**Ipsos MORI**
Social Research Institute

# National evaluation of the Troubled Families Programme 2015 - 2020: Qualitative Case study research

*Phase 1 – 2015-2017*

# Contents

# Authors and acknowledgements

# Executive Summary

## Background and research scope

- The Troubled Families Programme aims to transform the lives of 400,000 families with multiple, persistent and often severe problems. These families have frequently received a high level of input from other agencies in the past that did not result in positive and sustainable changes.
- The programme requires local authorities to change the way families experience support interventions through the consistent application of the Troubled Families model: **a 'whole family working' approach**; a **key/ lead worker model** where a dedicated frontline professional organises services to address all the family's problems; and a **persistent and assertive approach** from frontline workers in helping families progress towards an agreed improvement plan.
- In August 2014 the Troubled Families Programme was expanded ahead of a wider five-year roll-out[1]. From that date, the programme put a greater focus on families with younger children who were in need of early help[2] and delivering early support when families faced problems associated with child safeguarding concerns (e.g. domestic violence and abuse.)[3]  The programme is mainstreaming a whole family approach within early help services.
- This report presents findings from the first phase of qualitative research among staff delivering the Troubled Families Programme and families receiving services. It consists one element of the national evaluation of the programme. The qualitative research aims to **better understand the delivery of the Troubled Families Programme**, exploring how local authorities have responded to the programme and the extent to which service transformation has taken place.  It also aims to **provide descriptive accounts of how the Troubled Families Programme is received by families**.
- **Nine longitudinal local authority case studies in England were conducted** between October 2015 and December 2016. The sample areas incorporated a range of attributes in terms of **scale** of the local programmes and **how evolved they were**, meaning researchers were able to capture diverse approaches to delivery and progress on service transformation.
- Within each participating case study area we spoke to **around six families and six strategic stakeholders per area at the first wave of fieldwork** (October 2015 – January 2016). At the second wave of fieldwork (October – December 2016) we conducted follow-up interviews with **around five families (and their keyworkers where possible) and five staff members per case study**. In total, including both initial and follow-up interviews, over 100 strategic stakeholder interviews and over 80 family interviews were conducted in the research programme.

---

[1] https://www.gov.uk/government/news/troubled-families-programme-expanded-to-help-younger-children

[2] Allen, G (2011a). Early Intervention: the next steps: an independent report to Her Majesty's Government, London: Cabinet Office. Allen, G (2011b). Early Intervention: smart investment, massive savings: the second independent report to Her Majesty's Government, London: Cabinet Office.

[3] HM Government (2013) *Working together to safeguard children*, London: Department for Education.

## Service transformation: findings from the research

- The research found that **multi-agency working was improving in local authorities**, with considerable movement towards shared systems and better relationships between delivery agencies.  Multi-agency working was typically catalysed and sustained through effective leadership by the Troubled Families Co-ordinator.  In practice, this meant the core delivery team/ leadership communicating an inspiring vision of the values of the local programme and sustaining good relationships with delivery partners.

- **Regular joint-agency meetings and communications approaches had become standard practice**. These were used to identify eligible families and monitor families' progress on the programme. There was evidence of increasingly effective partnership working, drawing on approaches such as co-location of delivery partners, shadowing of keyworkers and the proliferation of specialist knowledge through training initiatives.

- **Centralised databases for collating information were key tools for the programme**, and developed successfully when resources, including staff time, were specifically allocated to them. There was evidence of greater engagement from partner agencies in contributing to databases as the research progressed – although some persistent challenges were noted in engaging schools and health partners in data-sharing.

- **Troubled Families Employment Advisers (TFEAs) supported the move to service transformation** through close working with core Troubled Families teams and frontline workers. TFEAs dedicated time to working closely with families and keyworkers to reinforce the whole family way of working relating to supporting families into employment. Keyworkers reported an increased understanding of how to help families access welfare support and employment/ training opportunities through working with Troubled Families Employment Advisers.

- There was **evidence of resources being allocated specifically for training and workforce development within local authorities**. Approaches such as practitioners sharing skills through structured 'learning networks', delivery agencies cascading specialist knowledge, and local authorities offering flexible online and informal training sessions increased staff engagement. Compulsory induction programmes and formal workshops were widely offered, and joint training sessions with partner agencies and charities helped share expertise.

- **Engagement with the voluntary sector was at an early stage** and an area in which senior staff acknowledged that there was potential for development. There was also evidence of the voluntary sector being employed as a delivery partner, although the complex landscape of the voluntary sector meant that Troubled Families leads struggled to map the sector effectively and make the most of opportunities. Time and workload pressures meant that Troubled Families teams prioritised building relationships with statutory partners.

- **Troubled Families Co-ordinators reported that planning finances and resources for the end of funding in 2020 was very challenging.** Uncertainties around funding pipelines were common – participants reported that they had little clarity on the level of funding which would be available to them post-2020, or to services supporting the delivery of the programme. Anticipating future needs and projecting cost savings was also challenging given the changing demographic of local populations, higher demand for school places and changing family needs. Flexibility in the local model and resource allocation was critical to respond to changing needs.

- **Investment in early intervention and data sharing systems was helping local authorities to prepare for future demands on services.** Locally-specific cost calculators were being developed to enable local authorities to assess the benefits of different approaches across a variety of issues and partners. There was uncertainty, however, about the current utility of the cost calculators. In other cases, approaches to cost-benefit calculations which incorporated practitioner/ frontline intelligence were felt to be helpful.

## The family experience: findings from the research

- Besides those acute problems which constituted criteria for eligibility for the programme, **families typically faced a number of persistent ongoing challenges**.  These were difficulties in **financial and domestic management**; housing problems, notably around **quality of housing**; and **adult and child mental health problems**, notably depression and anxiety.

- In successful cases, **families recognised the value of the Troubled Families approach to working, and were able to see related advantages playing out in their experience of the programme**. Parents and children felt the advantages of whole family working, which could also encompass the extended family. Keyworkers provided a single, trusted and continuous point of contact, often contrasted by participants to previous experiences of statutory support. Troubled Families keyworkers communicated effectively with all relevant agencies, meaning families were better placed to access the support they needed.

- Families' **routes to the programme had a bearing on their receptiveness to and engagement with keyworkers**. Those referred through children's social care (often with a child protection plan in place) were more likely to be cautious about being involved in the programme, associating the support with that of social workers.  This type of support may have been compulsory,  which families tended to resent due to  fears of having their children removed.   Those referred through other routes – such as schools or Early Help – were typically more receptive to support.

- **Goal-setting was characterised by a family-led, collaborative approach**, in which goals were developed for all relevant family members. The sequencing of decisions prioritised any issues of safeguarding or child protection. Beyond that, families and keyworkerers jointly agreed the order in which goals should be tackled. Problems were approached holistically, and were family-led, involving the whole family in the attainment of goals.

- **Building trust with families was fundamental to success for keyworkers.** This was achieved through working with family members in a non-judgemental manner, taking time to listen to their experiences, and ensuring that all members of the family were heard. Once initial anxieties were overcome, families welcomed the opportunity to build a long-standing relationship with a support worker.

- **Successful keyworkers were action-oriented, and offered support in dealing with practical issues**, such as developing a stable daily routine with families and support with financial management and budgeting. They also offered encouragement and motivation – but challenged family members to meet their goals, striking a balance between supporting parents and building their sense of independence.

- Such **keyworkers acted as advocates in navigating statutory services for families**, and in attending meetings or court appearances alongside them. Families found this more helpful, supportive and effective than simply being directed to information about services.

- Such **keyworkers also played a major part in improving relationships within the family**, tactfully challenging parents and children to reflect on their own actions, and to understand the implications of their behaviour and choices. Mentoring, coaching and encouragement around parenting was critical. When successful, support from keyworkers changed the family dynamic considerably – problematic patterns were broken and replaced by new, healthier ways of interacting.

- **Successful keyworkers ensured that parents were able to access specialist services** where required. Young people were directed to relevant specialist support groups and offered individual attention by keyworkers. Adult participants with challenging problems such as substance abuse or domestic abuse were directed to specialist support.

- Troubled Families Employment Advisers worked directly with families and keyworkers to help individuals build skills and move towards finding paid work. **Those in contact with Troubled Families Employment Advisers**

**reported that they found their support helpful**, appreciating the level of tailored attention they were able to offer.

- **Successful step-down and exit from the programme was supported by the offer of contact with the keyworker**, allowing continuity of the relationship for the family. Collaborative goal-setting at the outset and regular reviews helped families see progress over the period of their involvement in the programme, meaning they understood why support was ending.

- On stepdown and exit, many families were referred to alternative services, including those provided by voluntary organisations. **Clear communication of stepdown arrangements was important** – families were more comfortable when they knew exactly what support would be on offer to them and for how long before exit from the programme. The success of this handover also depended on the level of resilience built by families in the programme – some were satisfied, whereas others felt they still needed the intensive support provided by their keyworker.

# 1  Background and context

Troubled Families is one of the most ambitious family programmes ever introduced in England with major funding from central government. The programme aims to transform the lives of 400,000 families with multiple, persistent and often severe problems who have usually received a high level of input from other agencies, that did not result in positive and sustainable changes.

The programme aims to work with families in a holistic way which is not constrained by  agency boundaries. At its heart is a workforce that coordinates and sequences support for every family member who needs it, and aims to respond to the full range of challenges a family needs to address. The level and type of support provided is based on what is most likely to work for a family given their needs –  be it help with getting the children to school, finding a job, dealing with domestic violence, substance abuse, mental health issues or child neglect.

The Troubled Families Programme has been designed to transcend agency boundaries, and has the potential for a transformative effect on both families and on service delivery.   It aims to provide a model of how effective intervention puts the family at the centre, with agencies working in partnership 'around the family'; further it is supported through a funding model (i.e. Payment by Results) that requires regular scrutiny of whether the programme is making a difference.

In August 2014 the Troubled Families Programme was expanded in the 51 best-performing areas ahead of full rollout of a new five year programme across all 150 upper-tier local authorities in England[4]. The expectation that the Troubled Families Programme (2015-20) should evolve in response to emerging evidence of what works in supporting the most fragile families is reflected in the focus of the programme on:

- **families with younger children who are in need of early help**, when intervention has the potential of being most effective[5];
- **mainstreaming a whole family approach** within Early Help services; and
- **operationalising the Early Help agenda** for delivering early support when families face problems (e.g. domestic violence and abuse) often associated with children safeguarding concerns[6].

While having a high degree of local discretion in programme design and delivery, the new programme is also characterised by the following changes:

- **Payment per family on attachment and achievement of outcomes has been reduced from the first Troubled Families Programme (2012-15) – from £4000 per family to £1800;**

---

[4] https://www.gov.uk/government/news/troubled-families-programme-expanded-to-help-younger-children
[5] Allen, G (2011a). *Early Intervention: the next steps: an independent report to Her Majesty's Government*, London: Cabinet Office. Allen, G (2011b). *Early Intervention: smart investment, massive savings: the second independent report to Her Majesty's Government*, London: Cabinet Office.
[6] HM Government (2013) *Working together to safeguard children*, London: Department for Education.

- Broadening of the outcomes from employment, crime, and school attendance to include domestic abuse, mental and physical health problems and substance misuse, and children who need help; and
- Requirement to develop local Troubled Families Outcomes Plans which set out the ambition the local authority and their strategic partners want to achieve for families on the programme, linked to strategic goals for local partners.

This report presents findings from qualitative research among staff delivering the Troubled Families Programme, and families receiving services. It represents **one element of the national evaluation of the programme**, alongside a longitudinal quantitative family survey, quantitative surveys of delivery staff, and monitoring via data collected as part of the National Impact Study and Family Progress Data. The overarching evaluation aims to explore the **level of service transformation** driven by the programme as well as the **impact of the family intervention approach** on outcomes for families themselves.

The first section of this report presents findings on **how local authorities have delivered the Troubled Families Programme**, focusing on the extent to which 'service transformation' is happening. This material draws primarily on interviews with Troubled Families staff.

The second section of the report presents findings on the **experiences of the families accessing the Troubled Families Programmes**, and how the delivery of relevant services relates to key principles of whole family and integrated working. These findings draw on data from interviews with families, alongside data from interviews with keyworkers.

# 2  Research objectives and methodology

In this section we outline the research objectives and methodology used in this study.

## 2.1  Research objectives

The overall aims of the qualitative research element of the research study are twofold.

Firstly, the study aims **to better understand the delivery of the Troubled Families Programme**, exploring how local authorities have responded to the programme development, the extent to which service transformation has taken place[7] and, if so, how this has been manifested. This includes examining local authorities' role in delivering a family intervention approach, the skills needed by keyworkers and Troubled Families Employment Advisers to do this successfully, and the lessons that can be learnt in this regard.

---

7 The 'service transformation model' was fully rolled-out in November 2016, meaning that some local authorities were relatively new to it during follow-up fieldwork

It also aims **to provide descriptive accounts of how the Troubled Families Programme is received by families.**   Here, research has been conducted to understand the lives of families participating in the programme, their experiences of the support they have received, their views on whole family working and what the key success factors are. Longitudinal interviews mean that change over time with regard to these issues has been captured.

In order to ensure that suitable research materials were developed for this study, a scoping phase (consisting of depth interviews and a workshop with key stakeholders) was conducted. The output of this scoping phase was a report which was used to inform discussion guides and analysis frameworks for the first wave of fieldwork.  At the second wave, discussion guides were supplemented with concepts encapsulated in the 'Early Help Service Transformation Maturity Model' [8] (the "maturity model").

## 2.2   **Sampling and recruitment**

Qualitative sampling seeks to ensure diversity within a sample and selection on the basis of characteristics hypothesised to be most relevant to the research questions[9]. A qualitative sample is therefore constructed using a purposive sampling logic[10]. Given the holistic nature of the research requirements, a case study approach was taken with case studies selected through applying a purposive sampling logic incorporating the following factors:

- Geography/ locality/ type of local authority;
- Scale of programme/ numbers of programme participants in areas; and
- Type of delivery model of programme.

Convenience was also a factor in the sampling: given the burden involved, it was necessary that local authorities were willing and had capacity to participate in the study.

Overall, the qualitative case study work was conducted in **nine local authority areas** across England.  Local authority case study areas were selected from the Wave 1 and 2 early starters only for the 2015-16 programme of research. Our final sample of nine local authorities achieved a range of attributes across the sample and geographical spread. There was a range in terms of the **scale of the Troubled Families Programme** and **how evolved the programme was**, meaning we were able to capture diverse types of approaches to delivery and progress on service transformation.

The fieldwork was conducted **between October 2015 and December 2016** in two waves.  Within each case study area that participated we spoke to around six families and six staff members at the first wave of fieldwork (October 2015– January 2016), including those with strategic roles, such as partners and stakeholders, and delivery staff. At the second wave of fieldwork (October – December 2016) interviews were conducted with around five families from the first wave (and their keyworkers where possible) and five staff members per case study.  In total, at the first wave of fieldwork (October 2015 – January 2016), in-depth interviews were conducted with 48 families across eight of the

---

[8] https://www.gov.uk/government/publications/troubled-families-early-help-service-transformation-maturity-model

[9] Lewis et al, Qualitative Research Practice (Sage, 2013) p118.

[10] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1120242/

nine participating local authorities and 61 Troubled Families staff (including keyworkers and practitioners) in all nine participating local authorities.  At the second wave of fieldwork (October – December 2016), interviews were conducted with 34 of the original participating families, supplemented by interviews with 18 of their keyworkers; 48 interviews were conducted with key stakeholders.  This information is summarised in the table below.

| | Wave 1 (initial interviews): *Oct 2015 – Jan 2016* | Wave 2 (follow-up interviews): *Oct 2015 – Jan 2016* | Total interviews conducted |
|---|---|---|---|
| Stakeholders and staff interviews | 61 | 48 | **109** |
| Family interviews | 48 | 34 | **82** |
| Keyworker interviews (Wave 2 only) | | 18 | **18** |

Aggregate sample information for families and staff practitioners in the follow-up interviews broken down by local authority included in Appendix A.

Participating **Troubled Families staff members and practitioners** were selected through initial discussions with Troubled Families Co-ordinators (TFCs) on the basis of who would be well-placed to contribute to the study, guided by suggestions from Ipsos MORI as to the inclusion of a mix of strategic and delivery staff. Staff/ practitioners interviewed in the study included:

- Troubled Families Co-ordinators;
- Troubled Families team leaders, data managers and service managers;
- Troubled Families Employment Advisers (Jobcentre Plus staff who are co-located within local authority teams);
- Frontline Troubled Families staff (e.g. keyworkers and lead workers); and
- Programme partners from other areas (e.g. from within schools, housing, health and policing services).

**Families** were selected at the first wave (October 2015 – January 2016) with a view to interviewing households who were relatively new to the Troubled Families Programme, so that their experiences could be understood throughout their participation in the programme. As such we asked local authorities to provide sample of **families that had been engaged with the programme for a maximum of six months**. This time-frame was suggested to allow local authorities some flexibility so that other required criteria could be covered, such as a range of intervention type and problems experienced by families. Participating local authorities provided lists of families including those facing a

range of different problems, diverse household structures and a range of levels of support needs, reflecting the expansion of the eligibility criteria for the programme to include families requiring early help/ intervention[11].

Once the sample was received, researchers made a quota-based selection of families, with the aim of encompassing the diversity of problems faced by the local participating families.  Difficulties experienced by families covered in the sample were wide-ranging and diverse, and included problems such as crime or antisocial behaviour, children not attending school, children at risk of abuse (those supported by a Child Protection Plan), adults out of work, young people at risk of financial exclusion, families affected by domestic violence or abuse, and parents and children with a range of health problems, notably mental health support needs.   The sampling aimed to cover a range of problems in order to understand the processes and support relevant to these situations. Further, it was important to include a **range of intervention levels and types** to explore whether there were differences in experiences depending on extent of support received.   In practice, **most of the families interviewed were working with dedicated family keyworkers rather than 'lead workers' based in partner services**. Specific differences in practice between keyworkers and lead workers will be explored in detail at Phase 2 of the qualitative research, beginning in October 2017.

Once selected, Ipsos MORI requested families' key/ lead workers to ask families to take part in the research. Keyworkers were briefed on the study and sent information leaflets for them and for families. Once initial consent to participate had been obtained by keyworkers, Ipsos MORI interviewers contacted families. Families were provided with a cash incentive to thank them for their time and cover any costs incurred in participating.

All families who took part in the first wave of fieldwork were kept in contact with following the first interview, and approached to take part in the second wave of interviews. Of the 48 families who took part at the first wave of fieldwork, 34 took part at the second wave, 18 of whom were interviewed in conjunction with their dedicated keyworker as well in order to generate a detailed case study of the family's experience.  Keyworkers were typically interviewed in a separate telephone interview, either before or after the family had been interviewed.

## 2.3   Research materials, fieldwork and analysis

Practitioners and staff data was collected through in-depth interviews conducted face-to-face and by telephone, depending on what was most convenient for participants. Three different discussion guides were developed initially: one for Troubled Families Co-ordinators, one for key/ lead workers and one for Troubled Families Employment Advisers. Although tailored for each group, the key topics covered included:

- **National programme and local context**: the aims of the Troubled Families Programme, the main referral routes, and key partnerships in that area

---

[11] http://www.eif.org.uk/what-is-early-intervention/

- **Service transformation**: detail on what the key aspects of the programme (working with the whole family; early intervention; multi-agency approach) meant to them. The outcomes that they are aiming for and how Payment by Results is working for them.

- **The family experience**: how families experience the programme; the support they receive and how the programme looks and feels from their perspective.

Follow-up stakeholder interviews covered changes relating to service transformation since the initial interviews, as well as exploring progress towards service transformation regarding elements of the maturity model[12].

Data for families in this wave was collected through face to face in-depth interviews designed to collect detailed personal accounts of families' experiences of the scheme and any early impact on them. The discussion guide covered the following key areas:

- Families' background and historic service use;

- Families' experience of the Troubled Families Programme and other services that they are accessing: from referral through to assessment, and service delivery; what has worked well and what could be improved.

- Initial signs of impact on individual families: have outcomes improved or their needs changed.

- Hopes for the future and for the programme's effect on their household.

Analysis was underpinned by an initial **thematic framework** for the study following early (pilot) interviews. Data management was conducted using the Framework approach within the software programme NVivo 10[13], which supported rigorous and comprehensive within-case and thematic analysis. A final thematic codeframe (see Appendix B) was used to systematically code and summarise the full dataset, which included detailed field notes and/ or transcripts for each interview. Regular team discussions to facilitate data analysis were held throughout the fieldwork period, a crucial component of any qualitative methodology which also supported the data management process.

## 2.4   Research ethics

The key concern with respect to research ethics in this study related to **avoidance of harm to potentially vulnerable participants**. Conducting in-depth interviews with families taking part in the programme inevitably meant that there would be discussion of sensitive and difficult topics with vulnerable participants. In order to ensure that participants understood the research process entirely, several steps were taken to ensure that participants gave fully informed consent to take part in the research.

---

[12] https://www.gov.uk/government/publications/troubled-families-early-help-service-transformation-maturity-model

[13] http://www.qsrinternational.com/nvivo-support/faqs/how-does-nvivo-support-the-framework-method

- Families were given an **information sheet** about the study by keyworkers, which set out in simple language the objectives of the research, why they were selected, what taking part would involve and that participation was voluntary.

- After this, if they were selected to take part, they were **called by Ipsos MORI interviewers** to talk through the information they had received and check if they had any questions. If consent was given, the participant would then be recruited to take part. Key information about the research was **reiterated at the start of the interview** by Ipsos MORI interviewers.

- At the end of each interview interviewers explained next steps and sought consent to re-contact families to take part in the second stage of the research. Information was left with families so that they could get in contact if they had any queries or wanted to opt-out of the research. They were also given a **leaflet signposting them to additional support and advice** should they have needed it.

With respect to ethical considerations in **interviewing local authority staff**, care was taken to **ensure their personal anonymity** – and the anonymity of case study areas – in the final presentation of data. All participating local authorities were offered summary reports on their case study areas drafted by the Ipsos MORI team as a thank you for their collaboration in the research process.

## 2.5   **Presentation of findings**

Drawing on the systematic and comprehensive approach to data management outlined earlier in this chapter, the findings in this report present the **widest possible range of experiences, views and responses** from participating families and key/ lead workers.

Family case studies have been **anonymised** throughout to protect the identity of families and staff/practitioners, and quotes from staff interviews are attributed to a relevant generic job title to ensure anonymity for participating staff. Given the diverse ways in which the Troubled Families model was delivered in local authorities, for ease, all family workers are attributed as 'keyworkers'.

Findings reflect the **perceptions of research participants**; the data has not been triangulated to evaluate the factual content of statements, and rather aims to present a range of perspectives on the issues described. Quotations have been attributed giving information on when interviews were conducted. Comments from the first wave of interviews with families (October 2015 – January 2016) are attributed as being from an 'initial interview'. Comments from the second wave of interviews (October – December 2016) are attributed as being extracted from a 'follow-up interview'. All keyworker interviews quoted took place within the second wave ('follow-up') interviews.

# Troubled Families: *perspectives on service transformation*

Service transformation is one of the core objectives of the Troubled Families Programme. This is important in helping meet the programme's stated aims in ensuring overall reductions in the cost of providing support for families in need, by helping such families overcome the challenges they face and take steps towards moving away from state dependence. The programme requires local authorities to **change the way families experience support interventions** through the consistent application of the Troubled Families model. This encompasses whole family working and a key/ lead worker model where a dedicated individual organises services to grip the family's problems, and work with the family in a persistent and assertive way towards an agreed improvement plan. The programme places an emphasis on early intervention, and in the current Troubled Families Programme (2015 – 2020) the entry criteria broadened out to include, for example, domestic abuse and mental health, so that local areas can bring families of most concern to them onto the programme. It also requires an enhancement of co-ordinated 'multi-agency' working – in which existing services remain intact but co-operate in the delivery of the Troubled Families programme – towards an **integrated working model** with partners, in which services are working effectively in concert to deliver the Troubled Families model. This approach should also deliver efficiencies and cost savings.

Effective delivery of service transformation therefore means requiring **changes in a range of complex processes** – those involved in identifying families, referring and assessing them for the programme and, finally, in delivering and monitoring the programme. To deliver this process change, local authorities have had to change the way they work with partner agencies, both **statutory services** (such as youth work, health services, children's services, various policing agencies) and **external agencies** (such as housing associations, charities and independent specialist services working with vulnerable groups). This has meant making changes in the way they engage and communicate with partners, the **development of collaborative processes for identifying, referring and assessing families** (not just individuals; including extended family members), and a need to establish **agreement on and consistency in approaches to delivering the service with partners**.

This element of the report focuses on interviews with local authority stakeholders within the nine case study areas, including Troubled Families Co-ordinators, Troubled Families Employment Advisers, strategic delivery partners in agencies such as health, housing and the police, as well as local authority-based strategic partners such as data analysts and keyworker co-ordinators. Where possible, the same staff were interviewed for follow-up interviews (September – December 2016) as at Wave One (October 2015 – January 2016), and where staff had been replaced, new staff members in the same role were interviewed.

At the second wave of fieldwork, Ipsos MORI researchers drew on concepts encapsulated in the 'Early Help Service Transformation Service Transformation Maturity Model' (the maturity model) the key content of which is outlined below. Follow-up stakeholder interviews therefore covered changes relating to service transformation since initial interviews, as well as exploring progress towards service transformation with regard to elements of the maturity model.

**The Early Help Service Transformation Maturity Model**

The maturity model in early intervention and Early Help services for families was introduced by DCLG in July 2016, when it was piloted by selected local authorities in advance of launch in November 2016 (meaning that some local authorities may not have been aware of it during the fieldwork period). The model has five key aims:

1.  Benchmark where each local area currently is on their service transformation journey and track progress;
2.  Identify strengths and areas for development over the next few years;
3.  Support local strategic leads to make a strong case for transformation with their local partners (supplemented by local cost benefit analysis) so that areas can deliver sustainable early intervention and support for the most complex families after the Troubled Families Programme ends in 2020;
4.  Share best practice between local areas; and
5.  Consider the links between service transformation aimed at early intervention and support for complex families and wider service transformation across adult health and social care and other services.

At the heart of the model is a focus on whole family working. This means coordinating service development and delivery across agencies to improve outcomes for all members of the family in an integrated way. Each of the aims outlined above is designed to support local authorities to systematically embed whole family working throughout their services. As part of this, the model contains six distinct 'strands' which identify the key areas for service transformation, as follows:

- Leadership;
- Workforce development;
- Culture;
- Delivery structures;
- Delivery processes; and
- Strategy.

Each strand has four categories of development: 'early', 'developing', 'maturing' and 'mature'; with a description of each category for local authorities to classify themselves against and work towards the next stage.

**Section content**

This section of the report will cover the following areas relating to service transformation, making links to the maturity model where relevant:

- Realising the Troubled Families approach within local authorities (Chapter 3);
- Data sharing and monitoring (Chapter 4);
- Working with Jobcentre Plus (Chapter 5);
- Working with the voluntary sector (Chapter 6);
- Workforce development (Chapter 7); and
- Looking forward to 2020 (Chapter 8).

# 3   Realising the Troubled Families approach within local authorities

This chapter describes progress towards the broad aims of the programme (see section 2.2) within the nine case study areas since the first wave of interviews in four fundamental aspects of the Troubled Families service delivery approach:

- changes in family eligibility for the programme;
- changes in practices working with families;
- progress towards multi-agency working; and
- structural changes and embedding values.

## 3.1   Changes in family eligibility for the programme

In April 2015, the criteria of the programme was broadened to **support families with younger children**, and those with a **broader range of specific problems**, such as domestic abuse or mental health issues (see section 1 for details). Families on the programme have to show evidence of at least two of the problems below to be eligible:

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

Widening eligibility criteria was viewed by participants as a **valuable objective for the programme**, with practitioners welcoming the additional resources to help them reach more families at an earlier stage of need.  For example, in the case of early intervention, practitioners and partners recognised the potential cost savings later down the line – and benefits to families – of efforts to stem the flow of more serious cases.  This related in particular to families with children who were classified as being a Child in Need under Section 17 of the Children Act, who were now receiving additional whole family support through the programme.  Collaborative work with Children's Social Care services was important here.

*"I think that we are still working a bit too much with people already in crisis – we need to focus on those before crisis happens, looking at risk factors and identifying families that are likely to become at risk."* Strategic Partner

*"We … get referrals in from social care where it's been referred to them but it doesn't meet their threshold, so they put them through our panel as well, to say actually it's not social care threshold, but we think they need early help."* Strategic Partner

Practitioners typically noted that the emphasis on early intervention meant that many more families who needed help were in a position to potentially access support. The widening of criteria and the broadening of service provision to new families was supported in some areas by tailored communication channels, such as **'Early Help Clinics' with partners**, giving them an opportunity to talk about the programme and answer any questions that they have about the new assessment or protocols. Such communication channels were crucial as there was evidence that partners could find the changing eligibility criteria challenging to operationalise in comparison to eligibility criteria used at earlier phases of the Troubled Families Programme.

*"We have a challenge which is lots of strands of intervention [for a family] across the piece, although some of those are very clearly delineated [others are not] … as a result what professionals were doing was referring across a number of agencies, and that wasn't a good use of those agencies' time. So the strategy was to bring it into a coordinating process to say, 'OK, who is the best fit for this?'"* Strategic Partner

Early intervention and expanded eligibility also presented **fundamental challenges around costs of delivery and meeting budgets**, with concerns in several of the local authorities that resources available may not allow the expansion of the programme if help for families with the most serious problems was to be provided as well. In some local authorities, those delivering the programme felt that the changes to the programme's scope potentially placed the interests of families with entrenched and long-standing problems and those with less severe needs in **competition**. This was a sentiment shared by staff in both strategic and frontline roles.

*"The early intervention [families] aren't going to be your most expensive – they're your low-hanging fruit. The question is to what extent do you work with those and to what extent to you work with the complex ones"* Troubled Families Co-ordinator

The widening eligibility criteria necessitated **improved approaches to data collection, monitoring and sharing**, and this required investment. Even those local authorities with a long history of working with the Troubled Families Programme struggled to identify all the families who were likely to need support at an earlier stage, highlighting the data problems that local authorities face. In many cases local authorities were working with high numbers of families, but **did not always feel they were reaching those most in need at an early enough stage**. Those families who were less engaged, and potentially less likely to be on the radar of various agencies, were perceived to present a challenge in terms of early intervention, particularly because local authorities did not have the capacity to engage them.

*"We are currently missing a lot of families and will need more time to reach the harder-to-reach groups and people who are less engaged."* Delivery Partner

The most substantial progress was in local authorities where the multi-agency working culture was at a 'maturing' or even at a 'mature' stage[14]. The particular **mechanisms** used for identifying families employing a multi-agency approach are detailed in Chapter 4. In one local authority, these were supplemented by **structural changes** which had the Troubled Families Programme values and service transformation at their heart. Early intervention took a central role and became the cornerstone of the new service provision.

