Research Report DFE-RR046

Redesigning provision for families with multiple problems – an assessment of the early impact of different local approaches

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CONTENTS

EXECUTIVE SUMMARY

1. The coalition government is committed to investigating a new 'whole family' approach to working with families with multiple and complex problems. This research brief provides: evidence of the impact of this family focused approach on outcomes for families; assesses the cost-benefit of the new model of working; and showcases good practice developed by local authorities in this field.

Background and Context

2. A total of 15 local authorities (LAs) received funding to test family focused models of working, with six of these areas and an additional 12 LAs, extending their work to develop systems and support to address the needs of families with young carers.

3. Each authority has developed their own approach to reforming support for families at risk. Authorities have adopted an integrated and holistic approach which seeks to bring adult and children's services together to provide personalised, coordinated, and family focused packages of support.

Methodology

4. This research brief is based on:
   a. consultations with 21 Pathfinders (across 15 LAs). Consultations were undertaken with LA staff and key delivery partners across adult and children's services and 60 families;
   b. analysis of assessments on the first 216 families who have received family focused support[1];
   c. a Social Return on Investment (SROI) approach to explore the cost benefit of the support delivered (based on the first 53 families to exit support in one of the 15 areas).

Impact on Family Outcomes

5. A crucial element of the evaluation is to assess the impact of the support on outcomes for families.

Overall Need

6. Nearly half (48%) of the families who have exited from the support programme showed reduced levels of need, a third (33%) saw no change, and for 19% of families, level of need actually increased.

7. Two thirds of families entered support either in crisis (statutory support) or needing intensive assistance (specialist support). Of these, 20% fully addressed the issues they were facing and no longer required any further support.

[1] Currently (Oct 2010) local authorities have recorded (on York Consulting's online database) that they are working with 1091 families: 323 have now exited from support, 531 are receiving support, 172 are undergoing an initial assessment and work has just begun with 65.

Risks and Resilience

8. The most commonly identified risks (concerns of adverse outcomes) relating to the families' social and economic environment were: unemployment (46%); family debt (39%); and stability of housing tenure (36%). In over half of the families, relationships between family members, family violence and challenges with boundary setting were also identified as concerns.

9. Encouragingly, the 'on exit' assessments show a reduction across all risks. In each case, there was a positive shift from those experiencing high/medium level risks on entry into the low/no longer a concern category on exit.

10. The area where the most significant impact was made was in relation to family violence. This risk was reduced by 70% following support. Lack of family support networks, debt and stability of housing were all issues effectively dealt with, with the number of families affected almost halving between entry and exit.

11. Unsurprisingly, unemployment was the single issue which practitioners had the most serious concerns about, both on entry and exit. However, the support did deliver a net improvement in employment status. Employment for fathers increased from 20% to 27% and for mothers from 10% to 17% following support. Given the entrenched and intergenerational nature of this risk, this should be regarded as a positive finding.

12. Positive outcomes were also achieved for individual family members. Around one third of individuals who experienced emotional and mental health issues or drug and alcohol issues on entry had completely addressed them by exit.

13. The support was also effective in tackling offending and anti-social behaviour. There was a 50% reduction in the number of people engaged in this activity between entry and exit.

14. The support also had a range of positive outcomes for children and young people:

    - the number of children and young people with attendance issues halved, and the group considered to be high risk (i.e. attending less than 50% of the time) reduced by two thirds;
    - there was a reduction by one third in the number of young people for whom caring responsibilities were considered to have a negative impact;
    - the number of young people identified as having child protection risks reduced by a third between entry and exit. However, an additional 11% of children were identified, reinforcing the view that this approach is helping to identify otherwise unidentified child protection risks.

15. Encouragingly, families' level of resilience (withstanding crisis and adversity) improved following support, from an average of five indicators on entry, to eight on exit.

16. These are encouraging findings. They show that the support is leading to improvements in both family level and individual outcomes. The final evaluation will examine the extent to which these outcomes have been sustained beyond the end of support.

Escalating Need

17. It is worth highlighting that the support provided was not effective for all families. Around one fifth of families showed an increased level of need. Two key reasons were:

- additional needs being identified during support, requiring a higher level of support than the team could provide;
- families not engaging in support, despite the best efforts of the team.

Pathfinder Costs and Benefits: an SROI approach

18. Preliminary illustrative findings from the Pathfinder evaluation suggest that family focused support generates net programme benefits. One million pounds of family intervention costs is estimated to generate savings of £2.5m by avoiding adverse outcomes for family members; a net benefit saving of £1.5m. This emerged from an initial Social Return on Investment (SROI)[2] analysis of 53 families immediately on exit from Pathfinder support (within one Pathfinder area). It should be noted that the data only includes outcomes where risk has deemed to have been removed. It therefore excludes partial improvements and understates total benefits.

19. It is important to exercise caution in interpreting the results. At face value it would appear to demonstrate a significant net benefit from the Pathfinder intervention. However, the following should be noted:

- these are preliminary findings, based on a small number of families;
- potential cost savings cannot necessarily be cashed by local authorities, e.g. savings associated with reducing the number of young people who are not in education, employment or training (NEET), or adults who receive a custodial sentence. In many cases the benefit cost savings need to be viewed at a society, rather than a local authority level.

20. The findings presented here are very much illustrative and a preliminary analysis to demonstrate the approach and the types of cost benefits that can be identified. The final Pathfinder evaluation will report on a considerably larger sample, drawn from seven Local Authorities.

[2] Nicholls, J; Lawlor, E; Neitzert, E and Goodspeed, T. A Guide to Social Return on Investment 2009

Approaches to Delivering Family Focused Support

21. Delivery models introduced by local authorities reflect three generic approaches: introducing a new practitioner-based delivery team; extending a pre-existing and tested model of working with families with multiple problems; and systems change, involving new ways of working between adult and children's services.

22. Those areas adopting a system change only focus, have struggled to engage services and agencies without first modelling the approach, through new service provision, to demonstrate that it works.

23. In the main, local authorities are working with families with higher and more entrenched levels of need than were first anticipated. Whilst it is difficult to generalise, many families supported had been referred to children's social care but fell below their threshold for immediate intervention.

24. The support typically includes intensive outreach as well as specialist interventions delivered by a range of services. Staff from the new teams play a key role in coordinating support for families and attending multi-agency meetings.

25. Alongside the support provided by Pathfinder staff, areas are also developing capacity within local communities to support families, for example by using volunteers to provide support.

Approaches to Delivering Strategic Change

26. Pathfinders have, in the main, adopted four generic approaches to changing working practices and effecting organisational change. These include developing good practice tools and protocols; delivering training; staff modelling family focused approaches; and embedding strategic change.

27. From a strategic perspective, there are lots of examples of developing good practice. The part of the jigsaw most frequently missing is the use of strategic commissioning to embed family focused approaches.

28. In many areas, there is evidence of polarised engagement with approaches to family focused working and processes. There is often strong bottom-up support, with direct engagement with frontline professionals and at the very top commitment from senior managers represented on strategic boards. What is often lacking is active support from middle management.

29. It is also critical that adult, children's and other services work together to ensure children are safeguarded and that wider individual and family concerns are identified, assessed and responded to.

1 THE POLICY CONTEXT

1.1 The Cabinet Office's *Families at Risk* review estimated that around 2% of families in England experience multiple and complex difficulties. These difficulties are often intergenerational in nature and are likely to impact significantly on the life chances and outcomes for children. For example, children within these families are ten times more likely to be in trouble with the police and eight times more likely to be excluded from school. The review also found that the existing support for many of these families failed to result in improved outcomes. Two key weaknesses were identified with the support on offer: there was a lack of coordination between supporting agencies, and services did not take into account the wider problems faced by family members.

1.2 In response, local authorities were invited to develop local solutions to the problems faced. The aim was to reform the whole system of support for families at risk, bringing adult and children's services together to form an integrated and holistic approach. In this way, families at risk would receive personalised, coordinated, family focused packages of support which, critically, result in improved outcomes. A total of 15 local authorities (LAs) received funding to develop what we describe as Family Pathfinder models of support, with six of these extending their work to address the needs of families with young carers. An additional 12 LAs received funding in November 2009, specifically focused on young carers.

1.3 This family focused way of working continues to be a core element of the coalition government's 'Big Society' agenda. It places emphasis on strengthening communities by building strong support networks around families with complex problems, involving the wider community through volunteering opportunities and by addressing problems such as anti-social behaviour and drug and alcohol misuse, and maximising the skills of the voluntary and community sector.

1.4 There is a growing body of evidence (from both the Family Intervention Project evaluation and early findings from the Family Pathfinder evaluation), which shows that family focused support can be effective in improving outcomes for families with multiple problems, particularly for those who have experienced difficulties in engaging with services previously. Findings from the Family Intervention Project evaluation show a range of positive outcomes, including a reduction in family violence, antisocial behaviour, housing enforcement actions, and early signs that this way of working can be successful in getting people back into work. For children a reduction in school truancy, exclusion and a decline in child protection concerns were evident. Early indications also suggest these positive outcomes are sustained for families, post-intervention.

1.5 This research brief has been prepared by York Consulting as an interim output to the Evaluation of Family Pathfinders, which we are currently undertaking on behalf of the Department for Education. Details of the Pathfinder evaluation approach and programme are set out in **Annex 1**. York Consulting is a private economic development consultancy which specialises in the evaluation of public sector programmes and initiatives.

1.6 The research brief, drawn from the Family Pathfinder Evaluation, aims to highlight early evidence of impact, showcase good practice developed by the LAs involved and assess the cost-benefit of the new family focused models of working. It will help other areas to address some of the issues they may be facing in implementing similar reforms and assist them in determining spending priorities in the coming months. Readers should be aware however, that these findings do not represent the full picture. A detailed, final evaluation report of Family Pathfinder support will follow in May 2011.

1.7 The areas of focus are:

- **Section 2: Evidence of Impact on Family Outcomes:** examines the impact of interventions on the 216 families who have exited the support programme thus far;
- **Section 3**: **Costs and Benefits**: uses a Social Return on Investment (SROI) approach to examine the cost-benefit of support;
- **Section 4: Approaches to Delivering Family Focused Support:** explores the delivery models and approaches to support developed;
- **Section 5: Approaches to Delivering Strategic Change:** provides detail on successful approaches implemented by local authorities to deliver strategic change;
- **Section 6: Contact Details:** provides contact details for the local authorities taking family focused approaches.

2 EVIDENCE OF IMPACT ON FAMILY OUTCOMES

2.1 A crucial component of the evaluation is to assess the impact of the support on the families involved. The approach incorporates three strands of activity, gathering qualitative and quantitative data from practitioners and families throughout the support and up to six months afterwards. A key element of this is the analysis of data gathered by practitioners via an online tool called the Family Pathfinder Information System (FPIS). The tool asks practitioners to assess the family as a whole, and individual family members, on entry and exit to support.

2.2 In this section we present the outcomes for 216 families (903 family members) who have exited from the support programme thus far. It is not possible to determine whether this data is representative of the group as a whole. Over 1,000 families are currently being tracked on the FPIS database. Additionally, it should be noted that this data source represents just one part of the jigsaw. The final evaluation will triangulate the data from practitioners with both qualitative and quantitative data from the families themselves.

2.3 Here we explore the impact of support across a range of factors. These are presented in terms of:

- **Overall Need**: the overall level of family need (i.e. whether they are deemed to be at statutory, specialist, targeted or universal level);
- **Risks and Resilience**: the position in relation to risk and resilience factors. Risk factors relate to concerns of adverse outcomes e.g. unemployment. Resilience factors assist families to withstand crisis and adversity and avoid adverse outcomes, e.g. financial stability. Risk factors are addressed at both the individual and family level. Resilience factors apply only at the family level;
- **Escalating Need**: a more detailed analysis of 42 families whose needs have escalated, despite support.

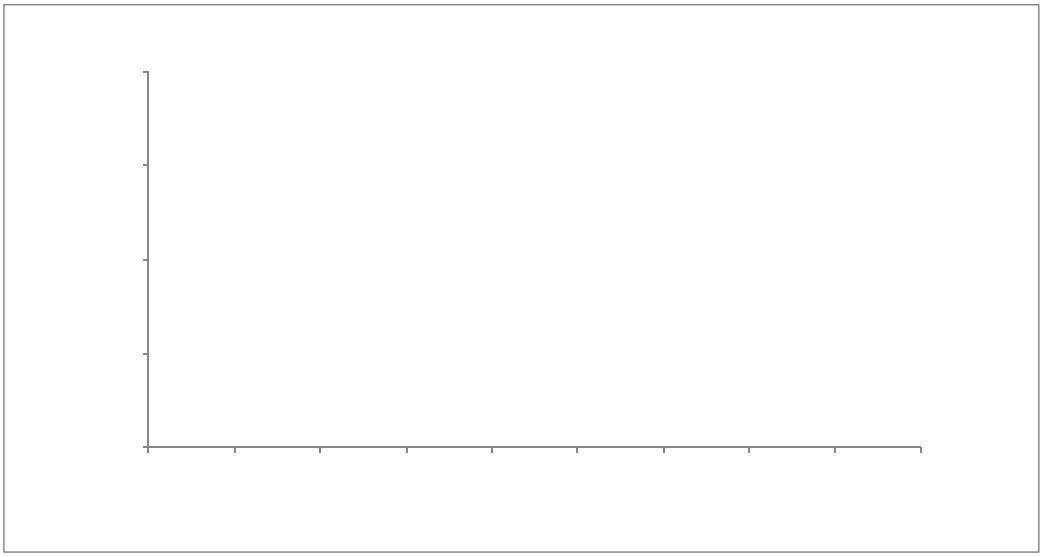
Overall Need

2.4 Practitioners were asked to provide a classification of family need when they first began working with families, and then again on exit. The aim of the exercise was to provide an assessment of which tier of service support reflected the overall level of family need. The levels are:

- **universal** – all children and families not requiring additional support. Services delivered by, for example, mainstream schools, primary healthcare, hospital and youth services;
- **targeted** – children and families needing extra support. Services provided by, for example, Sure Start Children's Centres, learning and behaviour support, family support;

- **specialist** – children and families needing intensive assistance. For example, specialist interventions dealing with offending/substance misuse, acute mental health issues;
- **statutory** – children and families in crisis. For example, care away from the home, multiple offending incidents, and chronic substance misuse.

