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Evaluation of Families First: Year 1 Report Appendices

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

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Table 1: Evaluation and learning programme objectives

Evaluating JAFF and TAF
▪ To understand how effectively JAFF and TAF have been developed and implemented in accordance with the key principles of Families First, and the change and development processes involved, including developing workforce and information sharing ▪ To understand the targeting and reach of JAFF and TAF ▪ To establish the effectiveness of JAFF and TAF in fostering effective multi-agency and holistic family-focused working and improving families' outcomes, and identify key features for success ▪ To identify which models of organisation and delivery work best, the types of families and needs best served by JAFF and TAF, and examples of good practice
Evaluating Strategic Commissioning
▪ To understand the structures and processes through which commissioning has taken place ▪ To assess the extent to which planning has been strategic: based on effective needs assessment, audit of existing services and involvement of stakeholders ▪ To assess the extent to which acquisition has been strategic: taking advantage of economies of scale/purchasing power via joint commissioning and leveraging benefits of match funding ▪ To assess the extent to which the resultant service landscape is improved, in terms of providing more balanced comprehensive preventative support, avoiding gaps and duplication ▪ To identify examples of good practice in approaching strategic commissioning to inform future commissioning
Evaluating Disability
▪ To understand the impact of ring-fenced funding for disability support on how the Families First programme has been designed, managed and monitored ▪ To understand the impact of this on systems and service provision for vulnerable disabled and non-disabled children and their families ▪ To reflect on the appropriateness and efficacy of Families First disability ring-fenced funding in ensuring the support needs of vulnerable disabled children are addressed going forwards
Evaluating Action Learning
▪ To understand local authorities' approaches to local and regional learning sets and the contribution of these to the effective implementation of the programme, and potential benefits to wider services and systems ▪ To assess the contribution of the national learning sets to the effective implementation of the programme, and potential benefits to wider services and systems

Evaluating the Programme as a Whole
▪ To understand the effectiveness of local and national governance and management arrangements (including the Welsh Government account management system); reflecting on the extent to which it is sufficiently outcomes focused utilising an RBA approach, has the right balance between evidence-based practice and innovation, and the extent to which arrangements are sufficient in terms of supporting capacity and ensuring progress and accountability ▪ To understand the extent to which the suite of five programme elements have contributed to meeting programme aims overall ▪ Increasing levels and effectiveness of early intervention, preventative support, whole family approaches and multi-agency planning and service delivery ▪ Contributing to a well balanced, integrated seamless continuum of support for protection/prevention/remedy, joining up with other relevant services and programmes ▪ To identify any system/service impacts beyond Families First itself in terms of planning and service delivery, including quality and level of input from different agencies and sectors ▪ To understand the sustainability of programme approaches after funding ends, the extent and nature of mainstreaming and implications for future support and resources required.
Supporting Learning, and Disseminating Findings
▪ To support local authorities with local and regional action learning ▪ To support local authorities with self evaluation, including capturing progress and outcomes of their strategically commissioned projects ▪ To work with Welsh Government to deliver a programme of national Action Learning Sets, and provide frameworks for reflective learning and case studies ▪ To support dissemination and use of findings in the on-going development and delivery of the programme

2. Evaluation activities

Table 2: Summary of key evaluation activities, 2013-2015

	Method	Timing
Activity 1: Desk-based research	The desk research involves analysis of: ▪ National policy and strategy documents ▪ Socio-economic data on population-level indicators as agreed between the Welsh Government and LAs ▪ LA monitoring returns: including the progress reports and family outcome returns* ▪ Local policy documents ▪ Literature around whole-family interventions The analyses will be integrated into annual reporting, with LA-level information aggregated and used to provide an overall picture of progress.	Analysis of the secondary evidence will feed into annual evaluation reports: ▪ July 2013 (completed) ▪ March 2014 ▪ March 2015
Activity 2: National stakeholder consultation	Consulting with high-level national stakeholders who will be able to comment on strategic issues relating to the design, profile, positioning and impact of Families First, and its place within the broader policy landscape. These will take place mostly over the phone and last 45-60 minutes.	▪ Wave 1 June-July 2013 (completed) ▪ Wave 2 Jan-Feb 2015
Activity 3: Interviews with LA Families First leads	The interviews will capture LA leads' perspectives of the progress made locally in implementing Families First, and the perceived impact of the programme on delivery models, practitioners, and families. They will provide a more comprehensive understanding of the delivery of Families First than can be generated through reviewing Action Plans alone. These will take place mostly over the phone and last 45-60 minutes.	▪ Wave 1 June-July 2013 (completed) ▪ Wave 2 Jan-Feb 2015
Activity 4: Stakeholder surveys	A survey of key stakeholders in each LA, including senior decision-makers, practitioners and managers of strategically commissioned projects. The surveys will collect stakeholder views at two timepoints about their perceptions of the delivery and impact of Families First. The survey will be hosted online, and will include a mix of closed questions, and open-text questions. It should take around 10-15 minutes. We will work flexibly with LAs to design a relevant sample and distribute the survey to relevant members of staff in the most efficient way.	▪ Wave 1 Jan-Feb 2014 ▪ Wave 2 Jan-Feb 2015

	Method	Timing
Activity 5: LA and family case studies	The case studies will provide an in-depth understanding of the implementation and impact of Families First in a sample of local areas. In each of the 7 case study areas we will interview a range of staff as well as review local documentation; in 4 of these areas we also propose to carry out family interviews. The case studies will incorporate three elements: ▪ analysis of local secondary evidence; ▪ in-depth interviews and discussion groups with professionals involved in managing and delivering Families First; and, ▪ (in the 4 family case study areas) in-depth interviews with families who have received Families First services locally.[1]	▪ Wave 1 Jan-Feb 2014 ▪ Wave 2 Sept – Nov 2014
Activity 6: National and regional learning sets	The National Learning Activities can broadly be summarised as: ▪ **National face-to-face events,** such as that held in Cardiff in January 2013. ▪ **Good practice papers.** ▪ **Policy workshops** or roundtable events to include key stakeholders. The Regional Learning Activities will comprise: ▪ A **managed learning environment** (MLE) to provide a forum for LAs to share information, provide and seek support, and to develop networks beyond their immediate region. ▪ A **toolkit to support local learning**. ▪ Up to **three regional webinar / Skype sessions will be run per year**, to support local and regional learning.	Learning activities are ongoing, but: ▪ National event in January 2013 (completed) ▪ National face-to-face events are planned for spring/summer 2014 and 2015 ▪ Good practice paper in spring/summer 2014 ▪ Policy workshops in 2015
LA progress reports and family outcome returns	This incorporates the reporting mechanisms for Expenditure, the Process Change Performance Measures Framework and the Family Outcomes Tool.	*Process Change Performance Measures returned quarterly, and Family Outcomes Tool data collected annually.*

[1] Families will be identified through discussions between the LA and the Evaluation Team to ensure a spread of case type and demographics. Families are not obliged to take part, and participation will be on a voluntary basis, with full consent sought from all appropriate families members. Case studies will involve interviews multiple family members; each visit will last around two and a half hours. We also propose a longitudinal approach, visiting each family twice.

3. Summary of design principles and assumptions

The programme is underpinned by the following drivers:

- Low skill levels amongst parents are a significant barrier to accessing well paid work to lift their families out of poverty. Support delivered by existing employment support initiatives is insufficiently tailored for families and is not well integrated with services addressing families wider support needs.

- Raising incomes amongst parents alone is insufficient to address issues relating to child poverty: wider intervention is needed to help close the gap in relative child outcomes between low and average income households.[2] Evidence suggests that low incomes are correlated with poor family functioning, causing difficult relationships between family members. A lack of a stable home environment can have knock-on effects on mental health, learning, behavioural and – ultimately – employment outcomes. Children growing up in poverty find it harder to form positive relationship themselves, to build up networks and social capital. As a result, poverty has complex consequences for families and for children's development that cannot simply be addressed through a narrow focus on raising incomes.

- However, current public service interventions to help counteract the negative effects of poverty on children are understood to be insufficient in terms of the following main dynamics:

    - Timing: Public services tend to intervene relatively late in the progression of problems, when needs have escalated to the point where protection, and often remedy, is required. Some negative impacts cannot easily be reversed, so intervention at this point is likely to be less effective and more costly than earlier and preventative intervention.

    - Geographical coverage: Some preventative support is being delivered, but interventions are not currently designed to reach all families in poverty (for example, Flying Start only supports families in deprived areas, and in children's early years up to four years old). Furthermore whilst some mainstream services, such as education,[3] deliver additional support to improve outcomes for disadvantaged children, this is deemed to be insufficiently joined up with other support for children and families to be fully effective.

[2] http://www.jrf.org.uk/sites/files/jrf/2313.pdf
[3] For example, one of the three aims of the School Effectiveness Framework is to transform education in order to reduce the impact of poverty on educational attainment of children in Wales.