*"There has been a recent restructure in the local authority which has resulted in Troubled Families and [the] Common Assessment Framework merging into an 'early intervention' team which is in line with service transformation and Troubled Families."* Troubled Families Employment Adviser

The combination of improved data monitoring and structural changes resulted in wider inclusion of eligible families – an approach which was passed on to partner agencies and embedded as the expected way of working. This involved training staff in partner agencies to ensure that whole family working and the multi-agency approach became the norm. Stakeholders felt that sharing the Troubled Families model of 'one worker, one plan' for the entire family with partners would promote the continuation of this model after the programme came to an end.

*"We have been working with Early Help to embed the programme in these Early Help services so that when we're gone, things don't just shut down."* Troubled Families Co-ordinator

*"Family centres made most changes to ensure that they are targeting [a] wider range and doing more early intervention."* Troubled Families Co-ordinator

In local authorities where partnership working was less evolved, developing **appropriate assessments to incorporate widening eligibility** presented a challenge, and was cited in some cases as a source of tension for those delivering frontline services. This was because such assessments could prove lengthy and there were concerns about whether it was appropriate for delivery partners to be making such assessments. Partners questioned whether frontline staff had suitable training to make the assessments, and core Troubled Families staff noted that families who potentially

---

[14] Definition of "maturing" as per the Troubled Families "maturity model": *Shared values communicated to staff across local organisations who understand and work in line with these values. Innovation and collaboration encouraged with growing resilience to change. Emerging evidence of sustainable behaviour change and less reliance on additional resource to drive continued system reform.*

Definition of "mature" as per the Troubled Families "maturity model": *There are clear shared values across all partners, and these values are effectively communicated to and embraced by staff.*

*Values are clearly informed by: (i) an understanding of demand and commitment to transform the way public services work with families with multiple problems; and (ii) an understanding of why integrated whole family working and shared priority delivers sustained outcomes for families across the 6 key problem headings of the programme,*

*These shared values are evidenced through all tiers of staff and elected members, across all partners, and they are communicated to the community. Staff take personal responsibility and ownership to work across boundaries to support families with complex needs.*

met the early intervention criteria were often referred by frontline staff who were unfamiliar with the Troubled Families programme, meaning that more checks were required to ensure that they qualified.

*"New early help assessment is being hailed as a much simpler thing than it was prior to [it]. It looks more streamline[d] but the questions are a whole paragraph of things you may want to consider. It needs a lot of time spending with the family and the police are not always the right people to be doing that."* Strategic Partner

Further, in local authority areas with extreme social diversity, some participants felt that issues could vary so widely within a single local authority which challenged the efficacy of a single approach to eligibility and identification – potentially presenting a challenge to the 'one worker, one plan' principle. For example, one Troubled Families Co-ordinator felt it might help to have several locally-adapted approaches to identifying and working with families within their local authority, as needs varied so substantially within the area. They felt that a 'one size fits all' approach to identifying and working with families would not capture all the families requiring support. The most 'mature' local authorities had developed specific differentiated models to reflect the varying types of need across their area, and had re-structured the service delivery around different localities.  Nevertheless, one 'less mature' local authority did not yet have this kind of approach. Relying on a single approach for the whole of their geographical area, some stakeholders in this local authority suggested that greater understanding of the diverse range of needs was required.

## 3.2    Change in practices in working with families

Overall, there was evidence that the Troubled Families approach had become more embedded within strategic and frontline working practices over the full period of the research. This was the case across most elements of the maturity model, but especially with regard to a culture of 'whole family working', as outlined in the Chapter 10. 'Whole family working' was embedded to varying degrees in all local authorities, and all stakeholders interviewed recognised its value.

*"[The] best thing to come out of it is the [overall] approach, the idea that you don't just fix the bit of the machine that you're trained to fix but you also consider the other bits that might make your bit go wrong in the future."* Strategic Partner

Strategic stakeholders widely recognised the importance of early intervention. However, only some of them were able to supply resource and capacity to provide 'light touch' interventions alongside providing support for those families in greatest need. **Creative approaches to partnership and capacity-building** were critical here – and were evident in some of the more 'mature' local authorities, who had already built strong, confident relationships with key statutory agencies and sought to supplement these resources with new ones. These local authorities had also typically taken a long-term look at funding and capacity-building.

*"We are speaking to the Council education welfare department – trying to fund capacity for them to provide targeted work with Troubled Families families. This is a good place for work to be done towards early intervention: identifying families earlier and providing more light touch help within school."* Troubled Families Co-ordinator

Some Troubled Families teams and partners reported that their professional relationship with social workers had significantly improved, with practical examples of new co-working of Children in Need cases. However, a number of stakeholders also reported that, while relationships with social work teams were improving, at the heart of Troubled Families Programme delivery **an inherent tension between a focus on the child and the focus on the family** still existed. In addition, there were issues about professional knowledge and experience in child protection within the Early Help workforce. In some areas this played a major role in constraining capacity to identify families and deliver against the programme's widened eligibility criteria.  In these cases, participants reported that social services did not share the values of the programme or welcome the holistic approach.

There were also **tensions around allocation of funding**: where Troubled Families Co-ordinators wanted to direct funding towards early intervention and prevent cases escalating, they felt funding for higher-need social services cases was being prioritised instead. This was again linked to tensions around the expansion of the programme to incorporate early intervention (as mentioned in section 3.1) and concerns that resource was insufficient to deliver both light-touch support and help in crisis extended to the capacity of frontline staff.

*"Ninety-nine percent of our work has been social care cases rather than genuine Early Help services. The demand for our Family Intervention Programme keyworkers and Multi-Systemic Therapy has been driven by social care feasting on the doughnut."* Troubled Families Co-ordinator.

Reductions in local authority **budgets for relevant services exacerbated these challenges**, illustrating the challenges for the programme to deliver on widening eligibility. Although additional funding was very welcome, the wider climate of change and spending reductions with local authorities was felt to present serious risks to success.

*"The support [is] coming in at [the] right time, but cuts mean less early interventions."*
*Troubled Families Co-ordinator*

## 3.3   Progress towards integrated (multi-agency) working

As discussed in detail in the interim report[15], local authority stakeholders typically considered themselves to have moved beyond 'partnership working,' (characterised by one-off periods of collaboration with separate partner agencies), toward a stage of 'multi-agency working,' with a more integrated and cohesive shared approach becoming the norm across all partners. Stakeholders reported that progress towards multi-agency working was at very different stages with the diverse strategic partners they worked with. Across all the local authority case studies there was evidence of **substantial progress in working effectively with partner agencies** between the two waves of interviews, with all areas making steps towards improvements.

---

[15] See page 37 of the Interim Report, published March 2017

A key area where local authorities noted improvements was in **building relationships with new agencies**: practitioners typically reported that they were able to contact colleagues working in a wider number of agencies to gain a more holistic view of a family's situation and to develop a more informed approach together.

*"I can now pick up phone to housing for example, [which] wasn't the case before"* Practitioner

New ways of working, especially working collaboratively and openly with other agencies, were taking hold in many local authorities. There was evidence that building these relationships was also supporting the delivery of **shared action plans for families**. Local authorities provided examples of where, previously, agency partners would have simply discussed families, but now they were agreeing and implementing specific action plans, for example at formal allocation meetings. The most common way of bringing agencies together were **'multi-agency hub' meetings**, which in more mature areas had already been established, and which were now becoming embedded across all local Troubled Families Programmes. This approach was perceived to have important structural and financial benefits, as well as major benefits to families directly.

*"It has brought about a new way of working – it brought the hub meetings to [the local authority] … joint meetings where referrals are discussed. Everyone is there thinking of what their service can do for the family, the multi-agency approach."* Strategic partner

Such meetings were also important for developing relationships with new or reluctant partners. One example was in engaging the police, who, in some case study areas, through attendance at multi-agency hub meetings, had moved from being a reluctant partner to becoming integral to the local programme.  Police staff reported their concerns that although they would deal with one family member, there would typically be "other stuff going on in the background" relating to wider family issues – meaning that the Troubled Families approach was helpful. Multi-agency meetings allowed frontline police staff to put the relevant pieces of information together with the support of other practitioners to build an understanding of the whole family picture. Indeed, agencies collaborating to develop a single, all-encompassing plan for the family was seen as the greatest advantage of multi-agency working from the frontline perspective.

*"We work with any agency that either is already or needs to be involved with the family, without duplication, so we have one plan. We do our own assessments, with the exception of statutory child protection assessments and plans [which by law must be done by a social worker], where we'd work alongside them. We won't lead that but that's the only exception.*" Family Intervention Programme manager

There was also evidence that **co-locating staff from different agencies** could support a consistent and holistic approach to helping families: for example, in one local authority, their Child and Adolescent Mental Health Services team found it helpful to have a Complex Care Manager from the Early Help Hub sit in their team for one day each week to assist with referrals. Further, stakeholders felt that appointing champions of the Troubled Families agenda within partner agencies supported more effective partnership working: they suggested that embedded staff could encourage a more collaborative and engaged approach at all levels. The benefits of multi-agency working were being felt across all local programmes.

*"Partnership working is working really well, there is buy-in from partners – multi agency working, and evidence of real difference for families."* *Troubled Families Co-ordinator*

Where partnership working was less embedded in organisations, success was dependent on **developing good relationships** with two or three key individuals.

*"Sometimes doing it at the organisational level doesn't work... It's relationship management"*
*Troubled Families Co-ordinator*

This meant that progress could easily be lost if these staff members moved on at either end – although conversely, where staff within an agency were proving to be a block to partnership working, progress was often made when these staff members left.

### 3.4    Making structural changes and embedding Troubled Families Programme values

There was much evidence that aspects of the Troubled Families approach were becoming embedded in local authorities' practice. This was particularly the case with regard to the whole family working and single keyworker ethos, which were being successfully embedded through relationships between agencies and new ways of working in collaboration.

**Whole family working and the single keyworker model were seen as key components of the Troubled Families approach which could be sustained once central funding is no longer available in 2020.** This element, applied in tandem with the use of data to identify eligible families, was viewed as a positive, permanent change to service delivery.

*"It may not be that we are shouting about [our local Troubled Families Programme] forever because we may not need to but whole family working and tracking cases and lead professionals, that will [continue]."* *Troubled Families Co-ordinator*

More 'mature' local authorities raised the underlying importance of **questioning established systems** in order to develop a local model which met requirements and allowed for the Troubled Families approach to be sustainable for the long term. Troubled Families Co-ordinators and Troubled Families Employment Advisers in such local authorities therefore **viewed the programme as a means to an end** – that of service transformation and realising the Troubled Families way of working for families – rather than an end in itself. **Identifying, removing and refining processes** along the way in order to achieve the best outcomes was important: either by design at the outset of the programme, or by developing these organically while the programme was implemented and matured.

*"The steering group, from the beginning, has said that [whole family working is] the bigger prize. We're [making] savings in the public sector by working in a more coherent, non-duplicating, family focused, 'once-and-for-all meeting needs' way and that's quite a compelling argument for our partnership."* *Troubled Families Co-ordinator*

In these local authorities, it was hoped that whole family working would become 'business as usual', with all strategic partners and agencies convinced of the Troubled Families delivery model: lead workers and key workers, working

intensely with families towards a set of agreed outcomes and goals which promote independence. It was also **hoped that the programme would build resilience among families**, so that such additional support was no longer needed.

*"I hope that the programme will have achieved that those families are able to get out of their current rut and walk unaided rather than create a dependency culture and that the programme had genuinely turned around families we're working with."* *Troubled Families Co-ordinator*

However, in some local authorities existing institutional structures were difficult to influence due to organisational cultures which were resistant to change. Troubled Families Programmes in those local authorities therefore needed strong leadership to overcome these obstacles, including the confidence to make unpopular decisions, such as changing job descriptions and restructuring teams and services. Not all participating local authorities were ready to make such changes.

# 4  Data sharing and monitoring

Effective data sharing between partner agencies is one of the key components of the Troubled Families Programme. Stakeholders from different organisations recognised the importance of data sharing for developing multi-agency partnerships and whole family working.

This chapter outlines the varying levels of progress made by different local authorities, covering:

- Progress over the course of the research period;
- Data sharing in practice;
- Impacts of effective data sharing; and
- Barriers to effective data sharing and how they are overcome.

## 4.1   Progress over the course of the research period

At the second wave of fieldwork (October – December 2016) many local authorities had **developed and expanded their data sharing systems** to better incorporate information from a wider range of partner agencies. Several Troubled Families Co-ordinators reported a growing appetite amongst partners for improving information sharing networks between the different organisations involved in the programme. In the more mature local authorities, sharing data to identify eligible families and monitor their progress in a multi-agency setting had become "business as usual". In these areas both practitioners and managers reported the benefits of improving shared datasets: for assessing families' needs, for tracking their progress throughout the programme and for evaluating impacts of interventions at a strategic level.

However, despite improvements in identifying families and tracking their progress while they were receiving support, many stakeholders felt there was a need to **improve monitoring of families after they had left the programme**. Extending data sharing processes after keyworker contact had ended remained an important area for development in

all local authorities, as monitoring tended to stop when support finished in the case study areas included in this phase of the research. Stakeholders suggested that continuing to track families after they had left the programme could help to measure the impacts of interventions and improve cost benefit analyses in the future[16].

The strategies local authorities were using to improve their data sharing systems are outlined below. These strategies were important for both identifying and monitoring families on the programme, and for allocating resources to target need more effectively. Although the potential benefits were clear, all local authorities faced barriers to increasing data sharing between agencies, for a number of reasons. These challenges, and the approaches employed by some local authorities to overcome them, are discussed below.

## 4.2   Data sharing in practice

Managers and Troubled Families Co-ordinators used a variety of methods to improve data sharing processes and develop their understanding of families' needs. The two main processes were through:

- Using **central data teams** to collect and organise information from multiple different partners, and
- Regular **multi-agency meetings** to discuss specific cases.

Details on how these two approaches contributed to effective data sharing are outlined below.

### 4.2.1  Using central data teams

Many local authorities had set up a central database to collect and coordinate official data on issues such as service referrals, school attendance and offending rates. Teams employed **specialised data analysts** to coordinate all the information they received from practitioners and partners, such as schools, Housing and Youth Offending Teams. This worked best in more mature local authorities where stakeholders from different agencies had developed a **shared framework for collecting and recording the data**, which analysts could then collate in a central database. Partners were required to send information to the central data officer at regular intervals. The data teams cross-referenced this against information from other partners to assess whether and how families matched Troubled Families criteria. In contrast, less mature local authorities were **limited by a lack of coordination**. Partner agencies often used their own individual system for logging information, using formats which were incompatible with those of other agencies. This made combining the multiple sets of data into a shared system much more difficult.

Across multiple local authorities at different levels of maturity, data officers and Troubled Families Co-ordinators highlighted the need to **invest in more advanced software**, in order to process and use the data effectively.

---

[16] As part of the national evaluation of the programme, DCLG regularly collect data of families on the programme and link this to nationally held administrative data. This part of the evaluation will include family outcomes up to five years after programme intervention.

*"I would like to say, for the record, that by Christmas we will have the Data Hoover, meaning [our data analyst] doesn't have 150 spreadsheets. She's doing it all manually now – calculating how many and who meet four criteria, three criteria, etc."* Troubled Families Co-ordinator

### 4.2.2  Formal multi-agency meetings

As well as developing more coordinated IT and analysis systems, teams also shared data through regular multi-agency meetings. At a strategic level, Troubled Families Co-ordinators promoted **information-sharing** at formal meetings with key representatives from the local authority, health, housing, probation and other services. At a practitioner level, keyworkers met with partner agencies to share information on families, to **monitor changes** throughout the programme and to **develop joint strategies** for overcoming common obstacles. Many areas used an 'Early Help Forum' to coordinate data sharing between partners, with regular meetings to discuss complex cases and share crucial contextual information.

*"Within six weeks of a referral we will meet around the table with every single professional involved."* Keyworker

This worked particularly well when it was combined with **regular communication and data sharing between agencies**, so that those involved were aware of the full range of issues the families were facing. It was also important that practitioners were fully engaged with the whole family working model and were willing to collaborate with partner organisations.

*"We expect the services to do their research and come to the meeting with information on what they know on the family."* Troubled Families Co-ordinator

**Co-locating practitioners** in different teams also supported this practice: for example, one CAMHS worker reported the benefits of having a complex care manager working in the CAMHS centre once a week. This enabled them to share data on domestic violence, offending and other contextual information which partners were not aware of. However, this arrangement ultimately ended due to a lack of funding. In other services, co-location was considered to be an arrangement that did not require additional funding, yet nonetheless helped achieve better outcomes.

*"We've YOT managers who believe in co-location and integrated staffing, because the phenomenal changes we've seen in Youth Justice outcomes have been driven entirely by integrated staffing, not by additional investment."* Youth Offending Worker

In addition to these formal systems, the growing recognition that data sharing was beneficial meant that practitioners were increasingly incorporating it into their everyday work. In areas with more advanced partnership working in place, Troubled Families Co-ordinators reported that their practitioners *"all have conversations about families all the time."*

## 4.3    **Impacts of effective data sharing**

Developing integrated data sharing systems helped stakeholders to identify eligible families and monitor their progress throughout the programme. It also enabled managers to evaluate the impacts of interventions at a strategic level and improve the allocation of staff and resources. The following section discusses the benefits of data sharing, including innovative approaches used by individual local authorities, for identifying and monitoring families and for allocating resources more effectively.

### 4.3.1 Identifying and monitoring families

Cross-referencing data from multiple partners enabled data officers to **check whether and how families met the eligibility criteria**. As well as helping stakeholders to identify families, the increase in information sharing between agencies also provided a broader **overview of the needs in the local area**. Data referencing was conducted in recognition of the relevant established legal protocols; it also supported better strategic allocation and evaluation of resources (discussed further in section 4.3.2).

*"The benefit of the Troubled Families Programme is that it does draw together large amounts of data for the identification process, so by virtue you end up tracking [the progress of] a much larger number of families than just the ones that you work with." Strategic Manager*

As well as tracking families against formal criteria, Troubled Families Co-ordinators also used **on-the-ground information from keyworkers and partners** to gain a more comprehensive understanding of the situation. Housing teams were seen as a particularly valuable source of insight, helping to identify families who were experiencing difficulties but were not necessarily known to other services. As one Troubled Families Co-ordinator said, *"just because it's not reported to police doesn't mean it's not an issue."*

Once effective data-sharing strategies were in place between partner agencies, local authorities were in a position to **empower frontline workers with the information** that had been drawn together. For example, one local authority had devised a system in which keyworkers have access to this data on a touch-screen tablet computer whilst out on family visits. This was considered to be particularly useful if keyworkers had several family appointments in one day, as rather than having to return to the office to check the latest information on each family, they could take down notes after each visit or even provide families with information and refer them to other services during the appointment. This was not considered to be a substantial financial investment by a senior manager of children's centres who managed keyworkers, and was said to have had a positive effect on keyworkers' productivity, reducing fatigue.

As well as improving the process of identifying eligible families, data sharing also provided a more **holistic view of progress** during the programme. At the family level, this meant gathering feedback on the family's situation from a range of practitioners when they first began to receive support and at regular intervals throughout. For example, keyworkers were able to identify problems such as difficulties with drugs or alcohol which did not show in official data on service referrals or police records. Particularly in the more mature local authorities, reports from frontline staff were matched against statistical measures of the family's needs, such as school attendance and youth offending

rates. By combining official data with on-the-ground insights from practitioners, Troubled Families Co-ordinators gained a more comprehensive understanding of each family's transition. Troubled Families Co-ordinators reported that incorporating practitioner feedback in this way helped them to monitor the impacts of support.

*"[It allows us] to tell that story, to capture the progress made."* (Troubled Families Co-ordinator)

### 4.3.2 Strategic allocation and evaluation of resources

Increased data sharing also led to improvements at a strategic level, as managers were able to identify key areas for development. They used the data they received from partner agencies to gain a greater understanding of the issues in their local area, which enabled them to **allocate staff and resources** according to need. They could then prioritise training and resources to target the families and neighbourhoods most in need.

*"The new data that they've been getting in has been able to allocate [more resources] where there are more demands on services."* Domestic Abuse Officer

Using data from multiple agencies, Troubled Families Co-ordinators and central data teams were able to **assign keyworkers** to families which better suited their specialisms and experience, allowing managers to allocate more experienced staff to cases with more complex needs. Drawing on this additional information from partner agencies, Troubled Families Co-ordinators in more mature local authorities were now trying to ensure that families had the right support in place.

*"[We aim not to] send families off here and send them off there, but asking questions about who's working with these families and asking questions to really support and inform that work."* Troubled Families Co-ordinator

Data sharing also helped stakeholders to **analyse the strengths and weaknesses in their overall strategy**. With a larger volume of data from a range of partners, strategic leads were able to assess the relative merits of different approaches. It also meant that strategic leads were well-placed to assess the balance of the local authority caseload with regard to providing support for early intervention and offering help in crisis (a tension for the delivery of the programme, as noted in Chapter 3). This management information helped inform strategic decisions.

*"We have a description of how each area is performing … so you can say, your model is doing lots in terms of working with those families at the lower early help end, and your model over here is doing all right in terms of working with those that are the edge of statutory services who are really much more complex."* Strategic Manager

Strategic managers in several areas were also commissioning separate local evaluations of the impacts of the programme, working with local universities and partners. These in turn fed into their financial and resourcing strategy, helping them to assess the costs and benefits of certain commissioned services.

*"We're doing some work with [the local] University as an evaluation partner.  We're trying to answer the questions … So what is the impact of effective integration on the support and the outcomes that we achieve for families?"* Strategic Partner

## 4.4    Barriers to effective data-sharing and how they are overcome

Despite their progress, teams in all local authorities continued to encounter obstacles to increased information sharing between agencies. The main barriers came from families, who were **reluctant to have their information shared**, and partners, who were **not fully engaged in multi-agency data sharing processes**. Systemic constraints on funding and resources also presented challenges. Each of these obstacles is outlined below, together with examples of the innovative solutions which several local authorities had developed to overcome them.

### 4.4.1 Working with families

Practitioners reported that one of the major barriers to data sharing came from families, who were concerned about their personal information being shared with agencies which were not known to them. In some cases, the fear of having their details shared with other organisations meant families refused any support from a primary service, such as CAMHS.  Nonetheless, all local authorities use consent-based approaches to sharing data between services . In response to specific concerns, several Troubled Families teams had introduced **bespoke consent forms for particular services** (such as health services) to allow data sharing as part of the programme. Despite these forms providing greater clarity about data sharing, they did not always lead to greater engagement or take-up of services.

### 4.4.2 Working with partners

Another common challenge was the difficulty of engaging partners such as **schools** in data sharing processes. Although schools often had a wealth of information to provide, they were noted as being particularly slow to record this information and communicate it to local authorities. One data manager estimated that *"of about 200 schools, we've got two on board"* who were happy to share data. Data sharing systems were often disrupted by school holidays, making it harder for multi-agency teams to monitor progress throughout the year. There was also concern that **academies had different recording systems** and some were less willing to engage with Troubled Families data-sharing agreements, as they were beyond local authority control. To overcome these issues, one local authority offered schools a percentage of the outcome fee when cases were successfully closed. This provided an incentive for more effective record-keeping and data sharing from the school as there was a clear financial benefit for them.

Some **police forces** were also felt to be very reluctant to engage with data sharing systems. In areas where Troubled Families Co-ordinators struggled to communicate directly with officers on the ground and had to rely on information from senior level managers instead, data sharing with the police was often limited and delayed. One solution to this was the development of a 'Professional Conversations Framework' which incorporated the police in a common data sharing agreement and gave officers permission to exchange key information with other partners.

It was widely agreed that the most difficult data to access was within **health services**. Although health teams had effective processes for sharing data between themselves, they were often reluctant to send information to Troubled Families Co-ordinators and central data analysts. Due to concerns over patient confidentiality, GPs and CAMHS workers were sometimes seen as one of the biggest barriers to developing a comprehensive data sharing system.

*"Getting access to health data is just a nightmare… every time we've tried it's a massive brick wall."* Data Officer

Even the most mature local authorities found this challenging. For them, it highlighted the importance of the **'practitioner intelligence' model** (see case illustration at the end of this chapter for more details). Encouraging keyworkers to inform partners and Troubled Families Co-ordinators of any health issues or referrals to other services that they became aware of meant issues not formally recorded on the system could still be identified. In addition, **working with specialised partners** who were aware of health issues provided stakeholders with a greater understanding of families' needs.

*"For a long time we struggled to access health data, but we have now got some health data through our commissioning [of] drug and alcohol services."* Troubled Families Co-ordinator

## 4.5 Developing appropriate data sharing systems

**Limits on resources, lack of funding and insufficient IT capacity** also created obstacles for the stakeholders interviewed. Budget constraints meant that back office positions in many organisations had been cut, making it harder for Troubled Families Co-ordinators to collect and process the necessary data.

*"In terms of tracking outcomes we've lost the ability to do that, it's one of the things that's been taken away from us through the cuts, so we don't have the ability to track outcomes in a way that I'd like to."* Youth Offending Team worker

In local authorities with a more integrated model in place **data sharing was seen as a crucial investment** to save money in the future (see Chapter 8 of this report for more detail on preparing for funding to end). While in some areas data management capacity had been lost, in others it was being developed as part of a longer-term strategy to improve efficiencies, and ensure sustainability once funding ceased.

*"So by 2020 when our budget is £2.50 [i.e. when funding has ended], we've got a system which is sustainable and identifies need earlier."* Troubled Families Co-ordinator

Even for these local authorities that were investing in data management, the shift in the programme meant that the volume and complexity of data was too much for existing IT systems. Partners found gathering and submitting all the necessary information extremely time-consuming and also frustrating. Data officers had to manually compare data across multiple spreadsheets.

*"Rather than five or six we're looking at 20 different sets of data… it's really really hard and complex."* Troubled Families Co-ordinator

Managers in several areas reported that they were working towards **upgrading their IT systems** and developing **data warehouses** to cope with the increased demand. Although this involved frequent delays while the new systems were being introduced, focusing on the long-term benefits of a more integrated and efficient system encouraged partners to stay on board.

*"It's been a hindrance but it's getting more helpful as it gets developed more … I understand why it has to be done and in time hopefully it will be beneficial to us."* Family Intervention Programme manager

As well as being time-consuming to coordinate, if incomplete, central datasets had the potential to lead to perverse decision-making. This meant that only the 'loudest' families would be identified, and those families who had potentially more severe but less visible problems could be ignored.

*"Because you've only got a partial data set, you'll probably find you're not measuring the families with the most need … you're probably measuring the families that cause you the most grief."* Youth Offending Team worker

**Incorporating keyworker feedback** into the model was considered the best way of minimising this risk: some Troubled Families Co-ordinators were concerned that strategic decisions and the identification of families could rely too heavily on the statistical measures included in databases, such as unemployment, school attendance and offending rates. A 'practitioner intelligence' model (see below) mitigated against this.

*A Case Illustration 1:* **A combined "practitioner intelligence" model**

In one local authority the Troubled Families teams had combined all aspects of their data sharing model, from their central database to multi-agency feedback meetings, into an integrated system. The foundation of their approach was the recognition that official statistics on issues such as school attendance and offending rates did not always encapsulate all the difficulties families were facing, and that additional insight was needed.

*"We need to capture this practitioner intelligence and understanding of what the situation's like and what's happening on the ground."* Troubled Families Co-ordinator

To gain a more holistic understanding of each family's situation and the needs in their local area, the Troubled Families team developed a "practitioner intelligence model". Although most local authorities relied on practitioner reports for family assessments and outcomes claims, this case study was unique in its emphasis on integrating more in-depth and considered practitioner insight into every stage of the programme.

The local authority's approach was twofold: firstly, they held **feedback sessions** with support workers from different agencies to find out about and discuss the main problems that families were struggling with. This provided managers with an insight into the key issues, many of which were not showing in the 'hard data' of official metrics. Children's mental health, for example, was a problem which the management team had little information on, but practitioners were able to share their understanding based on their day to day contact with families. This enabled stakeholders to adapt their overall strategy and prioritise key issues, for instance by commissioning specialist services and developing closer relationships with CAMHS, in order to meet the needs which were not always visible in official data.

*"It highlighted for us that just the data on its own wasn't sufficient."* Troubled Families Co-ordinator

Secondly, the Troubled Families team **incorporated practitioner feedback** to improve their assessment and monitoring of families throughout the programme. Instead of simply relying on concrete measures of 'hard' outcomes, such as employment or offending rates, they were able to improve their understanding of 'softer' outcomes such as a family's improved confidence and sense of wellbeing. They did this by using on-the-ground insights from practitioners at each stage of the programme, from assessment through support to outcome claims.

Combining this with existing data and matching against official statistics on issues such as school attendance meant that all aspects of a family's situation and progress were considered. This was important both for evaluating the success of interventions and for providing each family with a sense of achievement.

*"When it comes to closing the case they can look back, reflect back to families about the progress that they've made."* Troubled Families Co-ordinator

The success of the practitioner intelligence model rested on good partnership working and open communication between agencies, allowing for both practitioner feedback and hard data to be collected and shared amongst those involved. Together, these factors allowed the Troubled Families team to understand the key issues in their areas, monitor families' progress throughout the programme and evaluate the impacts of interventions in a more holistic way.

# 5  Working with Jobcentre Plus

An agreement between the Department for Work and Pensions and DCLG has led to a network of around 300 Troubled Family Employment Advisers across the country, who are Jobcentre Plus staff, being co-located within local authority troubled family teams. Troubled Families Employment Advisers are employed to act as a bridge between local authorities and Jobcentre Plus: 'infecting' or driving change in both organisations, as well as upskilling local authorities and other partners to understand key areas of DWP business and the value of incorporating work-focussed actions into whole family working. By working strategically, sharing information and good practice, they aim to strengthen the links between local authority family teams, their partners, and Jobcentre Plus work coaches – and ensure that it is everyone's business to make employment an ambition for all families on the programme.

The number of Troubled Families Employment Advisors in an area is dependent on the number of families they are targeted to work with under the programme and local needs. The allocation of Troubled Families Employment Advisor resources is set by the national programme team. Each local authority took a slightly different approach to organising the role of the Troubled Families Employment Advisors in their area, with some committing a large proportion of time to face-to-face work with families, and others undertaking very little contact time with families, rather focusing on supporting keyworkers and Jobcentre Plus colleagues.

In the case study areas in which research was undertaken for this study, there were strong common themes in how this intervention played out. In this section evidence is presented on the following issues:

- Integrating with local authority culture;
- Influencing Jobcentre Plus culture;
- Working with employers, colleges and training providers;
- Working with frontline staff; and
- Working with families.