2.5 **Figure 2.1** provides a stock and flow analysis[3] of the families on entry and on exit. This illustrates the percentage of families at each level of need on entry and exit. The graph shows that on exit, the proportion of families receiving support in each of the three highest categories (statutory, specialist and targeted) reduced, and consequently there was a significant increase in the proportion of people who could be at the universal level (i.e. no additional risks identified).



2.6 Further analysis of the data reveals that the 'stock and flow' picture masks more subtle changes in the experiences of families. **Table 2.1**[4] provides a detailed breakdown of the number of families in each level of need on entry and exit. The following key points emerge:

- prior to entry, over a quarter of families (28%) were classed as having the highest level of need and 41% needed specialist support. This reflects the priorities of most local areas, who targeted their programme at families at high risk of escalation to statutory services, or those who 'yo yo' in and out of statutory services;

[3] The stock and flow approach analyses the change in the overall level of family need over the period of focused support.

[4] Improvements in family need are highlighted in green, no change in amber; and increases in families' levels of need are highlighted in red.

- almost half (48%) of the 216 families experienced an improvement in their overall level of need. Over half (33) of the families classed as being in need of statutory support on entry (60), were classified as being no longer in need of such support on exit;
- of the 148 families that started at either statutory/specialist support, 20% reduced their level of need to universal, i.e. no additional needs; and a further 27% reduced their level of need to targeted;
- for one third of families (33%) practitioners' assessment of level of need did not change between entry and exit. That is not to say that there was not any improvement in their circumstances. Simply, that the change was not significant enough to be picked up by this rating scale;
- for 19% of families, the assessment of level of need increased. The reasons for this are explored later in this section.

Table 2.1: Families' Level of Need on Entry & Exit

		Level Of Need Exit				Total Entry
		Statutory	Specialist	Targeted	Universal	
Level Of Need Entry	Statutory	27	9	13	11	60 (28%)
	Specialist	23	18	27	20	88 (41%)
	Targeted	7	11	21	24	63 (29%)
	Universal	0	1	0	4	5 (2%)
Total Exit		57 (26%)	39 (18%)	61 (28%)	59 (27%)	**216**

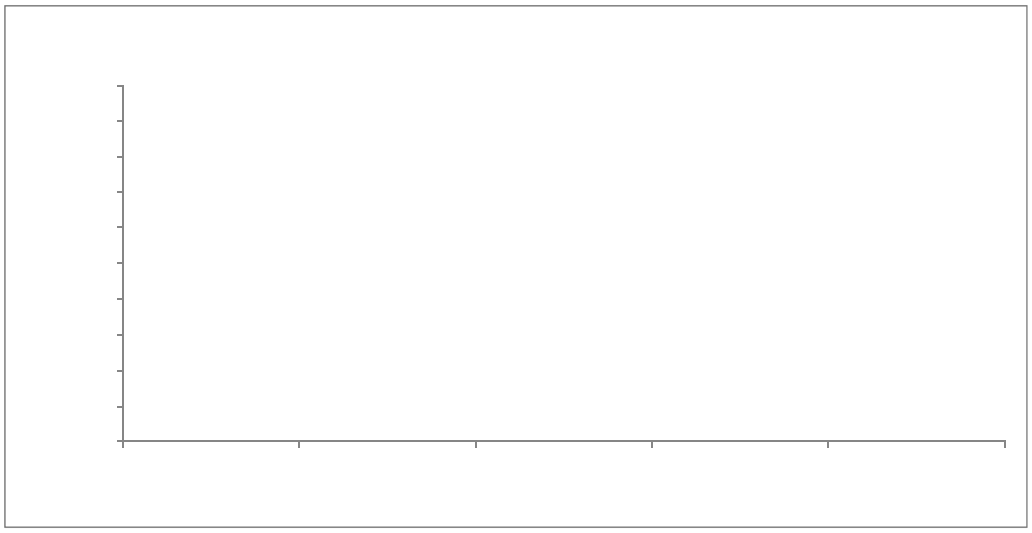
Risks and Resilience

2.7 Beneath the overall assessment of need, families and family members were assessed against a range of risk and resilience factors. This was to provide a picture of the strengths and weaknesses of the families being supported, and provide an assessment of the distance travelled following support.

Family Risks

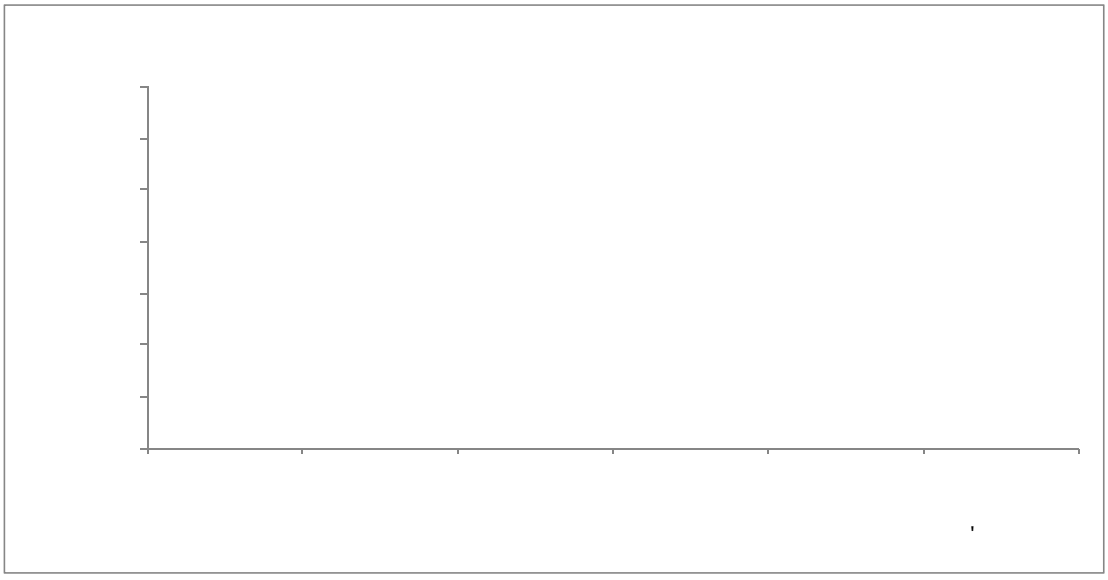
2.8 Families were assessed as a unit against a series of eleven risk factors classified as either environmental risks, or related to family functioning. In terms of the environmental risks faced, **Figure 2.2** illustrates that unemployment was identified as an issue for nearly half (46%) of families on entry. When ranked, unemployment was the single issue that practitioners had the most serious ('high level') concerns about (**Annex 2: Table A2.1**)[5], i.e. no-one in the household was in paid employment. The data shows that family debt and housing tenure were identified as a risk for more than one third of families.

[5] Annex 2: Table A2.1 provides full details of the practitioners' assessment of the level of concern on entry and exit: 'high, medium or low'. Clear definitions were given for each assessment category.



2.9 In terms of family functioning, on entry, the most commonly identified concerns were relationships between family members (58%), family violence (57%) and challenges with boundary setting (56%) (see **Figure 2.3**). The 'on exit' assessments undertaken by practitioners show a positive trend for all risk factors. Across all categories, there was a shift from those experiencing high/medium level concerns on entry into the low/no longer a concern category (see **Annex 2: Table A2.1**).

2.10 The area where the most significant impact was made was in relation to family violence. On entry this was identified as an issue for 57% of all families in receipt of support, but on exit this had reduced to just 17%, a 70% reduction between entry and exit. Other areas of good progress were family support networks (48% reduction in the number of families experiencing this as an issue between entry and exit), family debt and housing tenure (44% reduction between entry and exit).



2.11 These are encouraging findings. They show that the support is leading to improvements in both the families' contextual environment, as well as family functioning. The "*Families At Risk* Review" identified that positive outcomes for families with multiple and complex issues have not previously been sustained post-support because the approach did not address the family context and dynamics. The final evaluation report will assess how far these positive outcomes have been sustained beyond the end of support.

2.12 It is also worth highlighting that the support was not effective for all families. Across all family concerns, around one fifth of families were still experiencing high level risk, following exit from the support. The reasons for this are explored later in this section.

Employment

2.13 As identified earlier, unemployment was a major issue for families and one which local areas had less impact on compared to other concerns. This is unsurprising given the entrenched and intergenerational nature of worklessness, and the range of issues which need to be addressed before individuals can be considered 'work ready'. The majority of families were reliant on benefits on entry and exit. Nevertheless, there were some positive shifts in employment status and **Figure 2.4** shows that there has been an improvement in parents' employment status. On entry 10% of mothers and 20% of fathers were in employment, on exit this had increased to 17% for mothers and 27% for fathers.

2.14 A key focus of support is on starting to get families 'work ready' via the provision of training and development opportunities. Below we provide a series of examples of how different areas have approached this.

Getting Families 'Work Ready'

"Westminster Works for Families" is a delivery group of "Westminster Works" – a partnership that aims to support residents into sustainable employment through localised, holistic, key worker support. The Local Authority Innovation Pilot (LAIP) funded through the Child Poverty Unit and the LAA is a 'Westminster Works for Families' pilot. Families from the Westminster Pathfinder can be referred to the LAIP pilot for services. The LAIP funds one employability key worker for one day per week to support Pathfinder families onto the LAIP.

Examples of work to date include:

- Working with a mother supported by the Pathfinder who became pregnant whilst at school and achieved two GCSEs. Since joining LAIP, via the Pathfinder, she has gained three ICT certificates and is currently near completing an application to Imperial College for the NHS's Learning for Work's Nursing Assistant Course. Her ambition is to progress to midwifery via the nursing route.
- A mother who is long-term unemployed has now enrolled onto an ICT course and is being supported by the employability key worker with a volunteer's application to Action for Children head office. She wants to provide yoga classes to the IT class, on a voluntary basis. This will involve CRB checks and taking up references etc. and so will provide her with an experience of the working world.

Southend: Supporting families to access education, training and employment

Southend is working with the most challenging families, i.e. those with Child Protection Plans/Pre-Court proceedings. The issues are intergenerational with worklessness an overriding feature. There is little value placed on education, which leads to significant issues with school attendance. An additional step for Southend families has been implemented to support access to Entry to Employment (E2E) for those not ready, in the form of motivation training delivered by a National Charity (Youth at Risk). This intense and challenging training helps families raise their self-esteem and confidence and changes their internal attitude. The families set their own goals, which the Pathfinder links into education, employment and training opportunities. The Pathfinder is working with the Adult Community College to create courses and also help families' access existing courses that are meaningful to them. The Pathfinder has adapted their whole family assessment to capture the adults' experiences of E2E. Currently, nine of the 45 parents supported by the Pathfinder are accessing voluntary, education and training opportunities. Whilst these numbers are small, they are significant in relation to the issues faced by the families and the potential long-term benefits for the economy.

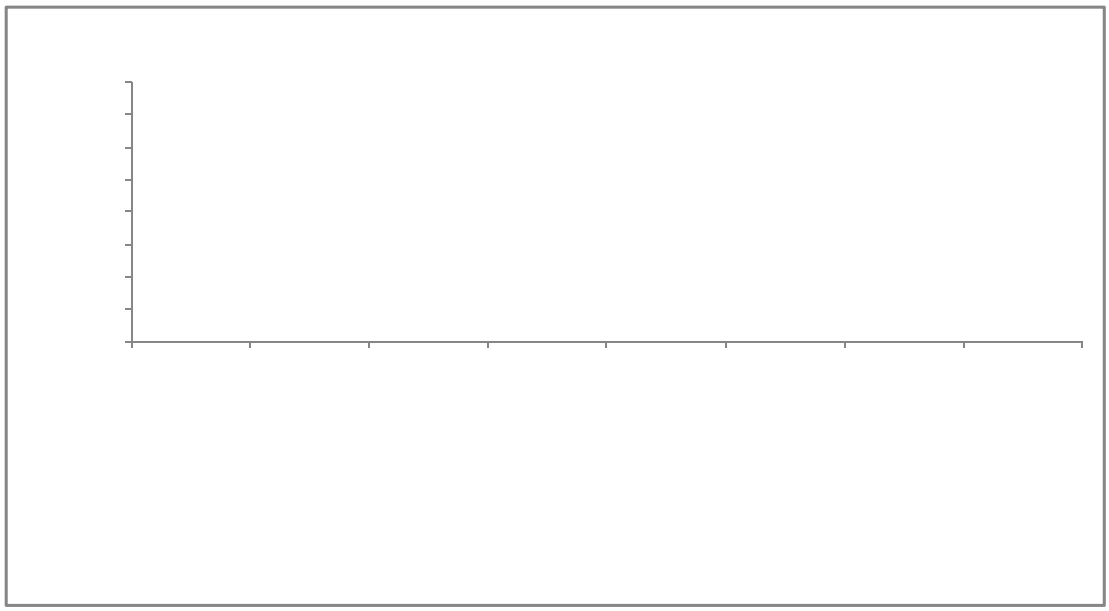
Individual Risks

2.15 Practitioners were asked to make an assessment of risks for individual family members on entry and exit. These assessments aim to get beneath the family level issues, and identify the risks facing individual adults and children (**Figure 2.5**).

2.16 The most frequently identified issue related to engagement with health professionals; a concern for 31% of adults. This suggests that whilst the adults identified were experiencing health problems, they were not engaging with the support on offer. By exit, this figure had almost halved to 17% of adults.

2.17 The support also had a positive impact on a range of health risks. Emotional and mental health was a key risk identified, affecting over a quarter of all adults and children on entry. For around 10% of individuals, drug and alcohol issues were a risk. In each of these three categories, the proportion of adults and children experiencing the risk reduced by around one third on exit (see **Figure 2.5**). For those where the risk was not removed completely, there was a shift from individuals experiencing high/medium level risks, into the low/no longer a risk category (see **Annex 2: Table A2.2**).

2.18 The support was also effective in addressing offending and anti-social behaviour (ASB). In both categories, between entry and exit, the proportion of individuals where this was identified as an issue, halved (see **Figure 2.5**).



2.19 A range of positive outcomes were also achieved which were specific to children. **Figure 2.6** shows the entry and exit position on risk, such as: school attendance, caring responsibilities, child protection concerns, and engagement in activities outside the home.