- Holistic family coverage: Current approaches are also understood to be insufficiently focused on addressing the needs of the whole family[4] that might affect the outcomes of the child, and insufficiently focused on building on families' own strengths and resilience such that improvements in outcomes can be developed and sustained in the longer term.[5]

- The failure of public services to intervene to address problems effectively at an early stage, comprehensively and in a seamless way, is partly due to:

  - a lack of comprehensive needs assessment and intervention systems and processes at a stage early enough to be effectively preventative and protective (rather than remedial);

  - a lack of sufficient effective multi-agency working;[6] and,

  - a lack of sufficient preventative and protective services being available at local levels. It is understand that gaps in provision are partly due to service commissioning approaches being insufficiently needs-based and strategic.

- The core programme elements of JAFF, TAF and Strategic Commissioning are intended to respond to these drivers for intervention and policy and service gaps.

However, these elements of the programme are not deemed sufficient on their own to achieve the aims of Families First, due to the absence of other features deemed important for success:

- Local agencies delivering a change programme, such as Families First, do not have sufficient mechanisms available and/or incentives in place to identify, draw on and/or implement learnings about good practice from elsewhere.

[4] A qualitative review of 20 TAF approaches in Wales and elsewhere conducted by the Welsh Government's Efficiency and Innovation Board points to an emerging body of evidence for the benefits of whole family approaches for improving child and family outcomes. However, again, it highlights that the most robust evidence relates to programmes at the remedial end of the service spectrum. Evidence of positive benefits are starting to emerge from protective and preventative TAF programmes, although it is hard to disentangle the extent to which benefits are driven by whole family focus, or other features such as multi-agency working and changes in service delivery. For example the Croydon Child: Family: Place programme delivered TAF as one part of a wider reforms to services and has identified success in improving outcomes and reducing referrals to a range of acute services. Again, the evaluation of Families First will help generate clearer evidence regarding the efficacy of preventative and protective TAF delivery in improving outcomes. (Source accessed Oct- Nov 2012: http://cymru.gov.uk/topics/improvingservices/pslg/nwp/effectservices/familylifechances/?lang=en).

[5] The review of literature conducted for the evaluation of Families First pioneers also referenced a range of studies that have highlighted benefits arising from *strengths-based* as opposed to deficit model interventions: in particular given that parental support of children is the most important consistent influence on children over time, helping to build parental capacity can contribute significantly in terms of providing sustained support to children over time. Source: Welsh Government: *Learning from the early implementation of the Families First Pioneers* (April 2012): GHK and Arad Research.

[6] More comprehensive early identification of need is well documented as a potential outcome of multi-agency assessment: input from a larger number of agencies at the stage of a first, more comprehensive, needs assessment allows for a fuller range of needs to be picked up and responded to that might not be picked up by other agencies until later. For example see evidence reviewed in: Atkinson M et al. for CfBT Education Trust (2007): *Multi-agency working and its implications for practice: A review of the literature.*

- The needs of families affected by disability are not sufficiently main-streamed in local agencies to ensure that a needs-based programme, such as Families First, will respond to the needs of families affected by disability as effectively as it does to the needs of other families.[7]

Families First therefore incorporates a disability strand and a learning strand to address these issues.

The evaluation team has identified a number of principles and assumptions on which the programme's **design** and **delivery** is based. These assumptions underpin the theory as to how and why the programme elements are expected to be effective in achieving their intended outcomes. In summary, the assumption is that family-focused, multi-agency and early interventions are more effective than other approaches in delivering positive outcomes for families, and will avoid the escalation of problems that require more costly and intensive support. The evaluation will need to explore the extent to which these assumptions hold true and how they can be implemented to best effect in the context of Families First.

Table 3: Families First key programme design assumptions

Programme design assumption
Early intervention and preventative approaches are more effective and cost efficient in achieving positive outcomes
Family focused/whole family approaches, rather than support focused on individual children and adults (parents) separately, are more effective for improving outcomes
Bespoke and intensive approaches tailored to individual families will work best
Strengths-based models of support, rather than support that focuses on addressing problems, is most effective in delivering positive outcomes for all vulnerable families
Multi-agency/integrated approaches are better than single agencies working separately, in ensuring early identification of needs and delivering of effective preventative support that results in positive family and child outcomes, cost effectively
The types of support incorporated in the programme are relevant and sufficient to address the stated programme outcomes relating to parental employment, child and family achievement, child and family wellbeing and families' capacity to be confident, nurturing and resilient
The level of funding is sufficient to ensure that JAFF/TAF can be delivered to the number of families who need it
The improved landscape of services outside of TAF/JAFF developed through strategic commissioning is sufficient to deliver improvements in Families First outcomes for vulnerable families with prevention/protection needs that do not go through JAFF/TAF (as far as this is necessary for achieving change in outcomes at the population level)
Ring-fenced funding for families affected by disability is a necessary/sufficient addition to the support landscape to ensure these families' needs are addressed

[7] The importance of learning activity was highlighted in the IEB's qualitative review of TAF approaches: in particular, learning from other areas and programmes was identified as one of the most important influences determining the shape of the 20 TAF models reviewed. (Source accessed Oct- Nov 2012: http://cymru.gov.uk/topics/improvingservices/pslg/nwp/effectservices/familylifechances/?lang=en)

The following table outlines key programme delivery assumptions identified by the evaluation team, and which will be explored through the evaluation.

Table 4: Programme delivery assumptions

Programme design assumption
Sufficient time is available to develop effective multi-agency partnerships and implement the change programme
Sufficient and clear guidance has been provided to local authorities to enable planning that meets clear goals effectively
Local authorities are able to effectively identify and secure the necessary level of co-operation and contribution from relevant partners (especially high-end adult services)
Sufficient workforce capacity can be developed – in terms of the numbers and skills of operational staff required – to deliver the programme
Sufficient information-sharing systems and processes can be put in place to support multi-agency working
Sufficient awareness can be developed among mainstream practitioners to ensure their effective contribution in terms of family referral, assessment and support
Referral mechanisms and channels are sufficient for ensuring appropriate families are referred into the support system (for example, out-reach and multiple referral mechanisms)
Family engagement approaches are sufficient to ensure co-operation and participation of families in the support system
Sufficient governance, monitoring and management arrangements are in place nationally and locally to ensure the programme is accountable, that it addresses local needs, and that the programme's delivery is high quality, on time, and within budget
Families First funding should be spent on added-value support rather than funding core services that should be funded through mainstream or other budgets

4. Key Welsh Government policies affecting Families First outcome measures

Table 5: Mapping of Welsh Government policies against the four Families First population outcomes

Programme / strategy	Contributing to employment outcome indicators	Contributing to achieving potential outcomes	Contributing to health outcome indicators	Contributing to nurturing/ resilient/ safe outcome indicators
The Child Poverty Strategy for Wales	✓	✓	✓	✓
Community safety and community cohesion: Local Cohesion Partnerships. Welsh Government Strategy: "Getting on Together - a community cohesion strategy for Wales"	✓	✓		✓
Communities First	✓		✓	✓
The Welsh Government's Economic Development Strategy, Economic Renewal: A new direction	✓			
European Social Fund (ESF)	✓			
Youth Engagement and Employment Action Plan (2011–2015)	✓			
Integrated Family Support Services	✓		✓	✓
Jobs Growth Wales	✓			
Integrated Children's Centres: Communities First and JCP Personal Advisor Pilots	✓			
Healthy Working Wales and in-work support	✓		✓	

Programme / strategy	Contributing to employment outcome indicators	Contributing to achieving potential outcomes	Contributing to health outcome indicators	Contributing to nurturing/ resilient/ safe outcome indicators
Childcare Strategy for Wales	✓			
Reducing Health Inequities Action Plan			✓	
Sexual Health and Well-being Action Plan			✓	✓
Healthy Start Scheme			✓	
The Right to be Safe – All Wales Domestic Abuse Strategy			✓	✓
All Wales Youth Offending Strategy				✓
Ten Year Homelessness Plan for Wales			✓	✓
Flying Start		✓	✓	✓
School Effectiveness Framework	✓	✓		
Strengthening Families Programme (part of substance misuse strategy)			✓	✓
Community safety and community cohesion strategy		✓		✓
Childcare Strategy for Wales	✓	✓		

5. Theory of change model

The diagram below 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 focus; and,
    - learning sets.

