KANTAR PUBLIC

Department for Levelling Up, Housing & Communities

Supporting Families Programme: Qualitative research

Effective practice and service delivery: learning from local areas

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Executive summary

This report looks at effective practice and service delivery for the Supporting Families programme.

Policy context

Supporting Families is a government programme to support families with multiple complex needs. It is delivered by local authorities in partnership with other local services in England. The programme aims to build the resilience of vulnerable families by providing effective, whole family support at the earliest opportunity and preventing escalation into statutory services.

The programme has adopted a model of family support based on a keyworker. The keyworker works with the whole family, agrees a single improvement plan and coordinates other services to support the family. However, beyond the core principles of the programme, local areas have significant autonomy in how their services are delivered and there is a lot of variation across the country.

Research objectives

The research looks at the variation in practice and service delivery in different local authority areas. It considers what approaches are most effective in achieving positive outcomes for families.

The research findings presented in this report are based on a series of nine holistic case studies and further stakeholder interviews (together covering 11 local areas) that drew on a variety of primary and secondary data sources. The research report covers different models of programme delivery, the role of keyworkers and other local partners who work with families, families on the programme, and the use of data.

It is intended to inform local delivery of the programme. The findings here are not official guidance. They are an account of approaches considered to be effective by case study areas.

1. Programme delivery models

- *Choosing the right delivery model (targeted vs mainstreamed)* - The research has categorised delivery models based on the extent to which whole family working has been rolled out across families and children's services. There were three different delivery models identified, with strengths and challenges for each.

  a) *Mainstreamed* - At one end of the continuum were the most devolved of the delivery models where whole family working has been rolled out across families and children's services. The expectation is that local authority and partner services will share the responsibility for families and any professional could, in theory, take on the lead practitioner role.

     Strengths of the mainstreamed model included that it provides a more sustainable and potentially efficient way to work with families particularly in large and geographically diverse areas. It supports the development of a partnership approach with common principles and a shared language, and it provides greater

choice for families to work with the lead practitioner they have the best relationship with.

Challenges of the mainstreamed model were that it takes considerable time and investment to build the culture and train the workforce to work with a family and take on the lead practitioner role.

As there is likely to be some variation in practice and quality in the way different teams and partner agencies work with families it may be more effectively deployed for working with families with lower levels of need.

b) *Targeted* - At the other end of the continuum were the more structured (and targeted) models where dedicated teams carry out the whole family work with families. The teams varied according to the complexity of the support families required, the number of families they worked with, and the way they worked with them. A primary distinction was made between more experienced keyworkers who had a lower caseload and worked more intensively with families with more complex needs for a longer period of time; and lead practitioners that worked with a higher caseload of families with less complex needs for a shorter length of time.

Strengths of the targeted model included that it may be more effective in providing intensive support to the most complex families. This model was also valued for being able to protect what is critical for intensive family support work including: skilled and experienced practitioners, low caseloads, a clear practice model and team around the family process, expert supervision and quality assured practice.

Where developed, multi-disciplinary keyworker teams provided valuable knowledge, experience and skills to share quickly and easily on a range of practice including social work, early help services, education, youth work, domestic abuse, housing, and mental health provision.

Challenges of the targeted model included the resource and cost required to maintain the dedicated teams, the low caseloads, the duration of time families can be worked with and the quality of the practice.

c) *Hybrid* - The more typical approach adopted by local authorities in our case study sample was to combine elements of both the above models, in what we have called the hybrid model. These areas highlighted the importance of all partners and agencies having a joint responsibility to reach out and work with families along with the need to provide a more targeted family support offer for families who have more complex needs.

Operating in a time of financial uncertainty and limited resources across early help services and partner agencies, a hybrid model, which combined the strengths of both mainstreamed and targeted approaches may ensure the Supporting Families programme is more sustainable.

- *Supporting the workforce* - To be effective, it was evident that the workforce needed to have a clear practice model, case management system, and shared language to guide their work with families. These need to be supported by an induction, training and supervision programme to develop skills, and a system for quality assuring practice.
- *Making colocation meaningful* - Stakeholder views varied about importance of partners collocating either on a part or full time basis. They reflected that, if it is to add value to partnership working, it needs to be designed in a way that encourages some

interaction that will help to build relationships rather than just for convenience. It was also emphasised that colocation is not practically feasible in all areas.

- *Adopting locality models* - Embedding Supporting Families in place based or locality models ensured services can be designed and tailored to local needs, helped to build closer relationships with partners in the localities and was easier for families to access.
- *Simplifying access to the programme* - The identification, referral and assessment process for Supporting Families was typically carried out in either one front door or two separate front doors separating early help and children's social care. There were also additional step up/step down processes between early help and children's social care. The importance of front doors being staffed by a range of professionals from across early help and children's social care was viewed as critical.

2. Keyworker and lead practitioner roles

- *Building keyworker skills* - Effective keyworkers were generally considered to have a common set of core skills along with diverse personality traits. These included characteristics such as: flexibility, emotional resilience, openness and transparency, the ability to reflect, an approachable and non-judgemental attitude, confidence, problem solving and coordination skills.
- *Improving workforce training* - The research highlights the case for further national and local investment for the training and development of keyworkers and lead practitioners. This would help to professionalise this workforce and increase recognition and value about the pivotal role they play with families.
- *Developing skills for partnership working and local coordination* - Drivers of effective partnership working and local coordination included strong relationships between professionals and having clearly understood roles and ways of working across partner organisations. Case study participants highlighted the importance of supporting and encouraging good partnership working through joint activities, such as multi-agency training and induction activities, networking opportunities created through colocation, team meetings and supervision groups. Practice models also helped to provide a framework for the way partners work together and helped to create a shared language and illustrate the need for a shared case management system.
- *Adopting practice models:* Most areas were moving towards or had already embedded a range of practice models including, most commonly, Signs of Safety but also other strength based, restorative and trauma informed approaches.
- *Intervening as early as possible* – While the programme is seen to be reaching families and working reasonably well to address their needs, it was felt that there is a need to target families before they reached the point of crisis by adopting a more proactive preventative approach. Suggestions from case study areas included greater promotion and awareness of the programme across all organisations working with children, and directly with families.
- *Making sure caseloads are manageable* – Having a manageable caseload was seen as vital to allow sufficient time for the keyworker to build effective relationships and develop an understanding of a family. The ideal caseload was dependent on the nature of the needs of each family being worked with, and needed to be managed flexibly for each keyworker. Somewhere between five and ten cases was generally seen as enabling the type of intensive work required for working with families with the most complex needs. The appropriate length and intensity of their work needs to be

tailored to the needs of families and punctuated by a regular review and supervision process, which helps to decide when is the optimum time to withdraw from a family, or to step them up or down to other services.

- *Sequencing support to meet family need* - There was no 'one size fits all' approach to determining an effective sequence of support. It was important to provide a range of evidence based, and locally tailored programmes, delivered in a variety of formats, so that support could be tailored to the diverse needs of families.

3. Recognising the diversity of family types and tailoring support

- *Offering a bespoke plan for each family* - The complexity and fluid nature of working with families means that local authorities are not designing their approach to address a specific typology of families. It is therefore vital that each plan is tailored to the individual circumstances and needs of each family.
- *Tailoring the intervention to the level of complexity* - Areas did distinguish between high and low complexity families. High complexity families were often considered on the edge of care (high end of level 3 or equivalent, on the threshold of need) and could have anywhere between six and eight issues including complex combinations such as mental health, domestic abuse and safeguarding issues. This group required longer, and a greater number and variety of interventions. Lower complexity families tended to present two or three issues and were often situated at level 2 or lower level 3 on the threshold of need. Common issues for this group include parenting and education needs and they required a shorter intervention. However, this distinction was treated flexibly as it is recognised that families levels of complexity will change during their time on the programme.
- *Adopting effective engagement methods* - Effective practice for building and maintaining engagement with families was reported as: having the time to get to know and build a trusted relationship and rapport with families, as well as by addressing something quickly that they are concerned about. Taking families through an assessment process and using an objective strengths based assessment tool and setting realistic and achievable goals with families helps to build this relationship and to prevent families feeling judged or criticised. In addition, the importance of stressing the voluntary nature of the programme was emphasised, although families may not feel that they do have a genuine choice about whether to participate or not. In combination, these methods helped to communicate to families the purpose of the programme as a supportive rather than punitive intervention, and to secure their consent and engagement.
- *Offering a range of specialist support services* - The case studies highlighted a number of important features of successfully delivered support services. These included having a menu of different options, so that the most appropriate one could be chosen for a family (rather than a standardised 'one size fits all' approach); providing a combination of evidence based interventions but also the flexibility to trial new approaches that are tailored to emerging needs; group based interventions and interventions that helped to build lasting networks for families; using a strengths-based approach to empower families and also to show them positive ways in which they can take responsibility for their progress.

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4. Use of data

The use of data has been a core component of the way the Supporting Families programme has operated from the outset. The case studies found significant variation in the sophistication of the systems that local authorities used to manage their data.

- *Importance of investing in data* - Effective use of data was seen as a crucial element for effective delivery of the programme. It was used to identify families, review and track progress, make payment by results claims and to carry out effective evaluation.
- *Partner access to case management systems* - Using a case management system and giving access to external partners working with a family was seen as a feature of effective practice.
- *Embedding programme criteria in data systems* - To facilitate payment by results process (outcomes monitoring), the programme's criteria and tracking of outcomes needed to be built into case management systems, data systems and processes.
- *Adopting data lakes and warehouses* - Improving data systems can make processes more efficient. Examples of sophisticated use of data include share data using automated processes, linking multiple data sets and systems, and creating data lakes and data warehouses. These approaches can be used to map need, identify families at risk and effectively plan services by anticipating demand.
- *Overcoming challenges to data sharing* - For more sophisticated use of data, local areas needed to invest in addressing challenges such as privacy and ethical concerns, reliance on personal relationships between data managers, lack of time and resources to develop more mature models; poor quality or inconsistent data, data received in multiple formats; and challenges in recording complex family circumstances.
- *Measuring intermediate outcomes* - While much of the programme data could be coded and stored quantitatively and easily exported to other systems, information about intermediate outcomes tended to be more qualitative in nature and could not be exported as easily. To support evaluation work it would be useful to explore ways of collecting/converting this information to a quantitative format.

Next steps

These findings can provide theories from local practitioners on what is most effective. These could be tested more rigorously as part of future research.

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1. Background and methodology

This chapter sets out the policy context, aims of the research and the methodology used.

Chapter summary

- Supporting Families is a government programme to support families with multiple complex needs. It is delivered by local authorities in partnership with other local services in England. The programme aims to build the resilience of vulnerable families by providing effective, whole family support at the earliest opportunity and preventing escalation into statutory services.
- The research findings presented in this report are based on a series of nine holistic case studies and further stakeholder interviews (together covering 11 local areas) that drew on a variety of primary and secondary data sources.
- The research report covers different models of programme delivery, the role of keyworkers and other local partners, families on the programme, and the use of data.