Educational Outcomes

2.20 The support has had a significant impact on educational outcomes. On entry, school attendance was an issue for a quarter of children, one third of who were only attending between 1% and 50% of the time (classified as high level risk). By exit, school attendance was only a concern for 13% of children, and the high level risk group had reduced by nearly two-thirds (see **Annex 2: Table A2.2**).

2.21 The numbers of young people who were identified as being disengaged from learning on entry had also nearly halved on exit. The case study example below illustrates how the outcomes have been achieved.

Bolton: Avoiding exclusion and maintaining educational engagement

The use of a whole family plan enabled a good outcome for the 15 year old son in the family. A decision had been made by his school to permanently exclude him. The use of a family plan helped the school recognise that the family as a whole were experiencing difficulties and that a strong multi-agency plan owned by the family was in place to address all issues. The school agreed that they would provide support to this family and rescinded the decision to exclude. Support was put in place for the son regarding his educational placement and also for him to attend 'Youth Challenge'. He did well in this environment, avoided exclusion and sat his GCSE exams this summer, which he was expected to pass. Youth Challenge has worked with Connexions to ensure a successful transition to post-16 education.

Young Carer Status

2.22 Pathfinder staff were asked to identify children and young people who were young carers or potential young carers. On entry, 18% of children were identified as young carers; and a further 9% were identified as potential young carers. By exit the number of young carers had reduced to 12%, representing a 35% reduction, although there was little change in relation to the number of potential young carers.

2.23 Practitioners were also asked to assess the extent to which caring responsibilities impacted negatively on children and young people. On entry, this risk was identified for one third of children (33%); on exit this reduced to 19% (see **Figure 2.6**)[6]. Almost three-fifths of children and young people who had caring identified as a high level risk on entry no longer had it as a high level risk on exit (see **Annex 2: Table A2.2**).

2.24 The examples below illustrate the issues facing families and how support has contributed to an improvement in outcomes.

Reduction in caring responsibilities impacting negatively on children and young people
Practitioners felt that the support for young carers has had a positive impact in terms of:

- **Engagement in positive activities**: it encourages young carers to actively engage in positive activities outside the home and shows them that they can do this without negative consequences, which in turn encourages the young person to reduce their caring role: *"It stops them from caring and gets them to see the importance of getting 'me' time, and that the house still exists without them."* (Pathfinder practitioner)
- **Increasing parental awareness of their child's caring role** and in turn encourages them (where they are able) to reduce their children's caring roles. In many families parents accept their child's support because they do not realise it is inappropriate. Seeing the positive changes to their children as a result of receiving the Pathfinder support has encouraged some parents to reduce the caring role of their child. For example, in one family the mother suffered from TB. The 10 year old daughter was mainly responsible for caring for her mother and she frequently missed school due to her caring responsibilities. The mother was not engaging with other agencies and was not attending her health appointments. The support provided by the Pathfinder helped increase the daughter's independence and confidence, and made the mother realise that her daughter was better when she was not caring for her as much. The mother re-engaged with her health appointments to access support from other agencies, so that her daughter's caring role could be reduced. The daughter's school attendance has also increased: *"The change to their kids is a revelation to the parents. It gets them to see the importance of reducing caring responsibilities."* (Pathfinder practitioner).

[6] The data shows that some practitioners only formerly identify a child/young person as a young carer if they were already playing a significant caring role. Some children were assessed as having low level concerns relating to the impact of caring responsibilities, even though they had not officially been identified as a young carer in the practitioners' assessment stage.

Young Carer Case Study

Family relationships: This young carer is 15 years old and lives with her mother. She does not have any siblings and her parents are divorced. She has just begun to see her father again following his release from prison for assault to his (then) partner. However, this relationship is a difficult one for the young carer as her father is alcoholic and has a history of physical violence; including a history of domestic violence towards her and her mother.

The young carer's relationship with her mother is very strong and they are very close. Her mother's health is quite poor, she has depression and epilepsy; she eats very little and has no interest in food. Her mother is also a regular drug user, which she says helps to stabilise her epilepsy.

Housing: The Think Family (TF) young carers' project officer became involved with providing support to the family in April. At this time the family were hopeful of a move from the house they were living in to a flat within the same area. The mother was not managing the house and garden and the young carer's father had returned from prison to live in the same street as them. The young carer's project officer provided support and advocacy for the mother through this process, helping her to manage her dealings with the council over the property exchange. This was a process she found stressful and tiring, although one she managed very well, and she and her daughter moved into their new flat in June. They are both very happy with their new circumstances and say they feel much safer.

School issues: The young carer is described by her school staff as being bright with a potential to do well. However, her school attendance has been a concern varying between 70% and 80%. In addition to providing her mother with emotional support, the young carer plays a significant role in the running of the home, including shopping and cooking. She had been finding it difficult to get to school on time and rarely had breakfast before leaving home in the morning for her bus.

Her school, although supportive, did not have a full understanding of the circumstances surrounding her poor attendance. The young carer's project officer was able to bring the young carer's circumstances to their attention and they agreed that she could have her breakfast within a special unit at the school on her arrival before going to her lessons. The young carers' project budget supported this by providing the young carer with the ingredients for her breakfast. The young carer is supported by the young carers' project officer through the provision of one-to-one support. They meet on a fortnightly basis at school, usually on a Monday morning to encourage attendance at the beginning of the school week. One-to-one sessions have covered a variety of topics, including addressing her concerns about her mother's epilepsy and her fear of leaving her on her own at home during the day. The provision of epilepsy related information helped to improve the daughter's understanding. The young carer has also spoken about what work she thinks she would like to do after school and as a consequence of this the young carers' project officer has facilitated a referral to the Connexions service to provide advice about the qualifications she needs and the courses available.

Positive progression: The young carer has also had the opportunity to focus on her life events (both good and bad) so far and those she anticipates for her future. This process has proved to be extremely valuable in helping her to think about her future and make links with her school attendance and educational attainment. She has articulated a very clear plan for herself and her mother. The content of one-to-one sessions is confidential. However, school staff have commented recently that the young carer has approached them over her educational progress and her wishes for the future. This appears to be evidence of her benefitting from the chance to think about and explore ideas in one to one sessions. Her attendance at school has improved over recent weeks.

Peer relationships: Social opportunities are fairly limited for the young carer within her local community and her mother does not drive. The young carers' officer has referred the young carer to a young carers' support group, which she has recently begun attending (the group provides transport). She is attending the summer activities arranged by the young carers' project and is confident about going without worrying unduly about her mother.

Child Protection Risks

2.25 Pathfinder staff were asked to identify child protection risks, both on entry and exit. The data shows that on entry 23% of children and young people had child protection concerns identified. This figure had reduced to 15% on exit, reflecting a 36% reduction in the number of children and young people where child protection was a risk (see **Figure 2.6**).

2.26 There was also evidence of family teams identifying child protection risks. An additional 11% of children and young people were identified with child protection risks that had not previously been identified by local children's services and when support initially commenced. This reinforces the view that the family focused intensive approach to support is helping to identify otherwise unidentified child protection risks.

2.27 Our survey responses[7] also reflect these findings. Nearly one third (31%) of practitioner respondents felt that the family focused approach adopted by Pathfinder areas reduced safeguarding concerns (see comments below).

[7] January 2010 survey to managers and practitioners in partner agencies (responses were received from 49 managers and 120 practitioners).

Impact on Child Protection Risks (survey respondents)

"This [The Pathfinder] *is improving the life chances for children or supporting families to reduce the need for a child protection plan, both of which have happened.*"

"*Think Family has turned round two families in Child Protection who were on the verge of the initiation of care proceedings.*"

"*They have highlighted Child Protection issues previously unknown."*

"*Our families have engaged well with the team and the work they have carried out in clients' homes has made a great positive influence on them as a whole. I am sure that without the support of the Family Pathfinders the concerns around some of our families would have escalated and they would be involved with the children in need and child protection teams.*"

"*This is a highly valuable service which intervenes with families to avoid children coming into the realms of child protection*."

"*My anxieties regarding the family and child* (child protection issues) *have reduced significantly, allowing me to focus on my role of improving diabetes management.*"

2.28 Staff from Southend have observed a 36% reduction in Child Protection Plans by using family focused approaches. By gathering family views on service delivery, establishing common aims and how best to work with them, staff are able to challenge families; whilst maintaining positive working relationships. The approach crucially builds on family strengths and this new approach gives families the power to change their lives and instils resilience, self-belief and independence. Whole family assessment and action planning ensures that a tailored package of support addresses and re-balances the responsibilities of families, whilst responding to their individual needs. A whole family integrated plan enables the professionals and family to work together in a co-ordinated way with support and challenge as a recognised part of the process. A tenacious approach is used and intense family support is delivered by key workers for those families who require this intervention.

2.29 We have identified a number of cases where there is clear evidence that the effective and coordinated support has addressed the needs of families and avoided the case being escalated to Children in Need. These are presented in Case Study 1 and Case Study 2 below.

Case Study 1: Child Protection Risks

This family consisted of a mother, the mother's partner of 10 years, and three boys aged 15, 13, and 11. There was a history of family difficulties: conflict within the family, financial and housing difficulties, early participation in anti-social behaviour, attachment issues and aggressive behaviour. The family was very hard to engage and had been known to services over a number of years. The case went to a Child Protection Strategy Meeting because of the physical violence between the two younger boys.

Family focused support involved:

- **Parenting support**: The mother accepted there was a problem with boundary setting and agreed to undertake a Triple P parenting course. The partner did not take any role in parenting the boys due to being refused admission to a family meeting 10 years ago. The family received support from the lead practitioner, as well as an NSPCC anti-bullying project. The mother and partner signed a contract outlining that they would spend quality time with the children: the partner would take them fishing; and the mother agreed to attend an art and crafts course with the 13 year old to help develop attachment.
- **Peer relationships**: the 13 year old physically bullied the 11 year old. The practitioner referred the 11 year old to a NSPCC anti-bullying project to help raise his self-esteem. He is now much more positive about his relationship with his brother and is attending a young carers' project to access additional support and positive activities. The junk room downstairs has been turned into a bedroom for the oldest son, meaning each boy has their own bedroom, which has reduced fighting and bullying. A contract has been drawn up between the two younger boys and if they adhere to it they will be rewarded with a meal of their choice. The 13 year old has completed workbooks on bullying and anger management with support from a teaching assistant at school. The practitioner also liaised with the local community police officer for the oldest son to be engaged in a restorative justice programme to address his behaviour when the NSPCC work finished.
- **Debt issues**: a benefit check consent form was completed and Pathfinder staff worked with the family on budgeting.
- **School attendance**: The 11 year old was truanting from school. The mother now takes him to and from school. Communication between parents and the school has improved dramatically.
- **Mental health**: The practitioner accompanied the mother to a GP appointment to address her depression and support from a therapist was accessed.
- **Education/training**: the mother wanted to complete a computer course and had an interview but could not afford the £350 course fees. She successfully applied to become a volunteer at the learning centre (and consequently will get the course free of charge); and is awaiting CRB checks.

- **Engagement in positive activities**: The practitioner provided information on football courses and karate sessions for the boys for the summer holidays. The practitioner also supported them to complete an application form to the Family Holiday Association to provide them with a break away and enable them to engage in positive activities as a family.
- **Outcomes identified include**:

– Child Protection: the six weekly review meeting brought a unanimous decision to reduce the level of concern on the family. Consequently, the case was not referred up to the Child Protection team.
– Improved attendance at school. The Education Welfare Officer is no longer involved with the family.
– Reduction in bullying and fighting by the 13-year old.
– Improved self-esteem for the 11-year old.
– Mother's partner is now taking an active role in parenting the boys.
– The boys have clear boundaries around behaviour at home and within the family.
– A reduction in anti-social behaviour which made the tenancy more secure and prevented legal action being taken by the housing provider.
– The family are learning to manage their finances.
– The mother is working as a volunteer and is going to complete a computer course.
– The boys are engaging in positive activities.
– There has been an improvement in attachment between the mother and her 13-year old son.

Case Study 2: Child Protection Risks

This family was referred to the Pathfinder in November 2009. There were Child Protection issues under the category of neglect. At the time of referral the mother was pregnant and she and her partner had four children (daughter aged 5, son aged 4, son aged 3 and a son aged 18 months). They were a transient family with one reported incident of domestic violence. Home conditions were found to be poor and dangerous. The children lacked basic parenting and no routines or boundaries were in place. School attendance was poor, the family missed health appointments, and the children displayed low-self esteem in school, and were often tearful and withdrawn. An initial joint visit was undertaken with the family's social worker when the family were referred to the Pathfinder and then a further home visit was arranged by the pathfinder member of staff.

Support provided:

Parenting support: for the first couple of months a member of staff visited the family at least once a week and implemented and modelled reward and behaviour charts. S/he provided advice and support on how to use these approaches and to persevere and be consistent. The parents were told that by using these approaches it would help free up more time for them to spend as a couple; more time to spend with the younger children; and more time for domestic chores.

School support: the team arranged to go into school to complete sessions with the two older children. Work in school was around feelings, worries, self-esteem, confidence, and friendships. Staff also undertook work on the children's place within the family home to address any potential issues relating to the arrival of the new baby.

This regular and focused work improved the children's self-esteem and confidence, which was noted at core groups, and confirmed by the school and their parents. The children became happier and more settled within the school and were able to initiate and maintain friendships and act appropriately. The eldest child was referred to be part of a weekly after school nurture group, which further improved her confidence and ability to make friends.

Housing and debt: the family had issues of overcrowding and inappropriate accommodation for the children. Pathfinder staff arranged a meeting to consider their housing options and completed a letter of support to the local housing agency giving the reasons they were requesting a house move. The family did not disclose any debt issues but information was left with them on debt advice.

Practical support: funds were accessed to buy a new washing machine, which in turn improved home conditions. This impacted positively on the mental health of the mother and allowed her more time with the children instead of having to hand wash items for school etc. It also prevented a build up of washing and clothes lying around. It also impacted positively on the children's presentation within school and their uniforms were clean and prepared. Funds were also accessed to buy a large wardrobe for the children so their clothes were not on the floor. This had a positive

impact on the parents' mental health as the home was tidier and there was also somewhere to put toys away; again improving home conditions. Staff worked with the family on routines, and a calendar was completed to remind them of appointments etc. This was kept in the kitchen so it was visible at all times. Regular visits are still in place to ensure that home conditions are maintained.

