis. The report also recommends consulting specialist advisers and professionals with knowledge of the family (C4EO, 2010).

The literature notes that in the main, the key worker role has been implemented effectively in various programmes by recruiting skilled and experienced staff and/or training up existing staff, thereby building staff capacity; key workers are also critical to address the organisational demands that come from this way of working (Davidson, Bunting, Webb; 2012). However, there is recognition that the key worker approach is a different way of working for many practitioners and requires considerable resource and commitment to implement (Welsh Government, 2012). The literature also recognises that the most effective delivery model for key worker arrangements will vary between local areas. This role might be undertaken by an

existing practitioner while new roles might be created or required in order to work alongside the relevant practitioners as part of a team around the family approach (Messenger et al, 2014).

Reflecting the importance for key workers to have appropriate skills and competencies, training is sometimes needed to enable key workers to identify family issues, understand their support requirements, and know what support services are available (Welsh Government, 2012). The evidence identified that key workers require the following knowledge and skills:

- Effective relationship-building skills with families to engender trust and engage families with the process. For example, a Research Review of the Integrated Pathways for Family Support programme highlighted a key requirement of successful working with whole families to be the ability of staff to build relationships with parents. Therefore, staff require skills in the *way* family support is delivered.
- Professional knowledge and skills, including specialist skills linked to family support/parenting skills or substance abuse - preferably both (Wright et al., 2010, cited in York Consulting 2011).
- The available evidence also points to a lack of child protection training and experience amongst practitioners, highlighting that it is imperative for practitioners to be able to help parents understand how their behaviour is harmful to children, *"particularly when domestic violence, mental health issues and substance misuse were also present in the home" (C4EO, 2010)*.
- The Early Intervention Foundation research suggests that practitioners should have certain core competencies and a level of understanding across the fields of attachment, emotional well-being and social development, language acquisition and communication skills and maternal mental health (Messenger et al, 2014).

Available resources for key worker training include the following (York Consulting, 2011):

- Children Workforce Development Council's functional map of the role of family intervention key workers.
- Action for Children's framework for developing effective professional relationships with vulnerable parents to improve outcomes for children and young people.

The literature also identified training requirements for the wider workforce or to support the development of additional skills of relevance, regardless of the specific model of whole family intervention being delivered. The Integrated Family Support Service, for example, provided a training resource to child and adult services on Evidence Based Interventions to engage complex families. The IFSS model was also based around the use of motivational interviewing techniques and other evidence

based tools including Brief Solution Focused Therapy and Cognitive Behaviour Therapy. In the case of several Families First Pioneer Areas, a skills baseline for key workers and other agencies identified training in budgeting and substance misuse as important.

7.6 Overview of Early Intervention Programmes

7.6.1 Troubled Families

The DCLG Troubled Families programme was designed to meet the Prime Minister's commitment to *'turn around the the lives of 120,000 troubled families'* by 2015. The programme has since been expanded to continue for a further five years. It hopes now to reach a further 400,000 families in England with a budget of £200 million already committed (DCLG 2015) Troubled families are defined as those who are troubled by multiple and complex needs and/or cause trouble. Families meeting three out of the four criteria are subject to the intervention:

- are involved in crime and anti-social behaviour;
- have children not in school;
- have an adult on out of work benefits; and
- A criterion/criteria chosen by each LA reflecting anything else that may cause high costs to the public purse (e.g. drug and alcohol misuse, domestic violence, child protection etc.)

The aim of the Troubled Families programme is to 'turn around the lives' of troubled families in England by boosting the capacity; quality and responsiveness of family intervention services; and widening access to support to families at a lower threshold of need where it was not previously available. At the core is the desire to achieve an overall shift in public expenditure from reactive service provision, based around responding to accumulated acute needs, towards preventative and early intervention, where the social and fiscal return on investment has consistently proven to be the greatest.

Local Authorities were tasked with identifying their troubled families and taking a leading role in co-ordinating services locally and building upon existing programme and projects aimed to support troubled families. All 152 upper-tier local authorities in England are taking part in the programme and have agreed the number of troubled families in their area that they will work with. The Troubled Families programme is headed by DCLG and is being supported by £448 million provided by Central Government over three years, on a payment by results basis. This represents a contribution of approximately £4,000 per troubled family.