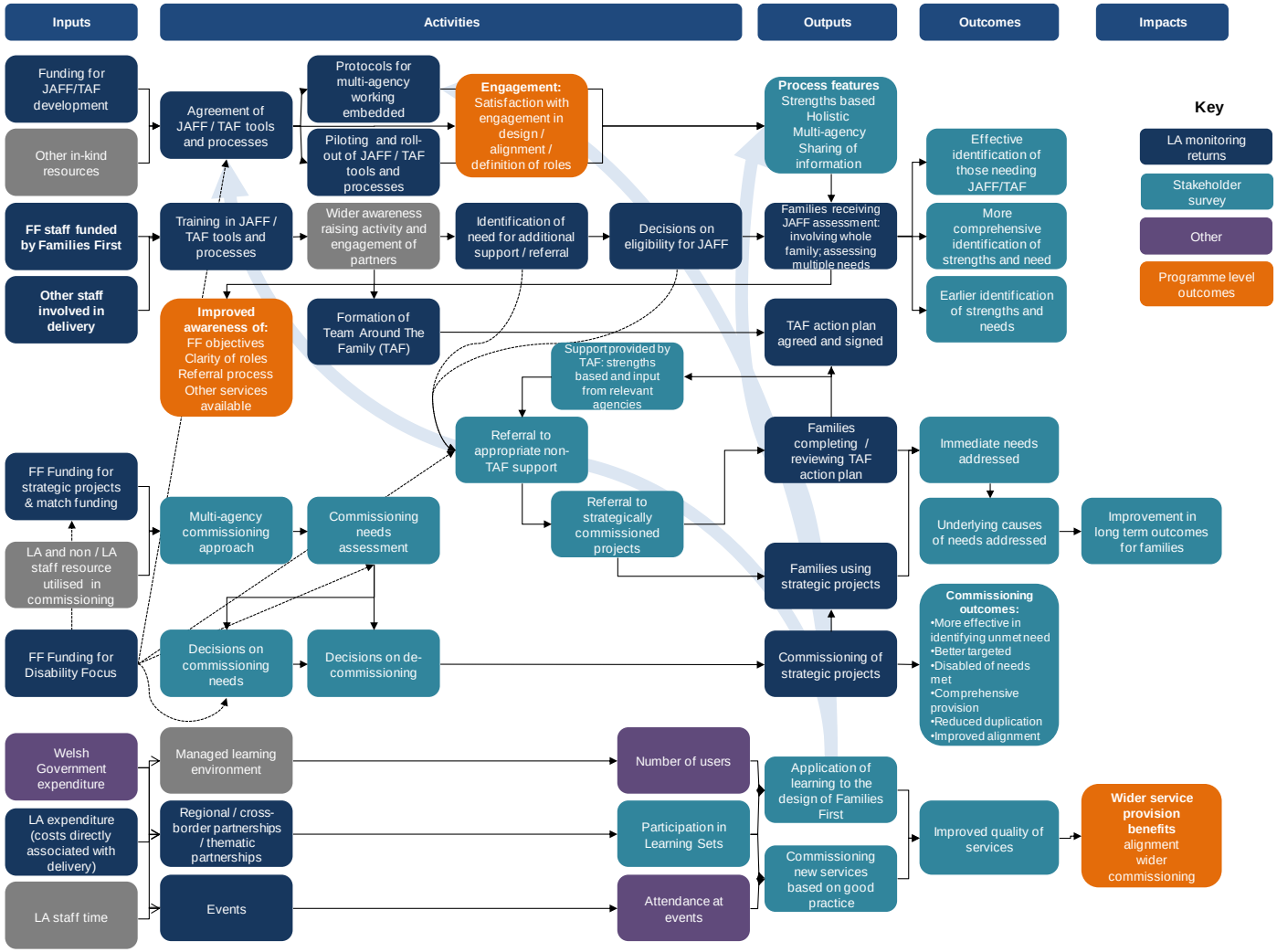
The common **outputs, outcomes and impacts** of Families First are set out in detail in the diagram overleaf but can be understood at three levels:

- **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 benefitting 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



6. The baseline situation in Wales: reviewing population indicators

Outcome 1 – Working age people in low income families gain, and progress within, employment

The trends in indicators relating to employment for working age families and young people are mixed; whilst there have been some improvements, child poverty remains high.

More than one in five children in Wales live in poverty (22% in 2010 as defined by Her Majesty's Revenue and Customs (HMRC) as the proportion of children living in families in receipt of out of work – means-tested – benefits where their reported income is less than 60% of median income). This is broadly in line with 2009 (23%) and is one percentage point higher than England (21%) in 2010. As shown in the maps below, the highest levels are concentrated in a small area in the South East of Wales.

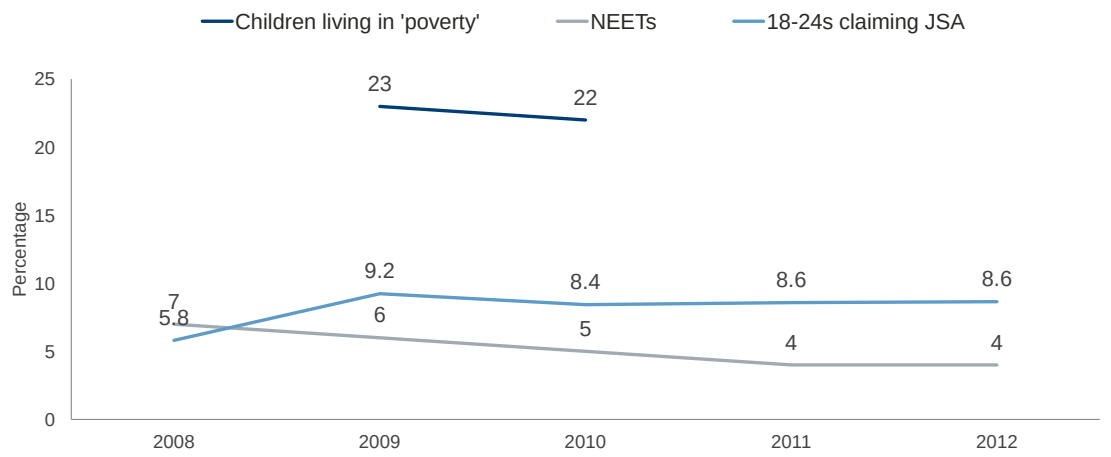
Given the current economic climate, there has been a sharp increase in the number of 18-24 year olds claiming Job Seekers Allowance (JSA) in Wales. Between 2008 and 2012, the number of young claimants increased by 9,438, an increase of 157% and equivalent to a rise of 2.9% of all aged 18-24. A similar pattern can be seen in England, which has witnessed an increase of 160%.

Conversely, the percentage of year 11 leavers not in education, employment or training (NEETs) in Wales was at its lowest for five years in 2012. The percentage of NEETs at year 11 has dropped by 2.9 percentage points from 7.1% in 2008 to 4.2% in 2012. The variation by local authority area is illustrated in the maps below. Most local authorities (LAs) have seen a marked decrease in NEETs since 2008, with some dropping by as much as 6 percentage points (e.g. Wrexham). Others have seen less of a decline – the number of NEETS in Powys has fallen by just 0.8 percentage points since 2008, and just 0.1 percentage points in Carmarthenshire.

However, this success has not been reflected in the official measure of NEET for 16-18 year olds as a whole. The national measure of young people who are NEET in Wales shows that the figure for 16-18 year olds who are NEET has remained at similar levels of between 10 and 12 per cent in the last five years to 2011, reflecting the longer term trend. The evaluation will continue to monitor progress against both definitions, and how they relate to trends in JSA claimants.

Chart 1 summarises key trends across Wales for key indicators under this outcome, including the percentage of children in poverty, the percentage of NEETs, and the proportion of 18-24 year olds claiming JSA. The following maps demonstrate the regional variation in these indicators across Wales. In particular, the maps illustrate the concentration of relatively high rates of child poverty in South East Wales.

Chart 1: Population Indicators for Outcome 1, the percentage of children living in poverty, the percentage of Year 11 leavers who are NEETs and the proportion of 18-24s claiming JSA.

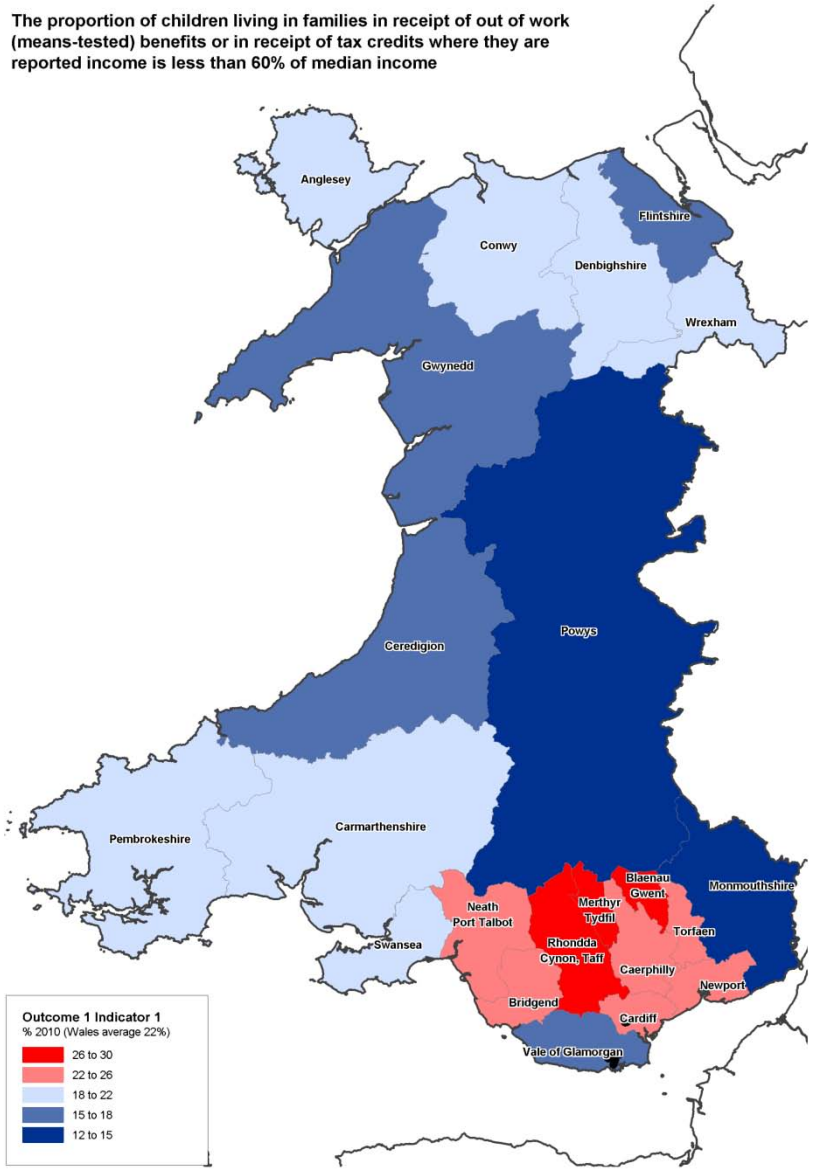


Children in 'poverty' is the number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (determined by Child Benefit data).