Parenting support: strategies from the parent group sessions accessed by the parents were explained and modelled within the home, such as choices and consequences and communication.

Outcomes: in May 2010, the Child Protection Plan was removed and a Child in Need Plan was put in place. Improvements have been implemented by the family which have been maintained, home visits both announced and unannounced, have proved positive. An exit plan is in place at the moment. The family have been given information on local free activities over the holidays and have been referred to parenting sessions (provided by a service linked to the Pathfinder) which will help reinforce the information already provided and give the parents further guidance to appropriately parent their young children.

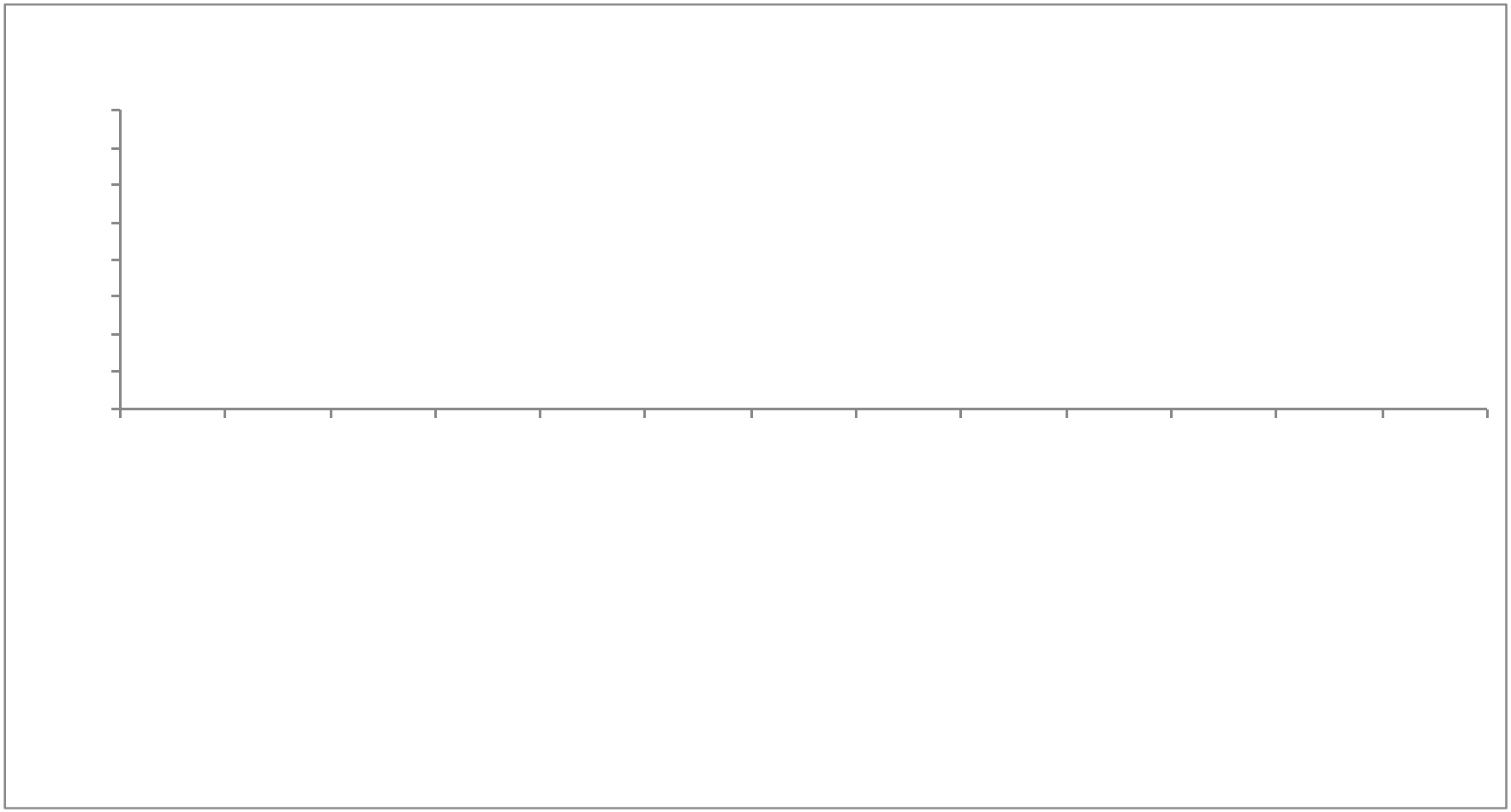
Family Resilience

2.30 The support provided to families aims to reduce their level of risk of experiencing negative outcomes. It also aims to increase the range of protective or resilience factors that might help them to deal with problems that occur in their life. In total, twelve resilience factors were identified, covering a range of themes, including environmental factors, health and well being, and children's education.

2.31 Encouragingly, families' level of resilience increased following their work with the Pathfinders, from an average of five indicators on entry, to eight on exit. **Figure 2.7** shows each resilience factor and the percentage of families who displayed these characteristics. On entry, the three most common resilience factors identified were: health and well-being of children (58% of families); families not engaged in offending or anti-social behaviour (54% of families); and parents engaging positively with services (53% of families).

2.32 The resilience factors which increased by the **most**, following support were:

- financial stability: from 23% to 51%;
- appropriate peer relationships: from 34% to 62%;
- families where domestic violence was not an issue: from 43% to 69%.



Escalating Family Need

2.33 Earlier in this section we indicated that 19% of the families who exited support had experienced an escalation in their level of need. We have undertaken more in-depth analysis on this cohort to identify the reasons why.

2.34 It should be noted that Pathfinders in different areas were working with families with varying levels of need (although most had relatively high level needs). Thus, those families who had not received holistic support previously, may have been more likely to have additional needs identified. Approximately half of these 42 families were identified as needing targeted support on entry. When additional needs were identified, Pathfinders were not always able to provide the level of support required.

Key Reasons for Escalation of Need

2.35 Analysis of the exit information provides a clearer picture on the potential reasons for the escalation in the level of need. The key reasons listed in order of commonality were:

- **additional needs**: interventions were partially successful but additional needs were identified during support, requiring a higher level, or more specific type of support;
- **support not sufficiently specialist**: interventions had limited success because more specialist support was required;
- **families not engaging** (and their needs may be continuing to escalate): families did not engage with the support on offer, despite the best efforts of the team.

2.36 The following data is taken from the exit notes on these families illustrating why the support did not lead to an improvement in outcomes. It clearly shows that for a number of families child protection concerns were the primary reason for escalating the level of need and as such statutory involvement was necessary.

Additional needs
• Family to continue working with social services and housing in order to best meet their needs. • The family are engaged with other agencies outside of the family team to work on their outstanding problems, which are continuing to be addressed. • The Youth Offending Team and social services are linked in with the family and are taking the lead.
Support not sufficiently specialist
• No improvements during Pathfinder involvement, consequently passed to the Children In Need team and children removed from the home. • Social care have taken over the case as needs and concerns have escalated. • Children's Services have called a Planning Meeting. The lead professional will

attend and suggest a referral to social care. • The case was transferred to social care due to escalating concerns regarding the mother's alcohol misuse, depression and home conditions. • Case escalated to social care.
Families not engaging
• The mother is aware of the services available to her but needs to choose to access them. • The mother did not acknowledge her mental health needs or the impact this was having on her child. The child was not engaged in social activities and the mother refused to access them. • The mother disengaged but given the concerns, the case was escalated to Safeguarding and Specialist Services.

Impact on Resilience and Concerns

2.37 Whilst the overall level of need increased for these families, in a number of cases, there was an improvement in some outcomes:

- there was a broadly positive trend in relation to resilience factors. In eight out of ten families, resilience improved by some degree between entry and exit;
- for around half of the families in this group, levels of risk declined for some concerns. Those which seem to have been more effectively addressed were: supervision of children; relationships between family members; and boundary setting.
- half of the families in this group experienced more marked deterioration. Issues which seemed more difficult to address were: family violence, family debt, overcrowding/poor living conditions and providing a stimulating environment.

2.38 When reflecting on the findings presented in this section, it is important to remember the huge issues faced by all of the families receiving support, and the enormous challenge in delivering improved and sustainable outcomes.

3 COSTS AND BENEFITS: A SOCIAL RETURN ON INVESTMENT APPROACH

3.1 Preliminary and illustrative findings from the Pathfinder evaluation taken from one Pathfinder area suggest that family interventions generate net programme benefits. One million pounds of family intervention costs is estimated to generate potential family outcome avoidance savings of £2.5 million; a net benefit saving of £1.5 million. This emerged from an initial Social Return on Investment (SROI)[8] analysis of 53 families immediately on exit from Pathfinder support.

3.2 The SROI approach involves a 'Theory of Change'[9] exercise to isolate and define the changes the programme is trying to effect to achieve specified outcomes. This approach allows all potential costs and benefits of the project to be identified, as well as establishing a testable logic model, seeking to evidence a causal link between the activities of the Pathfinder and outcomes achieved with families.

3.3 Identified costs reflect the additional resources introduced to deliver Pathfinder support. Benefits are based on the cost savings associated with removing specific adverse outcomes experienced by family members, e.g. truancy. In the benefit calculations, a positive outcome is only recorded if a family member is deemed to be no longer at risk of a previously diagnosed adverse status as a result of the family intervention. While this is a robust measure (only counting removal of risk), it potentially understates the total level of recorded benefits, as a significant number of family members experiencing partial improvements in status are excluded.

Family Entry Characteristics

3.4 Supported families had relatively high levels of need.

- 38% of families had been in receipt of statutory support and 49% specialist support;
- families had, on average, five family members (three children); 25% had more than seven family members;
- 58% were lone parent families;
- 85% of families had no family member in employment;
- 22% of all children had child protection concerns; 19% were on Child Protection Plans.

[8] Nicholls, J; Lawlor, E; Neitzert, E and Goodspeed, T. A Guide to Social Return on Investment 2009

[9] A logic model approach which specifies the anticipated relationship between inputs, outputs and outcomes

The Costs

3.5 The cost of intervention was derived from estimates based on the resource input of the Pathfinder team, associated management costs and the contribution of participating agencies providing additional family support. The total annual input cost associated with the family Pathfinder support was approximately £1 million. This represented a unit cost of almost £19,000 per family supported and exiting from the programme; or £4,000 per family member supported.

The Benefits

3.6 The associated family benefits arising from the support of Pathfinder interventions are derived from an assessment of family need on entry to, and exit from, the programme. This information, which includes a combination of risk and resilience factors, is recorded on the York Consulting Family Pathfinder Information System (FPIS).

3.7 The benefits relate to the improved status of both the family and family members which, in the view of the Pathfinder support staff, are attributable to the programme.

Family Level Benefits

3.8 As a result of Pathfinder support, the following family impacts have been identified:

- 77% of families recorded an increase in the number of resilience and protective factors;
- 71% of families had improved boundary setting within the family;
- 69% of families with violence concerns had these concerns removed on exit;
- 50% of families with housing issues had improved housing tenure;
- 44% of families had improved relationships between family members.

Individual Benefits

3.9 Individual benefits accrue when the risk of an adverse outcome is reduced or removed. This is often associated with the addition of resilience factors which mitigate against adverse outcomes, e.g. families have developed stronger networks of support.

Monetary Benefits

3.10 The quantification of benefits involves attaching monetary values to the removal of individual risk to an adverse outcome. It is a complicated process and requires the introduction of the following assessment constraints:

(i) only including outcomes where risk has deemed to have been removed; this will exclude partial improvements and therefore understate total benefits;

(ii) only include outcomes where monetary values can be evidenced from research literature;

(iii) assume that the removal of risk is attributable to the Pathfinder support;

(iv) assume that the risk removed will not return.

3.11 Applying the above criteria, in **Table 3.1** we set out details of the estimated cost savings associated with removing the risk of 97 adverse outcomes. The table shows the category of outcome, the number of risks removed and the estimated cost saving of avoiding these particular outcomes. Savings data is derived from a range of research studies including the DfE Family Savings Calculator. Total savings are estimated at £2.5 million.

Table 3.1: Monetary Benefits

Category of Adverse Outcome	Individuals no Longer At Risk of Adverse Outcome	Associated Cost Savings (£)	Associated Cost Savings per Individual (£)
Teenage pregnancy (children)	1	1,600	1,600
Truancy (children)	29	1,289,572	44,468
NEET (children)	2	194,000	97,000
Anti-social behaviour (children)	14	74,900	5,350
Youth offending (children)	11	248,336	22,576
Drugs misuse (children)	4	34,456	8,614
Child protection (children)	8	293,224	36,653
Unemployment (adult)	1	7,800	7,800
Alcohol misuse (adult)	3	6,588	2,196
Drugs misuse (adult)	2	17,228	8,614
Anti-social behaviour (adult)	1	5,350	5,350
Domestic violence (adult)	21	413,847	19,707
TOTAL	**97**	**2,586,901**	

3.12 It should be noted that two of the benefit savings identified (truancy and NEET) relate to lifetime savings, whilst the others are annual. This inconsistency will be addressed in our full cost-benefit assessment next year.

Net Benefits

3.13 Within the Pathfinder, concerns around 97 adverse outcomes were removed; a unit cost of £10,000 per outcome based on the total cost of the project. If none of these adverse outcomes were ultimately experienced, based on a £10,000 cost of each outcome, this would generate an average saving per family of £49,000. A saving net of costs of £1.5 million.

Cost Neutrality

3.14 Cost neutrality identifies, for each outcome, the number of beneficiaries who require a successful outcome to cover the cost of annual Pathfinder support. A successful outcome in this context means that the risk of that adverse outcome is fully removed. The findings from this Pathfinder indicate the following:

• NEET	10
• Anti-Social Behaviour (young people)	180
• Child protection	27
• Families avoiding adverse outcomes	21

3.15 This provides a feel for the general scale of activity required to cover costs. It provides a good ready-reckoner and can be applied by simply recording changes in the adverse outcome status of families.

Conclusion

3.16 It is important to exercise caution in interpreting the results. At face value it would appear to demonstrate a significant net benefit from the Pathfinder intervention. However, the following should be noted:

- these are preliminary findings, based on a small number of families;
- potential cost savings cannot necessarily be cashed by local authorities, e.g. savings associated with NEET or a custodial sentence. In many cases the benefit cost savings need to be viewed at a society, rather than a local authority level.