1.1 Policy context

Launched in April 2012, the Troubled Families Programme was set up by the former DCLG, now DLUHC[1], to support the expansion of family interventions[2] for 120,000 families with multiple and complex problems. The programme encouraged the development of family intervention models based on five core features:

1. A dedicated worker, dedicated to a family
2. Practical ‘hands on’ support
3. A persistent, assertive and challenging approach
4. Considering the family as a whole, and the interrelatedness of issues between family members
5. Common purpose and agreed action

The evaluation[3] of the first phase of the Programme demonstrated how local authorities developed and tailored their approach to their local context and the needs of their local communities. Informed by the guidance provided by the Department, they developed family intervention models which operated at different levels of intensity and duration. A desire to ensure their approach to working with families would be sustained beyond the end of the Troubled Families Programme, resulted in some areas rolling out whole family working across the whole local workforce. However, the evaluation evidence also underlined the importance of preserving a dedicated resource for family intervention, and a robust programme of keyworker training and supervision, to maintain consistent standards

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[1] The Department was known as the Department for Communities and Local Government before 2018, then became the Ministry for Housing, Communities and Local Government in 2018 until 2021. As of late 2021, the Department is known as the Department for Levelling Up, Housing and Communities.

[2] It drew on the learning from the Dundee Families Project and the subsequent Family Intervention Projects set up by local authorities in England.

[3] White, C., and Day, L., (2016), National Evaluation of the Troubled Families Programme, Process Evaluation Final Report, London: DCLG.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560499/Troubled_Families_Evaluation_Synthesis_Report.pdf

and to work with families at higher levels of need. It also recommended the need to further professionalise the workforce to underpin this.

The Expanded Troubled Families Programme

Building on this learning, the programme was expanded in 2015 to support a further 400,000 families with a wider range of needs, backed by £920 million of government investment. The revised programme supported local areas to scale up and embed the principles of whole family working across the workforce. The Department set out a guide for service transformation and self-assessment known as the Early Help Service Transformation Maturity Model.

The evaluation of the Expanded Programme[4] provided additional learning about how family intervention works and the perceived impact the programme had on local areas. It concluded that the programme left a strong legacy in relation to changing the culture in local authorities and across partner agencies; establishing a model of working with families based on well-coordinated, multi-agency support; setting up the structures required to support effective delivery of early help services; and focusing minds on "making a difference".

An impact study which tracked the outcomes achieved by families supported by the programme between 2015 and 2018 highlighted the role of the programme in preventing high cost statutory interventions[5]. A cost benefit analysis showed the programme provides £2.28 of savings for every pound invested.

The Supporting Families Programme

The next phase of the rebranded Supporting Families Programme was launched in March 2021 with a further investment of £165 million for 2021-22. Its focus is on providing effective, whole family support at the earliest point to help prevent escalation into statutory services. Eligibility for the programme has been extended to expectant parents and local areas have been encouraged to prioritise families affected by child sexual exploitation, gang and knife crime, and the risk of homelessness. An additional £7.9 million Local Data Accelerator fund was also launched to improve how councils use data to identify and work with families.

To enable local authorities and their partners to assess their progress against these goals, the Department produced the Early Help System Guide (EHSG) which included a Data Maturity Model. This has been designed to help local authorities and their partners to embed whole family working, family practice and a mature data infrastructure to support early help. It is based on national learning from local areas about the activity that makes the most difference in driving whole systems change to establish a strong and sustainable early help offer.

The Department has also partnered with the Early Intervention Foundation to support the development of evidence-based practice and interventions. They are embarking on a test and learn approach that will focus on: the role of the 'key or lead practitioner' and their relationship with families; interventions that work effectively with families; and the way

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[4] Pereira, I., Mollidor, C., and Allen, E., (2019), *Troubled Families Programme, Qualitative Case Study Report, Phase 2 Wave 2*, London: Ipsos MORI.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886527/Case_study_research_part_4.pdf

[5] MHCLG, (2019), *National evaluation of the Troubled Families Programme 2015-2020: Findings,* London: MHCLG.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786891/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_family_outcomes___national_and_local_datasets_part_4.pdf

services are organised in area and system wide approaches to practice, such as family hubs or community asset-based approaches. An additional £200m for Supporting Families was announced at the 2021 Spending Review taking total planned investment across the next three years to nearly £700m.

1.2 Aims and objectives of this research

The findings presented in this report are based on a comprehensive programme of qualitative research, conducted by Kantar Public. Through these intensive qualitative deep dives, the research sought to provide DLUHC a deeper understanding of what works and why, to improve outcomes for families, to help identify best practice, and inform the future development of the programme.

The main objectives of this research were:

1. ***Understanding local approaches and coordination:*** To examine how the different elements of service delivery drive impact and identify good practice to optimise the programme to improve outcomes.
2. ***Assessing current and potential use of data:*** To examine how data is currently being used and how it could be used in future evaluations.
3. ***Understand the diverse role of keyworkers:*** To examine the current role of keyworkers and how the role has developed alongside other stakeholders.
4. ***Exploring families:*** To understand how practice can be adapted to support the range of families on the programme, and which practices are most and least effective for different types of family.
5. ***Exploring responses to the Coronavirus pandemic and implications for future practice:*** To explore the response of local authorities to the Covid-19 pandemic, the changing levels of demand for services and need for families, the delivery of the programme against social distancing measures, and the practices taken forward and adopted for future work.

1.3 Methodological approach

A comprehensive programme of qualitative research was designed to meet the stated objectives. At its core was a set of nine holistic case studies (plus depth interviews with stakeholders in a further two areas) that explored the key research themes by using a variety of evidence sources. The case study areas were selected in consultation with DLUHC to meet a range of key criteria, such as the type of local authority, their performance on specific outcome metrics, and their approach to Supporting Families programme implementation.

Prior to each case study an initial discussion with the Supporting Families Coordinator was held to confirm suitability and build a contextual understanding of the area. These discussions led the research team to replace one of the case studies and reallocate a number of interviews to a range of individual programme stakeholders.

Each case study presented in this report draws on a range of programme data, secondary and primary research evidence including:

- Desk research to familiarise the research team with the local context and data on performance to date;
- A core set of three interviews/pairs/triads with the Supporting Families Coordinator, employment advisor, and data manager;

- An online focus group(s) with keyworkers or equivalent role;
- An online workshop(s) with key local stakeholders from within the local authority and partners;
- Up to five interviews with families across the Supporting Families programme.

Following completion of the case studies, an activation workshop with Kantar Public, DLUHC and other programme stakeholders was held, to present findings and take a co-production approach to interpreting findings from the case studies.

2. Programme delivery models

This chapter describes the way in which the nine case study authorities have embedded their Supporting Families programme in their Early Help systems. The following sections will describe the key features of their delivery models and the strengths and challenges associated with each.

Chapter summary

- Supporting Families has been embedded in Early Help and is viewed as an intrinsic part of a very complex system incorporating a wide range of universal and targeted services.
- At one end of the continuum were the most devolved of the delivery models where whole family working has been rolled out across the whole workforce (mainstreamed).
- At the other end of the continuum were the more structured (and targeted) models where local areas have dedicated teams embedded in their early help locality models who work with families with different levels of need and complexity.
- The more typical approach adopted by case study authorities in our sample was to combine elements of both the above approaches, a hybrid model.
- Recommendations for the key partners to involve in delivery models included: schools; children's centres; children's and adult social care; youth offending service; Jobcentre Plus; housing; relationship support; domestic abuse; child and adult mental health services; and substance misuse services.
- The identification, referral and assessment process for Supporting Families was typically carried out in either one front door, or two separate front doors separating early help and children's social care. There were also additional step up/step down processes between early help and children's social care. Front doors were staffed by a range of professionals from across early help and children's social care. Mainstreamed models seemed to have more front doors to encourage partners to hold and be responsible for families.
- Mainstreaming provision was valued for being a more sustainable and potentially efficient way to work with families particularly in large and geographically diverse areas as it avoids relying on a specific team that could become overloaded or be decommissioned without ongoing funding.
- It takes considerable time and investment to build the culture, change the mindset and skill the workforce to work with a family and take on the lead practitioner role. Even then not all partners may see whole family working as part of their role or have the skills or feel they have time to do this.
- As there is likely to be some variation in practice and quality in the way different teams and partner agencies work with families a mainstreamed model may be more effectively deployed for working with families with lower levels of need.
- Families with the most complex needs are more likely to require a range of targeted family intervention offers which can be tailored to the needs of families. This model was also valued for more easily protecting what is critical for intensive family support work including: skilled and experienced practitioners, low caseloads, a clear practice model

and team around the family process, time to work with families intensively, expert supervision and quality assured practice.

- Operating in a time of financial uncertainty and limited resources across early help services and partner agencies, a hybrid model which combined the strengths of both mainstreamed and targeted approaches may help to ensure the Supporting Families programme is more sustainable.

2.1 Devolved versus targeted approaches

While all local authorities in our sample described embedding their Supporting Families programme within their broader Early Help structure or system[6], they varied in the way in which they had done this. The key distinction between the approaches was whether they retained a targeted family support offer with a dedicated team to deliver this. We have grouped our nine case study authorities into three broad types along a continuum which spans from those who have completely devolved and rolled out their approach (Mainstreamed models) to those who have a targeted family support service embedded in their early help structure (Targeted models). The third Hybrid model is where local areas combined their approach and included both mainstreamed and targeted approaches as part of their model. Table 1 compares the key features of the different delivery models.

The models adopted reflected the way early help services were organised in each area, often around place based or locality based models. They also varied according to the size and structure of a local authority as well as the local geography. Two-tier authorities described more complex models as they covered a wider geographical area, greater variation in local districts and needs of families, as well as the range of partners and services they were linked to. Smaller unitary authorities were likely to be building from a more cohesive partnership base which helped with setting up teams and building links with partners. In addition, both financial considerations and performance related factors encouraged areas to explore ways to reduce the reliance on dedicated teams and options for streamlining their services so they could work more efficiently with families. This prompted considerations of how best to scale-up and roll-out whole family working across the workforce; and led to local authorities deciding to roll out part or all of their provision, or to see themselves as being on a journey towards this goal.

Table 1: Key features of the delivery models

Mainstreamed	Hybrid (Combined Mainstreamed and Targeted)	Targeted
Whole system – partnership approach - rolled out the principles of whole family working across the whole of Early	1. Rolled out the principles of whole family working across Level 2 of the Early Help workforce (or additional needs or universal plus category – see Figure 1)	Dedicated in house teams provided lower level and more intensive family support (key working)

[6] The Early Help System is made up of three types of services that combine in different ways to form a local area's Early Help offer to its families and children. These are universal services, community support and targeted services.

Mainstreamed	Hybrid (Combined Mainstreamed and Targeted)	Targeted
Help workforce – 'it's everybody's business'	2. Dedicated in house team/s provided intensive family support/targeted interventions for the most complex families (Level 3, Intensive, Targeted and on the Edge of care – see Figure 1).	for families on the Supporting Families programme. The teams were integrated in Early Help locality hubs with other services. They worked across levels 2 and 3 (see Figure 1)
The practitioner with the best relationship with the family take on the lead practitioner role and work with the family	1. Partners already working with a child or family with less complex needs were encouraged to take on the lead practitioner role and adopt a whole family approach 2. A practitioner in the dedicated team/s took on the key worker role for the more complex families/or delivered a targeted intervention.	One of the practitioners in the dedicated teams took on the key worker role
Multiple referral pathways (with a single front door for local authority services)	Single front door for Early Help	Singe front door to Early Help
The lead practitioner can access targeted service offers for families with complex or specific needs. These are delivered by internal teams.	The key worker/lead practitioner works with families and can access specialist interventions provided by partner agencies.	The key worker/lead practitioner works with families and can access specialist services or interventions provided by partner agencies.
There is a central infrastructure that supports the transition to whole family working and guides practice. There is a shared case management system or moving towards this	There is a central team to support partners to take on the lead practitioner role and guide practice for whole family working There may be a shared case management system for some partners	The support, training, and infrastructure is designed for the dedicated teams. There is likely to be a shared case management system with other internal teams.