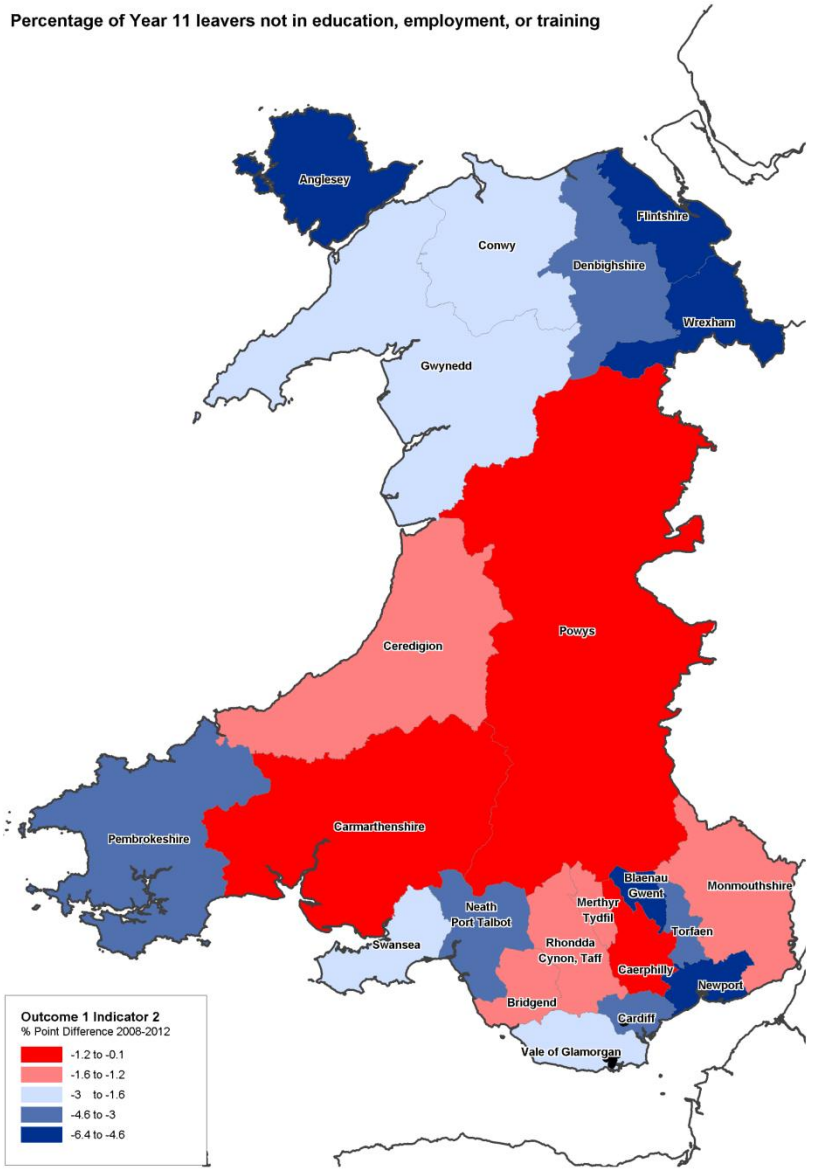
'NEETs' is the percentage of Year 11 leavers known not to be in education, employment, or training.

Source: http://www.hmrc.gov.uk/statistics/child-poverty/local-authority.xls
Source: https://statswales.wales.gov.uk/Catalogue/Education-and-Skills/Post-16-Education-and-Training/Lifelong-Learning/Pupil-Destinations/PupilsKnownNotToBeInEducationEmploymentOrTraining-by-Gender
Source: https://www.nomisweb.co.uk/livelinks/10094.xls

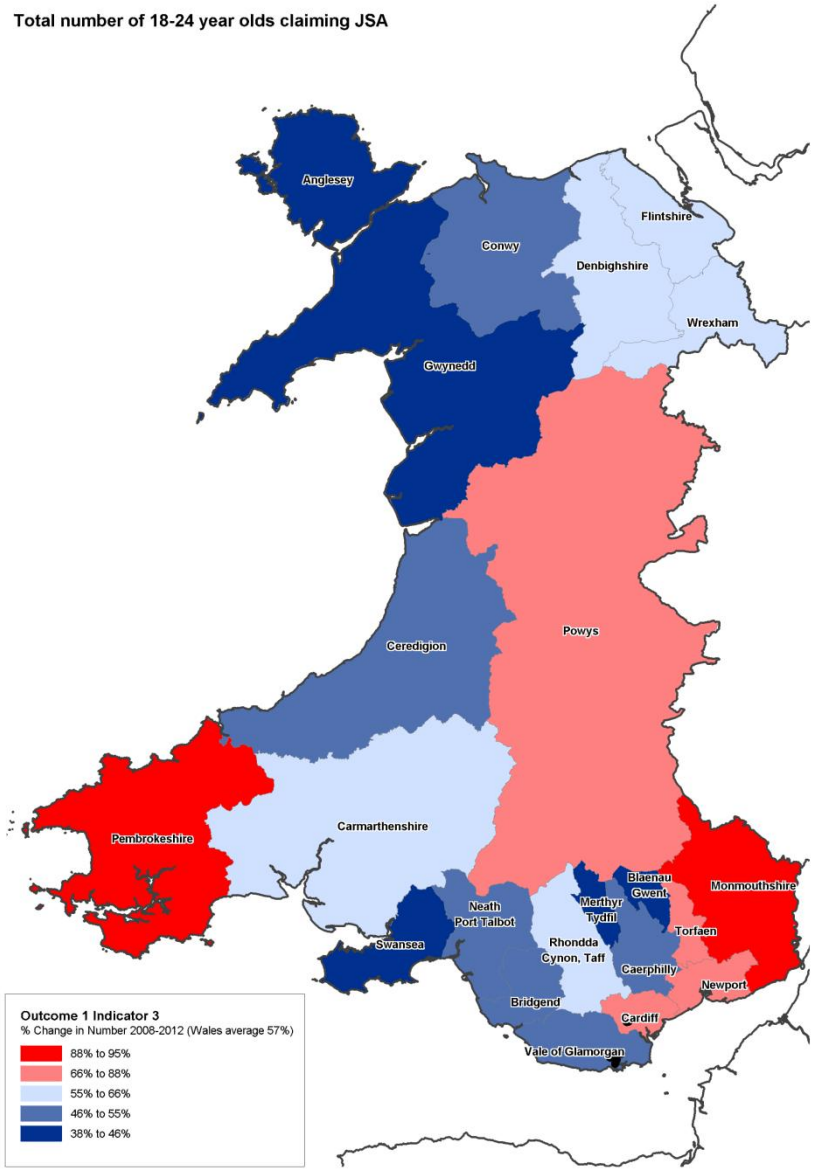
The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where they are reported income is less than 60% of median income



Percentage of Year 11 leavers not in education, employment, or training



Total number of 18-24 year olds claiming JSA



Outcome 2 – Children, young people and families in, or at risk of, poverty achieve their potential

Indicators under this outcome focus on school attendance and educational achievement. Though there has been a small improvement in attainment for children eligible for free school meals (e-FSM - used as a proxy for poverty), the gap between e-FSM children and others has only narrowed slightly. In general there are still some very unequal outcomes by e-FSM status. The data suggests that a focus on attainment and attendance within Families First is a welcome intervention.

As shown in Table 6, the percentage of pupils achieving the core subject indicator at Key Stage 2 has increased for all children since 2008; however, the increase is bigger for e-FSM children (+6) than other children (+3). Although the attainment gap at Key Stage 2 has therefore narrowed slightly, there remains a 20 percentage point difference in outcomes by e-FSM status.

In contrast, the attainment gap at Key Stage 4 has widened over the same period, and now stands at 34 percentage points. The percentage of pupils achieving the level 2 threshold including a GCSE A*-C in English/Welsh and Mathematics has increased two percentage points since 2008 for e-FSM pupils, but by four percentage points for other pupils.