Next Steps

3.17 The findings presented here are very much an illustrative and preliminary analysis to demonstrate the approach and the types of cost benefits that can be identified. The final Pathfinder evaluation will report on a considerably larger sample, drawn from seven Pathfinder areas.

4 APPROACHES TO DELIVERING FAMILY FOCUSED SUPPORT

4.1 Each Pathfinder area has developed their own model of delivery to meet their local circumstances and priorities. Our previous research brief (DCSF, 2010[10]) provided an overview of three generic aspects of delivery across the original 15 Pathfinder areas:

- Model 1: new practitioner-based delivery teams;
- Model 2: extension of a pre-existing and tested model of working;
- Model 3: systems change.

4.2 Most areas are delivering more than one of these models in their overall approach and all are focusing on systems change, i.e. changing local systems to improve integrated governance, strategy and process, such as commissioning, assessment and information sharing.

4.3 The diagrams in **Annex 4** provide an overview of the team structures within Westminster and Leeds. In Westminster, a new, practitioner-based, multi-disciplinary team was established. It should be noted that this was one of the larger teams and includes the family intervention project which has now merged with the Pathfinder team. In Leeds, funding was used to extend a pre-existing team 'Signpost'. The structural chart shows how this and other family focused initiatives were used to deliver support across the city via expanding existing locality teams.

4.4 **Table 4.1** provides an overview of the strengths and weaknesses of each model of delivery. Evidence suggests that the systems change approach, whilst having the potential to be the most sustainable model of delivery, is also the most challenging to implement effectively. Without strong evidence of the effectiveness of family focused models of working it is unlikely that the desired outcomes of systems change can be achieved.

4.5 Those areas that adopted a systems change only focus have struggled to engage services and agencies without first modelling the approach to show what works. This would suggest that the most effective model of delivery is to fund family focused work and interventions and then use evidence from this to focus on implementing systems change.

[10] Department for Children, Schools and Families (2010). *Think Family Pathfinders: Research Update*. Ref 00140-2010. Nottingham: DCSF.

Table 4.1: Strengths and Weaknesses of Models of Delivery		
	Strengths	**Weaknesses**
New team	Opportunity to model new and innovative approaches which may not be funded via existing sources.	Having to develop new systems/processes when existing systems might be effective.
	Opportunity to pilot new ways of working such as multi-disciplinary teams, integrating practitioners from Adult and Children Services.	Need to raise awareness of new team in order for it to function effectively.
	By modelling approach able to demonstrate effectiveness by providing evidence of impact on families.	Sustainability of the approach: LAs unlikely to continue funding without evidence of impact. If funding does not continue what legacy will the Pathfinder leave?
	Pathfinder team members can play a key role in 'selling the benefits' of the approach within their own agencies/ services and to partner agencies and services.	Likely to be more resource intensive because of set-up costs of establishing a new team.
		Can change working practice within the team but not necessarily changing practice outside the team, highlighting the need for additional systems change work.
Extending existing approach	Opportunity to strengthen and develop existing approaches.	Danger not developing approach – just doing what did before.
	Can expand and develop existing good practice and provide further evidence of what works.	May be less innovative in approach.
	Infrastructure for team already in place and team likely to be known within the LA.	Sustainability of new posts within existing teams (same as for establishing a new team).
	Likely to be less resource intensive than a new team as will not have associated set up costs.	
Systems change	If effective, the systems change model should be sustainable.	Very ambitious approach, need to have all key strategic people on board before trying to implement change.
	Opportunity to achieve wholescale cultural change.	Need to be able to sell approach to wide range of services/agencies. Without evidence of effectiveness this is likely to be particularly challenging to achieve.
	If effective can implement LA-wide systems and approaches.	
	Can link into existing approaches, e.g. CAF, TAC etc. so not seen as another new project/initiative but as intrinsic to the development of existing approaches.	

Staffing

4.6 Pathfinders employ a range of specialist staff, including: social workers, adult mental health workers, health visitors, benefits/employment officers, housing officers, and more generalist family support staff (e.g. family support workers, intensive outreach workers and key workers) who also have specialist experience and qualifications (e.g. youth offending, antisocial behaviour, social work qualified, housing support etc.)

Workforce Development

4.7 Pathfinder staff have also been responsible for workforce development activity and training to seek to embed the new approaches (see **Section 5** for examples). In the final year of delivery, some areas are seeking to embed their family focused approaches by changing their model of delivery from one where staff work directly with families, to one where Pathfinder staff support other practitioners (lead professionals) to work in a family focused way.

Family Characteristics to be Supported (level of need)

4.8 Most Pathfinders continue to work with families with complex needs, including those who are already subject to, or at risk of, statutory intervention. Reviewing our previous findings would suggest that initially local areas were less clear and/or explicit about working with families already subject to statutory intervention. There have been specific shifts in focus within a number of local areas, in terms of both broadening and tightening the remit for referral; and working with families with both higher and lower levels of need than first anticipated.

4.9 In the main, Pathfinders are working with families with higher levels of need than first anticipated, for example families referred to Duty and Assessment teams but who have not met their thresholds for support. However, one Pathfinder whose initial remit was to work with the 50 most 'at risk' families within the LA has now switched its focus to families below this threshold. This was due to a realisation that support for the 50 most 'at risk' families was already well coordinated.

Approaches to Support

4.10 Models of delivery continue to focus on taking an assertive approach and providing intensive support for families, drawing in other specialist support, where it is required. Most of the local areas are using whole family assessments and a team around the family (TAF) approach to provide a coordinated and integrated response to meeting families' needs, which actively engages families in the process (see '*The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems*'[11] for further discussion of these approaches).

[11] York Consulting, forthcoming *'The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems'*

4.11 The support provided by staff typically includes intensive outreach, as well as more specialist intervention:

- intensive outreach e.g. providing direct support to families on family functioning, such as boundary setting, relationships between family members, and parenting strategies;
- specialist intervention to address specific needs e.g. mental health, alcohol/drugs, education/employment and training, domestic violence, and housing and debt issues.

4.12 Staff also play a key role in coordinating support for families; therefore liaison with other services, attending multi-agency meetings etc., is an important component of the support provided. The main types of support provided by staff (as recorded on FPIS[12]) were: generic case management[13] (22%) and family functioning[14] (20%). This reflects the coordinating role played by Pathfinder staff, as well as the intensive outreach support they provide. A further 12% of support provided focused on education[15], employment, debt and housing[16] issues, whilst 11% focused on supporting families' health[17] needs.

4.13 The length of recorded support for families ranged from less than a month, to more than 18 months. On average support was provided for families for seven months (41% of families recorded on FPIS were supported for between four and nine months).

Volunteering Support

4.14 Alongside the support provided by the main family team, areas are also developing capacity within local communities to support families. As part of the Islington Pathfinder a volunteer project has been set up to recruit, train and supervise volunteers to work with families. The aim is for volunteers to provide flexible, frequent, practical and social support for families, which complements the work of the Think Family Team.

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[12] Categories of support on FPIS were: education; employment, debt and housing; family functioning; generic case management; health; holistic individual support; offending and anti-social behaviour; provision of goods and services; and 'other'. Within each of these broad categories staff could select a range of options and then specify the type of support provided.

[13] Generic case management includes: Background information gathering, screening, assessment, monitoring and review; research and development of family interventions; meetings and telephone consultations; and administration and following up families/services.

[14] Family functioning support includes: structured delivery of programme/course; intensive family support; and activities, respite and practical support.

[15] Educational support includes: access to education/learning; educational support; behaviour management; support for schools; and personalised development activities.

[16] Employment, debt and housing support includes: employment and skills; housing advice, support and advocacy; and finance and welfare.

[17] Health support includes: substance and/or alcohol misuse; mental health; physical health; and teenage pregnancy.

4.15 Community Service Volunteers (CSV) and Think Family Volunteers recruit local volunteers to provide practical and social support to Islington families where a parent/carer has mental health problems. Volunteers undergo a rigorous selection and training process, including a one to one interview, enhanced CRB and LA checks and three days of assessment and training (including sessions on child protection, mental health and dealing with difficult situations). Volunteers commit to visiting a family at least once a week and provide two hours of support a week for at least six months. The project manager makes a joint visit with the referrer to talk about having a volunteer and to find out what kind of support might be helpful. The project manager then matches the family with the most appropriate volunteer available, depending on their availability, age, gender, ethnicity and interests. After the first visit both parties can choose not to continue with the match.

4.16 The ability of volunteers to visit families at different times to practitioners (e.g. evenings/weekends) and to help them in ways that practitioners might not always have the time to do (e.g. play sports with children, help parents with household tasks, accompany them to appointments) is valued. Volunteers' involvement is planned in partnership with the family and their key workers. Parents value the fact that information about their past is not shared with volunteers unless there is a risk, as volunteers are there to help them focus on the present and future.

4.17 The project is still rolling out and outcomes will be monitored through interviews and questionnaires with families, workers and volunteers, and external data gathered where appropriate (e.g. school attendance/engagement with other services). Feedback to date has shown that volunteers have been able to befriend families, help with practical tasks and routines and provide social contact. It has been particularly valuable when volunteers are able to bring in their own skills and interests when helping a family. For example, a volunteer with a background in design has been helping a parent look into relevant courses and work experience, as now that her daughter is at nursery, she would like to work.

4.18 Some volunteer visits focus on children in the family, some focus on the parent and some aim to engage the whole family. The ability of volunteers to visit on a weekly basis also provides stability, consistency and routine for families who may have chaotic lives and have been used to less frequent contact (see **Figure 4.1** for an overview of volunteer work undertaken with one family). **Annex 3** provides some valuable tips from Islington for setting up a volunteer project.

Figure 4.1 Volunteer Support: Islington

This family were referred to Think Family as the mother was suffering from depression and there were concerns about the impact of her deteriorating mental health on her daughters, who are 12 and eight. The mother also has physical health problems as she had a stroke five years ago and is clinically obese. There were very high levels of conflict in the family, particularly between the mother and her eldest daughter, and this could sometimes turn into physical attacks. There was also a history of domestic violence and limited contact with the children's father, who is an alcoholic and has mental health problems. The eldest daughter struggled to make friends and was having problems at school, for which she was referred to CAMHS (Community and Adolescent Mental Health Service). She displayed age-inappropriate behaviour and this was starting to be echoed by her younger sister. The family has also struggled to engage with support services in the past. Think Family worked with the family for a year, providing one-to-one support and family therapy sessions to address family communication.

As this work was coming to a close, the lead professional felt that it would be beneficial for the children to engage in more energetic activities on a regular basis and to have a positive role model that they could relate to. They also felt that the family did not do many activities as a family and the mother still found it difficult to manage conflicts when they arose. On a practical level, they had noticed that although the home was well-kept, the family garden was never used and was covered in weeds and debris.

The family were referred for a volunteer in May 2010 and were matched with a volunteer in her mid-20s, who enjoys outdoor activities and is a keen gardener. The family, volunteer and workers discussed how they would work together and agreed and signed a plan of involvement. They decided that they would rotate between the volunteer doing a fun activity with the children one week and helping the whole family, including the mother, to clear their garden every other week. The aims of the match were to promote the children's physical and emotional well-being, and sibling relationship, through engaging in positive and fun activities with the volunteer. It was also to improve the whole family's health, communication and environment through working together towards the task of clearing the garden, so that they could use it and enjoy it together in the future. The family and volunteer got to know each other over a game of Jenga and got on well. So far the volunteer has taken the children to the park to fly kites, helped them use an outdoor gym at a local park and taken the family swimming at a local pool. She has also helped them clear the weeds and debris from their garden and planted sunflowers with the children.

The family have all been enthusiastic about the progress they have made in the garden and the mother has been out to do more gardening on her own as she said that she found it to be therapeutic. She has also been helped by a neighbour whose garden borders hers, and who has helped her garden and offered to hire a skip to get rid of the debris. The case has now closed at 'Think Family' but the volunteer will continue to visit the family on a regular basis. Future plans, include: planting vegetables in the garden and family cooking. The volunteer is also looking into local clubs and activities the children could do regularly and is planning to offer some support to the eldest daughter in maths when term starts again. There have been positive impacts on the family's health and well-being, as well as in their communication and relationships. The volunteer has also found it to be a very rewarding experience and has enjoyed being able to help a family in a very practical and direct way.

5 APPROACHES TO DELIVERING STRATEGIC CHANGE

The Strategic Challenge

5.1 A critical component of Family Pathfinder activity is to drive and deliver change in the way in which adult, children's and associated services operate when working with families who face multiple and complex problems, such as poverty, domestic abuse, poor mental health, and substance misuse.

5.2 This poses two key challenges:

- Family Pathfinders are only one part of wider family focused policies and therefore need to be clearly linked into other support strategies and structures for families;
- change requires commitment and engagement of services that have not traditionally worked together (e.g. health and adults) and are often not under the direction of the agencies leading the Pathfinder.

5.3 It is important to emphasise how critical it is that adult, children's, and other services work together to ensure children are safeguarded and that wider individual and family concerns are identified, assessed and responded to.

5.4 These challenges can only be addressed through effective leadership, strong partnership working and commitment to re-organise resources to deliver what must be a common agenda. A whole family approach needs a whole authority-wide approach if it is to be consistent, effective and equitable.

5.5 In many areas there is evidence of polarised engagement with approaches to the concept of family focused working and processes. Within the Pathfinder delivery teams, there is strong, bottom-up support and direct engagement with frontline professionals. At the very top, there is commitment from the most senior managers represented on strategic boards. What is often lacking is active support from management in the middle.

> *"Frontline staff have been enthusiastic, but have not always been able to have their time freed up to take up the task. There is not enough top-down support to crack local management commitment. Our Chief Executive supports the Pathfinder approach, but most of our service managers don't."*

5.6 Where partner organisations have in principle committed to the whole family working approach, there is a need for vertical integration across internal management structures to formalise systems change. This, in turn, requires an acceptance of new working practices.

How Local Areas are Sharing their Learning

5.7 Pathfinders have, in the main, adopted four generic approaches to changing working practices and affecting organisational change:

(i) **developing good practice tools and protocols**, e.g. assessment practice standards and joint mental health and childcare protocols;

(ii) **delivering training** on family focused approaches across adult and children's services;

(iii) **staff modelling family focused approaches** within and beyond their own team, service or agency and supporting practitioners outside the Pathfinder to do the same;

(iv) **embedding strategic change:** structures and strategies introduced.