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Mainstreamed	Hybrid (Combined Mainstreamed and Targeted)	Targeted
This is likely to be an option two tier local authorities consider but does apply to any type of authority.	Any type of local authority	Any type of local authority

The following description of their Supporting Families approaches is a simplification of what are much broader and more complex early help systems, that incorporated a wide range of universal and targeted services:

2.1.1 Mainstreamed models

At one end of the continuum were the most devolved of the delivery models as local authorities had effectively 'mainstreamed' and rolled out their approach (see Case Study A). These models embedded the principles of whole family working across the early help workforce and did not have a dedicated team or specific service delivering their Supporting Families offer. The assumption was that both local authority and partner services will share the responsibility for either responding to requests for help from families, or proactively identify those who might benefit from early help, and then become part of the response to support and address their needs. In this model any of the professionals across early help who were involved with a family could take on the lead practitioner role and apply whole family principles and practices to the families they were working with. As part of the team around the family process they could access a range of targeted support offers that families could be referred to. The strengths and challenges associated with this approach can be found in **Error! Reference source not found.** below.

Table 2: Mainstreamed model: strengths and challenges

Strengths	Challenges
Mainstreaming provides a more sustainable way to provide a family support offer as financial pressures in one part of the early help system can be supported elsewhere.	Individual partners have their own priorities, targets and reporting requirements which may compete with their ability to engage with the Supporting Families programme.
Rolling out whole family working across the workforce helps to encourage a shared partnership approach based on common principles and a shared language. It also provides more choice for families to work with the lead practitioner they have the best relationship with.	Not all partners are willing to take on the lead practitioner role or have the time and capacity to do this. There may also be barriers to working in partnership and accessing information and case management systems.
Embedding whole family working across the workforce has helped to normalise it as an approach for both '*statutory and voluntary organisations'*	There is likely to be some variation in practice and quality across partners which will result in an inconsistent offer for families.

	Not all partners '*have the skills for it, you need a very professional workforce'*

A key component of the model was the central infrastructure that supported all partners and services to adopt the principles and guide practice for whole family working. This included centrally administered team/s who oversee, manage, train and drive practice and quality across the workforce. All partners agreed to adopt a practice model and, where feasible, accessed a single case management system that provided a framework for assessing needs, setting up a family plan, working with families reviewing their progress as they worked towards closing their case.

The referral pathway for a family will vary according to the specific partner agency they are working with, although there was likely to be a single front door for screening or referrals to any of the local authority services.

Case Study A – Mainstreaming approach

For the last five years, Case Study A, a county council, had been on their journey to embed their Supporting Families approach across the whole of the early help workforce. In contrast with areas that have a specific team, or service working with families, early help was described as a model and way of working and a 'no wrong door' or 'partnership approach', a shared responsibility across all services to support a family. This shared approach involved harnessing the different skills across the partners involved in the team around the family process. Both local authority teams and external partners were contractually required to work together to identify children and families who would benefit from early help and to collectively support them.

Across the county, Early Help operated out of four localities each of which had an internal team which comprised an Area Manager, two Locality Officers, two Locality Connectors and some business support which drove practice and quality and provided support and training to partners where needed.

All practitioners who were involved with a family jointly carried out the early help assessment, developed a family plan and contributed to the reviews carried out as part of the team around the family process. They had access to the case recording system and shared the responsibility to update records with their assessments of progress. In this approach any of the professionals involved with a family could take on the lead practitioner role. The intention was that it will be the practitioner the family has a good relationship with, typically the schools lead. A restorative, strengths-based approach was used to work with families for as long as they need support.

There was, however, a triage process in place for practitioners to request support from local authority teams providing a range of targeted parenting, youth, and whole family interventions. This might result in a practitioner from one of these services becoming part of the team around the family, for a limited period of time, but they would not necessarily take on the lead practitioner role.

Unlike other local areas which have a universal front door to Early Help, this area had multiple pathways for families via the local authority and partner services.

2.1.2 Targeted models

At the other end of the continuum were the more structured and targeted models where local areas embedded their Supporting Families programme with other services in their Early Help locality structure. These areas described having local authority teams who retained a distinct identity for the tier or type of family they worked with. The different tiers varied according to the complexity of the needs a family has, the number of families they worked with and the way they worked with them. The primary distinction was between more experienced practitioners or keyworkers who had lower caseloads and worked more intensively with families with more complex needs for longer durations; and practitioners that were working with higher caseloads of families with less complex needs for a shorter length of time.

The teams varied as to whether they were composed of practitioners from different professional backgrounds (multi-disciplinary teams), or separate teams composed of practitioners from different services who retained a distinct identity for the type of families they worked with (e.g. early years provision, school aged provision etc.). Multi-disciplinary teams were specifically designed to include practitioners from different professional backgrounds, so they could match families with workers and also draw on a wide range of experience and expertise when working with families.

The identification, referral and allocation process for families was typically carried out in either one front door or two separate front doors separating early help and children's social care. There were also additional step up/step down processes between early help and children's social care. Front doors were staffed by a range of professionals from across early help and children's social care.

As part of their team structure team/locality managers typically built links with partner agencies and specialist services to ensure there were named people who they could draw on to address specific areas of work, such as on employment or benefit issues, housing issues, mental health needs, substance misuse issues or experience of domestic abuse. These link workers also helped to build and strengthen partnership relationships by taking the learning back to their home organisation and driving the change in expectations about how they will work together.

The nature of these models varied according to how the teams were integrated into the Early Help locality structures. Case study B and C are examples of two different types of targeted models. Case study B embedded Supporting Families as one level/tier of service in what they described as a whole systems approach to children's services, combining early help and children's social care. The position and role of all services and partners within the whole system was specified in the structure and Supporting Families retained its specific identity and focus for the type of families it worked with within the wider structure. This it was said was key to ensuring '*effective collective systemwide buy in…that is structured in a way that enables you then to have the flexibility to work across a vast county with different partners in different areas'* who all understand the wider system. Whereas Case study C embedded Supporting Families as two different tiers of family support – standard and enhanced family Support – within their early help locality structure. The strengths and challenges associated with this approach can be found in Table .

Table 3: Targeted model: strengths and challenges

Strengths	Challenges
Targeted models ensure there is a dedicated professional and expert family support resource which can be tailored to the needs of families by drawing on a range of expertise within the teams.	The existence and capacity of the teams to work with families is contingent on budgetary constraints.
Targeted approaches can more easily protect what is critical for intensive family support work including: skilled and experienced practitioners, low caseloads, a clear practice model and team around the family process, time to work with families intensively, expert supervision and quality assured practice.	Financial uncertainty may limit the offer by, for example, increasing caseloads, reducing the duration of time for working with families, quality assuring practice and workforce development opportunities.

In contrast with the Mainstreamed approach the infrastructure and workforce development to support these models was provided for the teams who were working with the families. The practice model and case management system, however, may have been shared with other teams or partners. For example, Case study B's practice and interventions are modelled on their Level 4 social work services which provided a framework for the way they worked, although their focus was on the whole family rather than the child. They also shared a case management system with their Level 4 social work services.

Case Study B – Targeted Model (whole systems approach)

In 2012 Case Study B embedded their Supporting Families programme in Early Help as a Level 3 service (Intensive and Targeted/Edge of care – see Figure 1). It worked with families with complex needs who required intensive whole family support. The service was part of a whole systems approach to children's services which spanned from universal services to children's social care. All services and partners had a clear identity, and their position and role were specified across the threshold of need.

Eight operational teams, co-located with a range of universal and Level 2 services (additional needs or universal plus category - see Figure 1), worked with ten to 15 families for up to 12 months and longer if assessed as necessary, using a strengths and relationship-based approach. The teams were based in Case Study B's 'quadrant' structure (with two teams in each quadrant). This locality delivery model helped the teams to build connections with local partners and tailor the support offered to reflect the local needs of families and children. In 2018 they set up a ninth Transformation and Sustainability Team to provide business intelligence and strategic support for the teams.

Each of the eight teams had a team manager, a practice supervisor (who is a qualified social worker) and a multi-disciplinary team of around eight to ten family workers who 'key worked' families. The family workers held a link role for the specific sector they have experience in (e.g. social work practice, child and adult mental health, youth work, substance misuse, probation, teaching and education) which ensured they could develop skills in this area within the team, as well as being a conduit between the team and the wider service. The DWP funded four seconded Supporting Families Employment Advisors

(one based in each quadrant) and an administrative assistant. There was also a post funded by the district councils to ensure a close link with Housing and Community Safety Teams. All teams had access to county wide commissioned services.

The teams worked closely with partners from Children's Social Care, the Police, Housing, DWP, Domestic Violence, Child and Family Wellbeing Service and Emotional Wellbeing and Mental Health Service. There were also four Team around the family Support Officers (TAFSOs) – one in each quadrant – who helped to encourage partners to take on the lead professional role at Level 2 services so they could reduce the pressure on Family Solutions and to work with families being stepped down.

Case study B had a '*single point of entry'* or *'front door'* for Early Help and Children's Social Care. There was also a robust step up/step down process in place between the eight teams and Level 4 services which ensured any emerging risks could be managed appropriately.

Case Study C – Targeted model

Supporting Families in Case study C was delivered by multi-disciplinary family support teams operating across five early help localities, supported by a centrally based team. The five localities were organised around district council boundaries with some colocation with children's social care (in the larger localities), housing, community safety, Jobcentre Plus and the police. Centrally based teams triaged families alongside the Early Help front door to ensure families received an appropriate and timely response. They also quality assured practice, oversaw workforce development, recruited and supported a team of volunteer development officers who played an integral role supporting the service.

Case study C's family support offer was delivered by:

Family support teams provided the standard family support offer for children and young people aged 0 to 19. There were around 40 family wellbeing workers operating out of 21 local family wellbeing centres distributed across the five early help localities. These practitioners would work with about 10 to 12 families and typically delivered a short intensive intervention, often involving parenting interventions for vulnerable families.

Enhanced family support 0-19 teams worked with the more complex families. There were about 43 family key workers operating across the five localities each working with around five families. They provided a model of intensive family support, based on a lead practitioner role taking responsibility for the coordination of services around the family and providing high levels of support and challenge to enable families to make long term, sustainable changes. Enhanced support could be delivered in family homes, communities, and schools, and could be in place for up to 12 months and longer. Keyworkers worked alongside families to understand their needs through an early help assessment. They planned together with the family and other partner agencies to achieve outcomes and also deliver various parenting and other therapeutic interventions.

Both teams were supported by a commissioned voluntary and community sector (VCS) provider who either provided specialist ADHD support alongside the family support workers, or could case hold families themselves where the primary issue was ADHD.