However, there is variation by local authority, as illustrated in the map following Table 6. At key stage 2, the attainment gap has increased for a small number of local authorities (Torfaen (+4), Bridgend (+4), Vale of Glamorgan (+4)). At Key Stage 4, the direction of travel ranges from a reduction in the gap by eight percentage points in Vale of Glamorgan, compared to a widening of the gap by nine percentage points in Wrexham.

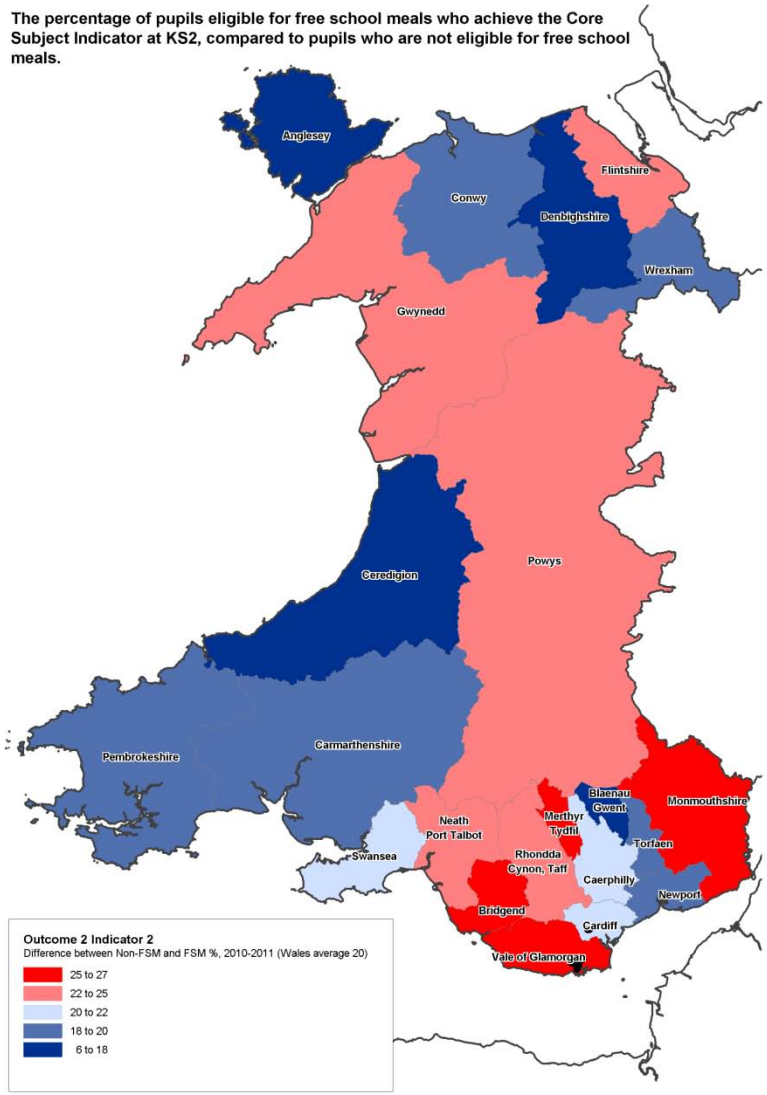
Primary and secondary school absence has remained broadly stable over the past two years, regardless of e-FSM status. However, there are stark differences in the absences between the groups, especially at secondary school where e-FSM pupils have nearly twice as many absences as other pupils.

Table 6: Summary of attainment and attendance indicators for population outcome 2

		2008	2009	2010	Diff between 2008/9 and 2012
% achieve Core Subject Indicator at KS2 by FSMs eligibility	Eligible for FSM	59	60	64	+6
	Not eligible	81	83	84	+3
	Difference	*22*	*23*	*20*	*-2*
% achieve the Level 2 threshold including a GCSE A*-C in English/Welsh and Maths, at the end of KS4 by FSMs eligibility	Eligible for FSM	20	21	22	+2
	Not eligible	52	55	56	+4
	Difference	*32*	*34*	*34*	*+2*
Primary school absences by FSM eligibility	Eligible for FSM		10	9	-1
	Not eligible		6	6	0
	Difference		*4*	*3*	*-1*
Secondary school absences by FSM eligibility	Eligible for FSM		14	14	0
	Not eligible		8	8	0
	Difference		*6*	*6*	*0*

Source: https://wales.gov.uk/topics/statistics/headlines/schools2011/1109061?lang=en

The percentage of pupils eligible for free school meals who achieve the Core Subject Indicator at KS2, compared to pupils who are not eligible for free school meals.



Outcome 3 – Children, young people and families are healthy, safe and enjoy well-being

The population indicators under this outcome focus on immunisation, obesity, weight at child birth, and rate of conceptions. Data for these indicators has been largely constant, with some minor improvements over the past few years in Wales. However, recent data on childhood obesity found that over a quarter of children (28%) aged four to five were overweight or obese. The rates by local authority varied from as low as 22% in Monmouthshire, to 34% in Merthyr Tydfil (see map below). The link between obesity and other associated poor health outcomes suggests that much more can be done to improve health outcomes for children and young people in Wales.

The number of conceptions per 1,000 women aged 13-15 in Wales in 2011 was six per cent (see Chart 2). This is the same as the rate for England and represents a reduction from eight per cent in 2008. The results were mixed at the local authority level, with some local authorities experiencing significant decreases (e.g. a five percentage point drop for Blaenau Gwent), and some increasing (e.g. a two percentage point rise for Cardiff): the maps following Chart 2 illustrate the regional variations.

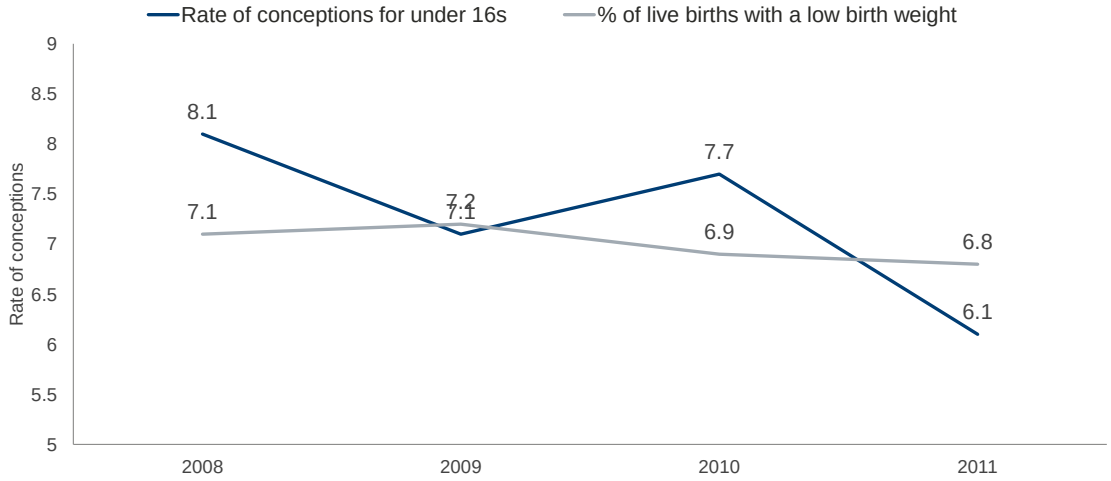
The percentage of live births with a low birth rate (less than 2,500g) has stayed constant at seven per cent since 2008 to 2011. England also had a 7% rate in 2011. However there was disparity between local authorities ranging from 5.3% in Monmouthshire to 8.2% and 8.3% in Rhondda Cynon Taf and Merthyr Tydfil (respectively).

The proportion of four year olds with up-to-date vaccinations increased by one percentage point between 2011 and 2012, to 82 per cent. Whilst England does not provide these data for four year olds, the countries have largely comparable outcomes by age five.[8]

Chart 2 provides data on key indicators under this outcome for Wales, while the following maps illustrate the variation across local authority areas on these indicators.