(i) Developing Good Practice Tools and Protocols: Bolton's Eight Assessment Practice Standards

5.8 These Standards were developed as part of a project from a Children's Social Care managers' development day, which highlighted the centrality of assessment practice to the work of Children's Social Care. The managers recognised the value of bringing practitioners and first line managers together to identify how assessment practice can be further advanced in the light of the Think Family Pathfinder, Serious Case Reviews, and other research on assessment. They were launched in November 2009 and are currently used by all Staying Safe staff (Social Care, Youth Offending Teams [YOTs], Children's Centres). They are currently being adjusted for multi-agency use, through the Local Safeguarding Children Board (LSCB) sub-group, and will be cascaded through all services endorsed by the LSCB later this year (2010).

5.9 The Staying Safe senior management team wanted to offer something to middle managers and frontline practitioners that would enhance social work practice. As part of new supervision training for managers they wanted to develop a new tool to capture the best practice elements of the Pathfinder and findings from research, making it integral to all supervision guidance. The project brought managers and practitioners together to:

- identify good practice in engaging and assessing families;
- enhance the quality of analysis in assessments, particularly in the identification and planning for children most at risk;
- enhance the confidence and skills of workers in using assessment as a therapeutic intervention;
- identify how supervision can best assist and develop workers' assessment practice and skills;

- identify development needs and potential strategies to further advance practitioner's assessment capacity;
- develop a shared vision and ownership of the higher standards in assessment practice.

5.10 They organised a series of workshops for approximately 20 staff, covering all social care teams and all levels of responsibility. A draft tool was developed and tested in all teams until they had a version which could be used by both individuals and teams to identify areas of strength and development. The final tool encompasses the following key assessment standards:

- the focus of assessment;
- engagement and maximising the participation of family members;
- clarity of role in working with other agencies during assessment;
- gathering information with clarity, purpose and sensitivity;
- clarity about evidence based analysis;
- clarity on the role of supervision and how it supports good assessment practice;
- ensuring assessment is 'fit for purpose';
- application of action planning and outcomes.

5.11 The introduction of the Eight Standards (see **Annex 5**) has helped to improve local practice and they now form an integral part of supervision training for managers and supervision personal and professional development (PPD) for all staff.

> **Key learning point**: engaging staff in the process of developing the tool has resulted in meaningful engagement, a broad sharing of ideas, and strong buy-in to the ongoing application of a performance improvement tool.
>
> Bolton are very clear that it was the *process* of engaging a vertical and horizontal cross-section of managers and staff that enabled a clear understanding of the assessment process, skills and knowledge and the support required to function effectively to be developed. The process of regular focus groups and evaluation and feedback from teams before agreement of the final draft developed a strong ownership of the standards across teams.

(ii) Delivering Training on Family Focused Approaches

5.12 Developing training activities to support family focused working has been a key focus in implementing systems change across the LAs. A number of areas have developed LA-wide integrated training programmes across adult, children's and other services (including the voluntary sector) on family focused approaches, including: the lead professional role; Common Assessment Framework (CAF) processes; whole family assessments; solution focused practice; team around the family (TAF) processes; and managing integrated services. Gateshead has developed an integrated training directory with a range of programmes for both practitioners

and managers (see *Think Family Pathfinders: Research Update* 2010[18]). The programmes have been attended by a range of staff from adult services, children and families, early years, education, heath, youth and community, housing, police and probation and the voluntary sector.

5.13 Pathfinder staff are also sharing their learning /expertise with colleagues in partner agencies by delivering training, for example a children's social worker training colleagues in adult mental health teams, and an adult mental health worker training colleagues in children's services.

Islington's Parental Mental Health and Safeguarding/Child Protection Training

5.14 This training is jointly delivered by an adult mental health practitioner from the 'Think Family' team and the LSCB (Local Safeguarding Children Boards) coordinator. The aim of the training is to: raise practitioners' awareness of mental health issues and how parents' mental health impacts on their children. The training includes a focus on:

- diagnosis, treatments, and psycho-social interventions;
- symptomology and how to recognise symptoms;
- trans-generational issues, e.g. children mimic the depression of the parent whose behaviour may be isolated and withdrawn;
- the impact of mental health issues on the family's economic status;
- adults' self-medication (e.g. alcohol), and how that impacts on children within the family.

5.15 This training is delivered formally and is available to LA staff via the LA's training handbook. It has been delivered to health staff, child and adult social workers, health and social care staff within prisons, and a range of voluntary agency staff (including housing staff and local voluntary agencies). It has also been delivered to Children in Need teams and LA voluntary sector services.

5.16 Participants identified the following outcomes:

- **Better understanding/awareness of mental health issues and responses**. Participants noted that the training had increased their awareness and understanding of: psychotic illness; different categories of mental illness and issues; stereotypes and attitudes towards parents with mental health issues: '*understanding that parental mental health doesn't mean that they are bad parents'*; how to recognise the symptoms; the treatments available, and how to respond appropriately: '*of what to do when parents of children have got mental health problems*'.

[18] Op cit

- **Better awareness and understanding of the impact of adult mental health issues on children.** Participants noted that the training gave them a: better understanding of the complexity of the issues and how '*complicated a situation might be for a family member with mental health issues'*, as well as the risks and impact of parental ill mental health on children '[I am] *more aware of children at risk and the impact on children when a parent has mental problems';* and that the training had helped them '*to identify the impact of parents' mental health on a child's development*'.

Key learning points:
Participants felt that awareness of mental health issues had increased, as well as how to respond appropriately when working with families, in terms of how: '*to recognise mental problems and to prescribe an appropriate approach to clients'.* The key learning points identified by participants from the training, included:

- the information provided '*about different kinds of mental illness when I work with children*' and the '*the knowledge of the mental health problems parents' experience';*
- the impact on parents and children: *'the effects of parental mental health and safeguarding children'* and being able to '*recognise symptoms more often – understanding the impact on children/parents';*
- increased empathy: *'understanding what it might feel to be questioned whilst suffering an episode';*
- increased awareness of mental health diagnosis: '*Information on different diagnosis – knowledge of the impact on children*'; 'the *diagnosis (scale of low-high)';* and '*being aware of different definitions and aspects of mental illness*'.

(iii) Staff Modelling Family Focused Approaches

5.17 The multidisciplinary nature of many of the Pathfinder teams means that individual team members are effectively modelling whole family approaches to colleagues (both within and beyond Pathfinder teams). Examples of this include:

- practitioners taking their learning from the Pathfinder back to their 'home agency';
- working in 'partner' agencies (for example, adult services' professionals working in a children's team) for part of the week to help raise awareness of their service, address misconceptions, and provide support, guidance and advice for partner colleagues;
- undertaking joint visits with referring agencies, along with the expectation that all initial visits will be undertaken with referring agencies; joint assessments; and joint delivery;

- co-working families, for example staff in one Pathfinder are changing their approach from direct work with families to co-working with lead professionals in a family focused way (e.g. using whole family assessments and team around the family approaches) to help embed systems change;
- Pathfinders providing funding to practitioners to work in a family focused way. For example, in order to access additional funding to support families, lead professionals have to complete a CAF and a TAF;
- Pathfinder staff supporting existing lead professionals to take a whole family approach, for example in team around the family approaches.

5.18 The following example (**Figure 5.1**) from Bolton shows how Pathfinders are helping to develop more integrated family focused working across the LA and other agencies and services.

Figure 5.1 Developing Integrated Family Focused Working in Bolton

Overview of Family problems: the daughter (aged 2, at point of referral) was experiencing marked inconsistencies and unpredictability in her care, dependent upon whether her mother was experiencing crises or low mood and anxiety. In addition to this, she had witnessed severe and frightening domestic violence throughout her life perpetrated by all of her mother's partners. Her mother has a long history of mental health services' involvement and has a diagnosis of borderline personality disorder. She has self-harmed and taken numerous overdoses since being a teenager. The mother suffered from sexual abuse and cruelty as a child and it is thought that this is the cause of her mental health diagnosis. Whilst working with the mother she admitted to having started to use heroin.

Development of links with other services: The development of links with adult mental health services was part of a learning process for Bolton's 'Think Family' team. This process comprised of three key elements:

(i) Identifying and recognising the different approaches taken by children's and adults' services.
(ii) Being open to listening to each others' perspectives and joining up assessments and plans.
(iii) Being committed to taking joint and coordinated action with regular review meetings taking place.

Identifying and recognising the different approaches taken by Children's and Adults' Services:

In the early stages of support it was clear that there was a level of frustration between the 'Think Family' team and Adult Mental Health Services due to the differences in the ethos of support. The 'Think Family' team's approach was to address short-term crises as they presented. However, with the support of the Community Psychiatric Nurse (CPN), they came to recognise that this was

unintentionally preventing the mother from developing her own skills to rescue herself. The 'Think Family' team were then able to understand more fully the implications and links between the mother's presenting behaviour and her personality disorder and what was the most helpful type of response during periods of crisis. It also ensured that a consistent response across services could be given.

Being open to listening to each others' perspectives and joining up our assessments and plans:

The process of building up a strong and committed relationship was achieved through candid discussion between the 'Think Family' practitioner and the CPN, and willingness to take on board each other's perspectives. Each practitioner took the lead in their area of specialism, e.g. mental health services took the lead on mental health issues, drugs services took the lead on drug issues, and the social worker took the lead on childcare issues, for example pulling together the impact of mental health on the child etc.

Expertise from mental health services brought clarity and understanding to assessments undertaken by the 'Think Family' team. It also enabled the 'Think Family' team to develop better ways of communicating with the mother. The diagnosis of personality disorder shared and explained by the CPN made sense of patterns observed by Children's Services in the mother's lifestyle which were impacting heavily upon her daughter, for example the mother repeatedly getting very quickly involved in intense relationships that turned violent. This brought a broader picture to the assessment and a stronger basis on which to make joint plans. A Family Plan could then be drawn up between the family and adult services – with roles being made very clear to prevent overlap or needs not being met.

As this was a fairly high level child protection case the social worker from the Pathfinder team took the lead in pulling in all the information and bringing this together into a joint assessment and family plan. If it had been a lower level case, without serious child protection concerns, then mental health services or the drugs services could have taken the lead.

Being committed to taking joint and coordinated action with regular review meetings taking place:

Both the 'Think Family' team and Mental Health Services agreed that it would be useful to meet on a monthly basis to ensure action remained coordinated and to review regularly what was and was not working. The mother was aware and happy for these meetings to take place. Due to both parties finding these meetings helpful, they have continued to take place, with the mother's psychotherapist and substance misuse worker also now attending. This ensures action remains coordinated and that services can be adapted as change takes place in the family.

(iv) Embedding Strategic Change

5.19 Across local areas there is some evidence of the restructuring of strategic boards to widen participation and strengthen commitment across agencies and services, particularly through Children's Trusts.

> *"The Strategic Group already mirrors the Children's Trust; therefore we are considering removing this strategic group and using the Children's Trust Board instead. The key purpose of the Strategic Group is to unlock issues and get things moving along at the highest level to give the direction and vision to the operational staff on the ground."*

> *"The Children's Trust has a clear 'doing' role within the local authority and partners recognise the ability to influence change across the local authority."*

5.20 A few areas have made the transition from a Pathfinder board or group, to a wider, more holistic, 'Think Family' board.

> *"A new strategic group has been established, which draws together all of the other 'Think Family' initiatives. This has meant that the operational manager's group has relinquished some of the more strategic issues that they had to concern themselves with, and can now concentrate on ironing out any issues at a front-line service delivery level. Unfortunately the new strategic group has not met, due to various structural changes within the authority."*

> *"Membership of the 'Think Family-Think Place' board includes the Head of Strategic Commissioning, the Head of Safeguarding and Specialist Services, the Head of Extended Services, the Head of Adult Care, the Head of Social Inclusion, the Head of Commissioning, the Head of Housing, the Head of Partnerships and Community Engagement, the Head of Policy and Planning, police and probation representatives."*

5.21 Within all the areas examined, the necessary structures to affect and deliver the strategic change, which are required to properly embed family focused activity, are in place. What is missing, in some areas, is THE strength of commitment/relative priority to push through the required changes. While many areas are moving in the right direction, the pace is slower than might have been anticipated. Barriers to faster/wider engagement include:

- reorganisation of directorates within local authorities;
- the focus of priority on statutory services;
- the perceived bureaucratic burden of some delivery models; particularly in relation to assessment;
- the need for proven, rather than anecdotal, evidence of impact.

5.22 Across the areas, there are examples of developing good practice. This includes:

- the creation of 'Think Family' boards;
- the appointment and deployment of 'Think Family' Champions;
- the linking of family focused approaches to operational commissioning, e.g. additional funding available if engaging in a Team Around the Family approach;
- the establishment of information-sharing protocols and systems.

5.23 The part of the jigsaw which needs to be developed is the use of strategic commissioning to embed family focused approaches. **Figure 5.2** provides an overview of some of the work currently being undertaken in Durham.

Figure 5.2 Delivering Strategic Change in Durham

Strategic Commissioning

The development of the Pathfinder Service has been based on creating services in areas with highest levels of need and the initial part of the project considered statistics, such as: re-referral rates into Children in Need (CIN), i.e. those families where children have been referred to Children in Need more than once; numbers of domestic violence incidents reported; numbers of children subject to a Child Protection plan due to neglect; and substance misuse. Based on this data, three areas were identified for the initial development of the Pathfinder work. In commissioning the fourth Pathfinder team, commissioners undertook the same data analysis in the remaining two areas within County Durham that were not in receipt of a Pathfinder service. This approach ensured a clear and transparent process to decision making.

Families First Project

This project has been set up by Job Centre Plus to target localities where levels of worklessness (and more specifically multi-generational worklessness) are a significant issue. Communities in Easington and Derwentside have been targeted. Both of these localities are covered by the Pathfinder Service because again, they have been identified as areas with particular levels of high need. The project provides outreach support to clients and looks to work with the whole family to start to work with the issues of multi-generational worklessness in order to break the cycle. The project has developed close links with the Pathfinder and Pathfinder staff were involved in the induction of staff within the new service, as well as offering buddying opportunities for staff in both projects. Referrals are made into and out of both services and they complement each other well.