## 5.1    Integrating with local authority culture

Troubled Families Employment Advisers (TFEAs) spent a good proportion of their time investing in **building relationships within the local authorities** they worked in. During the second wave of fieldwork for this study it was evident that this investment had paid off – Troubled Families Employment Advisors felt more comfortable in their role than they had seemed at initial interviews, and reported that frontline staff better understood their contribution to the programme. There was also a strong sense that that their work had an impact.

*"I think I've been accepted really well in the Council …. It has been fed back by the managers that it's working because the [keyworkers'] knowledge[about work and employment] is a lot greater than it was before we started. So it is working."* Troubled Families Employment Advisor

Senior staff within local authorities reported the advantages of the integration of Troubled Families Employment Advisors into Troubled Families Programme core teams. Foremost, strategic partners and Troubled Families Employment Advisors reported that their presence and contribution made Jobcentre Plus more accessible and open to keyworkers supporting families, and helped change perceptions of families' potential to enter employment. A key factor was that Troubled Families Employment Advisors had the scope to work in a very different way to Jobcentre Plus staff. With **more time available** and a remit to take a **holistic approach** to working with families, Troubled Families Employment Advisors were able to do much more to make access to welfare and the transition back to employment understandable to other supporting staff.

*"If you ring Jobcentre Plus, they say 'it's confidential, we can't discuss it with you'. We spend hours waiting on a phone line … [But TFEAs] can access the Department for Work and Pensions IT systems, and provide information that might explain why someone might miss an appointment … we're working as an integrated service rather than two parallel services … we can make much more progress, much more quickly."* Strategic partner

Further, of all the staff interviewed, Troubled Families Employment Advisors were most prepared for the ending of Troubled Families Programme funding in 2020 – they had typically been informed explicitly that their role was a fixed-term co-location. The level of clarity that they were provided with about the continuity of their posts allowed them to approach the Troubled Families Programme without the scepticism or fears that their own post may be made redundant. In contrast, other practitioners reported that they felt their future to be less clear and potentially more uncertain. This may be because they were provided with less information than Troubled Families Employment Advisors on their roles being fixed-term.

Troubled Families Employment Advisors undertook a range of activities to enable them to perform their role effectively and bridge the gap between Jobcentre Plus and local authorities. **Shadowing the work of keyworkers** was often central to this, as was allowing keyworkers to shadow their working life at Jobcentre Plus. Troubled Families Employment Advisors also attended keyworker team meetings to familiarise themselves with the issues they were facing, reporting that personal and face-to-face contact with frontline staff was the most effective way to encourage them to ask for advice and assistance around how to get families with complex needs closer to the labour market.

**Co-location with relevant teams was noted to make a positive difference** – one team noted that when sitting with their local authority's Family Information Service they were able to work together more effectively regarding referrals to the programme; collaboration was more challenging once co-location ended. Nonetheless, systems were in place to support communication about family casework between keyworkers and Troubled Families Employment Advisors – for example, comments were typically shared on digital case notes, meaning they could report back if a family member failed to attend appointments. Troubled Families Employment Advisors also built relationships with specialist services supporting families, often taking a more light-touch approach with such services which reflected their prioritisation of building relationships with keyworkers.

*"With youth offending we don't get involved weekly, it would be every couple of months we'll call in and say you know, we're still here… we're sort of registered with service providers and get emails from them and updates"*
*Troubled Families Employment Advisor*

There was strong evidence by the second wave of fieldwork that **Troubled Families Employment Advisors were increasingly being established as a crucial resource for keyworkers**, co-ordinating support around returning to work for the family. As relationships between Troubled Families Employment Advisors and keyworkers developed, frontline workers' confidence in them grew, and they became more comfortable in involving them directly with the family at an earlier stage.

*"They wanted us to get involved from the start – as soon as there's a multi-agency meeting. So [we joined in alongside] four agencies to give an overview of what's going on in the family. It's really good – if there's any antisocial behaviour, or any issues with children etc., it gives an insight."*
*Troubled Families Employment Advisor*

Nonetheless, it is important to note that although the Troubled Families Employment Advisor role was largely protected within local authorities, they were not unaffected by restructuring and being deployed differently over time – for example, in one local authority the Troubled Families Employment Advisor team was reduced in size between waves of Ipsos MORI's research fieldwork[17]. Further, given the enormous variation in the structures of the local authority case study areas, not all Troubled Families Employment Advisors had found integration within local authorities straightforward. Conflicting messages and priorities between line managers at Jobcentre Plus and at the local authority were a challenge faced by some, with Troubled Families Employment Advisors noting that having two 'masters' presented difficulties which required tact and good communication skills to resolve. One Troubled Families Employment Advisor reported that focused inductions could help with this – the role involved engaging with such a wide range of stakeholders that it was important to get to know the teams that Troubled Families Employment Advisors would be working most closely with initially. There was also strong feeling that a role bridging two organisations was unusual and challenging – and it therefore time was required to deliver confidently within the post.

---

[17] October 2015 – October 2016

*"Understanding where your role fits and what support you're offering to the council … I don't think that comes overnight … it's such a big switch that it does take a few months to get into that"*
*Troubled Families Employment Advisor*

The Troubled Families Employment Advisors role, was, therefore, an innovative practice in itself in providing **a bridge between local authorities and Jobcentre Plus**. The new role providing fertile ground for them to develop new ways of working or for identifying potentially innovative collaborations. For example, one Troubled Families Employment Advisor circulated case studies of how they worked with families to their line manager at DWP in order to raise awareness of the whole family way of working and its impact.

*"I've typed them up to give examples of where things have gone well or where they haven't but we're putting them right. And to give them an overall picture because they're not with us every day and they don't know in detail what we've done"* *Troubled Families Employment Advisor*

When asked about collaborations, Troubled Families Employment Advisors presented examples such as being offered a budget from the Council to run a work experience project, or being able to secure access to the HMRC family support line in order to advocate on behalf of families. This latter innovation was proving very useful in supporting families.

*"We've got access to this phone number to talk to a member of HMRC designated to this team – it's been really useful … I have done [this] on four occasions now, which has been excellent support for people. I had a lady who had a letter saying she owed money, but I got it sorted and she didn't owe them anything in the end."*
*Troubled Families Employment Advisor*

## 5.2   Influencing Jobcentre Plus culture

Central to the Troubled Families Programme is the proposition that families with complex needs will be failed by services that think in a 'single issue' way, and that services must recognise the inter-connectedness of problems within a family. As such, a key function of the Troubled Families Employment Advisors role was to work with Jobcentre Plus colleagues to encourage them to undertake a more holistic approach to working with families. Troubled Families Employment Advisors reported that cultural barriers within Jobcentre Plus could present obstacles to this aim – most importantly that the **interests of the Troubled Families Programme may be at odds with the ways of working of Jobcentre Plus staff**, making it difficult for Jobcentre Plus colleagues to support the approach. For example, Troubled Families Employment Advisors suggested that for Jobcentre Plus work coaches[18] taking on clients, enlisting families that met the relevant Troubled Families Programme criteria was not consistent with their requirements to meet Jobcentre Plus targets at a national level. However, given the different roles of Troubled Families Employment Advisors and work coaches (who would have a greater case load than TFEAs), in practice, this meant that they have greater flexibility to tailor their support, including determining how much time to spend with

---

[18] "Work Coaches are front-line DWP staff based in Jobcentres. Their main role is to support claimants into work by challenging, motivating, providing personalised advice and using knowledge of local labour markets. This involves conducting work-focused interviews and agreeing tailored "Claimant Commitments"." Source: https://www.publications.parliament.uk/pa/cm201516/cmselect/cmworpen/549/54907.htm

individual families. This key conflict of interest between meeting Jobcentre Plus targets and the high levels of support required by families to meet their needs was raised by a number of Troubled Families Employment Advisors  in the study.

*"Because Troubled Families clients take more time and are less likely to be successful [in finding employment] as normal Job Centre [Plus] customers, they are not attractive for the job coaches[19]"*
*Troubled Families Employment Advisor*

In practice, this conflict could also undermine Jobcentre Plus staff in moving towards taking a whole family working approach. This was because they felt that Jobcentre Plus targets made it less easy for them to see the value of considering the benefits of the whole family approach to supporting families, especially where there were individuals within families who were not currently Jobcentre Plus clients. The comment below illustrates this difficulty:

*"[We explain] that we are looking at people that are not necessarily job ready, and [help Jobcentre Plus staff understand] that we're helping the whole family, and that not all of that family is going to be on benefits. [The attitude is often] so why would you be helping them? And what do we get from that?"*
*Troubled Families Employment Advisor*

Nonetheless, Troubled Families Employment Advisors were undertaking various **initiatives to influence Jobcentre Plus staff** and share their ways of working. For example, Troubled Families Employment Advisors in several local authority areas conducted **information sessions in Jobcentre Plus** locations to explain the work of the local Troubled Families Programme. Raising awareness among Jobcentre Plus staff of which families were being supported by the programme was crucial because it gave Troubled Families Employment Advisors an opportunity to intervene and provide support to families with regard to conditional benefits where necessary:

*"Obviously some of the families are on JSA [Jobseeker's Allowance] … but some might not have said they're on [the local Troubled Families Programme], so our link is to go in [and flag which families are getting support] so that any member of the Jobcentre can see that they're working with [the programme]. If there are any issues or sanctions for non-attendance [we] can try and step in and rectify it"* Troubled Families Employment Advisor

Troubled Families Employment Advisors also **collaborated with Jobcentre Plus staff around individual casework for families** to ensure they had a clear picture of the family's circumstances. For example, they would liaise with work coaches to check the benefits status of families and pass this information on to keyworkers. The aim of this approach was to improve the quality of conversations between keyworkers and families through equipping keyworkers with information on family members' progress with work coaches.

*"I would liaise with that work coach to find out what they've referred them to. So that prevents duplication"*
*Troubled Families Employment Advisor*

---

[19] Referring to Jobcentre Plus Work Coaches

More details on how collaborative family casework worked in practice are presented in section 5.4 later in this chapter.

## 5.3 Working with employers, colleges and training providers

Many of the Troubled Families Employment Advisors reported undertaking diverse activities to build relationships with local employers and further education (FE) colleges. Their long-term objective was to identify opportunities to support families back into employment or training. Troubled Families Employment Advisors interviewed reported spending a proportion of their time **meeting potential employers and attending jobs fairs** (where employers are in attendance). With larger employers, Troubled Families Employment Advisors engaged in a number of ways – meeting key stakeholders to raise awareness of the local Troubled Families Programme, working with them to collaborate on training programmes or the development of apprenticeships, and working together to fill ongoing vacancies as the relationship progressed.

There was also evidence of Troubled Families Employment Advisors taking a **wider approach to paid work** to find opportunities for families on the programme. For example, one Troubled Families Employment Advisor reported undertaking a major project to encourage **self-employment**, and many of Troubled Families Employment Advisors were developing programmes to increase **access to work experience**. Troubled Families Employment Advisors also considered it important to support individuals within families in **building skills**, meaning that Further Education colleges and training providers were important resources. One local authority was collaborating with a training provider which worked with young individuals aged 16+ to support them in learning construction skills, employability skills and providing traineeships links. Troubled Families Employment Advisors also provided **information about training opportunities** – examples included placing lists of training courses available (known as 'employability boards') in local children's centres and family centres.

## 5.4 Working with frontline staff

At wave one of the fieldwork, there was early evidence of challenges in integrating a focus on employment into the delivery of the Troubled Families Programme, with some keyworkers feeling under pressure to focus on employment as an issue with families sooner than they would wish to[20]. Nonetheless, engaging keyworkers was a critical element of the Troubled Families Employment Advisors role, and they undertook a range of activities to engage and collaborate with frontline staff. Most commonly, TFEAs reported **joining keyworkers on family visits** to sit in on their conversations with families and vice versa. **Presentations** (in locations such as family centres) were also used to share information and expertise, as were regular team meetings – with both the local authority's Troubled Families Programme core team and with keyworkers.

---

[20] National evaluation of the Troubled Families Programme 2015 - 2020: Service transformation – Case study research Part 1 – pp. 51/52

Regarding upskilling frontline staff, **improving understanding of employment opportunities and access to welfare** was a key focus of the Troubled Families Employment Advisors role across all the case study areas. Troubled Families Employment Advisors spoke explicitly of the centrality of this to their work:

*"[We're here to] educate the intervention workers, sell what we can do, sell our services, upskill those in where to find things that they might need, [help them] understand benefits that little bit more so that they can help [families]" Troubled Families Employment Advisor*

A key objective for Troubled Families Employment Advisors was to influence keyworkers in thinking about how individuals within families could consider getting back into work as early as possible in their involvement in the programme. This involved demonstrating the range of potential options for families, **generating optimism** about the family's capacity to find or return to work, and explaining to keyworkers the **potential impact to families** of moving an individual into work.

*"A lot [of keyworkers] will say 'well, they're on Employment and Support Allowance so we're not going to bother, work's not an option because they're not fit for work, or they don't have to be looking for work' … Our stance is well actually they don't have to, but … it might then bring a routine into the family, which then has a knock-on effect." Troubled Families Employment Advisor*

Troubled Families Employment Advisors offered **specialised knowledge around helping people back into employment**. They shared this with keyworkers through preparing packs on job matches for families, passing on telephone numbers they needed, and sharing any information they might need relating to employability. In some cases, they provided keyworkers with specifically targeted information – for example information for a Further Education college course where relevant to the family.

*"Obviously they don't know what training's out there, what job sites are out there, vacancies … where they need to direct families to." Troubled Families Employment Advisor*

Troubled Families Employment Advisors also had a critical role in **explaining new and emerging issues in the welfare support system** to frontline staff. For example, many Troubled Families Employment Advisors reported that they were involved in explaining how [Jobseeker's Allowance] sanctions worked, the nature of expectations for people to get back to work when claiming benefits, and in demonstrating where help from a keyworker could help prevent sanctions or support a family in improving financial management and budgeting. Access to welfare was also an important issue – the roll-out of Universal Credit was beginning in some of the case study areas so expertise on this new approach to welfare support was very much welcomed by keyworkers.

## 5.5   Working with families

Troubled Families Employment Advisors typically made strong distinctions between the nature of their previous roles within Jobcentre Plus and their work as TFEAs. The **holistic approach to working** with families was an important new direction for them, and one which Troubled Families Employment Advisors found very rewarding. In their new roles they tended to conduct more intensive work either directly with families or intensive casework on behalf of

keyworkers. This not only meant they were better able to identify a family's needs, but also that they could see the impact of their advice and support.

*"When you've come from the Jobcentre, you're just seeing that person face-to-face and you know a bit, but not everything. Whereas in this role, you get to know every single thing … it's nice to see progress as well … you're there for the worklessness side, but you can see them progressing in general, and going into employment which they might have never ever done, especially young people."* Troubled Families Employment Advisor

Nonetheless, Troubled Families Employment Advisors acknowledged that seeing this kind of change could not always happen quickly. Families could be very difficult to engage and overcoming the **initial barrier of achieving a meeting** with the family they wished to support was a critical first hurdle. One Troubled Families Employment Advisor reported that they had addressed this problem by consistently using the keyworker as a 'gatekeeper' to the family, capitalising on the trust that the keyworker had already gained from the family.

*"The biggest challenge for me is to actually get a meeting. We could arrange a meeting with the family member… it could take me three or four times to get that person there … But once you've engaged with them, they realise you're there to help them... that's why now, we always do a visit with the keyworker so we can explain the purpose as to why we're getting involved."* Troubled Families Employment Advisor

The importance of taking a **long-term view on relationship-building** with families was acknowledged by Troubled Families Employment Advisors. This was felt to be important in building trust and helping break down attitudinal barriers to moving into work; also in helping build family members' self-esteem and confidence in readiness for work or training.

*"[I ask myself if] we need to just generally need to … build that relationship, so that at that point [when they are more confident] they're more willing to go 'actually I do know who she is, I know what she does, and I don't mind having a go at looking at [moving into work]'."* Troubled Families Employment Advisor

Further, Troubled Families Employment Advisors reported the **value of working with the families *outside* the Jobcentre Plus** in engendering openness and comfort in discussions. The nature of their role gave Troubled Families Employment Advisors license to discuss employment issues with families at a distance from any negative connotations of Jobcentre Plus. This improved the quality of conversations, and meant they were better positioned to understand and help families.

*"It drops down all the barriers, they will tell you things that they won't tell you in a Jobcentre, they will open up … then [it's] easier for you to set a plan in place or get them to agree that these are the steps that they need to take: when they're not thinking all the time 'there's this threat of a sanction, and if I don't say the right things in these walls then that's what's going to happen?' That for me is worth everything."* Troubled Families Employment Advisor

In terms of the practical advice offered to families, Troubled Families Employment Advisors handled a huge range of situations, but common ways in which they helped families included:

- Preparing lone parents of four-year-olds for work;

- Providing advice on and raising awareness of Universal Credit and other benefits;
- Working with people claiming long-term Employment and Support Allowance;
- Supporting young people not in Employment, Education or Training (NEET) into training and apprenticeships.

In practice, many Troubled Families Employment Advisors provided **intensive face-to-face support to families** – helping explore options, researching jobs, drafting CVs and cover letters with family members or taking them to meetings (for example at organisations supporting self-employment). 'Digital' engagement was also increasingly important in supporting families: Troubled Families Employment Advisors spent time regularly emailing families with useful materials to support finding employment. Troubled Families Employment Advisors also made efforts to run training and information sessions for families – for example, giving presentations on their role, and on issues such as access to benefits and Universal Credit, or – in one case – running drop-in 'work clubs' in local family centres.

*"It's about preparing them for that switchover, that transition, making it that little bit smoother. Looking at work beforehand, thinking about CVs and what they've got to do so that it doesn't come as that immediate shock to them that they would normally get"* Troubled Families Employment Advisor

Regarding constraints to achieving their objectives, **limited resources** in terms of available locations for meeting families was a key issue. Reductions in funding for wider services had implications for being able to conduct their work well as Troubled Families Employment Advisors needed locations to meet families to have private conversations outside the home, or to be able to provide travel costs/ subsistence costs for family members to meet them at locations such as cafes or other such neutral locations.

*"We're just constantly looking for where can meet [families]. We've got a couple of community cafés but again, if you're meeting somebody in a community café the expectation is that you're going to sit and buy them a drink or, and obviously we've not got the funds to do that, so we try and steer clear of those"*
*Troubled Families Employment Advisor*

It was reported that the **range of difficulties families were facing** could also present barriers for Troubled Families Employment Advisors: it was not always easy to focus on employment issues in conversations with families. Problems with health or behaviour were said to disrupt meetings, and conversations about work could be side-lined by the other things families wanted or needed to discuss. Troubled Families Employment Advisors felt that further **training on how to approach families struggling with issues such as mental health or domestic violence** would be useful to help them in these situations. One suggested that the Troubled Families Employment Advisors role needed to be better defined and understood by managers and keyworkers, in order to clarify which issues they should and should not be equipped to deal with. This was particularly relevant for Troubled Families Employment Advisors who felt discussions about work could go off track because of families' issues with mental health, for example, which they as practitioners did not feel trained to manage.

*"[Mental health] is not really my role, it's not what I'm there for. That's what the family support workers are there for."* Troubled Families Employment Advisor

# 6  Working with the voluntary sector

The evidence from the second wave of interviews demonstrates that, even for local authorities who have been working towards service transformation for some time, effective partnership working with the voluntary sector is in its infancy. Across the board, local authorities have prioritised developing strong working relationships with other agencies within local government, such as children's services, housing and the police. This has been for the obvious reason that their involvement has been fundamental at the earliest stage of delivery process - to identify eligible families.

However, areas did recognise that there is a greater role for the voluntary sector to play in the Troubled Families Programme, with the potential to build capacity within the sector to support families in a way which aligns with the principles of the programme. In this chapter we explore these themes in more detail:

- Making links with the voluntary sector;
- Commissioning and the voluntary sector; and
- The use of the voluntary sector in step-down process.

## 6.1    **Making links with the voluntary sector**

Stakeholders tended to see the voluntary sector as an area with a considerable potential to support the Troubled Families Programme, but one which they **knew was underused**. In areas where strong relationships with other local authority agencies had already been established, there was evidence that partnership working with the voluntary sector had begun – but this was currently operating on an informal and short-term basis.

*"[What we've done] with the voluntary sector is a drop in the ocean. We haven't done as much as we could have done to utilise them… (there are) loads of voluntary organisations that we should be tapping into and using."*
*Troubled Families Co-Ordinator*

While Troubled Families Co-ordinators in such local authorities were **building relationships with a few of the larger and well-established voluntary organisations in the sector** (such as Homestart, for example), practitioners felt they could be doing more to develop more formal partnerships. At the point at which interviews were conducted, relationships with these voluntary organisations were at very early stages of development even in local authorities where the Troubled Families way of working was firmly embedded.  Participants reported it was challenging to allocate staff time to relationship-building with voluntary organisations, as local authority partner agencies took priority.  Furthermore, the scale and diversity of the voluntary sector presented challenges in terms of identifying

useful and relevant opportunities – with one Troubled Families Co-ordininator comparing the challenge to that of engaging fully with the housing sector.

*"It's like working with housing. We work with the big four or five housing providers but there are hundreds."*
*Troubled Families Co-ordinator*

Local authorities had created partnerships with voluntary sector organisations to either **work directly with families** or to **provide auxiliary support services**. Where voluntary sector organisations were used to assist local authority agency partners in providing support to families, this was sometimes a response to **central capacity being reduced due to budget constraints**. For example, in one local authority youth services had been employed to provide support to families, but had been scaled back, meaning they were unable to support the local Troubled Families Programme. Through contacts within the youth services, skilled practitioners from a relevant charity were able to provide support to the affected families.

There was also evidence that local charities were consulted on how best to allocate wider resources and provide support to families. This demonstrated that Troubled Families teams recognised their first-hand knowledge and experience with target families and were – at this stage – taking a **'light-touch' approach to collaboration**. For example, one local authority was able to ensure the provision of a new food bank on the advice of a local charity so that families could access the service locally.

*"There's a charity that runs some of the play schemes for young people. We were able to work with them and say…*
*If they had no food they had to pay £5 to go [travel] to the local food bank. Now a food bank is [a more local area]*
*so they can access that provision if they need it."* *Strategic partner*

## 6.2    Commissioning and the voluntary sector

As described in the previous section, having sufficient time and capacity to engage charities was the key barrier to moving towards more formal commissioning with the voluntary sector. Nonetheless, progress has been made through 'light-touch' engagement with the sector – working with charities in a **consultative role**, in providing complementary support on specialist areas, and in providing support to families in the step-down process from the programme.

Formal commissioning was most commonly employed for two reasons: to provide **auxiliary and specialist support services to families**, such as victim support advice, and to provide training for partners on specific areas of expertise, such as family mediation. These examples illustrate local authorities identifying gaps which the sector could address in order to complement and enhance the whole family working approach.

Some charities were so receptive to working with Troubled Families teams that they were willing to **share resources** with them. Some voluntary organisations were willing to provide free training to council workers, alert to the benefits of upskilling staff who were family 'gatekeepers'. For example, a welfare rights charity gave free training to a partner agency as they understood there was a need for upskilling youth workers.

*"Welfare rights is something that youth workers didn't typically get involved in but because they need to know it now, they do go on these training courses."* Strategic partner

Furthermore, the relationship could work both ways. Voluntary sector organisations were keen to develop working relationships and **build their own skills and capacity** through collaboration with Troubled Families teams. For example, in some case study areas, voluntary organisations had commissioned Troubled Families core delivery teams to train their staff in the whole family working approach.

## 6.3    The use of the voluntary sector in the step-down process

Although not currently central to the delivery of the Troubled Families Programme, the voluntary sector was widely drawn upon as a **resource in the step-down process for families**. Support was delivered in two ways: either through replacing existing support to families previously provided by a partner agency, or as a step towards gaining experience which would be useful in obtaining paid employment.

Working with the voluntary sector was more common among those local authorities with long-established Troubled Families Programmes and correspondingly longer-standing relationships with key charities. These relationships meant they could draw on voluntary sector resources as families grew closer to exiting the programme. As family goals had been successfully achieved the need for intensive support diminished, meaning that such families were at an appropriate level of resilience (i.e. not facing serious crises) for charities to take them on. In such cases charities provided **support on budgeting, cultural integration and also low-level parenting support**, replacing the support provided by the original Troubled Families keyworker in a more light-touch fashion.

*"[The voluntary sector] is useful for step-down services and ongoing long-term support which the council is unable to provide."* Strategic partner

However, handing over families to the voluntary sector did present challenges with regard to **consistency of support** and **expectations of families** who were passed over to new support providers. For example, one keyworker noted that a family she had handed over to the voluntary sector was unhappy that their new support worker focused on the parents in the households and did not spend much time speaking to or building a rapport with the children. Further, the mode of delivery and intensity of support could also be different enough to cause concern to families.

*"One thing that this family found challenging was that we don't give out volunteer [telephone] numbers so they couldn't contact volunteers directly… the volunteer isn't an intensive support service … it wouldn't be appropriate to contact them at 5 o'clock at night, they are a volunteer."* Keyworker

In terms of building readiness for employment as part of the step-down process, **volunteering for charities** themselves was often introduced as a useful bridging activity for families. In these cases, keyworkers linked families to suitable charities, in which they would have the opportunity to learn vocational and workplace skills, feeling that the voluntary sector provided a safe and non-intimidating environment for family members taking their first steps back to paid work, while also fulfilling other social needs.

*"For some of our families, where work is a sustainable route, we encourage that. For others it's about getting into a habit of volunteering as a stepping stone towards work in terms of increasing self-esteem, reducing social isolation."* Troubled Families Co-Ordinator

# 7  Workforce development

In this chapter evidence of the diverse range of experiences relating to workforce development is presented, exploring the barriers and enablers to effective delivery of this element of the programme. The chapter covers delivering workforce development and training content.

## 7.1    Delivering workforce development

Workforce development was viewed by practitioners as fundamental to both the success and sustainability of the Troubled Families Programme. It was a priority for those local authorities which had been applying the Troubled Families principles for some time, and, as such, consumed a proportion of the funding supplied by DCLG. In many of the case study areas a **strong and comprehensive workforce development approach** was evidently in place, as part of the programme's strategic plan. This included both broad induction training on the Troubled Families approach but also training on specific relevant tools and skills.

*"It funds our opportunity to put in training and programmes, so we've trained all the workforce in [the] Solihull [approach][21], we're going to do the mediation [training], so it's funding things like that."*
*Troubled Families Co-Ordinator*

In areas where the Troubled Families Programme had been long-established, there was greater range of content and a wider range of channels for delivery of formal training programmes available to frontline Troubled Families staff. These were delivered through dedicated workforce development teams. For example, such local authorities provided training to lead workers within partner agencies through **online sessions**, **informal face-to-face sessions, formal workshops** and included a **structured induction programme**.

Not all the case study areas, however, were currently able to give this area of practice the resources it required. The second wave of interviews revealed immense **variation in approaches to workforce development** both across and within the case study local authorities. Areas which were newer to the Troubled Families Programme and still establishing their working relationships with partner agencies tended to have less on offer to staff in terms of training channels, and a more restricted programme of training.

Participants at a strategic level identified a number of challenges in taking workforce development forward. Foremost

---

[21] https://solihullapproachparenting.com/

were **constraints on resource** – related to both the availability of staff time and budget. Many of the case study areas with less well-established programmes were still prioritising resources to support the identification of eligible families and building relationships with core local authority partner agencies. For them workforce development was a consideration for later down the line. Such local authorities also reported concerns that their partners and frontline staff themselves did not have capacity to invest in training and in learning new ways of working, as illustrated below:

*"We have case managers who have an awareness of, and an understanding of, some of the family issues. But their ability to take on new forms of practice … are quite impaired by their workloads … you can only put a litre into a litre pot, you can't put two litres in." Strategic partner*

Alongside resource constraints, **procurement processes for training** were also a concern. One participant noted that these impacted on how widely they could train their staff, noting that it was easier to secure training places for just a few staff members rather than the whole cohort that required the training. As such, much training was typically offered to a wider group of staff through staff who had already attended training sessions and were able to cascade information.

*"If you want to spend more than £2,500 you have to either go through a waiver or go through a tender, which is really time consuming and a bit painful …Now with a big workforce like mine it's nearly always going to go to over two and a half grand." Troubled Families Co-Ordinator*

A further key challenge noted was around the **diversity of staff who required support**. In areas where the Troubled Families Programme was well-established, concerns were raised not just about providing training and development opportunities for those giving support to families, but to management-level staff who may not be working directly with families. It was also noted that such staffwere not classed as a priority for training as they were not public facing – but that they nonetheless had important training requirements in relation to the delivery of the programme.

*"There are gaps for managers and those not working directly with families, they need theory around sustaining family change … It is challenging to support these people who aren't as close to the front line, we have done focus groups to find out more." Troubled Families Co-Ordinator*

Given resource constraints, there was evidence that local authorities were taking steps to find alternative ways of addressing training needs. One key strategy was to take creative approaches to introducing staff to specialist knowledge. This typically required relationships with partner agencies to have developed to the point where values were shared, and were manifest in the following initiatives:

- Conducting **joint training sessions with local authority agency partners** in order to pool specialist expertise;

- **Embedding Troubled Families 'experts' or 'clinicians' within partner agencies** to assist with the ongoing sharing of information and supporting change of practice regarding frontline delivery;

- **Communities of practice[22] or learning networks**, some led by DCLG, were set up in some areas, where practitioners across Troubled Families met others to share learning; and

- **Running training in partnership with specialist charities** (as discussed in Chapter 6).

Keyworkers described initiatives available to them as very useful in order to share specialist knowledge between practitioners from a variety of backgrounds. While budget constraints, procurement timeframes and expending staff time were a concern around workforce development for participants at a strategic level, keyworkers were generally positive about the training options available.

*"We always have training on offer, and we have compulsory training we have to complete in relation to new policies and standards, and one the other day for specialist stuff" Keyworker*

Such views may indicate that management shielded frontline workers effectively from their own concerns. For strategic partners, ensuring some form of continuous learning for staff through working closely with partner agencies was considered an effective response to a climate of constrained resources. However, senior stakeholders acknowledged that there was a price to be paid for taking this approach, with a reduced focus remaining on specialist training.

*"A lot of the specialist training has gone. It is more focused on more generic [issues] but the good will and using the partnership working we're doing we've been able to harness people's skills and knowledge to fill the gaps. However, that has added extra pressure on what are already slim resources." Strategic partner*

Nevertheless, strategic partners also stressed that family intervention workers were not required to be specialists or expected to deliver services out of their 'whole family working' remit, such as mental health services, for which specialists would be available.