Before the Troubled Families programme started, it was estimated that the 120,000 troubled families cost the public purse £9 billion a year, with only £1 billion of that money actually being spent on supporting families. DCLG's report 'The Cost of Troubled Families' (2013), outlined projected savings across a number of LAs. While West Cheshire estimated savings of £20,000 per troubled family, Leicestershire estimated savings of £25,700 per troubled family and Manchester estimated £32,600 of savings per troubled family. As DCLG advocate, while these projections are only indicative, 'savings of this sort scaled up to a national level would run into billions of pounds.'

The Troubled Families evaluation is currently being undertaken in order to understand how the programme has made a difference to the lives of families, both in terms of outcomes and experience of services, to learn how the programme has changed local delivery approaches and to measure success in terms of monetary savings. As part of the national evaluation, Ecorys developed a Family Monitoring Database, based on a common template, to collect monitoring data on families across all 150 local authority (LA) areas. Each LA has been asked to collect a small set of data on a minimum of 10% of their families, sampled from each year of the programme (including retrospective data). The monitoring data will capture characteristics of troubled families and enable tracking to take place of support received and outcomes achieved, to aim to find out why some families have more positive outcomes than others.

In July 2014, DCLG published a first report based on the data reviewed as part of the evaluation. The analysis found that, of the families being worked with through the programme, 71% had a health problem, 46% had a mental health concern, 29% were experiencing abuse or domestic violence, 22% had been at risk of eviction in the previous six months, 35% have a child of concern to social services or who has been taken into care, 40% have three or more children (compared to 16% nationally), and the average number of police callouts in the previous six months has averaged five per family. Families working with the programme were also seen to have significant problems with truancy, youth crime, anti-social behaviour and worklessness (Ecorys 2014 A).

An economic evaluation of the programme is also being undertaken which aims to identify and value the costs and benefits of the troubled families programme. This is focusing on estimating the financial benefits, i.e. the savings to the public sector as a result of a reduced need for intervention by police, social services and other services, which can be linked to the positive outcomes achieved for participating families. It will explore the extent to which the identified savings are cashable and, if so, how far cashable savings can be realised. It will also highlight who benefits from the identified savings and the extent to which the savings are recoverable at the local level. This analysis of cost savings will be supplemented by a Cost Benefit Analysis which also considers economic benefits (e.g. the benefits to an individual and the economy of moving into work) and social benefits (i.e. wider gains to society). While the Troubled

Families evaluation design incorporates approaches through which economic benefits of the intervention can be reviewed, caution must be exercised in drawing parallels between this and other early intervention programmes given variations in the scale, approach, governance and financial aspects. The degree to which this programme can be used as a comparator in economic benefit terms is therefore limited.

As the economic evaluation is still being undertaken, the Troubled Families programme is using good practice examples and case studies to showcase the work of local authorities and inform other public sector agencies with regards to cost savings. For example, the 'Implementing the Troubled Families Programme in the South East of England' report (2013) highlights some of the early successes of Troubled Family interventions in South East England, such as in Central Bedfordshire where Police Community Support Officers work directly with families in an effort to reduce crime and anti-social behaviour. In the same way, in Windsor and Maidenhead a Community Warden has been seconded to support the Troubled Family programme, to work directly with families affected.

A report from DCLG (2015) states that the programme has been successful in achieving its intended aims with the average financial benefit generated for the public purse amounting to £11,200 per family; this is more than twice the average cost of intervention. Research by the University of the West of England (Hoggett, J et al, 2014) suggest that the social return on investment is £1:£1.33 from the 33 cases they assessed.

7.6.2 Improving Futures

Through the Improving Futures programme, the Big Lottery Fund is providing £26 million to transform the lives of children living in families with multiple and complex needs where the eldest child is aged 5-10. In early 2012, 26 projects across the UK were awarded up to £900,000 each to run over 3–5 years. Through the programme, the Big Lottery Fund is making a significant contribution to the development of better services for families with multiple and complex needs. All of the 26 local partnerships, led by voluntary and community sector (VCS) organisations, are attempting to:

- improve the lives of children in families with multiple and complex needs;
- develop more effective and joined-up services for children and families, with the potential to replicate these models elsewhere;
- improve learning and sharing of best practice between the voluntary and public sectors.

Improving Futures is trialling a range of new approaches to early intervention, supporting families at risk of developing more acute support needs. The VCS-led partnerships are working closely with local public services. Projects are building upon

existing best practice; for example, many are using a key worker to build trust and develop relationships with families.

Two programme level evaluations have been undertaken to date, with the year 2 evaluation report published in December 2014, reporting at the halfway point of the programme. The evaluations have identified the following areas of good practice relating to working with whole families, evidencing outcomes and the use of volunteers/mentors in the provision of support:

Working with the whole family

Engaging the whole family takes time: This needs to be factored in when planning support for families, particularly with time-limited projects.