Sure Start and Drug and Alcohol Team Partnership

The Pathfinder Service Manager has been asked to sit on the steering group for another pilot project which has been developed in partnership between Sure

Start and the Drug and Alcohol Team. The intention of the pilot is to create good links between treatment services and Sure Start to try and encourage this 'hard to reach' group of clients to use the wider services offered within Children's Centres. It is also encouraging parents with substance misuse issues to access treatment, as they will be able to access these services in the more appropriate surroundings of a Children's Centre and receive some support with their children whilst accessing treatment. The pilot sites have been identified, again in areas with high levels of need and again in areas which are serviced by the Pathfinder. The intention is that the Pathfinder Service will refer clients into this pilot and both Children Centre staff and substance misuse staff will be able to make appropriate referrals into the Pathfinder if they assess that the family require more intensive family support.

'Think Family' Operational Group

The 'Think Family' Operational Group has set up a small working group to develop a Performance Management Framework which can consistently be adopted by all 'Think Family' projects within County Durham. It has been agreed within this forum that all projects will adopt the 'Whole Family Assessment' tool developed by the Pathfinder. The Performance Management Framework is still work in progress but will consist of a set of shared targets across all projects and across Children's and Adults Services. This will include data, such as numbers of adults in effective treatment for substance misuse for example, or numbers of re-referrals into CIN. Sitting underneath these 'top level' targets will be a consistent tool for measuring impact in relation to parenting. The working group has recommended the TOPSE (Tool to Measure Parenting Self-Efficacy) parenting evaluation tool to the 'Think Family, Think Place' Board as this would also be consistent with the parenting programmes currently being used across the local authority. All projects will also adopt a consistent tool for measuring the impact on children and young people and on gathering their views. The group will be recommending to the Board that Goodman's Strengths and Difficulties Questionnaire is used. Both these tools will be piloted for six months to enable managers to determine whether they are fit for purpose.

6 CONTACT DETAILS

If you would like further information about the local approaches in these areas, please contact the individuals listed below.

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ANNEX 1:
FAMILY PATHFINDER EVALUATION PROJECT SUMMARY

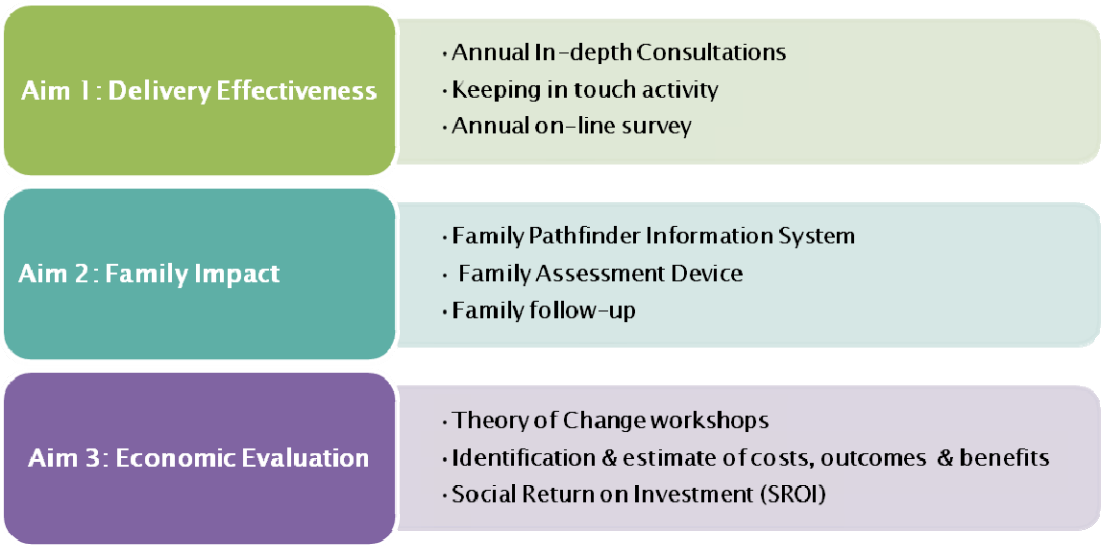
Family Pathfinder Evaluation: Project Summary

Family Pathfinder Evaluation (2008-2011)

1. This is a three year evaluation of work undertaken in 33 Pathfinder areas:
   - 15 Main Pathfinder areas (2008 onwards);
   - 6 Extended Young Carer Pathfinder areas (2008 onwards);
   - an additional 12 Extended Young Carer Pathfinder areas (November 2009 onwards).

2. Pathfinders received funding to test family-focused models of working to provide more effective support for families facing multiple and complex problems. The evaluation has three main aims:
   - **Aim 1: Delivery Effectiveness**: to describe and assess the effectiveness of structural and service delivery changes in improving services for families at risk, i.e. assessing performance of Pathfinders; identifying best practice and the extent to which each local model is sustainable and can be mainstreamed;
   - **Aim 2: Family Impact**: to measure improvements in outcomes for families at risk and explain the key system and service changes which have led to the improvements; measure the effect of system changes implemented as part of the Pathfinder or service interventions on improving outcomes; and measuring and collecting user perspectives on impact;
   - **Aim 3: Economic Evaluation**: to assess the costs and benefits to the public sector of implementing the Pathfinders and estimate the monetary value of the change in long-term well-being resulting from improved outcomes for families at risk in the Pathfinder areas (14 Pathfinder areas [7 main and 7 young carer areas).

3. The methodology to achieve these aims is as follows:



Delivery Effectiveness

Annual In-depth Consultations

4. Annual in-depth visits to each of the Pathfinders to explore how the models are being delivered, and where they fit within the provision of wider family support within local areas. This includes interviews with both Pathfinder staff and representatives from key partner agencies (across adults, children and other services) at both an operational and strategic level; observation of meetings; and collection and review of Pathfinder documentation.

Annual On-Line Survey

5. In order to ensure we capture the wider system level change the Pathfinders have been able to achieve we are undertaking an annual on-line survey of managers and practitioners from key partner agencies. The survey focuses on perceptions of Pathfinder effectiveness and impact on systems change and operational practice.

Keeping in Touch Activity

6. Quarterly consultations with Pathfinder leads to provide updates on developments and issues within the Pathfinder areas and a review of performance indicators /key Pathfinder documentation.

Family Impact

Family Pathfinder Information System (FPIS)

7. We have developed an online data collection tool to record key information on individuals and families supported by all the Pathfinder areas. The tool provides information on family characteristics, risk and resilience factors, and concerns, on entry to, and exit from, Pathfinder support. It also provides information on the intensity and type of support provided.

8. Training, guidance materials and ongoing support is provided for all professionals within Pathfinder areas who are using the tool. York Consulting also have a quality assurance role reviewing the data input onto the system. Currently 1091 families are recorded on FPIS.

9. The database also provides summative statistical data which can be used by Pathfinders to review performance and identify impact and outcomes.

Family Assessment Device (FAD)

10. We are using the Family Assessment Device to provide a validated measure of family impact across all Pathfinder areas. The FAD is completed by all members of the family over the age of seven depending on their consent, and their ability to complete the scale. Lead professionals administer the scale at the time a family becomes a Pathfinder case and again when they exit support. York Consulting is also collecting longer-term FAD data for the qualitative

sample of case-study families (see Family Follow-Up below) where the FAD will be administered by a researcher at the time of interview six months after exit from the Pathfinder.

Family Follow-Up

11. In order to gather user perspectives on impact we are undertaking in-depth, qualitative interviews with 70 families and their key workers/lead professionals. Families are being interviewed twice over the course of the evaluation (when they exit Pathfinder support and then again six months later) to:

- provide a longitudinal assessment of family outcomes;
- explain what difference the Pathfinder support has made to families and why;
- provide a triangulated assessment of outcomes, based on families and lead professionals/key workers' views, as well as the findings from FPIS and FAD.

Economic Evaluation

12. The methods employed for this broadly follow the National Economics Foundation (NEF) Social Return On Investment (SROI) methodology. The SROI methodology includes: Theory of Change mapping; measurement of costs (direct, indirect, opportunity and family costs) involved in the Pathfinder; an estimation and valuation of benefits (including identification of monetary proxies for benefits); and a synthesis of findings, with an estimation of economic ratios.

Reporting and Dissemination

13. This includes:

- the provision of monthly progress reports to the DfE;
- the production of interim reports on an annual basis;
- presentations of findings at Pathfinder dissemination events and Think Family conferences;
- the production of (to date) four research papers focusing on different aspects of the evaluation, including: sharing good practice in family focused approaches; the development of whole family approaches including whole family assessment; the support provided by young carer Pathfinders; and interim cost benefit and FPIS analysis;
- a final report will be produced in April/May 2011.

TABLES SHOWING
ANNEX 2:
FAMILY AND INDIVIDUAL RISKS ON ENTRY AND EXIT

Table A2.1: Family Level Risks on Entry and Exit										
				LEVEL OF RISK ON ENTRY			LEVEL OF RISK ON EXIT			
Concern	% of families on entry	% of families on exit	% reduction	Low	Medium	High	No longer a risk	Low	Medium	High
Group A										
Relationships between family members (n=125)	58%	44%	24%	29%	47%	24%	24%	44%	15%	17%
Boundary setting (n=122)	56%	38%	32%	25%	40%	35%	32%	34%	18%	16%
Employment (n=100)	46%	34%	26%	21%	22%	57%	26%	26%	14%	34%
Housing tenure (n=77)	36%	20%	44%	22%	51%	27%	44%	23%	19%	13%
Supervision of children (n= 75)	35%	23%	35%	21%	40%	39%	35%	25%	16%	24%
Average	*46%*	*32%*	*32%*	*24%*	*40%*	*36%*	*32%*	*31%*	*17%*	*21%*
Group B										
Family violence (n=123)	57%	17%	70%							
Family support networks (n=96)	44%	23%	48%							
Family debt (n=85)	39%	22%	44%							
Overcrowding/poor living conditions (n=68)	31%	18%	43%							
Stimulating environment (n=67)	31%	17%	46%							
Parents' engagement in child's education (n=60)	28%	16%	42%							
Average	*39%*	*19%*	*49%*							

Total families= 216

Table A2.2: Individual Level Risk on Entry and Exit										
				RISK ON ENTRY			RISK ON EXIT			
	% of group on entry	% of group on exit	% reduction	Low	Med	High	No Longer a Risk	Low	Med	High
Group A										
Health and wellbeing (adults and children – 903)										
Emotional mental health (n=248)	27%	19%	31%	42%	40%	18%	31%	41%	17%	10%
Psychological mental health (n =97)	11%	9%	20%	34%	33%	33%	20%	36%	24%	21%
Engagement with health professionals (adults only) (n=131/417 adults)	31%	17%	47%	45%	35%	20%	47%	28%	13%	12%
Alcohol issues (n=69)	8%	5%	36%	39%	29%	32%	36%	41%	10%	13%
Drugs issues (n=77)	9%	6%	30%	48%	19%	32%	30%	34%	22%	14%
Chronic health condition (n=82)	9%	7%	28%	52%	28%	20%	28%	45%	15%	12%
Personal hygiene (n=80)	9%	5%	41%	46%	15%	39%	41%	29%	15%	15%
Offending (adults and children)										
Offending (n=85)	9%	5%	49%	46%	25%	29%	49%	29%	13%	8%
ASB (n=88)	10%	5%	50%	41%	42%	17%	50%	32%	5%	14%
Personal development /safety (adults and children)										
Management of daily tasks (n=200)	22%	15%	34%	35%	38%	27%	34%	35%	19%	13%
CHILD ONLY CONCERNS (children – 486)										
Education										
School attendance (n=123)	25%	13%	49%	33%	32%	35%	49%	25%	13%	13%
Educational attainment (n=119)	24%	14%	42%	50%	21%	29%	42%	26%	17%	15%
Engagement learning (n=140)	29%	18%	37%	36%	31%	32%	37%	29%	16%	18%

Table A2.2: Individual Level Risk on Entry and Exit										
				RISK ON ENTRY			RISK ON EXIT			
	% of group on entry	% of group on exit	% reduction	Low	Med	High	No Longer a Risk	Low	Med	High
Family Functioning										
Caring responsibilities impacting negatively (n=158)	33%	19%	41%	42%	33%	25%	41%	32%	18%	10%
Development, Health & Wellbeing										
Communication milestones (n=34)	7%	4%	38%	62%	26%	12%	38%	47%	9%	6%
Physical goals (n=23)	5%	3%	35%	35%	48%	17%	35%	39%	17%	9%
Emotional goals (n=86)	18%	13%	28%	36%	44%	20%	28%	35%	20%	17%
Cognitive goals (n=42)	9%	7%	21%	57%	33%	10%	21%	48%	24%	7%
Teenage parent (n=21)	4%	3%	38%	100%	0%	0%	38%	48%	10%	5%
Peer relationships (n=97)	20%	12%	42%	35%	44%	21%	42%	36%	13%	8%
Group B										
Personal safety (n=185)	20%	10%	48%							
Engagement in activities outside the home (children only) (n=139)	29%	12%	59%							
Racial harassment (n=25)	3%	1%	52%							
Other harassment (n=74)	8%	3%	32%							
NEET (n=16)	2%	1%	75%							
Bullying (children only) (n=31)	6%	3%	42%							

ANNEX 3:
COMMUNITY SERVICE VOLUNTEERS

A3: CSV Think Family Volunteers – Tips for Setting up a Volunteer Project

1. **Establishing need**

   It seems like this goes without saying but it is essential to not just assume that volunteers will slot into an existing service, even if the benefits and need seems obvious to the service managers. Consult with service users and frontline staff to ensure that there is a genuine need which will be met. Ideally this would involve putting together a pool of potential referrals before volunteers have been recruited and trained, as this ensures a smooth transition for volunteers and informs their preparation for the role.

2. **Clarify remit of the service at the start**

   This is particularly important when commissioning a service from another agency and avoids potential difficulties and delays once the project is up and running. Ideally, a service level agreement should be in place at the start of the project so that all recruitment information is accurate and transparent.

3. **Set realistic timescales**

   There are always some aspects of setting up a project that take longer than expected and these needs to be worked into the project timetable. When you are working to tight deadlines, it is hard to respond flexibly to delays and problems. The timescales also need to bring together volunteer recruitment, training and checks with referrals.