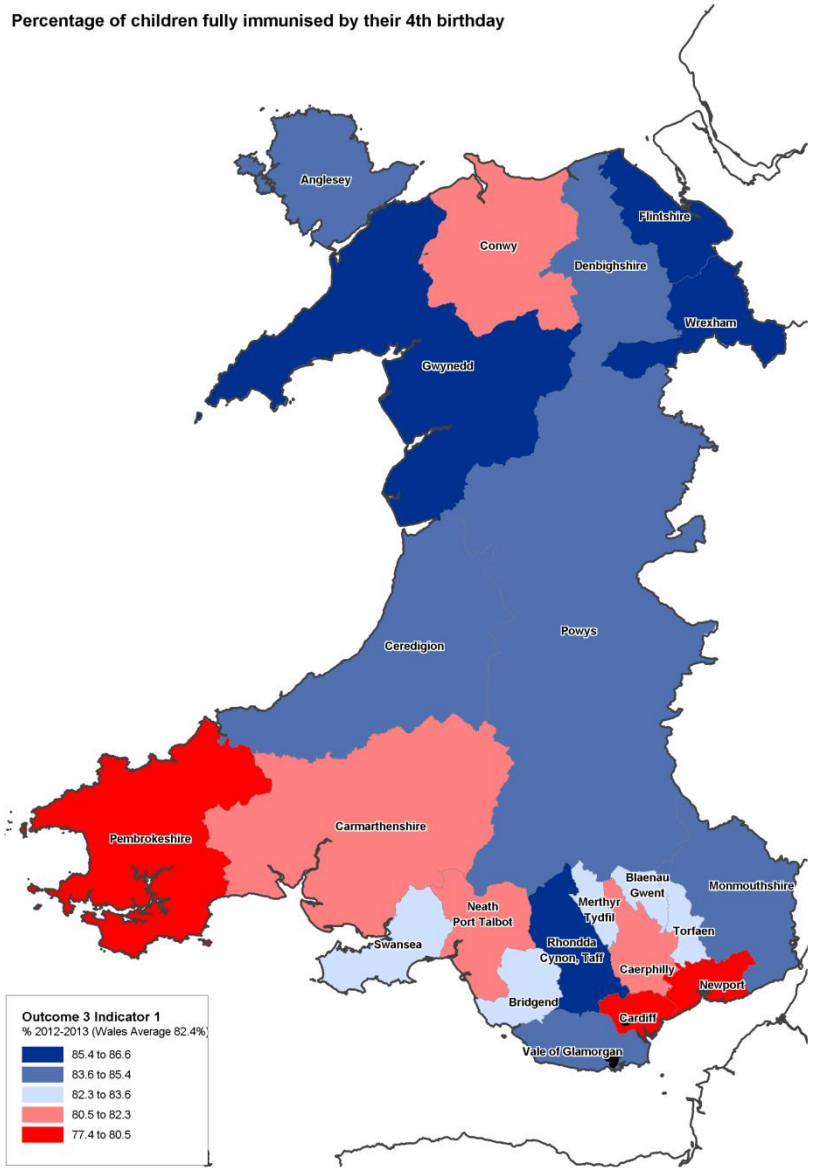
[8] Wales has a slightly better immunisation rate for all the antigens listed in the 'NHS Immunisation Statistics, England 2011-12' publication (DTaP/IPV Booster, MMR1, MMR2 and Hib/MenC). This highlights that coverage is comparatively good at in Wales by age five.

Chart 2: Number of conceptions under age 16 years per 1000 female residents aged 13 to 15 for Wales and England; and Percentage of live births with a birth-weight of less than 2500g

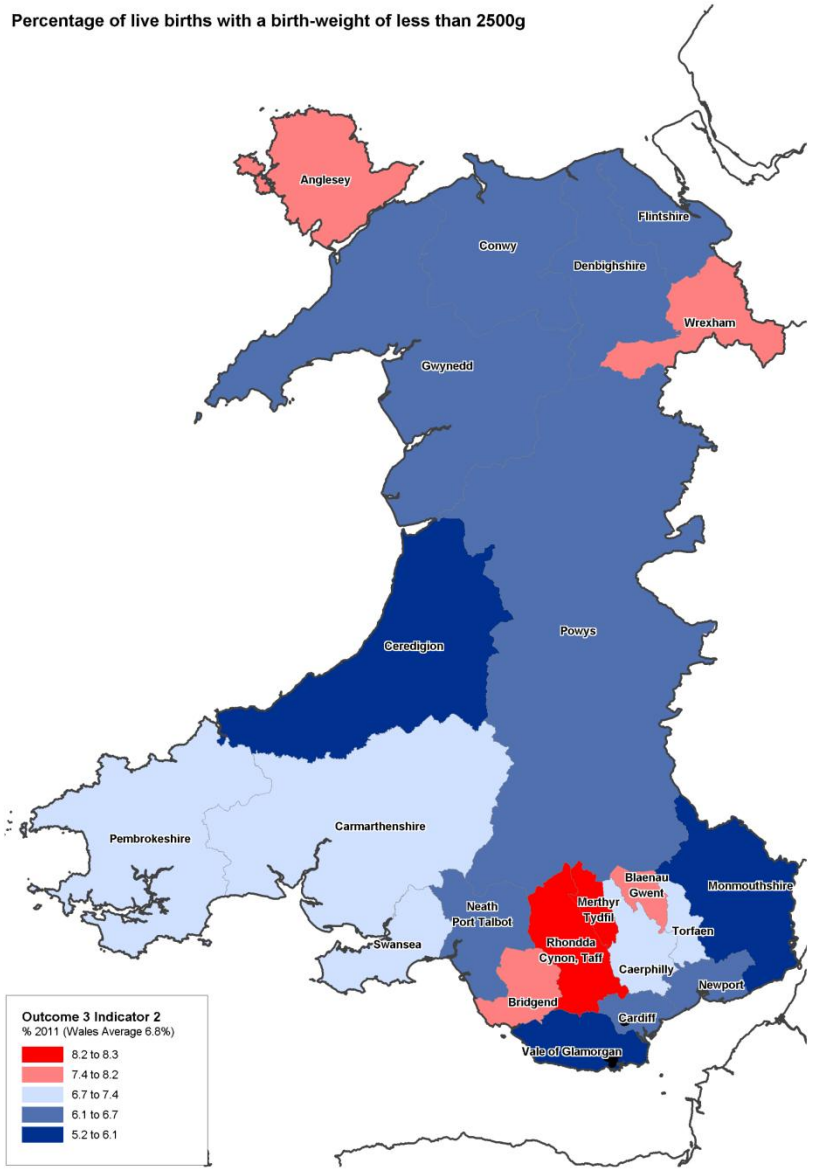


Source:https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Births/LiveBirthsWithLowBirthWeight-by-Area and https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Births-Deaths-and-Conceptions/Conceptions/Conceptions-by-Area-AgeGroup