Local authorities also used informal approaches to training to help circumvent the resource challenges of running formal training sessions. For example, in one local authority, ongoing informal training for staff drew on existing in-house specialist knowledge; another local authority provided on-the-job training and support for frontline workers.

## 7.2   **Training content**

In terms of the content of the training offered, there were major differences between long-established Troubled Families Programmes, which provided staff with mature, considered training programmes through a range of channels, and training offered by local authorities which were newer to delivering the Troubled Families Programme. Further, there was evidence of inconsistencies within local authorities themselves as to how training was allocated.

---

[22] "Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly" See http://wenger-trayner.com/introduction-to-communities-of-practice.

*"In [one area of the local authority] the TFEAs have been on that [specialist] training and found it very useful, but in [another area] they weren't sent on it …it's a shame really because I think it would be very useful." TFEA*

Among the longer-established programmes, **dedicated workforce development teams** were focused on building capacity for supporting families, and in providing training opportunities to staff in diverse ways to maximise uptake and engagement. Typically, local authorities with a strong workforce development capability provided online training options for key/ lead workers, allowing flexible attendance.

*"There has been support, workshops, briefing sessions … implemented by their workforce development team. [Troubled Families Programme] professionals feel well supported around the core [thinking] and their awareness of the wider contact is improving. We also have also taken it to schools, head teachers etc. to raise awareness more widely." Troubled Families Co-Ordinator*

Such programmes also made use of visual materials, such as **videos presenting the real experiences of families** – in one local authority, these were still being used successfully as a training tool by TFEAs to train Jobcentre Plus work coaches about the whole family working approach. Longer-established programmes also had **comprehensive inductions** for staff joining the programme as part of the frontline delivery team.

As an example, one local authority's induction programme comprised three days of training on the Troubled Families approach to working with families, alongside specialised training on specific areas challenges, such as substance abuse, impacts on parenting related to offending or mental health support needs, tools to engage with young people, and handling families where a parent has been a victim of domestic abuse. This kind of thorough approach was appreciated by keyworkers and **built confidence in their ability** to deliver the service.

*"There are lots of tools … techniques with families, ongoing training … I'm impressed with the training package, as a keyworker you feel valued seeing all the training." Keyworker*

**Newer programmes were unable to deliver such a comprehensive offer** to frontline staff, however, and some did not offer any specific training at all on the Troubled Families model and the rationale behind it. Rather in these cases training was focused on **how to handle the types of issues families might be facing**: for example, issues such as domestic abuse and sexual exploitation. Such formal courses were supplemented by initiatives to bring staff together across partner agencies and share learning – one local authority organised a biannual Professional Forum in which five or six agencies provided workshops and presented lectures about service and referral pathways. Training and support was less structured in newer than in longer-established programmes: for example, frontline staff were given autonomy to identify training needs and book their own sessions, but were not asked to attend training compulsorily beyond essential child protection training.

There was evidence of **specialised targeted training**, with support on issues being prioritised based on the need of families that keyworkers are working with. For example, if a keyworker was working with a young person at risk of self-harm, training around this would be prioritised in some of the local authority case study areas. In some case study areas specialised training was deployed to reduce pressure on other frontline providers – for example in one area keyworkers were being trained specifically in delivering cognitive behavioural training (CBT) in order to take

pressure off more specialist services. This approach, however, raised concerns about the quality of delivery of such support to families: whether keyworkers trained in this approach would be equipped to the needs of clients with serious mental health conditions.

Keyworkers also noted areas for development with regard to practices not already covered in existing training, which could nevertheless be beneficial to their work. Their concerns reflected the diverse experiences of training across the case studies – while there was evidence of the desire for training on **specialised skills**, there was also a desire among some keyworkers for **advice on the fundamentals of the local programme**.

*"I would like to do more on therapeutic work, life stories, play therapy … but budget and time restrictions prevent this from happening at the moment." Keyworker*

# 8  Looking ahead to 2020

This final chapter of the stakeholder report focusses on local authorities looking ahead to when central government funding is planned to cease in 2020. A main topic of concerns for stakeholders was the level of uncertainty around funding in the mid- to long-term future. This concern meant that stakeholders were unsure about what the future of the programme may hold if funding cannot be secured. In addition, some local authorities were still in the process of designing and embedding the programme, and felt they hadn't had the opportunity to either reach or work with sufficient eligible families to demonstrate progress. Further, many stakeholders struggled to demonstrate cost savings, or conceptualise ways of demonstrating cost-savings given the preventative focus of the programme with regard to early intervention, as well as families' issues cutting across agencies. Nevertheless, more mature local authorities were able to **think about sustainability** of the programme with regard to partnerships and systems, and some were able **to put measures in place to embed changes** that will allow sustainability. This chapter outlines stakeholders' views on their 'readiness for 2020' in the following sections:

- A climate of uncertainty;
- The importance of central government funding;
- Continued programme design and population changes;
- Demonstrating cost savings; and
- Sustainability of partnership and integrated working.

## 8.1  A climate of uncertainty

The prospect of looking at services and budgets for 2020 appeared a daunting task for stakeholders and especially delivery partners. The perceived **lack of certainty over budget levels** has made it challenging for many Troubled Families Co-ordinators and delivery partners to plan for service provision in the medium and long term. Although there was a sense of continuity of services in the short term across local authorities, even budgets beyond 2018 were

considered difficult to predict by some local authorities. In many local authorities it was thought that the **delivery of the programme was not sustainable at its current level without continued funding**. Others felt a reduced level of service could be possible. Current levels of service provision were reportedly highly dependent on central government funding, and estimating and predicting the sustainability of the programme was considered especially difficult given continuing changes in populations and level of need.

Even the more 'mature' local authorities along the service transformation model considered the end of the funding support 2020 in abstract rather than concrete terms. Participants felt that, due to recent changes in government and funding availability, it was even more difficult to ascertain what levels of funding to allocate to services. Budgeting for the next one or two years was a challenge which had to be overcome first before considering the next three to four years and beyond – and also depended on what resources were available to partner agencies.

*"I don't know what my local authority grant will be next year. I don't [know] what crime prevention, health, probation and police budgets will be like."* Strategic Partner

There was a general feeling of apprehension when thinking about the ability to deliver high standard services to the population expected to be needing these within available budgets in the coming years. One strategic partner, for example, quoted rising birth rates in deprived areas linked with increased need of service provision, school places and family support as a concern, as they did not see budgetary allowances for this being made. Apprehension related to both national and local politics, and was expressed by delivery partners more so than Troubled Families Co-ordinators. Nevertheless, the trickle-down effect of uncertainty had an impact on frontline staff, who were concerned about the future of the services they delivered.

Looking at the short term, there was some confidence that services will continue at current levels until 2018, with the budget for 2020 to be reviewed after that. At the time of interviewing (October - December 2016) it was considered too early to be able to develop a 2020 budget, for some it was nonetheless a concern, with one TFC commenting that *"[we] need to keep momentum up when preparing for 2020."*

## 8.2   The importance of central government funding

Both more and less 'mature' local authorities felt that they had not yet been given enough time to implement sustained changes, and, therefore, were still heavily reliant on central government funding for service delivery. Many, especially less mature local authorities, were **still in the process of setting up and implementing new ways of working** rather than confidently running a new – and less costly – system. Indeed, in one local authority, for example, a new Troubled Families Co-ordinator had to overhaul old structures, including making unpopular decisions such as redundancies, and establish themselves as a strong leader before implementing new approaches. The length of time needed for change to occur and take hold seemed to be initially underestimated by some stakeholders. Those who were aware of the length of time required for 'structural change' to take hold found that they were not given enough time by the government implement and embed this change.

*"Continued financing is key – although we are putting cost-saving measures in place, the services they are currently providing would not be possible to sustain without funding."* Troubled Families Co-ordinator

The perceived lack of certainty over funding was also felt by delivery partners struggling to imagine how to cover costs for keyworkers without council funding. Even in mature local authorities there was a fear that if the new way of working cannot evidence cost-savings by 2020, efforts put towards multi-agency working up to this point may be wasted, to the extent that one Troubled Families Co-ordinator commented:

*"[We are] worried [that] after 2020 there won't be the money to provide beyond statutory requirements even if they find the best way of working."* *Troubled Families Co-ordinator*

Troubled Families Co-ordinators as well as delivery partners were aware that **alternative sources of funding** would need to be established. Failing to secure additional funding was felt to mean that it would be necessary to re-structure existing (or proposed) service delivery models or staffing structures. However, there were no concrete plans as yet, only some emerging ideas, of what alternative delivery models may look like.

*"Council's budgets are completely and utterly cut to bits so will have look at how they can source funding from elsewhere or move people [eligible families] on to other services."* *Housing partner*

It was estimated that without external funding, the service would have to be targeted, and would be offered to selected families only rather than all families now eligible under the programme. One participant reported that such a reduced programme was in fact currently being delivered to families resident in council properties, making up 60% of the current Troubled Families caseload. Similarly, collaboration with Troubled Families Employment Advisor, or working with Jobcentre Plus generally, was feared to be at risk when funding stopped or likely to be heavily reduced.

*"People are very clear about prevention and demand management … I'm not sure they entirely associate that with a fixed-term programme."* *Delivery partner*

### 8.3    Continued programme design and population changes

Budgetary constraints aside, participants reported that some elements of Troubled Families Programme design remained a work in progress.

*"Time brings further experience and expertise – so we hope to see continual refinement."* *Partner*

Furthermore, many local authorities predicted a greater number of families requiring Troubled Families Programme support than could realistically be served by 2020. As mentioned above, with regard to **population changes**, there were concerns about rising demand for services based on rising birth rates, increasing need for new school places and increasing pressures on services, which without additional funding would be difficult to sustain. There were also concerns about the local authorities' ability to identify, reach and engage these families prior to delivering services.

Although the above constraints to measure or plan progress impeded the ability to look beyond 2020, there was also an understood need for the **programme to remain flexible** in order to provide a service best informed by those using and delivering it. That the programme was still evolving was seen as a benefit in terms of establishing the best evidence-based model. Equally, ongoing revision of the programme was seen as an opportunity to operationalise best practice and 'on the ground' experience to refine service delivery.

8.4    **Demonstrating cost savings**

Although Troubled Families Co-ordinators and others in strategic roles recognised the importance of making cost savings, they expressed strong concerns about their ability to deliver on these. One of the main obstacles to demonstrating cost savings was felt to be the **diversity of services linked under the Troubled Families approach** and the **difficulty of translating many of the outcomes into cost savings**. For example, as one participant suggested, if a child attended school after a period of truancy, the local authority would not in fact see a direct financial benefit. In addition, stakeholders did not have sufficient experience in **demonstrating the costs saved for events the service was able to *prevent***, such as a young person *not* entering the care system or a crime prevented.

*"The problem is around pulling the right figures and working out what that family would have looked like if they were on or off the programme..." Troubled Families Co-ordinator*

Nevertheless, especially in more 'mature' local authorities, early evidence of the potential financial sustainability of the programme could be found. These related to the local authorities implementing data systems, which supported the continuation of elements of the programme with substantially reduced budgets. Local authorities who had employed data analysts (as outlined in Chapter 3) had also established **cost-calculators** to monitor and demonstrate cost-savings of families on the programme. This development was still in its early stages at the time of fieldwork.

8.5    **Sustainability of partnership and integrated working**

The Troubled Families Programme has created opportunities for new ways of working and building relationships with strategic partners. Indeed, the more 'mature' local authorities reported that they were starting to explore ways of using data to demonstrate the impact of partnership working. These local authorities also looked at uncertainty and **budget constraints as a potential opportunity to catalyse multi-agency working**, and think about different ways of working together in order to share resources and ultimately make costs savings.

*"The current local authority structure, austerity and the pressures on local authorities is only going to push us into broader multidisciplinary, multi-agency working and sharing our resources in a more collaborative way to increase the impact we have. It's about using the resources we have in a smarter way." Youth Offending Worker*

Whereas in the past statutory agencies were more likely to work in isolation to deliver support to families, a **strong attachment to the partnership approach** was evident across the case studies, and among frontline workers in the most 'mature' areas. Key workers were now more likely to know, not just which agency to contact, such as housing or police, but also who within that agency was most likely to know the given family and be able to help.

*"[Key workers] seem now more as part of the furniture if you like. Rather than just part of a project, they work with partners, they supervise in housing, they supervise in Jobcentre Plus, they supervise in the voluntary sector." Troubled Families Co-ordinator*

Further, as mentioned in Chapter 7, **selling training and services** to other organisations was another tool to embed the Troubled Families way of working across partner agencies.

The success of embedding partnership working was, at least in part, attributed by participants to strong leaders at the heart of the local programmes, rather than a whole system change. Nonetheless, achieving a cultural shift within partner agencies was more challenging. Whereas some local authorities had achieved a shared set of values with their partners, others at an earlier stage in their relationship with the programme struggled with competing values across local services.

*"In our community safety partnership … there are different people, one not interested in Troubled Families, the other enthusiastic about it. The second [relationship] will collapse after 2020 when funding is cut."*
*Troubled Families Co-ordinator*

Stakeholders were clearly aware of the risks of partnership working breaking down once funding ceased. Therefore, some more mature local authorities had invested in systems to support partnership work beyond 2020, such as data sharing approaches and using technology, such as tablets to enable keyworkers to save time.

*Case Illustration 2:* **Views of a Troubled Families Co-ordinator**

The upcoming year was felt to be crucial for one Troubled Families Co-ordinator running a 'maturing' Troubled Families Programme. This was because additional funding was still available for the programme and there was commitment to the programme from central government until 2020. The challenge, however, lay in being able to demonstrate, in the upcoming year, that the service was worthwhile with regard to meeting the needs of families and was also saving the local authority money.

It was therefore important to demonstrate the value of the programme quantitatively: for example, to show how many children are prevented from entering care as a result of the programme, or many cases of neglect have been prevented. To achieve this, the local authority uses evidence of cost savings which resonate with the aims of other agencies, such as the number of police call-outs prevented and the savings achieved through this.

With regard to looking forward, the Troubled Families Co-Ordinator felt they had reached a "tipping point" for the local Troubled Families Programme. As much progress as possible had been made on multi-agency working and service delivery with regard to elements controlled by the local authority, including the commissioning of adult services such as domestic violence and drug / alcohol abuse. These services were now expected to be part of the whole family working programme. External factors which could not be controlled, such as central government funding, were therefore considered to determine the sustainability of service delivery.

# Troubled Families: *the family perspective*

This section of the report explores how families and keyworkers are experiencing the programme, presenting data on the nature of families' experiences and how keyworkers are supporting them. The findings draw on two waves of interviews with families, as well as an additional wave of interviews with the family keyworkers involved in the

relevant family cases where it was possible to speak to them. Keyworker experiences of delivering the Troubled Families Programme are integrated into the section. The findings are presented as follows:

- Family circumstances and routes to the programme (Chapter 9);
- Applying the Troubled Families principles (Chapter 10);
- Entering the programme and goal-setting (Chapter 11);
- Troubled Families at work (Chapter 12);
- Exit and step down from the programme (Chapter 13); and
- Family case studies (Chapter 14).

For details of the methodological considerations in the development of these findings, please see section 2.

# 9　Family circumstances and routes to the programme

This chapter presents findings on the early stages of accessing support, examining the problems which families faced, and the different routes taken to access Troubled Families support. The families interviewed in this research study were hugely diverse in composition, including couples, lone parents (mothers and fathers) and kinship carers (grandmothers) in the parent/ lead carer role. Extended and non-resident family members were important, with relationships with ex-partners, parents and adult children having a profound impact on households. All families interviewed were experiencing multiple, complex difficulties. These included:

- **Family breakdown** – breakdown of relationships within the home, problems involving the wider family, for example, rifts between parents and grandparents or between parents and older children;

- **Unemployment**– including parents who were proactively seeking work, and those who felt that work was not currently possible, though ultimately desirable for them for personal as well as financial reasons;

- **Anti-social behaviour/ Crime** – some of the families with higher, more complex needs required support relating to crime and Anti-Social Behaviour (ASB), this could relate to parents or young people in the family. Young people exhibiting ASB, often had overlapping issues with missing school or school exclusions. For parents, legal problems often related to child protection concerns including where there were incidents of domestic violence.

- **Poor health or longstanding health conditions among parents and/or children** that impacted significantly on daily life, such as physical disabilities, brittle bone disease, epilepsy, Asperger's and obesity;

- **Mental health problems of parents (typically those of the mother) and children** – including depression and anxiety, which was sometimes triggered by a combination of other pressures and problems such as those listed here;

- **Addiction and substance abuse** – parents with ongoing drug addiction problems and/ or a history of alcoholism;

- **Financial hardship** – often relating to welfare benefit issues, low incomes, and periods of unemployment. Debts and use of foodbanks were commonly mentioned;

- **Domestic violence from partners** – historical or current. Some survivors described a history of low self-esteem and unhealthy relationships. Among those that had recently left a violent relationship, they were not able to cease contact entirely (due to children) and sometimes arrangements and problems around access to children impacted negatively on dynamics within the home;

- **Poor school attendance and disruptive behaviour at school** – for many children and young people this was typically manifest in missing classes regularly or poor behaviour at school which had may have attracted the attention of support services;

- **A recent upheaval** – involving home and moving to a new area, either desired or not desired; and

- **Difficulties accessing or a perceived lack of local services**, especially leisure services/ activities for the children.

In this section we discuss in more detail some of the problems which were highly prevalent across all the families in more detail to give a broader context for families' experiences, despite the distinctive nature of most families' circumstances. These are: financial and domestic management, housing problems, child behaviour and mental health and adult mental health problems. The cumulative effect of these problems, alongside other – possibly even more serious – problems meant that tensions were high within the families entering the programme and the family dynamic was no longer functioning well.

## 9.1  Financial and domestic management

Nearly all the families interviewed reported difficulties in coping with day-to-day household management, in particular in dealing with their finances. Keeping on top of cooking, cleaning and children's routines was a challenge for these parents, and several reported that they often avoided opening letters to avoid dealing with paying bills or other problems or obligations which might be communicated by post.

*"When I get up in the morning my first thought is not paying bills, it is getting through the day. So bills do get missed. It is not on purpose. I am forgetful but I just try and survive." Father, follow-up interview*

Many of the households interviewed were dealing with high levels of personal debt, owed to credit cards, catalogues and personal loans. Some also were dealing with rent arrears, and for others their difficulties around debt were compounded by changing eligibility for welfare support. For example Disability Living Allowance, a benefit for disabled people with mobility or care costs, was replaced by Personal Independence Payments[23], with some families saying that they received less support as a result of this. Other reforms to the welfare support families were

---

[23] https://www.gov.uk/pip

receiving, such as the benefit cap[24], limiting the total amount of benefit support any family can receive also reduced some of the families' income. In addition to dealing with these changes in their income, families struggled more broadly with financial management and budgeting. Given the other issues that families were facing, dealing with finances did not typically take precedence for families, meaning that debts, arrears and financial problems stagnated.

## 9.2    Housing issues

Families typically lived in social housing (local authority or housing association). Many had recently moved home, often as a result of a relationship breakdown, an eviction due to rent arrears, or a move that had been sought by the family because the home was unsuitable for the health needs of parents or children. In these instances, the process of securing a new home was typically described as difficult and stressful, and had often involved the support of their keyworker, who may have, for example, undertaken advocacy for them at meetings, helped them to collect evidence that their home was unsuitable, or liaised with local authority staff working in housing.

The move to a new area also resulted in disruption and multiple difficulties in some cases, both practical and emotional. Practical difficulties included longer school runs or loss of local services and facilities. The emotional impacts stemmed from the loss of local support networks and for some, a dislike of their new area or their new neighbours.

*"I would've stayed in that area because I've got friends there but I've not made any friends here…. I've not settled at all. I just don't, I like the house but it's just not the sort of area I'd live in. My kids are mixed-race and it's not easy being in an area where there is not that many mixed-race children."* Mother, initial interview

Families also reported problems related to the quality of housing, such as repairs not being dealt with quickly or problems with pests which created health problems. Overcrowding was an issue in some cases. For example, one single father indicated he slept in the living room so that his teenage sons, both of whom had behavioural problems, did not have to share a room, which he felt would lead to increased arguing between the siblings. In another instance, a large family had been separated into two homes to avoid overcrowding with support from their keyworker.

*"She came on board and got one of the top people to come out and discovered it was actually a two-bed house and it was against the law for seven people to be in a two-bed house. We didn't know what to do but since we got this [new] house it's been a lot better."* Mother, initial interview

## 9.3    Child behaviour and mental health

Behavioural problems among children were prominent among families interviewed, and parents interviewed commonly struggled to manage with their children's behavioural and mental health problems. Often the disruption was caused by the behaviour of one child in the family, and in many cases was linked to an emotional trauma or to

---

[24] https://www.gov.uk/benefit-cap

Attention Deficit Hyperactivity Disorder (ADHD). Among parents of older children who were disruptive, parents reported that peer groups were influential, leading to low-level antisocial behaviour outside of the home or concerns around using cannabis. Others reported regular violent behaviour in the home and/or at school, and sexually risky behaviour. These difficulties contributed to a sense from families that family life was out of their control and that problems were potentially intractable. Concerns about educational impacts were commonplace in these cases, as were concerns about the impact that their behaviour could have on both younger siblings and the family dynamic, more generally.

*"Family life is up and down, more down due to my son's behaviour. It rubs off on the rest of the children, and being on my own in the house it is difficult to keep the peace." Mother, initial interview*

## 9.4    Adult mental health and addiction problems

Depression and anxiety were common among parents interviewed, and typically related to other difficulties or traumas they had experienced. In some cases, these mental health problems had reached crisis point in the past: among the families interviewed were examples of previous suicide attempts by lead participants (parents in families on the programme), and others described feeling intense pressure and stress as they struggled to keep custody of their children. Those who had experienced a recent crisis point typically reported that, at the point of interview, they had endured the worst elements and that life was getting better. Others had histories of drug abuse or addiction, a complex and specialist area involving considerations around child safeguarding. Keyworkers typically engaged additional support from specialist mental health workers and safeguarding specialists where necessary to help them navigate these problems, and provide appropriate support to parents.  Keyworkers' approaches to handling such issues are covered in detail in section 12.5.

Whilst parents tended to focus on one or two key problems that were of greatest concern to them, multiple problems within families compounded each other, creating additional pressure and worry, and in some instances resulting in dormant problems such as depression resurfacing. Families with longstanding or ongoing problems such as health conditions that presented significant daily challenges, reported feeling under regular and consistent strain. Taken together, the difficulties faced by families contributed to a sense of shame, guilt and inadequacy which was widespread across parents interviews.

*"I felt guilty I was putting on to my kids my health condition, felt guilty I was holding them back. I used to blame myself a lot" Mother, follow-up interview*

## 9.5    Routes to Troubled Families services

Families interviewed tended to either be referred to the service by another professional or had referred themselves to the service. Routes to the programme included:

- Referral **through social services**;
- Referral through **another agency involved with the family**, such as the school or the police; and

- **Self-referral** through learning about Troubled Families services at a local Sure Start centre or when services were actively promoted at a local leisure event.

Families referred by state agencies had typically experienced a social services assessment – either historically, or more recently – or had been referred by schools, the police or health services. The process of agencies becoming involved had often been initiated by a particular incident involving a child which had aroused safeguarding concerns. These included a child's behaviour at school resulting in concerns among teachers about sexual abuse, violent incidents between parents or step parents and children (with instances where both parents and children had been the violent one), and a teenager with suicidal feelings admitting herself to Accident and Emergency.

As might be expected, **routes to support from the programme provided an indication of levels of need within the family**. Families who had been **referred to their local programme through social services were typically likely to have high levels of support needs**: for example, they may have been on the point of needing a Child Protection Plan put in place, or may have been close to eviction from their home. For such families, keyworkers' priorities were typically to ensure children were appropriately cared for and protected in order to avoid child protection measures being necessary. For example, in domestic violence cases it might mean obtaining legal protection for the family and ensuring that the family had safe, appropriate housing and access to basic essentials. Such high needs families, were in some cases, defensive or suspicious about being offered support on the programme (for more details, see section 12.1). Nonetheless, staff observed that being subject to Child Protection status could be a source of encouragement for families to engage with Troubled Families services. This was because families were motivated to de-escalate their status and ultimately, to retain custody of their children. In contrast to those identified by social services, families **identified by universal services such as schools tended to have lower levels of need**. For example, these families may have been identified as meeting the lower threshold of need (requiring support on at least two key problems) such as child behaviour problems and school attendance.

As well as being an indicator of levels of needs, routes to Troubled Families Programmes provided an indication of **how initially receptive to the programme families might be.** Whether families **wanted the support and felt ready for it** when first engaged by frontline staff was important: keyworkers were better able to quickly build relationships with families who acknowledged the need for help and advice. These families were grateful for support and happy to start receiving advice; they were less likely to be defensive.

*"We breathed a sigh of relief at having someone to fight our corner." Mother, initial interview*

Such views were expressed by families who had had long-term difficulties which they were keen to solve, such as in dealing with the behaviour of a child. However, where families **did not feel that they needed support, keyworkers found engaging parents more challenging**. Such families had typically been mandated to engage with Troubled Families services by social services – for example, some had been informed that they would need to engage with the Troubled Families Programme or face further scrutiny around child protection status. Given the circumstances, such families saw accepting Troubled Families support as a necessary condition to accessing other services or ensuring that their children were able to remain living with them; more broadly these families were often accustomed to dealing with social services and cynical about the receiving support.

In such cases – where families needed help but rejected it – keyworkers reported that they were persistent. One keyworker recounted how she had continued to meet one client for several years in an attempt to engage her in support.  The client refused consistently – but one day capitulated, finally admitting to the keyworker that she had a substance abuse problem. When the keyworker did not respond with shock or in a judgemental way, a meaningful engagement around finding support began. Another keyworker reported an example of when persistence did not, ultimately, pay off.

*"For a full year I tried different approaches to try and get an 11-year-old child into school. We found a special school for children with anxieties relating to school. But he just would not go. The case was closed at the mum's request"* Keyworker

Regarding those families eligible for support from the Troubled Families Programme, keyworkers reported that they would go to considerable lengths to engage participants and overcome these attitudinal barriers, winning and building trust and developing a collaborative relationship with families.

*"Yes it is voluntary, but sometimes I won't take no for an answer, I'll keep trying"* Keyworker

Underpinning resistance from families to engaging with support from Troubled Families services was a widespread fear of the powers of social workers to take children away from the family and into care. Fears stemmed from uncertainty around the exact role of the service and, often, around perceived links with social services, perceptions of which were typically negative whether or not the family had direct experience of them. Until they accessed the service – or unless they knew someone who had accessed similar support – families with a history of contact with social services could be resistant to engagement.

*"Most people are scared of social workers … anything you say can be used against you."* Mother, initial interview

# 10 Applying the Troubled Families principles

Whole family and multi-agency working are key aspects of the Troubled Families approach to family working[25]. The sections below outline to what extent aspects of Troubled Families support are being realised in family support with regard to whole family working, the single keyworker model and integrated multi-agency working.

---

[25]

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66113/121214_Working_with_troubled_families_FINAL_v2.pdf

## 10.1  **Whole family working**

Where relevant, families understood the basic principle that the Troubled Families approach aimed to engage with both parents and children. Keyworkers looked at the family's problems as a whole as part of the assessment process, then worked with all members of the family individually where appropriate. They were persistent in engaging the whole family, taking time to listen to family members individually.

*"We do quite a lot of listening visits … just really hearing people telling their stories … and some of it is, as well, finding out [about] safeguarding concerns. We spend a lot of time … making sure that people's stories match, making sure that the children are seen, making sure that we understand the full picture of the everyday lived experience of the child." Keyworker*

The whole family approach allowed **children within households to be offered individual attention which they may have lacked**. For example, teenage children spent time with keyworkers alone, sometimes out of the house. Parents were pleased to see children offered additional support, especially in cases where their child had specific needs or they felt that they did not get enough attention in the home due to difficulties which absorbed a lot of the time and energy of the parents, or the needs of other children.

*"She used to take [my daughter] out. They'd go and have their nails done, or she'd take her down the park, and see if she wanted to do anything, and if there was anything she had a problem with and didn't want to say anything to anyone, she could go to [the keyworker]" Mother, initial interview*

Keyworkers reported that, beyond the initial assessment, whole family working could mean maintaining regular contact with the children so that the keyworker could keep track of the impact of family developments on all the members of the households, even if they weren't directly working with every member of the family. Keyworkers were willing to take creative approaches to ensure that this happened. For example, one keyworker made sure that she brought the whole family together for a meeting by coming to the children's school when the mother was collecting them and holding the meeting at the school.

The whole family working model was often **extended to the wider family network** too, in recognition of the fact that wider members of the family sometimes had a major influence on family dynamics.   Keyworkers helping parents understand their *own* behaviour in response to their children was a key factor in addressing relationship problems within families.

*"Extended families are a big issue. That is what crumbles people in the end – the pressure from family, friends and the internet [social media]" Keyworker*

Keyworkers met and engaged with members of the extended family, including uncles, grandparents and close friends or neighbours and others that were important in their lives. Families recognised that this helped keyworkers to see the full range of perspectives of family problems and understand the broader dynamics of the family. This kind of engagement could also be useful in helping families to develop coping strategies for dealing with challenging

extended family members, and, in some cases, it improved relationships between family members in the longer term too.

In the interviews conducted, whole family working was the default model for keyworkers, but there were examples where the keyworker was not working with everyone in the family. In almost all cases, keyworkers conducted assessments with the whole family. They would try to include everyone and speak to everyone in the family, and only not do this if a family member refused to take part in the assessment. Following the assessment, keyworkers planned their approach, and would only not work with the whole family in certain special circumstances. For example, where working with a family member might constitute a serious personal safety risk. In one instance a history of domestic violence by the father meant that the keyworker was reluctant to work with him. All family members were part of the initial assessment, although keyworkers described how they often prioritised the support for certain children in the family when those children were facing very challenging circumstances. For example, one keyworker explained that because there were six children in a family she was working with, she prioritised those with the greatest need – two with disabilities and ongoing health issues and one with behavioural problems. Another keyworker also explained that they would not work so closely with children who had not been deemed to be at risk in a Child Protection Plan if the family had also been stepped down from social services.

Where keyworkers were not working directly with every member of the family, families understood the reasons behind the keyworker's strategy. For example, one mother described how the keyworker typically visited the family home when the children were at school. Another parent, explained that the keyworker focused on one son who had particularly challenging behavioural problems compared to his siblings. Although not common, there were some instances where only the children in the household were engaged, but not the adults. For example, one mother described how she would have liked support in contacting other support services and with managing her low mood but her keyworker focused largely on her child.