The role of the key worker is valuable in providing a single point of contact for the whole family and providing tailored information.

Recognising that support needs to be flexible to reflect the points at which family members are available, but also those times 'out of hours' when they need support.

Using a range of tools to encourage whole family participation in assessment and in planning support (e.g. use of the 'family star' assessment tool or personalised budgets).

Breaking the family into smaller units can help engage the family and deliver more focused work.

Asking the family to pass information onto wider family members can be an effective technique to support non-resident family members.

Facilitating quality time between fathers and their children is an effective technique for engaging fathers.

Raising each family member's awareness of how their own circumstances impact on other family members can be valuable step forward in seeking to address an issue through gaining input and perspectives from all family members.

Engagement with families often works well where rapport can be built through activities that bring families together (e.g. football).

Creative ways of involving families in capturing outcomes and impacts such as calendars or diaries often work well; diaries or calendars also have the added impact of improving the time management and organisation of a family, hopefully resulting in less missed appointments.

Families are sometimes just the mum and kids, but there is often another parent somewhere in the background. Some projects have successfully used outreach volunteers to help observe how often this other parent is around and has contact.

Engagement of non-resident family members can be levered through posting through a copy of work materials/action plans to them to promote their inclusion and involvement in the support.

Evidencing Outcomes

Use a range of tools to capture all the necessary evidence: There is no 'one size fits all' tool.

Complete tools with families on a regular basis - can provide evidence of impact if the family disengages from the support.
Complete the baseline assessment once a relationship with the family has been established.
Capturing more subtle administrative data can be more effective.
Case studies can be an effective way to capture 'softer' outcomes.
Evidencing outcomes needs to be embedded into all steps of the support process.

Using volunteers/mentors
Effective matchmaking between families and volunteers – having a "pool" of volunteers can help to ensure that there is a good volunteer/mentor support for individual families.
Developing effective working relationships between key workers and volunteers can increase the quality of support offered to families.
Creating opportunities for the progression for volunteers helps to maintain levels of commitment and engagement.

The year 2 evaluation highlighted reviewed indicators associated with the 978 families having exited the Improving Futures programme to date. The programme's indicator framework enabled a comparison between the profile of families entering and exiting support. The main outcomes identified at the stage of the year 2 evaluation include a reduction in a range of family risk factors through the course of having received support. These included reduced risks in relation to behaviour, levels of stress and anxiety, as well as parenting. On the other hand, the outcomes in which no change, or a deterioration was seen across the course of a family's involvement included smoking and substance misuse in adults, mental health diagnoses, concerns around child protection and physical health. The evaluation also measured changes in the strengths of families (e.g. family and other routines, family and other relationships, and child participation in sports and exercise). While improvements were seen across all family strength domains, around half of families felt that these strengths were not apparent on exiting support, suggested that the impact in this respect was limited for around half of the cohort of families participating in the programme. Those families experiencing the lowest levels of impact tended to be those with short intervention duration and involved in a relatively low number of projects. These were, according to programme staff, often those families that did not engage well with support or that were ineligible for support (Ecorys b, 2014).

7.6.3 Families with Multiple Problems programme

The Department for Work and Pensions set up 'Families with Multiple Problems' programme in 2011 with a budget of £200 million. While not an early intervention programme, this programme is aimed at families with multiple problems and complex needs specifically where there is a history of worklessness within the family. It aims to support 22% of people taking part in the programme into employment and to

support others further along the employability ladder by March 2015. It is targeting families where there is a history of worklessness across generations or where no family member is in work. The key feature of the programme is the provision of support via a key worker who will 'devise a package of measures tailored to the needs of individuals and to families in relation to work'. A focus on tackling worklessness will be achieved through encouraging job entry or movement toward work. A crucial task is diagnosing barriers to work at both the individual and family levels, and tackling these through developing appropriate action plans. Although financial savings are yet to be monitored or assessed, the Department for Work and Pensions estimated that its programme could generate £2 in fiscal and social benefits for every £1 spent. Statistics on the programme to date, published in 2014, indicate that of those who joined the programme between December 2011 and April 2012, more than 16% had achieved a sustained job after 18 months in the programme. Of those who joined in May 2012, more than 11% achieved a sustained job and of those who joined in June 2012, more than 13% had achieved a sustained job after 18 months. By January 2014, 33,560 people were involved in the programme.