The teams were designed and recruited to be multi agency teams bringing a range of professional experience, expertise with different age groups, including children aged 0 to 5 years, 5 to 11 years, and 11 to 19 years. Champion roles were developed to support expertise and specialist support in specific areas such as domestic abuse. The teams

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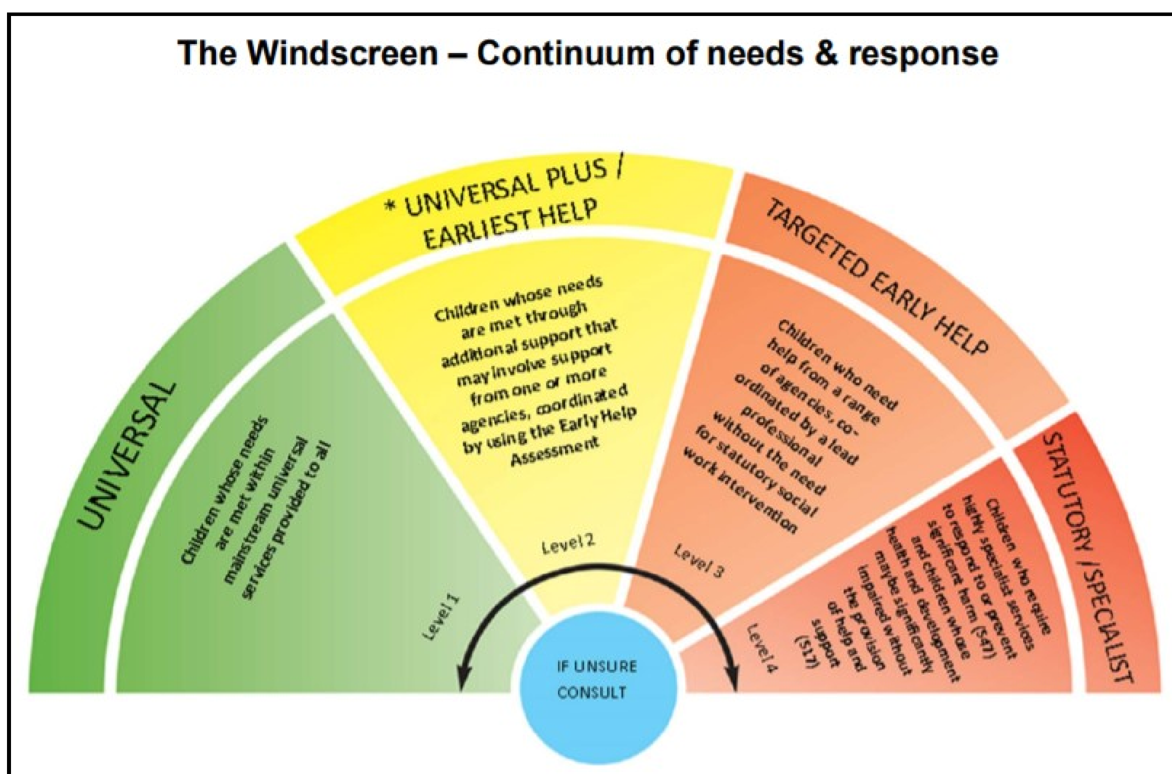
worked alongside partner agencies supporting children, young people and their families as part of a 'Team around the Family' process, using Signs of Safety. They used the same case recording system, Mosaic, as children's social care to support timely sharing of information between both services.

All requests for support were made via the universal front door which operated alongside the Triage team and ensured families could be stepped up to Level 4 services where there were safeguarding concerns. Families were also stepped down from children's social care and identified by other partners such as midwifery. They were planning to use data proactively to identify families and reach them earlier to support their predictive analytics.

Figure 1: Threshold of need Windscreen



2.1.3 Hybrid models

Within our sample, the more typical approach adopted by case study authorities was what we have called a Hybrid approach – combining elements of the Mainstreamed and Targeted models. These areas highlighted the importance of all partners and agencies having a joint responsibility to reach out and work with families (as in the Mainstreamed model) along with the need to provide a more targeted family support offer for families who have more complex needs (as in the Targeted model).

These areas rolled out the principles of their whole family approach across their Level 2 Early Help workforce along with providing a distinct targeted offer for families at Level 3 (Intensive and Targeted/Edge of care – see Figure 1), as case study D illustrates. As with the Mainstreamed model they also proactively encouraged and supported partners (e.g. in children's centres or schools) who were already working with a child or family member at

the lower levels of their threshold of need (Level 2, additional needs or universal plus category – see Figure 1) to take on the lead practitioner role and adopt a whole family approach.

The targeted approach offered in these areas ranged from providing the more formal keyworker family support offer to combining this with other more targeted or specialist interventions to address, for example, parenting or mental health needs. For example, in one area they provided two types of targeted offer which consisted of small teams of very experienced lead practitioners embedded in their locality teams who worked with families, or delivered a graduated parenting offer which provided a set of targeted and specialist interventions for families with more complex needs. This enabled them to tailor their response to families either combining or delivering their targeted offers separately.

In single tier authorities the targeted offer was provided from one central building and operated across the whole local authority for families with the most complex needs. In contrast, in two tier authorities the teams were embedded, as in the Targeted models, in an early help locality structure operating in different parts of the county.

Case Study D – Hybrid Model

Case Study D, a metropolitan borough, rolled out whole family working across their Level 2 Early Help workforce. They encouraged schools and children's centres, in their four early help localities to take on the lead practitioner role with families with less complex needs (Level 2, additional needs or universal plus category - see Figure 1) and where there were no safeguarding concerns. They were supported to take on this lead practitioner role by three Common Assessment Framework Team Coordinators and a Contact and Assessment Worker seconded from the Children with Disabilities Team. They could also access specialist interventions and support from the Families Hub.

In addition to this the Families Hub provided a dedicated targeted support offer for families with more complex needs (at Level 3 Intensive and Targeted – see Figure 1). A number of internal family support teams worked with families across the whole local authority overseen by three managers. While the family support teams were based in one building, families were often worked with in their homes, or they attended parenting groups delivered locally from children's centres.

Families were screened for safeguarding issues by a Triage team who also provided shorter targeted work with parents/and or children, for up to four weeks, to address a specific issue. The remaining targeted intervention teams worked with families with more complex problems which have been identified by a Common Assessment Framework (CAF) assessment:

- Many of the families were allocated a family support worker from the Family Support Worker Team. They typically worked with around 18 to 20 families in their homes for between 3 to 6 months.
- A small housing support team provided support to intentionally homeless families and those with no recourse to public funds, to help with their personal finances and benefits, employment, adult learning, and housing. These families were worked with for up to a year.
- A parenting team delivered a wide range of accredited evidenced based parenting programmes.

- A small team staffed by social workers offered whole family support to up to 10 families experiencing low level domestic abuse who have been diverted from statutory social care.
- A Family Intervention Team worked intensively, in partnership with voluntary providers, to support up to 10 young people who were at risk of criminal or sexual exploitation and their families.

The above teams worked alongside partner agencies supporting children, young people and their families as part of a 'team around the family' process, delivering 'strengths-based support'. They could also access specialist support from the employment advisors, voluntary sector providers working with children affected by domestic abuse and mental health services.

Families accessed the support either through being stepped down from children's social care via their Multi-agency Safeguarding Hub (MASH), or through referrals made by internal and external partners to their universal front door for Early Help.

2.2 Summary: Learning and implications

- Supporting Families has been embedded in Early Help and is viewed as an intrinsic **part of a very complex system incorporating a wide range of universal and targeted services**.
- Across our nine case study authorities we identified **three different delivery models**. At one end of the continuum were the most devolved of the delivery models where whole family working has been rolled out across the whole workforce (**mainstreamed**). At the other end of the continuum were the more structured (and **targeted**) models where local areas have dedicated teams embedded in their early help locality models who worked with families with different levels of need and complexity. The more typical approach adopted by case study authorities in our sample was to combine elements of both the above approaches, a **hybrid** model.
- Reflections about the **key partners** to involve in delivery models included: schools, children's centres, children's and adult social care, youth offending service, Jobcentre Plus, housing, relationship support, domestic abuse, child and adult mental health services and substance misuse services.
- Embedding Supporting Families in **place based or locality models** ensured services could be designed and tailored to local needs, helped to build closer relationships with partners in the districts and was easier for families to access.
- Where practically feasible, participants' **views varied about the importance of colocation** either on a part- or full-time basis. They reflected that, if it is to add value to partnership working, it needs to be designed in a way that encourages some interaction that will help to build relationships rather than for just for convenience.
- To be effective, the workforce needs to have a **clear practice model which provides a framework for their work**, a shared **case management system** and **shared language** to guide their work with families. These need to be supported **by an induction, training and supervision programme** to develop skills, and a system for **quality assuring** practice.

- The identification, referral and assessment process for Supporting Families was typically **carried out in either one front door or two separate front doors** separating early help and children's social care. There were also **additional step up/step down processes** between early help and children's social care. Front doors were staffed by a range of professionals from across early help and children's social care
- **Mainstreamed models seemed to have more front doors** to encourage partners to hold and be responsible for families. To try supporting this change two areas refrained from using the term 'referral' to deter partners from passing families on.

2.2.1 Learning about Mainstreamed mode:

- Rolling out whole family working across the workforce **helped to normalise and encourage a shared partnership approach** based on common principles and a shared language. It also provided more choice for families to work with the lead practitioner they had the best relationship with.
- Mainstreaming provision was **valued for being a more sustainable and potentially efficient way to work with families particularly in large and geographically diverse areas** as it avoideds relying on a specific team that could become overloaded or be decommissioned without ongoing funding.
- **It was clear that it requires considerable time and investment to change the culture to working with the whole family, and change the mindset and skill of the workforce** to take on the lead practitioner role. Even then not all partners may see whole family working as part of their role, or have the skills, or feel they have time to do this.
- As there is likely to be some variation in practice and quality in the way different teams and partner agencies work with families **mainstreaming may be more effective when working with families with lower levels of need**.

2.2.2 Learning about targeted provision

- **Families with the most complex needs** are likely to require a range of targeted intensive family intervention offers tailored to the needs of families.
- **Targeted approaches can more easily protect what is critical for intensive family support work** including: skilled and experienced practitioners, low caseloads, a clear practice model and team around the family process, time to work with families intensively, expert supervision and quality assured practice.
- Organising the **provision in multi-disciplinary keyworker teams provides valuable knowledge, experience, and skills** to share quickly and easily on a range of practice including social work, early help services, education, youth work, domestic abuse, housing, and mental health provision.
- Having **a keyworker or lead practitioner who is also a named link worker** for the sector they have experience in can help develop skills in this area within the team, as well as be a conduit between the team and the wider service.
- Operating in a time of financial uncertainty and limited resources across early help services and partner agencies, **a hybrid model may help to combine the strengths of both mainstreaming and targeted approaches** and ensure the Supporting Families programme is sustainable.

3. Keyworkers and local coordination

This chapter explores the role of keyworkers and other local partners in driving effective outcomes for families in the Supporting Families programme, and the facilitators and barriers to effective practice.

Chapter summary

- Keyworker and lead practitioner models tended to vary considerably, dependent on delivery model and the number and complexity of families worked with. Keyworkers had several core responsibilities, namely: building a relationship with a family and understanding their needs, creating a flexible and tailored support plan, providing direct support to families, referring families to specialist provision, and coordinating a team of professionals around the family.
- Keyworkers had a diverse range of backgrounds and skills, including flexibility, emotional resilience, and open-mindedness.
- Areas with mainstreamed or hybrid models enabled professionals from partner organisations to take on the lead practitioner role. This could be beneficial in allocating the most appropriate professional to a case and embedding the approach, but could also be challenging to manage, and lead to variable practice.
- Caseloads varied across professionals, dependent on the intensity of work needed. Caseloads need to be flexibly managed whilst responding to demand.
- There was no set period of time that was optimal to work with families. The programme needed to strike a balance, to provide the necessary support whilst avoiding a family becoming dependent. Support ranged from 12 weeks to 12 months, and should be continually reviewed.
- There was no ‘one size fits all’ approach when it came to determining the most effective support. It is important for areas to provide a range of interventions so support plans can be tailored to individual needs, and provide a combination of evidence-based interventions but also the flexibility to trial new approaches that are tailored to emerging needs.
- The combination of keyworker and partner delivered interventions was important for realising successful outcomes.
- Effective partnership working and coordination was essential in driving positive outcomes for families.
- Drivers of effective local coordination included strong relationships between professionals and knowledge and understanding of the roles of different organisations. Formal training and inductions, along with regular opportunities for joint working, co-location and networking were important developing both.