Putting whole family working into practice was rewarding, but presented some important challenges for keyworkers. The first to ensure they had the right specialist knowledge on hand for handling complex or unusual problems within families. Mental health problems, domestic abuse and substance abuse problems were all typical examples of areas where keyworkers might seek help, but there were others.

*"I had a family where a child was going through a gender change. That was a new thing; I had to learn about it. The whole community had to get used to it. I had to get the whole family through to the other side. My main job was getting the sibling through it … she got left behind as all the attention was on the transitioning sibling. So my main focus was her" Keyworker*

There were also resource barriers to putting the whole family working approach into practice – specifically, caseloads. Whilst the caseload for keyworkers could be less than in previous roles they had held within the local authority in which they were only providing support for individuals in the family, working with the *whole* family increased the level and intensity of support they provided to each case. Keyworkers reported that working with the whole family afforded them the flexibility to meet the family at a time and place that they knew the family would be – but that they were constantly juggling the demands of a range of families and making judgement calls as to how best to support them.

*"I did four contacts in three days with this client. Other families I have are not so intensive. Another week it might be another family I have to focus on – last week I spent lots of time on a family because of an allegation involving Children's Social Care. Situations come up and take over and you have to put things on a backburner"* Keyworker

Further evidence on the impact of caseloads and keyworker resources is to be gathered at Phase 2 of the qualitative research, which began in September 2017.

Senior stakeholders also reported that they perceived potential cultural barriers around skills and burden to delivering whole family working for those frontline professionals outside the core family support worker/ keyworker service. In one case study area, for example, a Troubled Families Co-ordinator noted that designated keyworkers already working with a family member primarily through another service may be reluctant to factor the whole family into their way of working because they did not see it as their remit.

*"They may well tap into the family for different assessments or to make sure they know what's going on in regards to the person they're working with, but they don't actually do anything with them … How much pressure can you actually put on a service to work with the whole family? … We're all up against it, it's just trying to work with them where we can to make sure it is a family approach."* Troubled Families Co-Ordinator, initial interview

## 10.2  **The single keyworker approach**

The single keyworker approach was important to successful interactions among participating families. As expanded in section 12.1, it was evident that the continuity of a single, consistent contact for families throughout the programme engendered trust and supported effective service co-ordination.

Given the diversity of problems and challenges faced by families, family workers needed a broad toolbox of skills to support all members of the family effectively. As part of the shift towards integrated working and service transformation in the programme, local authorities drew their keyworkers from a range of backgrounds and partner agencies. In practice, at this stage in the programme, this translated into **differences in the approach of family workers from different backgrounds**. For example, some keyworkers worked with Troubled Families households exclusively and intensively, seeing the family several times a week, employing a whole family working approach, and were viewed by families as their main point of contact amongst all services they were dealing with. Other keyworkers, in contrast, were practitioners who were based in a service, such as social services or schools, who also had separate caseloads or job functions to meet alongside referrals from Troubled Families.

The local authority case studies in this research employed a diverse range of delivery models, working with a mix of both keyworkers and leadworkers (practitioners drawn from a range of state and third sector agencies) to offer support to families. Support was allocated to families in tiered delivery models, using a needs assessment to determine the type of family workers required and therefore allocated to families. This had implications for the caseloads of different types of family workers: a dedicated keyworker might have only five (potentially high-needs) cases, for example, compared with a partner agency-based lead worker who might have twice as many in addition to a separate workload related to their main role. The expanded eligibility for the programme (from 2015) also had an impact on keyworkers' caseloads and practice,

*"In my mind it is still FIP [the Family Intervention Programme] because we are still getting the higher level cases, but they've changed the goalposts now so we don't visit so often, and [it's] less social-worker led"* Keyworker

Training and support for lead workers whose previous experience lay outside the Family Intervention Programme (FIP) approach or other closely related skillsets was important. **Stakeholders reported important skills gaps among lead workers** based in partner agencies, for example in supporting adults or older children, depending where their experience lay.

*"I suppose a concern that we have is that [keyworkers] have been re-deployed from different roles and they haven't worked with anyone except children."* Keyworker manager, initial interview

Keyworkers who were based in partner agencies themselves acknowledged this requirement, reporting that they sometimes struggled to engage with all family members – and senior stakeholders noted that this was a common challenge. More details on how local authority case studies tackled workforce development and skills are covered in chapter 7.

*"We would have seen a lot of referrals to Social Care [from lead workers] because it's, "Oh my God, I don't know what to do with this. I've got no one to talk to, so let's send it to the people who do know."* Troubled Families Co-ordinator, initial interview

*"I think training around teenagers was needed; before this we mainly worked with children under five."* Keyworker

These challenges around keyworker capacity, skills levels and fidelity to the Troubled Families model are present primarily in the senior stakeholder data for this study. The second phase of the qualitative research, beginning in October 2017, will therefore present an opportunity to explore these issues in more detail and understand the nature of the service delivered by Troubled Families leadworkers in more detail.

## 10.3  Co-ordinated multi-agency working

A key factor in family working is for keyworkers to coordinate agencies around the family[26]: through this approach duplication of effort by agencies is avoided and resources are deployed more efficiently. The existence of Common Assessment Frameworks (CAFs), which in some case study areas pre-dated the Troubled Families Programme, supported this approach from the initial engagement of families, providing a consistent framework for all agencies to examine the needs of families. In most of the case study local authorities, completed CAFs for families were discussed at regular multi-agency meetings. Aside from these meetings, keyworkers also reported keeping in touch with other agencies on a regular basis to make sure that they had all information about the support that families were accessing.

*"As a team we have a really good set up talking to other agencies. We do it by telephone, email. We're never left out in the dark because we set the network up as we go along."* Keyworker

---

[26] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/66113/121214_Working_with_troubled_families_FINAL_v2.pdf

**Families were very positive about a multi-agency working approach**, liking the fact that they did not have to repeat any aspects of their family story to multiple services. They contrasted this with experiences of support that they had previously, where they became frustrated having to explain their situation to many service providers. The approach was explained by keyworkers, and was understood by families, who saw the value of it.

*"She explained it as you explain once to me and I'll explain to everyone else"* Mother, follow-up interview

*"It's good because everyone can get a view of everything else which is going on in that family's life. It is good for the [substance abuse support charity] because they know everything that has happened"*
*Mother, follow-up interview*

Families consistently noted how effectively keyworkers were able to engage other services and communicate with them, often resolving problems which had seemed intractable to families very quickly. There was considerable evidence of close collaborative working with social work teams in particular, which was noted and welcomed by families. The keyworker was viewed as mediator between themselves and social services, with keyworkers supporting families to progress relevant actions and reporting into social services on progress on their behalf.

*"There's a lot to be done [as part of the Child Protection Plan conditions] but [keyworker] and [social worker] they kind of broke it down how we'll do it. The last social worker just bombarded everything and said, 'Right. This needs to be done. That needs to be done. That needs to be done within these couple of weeks', but she'd never put the referrals in to get them done. Where with [my keyworker] and [social worker] now, with everything that needs to be done they've put the referrals in and we're getting feedback and everything."* Father, initial interview

Keyworkers too acknowledged the importance of their incorporating their childrens social care team's plan for a family into their development of family goals. This was because addressing any child safeguarding issues was likely to be the most important issue for families to address in goal-setting.

*"When they are on a Child Protection Plan [CPP] I usually try and marry my plan to the CPP so that they are not working to two different plans … I had conversations with the social worker in the core group meetings to see what the priority was for the family – as well as asking the family what they needed help with first"* Keyworker

Interviews with keyworkers gave some indication of the potential barriers to effective multi-agency working. Much depended on the willingness of individual practitioners to help, and a few keyworkers noted that health services, could be challenging to engage due to time pressures or unwilling to share information due to confidentiality.

*"Having to contact GPs all the time is really difficult – they don't get back to you."* Keyworker

One keyworker noted that, with persistence, the issue of confidentiality could be overcome as long as practitioners were clear that families had given consent and there was value to sharing the data. This approach had succeeded for her not only with local agencies but also central government departments.

*"It is really important that the client gives that permission verbally because they are placing a huge amount of trust in you."* Keyworker

Further, accessing support from specialist agencies was dependent on the levels of available provision in their area. In some areas families reported long waits for services and this had meant they were not yet receiving the support that they needed. In cases where mental health support was one of the key problems this meant that very little else could progress in the meantime. Keyworkers also identified difficulties in accessing specialist provision, especially mental health services, as one of the key challenges they experienced in delivering an effective service to families, and felt some of the waiting times they had encountered were unacceptable. While it was widely acknowledged in the qualitative interviews that services and budgets in this sector were strained – with ring-fenced funding frequently mentioned as an ideal outcome – some staff felt powerless to support families to make any significant changes in their lives where they considered a therapeutic mental health intervention to be a prerequisite for addressing other problems.

*"You can see that mum is just flat – in her dressing gown in the middle of the day. If you're not happy then little 'Johnny' can't be."* Keyworker

Mental health services aside, pressures or cuts among other partners were mentioned as problematic for Troubled Families including domestic violence services, policing, and also 'preventative' services such as youth work.

*"It is a great approach and I do think it works well but there aren't enough other services to feed in."*
*Specialist partner, initial interview*

# 11 Entering the programme and goal-setting

This chapter sets out the process behind the outcomes achieved by families; from the goals that were set, through to the outcomes achieved, looking at what support was offered that resulted in these outcomes.

Within the goal-setting process we will explain the types of goals set, the order in which these were addressed and what a positive model of goal setting looked like. We will then examine what outcomes these goals led to and what steps the keyworkers took to reach these. Where possible we demonstrated where the actions and approach of the keyworkers led to the outcomes achieved or otherwise, as reported by participants in the research. We also examine the factors that led to families having less positive experiences of the programme or to families not achieving the outcomes hoped for.

## 11.1 Initial meetings and assessment

Troubled Families support typically began with a **home visit to the family** from the keyworker, preceded by a **telephone call introduction**. In some cases, the introduction of family to keyworker had first been made in a school setting or at a social work meeting – typically where the referral had come through the school relating to behaviour

or truancy. Families typically reported **fear and anxiety about initial engagement with Troubled Families support**, reporting concerns around what they could or should disclose about their lives, and suspicions about how their behaviour would be judged.

*"I was concerned when she first come because I didn't know what I could say to her and what I couldn't ......It's like a new face, it's like someone interfering with your life that obviously you don't know." Mother, initial interview*

Though keyworkers reported that families varied in terms of their willingness to engage with family services, having a high level of involvement from social services historically could be a barrier to engagement – as discussed in section 9.5. This was because these families were said to often feel let down, or "burnt out" (as one keyworker described it) from years of different interventions that had not achieved long-lasting impacts.

*"I do think that some people can be very cagey initially – they can think we are social services, so I keep it light" Keyworker*

*"Some people will tell you everything, but others, they're the ones that really struggle with having the support and the help because they've probably been through the system, they've probably not had a good relationship with Social Workers ... as soon as you mention Social Services or Children's Services the barrier goes up." Keyworker*

In this context, keyworkers noted they needed to **make a clear distinction between their practice and that of social workers** in their early contact with families. They explained that they offered non-judgemental help and support – which was read by families as being in contrast to social workers, who were often perceived by families as threatening or interfering.

*"I ask families how they would like to work with me, which is an unusual thing for them to hear because they are used to hearing how an agency will work with them. It makes them feel empowered" Keyworker*

This approach was typically successful, with families welcoming the overall approach and offer of help if – for once – it did not come with conditions or penalties.

*"[The keyworker] put me at ease, I remember her telling me that she wasn't here to catch me out and made me feel better." Mother, initial interview*

Another way in which the programme was different from social work support initially was that involvement was typically voluntary rather than mandatory (aside from those cases with Child Protection Plan or Children In Need status). The voluntary nature of the support made the families feel in greater control over their situation and included in endeavours to resolve their difficulties.

*"It's better than social work because this is a choice. It's the authority thing, I can tell her to get out my house. I wouldn't, but I could." Mother, initial interview*

Whilst there was evidence that, for some families, building trust with the worker took weeks or months, first visits among the families interviewed were typically successful in alleviating fears and providing reassurance. Keyworkers

explained their role clearly to participants, setting out how much time they had available for families and outlined their objectives clearly. Keyworkers reported that the language they used aimed to counter stigma about the intervention and adopt a transparent approach in their first contact with families.

*"We don't talk about them being "troubled families" anymore, they're just a family that need additional support"*
*Keyworker*

This was an approach which made sense to participants and to which they were very receptive. Families reported that keyworkers emphasised that they were there to offer support to families without judgement.

 *"When we first met him he was quite reassuring … he puts your mind at ease because he's like 'we're not here to judge you, we're here to just help you along, you're having a few problems so if you need help with anything we're here to help you, we're not here to judge you'"* *Mother, initial interview*

On the first meeting with a keyworker **families were assessed – sometimes informally – to explore the problems they were facing and what they most needed help with**. Keyworkers adopted approaches that were appropriate for the particular needs of the family that they were assessing – for example, when undertaking an assessment of mental health, families recalled that keyworkers had used a more structured diagnostic tool.

Though recall was limited, family views on assessment aligned with the keyworker interviews, which described an assessment process that was family-led. Assessment was not necessarily completed at the beginning of the intervention: it was an ongoing process and sometimes needed adapting as different problems arose or families shared other problems with their keyworker. Families who were hesitant about trusting anyone from a statutory service, or were dealing with particularly difficult problems (such as abuse), did not discuss some problems with their keyworker until they had built up trust. Keyworkers also asserted that a sensitive approach was important, involving ensuring families felt comfortable with the worker before probing too much.

"*They don't tell you [about certain issues] until they're comfortable with you … so our assessment is probably based on what we see in the first eight weeks now as opposed to trying to get to the bottom of sort of tell me your history… [the assessment] is now based as much as we can on what we see and what we can ask them without them shutting back down again and putting the barriers up."* *Keyworker*

## 11.2  Setting goals

Goal-setting was a key first step to full engagement on the programme. Developing specific goals was important to both families and keyworkers, giving a focus for both short-term and long-term activities – and an opportunity to reward persistence and determination in achieving the goals.

*"It's easier to do something when [the goals] are set out in front of you"* Mother, follow-up interview

*"If I had not set myself goals at that stage, I would still be in the same rut as I was nine months ago."*
*Mother, follow-up interview*

The goals set for families covered a full and diverse range of problems facing families: children's behaviour, education and health, parents' health, alcohol use, relationship breakdown, finances and employment. Goals set might be very specific, such as a short-term step to increase child's attendance at school from one day a week to three days a week[27], or, successfully attending a drugs detox course. Goals could also be broader and more all-encompassing, such as aiming to "*get this family functioning again*" – but would be broken down into achievable tasks.

An **informal and collaborative approach was often taken to goal-setting:** the process was often a conversation between the keyworker and family, in which the family thought about the things that they wanted support with, and the keyworker helped them shape these into goals. The more families were able to contribute to the development of goals, the more engaged they were with them in the longer-term. Setting goals also helped families to focus on what they wanted to achieve.

*"They say to you 'what do you think you need help with and what are you struggling with most?' and then you write a list of things you are struggling with. In my case, when I started talking about what I was struggling with … it was finances, help with debt, routine and settling the whole of us and obviously I needed help myself with, because I had just come out of a life living with panic and anxiety."* Mother, follow-up interview

To keyworkers, ensuring that the family's requirements and priorities were at the heart of the plan was paramount. Goals could empower families to make positive changes in their own lives, to enable them to access the support services they needed but to ultimately take ownership of their situation and journey as a family.

*"We support families to try and get them back on track really, to sort of empower them to help themselves to get to the benefits…… we don't tell them what to do, we work with them … it's <u>their</u> end goal."* Keyworker

*"You have to do it in a way that lets them have ownership over what's happening"* Keyworker

Further, a family's full engagement at goal-setting stage served as an early indicator of whether the family would achieve positive outcomes with the service.

*"The families that want to see [their action plan] take ownership of it more; they're the families that I find when we close they don't come back or if they do they might come back with something completely different than they went in for in first place."* Keyworker

---

[27] The longer term goal would be to increase school attendance to 90%;at least 90%; of possible sessions on average across three consecutive school terms, the goal outcome set by DCLG.

Families who felt that goals had been tailored to their requirements were very positive about this; it helped them feel that their keyworker listened to them and understood them. For example, families in difficult living situations tended to feel that addressing housing problems was a key priority for them, and that this was an issue which should be addressed above other goals, such as moving back into work.  However, goal-setting became a less positive process if families felt like they were asked to do things that they did not believe would help them, or were not in line with what they wanted to achieve. For example, one family said that they had been asked to attend a parenting class on Attention Deficit Hyperactivity Disorder to help with their son's behaviour. They indicated they had refused to attend as the class was aimed at parents of children much younger than their son, and therefore they did not feel it would be helpful.

Families understood that they had some things which they were working towards which related to **problems that affected the whole family**. Parents noted that the keyworkers were interested in both problems that related specifically to them or to their children, as well as cross cutting problems, such as housing problems or morning routines. All family members were typically allocated individual goals, which, in the case of younger children could be translated into a daily chart which was regularly monitored meaning that consistent good behaviour can be rewarded.

*"For a family to move forward, all the family needs to be on board with it" Keyworker*

There was often a **focus on small, manageable goals, especially at the start of the intervention** whilst keyworkers and families established a rapport. Aims set for families included things like a child doing his homework each day, getting new furniture or applying for a welfare benefit. Keyworkers noted that they felt it was sometimes helpful to build engagement in early stages of support by focusing on 'quick wins' – support with practical problems that helped establish a rapport and trust. Examples include getting a family moved to suitable accommodation, helping them to initiate complaints about housing conditions/ repairs, or to source furniture that was needed for the home. These things had an immediate positive impact for families.

The **specificity of goals** also varied. Goals could range from those which were very focused (such as increasing attendance at school) to more general ones (such as improving their housing situation). Goals were not always time-bound, for example they could include an aim to reduce the amount of alcohol that they were drinking or to attend medical appointments. Some situations, however, necessitated the setting of very specific goals. For example, in child protection cases, there were specific requirements that the parents had to fulfil to avoid statutory involvement. Keyworkers interviewed suggested that in these cases families were strongly motivated to reduce the involvement of child protection teams in their lives, so goals centred around meeting this wider objective. For example, goals might relate to changes around the house and the way their children were dressed, such as buying their child a school uniform. Some goals were tasks for the **parent to achieve on their own**, like attending a parenting course, or attending an alcohol detox course. Others might be goals that the keyworker supported the family with, such as getting educational support at school. Less commonly, goals might include **activities that the keyworker would do on the families' behalf** such as applying for financial support to help pay for basic goods.

## 11.3  Sequencing and monitoring goals

The sequencing of goals depended primarily on the urgency of the problems facing the family. **All problems relating to child protection, such as inadequate housing or domestic violence, were dealt with as a priority.** For other problems the keyworker and family would work together to see which problems they felt should be addressed first.

*"There are things like finance and home conditions which we are not forcing her to do but are under the surface; our main priority is to make sure she does her rehab and detox"* Keyworker

Beyond that, the sequencing of addressing problems was agreed with families – and was strongly family-led to engender stronger motivation towards the meeting of the goals.

*"It might only be one change which is important to the client. It is better that you achieve that rather than six other ones which are not the client's"* Keyworker

Keyworkers used different tactics to prioritise problems, including presenting problems that could be potentially addressed swiftly as 'quick wins', encouraging engagement with the programme, or asking the family to categorise problems themselves – such as ones to work on this week and ones to work on the following week.

*"I tried to 'grade' the stresses – focusing on what was bothering him most [first]"* Keyworker

They also noted that prioritising goals could potentially be constrained by waiting lists for referrals and the availability of services. As noted in section 12.5, pressures on mental health services in particular sometimes meant that although a priority for a family, other goals might be given precedence over accessing counselling, for example, while the family waited for capacity from services to support them.

*"Some things are happening too soon and others not quick enough*" *Keyworker*

**Progress on goals was discussed with families regularly**, and as certain goals were met, targets were increased or updated to cover a broader range of problems. For example, getting a stable living situation, focusing on moving to suitable accommodation and dealing with money problems might be addressed first and once these were addressed keyworkers started to talk to families about medium or longer-term aspirations such as studying or returning to work.

*"I'm going to concentrate on the house and getting the children back and hopefully next year go into college and…. get a degree of some sort … I want to be some kind of support worker" Mother, follow-up interview*

Some keyworkers organised regular updates with the whole family so they could discuss progress made and together suggest the next goals that they wanted to achieve.

*"It's a mini-assessment, she lets us know what's changed since six weeks ago, how far we've come and stuff like that, then we sign it and it goes back to her manager." Mother, follow-up interview*

One common method for monitoring progress was a **'family star chart'**. This was a review across all different areas of family life, such as health, mental health or finances, where families rate how well they feel they are doing in these areas and then discuss what support they need as a result of this. Monitoring of goals also meant that these families could see when they had met their goals, meaning they were more prepared for support finishing. The families that could not remember setting any goals were less sure of what they were working towards and were not able to anticipate when their support might be stepped down – as will be discussed in Chapter 13 of this report.

*"If you know you have a time limit and that you have to get your goals done in this time, then it's better. But it never felt rushed."* Mother, follow-up interview

Ultimately, goal-setting was a rewarding process for families – it showed them how much progress they had made, and also allowed keyworkers a mechanism with which to provide a challenge to families when goals were not met. Those families whose experiences of the programme were positive reported their pride in having achieved stretching goals – and their determination to maintain the progress they had achieved.

*"I had set myself so many goals [initially] that I really did not think I would manage them. It's only that I have pushed myself to do it. If I had not done this [with the keyworker's support] I would still be where I was in January, so I'm pleased, very pleased"* Mother, follow-up interview

# 12 Troubled Families at work

This section presents findings of the experience of participating in the Troubled Families Programme, from both the family and keyworker perspectives. The content reflects the key areas in which keyworkers made a difference to families, presenting reflections on the impacts of support from the Troubled Families Programme as described by family members and keyworkers. The chapter covers the following areas:

- The family-keyworker relationship;
- Support with practical matters;
- Advocacy;
- Improving the family dynamic;
- Access to specialist services and resources;
- Supporting young people;
- Support into paid work; and
- Building resilience.

## 12.1 The family-keyworker relationship

The foundation of a successful relationship between family members and keyworkers was the **development of trust**. If trust was successfully achieved it would lead to openness among family members – not only with the keyworker

themselves, but also with each other within the family.  This openness meant keyworkers would be in a position to fully understand the most challenging problems faced by the families.  They would also be well-placed to address the problems because families would be receptive to suggestions. A strong trusting relationship with families was viewed as fundamental to progress using the Troubled Families approach by keyworkers – although it was not always easily won.

*"If you do not have a good relationship with the family you are not going to achieve anything. If they feel they can trust you, and though challenged, will not be judged, it provides a safe place to think about changing their lives. We are asking families to change their whole way of living, their attitudes, how they approach their lives, so we give them the space where they can do something about … It is a process that is being done for them not to them."*
*Keyworker*

In this section we describe how keyworkers built up trust effectively with families, the specific qualities of successful relationships, and the transformative impact that an effective relationship with a keyworker could bring to families. Foremost was the offer of emotional support and dedicated attention to the struggling parents. This was offered through conversations which allowed the parent to feel listened to and supported. This was particularly important in the context of high needs families who were likely to have experienced a number of social care interventions; the typical perception of which was that of being 'done to' rather than being involved as a willing participant. Troubled Families keyworkers were different because they paid attention. A successful keyworker might be described by participants as a supportive friend or trusted family figure.

*"I have six kids, it's all about them, I never get to do what I want. Most days I have no adult conversation … [the keyworker] is like my agony aunt."* *Mother, follow-up interview*

Participants also reported that they felt that **good keyworkers were invested in their success** too, and understood their personal challenges and desires to overcome their personal difficulties. This translated into feelings of seeing the keyworker as an ally as well as someone offering emotional support.

*"It makes you feel better that there is someone there for you … He's got to know me and what I'm like. I was before quite a confident person and he just wants to get me back to that."* *Mother, follow-up interview*

Offering **positive commentary on family conduct** – motivation and encouragement – was also important. As described in chapter 9.4, parents often reported a sense of failure and guilt in their handling of family life. Participants welcomed someone from outside the family offering them praise for doing well by their children, which those with high levels of needs – such as problems with substance abuse – had been unused to hearing.

*"When she came round she would make me feel as if I was doing a good job which is what I think mums need a bit. When Social Services are involved, it feels quite a pressure: it makes you feel as if you have failed your kids."*
*Mother, follow-up interview*

**Regular encouragement, alongside the availability of support in times of crisis – was vital**. This helped sustain participants' motivation to meet goals even on the most challenging days. In time, some parents started to develop their own determination to succeed. They felt better placed to deal with the challenges, and realised that they could

achieve their goals. They also developed the confidence to start tackling other problems they had not felt able to consider before.

*"I said to her, I feel like I want to give up. The bills need to be paid but the kids need uniforms for school and feeding … and she said 'don't you dare … don't you dare give up; you've come so far; things can only get better'. She was on the phone every day"* Mother, follow-up interview

*"[The keyworker] really supported my sanity more than anything. Sometimes I needed to rant and she would keep pushing me, saying I was doing the right thing."* Mother, follow-up interview

One dimension of being non-judgmental was **treating parents with respect**, and demonstrating an empathy for the context of their decision-making. Parents were pleased – and often relieved – to find they were supported by someone who could demonstrate they understood how situations in families had escalated and become overwhelming. To achieve this, keyworkers needed to be very approachable, accepting and able to set participating parents at ease.

*"She's very easy to get on with and very, very easy to talk to. She's very understanding …. I've told her things that I've not even told my social worker yet."* Mother, follow-up interview

*"You don't have to repeat all of your situations. I don't have to paint a smile on my face if I'm not in a good mood, he helps me get it out of my system, whatever is doing my head in."* Mother, follow-up interview

Parents also felt respected when their **involvement and engagement was sought throughout the process** and in the context of actions taken to support the family. It was important for parents to feel involved and informed about processes designed to support the family; the act of keeping parents informed ensured they felt respected.

*"If she [keyworker] does contact someone, she'll contact me before she's going to contact them. So she's always kept me in the loop about everything that she does with [my son]."* Mother, follow-up interview

Finally, in terms of building trust, the credibility of keyworkers was important. Although not an essential quality, parents valued keyworkers whose experiences they could relate to, to whom they felt in some way similar or shared something with. This credibility could be built when keyworkers shared a little of their personal history with parents; participants remembered these details, which were important to them.

*"He's lived quite a varied life, had different jobs, he's down to earth. It's easier to listen to someone that has a lot of life experience. Varied experience rather than knowing one tiny area."* Mother, follow-up interview

*"I think [the keyworker] being the same age she understood a little more, and she has a family of her own."* Mother, follow-up interview

Once trust had been established – a process which, in some accounts might take many months – keyworkers were then in a position to present more challenging questions and problems to family members, with the aim of moving them towards their goals. Participants recognised that keyworkers were deliberately presenting a challenge to them –

and gave them license to do so because they trusted them. Tone was important –  and it was evident that keyworkers chose an approach to presenting challenges which would be most likely to resonate with participants.

*"She had a way of doing it in a subtle and friendly mothering way. If it had been anyone else, I don't think I'd have agreed with it and gone along with the stuff she had been suggesting."* Mother, follow-up interview

*"She was honest from day one … that counts quite a bit because I am an honest person. She said 'If I come round and [there are drugs in the house] I will phone the police and I will do that in front of you. I won't do it behind your back. You will hear everything I say."* Father, follow-up interview

Levels of contact time were also important, and the most effective keyworkers caused change through embedding themselves in the family dynamic through **regular presence and contact**. Close relationships were built by frequent, informal contact (for example, the keyworker dropping in at their house, giving them a call or sending a text message). Families noted that the keyworker regularly checked in on them to see how they were doing, rather than only contacting them about a specific problem. This gave the opportunity to raise problems with keyworkers as and when they occurred, and meant that they felt that the support from the keyworker was a constant presence. It also made families feel that they could contact their keyworker when they needed them rather than wait for them to get in touch.

*"She actually cares… at night time if he kicks off and he really upsets me I'll text her and I wouldn't expect a text back 'til the morning but she actually texts me straight back…she never shuts her door."* Mother

Another mother reported that her keyworker had come to observe their morning family routine, which she said that social services, in comparison, had not done. This level of attention meant that she felt the keyworker understood their family situation better – and was therefore better equipped to support them than social services had done before.

*"He's easy to talk to, if we have a problem we go to him. I'd rather tell him than a social worker. He has had more involvement. He's helped us get to this point."* Mother, follow-up interview

Once embedded in the family, keyworkers were in a position to **set a good example to family members in how to treat one another and how to handle challenging situations**. Participants reported that they welcome the calm presence of the keyworker within the household, and their respectful way of dealing with all members of the household. Dependability, consistency and meeting promises made were also important – parents valued keyworkers who did what they said they would – and failing to do so had a detrimental impact on trust.

*"She rang us this morning to say that she's cancelled … she said she'll post [housing forms] when she gets better. It's over a week when she's meant to have been coming out, she just keeps cancelling."* Mother, follow-up interview

Overall, building a trusting relationship with families was the key to making change in households happen – and allowing parents to feel that they would be able to make changes themselves. Successful relationships were mutually respectful, overcoming initial or longstanding attitudinal barriers to external intervention. Keyworkers acknowledged

the importance of the mutuality – noting that, despite their best efforts, their support would only be effective if families were receptive.

*"I can't fix a family – I can advise but a family has to engage and be willing to change. I will tell them I do not have a magic wand – it is about the family."* Keyworker

Families attributed progress within their families to the support they had received through their keyworker relationship, either directly due to the keyworker helping them see the possibilities for their lives, or because they had already wanted to get things back on track, but needed support to do so. The full impact of the relationship with the keyworker will be discussed in section 12.8.

The close, confiding nature of the keyworker relationship with families did bring practical challenges. Keyworkers reported the difficulties of establishing and maintaining boundaries. One keyworker reported her alarm to have been contacted on social media by a client, and to have had personal family photographs "commented on" by said client. This was a perceived as a violation of professional boundaries – although the keyworker conceded that the relationship developed with clients did blur these lines.

*"Clients over-identify with you in their life and you have to professionally keep those boundaries in place. But you also have to remain warm and empathetic. So it's a fine, fine line."* Keyworker

Similarly, presenting challenges to family members had to be delicately handled. A direct and honest approach, while broadly appreciated, could, in some contexts, be taken badly by parents.

*"She's alright – but she can be patronising. At the last [school] meeting she said "You are 35 years old. You should be doing this stuff on your own now". Well I know that … I've just got to the stage where I can't do it on my own."* *Father, follow-up interview*

Given the primacy of relationship-building, keyworker continuity mattered. **Families needed to see the same keyworker over the period of their involvement in the programme**, and the impact of the intervention was held almost entirely within this relationship. A change of keyworker – which could occur if a keyworker changed roles or went on maternity leave, for example – was a major setback, and undermined the objectives of the programme, creating new barriers to engagement.