4. **Use local low cost/no cost channels for publicity and recruitment**

   Most volunteer projects look for volunteers from the local area and can often do this without a large publicity budget. The local council is likely to have a number of channels through which the project can be advertised for free, for example in the Council magazine/newspaper which is often delivered to all homes and the website. Articles in the local press can usually also be generated for free by sending out press releases. Make sure the project is registered with the local volunteer centre and the national volunteering website 'Do It'.

5. **Recruit as wide a range of volunteers as possible**

   As this role is so open and flexible and each family's needs will differ, it is helpful to try and recruit a wide range of volunteers who are different ages, genders and from different ethnic backgrounds. It is worth looking at the demographic of service users and setting targets that reflect their status if matching certain characteristics are thought to be important e.g. whether a parent themselves, Borough resident etc.

6. **Ensure a rigorous recruitment and selection process is in place**

   It is important that there is a clear and thorough process of recruiting volunteers, particularly when there is a lot of interest. This should involve an application form, interview or group information evening, assessment and a series of checks (CRB,

Local Authority and references). A volunteer role description or person spec should be produced so that volunteers know exactly what is being asked of them and they should sign a volunteer agreement when they are accepted onto the project.

7. **Involve partner agencies in training**

   Volunteers are usually motivated by a range of things, but it is common to want to gain experience that will be relevant for support or social work. They value the opportunity to hear from social workers and other professionals and it helps to put their role in context. The key reason for doing this is to ensure that volunteers fully understand the context in which they are volunteering and it is important for professionals to deliver any child protection training to ensure messages are consistent.

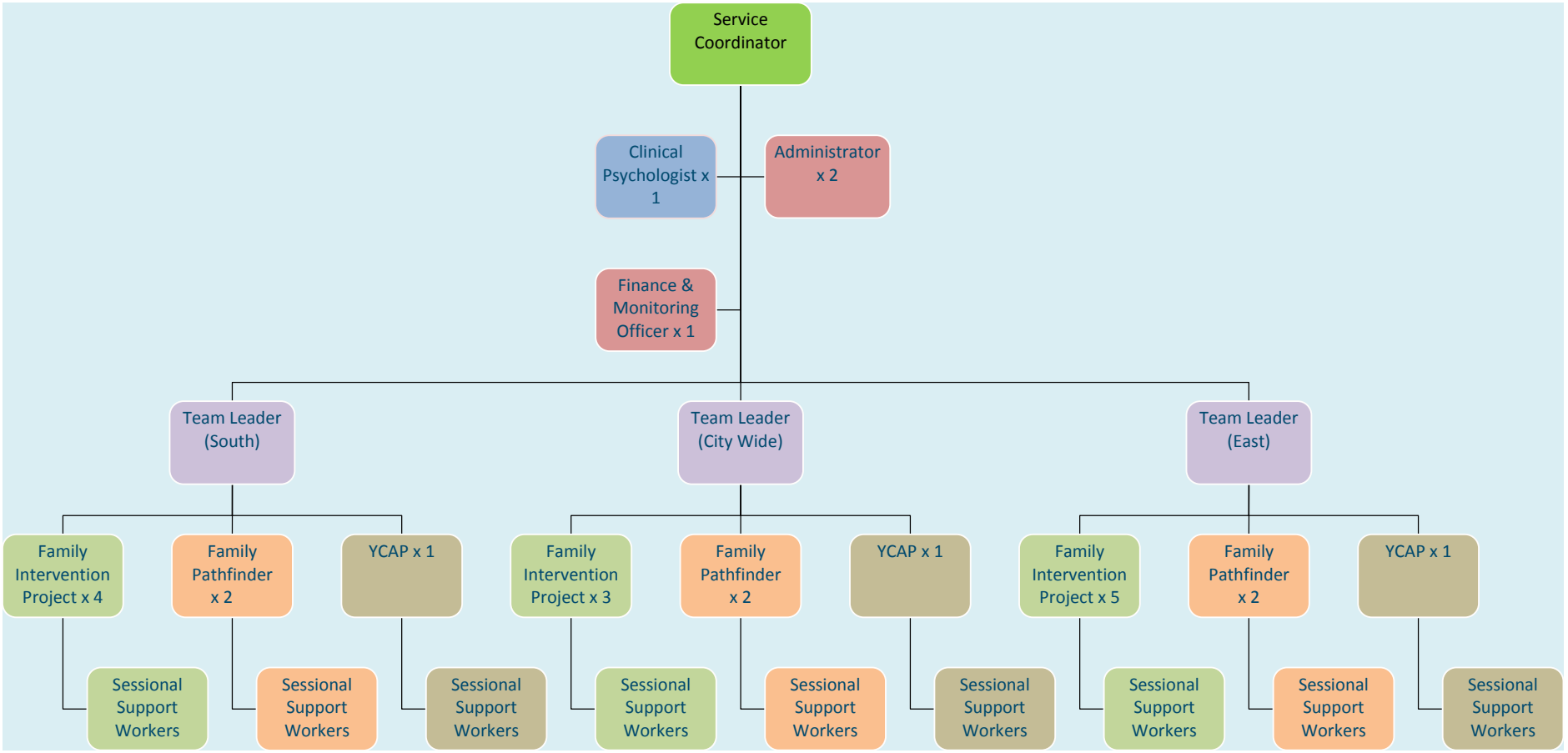
   Be creative and flexible!

8. If you would like further details on CSV's volunteer projects, please contact **Jill Williams, ViCP Development Director (jwilliams@csv.org.uk)**.

ANNEX 4: OVERVIEW OF TEAM STRUCTURE: WESTMINSTER FAMILY RECOVERY PROJECT AND LEEDS FAMILY PATHFINDER

Figure A4.1: Westminster Family Recovery: Team Structure May 2010

Figure A4.2: Leeds Family Pathfinder February 2010



ANNEX 5:
BOLTON COUNCIL ASSESSMENT PRACTICE STANDARDS

As part of Bolton's commitment to a sustainable future, this document is printed (using vegetable based inks) on paper sourced from sustainable forests.

Bolton Council
Town Hall
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Bolton Council

Learning and reflection

Reflect on your:

- Strengths
- Patchy areas
- Challenges

And look at:

- How you can be proactive in meeting your learning needs?
- What your supervisor can do?
- How might your colleagues / co-workers help?
- The training / development opportunities you could make use of?

Tools in your toolkit

You may want to use different tools to help you work through this practice guide and as a team you can develop your preferred tools by adding them to this information.

Here are a few suggestions:

- The Graded Care Profile
- Signs of Well Being
- The HOME Inventory
- Scoda Guidance
- Information Sharing Guidance for Practitioners and Managers
- Genograms
- Chronology – Life Cycles
- Domestic Abuse Guidance

Don't forget!

All of this learning can be used as evidence of your continual professional development.

6 You are clear how supervision supports good assessment practice

For readers who are supervisors, the following statements describe what you need to provide for workers undertaking assessment work.
For practitioners, these statements indicate how supervisors can and should be supporting and quality assuring your assessment practice, and how you can work with them on this.

- You (the supervisor) clarify the nature, scope, timescales and focus of assessment activity
- You record clearly how supervision has influenced the direction, key decisions, or outcomes of the assessment
- Your supervision includes reflection, analysis and where appropriate, challenge on assessment practice, as a way of building your awareness and confidence about your professional judgements
- You check out whether the worker has completed the tasks planned for an assessment activity, asked all the questions you intended to and engaged the significant adults you need to see
- You check at each stage of assessment, that the worker is considering the safety of the child
- You observe the worker's assessment practice and provide constructive feedback
- You provide an opportunity for the worker to explore family dynamics and their impact on the child
- You help the worker to explore feelings generated by the work and how this might affect your assessment, interaction with family members and use of self
- You are alert to the worker's emotional presentation and what this might mean for the assessment
- You set an open and constructive climate for cases to be discussed
- You provide feedback on the quality of assessment reports and the information contained within them
- You provide an opportunity for the worker's debrief and learn from difficult situations and cases to reflect on their learning from assessment activity
- You monitor and review the worker's assessment skills and knowledge, and jointly identify training, co-working and other resources, to help develop your skills
- Your support to overcome internal and external barriers and the appropriate escalation of issues for resolution
- You reflect on your own performance as a supervisor of assessment work and how you could improve this

7 Your assessment is 'fit for purpose'

- You meet the timescales for completing assessment and the reason for any delay is recorded and authorised appropriately
- Your contact with other professionals and visits (purpose, who present, what happened) to family members during the assessment, are recorded appropriately and in a timely fashion
- Your process of analysis is recorded (see analysis section)
- You record the views of other agencies, and their influence on the assessment and its recommendations
- Your assessment report addresses:
  - the purpose of the assessment and the report
  - the nature of the concerns which required assessment
  - the process by which information had been obtained and from whom
  - the analysis of risks and protective factors, including how safe from harm the child is now
  - how the analysis leads to the recommendations
  - what needs to happen to protect the child and promote his / her welfare
  - how the child's situation will be kept under review
  - the child / young person's, and the families, wishes and feelings
- Your assessment report is written in a clear, structured and accessible style that considers the purpose and audience of the report
- Your report states concerns without allocating blame, and is forward-looking and solution-focused without minimising concerns

8 Your action planning and outcomes

- You are explicit in your plan about the outcomes for the child / young person and how these will be reviewed
- Your contribution to the decision-making process is open and fair, especially in circumstances where there is disagreement
- You are clear about the processes for reviewing the progress of the plan, your contribution, and how to involve the child / young person and significant adults
- You carefully evaluate the balance of protective and risk factors in the light of further information, even if it means revising your original assessment and plans
- You are clear that the review process identifies whether tasks have been completed, whether the child is safer as a result and whether outcomes have improved
- You include feedback from family members about their experience of the assessment process and use this to develop your practice

8 Assessment Practice Standards

Bolton Council

1 Focus of assessment

You are clear on the focus and plan your assessment before you start

- You understand the legal and policy mandate that underpins your assessment activity
- You understand the elements of the assessment frameworks you use
- You understand what a partnership approach to assessment means
- You are clear about the reasons and focus for this assessment
- You consider that the child is safe from harm at every stage of the assessment
- You are clear about the process, stages and timescales for this assessment and you have a plan about what you are going to do and when you are going to do it
- You are clear what information you need to collect for the assessment
- You are clear about what this assessment must achieve
- You are clear how you will remain child-centred and family-focused during this assessment
- You have thought about where you feel confident in this assessment, where there may be potential pitfalls for you and how you can address these

2 You engage and seek to maximise the participation of family members -

- You explain to family members why there needs to be an assessment, what needs to be covered and the process. You provide written information to families about this
- You are clear about what is negotiable when making agreements with the child / young person and the consequences of non-negotiable areas are made explicit
- You are persistent in engaging all the significant adults, children and young people
- You include families and children / young people in the assessment, seeking their views
- You check out any possible barriers to the families / child participating in the assessment e.g. learning disability / culture / language / mental illness and identify ways of making the assessment process accessible for family members
- You keep families informed about the progress of the assessment and the reasons for any change in focus or delay
- You share relevant information appropriately and sensitively with family members
- You present and act professionally and use understandable language
- You listen and accurately record how and what family members tell you
- You spend time with the child alone in a suitable place (with parental consent, where appropriate) and take the child's story, needs, views and feelings seriously
- You develop a real sense of what a day in the life of this child is like, within the family. Especially how safe the child feels
- You are honest with the child / young person and regularly check out their understanding of the assessment process, consulting with the child about possible recommendations and plans
- You interview each significant adult in their own right and involve them in the development of the plan

3 You are clear on your role in working with other agencies during assessment

- You are clear on the role and tasks of other professionals involved in the assessment
- You communicate with other professionals during the assessment process in order to: share, clarify and evaluate information; make use of other professional's expertise; and develop a shared understanding of the child's situation
- You prepare your information and its presentation for multi-agency meetings in a way that considers the needs of all the members
- You value the contribution of other agencies, and use multi-agency meetings to listen to their information and consider the implications for your assessment
- You can challenge the views of other professionals in an appropriate manner and have confidence in your professional judgement
- You involve other agencies in developing and delivering plans, making recommendations and being clear on agency responsibility, roles and tasks
- You contribute to resolving and learning from disagreements between agencies by listening and offering constructive feedback

4 You gather information with clarity, purpose and sensitivity -

- You seek to engage relevant agencies in the assessment
- You are clear on the information required for the assessment
- You make use of appropriate tools and frameworks to gather information in a structured way (see Learning and reflection, Tools in your toolkit)
- You seek information from all relevant family and extended family members, including absent parents
- You explain the reasons for, and gain consent where appropriate, for the information you obtain and share
- You establish a multi-agency case chronology of significant events and relationships, and use this to understand the origins of the current situation of the family's history, as this is often predictive of future events
- You evaluate the accuracy of the information to distinguish between facts, feelings, opinions and identify what information is missing
- You observe and assess the home environment, including upstairs rooms and cupboards, through both planned and unannounced visits
- You establish who is living in the home and those who are regular visitors, and do relevant checks as appropriate
- You seek to adopt a thoughtful and responsive approach to information gathering and are aware of how your role and style may influence the willingness of others to share information, particularly when it concerns sensitive or disputed material

5 You are clear about evidence based analysis -

- You understand the difference between description and analysis
- Your analysis has a clear and logical structure
- Your analysis is focused, evidence-based, balanced and:
  - identifies the concerns and their impact on the child
  - seeks to explain the origins and progression of these concerns
  - identifies positive and concerning patterns of behaviour or interaction, both within the family and the agency system
  - takes into account any cultural and language dimensions to the assessment
  - evaluates the balance of protective and risk factors for the child
  - identifies what is needed to safeguard the child and promote her / his development
  - analyses the source and strength of the parent's motivation (compliance is not motivation)
  - highlights what is not known or understood, and the potential significance of this in making confident recommendations
  - considers the significance of absent figures
- Your analysis includes the child's and parent's understanding of the situation
- Your analysis shows evidence of 'working out' and is supported by frameworks, knowledge, theory and research
- Your recommendations are linked to the analysis and identify how the plan will address concerns in a thorough and considered manner
- You feel confident in how your professional judgement has been presented through the analysis and are able to explain, and if necessary, defend this
- The analysis shows how the child's safety and needs have remained central throughout

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