Having a clear practice model in place could help drive improved outcomes through creating a shared approach and a way of working across keyworkers and partners

3.1 Keyworkers

As outlined in the previous chapter, different areas developed or adopted different models of how keyworkers and partners worked with families.

Keyworkers and lead practitioner model

‘Keyworkers’ worked directly with families. Areas often distinguished between different ‘levels’ and roles of keyworkers, with more qualified or experienced workers taking on more complex cases, or leading on a certain element of support. For example in one area,

a keyworker had a designated caseload, but also took the lead professional role on a specialist parenting programme and worked with many families on that particular aspect.

There were a range of ways in which areas described these roles. For example, in one area 'Family Support' workers took the keyworker role for lower-level caseloads, with 'Family Intervention' workers taking on more complex cases. In another, 'Family Workers' worked directly with families, but did not take the lead role in the case, which was delegated to 'Keyworkers'. Keyworkers could also be referred to as 'lead workers', 'lead professionals' or 'lead practitioner'.

For the most part, one keyworker held the case for the entire journey of support and was the family's main point of contact but would delegate work to other professionals within the local authority or partner agencies. Other professionals could become the 'lead professional' for a section of support, but the overall case management and family engagement continued to be done by the keyworker. In other areas, the lead professional would become the keyworker once a family entered a new stage of support.

Allocating cases

More skilled or experienced keyworkers could be allocated to the more complex cases. For example, one area required staff to have Level 4 qualifications in order to work with more complex families. This was considered important for effective outcomes, as more experienced keyworkers had developed the skills necessary both to handle the issues presenting in the family, but also in coordinating a larger team of professionals who would be involved in these cases.

> *"We have two different grades of workers G and H – and while H will have less experience, they will both come with life experience. They really need to understand the complexities of what they're working with and have the confidence to be able to challenge families and to be able to address the elephant in the room. And also, especially for Grade G, to be able to working autonomously and to manage relationships with families and partners." [Supporting Families Coordinator]*

Partnership approach to keyworking

Areas with a mainstreamed or hybrid approach encouraged professionals from partner agencies to take on the keyworker role and to have overall responsibility for cases. This could work well, particularly when cases were lower level, with fewer or less complex issues as the most appropriate lead professional could be assigned to the case. This could be the professional who had made the referral, be the most suitable for that family's issues or be the professional which held the trusted relationship with the family. They could deliver support independently, but also work with keyworkers and other partners to determine and deliver a support plan.

> *"There shouldn't just be one organisation being dumped on, it should be a collective approach, with someone taking the lead, the person who knows that family the best." [Stakeholders]*

Challenges

There were several challenges to partner professionals taking on the keyworker role. For example, it could be difficult for partners to manage the additional caseload, as they had to balance this work with their day-to-day role. Partners could also lack experience or confidence in running Team around the Family (or TAF) meetings, which could detriment family progress.

“We could quite easily have a health visitor with 15 TAFs, and a full caseload, whereas a Family intervention worker will just have a caseload of 15 TAFs. So, I do feel that [the Family Intervention Workers] fully dedicated to that process.” [Supporting Families Coordinator]

3.1.1 The role of keyworkers and lead practitioners

Keyworkers performed several key roles:

Building a relationship and engaging the family

The relationship between a family and the keyworker had a significant impact on family engagement. As relationships developed over time, families could begin to share further issues, and be more open to engaging with support. Where families did not develop a trusting relationship, they were more likely to disengage with the programme.

“I never really bonded with [my first keyworker]. I felt a little bit judged, a bit frightened to be myself around her. [When I met my new keyworker] we just clicked, she made me feel as if I mattered, I trusted her 100%, and I know she just wanted what was best for all of us.” [Family]

Building initial rapport and an effective on-going relationship was essential for creating an understanding of the whole family over time, which was necessary to best identify the most appropriate support. For example, being able to respond not just to issues discussed in TAF meetings or assessments, but also to subtle changes in a child’s behaviour or issues uncovered through informal conversations.

Models which maintained one constant keyworker for the entirety of a family journey could therefore see beneficial outcomes in this aspect. Where individuals were passed between different professionals, this relationship was less likely to develop. One keyworker outlined this important distinction between keyworkers and other professionals saying: *“My buddy knows everything about me and my family but my [keyworker] knows me and my family.”*

Keyworkers also acted as the touch point for a family, facilitating communication between partners and families and ensuring the family felt comfortable and represented.

“That's what makes us unique isn't it, that we can look at the whole life of the family, rather than saying well I work for mental health or I work for education...we do all the bits in between, so if there gaps and we can't find services, then we offer that support too.” [Keyworker]

Conducting an assessment and creating a plan of support

The lead professional on a case was responsible for leading an assessment and creating the plan of support for families. To do this effectively, it was essential that individuals had a thorough understanding of what services were available, what the thresholds were for each, had the contacts and felt confident to engage these services. Keyworkers from the local authority could have a more thorough understanding of these elements. Areas recognised the importance of consistent awareness raising and training across all organisations to build this understanding.

Coordinating a team of professionals

Keyworkers were an important driver of continued progress; they *‘held the reigns’* on a case, had an overview of all partners involved and the work each was doing, held each to account and monitored and encouraged progress. Professionals from other partner organisations, or less experienced keyworkers, did not always have the necessary skills,

or lacked **confidence to coordinate a team of professionals and lead a TAF**, especially in more complex cases which had more professionals involved.

> *"Sometimes it can be like pulling teeth to get people to step up, and other times you've got really good partners that do it willingly. It's about the skill of that keyworker to be able to effectively challenge, without losing credibility of getting people's backs up." [Supporting Families Coordinator]*

> *"There is a confidence issue about taking on the role and there is a need for training to support partners to organise the meetings and to hold them." [Stakeholders]*

Areas which took this approach often had coordinator roles, which offered support to partners, for example supporting them with assessments or planning, or attending TAF meetings to help troubleshoot in difficult cases. Other areas had also developed specialist TAF training to build confidence and skills.

Keyworkers also maintained a whole family approach and ensured the voice of the child was consistently collected and incorporated into support. Where different members within a family could be working with different professionals, having one constant keyworker ensured someone maintained an overview of the whole family's support, that it was joint up and working for the whole family.

In this sense, having a keyworker from the local authority lead a case could be beneficial, as they were more likely to be trained and experienced, and able to maintain that whole family approach. For example, one area noted that when schools held the TAF, they could become overly focused on education, or on the child in their care, rather than the whole family.

Providing support

Keyworkers provided important support to families. This could be in the form of lower-level practical (for example, helping to organise the home) or emotional support, but also could include delivery of more specialist support and interventions. This emotional support was important to families, who could feel reassured that someone was there to listen and support.

> *"I felt like it was a bit of a lifeline, like I'm not alone anymore." [Family]*

This support was offered on a regular basis throughout a family journey. The frequency and method of contact varied depending on the family but generally, regular (at least weekly) visits or phone calls were felt to work well, with frequency increasing for more complex families or where the keyworker deemed necessary. Keyworkers generally felt home visits were important initially, to gather the context of a family, but that phone calls and other virtual methods could then be sufficient, again depending on the family and the nature of support required.

This support was offered flexibly, and effective keyworkers took time to understand what would work best for a family. It was important that keyworkers were able to fit appointments around a family, for example visiting in the evenings or extending appointments as necessary. While this working pattern was considered important for effective family engagement, it could take a toll on workers wellbeing.

3.1.2. Skills and expertise of keyworkers

Keyworkers came from a range of backgrounds and skillsets, and having this variety was seen as important in responding to the diversity in families.

Effective keyworkers were generally considered to have a common yet diverse set of skills and personality traits. These included traits such as: flexibility; emotional resilience; openness and transparency; the ability to reflect; an approachable and non-judgemental attitude; confidence; problem solving; and coordination skills.

Past work experience was often key to developing these skills and building specialist knowledge which could assist in practice. Professionals without qualifications, but with extensive experience in working with families, were often as skilled in working with families as more qualified individuals.

> *"For us it's about, regardless of the skills, knowledge and experience, it's about openness, transparency, talking to families at their level, having them at the heart of what we do." [Supporting Families Coordinator]*

> *"A professionally trained workforce doesn't necessarily produce better outcomes than a volunteer workforce – there is a place for both and there has to be a place for both because often they will find a qualified professional or a statutory service is unable to engage with a family but a voluntary or community-based service or a school has a relationship they were able to foster with the family and are better placed to take the work forward. The challenge is making sure that both work together effectively as a system and having confidence in and relationships with the voluntary sector organisations to get involved and work with the families." [Keyworker]*

When it came to handling more complex cases, the view was that having a more professional workforce could be beneficial. Individuals with a deeper understanding of behaviour change, what works for families or specialised areas such as trauma could be more effective at working with more complex families. Professional experience was also needed to understand the complexity of the case, to manage the administrative elements and the additional partners around the table.

> *"For Level 2 families it would be less complex and less people to coordinate and less overwhelming for a lead practitioner to coordinate – it might be a family, lead practitioner and one or two other organisations. But by complex Level 3 you could have 10 people around the table." [Stakeholder]*

Areas were often able to match keyworkers to families based on who had the most relevant skills and experience. Where cases could not be matched, these workers could act as a point of contact for others seeking advice in those areas or deliver training to peers.

3.2 Developing and supporting keyworkers

The case study research identified two salient factors that influenced how successful a keyworker was in helping to achieve positive outcomes for the families they worked with: a manageable workload and appropriate training and development.

3.2.1. Manageable caseloads

Caseloads varied across areas and types of keyworker model and were dependent on the level of worker and the complexity of cases they held. In areas where dedicated higher-level keyworkers were allocated to more complex cases, they would have a smaller caseload than the workers allocated the less complex cases. For example, in one area, keyworkers held between 10-15 cases, with workers within the targeted element of the service holding between 6-8 cases.

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As such, there was no agreed upon ‘optimal’ number of cases, but keyworkers often felt the lower end of the usual caseloads were more manageable, and an important driver of success with families. Lower caseloads gave them the time and space required to spend sufficient time to each family in order to build the necessary relationships.

> *“I think we have lower caseloads so we can do that intense hand holding at the start, and we can do that intense support.” [Keyworker]*

> *“If we had a caseload of 30, there's no way we'd have that time to build that relationship...we can sit there for four hours if need be, just nattering about their life and what's going on, if that's what's required.” [Keyworker]*

> *“Actually, by embedding the model we've taken our eye off the ball a little bit in relation to that what intensive family work is, and I suppose our new service is gonna try [to do] that’s the model they're working on having smaller caseloads working daily with the families and being there on an evening or on the weekend you know when other normal services wouldn't be there.” [Supporting Families Coordinator]*

It was important that caseload was kept flexible and assessed regularly through management and supervision to ensure keyworkers had a manageable caseload and were not overworked.

3.2.2 Training and development

Training was also considered a key factor in developing effective keyworkers.

> *“I think the Family intervention project approach has been watered down over the years – you can tell which keyworkers had FIP background versus new ones and that’s down to investment in training and development of staff. That investment in training was watered down, and now it’s too watered down so not very effective.” [Stakeholder]*

There were several important elements to training, as outlined in the following paragraphs.