*"I told [my keyworker] and then I had to tell it all again, instead of them two talking [to each other] … it was like going through it all again… she was asking questions that the first keyworker had already asked, but I didn't know if she was asking them to see if I'd give a different answer."* *Mother, follow-up interview*

## 12.2  Support with practical problems

**Successful keyworkers were action-oriented, and offered support in dealing with practical problems**. These were problems that families may have struggled to resolve themselves due to a lack of knowhow, skills, information or access to networks and gatekeepers within statutory services, or because they were dealing with many other

challenging problems and felt overwhelmed. Addressing practical problems faced by families were a way for keyworkers to demonstrate their effectiveness in making change for families and honouring their promises to them.

*"Once you help with one thing they will realise you are there to support them. You have to be there and try not to give up … try and build that relationship before you push the more difficult issues."* Keyworker

A common initial area in which to offer support was in **addressing problems around housing quality**. Examples of this kind of support were accessing funds to purchase new beds and mattresses for families, or other furniture/white goods which were required, dealing with persistent public health threats such as bedbugs, and organising repairs. Several households interviewed desired a new home because they were keen to leave their local area or were in an overcrowded home. Keyworkers offered advice and help in facilitating a move – for example, adding families to council waiting lists for social housing.

*"She has sometimes rushed repairs through and if it hadn't been for her help and [the housing charity] … I wouldn't know where to start."* Mother, follow-up interview

Keyworkers also helped in improving domestic management within the households, with advice and encouragement on **how to keep a clean, orderly house, and support in developing routines for all household members**. Success was facilitated by ensuring that families had the tools they needed to persist with new arrangements – for example, one keyworker bought an alarm clock for a parent to ensure they would wake up on time. Families were helped in getting to important appointments either by, for example, being reminded they needed to attend a school appointment or being helped to arrange transport to enable them to attend. Families who had a Child Protection Plan in place, or were subject to Children in Need status at the time of the interviews, recognised that keyworkers were supporting them in taking steps to ensure that their family was de-escalated from requiring social services involvement.

**Financial management was a critical area of practical support offered**, and one in which many of the families interviewed required support – in keeping track of their finances, budgeting, ensuring bills were paid, managing debt and in accessing welfare support. Many of the families interviewed were experiencing severe financial difficulties, with many debts and rent arrears. Others had been unable to access the welfare support that they reported they needed. Reasons for this included eligibility changes in the move from Disability Living Allowance to Personal Independence Payment and as a result of welfare reform (one family was on the cusp of being affected by changes to the benefit cap). Keyworkers were able to help, for example by supporting families in prioritising bills and clearing debts, applying for bankruptcy, applying for welfare benefits and attending relevant meetings, or accessing food banks. Keyworkers also helped families access special funds – for example in the case of one family, the keyworker had given them access to funds to pay for new curtains and school uniforms when their benefits had been stopped.

The cumulative effect of support on a range of practical problems contributed to greater emotional strength and resilience as families emerged from difficult periods. Families felt that they were working together with keyworkers to meet the requirements of a shared plan, with each taking on tasks which they felt that they could manage. They also reported relief from the pressure of dealing with many problems at the same time.

*"[Having a plan] stopped everyone from panicking … I could see what was happening [which helped me to] keep it steady rather than so chaotic."* Mother, follow-up interview

## 12.3  Advocacy

A further important type of practical help was keyworkers advocating on families' behalf. For more challenging problems, families found this more helpful, supportive and effective than being directed to information about services. **Involvement in advocacy on the family's behalf helped families feel that they had someone on their side** – which was particularly important if they were wary of involvement with professional services due to longstanding poor or oppositional relationships with social services or schools. Keyworkers advocated for parents with schools, health services, and with the criminal justice system, offering extra help during and following up from meetings.

*"A lot of things were being suggested and things for me to do, to engage with this and that, and I didn't have anyone to help me do all those things."* Mother, follow-up interview

Families felt that having a keyworker present strengthened their voice in discussion with professionals. They also felt that the active co-ordination and advocacy of the keyworkers helped disentangle the important issues and defuse emotional aspects of such meetings.

*"People are more open to listening to officials. It helps take the stress away because you can focus on what you are trying to do … there was just a whole jumble of letters and he helps you go through it and keep up with it."* Mother, follow-up interview

Where appropriate, keyworkers supported families in building confidence to advocate for themselves. In one case, a family described how their keyworker had contacted the Child and Adolescent Mental Health Services (CAMHS), the pupil referral unit and an educational support worker to support the family, but only liaised with the pupil referral unit themselves, leaving the family to co-ordinate the other services themselves. This family saw their keyworker as an adviser support, rather than having a role in arranging everything.

## 12.4  Improving the family dynamic

Alongside addressing practical problems, improving relationships within the family was typically fundamental to moving families towards their goals and ensuring that all family members were having a more positive experience of family life. Addressing these problems required subtlety, and success depended very much on the level of trust which had been won by keyworkers, as outlined in section 12.1. Gently, and with respect, **keyworkers challenged parents and children to reflect on their own actions** – and to understand the implications of their behaviour and choices. Where this exchange was allowed and understood, there were powerful results.

*"The most important thing was to change my own behaviour … to become more self-aware. I had been dealing with things by drinking, smoking, losing my temper. [The keyworker's] role was to come in, find out what my faults were and where I was doing wrong."* Mother, follow-up interview

*"Her advice was very good – about teaching [my son] about the consequences of his actions, for example"*
*Mother, follow-up interview*

Strategies around communication within the family were important, and success was underpinned by the whole family working approach. The keyworker set an example for this – and where positive changes happened in households, families reported that each individual was being listened to, meaning that the whole family got along better. Keyworkers explained the principles, but also supplied families with the mechanisms to facilitate active listening and good communication. For example, one mother reported that her keyworker had helped instigate family meetings where they discussed what problems they wanted to overcome as a family. This helped them argue less.

*"We all had to name one thing each week that we wanted to change or were annoyed with each other about … we still have these discussions now, this is their time to tell us what they expect in the family"*
*Mother, follow-up interview*

Keyworkers also **facilitated situations in which relationships within the family had become unhealthy could be moved on and improved**. They noted the difficulties faced by siblings who received less attention than others (for example if one child was truanting, offending or had a disability) and ensure that parents were able to spend separate time with them. They also tackled problems such as sibling jealousy – for example, in the case of one family where one child was in a care home because they were unable to live with their family, the keyworker organised separate meetings outside the care home for them to spend time with their sister, referring both children to a cooking class so they could spend time together. Families acknowledged the power of listening to each other, ensuring everyone is heard and spending time together, which were skills modelled by the keyworker.

 *"Things have been going really well, actually – we are communicating more, we sit down and talk with each other … [the keyworker] helped me understand that it's not about what I give them, it's about spending time with them."*
*Mother, follow-up interview*

A key element of supporting the family dynamic was providing **mentoring, coaching and encouragement around parenting**. Parents were offered help in developing routines for getting the whole family out of the house in the morning and for mealtimes. Keyworkers provided charts to support the development of routine, which they encouraged children and parents to complete daily and independently. They also offered advice on handling difficult behaviour – particularly around setting boundaries and sticking to them. These strategies helped build confidence, overcoming feeling from parents that they had largely been criticised for their parenting abilities by statutory agents. Coaching in the home could also be tailored to the particular family and responsive to challenges as they arose. The keyworker provided a sounding board for parents to sense-check their decisions and give reassurance that they were doing the right thing.

*"If you go back to last year, it was so different – ninety-five per cent of the time we were arguing … Now they know I mean it when I say no."* *Mother, follow-up interview*

*"Now I step back where I used to scream at him … he needs to know what his daily routine is, otherwise he can get anxious and frustrated."* *Mother, follow-up interview*

Supplementing the one-one-one coaching, mentoring and reassurance were referrals to parenting classes, and other sources of information and advice on encouraging good relationships within the family. In a few cases, parents reported that they felt they had been referred to these courses when not suitable (for example, if they had taken the course before). Keyworkers also cited barriers to parents attending formal sessions – for example, feeling intimidated at the prospect of classroom learning, or even leaving the house. However, where parents felt ready for these interventions, they reported that keyworkers helped build their confidence and skills.

*"I'm more prepared for [my son's challenging behaviour] now because I've had this intervention … the parenting courses and everything else. I think I'm set up for life. I think it can only get better … I've got the tools, I just need to use them."* Mother, follow-up interview

Through their own approach to listening to all family members, responding calmly to situations and ensuring that all the family were included and afforded attention, keyworkers set a good example of how families could and should function. They felt more empowered to empathise with their children and try to understand the challenges they faced – and the impact of social disabilities such as autistic spectrum conditions.

*"I did some research on the internet and I said to [my keyworker] I think he has got mild Asperger's. Because he's had so much upheaval in his life he's not been able to deal with it in the best way."* Mother, follow-up interview

Offering **support and coaching in managing parental conflict** was also an important role for keyworkers. Several parents noted the impact of reflecting with their keyworker on their relationship with their current or ex-partner. This eased relationships and reduced stress for parents.

*"It was good because one thing we got out of that was you are never going to change people: it's just sometimes best to walk away from certain things."* Mother, follow-up interview

*"If [the keyworker] hadn't come into the situation I do think that me and [my partner] wouldn't still be together. It would have been bitter between us. But now he understands and I understand the whole situation, it's a lot easier."* Mother, follow-up interview

When successful, and in combination, these strategies placed families in control of ensuring a healthy family dynamic. Participants in the interviews who had been the beneficiaries of such successful interventions spoke very highly of the impact.

*"I can't say enough for [the keyworker] for making us think as a family and going from a family on different levels where everyone had to be heard to going to a family where we can step back and listen to each other …. We do still shout at each other, but it's nowhere near as bad."* Mother, follow-up interview

## 12.5  Access to specialist services and resources

Keyworkers acknowledged that specialist support was required and desirable for certain challenging problems. In particular, these were the areas of alcohol and drug misuse or mental health problems. In such cases, keyworkers

typically **referred families to specialist mental health services or drug and alcohol addiction clinics or residential courses**. Keyworkers supported them by providing informal support on some of these problems, for example trying to set goals to reduce drinking or supporting parents to address anxiety issues. Families accessing services for drug and alcohol addiction reported that the support made a difference, as illustrated by the comment below by a participant who attended a residential course to help overcome alcohol addiction.

*"I'm just not so frightened as I was before; I was frightened when I went to sleep, when I woke up and what I'd have to do that day. That doesn't happen anymore."* Mother, follow-up interview

In some cases, families had to have dedicated support workers from specialist services too. Where the support provided by the specialist service was intensive, this presented challenges in terms of how support workers worked alongside Troubled Families keyworkers. In the case of one family in which both parents were recovering drug addicts and current occasional cannabis users, the keyworker was perceived as performing solely a safeguarding function for the children in the family, with the parents themselves more reliant on their specialist support workers for advice and support.   As such the parents felt the support from Troubled Families was superfluous.

*"I know that [Troubled Families is] there for the kids, to make sure their main needs are being met. [But] I was meeting all of my kids' needs. I just kind of felt that they were doing it all because they had boxes to tick before they could leave us to it."* Mother, follow-up interview

Keyworkers also made referrals to mental health services although, as noted in section 9.4, there were widespread concerns about the capacity of these services to meet demand. An alternative was support that could be accessed online, but these could be deemed inadequate. For example, one parent had been referred by a keyworker to an online counselling service to address the emotional impacts of historical domestic violence - but she felt that with her son at home she did not have the space and privacy needed to complete the course.

More broadly, **keyworkers were a source of advice and information**, and also conducted searches for information to facilitate the pursuit of more demanding goals. They identified sources of support on specialist services, courses and resources for families, empowering families with a greater array of options for support.

*"I wouldn't have [found out about the specialised 'back to work' course and] done it on my own. I could barely take myself to the doctors. It helps to have someone with you."* Mother, follow-up interview

## 12.6  Supporting young people

**Improving school attendance and dealing with issues such as bullying** was a key focus for keyworkers in terms of supporting young people. Keyworkers took practical approaches such as taking children to school themselves and talking to the parents and children about the importance of attendance. Keyworkers had a crucial role in improving relationships with schools, for example, setting up multi-disciplinary meetings which made communicating with all the professionals involved in their children's case much simpler and more efficient. These included cases where families felt let down by the school, believing that the school had not made efforts to understand the underlying

reasons behind truancy – which was often noted by parents as being lateness rather than missing whole days of school. For families where health problems or bullying of their children were identified as the reasons behind lateness or absence from school, the support to initiate more productive conversations with the school was appreciated and parents' confidence was increasing.

*"I know she is not going to speak for me but I know she is there [at school meetings]." Mother, initial interview*

Outside of school attendance, keyworkers who saw successful progress among the young people they worked with reported the importance of **ensuring that young people were listened to and given individual attention**, particularly where there were many competing demands in the family. Parents noted that keyworkers had made efforts to build relationships with children and young people in the family, to positive effect. In one example, a keyworker referred a nine-year-old girl to a friendship club. The child was lonely after moving to a new area and found it hard to make new friends. At the club she met new people and learnt ice-breaking techniques which gave her confidence to make new friends. At interview, her mother reported that she had an active group of friends and was very outgoing – which she would not have had confidence to do last year. Another young girl in one of the families interviewed was living with her grandmother because her parents were unable to care for her due to addiction issues. She was withdrawn and shy, but supported by the family keyworker into participating in her local Girl Guide group. The keyworker took time to win the child's trust, and became someone the child could confide in and depend on.

*"[The keyworker] provided that extra support and encouragement for her… the difference in her has been enormous." Mother, follow-up interview*

Employing a whole family working approach successfully, keyworkers were alert to the emotional and social needs of young people in the family. They were, however, alert to the fact that it may take time for children to engage with support, particularly if they are dealing with trauma. Typical responses to these situations were for keyworkers to continue to build relationships with children and young people, until they were ready for the support they might need. For example, one keyworker described how a young woman within one family did not engage with her for 15 months – but after regular reminders and offers of support, the young person eventually accepted the keyworker's support and was referred to the counselling service she needed.

*"Children can only be in school and achieving if they are not traumatised. The cycle of change does take time – but all the goals stay there unless there is a change of circumstances." Keyworker*

Aside from directing children to specific groups and intervention, children benefited from improved family dynamics in the household when the work of a keyworker was successful. Parents reported that changing their behaviour towards their children made a big difference with regard to how their children responded to them, and interventions to support parents to overcome their own difficulties impacted on children too – as noted by keyworkers.

*"Once [dad's] mental health improved and he became more reasonable, then he could engage better with his children without completely losing it. Because he was reasonable to them, their behaviour to him improved."*
*Keyworker*

Parenting and relationship coaching alongside practical approaches such as family meetings, as described in section 12.4, had a cumulative effect on the family dynamic, with positive effects for children. Children themselves reported the benefit of a healthier, more respectful environment being created within the family.

*"I feel like we are a family again, we are happier … and mum and dad are on the same side."*
*Young person, follow-up interview*

Overall, parents were positive about keyworkers engagement with children and young people in their families. However, where intensive support was required for a young person, keyworkers were not always best placed, and could require additional support and training. One parent noted the impact of engagement with a youth service on her teenager, which was more effective than the efforts of the family keyworker.

*"[The youth service] were more down to earth and understand teenagers more. The family worker wasn't on the same level … they were easily shocked." Mother, follow-up interview*

## 12.7  Support into paid work

Keyworkers were supported in their advice to families on employment activities by Troubled Families Employment Advisers through **training sessions and regular contact and conversations** (see chapter 5.5). There was evidence at the second round of (follow-up) interviews these activities were having an impact: many of the adults in families which had been involved with the Troubled Families Programme were not only undertaking activities to help them become better-placed to find work, but felt more positive and confident about potentially returning to work. One mother reported that with the support of her keyworker, she had attended a number of basic skills and IT courses and aimed to sign up for an adult social care course with the goal of becoming a carer. Another had developed an interest in becoming a family support worker herself, and had taken a relevant course after being encouraged by her keyworker. Both mothers cited the importance of the keyworker in building their confidence and helping them explore their interests.

*"She's had a big impact in getting me back into the feeling that I want to work and want to do something for me now." Mother, follow-up interview*

Another mother was keen to return to working in a local supermarket, but felt her skills were out of date. Her keyworker had suggested she attend some courses to help her feel more prepared to return.

*"I hadn't thought about [training] really. That seems like a good idea." Mother, follow-up interview*

Keyworkers also sought out specialist training and support for parents in particularly challenging circumstances. One parent was referred, with the help of her keyworker, to a training provider specialising in support for those

recovering from substance abuse, and also introduced her to a Jobcentre Plus adviser with suitable skills. As a result, the participant reported feeling more optimistic about their prospects of returning.

*"I've always wanted to go back to work but I've been stuck in that loop and I'm not in it anymore, so we now need to start moving things forward."* Mother, follow-up interview

Troubled Families Employment Advisers also played a direct role among some of the participating families. One participant was referred to the Troubled Families Employment Adviser to help him identify ways to return to work. He was hoping to find work in the construction trade having been out of work for six years. He was due to meet the Troubled Families Employment Advisers in the week interviewed to review job search and careers websites, and reported that he would be open to ideas on the support that would be useful to him, suggesting that interview skills might be beneficial. Those in contact with Troubled Families Employment Advisers reported that they found the support helpful, appreciating the level of tailored attention they were able to offer.

*"It's more like a boost for me she opens doors, it's like when you go to Jobcentre they just throw jobs at you, they don't think about travel costs. [The Troubled Families Employment Adviser] works it all out for me."* Mother, initial interview

Keyworkers reported that they felt more at ease about raising the issue of returning to work as they saw families make progress. This was less the case for families in volatile situations with very high levels of needs because the parent was not felt to be work ready and that a work outcome would not be sustainable. Some parents who were dealing with multiple complex problems, such as depression, wanted to return to work in the future but did not think that they were in the right place to look for work at the moment. For two-parent families the idea of one or both parents returning to work was sometimes more feasible, because they tended to have more support at home. Keyworkers or Troubled Families Employment Advisers had helped them to think about  the practical things they could do to make it easier.

## 12.8  **Building resilience**

The Troubled Families Programme aims for families to become more confident, self-sufficient and resilient. In families where the keyworker engagement had been successful, a strong relationship had been built and goals had been reached.  In these cases, it was evident that families' strength and resilience had increased, by their own account.

Families reported i**mproved skills levels and greater confidence in handling difficult situations or dealing with agencies or organisations**. Keyworkers provided support that helped, but also allowed families to do more for themselves. This meant that families became more confident in independently dealing with issues on their own, dealing with agencies and following through on problems and queries. For example, one parent reported that she felt more comfortable in dealing with incidents relating to her son disappearing from the care home where he was resident, and also in participating in school meetings.

*"As I got toward the end, I started doing it all. I felt more confident."* Mother, follow-up interview

*"[The keyworker] would help me identify who could help, but she left me to do that, such as the CAB about the outstanding debt."* Mother, follow-up interview

Parents learnt skills around **coping with challenging situations and of how to think, reason and respond to problems calmly**. Keyworkers challenged them to consider their reactions and reflect on different ways of handling the challenges they faced. For example, one mother reported that she would frequently ring her keyworker in "blind panic" but was asked by the keyworker to rethink her response to problems and consider how to face a situation independently.

*"She asked 'what is it that is so bad which is stopping you making these decisions?' Now over the months I think about things before I pick up the phone and I can usually sort it before I need to pick the phone up."* Mother, follow-up interview

*"I don't panic as much as I used to because I'm thinking more rationally."* Mother, follow-up interview

**Confidence in practical skills around domestic, financial and parenting skills** also grew by habit and repetition, and relationships improved.

*"I'm at the stage now where I can just run the house and run the family myself without any need for services."* Father, follow-up interview

*"I am more positive. I have grasped how to deal with my son. I am calm now. And he is calm."* Mother, follow-up interview

Parents noted the difference in finding they could do things for themselves and a sense of success that family life could bring. They reported a sense of achievement and a growing personal confidence which radiated into other areas of their life.

*"When my confidence rose, my wellbeing came up too and my physical activities. I started getting out of that pit, really."* Mother, follow-up interview

Most importantly of all, **the family dynamic changed profoundly** – problematic patterns were broken and replaced by new, healthier ways of interacting. In families where the support of the keyworker had facilitated this transformation, families were delighted at the changes – and proud of their own part in it.

*"The most important thing is now we get on better as a family and we can settle … everything is in place for us and our lives are so much calmer … it has given us the confidence, especially me … we don't need the support now. She's kind of given us the tools to carry on."* Mother, follow-up interview

*"We're more of a family and not a wrecking ball."* Mother, follow-up interview

Further, even if families could not be certain if the changes were sustainable in the long-term, they understood the importance of breaking the cycle – whether this was of poor family relationships, addiction or other problems. They

were also determined to maintain the progress they had achieved. The Troubled Families approach had fundamentally shifted their thinking on how to conduct themselves in family life.

*"I need to get better for the kids' sake. If they see me with these behaviours, and think it is normal, they will go through the same thing. I don't want them to blame their childhood for their problems like I do."* Mother, follow-up interview

*"I may crash and burn in a few months and be really depressed again. I don't know what will happen at the moment. I'm just trying to build a vague kind of routine and be healthy and positive."* Mother, follow-up interview

This section outlines what success looked like for those families that achieved it, and how it was achieved. However, it is important to note that, given the diversity of the problems faced by families interviewed and the range of ways in which support was offered, not all the families had reached a point of confidence and resilience as they stepped down from the programme, or at the time of the second (follow-up) interview. In the next chapter we present experiences of exit from the programme, incorporating the experiences of families who found the Troubled Families approach less beneficial alongside those who were successful. The chapter also explores the reasons behind these difficulties.

# 13 Exit and step-down from the programme

This chapter looks at how families are stepped down from the programme. By step-down, we mean the process by which the family receives minimal or no support from a Troubled Families keyworker, denoting moving from one level of intensity of care, to another. The chapter first discusses the timing of service withdrawal, then presents family experiences of being stepped down from the programme, experiences of exiting the programme and views of accessing support beyond the programme.

## 13.1 Stepping down from the programme

In order to begin stepping a case down, **keyworkers reviewed the families progress against their original goals and eligibility criteria**. After discussing and agreeing a strategy with their manager, they would start the process of the closing support. Families were in turn responsive to clear information presented at an early stage in engagement about how long their keyworker would be supporting them and to reminders when the support was close to completion. These mechanisms helped manage families' expectations, allowing them to feel prepared for the end of support and make plans for their future. Keyworkers noted that they had been clear with families about step-down, typically from the outset.

*"I've done loads of paperwork with the parents to move further forward to continue building up self-confidence [to prepare for exit], but I'd done a very similar piece of closure work with the child as well, because while I've worked with her, she had a very high concern that people leave and she'd done something wrong and they leave... so I've*

*done a really extensive piece of work with her to say that not everybody leaves is a bad thing and sometimes you have to celebrate how far you've come because the leaving is a positive."* Keyworker

*"I will say that we will look to close after Christmas. [The mother I am working with] will look alarmed and horrified but I always say "I am not here forever" – she knows it's coming."* Keyworker

**A notice period of a month or more for closing support was felt to be acceptable by families**. Typically, when it had been communicated to families in advance that support was ending, families also reported a phased withdrawal of support, with keyworkers reducing their support by cutting down the number of times they contacted them or saw them in person. This meant that families felt prepared for the support to end, which gave them a sense of confidence to face any problems they might have in the future, for example confidence in contacting agencies to ask for support or in dealing with problems they had faced such as children's poor behaviour. For some, step-down from the programme was viewed as an achievement.

*"[My keyworker] did not want to be there constantly so that I would not come to depend on her. So I made the decision that I had to be ready for when she was not there and I worked out what I had to do."*
*Mother, follow-up interview*

*"I felt a bit panicked that I would be on my own again, but over the months I'd grown stronger myself and I just thought 'we will carry on."* Mother, follow-up interview

*"It will be great to come off the programme and be running the show myself, finally."* Father, follow-up interview

There was also a **clear link between families feeling prepared for support to end and effective consensual goal-setting at the outset of the intervention**. Families were generally happy to leave the programme when goals had been clearly set at the initial stages of support, and where these goals had been regularly revisited, so that families could see the progress they had made throughout the course of the programme. Demonstrating progress against goals to families engendered a sense of completion; that support was ending at the right time and that the keyworker had helped them through problems they had consensually agreed to address.

*"We had a chart thing, from 1-7, what I'm doing, if I'm doing well or if I need help ... and it got better and better... I was on 2 for some things I needed to pick up on, but everything got right up to 7 which was a top score ... so she said I don't necessarily need to come anymore, you keep doing what you're doing, but if you ever need me I'm on the other end of the phone."* Father, follow-up interview

These examples demonstrate that **when families felt that goals had been completed and were informed of when support would be ending, they felt much more positive about their future** and a sense of achievement at having overcome the challenges they had identified at the outset of the programme.

The close relationship that was often built up between the keyworker and family could mean that if the keyworker stopped working with the family without giving them notice, the family could feel let down by them and take the end of the relationship personally. Whilst families had achieved positive outcomes through working with their keyworker,

poor communication around notice periods could still taint their overall impressions of the support. However, it was much more difficult for families if they felt that the support had been abruptly removed when they still needed it, although some families understood that the support had been stopped due to lack of funding.

*"They stopped it because they haven't got the funding because of all the other kids that need it. But [keyworker] was good. He used to come in, my son wouldn't normally want to go, but [keyworker] was lovely. It was a shame because it gave me a break." Mother, follow-up interview*

**Communications about step-down needed to be tailored to the needs of families** – and where they were not. Families were dissatisfied with how their exit from the programme played out. For example, there was a case where the communication about step-down had not been translated appropriately for the parents, who were deaf. They were therefore unable to understand the reasons for closing and felt unhappy once support had ended.

## 13.2  Exiting the programme

Families for whom support had ended and in effect had been stepped down reported that support was ended with a final meeting or last visit from the keyworker or. Paperwork was sometimes involved, with families either signing a document to say that support had ended or, as in one case, receiving a closure report outlining what they had achieved throughout support.

In such cases families were aware that they would no longer see their keyworker. However, **many reported that their keyworker suggested that the family could contact them by telephone after they had finished support when they wanted**. This put families at ease and made them feel that although they were being stepped down, help would be available to them. Keyworkers also explained the importance of this.

*"For me I think it's about making sure the families always know that they can contact you, if anything goes wrong or if they need you." Keyworker*

This approach also helped families step down from the programme emotionally. Families built up a close bond with keyworkers, who often became regular sounding boards for advice and sources of emotional support. It was therefore helpful for families to know that the relationship had not ended entirely; such an approach made the end of the support feel less transactional and ensured that back-up support for families was available at difficult times.

*"Physically I was ready and mentally I was ready, but I didn't want to not see [my keyworker] again because I looked forward to seeing her … But on a professional side, for the reason why she was there, it was just enough time" Mother, follow-up interview*

*"Even though I felt I could do more things on my own, I felt that I still needed someone to talk to"*
*Mother, follow-up interview*

Families who had exited the programme following step-down **typically contacted their keyworker only once or twice over a period of a few months**, which did not add much to caseload burden. However, there were examples where the family was still contacting the keyworker more regularly: one family, for example, was calling their keyworker

every week for support. Another way of ensuring families were comfortable was for the keyworker to offer visits in the future, to see how the family were progressing. Often, families and keyworkers cited plans to visit the families at intervals of three and six months after step-down, to check-in and ensure things were on an even keel.

Families interviewed were typically advocates of the programme on exiting – and, aside from acknowledging positive impacts within the family (see section 12.8 for more details), they were notably more trusting of social care professionals as a result of successful experiences with their keyworker. Troubled Families gave them a new perspective on support from social care, about which they were markedly more positive as a result.

*"In the past I've worked with social workers, support workers and Sure Start workers and I've never given them a chance because they've never given me one… I don't see social workers as a threat now."*
*Mother, follow-up interview*

*"I would definitely tell [someone else] to take the support. It brings everything into one place. It's easier to keep track of everything."* *Mother, follow-up interview*

## 13.3  Timing the service withdrawal

Initial staff interviews suggested that many Troubled Families family services were time-bound, with an expectation – not necessarily strictly adhered to – of **six months, nine months or a year of intervention** for example. Alternatively, service may be withdrawn when an outcome fee is claimed by the authority, with some follow-up support in place. For other services, as noted by a lead worker in the housing sector, the service is not time-bound and the decision to withdraw may be at the discretion of the individual worker.

*"We are dealing with families with entrenched issues, they require long term intervention yet there's only a commitment of one year for the programme. We have to deal with that and make sure we guard against doing the easy thing, as we want real impact."* *Troubled Families Co-ordinator, initial interview*

*"Every individual family has its own goal; that's part of the model really, so we try to make those realistic and there's always a big debate really, and I think it's a challenge nationally, around when is it suitable to close a case, if you ever do, or end your active involvement; we have review points you see, so we will do that at the point at which we've reached the goals that were set with the family."* *Troubled Families Co-ordinator, initial interviews*

There was evidence that keyworkers were concerned about this new approach of a time-limited service, and found it challenging to put into practice. In particular, they thought it was difficult to maintain for families with high levels of needs, and challenging in terms of engendering sustainable changes within families. There was also some evidence of concerns that a combination of increased volumes of families (related to the expanded criteria under the Troubled Families Programme) and perceived pressure to achieve outcomes were impacting on the effective delivery of Troubled Families services. One service manager indicated that under the programme the Local Authority management had introduced time limits to their service of nine months, whereas previously the decision to withdraw the support had been at the worker's discretion, and cases had apparently extended several months beyond the programme limit.

*"Quick fixes don't work. You can get people up to a threshold or down to a threshold but you need to help them to stay there and just getting them on or off a threshold and leaving them to it is not going to help a family in the long term … we need to focus on the family as a whole and do things differently."* Keyworker

*"You've got to realise how hard it is for them to stop anything at all, especially where you have girls who [have experienced] abuse … it's not just 'stopping things', it's what they've learned as well [and] you're not going to do that in a few months."* Keyworker

Interviews with keyworkers revealed that some local authorities do have differing pressures to close cases more quickly than others. In one local authority, closing a case to claim PBR was integral to how their performance is judged. In other local authorities this was not so much the case and keyworkers reported that there was no maximum time in which to reach family objectives.

*"It's incorporated into all of our appraisals that for a full time worker you'll have ten claims in a year. Our team has to claim for forty-something overall … We're under pressure. It's just, I don't know, it's in the back of your mind all the time."* Keyworker

For keyworkers, the right time to withdraw was challenging to judge in some cases – particularly where family circumstances were volatile. Families noted that that cases could be closed abruptly, attributing this to keyworkers' heavy caseloads.