Percentage of children fully immunised by their 4th birthday

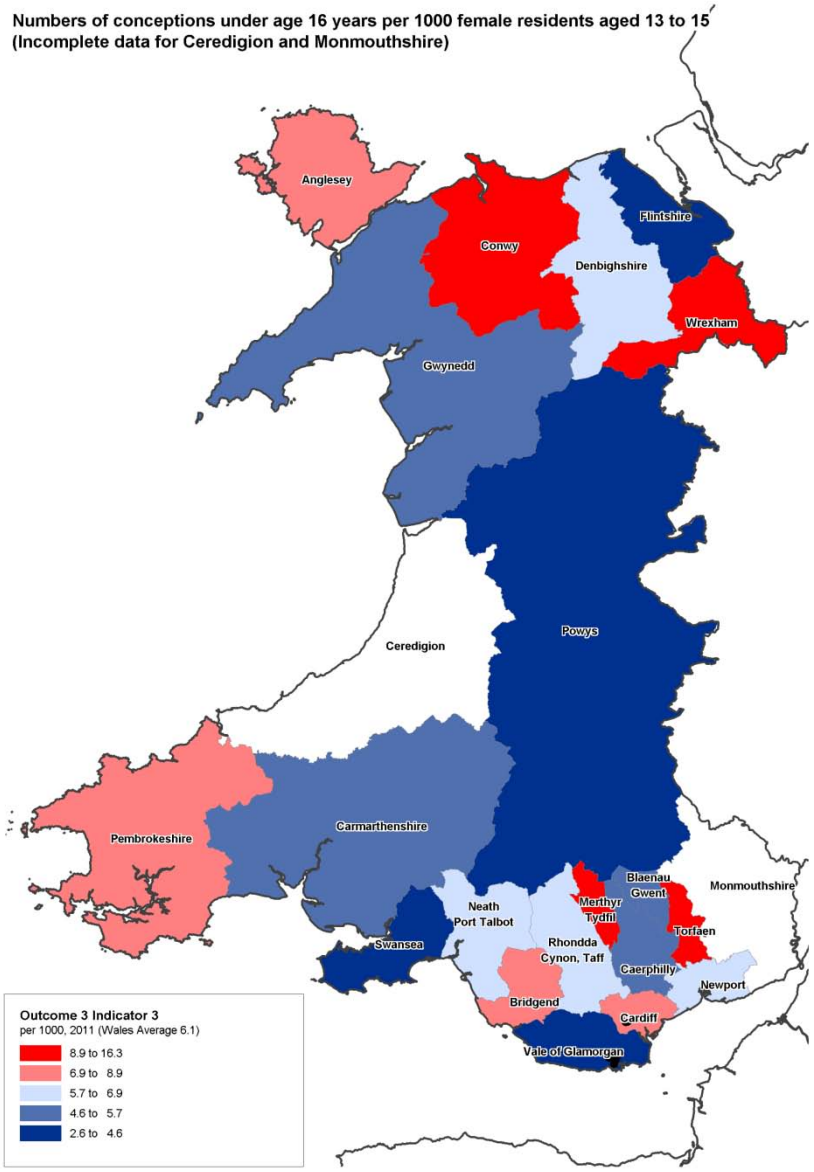


Percentage of live births with a birth-weight of less than 2500g

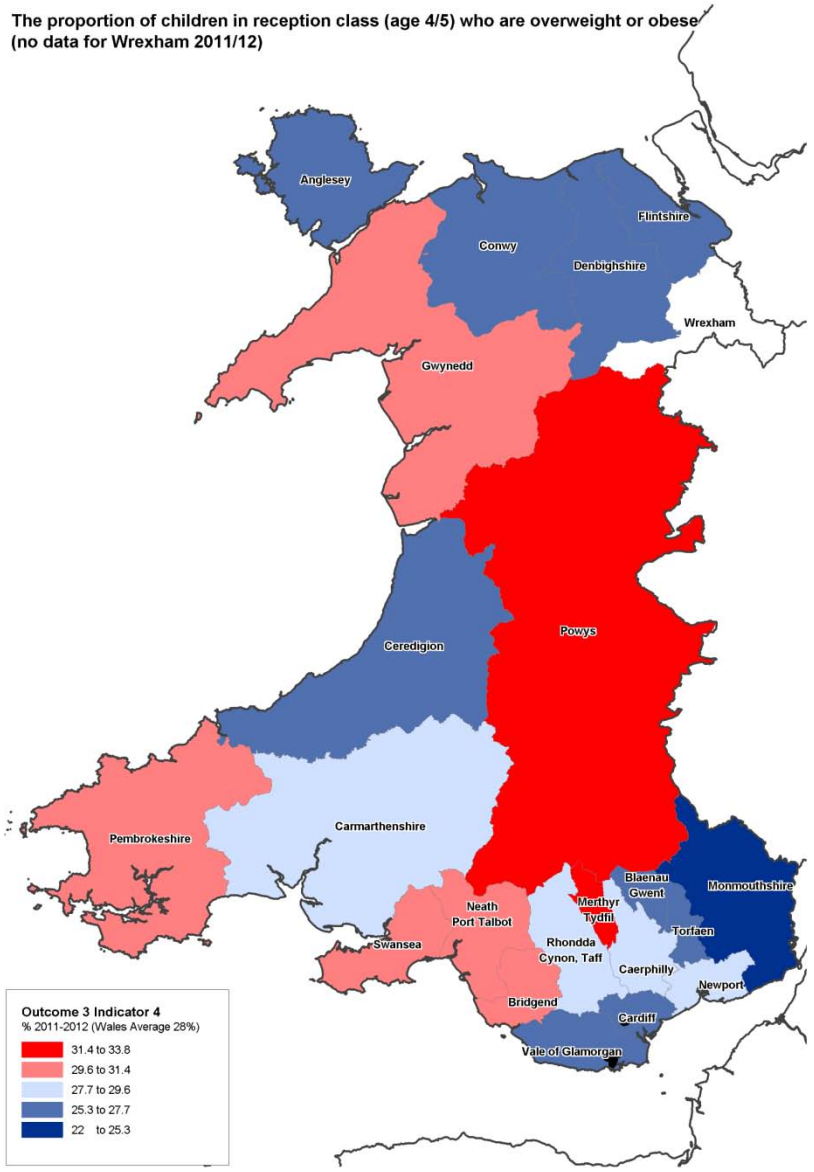


This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252:2006.

Numbers of conceptions under age 16 years per 1000 female residents aged 13 to 15 (Incomplete data for Ceredigion and Monmouthshire)



The proportion of children in reception class (age 4/5) who are overweight or obese (no data for Wrexham 2011/12)



Outcome 4 – Families are confident, nurturing and resilient

Outcome 4 focuses on resilience and nurturing, and indicators look at homelessness and the number of children in need because of domestic abuse issues. Though there have been some improvements, the number of children in need because of domestic abuse has risen sharply. In contrast, rates of entry into the justice system have dropped markedly.

The number of homeless households with dependent children in temporary accommodation at the end of the period dropped from 1,420 in 2008 to 1,250 in 2011. Similarly, the number of households with dependent children accepted as eligible, unintentionally homeless and in priority need has reduced in the same time period. In 2011 there were 435 fewer households in this category than in 2007. However, the situation has changed significantly in this time period for some local authorities, whilst in others there has been little change. Anglesey has had more than a 50 per cent reduction in that time from 265 to 120 families in temporary accommodation, whilst Merthyr Tydfil has had more than a threefold increase in the same time period.

Whilst there have been reductions in the number of children in temporary accommodation and in families accepted as homeless, there has been an increase in the number recorded as being in need because of domestic abuse. Since 2010 the figure for children in need by parental capacity (domestic abuse) has risen from 22% to 25% nationally.

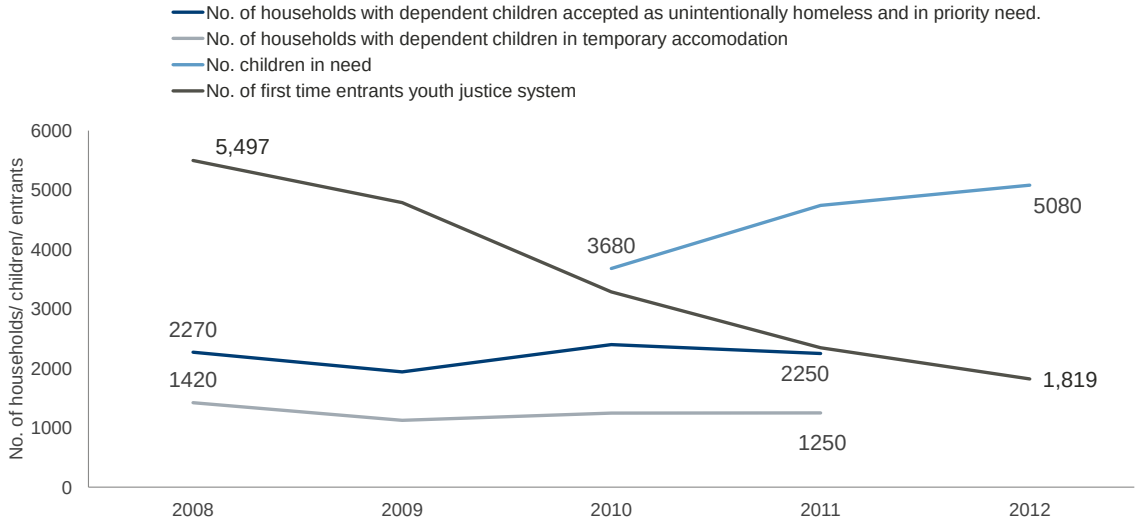
The number of young people entering the youth justice system has decreased over the past five years (see Chart 3 below). The number of first time entrants to the criminal justice system aged 10-17 years old dropped from 5,497 in 2008 to 1,819 in 2012. There were substantial drops in the number of entrants for many local authorities including Cardiff (from 577 to 123) Merthyr Tydfil (109 to 14) and Neath Port Talbot (245 to 53). The main exception to this significant downwards trend was Ceredigion which still reduced, albeit at a slower rate, from 80 in 2008 to 71 in 2012.

There are a number of projects (funded outside Families First through the youth crime prevention fund) which are aimed at diverting young people away from crime and anti social behaviour. This includes projects relating to education, training, leisure, arts and sports.

The reduction of first time entrants in South Wales is considerably lower than elsewhere in Wales and this is believed to be due to the work of two projects that offer a restorative alternative to charging. These projects provide young people with an opportunity to resolve their offending behaviour and learn from it without receiving a criminal record and blighting their future education and career prospects. Both projects are funded by the youth crime prevention fund. It will be important to consider similar changes to the criminal justice system elsewhere in Wales in future assessment of this indicator.

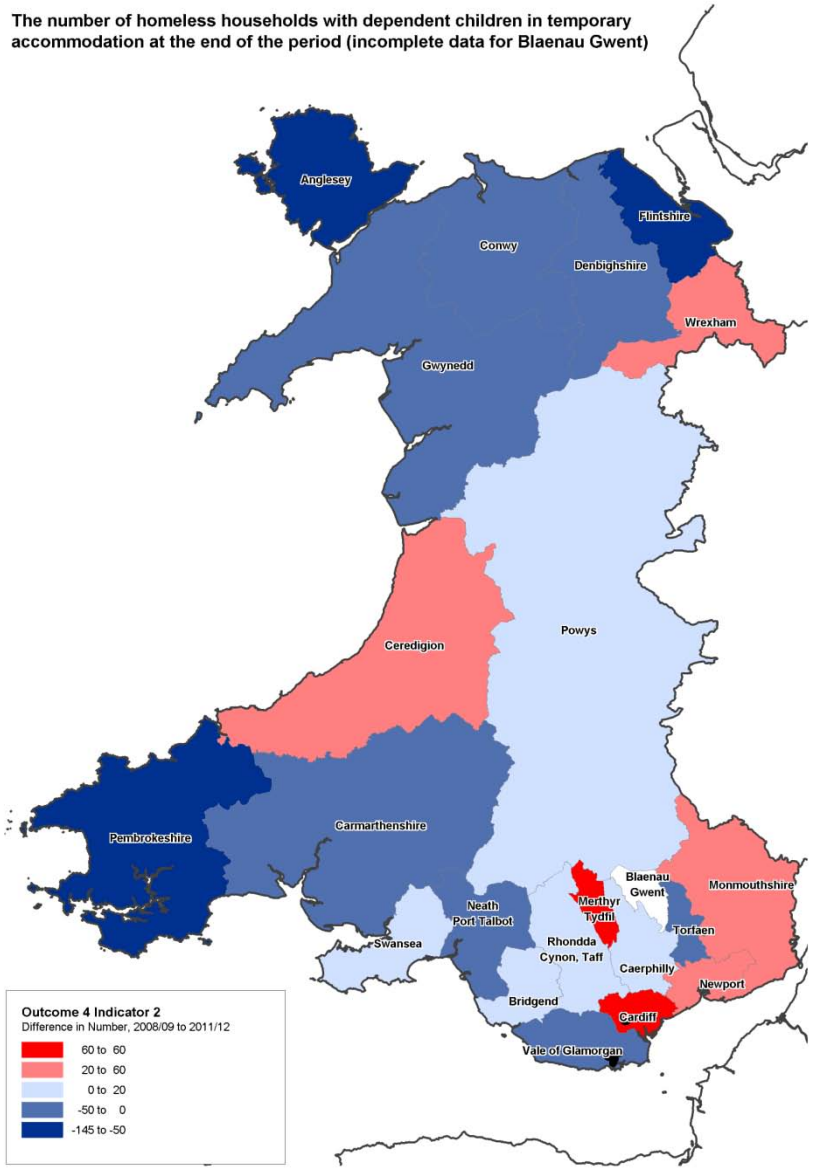
Chart 3 overleaf provides an overview of the key indicators under outcome 4, while the following maps illustrate the variation across local authority areas on these key measures.