Induction, supervision, and quality assurance

Supervision was considered an essential aspect of learning and development. Supervision offered an opportunity for workers to reflect on progress and receive support on difficult cases. This support was important for continued progress for families, but also vital for keyworkers own mental health and wellbeing.

Supervision with managers, often held monthly, helped managers maintain an overview of progress, and provide support or escalation if required. These sessions were also seen as important for identifying areas for development and training needs and creating performance improvement plans.

Peer to peer support and reflective group supervision could be particularly useful for keyworkers. Individuals could bring difficult cases for discussion, and draw on other’s expertise and experiences, whilst also developing relationships with other professionals.

> *“Supervision is quite key to looking at the timescales and where we're going with the family, and to stop drift.” [Keyworker]*

> *“[Keyworkers] also get buddied up with someone within the team. They're allocated a practice supervisor who would provide mainly the formal supervision they have one to one on a monthly basis. And all teams operate an open-door policy, and*

everybody is open to have case discussions on a regular basis." [Supporting Families Coordinator]

As well as managers providing this quality assurance role, most areas also carried out regular multi-agency audits. Well-performing areas used these audits to generate useful feedback loops which used case learnings to modify processes, facilitate effective practice and identify training needs. One area had hired a practitioner specifically to focus on practice development, with a key part of the role to bring learnings from audits into the development plan for the workforce.

The induction process was also key to familiarising new staff with ways of working, networking, and mandatory training. Effective inductions included training opportunities, both skills-based training (for example, conducting assessments) and theoretical aspects (for example, systemic theory). Inductions also included shadowing opportunities or 'buddying' with other members of the team or partner organisations, which helped build understanding of day-to-day practice and develop relationships.

Keyworker training

Most areas had regular practice training on offer to workers, with basic mandatory training supported by tiered training programmes and optional courses. This included aspects such as safeguarding, child development, parenting techniques, social learning theory, motivational interviewing training and ways of working. Areas also had more specialised practice model training, for example in Signs of Safety. Staff welcomed this additional training, finding it beneficial to case work, partnership working and continued personal development.

Rather than having a set programme of training, well performing areas were constantly assessing where training needs were arising across teams and tailoring training programmes to suit. In some areas, the training was staff led, for example a lead worker would deliver a session to others based on their expertise. This could further benefit staff development and networking. However, some commented that training would benefit from more practical elements, rather than being confined to classroom learning.

"Some of the training is too much of sitting and listening to people talk – there needs to be some practical elements to training." [Keyworker]

Keyworkers found it useful to receive more holistic training which helped build an overall understanding of the realm of support offered, for example, providing domestic abuse and parental conflict training so workers were able to recognise the difference between the two.

Some keyworkers had also received more specialised training in aspects such as domestic abuse, substance abuse, or low-level mental health training. It was considered useful to have workers with higher level of knowledge in a team, as they could be assigned to more complex cases and provide support to others. Families also commented on the skill level of these keyworkers being an important element of the support.

"[My keyworker] spoke to me about the reasons behind my addiction and the science behind it. Then everything changed, [she] understood stuff and she helped me understand what was actually going on." [Family]

However, it was generally felt there was a lack of specialised training and there was a need for a more consistent approach to upskill workers.

Professional development

Some keyworkers expressed a desire for more formalised professional development training and qualifications. Keyworkers could feel their role was not valued in the same way as social workers by other partners. This was partly due to lasting false perceptions around the role, but also the lack of professional recognition. This impacted their influence over partners and made it more difficult to work together.

> *"The training programme for family workers is very positive – they are not just offering workshops but also professional qualifications which is good for the development of staff and helps to build their experience." [Supporting Families Coordinator]*

3.3 Typical family support package

A typical package of support was made up of lower level practical and emotional keyworker support (the benefits of which are outlined in section 3.1.1), combined with more focused support from keyworkers, and more specialist interventions often delivered by partner agencies.

Keyworkers could provide focused support in various areas such as:

- Parenting: providing lower-level parenting support, such as behaviour management and helping establish routines (for example, bedtime or school morning routines)
- Mental health support: Supporting families with aspects such as managing emotions and confidence building.
- School attendance: Helping families establish routines, such as sleep hygiene, and exploring the reasons behind low school attendance.
- Family functioning: Relationship building and conflict resolution between partners or parents and children.
- Community engagement: Helping families to build support networks within their communities.
- Employment support: Supporting with benefit claims or helping to move towards employment.

This type of support was offered to most families, regardless of complexity, and was important in developing confidence and establishing positive behaviours which could increase engagement with the programme and prevent further issues developing.

> *"Getting sober was the first thing, and if I didn't have [keyworker] there to help me understand, and to understand me without judging me, I probably wouldn't have gone to SHARPS, because I didn't think that I had a problem." [Family]*

More intensive support tended to be delivered by partner agencies, or by upskilled or more qualified keyworkers. Sometimes interventions were delivered in partnership, for example, co-delivering mental health programmes with more specialist voluntary services. Where additional professionals were becoming involved, it was important to introduce them into the team around the family in advance, to ensure work was aligned, and that the family did not feel overwhelmed.

Key aspects of specialist support included:

- Parenting: Triple P, Non-Violent Resistance, Parenting Together, Incredible Years, Parents Plus, Solihull, Mellow Mums, Parenting Children with ASD/ADHD.
- Employment: Utilising SFEAs to deliver targeted employment support.
- Mental Health: Families Learning About Self Harm, Jigsaw Project (bereavement support), Rapid Access to Psychological Services (RAPT), referrals into Child and Adolescent Mental Health Services (CAMHS).
- Domestic Violence: Freedom Project, Free Your Mind, Phoenix Project, Empowerment Programme, Sisters in Strength
- Substance Abuse or Alcohol Dependence: for example, referring to rehabilitation programmes such as SHARPS.
- Youth Crime: Knife Crime Awareness, Box Up Crime.

Most areas were providing a range of evidence-based interventions, and this was considered important to establish confidence in the programmes. Some areas were also continuing to develop and trial new *'home-grown'* approaches which also made up an important element of support. These interventions could be developed in response to emerging issues, and therefore be more tailored to the needs of the families in the area. It was seen as important to have a *'menu of interventions'* available, as it was recognised that different approaches would work differently for the diverse range of families accessing services. However, some areas were limited by funding and staff resource, for example only being able to provide one type of specialist parenting course due to limited resource for training staff.

> *"The fact that there's evidence there to show that it works gives workers confidence and gives families confidence." [Keyworker]*

> *"Unless you can evidence it, it's really difficult to articulate it, so for me, those really clear outcomes and measures have been a real benefit." [Stakeholder]*

Group interventions, such as Family Group Conferencing, were noted as being particularly beneficial to families, as they had the added benefits of showing a family they were not alone and helping to build networks for after the case had closed.

> *"Group work can also be really helpful because families get the support from the group itself, and they build sustaining relationships with one another that can support them." [Keyworker]*

> *"I just think with parenting, it's good to do the courses, because you kind of get a feel of what's going on in other parents' houses - that's where I think it's kind of good. When you hear about other people's struggling, because then it takes that 'oh it's not just me' [away]." [Family]*

3.3.1 Creating an effective plan of support for families

Creating and coordinating an effective plan of support was a vital part of driving successful outcomes. While a multitude of services may need to be coordinated in the background, the fact that families were able to liaise directly with a single keyworker was felt to be very positive.

> *"Families ask for help, and the help they receive gets presented to them in a way that makes sense, and the complexity of how all the different organisations and*

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services are related to each other and commissioned and who does what where, isn't what the families experience. So, they don't experience endless assessments by multiple different organisations. What they experience is a plan, with people they know, who are going to deliver the plan. One person who's coordinating that, and a sense of that being built around them." [Supporting Families Coordinator]

Practitioners identified several elements that typically make up any plan of support for families, which included the following:

Flexibility

At the programme onset, effective keyworkers set out a flexible plan of support, with key elements identified and roughly planned out, but with room and flexibility to adapt the plan. Plans would be reviewed on a regular basis (at least every six weeks) with families and the team around the family (TAF). This was important as families' circumstances or willingness to engage could change over the course of the programme, for example children in a family responding differently to programmes, or a family experiencing a setback and disengaging with support temporarily. Support plans also had to be flexible around waitlists and availability of services.

"*We have a plan in place, but we have to continually review that plan. Our plan isn't necessarily going to work first time, and it doesn't necessarily work at the pace that we want it to, either. It depends on the family, and it depends on the circumstances, other incidents that happen in the meantime." [Keyworker]*

Tailored support

There was no 'one size fits all' approach and no set rules for which support to offer, in what order, to certain types of family. Effective keyworkers worked with the family to understand their needs and priorities and ensured support plans were tailored to meet those.

Effective assessments worked back to understand the root cause of the reason for referral. For example, if school attendance was the reason for referral, keyworkers would work with the whole family to understand the reasons behind the low attendance and target these with support.

"When you start to work with a family, more and more can come out. There's often stuff that's buried, so the presenting issues aren't necessarily the key ones - there can be more stuff that's there to be unpicked." [Keyworker]

Objective assessment tools, such as Outcomes Stars, were useful in determining which support to offer families. These were used on an ongoing basis during meetings with the family, to add to and update the picture of the family gained at the initial assessment. Some areas had different 'Stars' for different occasions, for example an ADHD Star, a star specific to young children, and one specific to domestic abuse. These were seen as useful in getting to know the family, informing the TAF approach and as a tool to encourage consistency across different professionals.

"The first star might not be the most honest star - I always use it as a getting to know you tool, and then the next tool, the review tool, might actually maybe have a little bit more honest reflection." [Keyworker]

This tailored approach was required when deciding which elements of support to provide, but also in what intensity. For example, some families were able to be part of several programmes at once, such as a parenting and domestic violence support course in

parallel. Other families would find this overwhelming and do better with sequential support that was spread out over a longer period of time. Again, the keyworker relationship with a family was essential for understanding what would work best for them.

Seamless transitions

It was important that families experienced a seamless transition between different stages of their support package and different service providers. The keyworker was essential in this, for example, ensuring information was shared so that a family did not have to repeat their story each time they met a new professional, and doing 'soft handovers' with new partners, so the family were introduced in a comfortable environment and did not feel 'passed around'.

> *"It's about telling your story once, and everyone who's relevant, to have access to that." [Stakeholder]*

> *"Often you can tell a family something, but it needs to be reinforced. And if agencies can work together and give the same message, so they're not hearing one thing from a health visitor, midwife, and then another thing from a Children's centre worker, and another one from a youth worker - if we're all singing from the same sheet, and have similar kind of messages, say about parenting...then that gets less confusing for the parents, and they're more likely to embed." [Stakeholder]*

3.3.2 Sequencing support provision

There was a broad consensus about the need for families to receive the right support at the right time. The most effective sequence was dependent on a range of factors, and the skill of the keyworker and team around the family was important in determining this approach.

Initial support

When families first entered the programme, the initial support they received would often be focused on the areas considered highest priority. This was determined through assessment with the family and team around the family. Often 'core needs' were prioritised, for example organising housing for families at risk of eviction before looking into parenting courses. The most immediate concerns were often issues such as homelessness, domestic violence, substance abuse and stabilising a family's benefits.

Subsequent support

An important aspect of the programme was that, rather than just target the most pressing and immediate concerns, it also provided wider and more holistic support. This support would target other underlying issues and build resilience, confidence and skills which contributed to continued progress and prevented issues reoccurring.