*"It did finish quite suddenly … it comes across quite strongly that they are overloaded."* Mother, follow-up interview

Regarding families understanding of withdrawal from the programme, some parents reported that the end of support had been discussed with their keyworker but that they did not know exactly when it would end and what form the ending would take. For some however, support ending had never been discussed, despite the keyworker working with the family for at least several months at that point. When prompted, **families said that they would expect the keyworker to give them a few weeks' or months' warning**. They also noted that they expected support to end when the key difficulties in their situation had also been addressed. For example, one mother said that they understood that their keyworker would wait to see how her children were settling back into school before they made a decision as to whether to step-down the case or not.

*"[The keyworker] said: 'when I know you are happy with everything, then I can move on."* Mother

## 13.4  Accessing support beyond the programme

One of the signs of a maturing service, as described in the Troubled Families maturity model, is that families exiting the programme are connected to a suite of appropriate services and organisations to help support them and which they can navigate independently. This section looks at the extent to which families have been effectively linked to services, to enable them to do this.

Experiences of being connected to services were diverse. For some families, being connected to services following the end of Troubled Families support meant that they had been referred to another service or organisation by the keyworker, either during support or just as they had left. For example, one keyworker had arranged for a mother to see a 'Wellbeing Manager' at school, who was intended to be her regular contact should she need support. As the mother already knew this school staff member, she was satisfied with the support offered on leaving the programme. Other families had been offered contact details for relevant services but had not taken action to refer them into it.

Where families were referred to support services in lieu of their keyworker support, outcomes were mixed. Whereas some families were pleased to have someone to contact and/or check in with, others found the service offered inadequate, particularly if they did not feel ready to be stepped down. One family case is illustrative here: reporting that they had not met the goals they had hoped to achieve with their keyworker around embedding advice on parenting coaching with their child, this family struggled to understand why they had been stepped down from the programme, ending the support from their keyworker.

*"They decided that we didn't meet their criteria anymore and all we could have was a volunteer – why had the support ended, because nothing's changed…so how are we not eligible?"* Mother, follow-up interview

In this case, the family were not happy with the offer of volunteer support. They felt they needed the intensive support offered by the Troubled Families keyworker to achieve their goals. They also noticed the difference in the accessibility of help offered by the charity volunteer; unlike their keyworker, they could not approach the volunteer directly.

*"She was just apprehensive … this woman with a soft voice … at the end of the day they are just someone off the street; we need someone who knows what they are doing … [and] any time we needed support we had to ring the manager to ring the volunteer."* Mother, follow-up interview

This family were not offered a regular check-in with their original keyworker as she had left the organisation. So the continuity of the support was broken – illustrating the importance of a carefully managed step-down for families as they progress out of a situation where they are eligible for intensive support. In recognition of the challenges faced by this family, the charity supporting referred them to another organisation which could provide more intensive support.

There was also evidence that some families were leaving the programme without a clear picture of where to turn for support in the future. For example, one family reported that they did not know where to find out more about how future employment might affect their benefits. In these cases, families typically looked to wider family for support and advice. If facing a serious problem, they suggested that the emergency services might help them.

*"I don't know where to go to for support, maybe the police but they're often so busy."* Mother, follow-up interview

**Some families had been signposted to services for children and young people, including activities sessions provided at children's centres and mentoring services**. These were well received by parents and helped to alleviate pressure and improve dynamics in the home, especially where behavioural problems were involved.

*"[The mentoring service has] been absolutely fantastic for him …it was a service where you can and do laddish things, [like] go-karting … it's just a bit of an outlet for him, you know, as well if he feels worried about anything …it gives them some time out of the house and away from everyone, it gives them a bit of breathing space … it calms the house down and everyone has five minutes to themselves."* Mother, follow-up interview

Overall, exit and step-down could be a delicate process for families, and a challenging time at which their growing resilience was tested.   Some degree ofontinuity was important, as was signposting or referral to services or activities that could help fill gaps created by the keyworker moving on. It was also vital that families acknowledged the progress they had made – and recognised they were in a position to move beyond the intensive support they had received in the programme.

# 14 Family case studies

In this section three case studies of families interviewed facing diverse challenges are presented, for whom the Troubled Families programme has supported in different ways. The aim of these case studies is to bring to life the findings from the main report by demonstrating the experiences of families across a year of being involved with the programme. The case studies will illustrate key milestones for the families and the factors which influence their response to the support, experiences during the programme and exit from the programme. All the family's names and some details have been changed to maintain the anonymity of the participants.

## 14.1  The Hicksons

*The experiences of this family demonstrates the impact of a highly-skilled keyworker supporting a family who are ready for and receptive to support, employing clear goals to manage and monitor progress through the programme to successful effect.*

**Family circumstances:** Candace lives with her five children, Anna (16 – living away from home with her grandmother), Belinda (11), Chris (9), Dinah (5) and Edward (1). She separated from her abusive ex-husband, K, who also had problems with alcohol, and substance abuse. K assaulted Candace two years ago, at which point she involved the police and ended the relationship. Despite a court order prohibiting K contacting from his children, K was regularly in touch with his eleven year-old daughter, Belinda.  This led to distress and poor attendance from Belinda at school due to fear of her father approaching her. The family was referred to support from a keyworker through Belinda's school, as a result of her poor school attendance. The family was allocated a family keyworker, Meena, who was based at Belinda's school.

**Setting goals and sequencing:** Given the history of domestic abuse for this family, managing contact with K safely was the top priority for the family, and took precedence over other goals. This was followed by a broader goal to get the family up and functioning again, which encompassed addressing practical and emotional issues. Specifically, goals included:

- Addressing how best to handle K's access to the children;
- Helping Candace overcome the distress of her assault and break-up of her relationship;
- Helping the children – especially Belinda and Chris – overcome the trauma of experiencing domestic abuse within the family;
- Improving Belinda's school attendance;
- Improve family wellbeing through overcoming their isolation;
- Improve Candace's financial situation and financial management skills;
- Improving the quality of their home, some of which had been destroyed in attacks by K.

**Troubled Families at work:** Meena offered support to all members of the family, prioritising Candace and her nine year-old son Chris, who were initially most receptive to help. In addressing issues relating to K's access to the children, Meena supported Candace through attending her court appearances alongside her, and helping her in dealing with the situation where K breached his court order by bringing the children back to her house after seeing them. She offered regular emotional support and advice to Candace and Chris, specifically organising counselling for them, with a huge impact on the whole family in terms of their emotional wellbeing.

*"I can see Chris and in all of the kids. We have come a really long way and we are coming to the end of the tunnel. It's getting better and better. [The keyworker] has helped get us in a positive frame of mind so we can get on with the future. There are so many things to look forward to."* Mother, follow-up interview ("Candace")

*"[The keyworker] has helped us all in different ways … to believe that everything is going to be OK and she helps us at court for mum. She listens to me. But when she doesn't have time at school then I deal with that and hold on to it until I can talk about it … she helps us get over things and thinking about the future rather than the past. She has made mum not stressed much now and she has made me not worried."* Young person, follow-up interview ("Chris")

Belinda was also profoundly affected by the disruption in the family. Yet when Meena started working with the family she was not ready for counselling and still overpowered by her father, K. After 15 months of Meena working with the family and showing Belinda that she was available to support her, Belinda started to express an interest in accessing counselling support. Meena put Belinda forward for this.  Meena also helped addressing many practical problems the family faced, which Candace acknowledged.

*"She has helped us such a lot, with information, with practical things, and made a huge difference to our emotions"*
*Mother, follow-up interview ("Candace")*

She helped the family obtain support from a charity to buy new furniture, replacing what K had broken in the household during violent episodes. She also used the available ring-fenced funding to buy bicycles for the family to help them overcome their social isolation and began to offer support to Candace in financial management.

*"As a family worker you have to look at everything. After Candace's assessment, I took them to the food bank because their finances were shot and we went to get them bikes because they could not get around – you have to look at everything"* Keyworker ("Meena")

**Leaving the programme:** The family had met to discuss progress on their goals regularly with Meena. So be the time they were stepped down from the programme they had recognised the progress they had made and were comfortable with being offered less intensive support.

*"We see her less now, she is happy that things are improving at home, and we don't need her so much."*

Candace knows that Meena is available for help if she needs her since she is based in Belinda's school. Meena will also continue to support Belinda with her counselling through her role within the school.

## 14.2  **The Davidsons**

*This case study demonstrates measures taken by a keyworker to work holistically in tandem with a Child Protection Plan, co-ordinate multiple services and move family members towards employment-based goals.*

**Family circumstances:** Ali is a single father, whose partner, Beth (his children's mother), died suddenly last year. He has three children living with him, Charlie, 19, Davina, 14 and Eddie, 10. Eddie and Davina are under Children in Need status due to poor attendance at school over the last year. Eddie has learning difficulties, often gets into fights at school and is overweight. Neither Ali now his eldest son Charlie are working. Ali suffers from depression. The family had received a range of support in the past, including a dedicated worker from their Housing Association, a social worker and Special Educational Needs (SEN) support from Eddie's school. Ali's views of the previous support were poor: he felt that support workers were negative, unprofessional and there to "report back to the social worker". When the family were referred to the programme by their social worker and given their keyworker, Mary, Ali saw this as a sign that the family was "struggling to cope".

**Setting goals:** In developing goals for this family, Mary looked closely at the existing Child Protection Plan and spoke to relevant professionals. She noted that the goals from the family and the social worker were relatively closely aligned which meant that developing and sequencing goals was more straightforward.

*"It was a conversation with the social worker in the core group meetings to see what the priority was for the family as well as asking the family about what they needed help with first."* *Keyworker*

Goals for the family broadly covered the following issues:

- Accessing counselling support for Ali to improve his mental health and wellbeing;
- Accessing a dietician for Eddie to address his health issues;
- Supporting the family in managing debt and household finances;
- Offering support to Ali on parenting in the wake of losing his partner;
- Accessing bereavement support for the children;
- Improving the children's attendance at school;
- Supporting Ali and Charlie in moving towards finding work.

It was important to Ali to have been involved in the development of goals; in the long-term this made a big difference to the family's progress. He felt invested in working successfully with Mary – and also positive that some of his needs would be addressed.

*"She showed me the report a couple of weeks ago and I was quite happy with the report yes … All about my past life, my upbringing, my work history, my family life … When they said it was about me I was like 'oh great I actually get mentioned as well, so it's not just the children?' and she's right when you think about it, it's not just the children you know; I need my time, the children get their time." Father ("Ali"), initial interview*

Although initially unsure as to what the family's goals were, Ali became more familiar with them through regularly reviewing them with Mary. He focused on weekly goals, such as attending counselling, using parenting tactics suggested to him by Mary and following the advice provided by the dietician for Eddie.

**Troubled Families at work:** Although goals for the family were developed with all family members in mind, it was evident that Mary focused on Ali and his emotional needs as a priority, leading to improvements in wellbeing for the whole family. This progress was predicated on a strong, trusting bond: Ali described Mary as both informal and someone he could be honest with, as well as being someone who supported and challenged him.

*"I think she's great, I think she's friendly you know, she's supportive, she's helpful but she can always come down on me like a ton of bricks if need be, if you're going down the wrong direction. At the end of the day I find the best thing to do is be honest and be open and that's what I've been with her. I've been open and told them almost everything about my life, what I do and that." Father, follow-up interview*

Mary helped the family access a range of important support services: Ali attended a parenting course, Eddie was referred to a weight management support group and a mentoring scheme, Davina was referred to bereavement and counselling support and is on a waiting list. Alialso attended counselling. In terms of addressing school attendance, Mary ensured that there was regular communication with the school and updates on progress – she and Ali attended regular review meetings at Davina and Eddie's schools. They also worked with Eddie's school to replicate his classroom behaviour chart at home so that he was familiar with it, providing an opportunity for Ali to put into practice what he learned in his parenting class. Ali became more confident in supporting Eddie and improving his behaviour – this made a big difference. Ali was proud of the progress he made as a parent.

*"If my little lad is naughty in school or misbehaves in school I've got to set disciplines; I've got to take things off him... I spoke with [Mary] about boundaries and reward charts, sticker charts, things like that … but it's not been [her] telling me what to do – we work together." Father ("Ali"), follow-up interview*

In terms of moving towards work, Mary referred Ali and Charlie to a Troubled Families Employment Adviser who is conducting visits to the family to support them jointly. Charlie started an English course but disengaged; Ali, however, completed a CV with the Employment Adviser's support, and is due to complete an English course. He is looking for work and has valued the encouragement to do so.

**Leaving the programme:** From Mary's perspective, she has seen progress in Eddie's behaviour and in both children's school attendance – Davina's has moved from 50% after the bereavement to nearly 100%. Ali has overcome his emotional difficulties and is happier.

*"Everyone says he has a spring in his step now and a lot more confidence."* Keyworker

Ali spoke to his keyworker about support ending. Ali said he would miss having someone to talk to, but he also saw the end of support as a positive sign that he is managing on his own. He was pleased about the progress he has made on the programme.

*"It will be great to come off the services and running the show myself finally."* Father ("Ali"), follow-up interview

# Appendices

## Appendix A: Aggregate interview numbers achieved

The table below presents a breakdown for the number of interviews conducted in each of the nine local authority case study areas at both waves of fieldwork.

*W1 = Wave One/ initial interviews*
*W2 – Wave Two/ follow-up interviews*

| Local authority | Families W1 | Families W2 | Keyworkers W2 | Stakeholders/ Keyworkers W1 | Stakeholders W2 |
|---|---|---|---|---|---|
| 1 | 6 | 5 | 3 | 6 | 5 |
| 2 | 6 | 5 | 2 | 5 | 6 |
| 3 | 6 | 3 | 2 | 6 | 5 |
| 4 | 6 | 5 | 2 | 6 | 5 |
| 5 | 7 | 5 | 4 | 10 | 5 |
| 6 | 6 | 5 | 2 | 7 | 6 |
| 7 | 6 | 3 | 2 | 7 | 6 |
| 8 | 5 | 3 | 1 | 6 | 6 |
| 9 | 0 | 0 | 0 | 8 | 4 |
| **Total** | **48** | **34** | **18** | **61** | **48** |

## Appendix B: Discussion guides used for follow-up interviews

The documents appended below are the guides used for interviews with participants in the follow-up interviews: families, keyworkers and stakeholders.

## Families

| Section | Suggested timing |
|---|---|
| **1. Introduction and warm up**<br><br>• **Researcher to introduce self (if required)**<br><br>• **Recap on role of Ipsos MORI:** *I work for Ipsos MORI which is an independent research agency.  This means that we don't work for [local authority] – we're completely independent and what you talk to us about today will have no impact on your relationship with the council or your key worker – it is confidential.*<br><br>• **Recap on the study:** *as you know, we've been asked to conduct some work for the Department of Communities and Local* | **5 mins**<br><br><br><br>*In this section, researchers will ensure the family understands the research process fully* |

| | |
|---|---|
| *Government about the ways in which local councils support families. We spoke to lots of families around the country and we are now revisiting them for a final interview. These interviews help the government understand whether services are meeting families' needs.* | |
| • **Explain format of final interview:** *thank you very much for your input to date and for agreeing to give your views again today. Today's interview will follow a similar format as last time, so I'd like to spend some time talking to you about family life over the past few months, and then we'll move on to talk about your family worker and update on how they've supported you. Does this sound okay? It's very important that you know that:* | |
|     o *There are no right or wrong answers – we just want to understand your experiences and views* | |
|     o *Everyone's views are valid, and we'd like to hear from everyone in the family if possible – but if there's anything you'd prefer not to talk about in front of other family members then please just let us know – you don't have to answer any questions you'd prefer not to* | |
| • *Everything that you tell us is completely confidential and won't be reported back to [local authority/ key worker] – unless what you tell us informs us that someone may be in danger or risk of harm, in which case we have a duty to report it* | *Talk through and sign consent form + get permission to record where you feel it is appropriate* |
| • **Discuss consent and talk through key points on the participant information sheet and consent form** | |
| • **Ask permission to record if you feel it is appropriate** | |
| • **Check whether families completed any diary entries since Wave 1 (where applicable) and ask if it will be okay to refer to their diary during the interview** | |
| **2. Family life since wave 1** | **15 mins** |
| • **Can you tell me a little about how things have been for you and your family since we interviewed you last [ENTER MONTH]** INTERVIEWER: EXPLORE THE FOLLOWING AS APPROPRIATE. USE DIARY ENTRIES AS STARTING POINT FOR DISCUSSION WHERE APPLICABLE, BEFORE PROBING FURTHER USING CONTENT BELOW | *Ensure to cover good things/ things they are looking forward to, and probe on known is/ difficulties sensitively and as appropriate* |
|     o Any significant change of circumstances such as relocating | |
|     o Leisure activities/ summer activities | |
|     o Children's progress at school, moving schools | |
|     o Children's progress at nursery, starting nursery | *It is vital that you fully read their previous interview notes, case summary and details of KIT call in advance of the interview* |
|     o Friends and wider family network | |
|     o Work or volunteering | |
|     O Anything you think relevant/ appropriate to mention from wave 1 interview [REFER TO CHILD PROTECTION OR CHILDREN IN NEED STATUS IF FELT TO BE APPROPRIATE] | |

| | |
|---|---|
| • **Have there been any big changes for you or your family over this time?**<br>  o How did this change come about?<br>  o How do you feel about it?<br><br>▪ **Has there been anyone giving you advice or support since we last spoke?** REFER TO DIARY WHERE APPLICABLE<br>  o INTERVIEWER: CHECK ABOUT FAMILY WORKER AND OTHER SERVICES/ AGENCIES:<br>    ▪ Social services<br>    ▪ Charities<br>    ▪ Healthcare professionals<br>    ▪ Schools<br>    ▪ Probation<br>    ▪ Jobcentre<br>    ▪ Housing/ tenancy support<br>    ▪ Other<br><br>▪ **What kind of support or advice have they given you?**<br><br>▪ **Which of these have been the most important to you?**<br><br>  o Why do you say that?<br><br>▪ **Which have been less important?**<br><br>  o Why do you say that?<br><br>▪ **And looking ahead to the next few months, what are going to be the important things happening for you and the family?**<br>  o Is anyone starting a new school, new job, or new hobby in coming months?<br>  o Is there anything on the horizon you are thinking about or concerned about?<br>  o What are you looking forward to? | *Cover support briefly – it will be covered more fully in next section* |
| **3. Support received from family worker**<br><br>INTERVIEWER READ OUT WHERE APPLICABLE:<br><br>**Having had a look at your diary entries has been really useful, I'd like to now return to the support from your family worker in a bit more detail if that's okay.**<br><br>• **Can I just check whether you are still receiving support from your family worker?**<br>  o WHERE RELEVANT: when did this come to an end?<br><br>• **Can you tell me a little more about how your family worker has supported you since last winter?**<br>  o PROBE ON whether they have the same worker, frequency of home visits, nature of support given, other<br>• **How do you feel about their support at this point?** | **20 mins**<br><br>*This section looks to update on the support received in detail*<br><br><br>*Use the exercise and questions flexibly/ tailor your approach as appropriate*<br><br><br>*Ask families to be specific about support given and provide examples* |

<table>
<tr>
<td>

  o To what extent are you happy to have them in your life? Would you like this to continue?

  o Why do you say that?

  o INTERVIEWER: THE ISSUE OF WHETHER THE SERVICE WAS (OR WAS PERCIEVED AS) VOLUNTARY OR MANDATORY MAY BE RELEVANT HERE

- **How would you describe the relationship you have with your family worker?**
  o What words would you use?
  o To what extent do you feel you can confide in your family worker?

**Mapping exercise**

INTERVIEWER: USE THIS TOOL AND THE REST OF THE QUESTIONS IN THE SECTION FLEXIBLY.

THE MAPPING EXERCISE, WHERE USED, SHOULD COVER:

  o Detailed description of family worker support, examples
  o Who else has been involved, inside and outside the family
  o For each service – what was the point of the service/ the goal for the family
  o What has changed – what are the impacts (e.g. school attendance, children's behaviour family relations, work, financial stability)

**Other questions on support**

INTERVIEWER: WE INCLUDE SOME ADDITIONAL QUESTIONS HERE ON TOPICS THAT MAY BE MORE SENSITIVE AND BETTER TO COVER AFTER OTHER LESS SENSITIVE ISSUES.

- WHERE RELEVANT: **Has your family worker been involved with your social worker in relation to coming off of Child Protection or Children in Need status?**
  o What sort of help, if any, have they given you?
  o What impact has this had?

- **Can you give me any examples of things your family worker has helped you look at differently or feel better about?**
  o What words would you use to describe how you feel about family life and the future?
  o Do you feel more or less hopeful or optimistic? Why?
  o Do you feel any differently about your ability to change things or improve things in the family?

- **To what extent has your family worker helped you feel differently about accessing support from different agencies if you needed it?**
  o Have they given you any information about services and organisations that you might contact if you needed support?
  o Has the way you approach or deal with different agencies

</td>
<td>

NOT ALL TYPES OF SUPPORT WILL BE RELEVANT, AND FOR THOSE THAT ARE, YOU WILL NEED TO TAKE A CUE FROM WHAT THE FAMILY IS COMFORTABLE WITH.

*Impacts are particularly important at this final interview – what difference has the support made? what is the added value of TF, where other*

</td>
</tr>
</table>

| | |
|---|---|
| changed at all since you started seeing your family worker? | *agencies are involved?* |
| • **Are there any other things your family worker has supported you with or given you advice on?**<br>   o INTERVIEWER – PROBE FULLY INCLUDING HOW THEY HAVE HELPED/ EXAMPLES, OTHER PEOPLE THAT ARE INVOLVED AND THEIR ROLE, AND IMPACTS | |
| <u>Section summary</u> | |
| • **What has been most important to you, among the types of support and advice we've discussed?**<br>• **What have been the key things that have changed for you?**<br>• **What have been the key things that have changed for the children?**<br>• **Are there any things that you wanted to change but have not been able to?** | |
| **4.   Goals** | **15 mins** |
| ▪ **Can you remind me about what goals you and your family worker have agreed?**<br>   o What are the main goals you are working towards?<br>   o Is work a goal for you or anyone in the family?<br>   o What milestones are underneath these goals?<br>   [INTERVIEWER: COVER 1 OR 2 EXAMPLES]<br>▪ **Have there been any changes to your goals since last winter?**<br>   o Why?<br>▪ **What progress have you made towards the goals since last winter?**<br>   o Are there any you have met?<br>   o What has helped you work towards your goals?<br>   o What has got in the way?<br>▪ **How do you and your family worker monitor and track your progress?**<br>   o Do they use any tools, charts or surveys to do this?<br><br>▪ **What do you think about the goals and milestones in your plan?**<br>   o Does it reflect the changes that are important to you and the family?<br>   o Does it cover the needs of everyone in the family? If not – why?<br>▪ **Overall how involved were you in the development of your plan?**<br>   o Which goals came from you and which came from your family worker?<br>      ▪ CLARIFY IF NEEDED**:** Looking back to setting the goals, did your family worker look to add anything that they discussed with you and said they felt needed to change?<br>▪ **Can you tell about the order in which you and your keyworker decided to address these things?** | *Recap on family goals and milestones – and ask them to be specific*<br><br><br><br><br><br><br><br><br><br><br><br><br>*More broadly – try to get a sense of how important this element of the service is and to what extent the family has engaged with it* |

| | |
|---|---|
| o How was that decided upon? <br> o Looking back, to what extent do you feel this was the best way to go about things? | |
| **5. Service transformation** <br><br> • **How would you describe the role/job of a family worker, based on your experience?** <br>     o Probe: how is their role different from a social worker? <br><br> • **To what extent does your family worker engage with everyone in the household?** INTERVIEWER: EXPLORE FULLY, ASK ABOUT DIFFERENT HOUSEHOLD MEMBERS IN TURN IF APPROPRIATE AND USE PROBES: <br>     o Do the goals in your family plan reflect the needs of the whole family? <br>     o To what extent has the family worker built a relationship with everyone in the home? <br><br> • **Does your family worker know the other people and organisations that might be involved with or supporting you?** <br><br> • **How did things work with the different agencies/ services before your family worker was supporting you?** <br><br>     o Is this different now? How? <br><br> • **Do you ever find you need to repeat the same information to different agencies?** <br><br>     o Is this different at all since your family worker starting supporting you? How? <br><br> • **Thinking about the role of your family worker, and the way they operate, does this feel the same or different from any experiences you may have had in the past of services working together to support families?** | **10-15 mins** <br><br> *These questions seek to understand two elements of ST from the family perspective* <br><br><br> *They may have no prior experience to compare to (for those with limited historical service use)– but seek to get a sense of how they perceive the service and what the KW role is* |
| ▪ **Step down** <br> INTERVIEWER: <mark>ASK THE FOLLOWING WHERE FAMILIES ARE NO LONGER RECEIVING SUPPORT</mark> FROM THE PROGRAMME <br><br> ▪ ASK THE FOLLOWING QUESTIONS WHERE THE FAMILY DECIDED TO WITHDRAW VOLUNTARILY: **Can you tell me about your reasons for withdrawing from the service?** <br><br>     o How did you approach telling the service about your decision to withdraw? <br><br> ▪ **Can you tell me a little about how the process of coming off this service worked?** <br>     o Did you come off immediately or did this take some time? <br>     o Did your family worker commit to helping with anything before you withdrew? And did they do this? <br>     o Was there anything you wished you had asked before they | **10-15 mins** <br><br><br> *Adapt this section based on whether or not they are still receiving the service* <br><br><br> *Bear in mind for some families, this section could potentially cause some distress if they feel they still need support* |

left?
- o Were there any bad / unintended consequences of their leaving?

- And what contact, if any, have you had with the worker since you officially withdrew from the service?

- ASK THE FOLLOWING QUESTIONS WHERE THE SERVICE WAS WITHDRAWN BY THE LOCAL AUTHORITY: **Looking back, what was explained to you about why the service was going to come to an end?**
  - o What reasons were given? What did you think of them?

- **To what extent did you feel ready for the service to withdraw?**

  - o Did you have any worries or concerns at that time?
  - o If 1 was not at all ready, and 10 was totally ready, how would you rate it?

- **Can you tell me a little about how the process of coming off this service worked?**
  - o How much advance warning did you have? Was this enough?
  - o What marked the end of their support?
  - o Were there any changes to the nature of your contact with your family worker in the lead up to this?
  - o Did they do anything with you or the children to help prepare for the service ending?
    - Did they have any specific conversations with the children about why they were withdrawing?
  - o Did they commit to helping with anything before withdrawing?
    - And did they do this?

- **Overall, how happy or unhappy are you with the way the withdrawal was handled?**

INTERVIEWER: <mark>ASK ALL NO LONGER RECEIVING SUPPORT</mark>

- **Did your family worker help to get some other support or agencies in place to help you after they withdrew?**
  - o Which agencies?
  - o How helpful has their support been?
  - o Did they have the right skills and experience?
  - o Was there anything you needed help with but didn't know where to ask / go? Any additional concerns or fears about them leaving?

- **Have you had contact with your family worker since they officially closed your case?**
  - O INTERVIEWER: PROBE ON INFORMAL AND FORMAL CONTACT E.G. REVIEW MEETING, TELEPHONE CALLS
    - How did you feel about this?

*Ensure your set up phase helps you understand or anticipate how the family may respond – but we will cover approaches to handling this section in our briefing*

- ▪ Was this sufficient? Did you expect this type of contact?

- ▪ **Overall, how do you feel you are managing now your family worker is not coming?**
    - ○ To what extent have you kept to the goals you had achieved whilst in the service?
    - ○ Can you point to any things they did/ have done that have made you feel better or more comfortable about withdrawal?

- ▪ **Where would you go for support if you needed it now?**

    - ○ Are there any barriers that might prevent you seeking support?

- ▪ **How do you feel about your ability to access and deal with services or organisations you might need in future, without your family worker?**
    - ○ Has this changed at all over time?

INTERVIEWER: <mark>ASK THE FOLLOWING WHERE FAMILIES ARE STILL RECEIVING SUPPORT</mark>

- ▪ **When do you expect the family worker support will come to an end?**
    - ○ Has anything been explained to you or discussed with you about this?
    - ○ For what reasons do you think the support would end?

- ▪ **What do you think would happen in the lead up to the support ending?**

    - ○ How do you think your family worker would help prepare you?

- ▪ **How would you feel about the support ending?**
    - ○ When do you think would be an appropriate time for this to happen?
        - ▪ For example – when you have a particular issue sorted, when you feel ready?

- ▪ **Where would you go for support if you needed it once the support from your family worker ended?**

    - ○ Would there be any barriers to seeking support that you can think of?

- ▪ **How confident would you feel in accessing and dealing with services and organisations you might need in future, without your family worker around?**
    - ○ Has this changed at all over time?

| 6. Final reflections, warm down and close | 10-15 mins |
|---|---|
| ▪ **Can you describe the difference your family worker has made to your lives, if any?**<br><br>    ○ What might be working well/ less well in family life?<br><br>▪ **Looking back, to what extent do you feel this service was right thing for you and your family?**<br><br>▪ **To what extent was the service introduced at the right time for you and your family?**<br><br>    ○ INTERVIEWER: IF NECESSARY – PROBE ON WHAT WAS HAPPENING AT THAT TIME/ HOW FAR ISSUES OR PROBLEMS HAD PROGRESSED<br><br>▪ **Thinking about your experience, what possible improvements could be made to the family worker role?**<br>    ○ What words would you use to describe your family worker?<br><br>▪ **What would be the one thing you would change about your experience, if anything?**<br><br>▪ **What advice would you give to other families getting support in this way?**<br><br>▪ **Overall, how are you feeling about the future for you and your family?**<br>    ○ What would you like life to look like a year's time?<br>    ○ **What needs to happen for you to get there?**<br>        ▪ Interviewer to probe: what would you and others in the family need to do? What support would you need from others outside the family?<br><br>**THANK ALL PARTICIPANTS** FOR THEIR TIME AND EMPHASISE THE VALUE OF THEIR CONTRIBUTION<br><br>EXPLAIN THAT WE WILL BE TALKING TO MORE FAMILIES NEXT YEAR SO A WIDE RANGE OF VIEWS CAN BE GATHERED – WE WON'T CONTACT THEM AND WILL DELETE THEIR DETAILS FROM OUR RECORDS, **BUT IF THEY HAVE ANY QUESTIONS ABOUT THE STUDY THEY CAN CONTACT US VIA THE DETAILS ON THE CONSENT FORM**<br><br>PROVIDE **INCENTIVE** AND OBTAIN SIGNATURE | *This section closes the interview and ends the family's involvement with the study – be sure to thank them*<br><br><br>*Ensure to provide incentive* |

## Keyworkers

| 1. Introductions | **Notes and prompts**<br>5 minutes |
|---|---|
| Explain purpose / aim of the study: **Ipsos MORI is conducting elements of the** | |

| | |
|---|---|
| **national evaluation of the TF programme in which we are speaking to practitioners and families in ten local authorities to engage with a wide range of views and experiences.  We would like to speak to you as part of this study.**<br><br>Explain confidentiality: **All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals.**<br><br>Ask if they have any questions before starting interview.<br><br>Ask for permission to record: **This is so that we can review our discussion; we may also transcribe the interview.  Three months after the project is completed the recording will be destroyed.** | *Aim: understand the fundamentals of the service in which the worker is located.* |
| **2.    Practitioner's role and service** | 10 mins |
| ASK ABOUT PRACTITIONER'S ROLE AND SERVICE, ADAPTING THESE QUESTIONS TO FIT THE LOCAL AREA/ MODEL.<br><br>▪ **Can you tell me a little about your role and background?**<br><br>▪ **Before we talk about your work with families in detail, it would be good to understand the service you work in a little more. Could you please give me a brief overview of the service you work in?**<br>   o   CHECK: how long has it been established?<br><br>▪ Is there a theoretical model underpinning it?<br><br>▪ **How do families come to be on the service, typically?**<br>   o   CHECK: **what is the entry criteria?**<br><br>▪ WHERE RELEVANT: what distinguishes it from other family services under TF?<br><br>▪ Ultimately, what would you say the service aims to do?<br><br>▪ How intensive is the service?<br><br>▪ **Do families participate on a voluntary basis, or can this be mandated for some families?**<br>   o   What are the mechanisms for mandating participation?<br>   o   What impact does mandating the service have? | |
| **3.    Ways of working: assessment and goals** | 10 mins |
| **I'm now interested in hearing about the way you work with families, from initial engagement through to goal setting, monitoring progress, providing support and closing a case. I'd be keen to hear any examples of things that have worked well or less well, or new approaches you have tried.**<br><br>▪ **Can you briefly outline the process for assessing whether families are suitable for your service?** | *Aim: understand the process of engaging the family on the service and setting goals with* |

<table>
<tr>
<td>

  o Who has first contact with a family?

  o What is described to the family about the service at this point?