7.6.4 CANparent Programme

The CANparent programme was being trialled between 2012 and 2014 with 50,000 parents at cost of £5 million by the Department of Education. CANparent is a universal offer for parents/carers/ grandparents of children under five from all backgrounds. The programme aims to improve the quality of family life by providing parents with vouchers to spend on childcare lessons. It also aims to remove stigma associated with parenting classes. The University of Warwick is evaluating the trial. The evaluation is considering whether or not the free vouchers have encouraged parents from all backgrounds to attend a CANparent class and what parents think about the classes. So far, it has supported making the classes universally available by finding that the parenting classes were welcomed by parents, who increased the profile of the classes through word of mouth. The lessons learned from the evaluation so far, indicate that the face-to-face classes were most popular and attracted the most parents, whereas online classes, which generally require less effort to participate in, were less popular. It was also found that parents evaluated themselves as being a more effective parent when they had attended at least three parenting classes.

7.6.5 Local level evaluation research

Caerphilly has looked into the value for money of their Families First Programme. They have focused on whether projects have been found to be more or less cost effective than expected. They have found that the majority of projects were more cost effective than anticipated, while only a small number were not as cost efficient; one of those deemed to be not as cost effective was the TAF project. They have also found that successful outcomes generate a reduction in costs.

A number of local level evaluations and reviews have been undertaken of Families First activities. In Gwynedd, a Team Around the Family evaluation report was undertaken by IPC in December 2014. The evaluation, in undertaking a site visit, data analysis and interviews with practitioners and families, identified that Team Around the Family arrangements in the local authority are fit for purpose while accommodating families with a broader range of need than originally communicated in the overall programme guidance (tier 2). The evaluation also identified that demand for the 'refer in' TAF service has increased across the course of the programme and that the distance travelled data is starting to indicate that the majority of families see an improvement across core domains assessment through their participation in the programme. The level of impact in this respect was seen to vary between areas, suggesting differences in co-ordinator practice or the way that the Distance Travelled Tool is applied. The evaluators identified that effective governance and leadership was important in ensuring that the local TAF model is sustainable, notably in terms of the overall number of families supported by the programme (IPC, 2014).

7.7 What works in early intervention?

From reviewing the literature, a clear set of success factors around 'what works' in early intervention, whole family approaches. We provide a brief overview here to summarise 'what works' in this respect.

Primarily, appropriate identification and engagement of families in particular can play a big part in successful early intervention work with families. The three principle approaches for identification, as described by Lea (2012), are through existing contact with the services, through datasets to identify those at risk of developing complex needs and geographically by pinpointing areas with a high concentration of families with complex needs. Consideration should be given to engaging families, using family-focused communication. Encouraging families to take a more active role in appraising their situation and become actively involved in the assessment process can also be beneficial in keeping families involved and engaged (Morris, 2012), including those adult family members who may not see themselves as directly involved. A further technique for maintaining levels of family engagement is using the family's strengths to inform subsequent action plans and support delivered (Henricson, 2012), a principle which the Families First programme builds on.

The development of effective relationships between the key workers/ frontline providers and parents, particularly those who are vulnerable, is also important in ensuring optimal outcomes for families. In particular, this can help to build family trust. This can be achieved through key workers ensuring consistency in their approach, demonstrating that parents' views are being heard, encouraging families to make decisions around the sort of support that would work for them, working to build rapport, and balancing support with enforcement. As mentioned previously, delivering

support to families as smaller units can help engage the family and deliver more focused work, while asking the family to pass information onto wider family members can be an effective technique to support non-resident family members. Activities that bring families together are effective at engaging whole families through building rapport, while creative ways of involving families in capturing outcomes and impacts often work well Facilitating quality time between fathers and their children is an effective technique for engaging fathers (York Consulting, 2011).

The issue of engaging fathers more generally with family services has been the subject of a number of recent reports, many recognising the importance of father involvement in children's early years care for children's well-being and social, mental and cognitive development (Haynes et al 2014). Overall research identifies that fathers are becoming more involved in direct child-caring activities, in part reflecting growing maternal employment. Research has subsequently become more interested in supporting the involvement of fathers particularly across times of stress or transition in their children's lives. Educators as well as child and family practitioners have accordingly sought to be less focused on the mother in the delivery of activities and services. Despite this, the practical experience of those delivering these services is that fathers still encounter barriers to engagement, while the content and approach of support interventions that focus on the needs and preferences of fathers and father figures are at a relatively early stage (Haynes et al 2014).