> *"If we're firefighting lots of small problems but not looking at what is the main problem. We'll just be firefighting constantly and it will keep coming round the system. So, it's about looking at what the root cause is and tackling that with other agencies to set them up for future." [Keyworker]*

A key part of this progress came from the continued support of keyworkers. Keyworkers were skilled at using a strengths-based approach to build family empowerment, independence, and confidence, through emphasising that they were responsible for the positive outcomes they were seeing in the programme so far.

Tackling worklessness was also a key element of the support at this stage of the programme. Dependent on the stage of the family, this could include aspects such as

organising language courses, volunteering opportunities or employment support such as CV writing. It was important not just to arrange support, but to ensure a family felt confident and engaged with that support, for example attending the first session of a course with them or doing a mock interview before a job interview.

Families were also supported to build support networks outside of the programme through helping them identify support in their family or surrounding community. This was considered an essential part of continued progress and a move away from dependency on services.

> *"If you can create a positive network around the family, whether it's professionals or not, and get them all on board and build positive relationships, that is one of the keys." [Keyworker]*

3.4 Length of support

The length of support as part of the Supporting Families programme was finely balanced for areas. Professionals described the need to ensure that families have the right support and have made progress against their goals before leaving the programme but also the need to make sure that families are not overly reliant on support and that resource is helping as many families as possible. This was an important balance to strike when it came to reducing re-referrals to the programme.

Length of the support was therefore also tailored to the circumstances and progress of the family. That said, there were concrete processes around stepping down from the programme and families were regularly reviewed at meetings to check on progress and consider the optimum length for that family.

Support generally lasted between three months and a year depending on the complexity of the case, with varying degrees of flexibility within this. For example, one area described some vulnerable young people that they continued to work with because of their circumstances.

In some instances, families described support from a keyworker and as part of the programme ending before the key referrals had come through that they needed as part of the programme. These were generally related to mental health referrals with long waiting times. However, these families tended to be highly engaged in the programme and made the progress needed quickly enough in order not to need other support while waiting for the referral.

Keyworkers were clear that an important element of stepping down a case, was ensuring that families felt prepared and supported to leave. For example, they mentioned referring on to support groups after the end of the programme, leaving the door open so that families could contact them if needed, helping families to build up their own support networks for example through Family Group Conferencing, and building independence and resilience through strengths-based working

Families also echoed that these factors helped build confidence and reduce anxiety around leaving the programme.

> *"It's not as black and white as these are your recommendations, and once you've done them, you're closed. It can't be like that, as you'll hit so much." [Keyworker]*

3.5 Barriers and facilitators to effective local coordination

The research identified a number of key factors that had a bearing on how effective local coordination of support services played out in practice.

Information sharing: Different organisations had varied and complex information sharing systems and data protection guidelines, which could limit sharing across agencies. This reduced the ability of all professionals involved to understand the family journey, and could lead to siloed or disjointed working. It was felt to be essential to have clear information sharing policies and infrastructure in place.

Technology: Technology was facilitating partnership working and information sharing to some extent. Shared case management systems, such as liquid logic, were useful in ensuring all professionals working with a family were aware of important details and concerns. These were particularly useful when they allowed multi-agency access, shared agreements around data protection and had varying 'tiers' to enable different levels of consent and access. Some areas felt technology could be further improved, for example to automate manual process and reduce the time required for tasks.

Partnership working: Partnership working was discussed in terms of working jointly and collaboratively with wider organisations and stakeholders across all stages of the programme; including working with a shared approach, having joint commitment to programme outcomes, and ensuring accountability for aspects of support. Partnership working was recognised as vital to the success of the programme, and for the most part was working well. However, there were still several remaining challenges. Keyworkers expressed that occasionally partners were reluctant to engage in their role with the team around the family, due to capacity issues, a lack of understanding around their role or the non-statutory nature of the programme (which meant partners could view engagement as optional).

> *"Because we're keyworkers, they don't always deem it necessary to come to one of our meetings, whereas if it was a social worker calling the meeting, they'd be there." [Keyworker]*

Complex cases, where more partners were involved, could be harder to coordinate and required greater skill from the lead professional. Different organisations had different agendas, commissioning arrangements, and ways of working, which could make it difficult to arrive at a shared approach. Staff turnover was also seen to be a particular challenge when it came to maintaining this understanding across teams.

Keyworkers were important in engaging partners to overcome these barriers, explaining roles and responsibilities and the purpose of their involvement. They also helped drive the shared approach and hold partners to account, for example through using structured action plans. Wider and consistent training was also useful to continue to build this understanding and increase engagement. Additionally, having shared infrastructure, such as case management systems and outcome plan structures, was also useful to bring everyone together.

> *"The family support worker knows that I know my bit and she does her bit and we both know where each other's line is, so it's a case of joining that together." [Supporting Families Employment Advisor]*

There were several other steps being taken to embed a culture of shared working across areas. For example, building Early Help assessments into other pathways, with the aim of getting all organisations to be doing Early Help assessments.

Practice models: Generally, it was felt that having a shared practice model, which has been collectively developed, agreed upon and signed up to, could help create a shared language and understanding around the programme. Signs of Safety was often mentioned as an effective practice model, with helpful objective proforma, with elements such as

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danger statements, which helped create a consistent way of working across partners. One area felt that Signs of Safety had also helped embed a positive culture of working together as the principles behind this model, encouraged staff to share work and offer constructive feedback, and were felt to help in building trust in others and lead to openness in asking for help and working together to solve problems. Areas stressed the importance of having practice model training across the workforce, with one area also having Signs of Safety 'ambassadors' to further embed the model.

> *"[A practice model provides] a common language and a common currency in which to communicate and operate." [Supporting Families Coordinator]*

> *"We already had the trust in each other to say, 'I'm stuck, I need help', but Signs of Safety has helped embed that." [Keyworker]*

Knowledge of wider organisations: Keyworkers and partners knowledge and awareness of all services and thresholds was important in creating an effective plan and working collaboratively. Staff turnover could make this challenging, and wider organisations needed to consistently promote their service, for example through attending team meetings or sharing communications via email.

Training and support: Formal and informal training across organisations was also important in increasing knowledge and building a shared understanding of the support on offer. Examples of effective knowledge sharing opportunities included question and answer sessions between children's centre workers and Supporting Families keyworkers, and bookable appointments with Child and Adolescent Mental Health Services (CAMHS), where workers could discuss cases.

Delivering training to wider organisations was also important to engage wider partners and develop their understanding of roles and responsibilities. Some areas also had e-learning sites available to all. Likewise, training from wider organisations helped build keyworker understanding of thresholds and roles so they could better decide which organisations to include in a support plan. Organisations could also upskill workers, for example SFEAs helped upskill keyworkers in having conversations with families around worklessness.

Complex case panels were also useful in finding solutions to challenging cases and facilitating coordination. These panels would have representatives from different agencies at a managerial level. Attendance of these individuals was considered vital, as workers could leverage their influence to drive further action. Effective panels used a consistent formula, so all attendees knew what to expect, generated clear action plans with individual action points, provided opportunities to ask questions and brought together wider expertise to facilitate a multi-agency approach.

Senior buy-in: Commitment from strategic managers was considered vital for effective working on the ground. Key messages and expectations around working together were felt to filter down to more frontline workers, and helped to shift the culture and build relationships. It was therefore important that strategic leads from all relevant agencies were working together and disseminating a shared vision.

Building networks across services: Effective family workers proactively built up networks and relationships across wider organisations. These networks were helpful to tap into when encountering a problem with a family and could facilitate rapid resolution of issues and collaboration during reactive working.

> *"If you only liaise with another agency when there's an issue, that's not the ideal time to be building a positive working relationship with them. You need to build*

those relationships outside of that. If you've got an issue or situation… you need to build the relationship before then so you can then deal with those issues more smoothly." [Keyworker]

Relationship building could be supported by area led networking events, for example some areas held quarterly partnership forums which enabled organisations to come together and begin to form networks.   Other methods included; monthly quadrant manager meetings, regular forums for frontline workers to get together, having Early Help county coordinators and Early Help county connectors.

"Communication is now much more fluid and honest - and it is 'colleague to colleague' rather than 'partner to partner' now that [the employment advisors] are embedded in the team." [Supporting Families Employment Advisor]

Colocation and joint working were also considered important elements of partnership working, if they were set up in a way which encouraged interaction and helped build relationships. In the absence of these relationships, areas could put additional tools in place to facilitate effective communication. For example providing shared databases of available services with named contact details or having locality managers to act as names points of contact who could redirect queries to the relevant individual.

"Co-location with the Early help service - I think it's what made the partnership really, in terms of them understanding our services, what we could offer, who to speak to, going out on joint visits - it did feel like one team." [Stakeholder]

Over-subscribed services: Some services, particularly mental health, had long waitlists and high thresholds. This could make it challenging to sequence these elements into support plans. This had led workers to be creative in finding alternate partners to fill the need, which had also developed relationship building and upskilling within a team. For example, one area was trialling 'wellbeing and emotional practitioner' roles, where professionals from early help were mentored from Child and Adolescent Mental Health Services (CAMHS), to provide faster access to low level mental health provision. However, some keyworkers reported feeling overwhelmed and underqualified to provide the necessary support.

"That is what I feel really let down with, because I'm not a mental health practitioner, especially a children's mental health practitioner - I can offer support in everything else, and we have lots of resources that we can pull back on, but it's the lack of support from professional agencies like CAMHS." [Keyworker]

Team Around the Family meetings: The group of professionals from the relevant agencies and services who are working with the family to provide help and support for their specific needs are known collectively as the 'Team Around the Family' (TAF). TAF meetings are when the different key professionals, and usually the family, meet to produce a support plan.

The TAF meetings were universally seen as an essential aspect of working together and making progress on cases. One area reflected that they had begun using the TAF model more often and had found it to improve practice. The model helped ensure everyone voiced concerns at the table and worked together rather than having a disjointed or siloed approach.

The meetings helped create a shared understanding of a case and any concerns across all professionals involved. Regularly bringing all professionals together ensured everyone

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was working to the same agenda and prevented each working in silo. Attendance by all was considered vital but where individuals were unable to attend due to capacity constraints, structured action plans were shared with requirements to complete and report back on delegated actions.

TAF meetings helped professionals manage their time and ensured each member was held to account for their actions by other members of the team. The skill of the lead professional was essential in encouraging attendance, and in driving progress. It was also felt that a strength-based approach was helpful in ensuring useful conversations.

> *“There is peer pressure around the table for people to provide what they are supposed to be providing and avoiding partners work drifting – [ensuring people aren’t] promising the earth and deliver nothing.” [Supporting Families Employment Advisor]*

The TAF approach was also felt to facilitate effective communication between professionals and between professionals and families. Communication, and ensuring every individual was kept updated and involved with ongoing support, was considered essential for effective partner engagement. Initially, TAF meetings were vital to facilitate partner engagement, after which informal conversations between professionals were deemed just as important as the formal meetings.

> *“The key to family workers working alongside social workers/schools or whichever organisation comes in is communication – both communication between the professionals and communication with family to understand what is happening. The principles around the TAF approach bind all this together.” [Keyworker]*

> *“The TAF isn't where you all sit around a table and shuffle papers - it's all of the discussions that you have in between meetings.” [Supporting Families Coordinator]*

Inviting the family in these meetings, and ensuring they felt comfortable and supported was important for their continued engagement in the programme. These meetings provided a space for families to have one conversation, rather than repeating their story each time they encountered a new service. Avoiding jargon and holding meetings in neutral settings helped create a comfortable atmosphere.