▪ **Could you tell me about how families are first engaged on your service after they are assessed as suitable?**

  o Who introduces the service and why?

  o Where does this take place and why?

  o How is the service explained to families?

  o Do you find some families are less willing to engage?

    ▪ What approaches do you/ your service take to engaging these families?

▪ **Can you give me a couple of examples of setting goals with families and how that has worked – perhaps one example where the family engaged well at that stage and one where they didn't?** INTERVIEWER: EXPLORE THE CASES AS APPROPRIATE – WHAT GOALS WERE SET, HOW DID THE WORKER APPROACH THINGS

  o FOR THE FAMILY THAT DID NOT ENGAGE WELL: how did you handle this?

  o How many goals might a family have, typically? Can you give some other examples?

  o How would you approach the process of including goals the family saw as less important/ felt sensitive or defensive about?

  o

</td>
<td>

*them, and why these approaches are taken*

*Collect examples of engaging hard-to-reach families/ those more resistant to the service*

*Collect examples of family goals and how they may evolve*

</td>
</tr>
<tr>
<td>

 **4. Service transformation**

</td>
<td>10 mins</td>
</tr>
<tr>
<td colspan="2">

**I'd now like to talk a little about service transformation under TF.**

▪ **What mechanisms have been set up to communicate with other agencies around working with families?**

  o What supports/undermines good communication between agencies?

▪ **Does your service share operational tools with other agencies, such as a family assessment tool for example?**

  o How was this developed? How consistently is it used across different agencies?

▪ **When monitoring a family's service and progress, what mechanisms are in place to share information with other services?**

  o How is this information used? Can you give examples?

  o To what extent do agencies use this to make joint decisions?

▪ **Can you tell me a little about the lines of accountability around a family for the different services involved? For example, what would happen if another agency did not deliver what was agreed – what would you do?**

▪ **In your view, is TF changing the way agencies work?**

  o If not, why?

  o If yes – can you give examples?

▪ **To what extent is there genuine commitment from strategic staff about**

</td>
</tr>
</table>

| | |
|---|---|
| **whole family and interagency working?**<br>　　○　How this commitment (or lack if it) demonstrated? | |
| **5.　Case study family** | 15 mins |
| **I'd now like to talk a little about the [NAME] family a little and understand how they fit into your caseload.**<br><br>▪　Can I just double check how long you have been working with them?<br><br>▪　How did they come to be on the service?<br><br>▪　How easy or difficult was it to engage the family on the service and gain their trust?<br><br>▪　How typical is this family, thinking about your caseload, and the problems or issues they have?<br><br>▪　**Given the problems the family first presented, how challenging or otherwise did you initially feel that helping this family would be?**<br><br>　　○　And to what extent was that the case?<br><br>　　○　Which are the most, and the least challenging problems to deal with, generally? INTERVIEWER: USE GRID IF HELPFUL<br><br>▪　**Can you please give an overview of the support you've provided?**<br><br>　　○　Which of these types of support have you provided yourself, and which have you signposted them to?<br><br>　　○　Which types of support have they been more/ less receptive too?<br><br>▪　Which other agencies have been involved with this family whilst you have been working with them?<br><br>　　○　WHERE APPLICABLE – do you think this family would recognise you as coordinating these services around them/ as a lead worker?<br><br>▪　**How did you sequence the family's problems – and why?**<br><br>　　○　**Can you give another example of sequencing problems with a family?**<br><br>▪　**What goals have you set with the family and why?**<br><br>▪　Why did you decided on those goals to tackle first?<br><br>▪　**How has 'whole family working' played out in this family?**<br><br>　　○　To what extent does 'whole family working' vary from family to family?<br><br>　　○　What approaches do you take to engaging people in the family who are important but less willing to engage with you? | *Aim: understand how the case study family fits into the context provided, explore what has worked well and less well with this family and whether the worker feels they are taking ownership of their journey* |

|  | |
|---|---|
|     o  Are there situations in which whole family working would not be appropriate? | |
| ▪  **What plans are in place for step-down for this family?** | |
|     o  OR, WHERE APPLICABLE **– how did you approach step down with this family?** | |
|     o  What sort of preparation would you generally undertake with a family? | |
|     o  What sort of follow up support could the family expect? Do they always receive it? | |
| ▪  **What have been the key challenges in working with this family?** | |
|     o  How typical are these challenges and how have you tried to overcome them? | |
| ▪  **To what extent do you feel the family is making progress?** | |
|     o  Do you think the progress is going to be sustainable?<br>    o  What needs to happen for it to continue? | |
| ▪  To what extent is getting into paid work a priority for this family? To what extent is this a priority from the service's perspective? | |
| ▪  How do you know the service is meeting their needs? | |
| **6.   Training and development** | 10 mins |
| **I'd now like to ask you a little about training.**<br><br>▪  **What training have you had on the TF local model and to undertake your role in it?**<br><br>▪  What general training in the family worker role do you have?<br><br>▪  What specialist training do you have?<br><br>    o  For example, for dealing with particular problems such as parenting support, changing families underlying attitudes, building self-esteem?<br><br>▪  Are there any types of support you are not permitted to give?<br><br>    o  For example, because specialist training or experience is felt to be necessary?<br><br>▪  Has any of this training been delivered across different agencies?<br><br>▪  **Have your training needs changed at all in your time working on the programme and has the service has bedded in?**<br><br>▪  **To what extent do you feel that TF is supporting sharing of skills and expertise between professionals from different agencies?**<br><br>▪  **Do you receive any training or support from your TFEA/s? what do you like or dislike about this?** | *Aim: explore worker's views on training they have received in their role, and opportunities for skill sharing with other professionals 'unlocked' by TF/ service transformation* |

| | |
|---|---|
| ○ Do you see yourself as potentially being able to take on TFEA tasks in future? | |
| **7. Summary questions, thank and close** | 5 mins |
| ▪ **Can you summarise what are the key things for family working to be effective?**<br><br>▪ **What do you think your service will look like in two years' time?**<br>  ○ And what about in five years' time?<br><br>▪ **Is there anything else you would like to mention?**<br>EXPLAIN NEXT STEPS:<br><br>**We will be reporting back to DCLG with our findings from across the case study areas. These will be anonymised and reported in aggregate, as mentioned at the start of the interview.**<br><br>CHECK IF ANY QUESTIONS ABOUT THE RESEARCH<br><br>\*\*THANK PARTICIPANT AND CLOSE INTERVIEW\*\* | *Aim: collect summary views, look ahead to future of the service and close the interview* |

## Stakeholders

| **4. Introductions and background** | **Notes and prompts**<br>5 minutes |
|---|---|
| Explain purpose / aim of the study if they are unclear. **Ipsos MORI is conducting elements of the national evaluation of the TF programme in which we are speaking to practitioners and families in nine local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.**<br><br>Explain confidentiality: **All your responses will remain confidential and all reporting will be on an aggregate level, not identifying individuals.**<br><br>Ask if they have any questions before starting interview.<br><br>Ask for permission to record: **This is so that we can review our discussion; we may also transcribe the interview. The recording will ultimately be destroyed in line with our quality and compliance protocols.**<br><br>Ask about practitioner's work history and role:<br><br>▪ **Could you give me a quick overview of your current role and your job title?**<br><br>▪ Is this your main role? And what is the purpose of this role? | *Aim: to ensure that participants understand that they are not being judged on their work locally; the interview contributes to the national evaluation.*<br><br><br><br>If interviewing same stakeholder as in wave 1, ask how role has changed over time if at all, or |

| | |
|---|---|
| ▪  Do you hold any other roles? Can you explain how your time is split?<br><br>▪  How long have you been in the role? And how long have you been working in your organisation<br><br>▪  What were you doing before this (past work experience, previously obtained qualifications)? | confirm known details.<br><br><br>The participant may have a possible 'double' role here: e.g. combining their 'main job' with another role on TF. |
| **TFEAs only** | |
| ▪  **Did you have any specialist roles before becoming a TFEA which have helped in the role?**<br><br>▪  **How do split your time across your three objectives:**<br><br> o  What proportion is spent on one-on-one work with families?<br><br> o  What proportion of your time is spent skilling up LA and JCP staff?<br><br> o  How do you spend your time skilling up other staff?<br><br> o  What proportion of your time is spent on working strategically with the LA and JCP?<br><br> o  How do you split your time between JCP and the LA office?<br><br>▪  How are you managed on a day to day basis?<br><br> o  Who is your LA line manager?<br><br> o  How do you work with your JCP line manager?<br><br> o  How you agree priorities working with your LA line manager and DWP line manager?<br><br>▪  Is there anything you are doing to help upskill staff within the JCP/local authority?<br><br>What kind of things? | The objective of the TFEA role is:<br>1: one to one working with families,<br>2: upskilling LA and JCP staff,<br>3: working strategically |
| **5.   Leadership and partnership working** | 15 mins |
| *Key partners*<br><br>▪  **Who are your current partners in delivering the Troubled Families programme?**  (OR CONFIRM KEY PARTNERS FROM PREVIOUS INTERVIEW)<br><br> o  How involved are all of these partners?  How long have you worked with them?<br><br> o  Have you started working with any more recently?<br><br> o  Which partners are missing from the picture at the moment - and what does that mean? | *The aim of this section is to understand what stakeholders define as multi-agency working – who is involved in this, what are their roles, and what is NOT happening currently that should be in place for successful multi-agency working.* |

|  |  |
|---|---|
|   ○ Which are most challenging to work with?  Why?<br><br>  ○ In what ways do you work with schools (what is more/less effective)?<br><br>▪ **How do you get agencies and partners on board and build relationships?** What had to happen to get to the point you are currently at?<br><br>▪ **Can you describe broadly how the partners and agencies work together on TF?** (OR RECAP ON KEY FEATURES FROM LAST INTERVIEW AND ASK WHAT HAS CHANGED SINCE LAST TIME)<br><br>  ○ How do you communicate with each other?<br><br>  ○ What kind of information is shared and how?<br><br>  ○ What kind of processes do you collaborate on?<br><br>▪ **Are you working with any voluntary or community sector organisations?**<br><br>  ○ Who are they? And what services do they provide with regard to the Troubled Families programme?<br><br>▪ **To what extent and in what ways are you integrating the voluntary and community sector into TF models?** For example:<br><br>  ○ At a basic level – delivering services out of community facilities<br><br>  ○ Using VCS to stem demand for family services<br><br>  ○ Using VCS volunteers as part of 'step down' approach<br><br>    ▪ Examples of good practice in relation to the above<br><br><br>*Working with partner agencies*<br><br>▪ **Given all we've discussed; can you give some examples of integrated working in your local area?** PROBE/ EXPLORE WHAT HAS CHANGED SINCE LAST INTERVIEW:<br><br>  ○ regular meetings,<br><br>  ○ partners on steering group,<br><br>  ○ co-located team,<br><br>  ○ shared tools and systems.<br><br>▪ **How has working with agencies and partners changed or developed over the year or so?**<br><br>  ○ How well are these structures and communication channels working?<br><br>  ○ What are future plans where this is concerned?<br><br>  ○ To what extent has the Troubled Families Programme helped facilitate partnership working in this local authority?<br><br>▪ **How committed are partners to Troubled Families?  Why is it important to them?** | If required – this may have been covered already |

| 6. Culture / Common values | 10 mins |
|---|---|
| **I'd like to ask you some questions about the culture of the Troubled Families programme within your area…**<br><br>▪ **Are there *shared objectives* across partner agencies for the TF programme?**<br><br>    o What are these? How are they communicated to you and across partners/ agencies?<br><br>    o How regularly are these communicated?<br><br>    o Is there a strategic plan? How is this shared?<br><br>▪ **What about *common terms of reference* for the programme or a *common set of values* across all partners?**<br><br>▪ **How are common decisions across the programme implemented (in your agency)?**<br><br>    o How effectively do partners implement common decisions?<br><br>    o Are there any partners or agencies who you think do more than others to achieve outcomes? Are there any partners who you think should be doing more?<br><br>    o When it comes to Troubled Families, to what extent is the common interest more important than the interests of individual agencies?<br><br>▪ **To what extent have agencies/ partners been willing to change what they do and how they do it in order to work within the common values?**<br><br>    o Can you give me an example of where this has happened?<br><br>    o Are there any areas of work where you would like to see more of this?<br><br>▪ **How far do you think the TF programme has encouraged a new way of working across agencies?**<br><br>    o In what ways is it likely to continue once TF funding comes to an end in 2020?<br><br>    o Could you describe what that new way of working is? Could you provide any examples?<br><br>*Governance and accountability*<br><br>▪ **To what extent do you agree that there are there clear lines of accountability when working with partners and agencies?**<br><br>    o Can you describe how this works?<br><br>    o What governance structures are in place?<br><br>▪ **And do you think that these arrangements – and other strategic commitments or joint commissioning structures – be sustained (or improved) when TF funding ends?**<br><br>    o Have similar arrangements, approaches and commissioning structures | *Aim of this section:*<br>- *Explore if there is a clear set of common values that each agency prescribes to*<br>- *Uncover evidence of shared values*<br>*Understand how values are communicated* |

| | |
|---|---|
| been adopted to support groups outside of the TF programme? | |
| **7. Workforce development** | 10 mins |
| *Training and development* | *Aim: To find out what has been more/ less effective in training, monitoring and supervision of delivery staff.* |
| ▪ **What are your aims around workforce development in the next year with regard to the Troubled Families Programme?** | |
| ▪ **Can you tell me about the training that has taken place on the Troubled Families model in your local area** (IF RELEVANT – **for your agency)?** | We are trying to understand the less formal training opportunities but also the up skilling that's taking place within the TF teams due to working with other agencies – TFEAs are a case in point. |
|     o Who was involved in delivering and receiving this training? | |
|     o How long was the training? Was it one-off or ongoing? | |
| ▪ And was there any specific training, for example on specific types of support or needs such as parenting support, changing families underlying attitudes, building self-esteem, navigating the Benefits Welfare System? | |
|     o Who delivered and received this? | |
| ▪ **Are there any areas of training you think are currently not covered, or could be covered more?** | |
| ▪ **How would you describe the role of line managers to support practice improvement** e.g. through supervision, joint visits, examination and discussion of case files? Is this taking place? | |
|     o What are your aims up until 2020? | |
|     o Have these changed over time? | |
| ▪ To what extent would you say is there emphasis on evidence-based practice in relation to content? | |
| ▪ To what extent would you say is your training planning based on assessment of training needs and impacts of previous training? | |
| ▪ **How far do you think staff delivering services feel sufficiently well supported the TF model of family-support?** | |
| ▪ **How sustainable will workforce training and development be by 2020, when TF funding will no longer be available?** | |
| *Shared opportunities across the workforce* | |
| ▪ **To what extent are partners able to work collaboratively on training? with the TF team?** | |
|     o What do you see as the facilitators? And barriers? | |
| ▪ **How do you make the most of the wide range of skills and expertise of all agencies?** | |
|     o Is there anything that could be done to capitalise further on partner | |

and agency relationships in terms of workforce development?

- **How far do you agree that TFEAs are helping upskill other staff within the Local Authority?**

    o   Are there benefits for your members of staff? And for families?

- IF APPLICABLE TO AGENCY: Do other staff also take on the role of improving employment outcomes as well as TFEAs?

| 8.   Delivery processes | 10 mins |
|---|---|

*Performance incentives*

- **How is the financial position of the programme monitored?**

    o   How is it reported to the leadership team?

- **Is there evidence as yet of results or impact from the expanded programme? For example, through:**

    o   additional support to families

    o   better outcomes

    o   efficiency savings

- **What is the role of innovation in improving processes?**

    o   Who would you say is particularly strong on this? Can you give an example?


*Delivery mechanisms*

- **What mechanisms and agreements are in place for:** (OR RECAP FROM LAST INTERVIEW AND EXPLORE WHAT HAS CHANGED SINCE LAST INTERVIEW):

    o   referrals?

    o   whole family assessments employed an agreed and single form shared and understood by all partners?

    o   Co-ordination/Case management?

    o   data sharing?

    o   information sharing?

    o   ongoing liaison?

    o   feedback?

    o   Is there a predictive tool to successfully identify eligible families in the short, medium and long-term? To what extent, if at all, is this used by all partners?

- **How do you use data sharing for identifying families and verifying**

*Aim: to elicit what processes are in place for multi-agency delivery*

Some of these issues may have been covered earlier – try and make sure you get a full picture

| | |
|---|---|
| **outcomes? What progress is being made at this point?**<br><br>    o   Do you use outcome evidence to change and improve performance? How do you do this?<br><br>    o   Do you use cost/benefit analyses to inform decision making about service delivery?<br><br>▪  Do agencies use feedback from the local community to identify service need and outcomes for families? How is this done? | |
| **Questions for TFEAs only:**<br><br>▪  Do you work directly with families to deliver the programme? (If no, skip these questions).<br><br>▪  Are you able to do what families need you to do? Are there any constraints?<br><br>▪  How different is the support you provide to what they had before?<br><br>▪  Do you feel like your support comes in at the right time for families? Is there anything you would like to change about this timing?<br><br>▪  Are you applying the whole-family working approach in your work with families? If so, how?<br><br>▪  Thinking specifically about the time you have spent with families with the most significant employment barriers - could this work have been done by anyone else? If so who? Why do you say this? | |
| **9.  Strategy** | 10 mins |
| *Strategic commissioning*<br><br>▪  **Is there a common commissioning strategy and vision for services among all agencies?**<br><br>    o   What commissioning practices are being developed? Has this changed over time?<br><br>    o   Are there any areas in which you think commissioning could be improved?<br><br>*Targeting the right families*<br><br>▪  **What do you currently do to identify future need for the programme?**<br><br>    o   Do you have systems that work as early warning signs to identify families to come on the programme?<br><br>▪  **To what extent are you currently providing TF services to out-of-scope/ out-of-cohort families** (i.e. those that do not meet the DCLG entry criteria)?<br><br>    o   If they are – what is the current case load for in-scope and out-of-scope? Do you have this data?<br><br>*Linking to national strategy*<br><br>▪  **To what extent does the TF national strategy inform your long-term vision of** | *Aim: to ascertain the strategic direction of the local authority with regard to commissioning, targeting families and long-term planning.* |

| | |
|---|---|
| **what you want to achieve?** <br><br> *Future delivery structure* <br><br> ▪ **Is there a shared commitment across partners to deliver the programme up to 2020? And after 2020?** (Do you know if local authority budget has been allocated for the delivery beyond 2020?) <br><br> ▪ **Is there a shared commitment to analyse and quantify the need for the programme up until 2020**? And after 2020? <br><br> ▪ **Who is responsible for measuring impact?** And how are they doing this? How is this shared? | |
| **10. Outcomes for families** | 5 mins |
| ▪ Do families recognise the key elements of the family worker role of whole family working, coordinating services around the family, single point of contact? <br><br>     o Is this consistent across all those from all the different agencies working with families? <br><br> TFCs and TFEAs only <br> ▪ How are family goals aligned to Troubled Families Outcome Plan (TFOP) / the LA outcome plan/DWP Plans? Can you give an example of how they may evolve or change - and what the progress is against them, among participating families? | *Aim: To find out stakeholders' view of the family's experience of the programme.* <br> NB: TFEAs will be aware of TFOPs but may not know them by the name TFOP, but they should be aware of the LAs outcome plan which will have a local name. |
| **11. Summary views on local delivery and national programme** | 5 mins |
| **I'd just like to finish with some final questions on how you see the programme overall.** <br><br> ▪ Given all the things we have discussed, what do you feel is working well locally? What is working less well? <br><br>     o Do you have any suggestions for improvements to the programme? <br><br> ▪ To what extent is the Troubled Families Programme helping to change the way local services work? <br><br> ▪ How do you see your service developing over the remaining life of the programme? And beyond 2020? <br><br>     o In your local context, what outcomes do you expect from the programme? <br>     o What activities locally will lead to these outcomes? <br><br> ▪ We will be evaluating the programme over the next 2 years – what kinds of things do you think we will find? | *Aim: To elicit stakeholders' view of the programme is performing locally and how they see it developing into the future.* |

| AOB thanks and close | 2 mins |
|---|---|
| Explain next steps: **We will be speaking to the five or six families on the programme in the area who we spoke to last year.**<br><br>**We will be reporting back to DCLG with findings on an ongoing basis – but these will be anonymised and reported in aggregate, as mentioned at the start of the interview.**<br><br>CHECK IF ANY QUESTIONS/ QUERIES ABOUT THE RESEARCH<br><br>THANK PARTICIPANT AND CLOSE INTERVIEW | |

## Appendix C: Thematic frameworks applied to follow-up interview data

The documents appended below consist the analytic thematic frameworks applied to the datasets for family and stakeholder interviews, as per the research methodology described in section 2.3.

## Families

| Theme | Sub-theme |
|---|---|
| 1. **Background and family circumstances since last visit** | 1.1 Who was interviewed<br>- Name and age of each family member interviewed |
| | 1.2 Household composition |
| | 1.3 Family circumstance since last visit<br>- Any big changes?<br>- Have things got better, worse, or stayed the same? |
| | 1.4 Are they still receiving support from key worker?<br>- If not – when did it end? |
| 2. **Support received from keyworker since last visit** | 2.1 Support received from key worker since last visit<br>- How did it change/has it changed?<br>- How do they feel about support – has this changed?<br>- How do they view their key worker – has this changed? |
| | 2.2 Goal setting<br>- Goals currently working towards<br>- How goals were set/recorded<br>- Any changes in goals since last visit<br>- Progress made towards goals |

| | |
|---|---|
| | -    Order of goals and how this was decided |
| | 2.3  Service transformation<br>-    Is key worker role different to support worker in other services?<br>-    Is whole family working happening?<br>-    Extent to which KW and other services are working together |
| | 2.4  Impact of support<br>-    Extent to which they're hopeful<br>-    Extent to which they're independent<br>-    Job or training gained/planned? |
| | 2.5  Final reflections on family support<br>-    Views on whether it was the right service, at the right time<br>-    Suggestions for improvements to family worker role or service<br>-    Advice for other families accessing same/similar service |
| **3.  Support received from other services since last visit** | 3.1  Any support received, apart from KW, since last visit<br>-    Support suggested/set up by KW?<br>-    Length of time of support |
| | 3.2  Impact of other support |
| | 3.3  **IF SUPPORT HAS ENDED**<br>Any other support set up by KW to help at end of TF support?<br>-    Ability of family to look for/access other support |
| **4.  Step down** | 4.1  **IF SUPPORT HAS ENDED**<br>Reason for withdrawal from support<br>-    KW or family decision?<br>-    Did family feel ready for withdrawal? |
| | 4.2  **IF SUPPORT HAS ENDED**<br>Process of withdrawal<br>-    Amount of advance warning<br>-    How did support end? Paperwork?<br>-    Things the worker put in place to support/ reassure family<br>-    Overall views about withdrawal process |
| | 4.3  **IF SUPPORT HAS ENDED**<br>Any contact with key worker since end of support? |
| | 4.4  **IF STILL RECEIVING SUPPORT**<br>Expectations of support ending<br>-    Has end of support been discussed?<br>-    How would they feel when support ends? |

| | |
|---|---|
| | -    Confidence in accessing other services once support ends |
| **5. Case summary and researcher reflections** | 5.1 Case summary |
| | 5.2 Differences in family since last interview |
| | 5.3 Links with themes from practitioner interviews |
| | 5.4 Other reflections<br> -    Anything missed from previous sections |

## Keyworkers

| Theme | Sub-theme |
|---|---|
| **6. Practitioner's role and service** | 1.5 Job role |
| | 1.6 Overview of service where KW based |
| **7. Experiences of assessment** | 2.1 How families are assessed |
| | 2.2 How families are engaged after successful assessment<br> -  Any families mandated? |
| **8. Experiences of goal setting** | 3.1 Examples of goal setting generally<br> - Example where a family engaged after goal setting<br> - Example where goal setting process difficult/family did not engage |
| **9. Service transformation** | 9.1 Mechanisms for communicating with other agencies and shared processes<br> -    Mechanisms for information sharing<br> -    Examples of shared processes e.g. family assessment tool<br> -    Lines of accountability around family |
| | 9.2 Experiences of whole family working<br> -    Approach taken with disengaged family members<br> -    Examples where whole family working not appropriate? |
| | 4.3 Impact of TF on agencies<br> -    Strategic staff committed to interagency/whole family working? |
| | 4.4 Elements needed for effective family working |

| | |
|---|---|
| **10. Case study family** | 10.1     Case overview/engaging family <br> -     Length of time working with family <br> -     How family came on programme <br> -     Easy/difficult to engage? <br> -     How 'typical' is family <br> -     How challenging first thought |
| | 10.2     Support provided to family by KW |
| | 5.3   Goals and sequencing |
| | 5.4  Step down process/approach |
| | 5.5    Key challenges with family |
| | 5.6    Progress made by family |
| **6    Training** | 6.1  Training received and views <br> -     Specialist training received <br> -     Training received by TFEAs <br> -     Examples of x-agency training <br> -     Further training needed |
| | 6.2    Extent to which TF encouraging skills sharing <br> -     Examples of skills sharing |
| **7    Researcher reflections** | 7.1    Links with themes from family interviews |
| | 7.2   Other reflections <br><br> Reflections and anything missed from previous sections |

## Strategic partners and stakeholders

| Theme | Sub-theme |
|---|---|
| **Background and context** | 1.1  **Who was interviewed?** <br> What is their main role, do they have any other roles, how long have they been in it? |
| | 1.2 TFEA – How do they split their time? |
| | 1.3 TFEA – what are they doing to upskill other staff? |

| | |
|---|---|
| **Leadership and partnership working** <br> In each of these sections, please describe | 2.1 Partners in delivering TF |
| | 2.2 Building relationships with other partners |
| | 2.3 Working together with partners, incl. community and voluntary sector. Examples – Change over time |
| | 2.4 Integration of voluntary sector in TF |
| | 2.5 Partners' commitment to TF |
| **Culture / Common values** <br><br> In each of these sections, please describe | 3.1 Shared objectives across partner agencies |
| | 3.2 Common terms of reference or values? |
| | 3.3 Implementation of common decision making |
| | 3.4 Willingness and evidence of change to work within common values |
| | 3.5 New ways of working / readiness for 2020. Examples |
| | 3.6 Accountability in partnership working – joint commissioning (and sustainability of this after 2020) |
| **Workforce development** | 4.1 Aims of workforce development in next year |
| | 4.2 Training to date on TF model |
| | 4.3 Training not currently covered |
| | 4.4 Emphasis on evidence-based practice |
| | 4.5 Staff feeling supported in delivering TF model |
| | 4.6 Sustainability of workforce training by 2020 |
| | 4.7 Collaboration when it comes to training |
| | 4.8 TFEAs upskilling other staff? Examples? |
| **5    Delivery processes** <br><br> Here it would be useful to know whether there was | 5.1 Monitoring of financial position |
| | 5.2 Evidence of impact? Examples. |

| | |
|---|---|
| evidence of the *whole-family working model* and of the *lead-worker model* in this family's experience | 5.3 Innovation in improving processes |
| | 5.4 Delivery mechanisms / changes from last interview. Examples |
| | 5.5 Data sharing to identify families and verify outcomes |
| | 5.6 Using feedback to identify service needs |
| | 5.7 TFEAs – changes? Timing of support? Whole family working? |
| 6. Strategy | 6.1 Common commissioning strategy and vision |
| | 6.2 Current activities to identify future need of programme |
| | 6.3 TF services provided out of scope / out of cohort families? |
| | 6.4 Extent to which local strategy is informed by national strategy |
| | 6.5 Shared commitment for delivery until and after 2020? |
| | 6.6 Commitment to analysis and quantify need for programme until and after 2020? Who is measuring impact? |
| 7. Outcomes for families | 7.1 Families' understanding of new way of working |
| | 7.2 TFCs / TFEAs: Extent to which family goals are aligned to TFOPs / LA outcome plan / DWP plan? |
| 8. Summary views on local delivery and national programme | 8.1 Examples of what is working well and not so well |
| | 8.2 Suggestions for improving service |
| | 8.3 Is TF programme having impact on local service delivery? How? |
| | 8.4 Service development to 2020 and after |
| | 8.5 Thoughts on evaluation findings over next two years |
| 9. Researcher reflections | 9.1 Any reflections from interview. |

**Isabella Pereira**
Research Director
isabella.pereira@ipsos.com

**Claudia Mollidor**
Associate Director
Claudia.mollidor@ipsos.com

**Eleanor Thompson**
Research Manager
eleanor.thompson@ipsos.com

# For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000


**www.ipsos-mori.com**
**http://twitter.com/IpsosMORI**

**About Ipsos MORI's Social Research Institute**
The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methodological and communications expertise, helps ensure that our research makes a difference for decision makers and communities.