The value of parenting support based upon whole family working principles is becoming increasingly acknowledged and regarded as a form of social investment. Eurofound, in its review of parenting programmes delivered across Europe and identified a number of keys to the effective participation of families, a number of which align closely with those wider success factors emerging from the 'whole family' literature, and indeed those identified through the Families First evaluation to date. The review found it crucial that providers adopted a skills improvement rather than a deficit view, seeking not to invalidate parents' existing skills but to build on existing family strengths. This was found to be a helpful way to boost engagement with parents, through addressing their pre-conceptions about the service, for example that they had been offered the service due to 'bad parenting' or that the service would report to social services. In terms of engagement and the 'reach' of specific groups, it was also found particularly useful for service providers to go directly to the family home (referred to as 'go structure'). An issue for attention in the delivery of these services was the low participation levels of fathers, with the research identifying a need to further engage fathers (Eurofound, 2013).

The need for a clear designated individual to oversee family support and to mobilise other services emerges as a common theme regarding good practice, as does using tools with a stronger 'family' focus, as it aids the identification of additional needs, can allow for stronger and more trusting relationships to be developed between practitioners and families, and can ensure greater levels of engagement (York

Consulting, 2011). These priorities were also highlighted in a 2014 Early Intervention Foundation report reviewing how early intervention services are experienced by families and the degree to which their needs are being met by them (Messenger et al, 2014). In particular, the report highlighted the importance of integrating services, especially in terms of bringing different early years systems for health and local authorities to ensure that family services align and link together as appropriate. This research points to qualitative evidence that increased levels of service integration (in terms of leadership and management, information sharing, local partnerships and consortia, governance arrangements) have a range of positive outcomes ranging from enhanced cross-agency communication and co-operation, reduced levels of duplication resulting in cost-savings, and ultimately improved outcomes in children around cognitive development, better physical health and improved relationships within families (Messenger et al 2014). The study does however acknowledge that limited quantitative research exists to corroborate these findings to date.

Running early interventions through voluntary/community sector agencies has been found to work well in building trust and engagement with families through reducing stigma, in as much as statutory led interventions are seen as an extension of statutory social services. Highlighting independence from social services works to engage families further (Eurochild, 2012).

There is also increased attention being focused on the value of co-locating service providers in the field of early intervention services. For instance, the Early Intervention Foundation suggests that there is a growing body of qualitative research which suggests that there are positive outcomes associated with teams delivering services from a shared physical location. The key benefit in this respect is that information is better shared between practitioners, such that delivery can become more agile in adapting and responding to issues around changed needs, demand or practical constraints to delivering family support. Reflecting findings of the year 3 Families First evaluation report, the Early Intervention Foundation report; 'Getting it Right for Families' also suggests that co-located services also have benefits in terms of development a common culture and approach across agencies (Messenger et al, 2014). Lessons drawn from a number of Early Intervention Pilots in England also suggest that information and data-sharing between agencies is a consistent theme in the early intervention approaches that are working well to support families, again in ensuring alignment between services and reduced duplication. The delivery of shared training for early intervention practitioners is also identified as having value in contributing to effective family support through helping practitioners to develop networks with each other and a common understanding of the vision underpinning the whole family approach (Messenger et al, 2014).

7.8 Conclusions

Whole family working is a strong theme emerging from the recent literature but some confusion and complexity remains as to the specific definition of this way of working. While good practice does exist on key aspects of whole family working, there is a need for more robust evaluation and reporting of the specific processes involved in whole family working to provide a stronger review of the practice. The early intervention programmes reviewed do have some consistencies; Improving Futures and the Troubled Families programmes offer examples of early interventions that focus on providing a whole family approach, based on a key worker model. While the Families with Multiple Problems programme is focused on supporting families with more complex problems, the key worker model is again a core element of programme delivery. To date, ongoing evaluations of the early intervention programmes in particular have identified a number of success factors in terms of 'what works' in supporting families which include effective ways of targeting and engaging with families such as through activities and facilitating father-child time, while the use of interactive and creative tools with families e.g. diaries, can often effectively involve families in capturing the impacts or distance travelled over time.

There have been varying conclusions from research into the impact of programmes such as those included; however there is both strong evidence for the logic of the principal of early intervention and pro-active rather than reactive support (Barclays Wealth 2011) and some positive results from the Troubled Families; suggesting strong justification for the approach, however the challenges of evidencing outcomes over a prolonged period remains.

7.9 References

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