Chart 3: Indicators relating to population outcome 4, children in households accepted as homeless or in temporary accommodation, children in need and first time entrants to the youth justice system

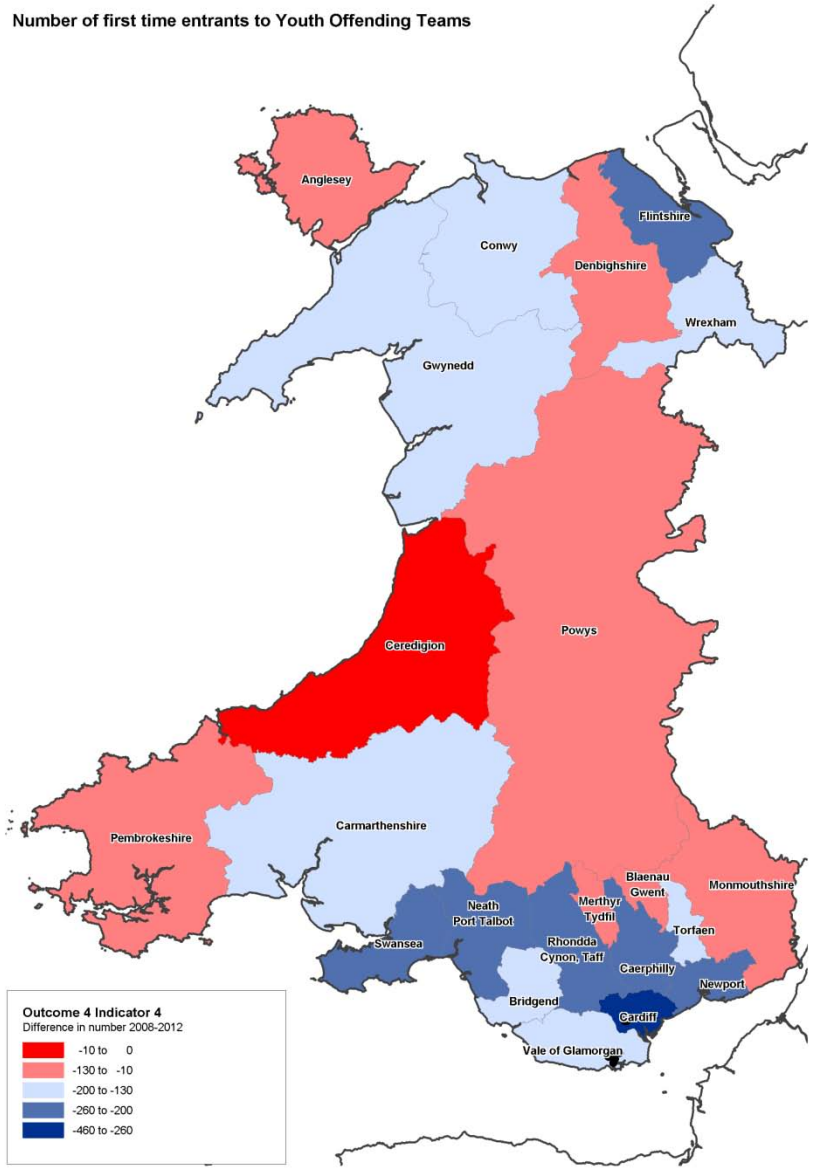


Source: http://wales.gov.uk/topics/statistics/headlines/housing2012/120919/?lang=en and http://wales.gov.uk/topics/statistics/headlines/housing2012/120620/?lang=en and https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/Social-Services/Childrens-Services/Children-in-Need/ChildrenInNeed-by-LocalAuthority-CategoryOfNeed and http://www.justice.gov.uk/statistics/criminal-justice/criminal-justice-statistics (table Q7i)

The number of homeless households with dependent children in temporary accommodation at the end of the period (incomplete data for Blaenau Gwent)



Number of first time entrants to Youth Offending Teams



7. Whole Family Approaches

This paper of July 2013 provides a rapid review of the evidence base for 'whole family' models of intervention, drawing upon UK and international literature. 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). The paper will be updated periodically during the evaluation period.

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:

i. 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?

ii. What is the impact of different types of 'thresholds' or programme eligibility / funding criteria? What are families' experiences?

iii. What is the evidence regarding the efficacy of strength-based approaches vs deficit models in the context of whole family assessment and review?

iv. What are the workforce and training considerations?

Approach

The review process was carefully structured in line with the Government Social Research (GSR) guidelines for a Quick Scoping Review.[9] A protocol was developed clearly outlining the parameters for the desk research; including:

a. research question(s) to be addressed;
b. study scope;
c. data sources;
d. search terms; and
e. 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.

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:
  a. targeting and engagement;
  b. whole family assessments;
  c. whole family multi-agency working; and,
  d. 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.

Aspects of 'whole family' working

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 <u>when</u> 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). 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 Allen's subsequent report "*Early Intervention: The Next Steps"* (2010) that the first three

[9] View at: http://www.civilservice.gov.uk/networks/gsr/resources-and-guidance/rapid-evidence-assessment/how-to-do-a-rea

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 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 kinds 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 their 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.

Defining the 'family' - <u>which</u> individuals 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 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"* (2011). 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.

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.

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 (IIP) (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 (GIRFEC) policy framework. This is a two-stage process, with an initial Integrated Assessment (much fuller than the English Pre-Assessment Checklist), 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 (or 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 Areas (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 continue 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 IFST, 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 in the case study 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,[10] and which includes eight domains against which to measure change.[11]

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.

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

[11] 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.

Whole family multi-agency working

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 necessarily delivering pure whole family support by addressing all issues as a family group, some of the principals 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.

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.

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.[12] A further review by (2012) also identified that family-based support programmes often benefit from having a number of key workers to coordinate 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 follows (DCLG, 2012, p6):

i. a dedicated worker, dedicated to a family;
ii. practical 'hands on' support;
iii. a persistent, assertive and challenging approach;
iv. considering the family as a whole – gathering the intelligence; and,
v. 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., 2010), also cited a 'strong' key worker model and having a clear lead agency as success factors for effective family support (Cordis Bright Consulting, 2011). 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 transferable to early intervention.

[12] *A Qualitative Study of Team around the Family Approach:* Efficiency and Innovation Board: New Models of Service Delivery, unpublished report.

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:

- **coordinating 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 coordinate multiagency 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 coordinating 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, coordinating 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 coordinators 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[13].

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 6 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 5 years and funding now comes through Fframwaith. Fframwraith is the Children and Young People's Programme for RCT, funded through a combination of core funding and specific grants such as Cymorth[14].

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

Morris (2010) (see also Hughes 2010, and Clarke and Hughes 2010) 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.

[13] *Evaluation of the Integrated Family Support Service: First Interim report*, published by the Welsh Government, May 2012.
[14] *A Qualitative Study of Team around the Family Approach:* Efficiency and Innovation Board: New Models of Service Delivery, unpublished report.

- 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 (2012), 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 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, 2012).

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 above). 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 (DfE, 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" (Kendal et al., 2010).

One potential example of the application of a strength based approaches 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. Project staff are trained in a social pedagogy approach which recognises the family as experts in the problem and the solution, and is seeking to support families to identify and address their own problems using the resilience and strengths the family possesses (Ecorys, 2013 forthcoming).

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.

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 (CYPP) 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 coordinated multi-agency, multi-disciplinary support (Cordis Bright Consulting, 2011).

Implementing operational change

This section considers the operational changes required to prepare key staff for implementing whole family approaches successfully. 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, who are 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, 'family' CAF, 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 are 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. 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. 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)*.

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

- CWDC'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 (BSFT) 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.

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. It is expected that the current evaluation of the Families First programme will add to this evidence base.

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