> *“The TAF process allows the family to have one conversation in a strengths-based approach – which is absolutely key – and then all the practitioners can wrap around the family and be part of that one conversation.” [Stakeholder]*

> *“There is an understanding that I as a teacher or a mental health practitioner or GP have a role to providing support for the family and I know the parameters to which my organisation works but I also know the contribution that makes to the wider system within that family. Communication and clear and open and honest relationships with each other is the key to successful working and binding that TAF approach.” [Keyworker]*

Cross-border working: Where areas were working across borders this could lead to weaker relationships and poor information sharing which inhibited effective coordination.

3.6 The impact of Covid-19 on key workers and local coordination

Delivering support

The Covid pandemic meant that much of the support provision needed to shift away from face-to-face interactions to more telephone and/or virtual communication e.g. via Zoom meetings. Whilst this could lead to lower engagement and poorer understanding of the

nuance of a family, this shift also had some positive consequences in terms of the support offered. For example, some families felt they would have been unlikely to make the effort to attend in-person sessions, particularly early on in the programme. Virtual sessions also offered more flexibility and less travel time, and some families were reported to find them less intimidating to attend.

Staff development and training

During the pandemic, the shift to virtual training had improved attendance. However, some felt that virtual sessions were less engaging and did not suit their learning style. Virtual training also reduced opportunities for networking and informal conversations which were a useful aspect of training sessions. There were also less opportunities for work shadowing and in-person support which had a negative impact on learning, staff wellbeing and case progress.

> *"When you were physically there, you could just go upstairs and sit at someone's desk and say help me out with this family. You had that access to them because you were physically there and you were also able to develop those one to one relationships." [Keyworker]*

Partnership working

It was noted that the pandemic and the shift to virtual meetings had improved attendance at meetings, including TAF meetings, as professionals could more easily fit a meeting into their busy schedules. Generally, these meetings were felt to work well virtually, although some commented it was more difficult to build relationships and therefore to constructively challenge other professionals than in face-to-face meetings.

> *"TAF meetings are better attended... the Early help forums are better attended and that's great, because that means at those wider, joined up service meetings...you've got more people giving their input on something that potentially could be life changing for a family." [Keyworker]*

Informal conversations around meetings were seen as important for building networks and relationships. Therefore, the shift to virtual working had had a negative impact due to fewer in-person events.

> *"You don't want to sit on Zoom for ages, and there's not that sociable bit on Zoom really - you don't veer off and go off and have a cup of tea, or talk about a family." [Keyworker]*

The pandemic was seen to have improved partnership working in some ways, due to the need to work together and come up with solutions to the many new challenges.

> *"It's been that type of battle ground, you know, we can get through this together… Heads together for solutions, working together across lanyards, who is the best person to provide that primary support, and we'll not go back into our corners, not be siloed." [Keyworker]*

3.7 Summary: Learning and implications

- **The diverse role of keyworkers:** While keyworker and lead practitioner models varied – according to the type, number and complexity of families they worked with and the intensity and duration of their contacts – they shared the following responsibilities as a part of their role:

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    - Understanding the needs and working with the **whole family**
    - **Creating a support plan** that is tailored to addressing the needs of the family
    - Having the time to build a **trusted relationship** and to work flexibly with a family
    - Providing **practical, emotional and typically some kind of parenting support**
    - **Referring families** to specialist provision where necessary
    - **Coordinating and managing** the team of professionals working around the family

  Effective keyworkers had a **diverse range of skills and personality traits**, including traits such as: flexibility, emotional resilience, openness and transparency, the ability to reflect, an approachable and non-judgemental attitude, confidence, problem solving and coordination skills. These skills were often innate or developed through experience, but could be nourished through training. The research highlights the need for **further investment and support for the training and development of keyworkers and lead practitioners**. A more universal and consistent approach to the training and development of keyworkers and lead practitioners would help to professionalise this workforce and increase recognition and value about the pivotal role they play with families.

- **Caseloads:** The relationship between the keyworker and family was essential in driving outcomes. Having a manageable caseload was seen as vital to allow sufficient **time to build relationships and develop an understanding of a family**. The optimal number of families that a keyworker should hold depended on the size of the family, the nature and complexity of their needs, the stage their families were at and their willingness to engage with the servicey, and **caseloads need to be carefully and flexibly managed**. Somewhere between five and ten cases was generally seen as enabling the intensive work required for families with more complex needs. Managers and keyworkers need to work together to continually assess whether a caseload is manageable and suited to the intensity of families in a worker's caseload whilst also balancing the **reality of working with increasing levels of demand** for these services.
- **Practice Models**: Having a clear practice model in place could help drive improved outcomes through creating a **shared approach** and way of working across keyworkers and partners. Areas which modelled their practice and interventions on their level four statutory services helped to provide a **clear framework** for the way they worked with families. Most areas were moving towards or had already embedded a range of practice models including, most commonly, Signs of Safety but also other strength based, restorative and trauma informed approaches. **Training** the whole of the service in the practice model was seen as useful in embedding this approach
- **Support package:** The support on offer was also a key element of behaviour change within the programme, including the nature of the support, the format in which it was delivered, and the order in which support was sequenced. Whilst we cannot say decisively what type of intervention works best for what type of family, the research highlighted a number of important features of successfully delivered

support services. These included having a **menu of different options** so that the most appropriate one could be chosen for a family (rather than a standardized 'one size fits all' approach); providing a **combination of evidence based interventions but also the flexibility to trial new approaches that are tailored to emerging needs** (and the importance of keeping an eye out for these emerging needs); group based interventions and interventions that helped to build lasting networks for families; using a strengths based approach to empower families to show them they were responsible for progress.

- **Length of support:** The appropriate length and intensity of support was tailored to the needs of families. The duration of time varied across areas with **no specific recommendations for an optimum length**. That said, shorter durations for less complex cases were reported as around 12 weeks or less. More complex cases were typically worked with for between 9 and 12 months with the option to extend the work where necessary. The **flexibility** to shorten or extend the programme depending on the needs of the family could be beneficial, as areas needed to strike a balance between a family receiving support without becoming overly dependent on the programme. It was important that the delivery of the service supported this balance, for example using strength-based practice throughout to empower and build a family's confidence and ensure they felt ready to leave the programme. Helping the family to build support networks outside of the programme could also help families transition away from services. Keyworkers were skilled at having effective conversations with families, to prepare them in advance for leaving the service, and ensuring they felt supported. It was also important to ensure a **regular review and supervision process** to help decide when is the optimum time to withdraw from a family, or to step them up or down to other services
- **Developing skills for partnership working and local coordination**: Over and above the performance of individual keyworkers, the case study research demonstrated the importance of effective partnership working to **facilitate the coordination and delivery of support plans**. The **combination of keyworker and partner delivered interventions was important for realising successful outcomes** Drivers of effective local coordination included **strong relationships between professionals** and knowledge and understanding of the roles of different organisations. Case study participants highlighted the importance of supporting and encouraging good partnership working through joint activities, such as **multi-agency training and induction activities, networking opportunities, colocation, team meetings and supervision groups**. Investing in shared technology and case management systems could also be beneficial to facilitate shared working. **Shared practice models** also helped to provide a framework for the way partners work together and helped to create a shared language and illustrate the need for a shared case management system.
- **Early intervention:** While the programme is seen to be reaching families and working reasonably well to address their needs, it was felt that there is a need to target families before they reached the point of crisis by adopting a **more proactive preventative approach.** Suggestions included aspects such as greater training and support for schools to provide mental health support to children, and continuing to build awareness of the programme and thresholds across all organisations working with children, and directly with families.

4. Types of families and engagement methods

This chapter explores how practice across the local authorities was tailored to support a wide range of family circumstances. We then discuss various methods of how the programme engaged with families, including the challenge of reaching harder to engage family units. The chapter also highlights feedback from selected families on their experience of receiving support from the programme.

Chapter summary

- While there was no set typologies for more or less complex families, more complex cases tended to be those with a higher number of issues (six-eight) which typically included a complex combination of mental health issues, domestic abuse, and serious parenting issues.
- Professionals used a range of techniques to engage families including; taking the time to build a trusted relationship, using objective assessment tools, setting achievable goals and stressing the voluntary nature of the programme.
- Harder to engage families tended to be those with negative preconceptions about the service, or those with circumstances such as language barriers, or those who did not feel they had genuinely consented to the programme
- Families were generally positive about the programme, and stated the relationship with the keyworker as being a key driver of positive outcomes

4.1 A wide variety of family types

A key element of this study sought to understand whether there was a common typology of families among the cohort of families on the Supporting Families programme. Across both areas and professionals interviewed, it was clear that there was no 'typical' family on the programme. Professionals described each family circumstance as unique, and this was partially because of the different combinations of need and support that makes families eligible to be categorised as part of Supporting Families.

> *"Every plan, every way you work, is very individual." [Keyworker]*
>
> *"It really isn't one size fits anything." [Supporting Families Employment Advisor]*

Family complexity

Alongside this, professionals noted that the complexity of family circumstances often changed over time and therefore was considered fluid following the initial assessment. For example, a family's circumstances could change or new issues could come to light.

Keyworkers needed to build up trusting relationships with families and have an open mindset and flexible approach when working with them. Keyworkers were able to adapt to changes over time and notice issues that families were not directly communicating or in some instances trying to hide them. This helped keyworkers work effectively with families and create realistic and adaptable plans of support.

Family 'units' could also be diverse and change over time. For example, families with multiple generations in a household or blended families where the traditional notion of a family unit is less helpful. The complexity of a case could vary as family dynamics changed

or new individuals became part of a family unit. Keyworkers needed to take time to spend time with individuals within the family to understand the changing family relationships and requirements.

> *"You unearth so much, it's like an iceberg, so you go in for that one thing and underneath there's actually so many things that they need support with, so you can't just focus on that one thing. So, I think being open minded and there to support and build on strengths is massive." [Keyworker]*

Family motivations also played a part in successful outcomes. For example, even when taking into consideration similar characteristics in two families, the effectiveness and nature of support could be affected by the parental motivation or willingness to engage as part of the programme which would impact on the length of time support was needed for and how complex that family were considered.

This variety of factors made any categorisation of families difficult and was also part of the reason that it was important for keyworkers to spend a lot of time getting to know family circumstances and assessing their needs, to enable them to best work with and tailor support to families' needs.

Assessing complexity

Complexity of family need was assessed via local authority referral or triage processes. This was used to understand whether a case was more complex, for example Level 3 or equivalent or less complex, around Level 2. Concern for a child's safety was a key factor in this decision. That said, while working with families, professionals reported different ways of looking at complexity, for example the length of time working with the family, the number of needs families had or factors that were common across a high proportion of families (for example debt).

Generally, professionals noted some of the more complex cases that required a longer length of support to be those involving domestic abuse and mental health. As well as these issues being by nature complex and needing more specialist support to address, this was further exacerbated by the long waiting lists to access services in some areas. Keyworkers also reported a desire for more training and support in these areas.

Less complex cases were generally those that had fewer or less complex problems, for example supporting relationships within families, school attendance or general parenting support. Keyworkers described this support as the 'bread and butter' of what they offered and that this was an area that keyworkers were very comfortable in addressing and working with families on.

What works for complex families

From this context, areas did not generally speak about packages of support that would fit a certain typology of family because of the uniqueness and changing nature of support to families. Instead, keyworkers adapted to understand family context and circumstances and offered support that they felt would be most effective. That said, certain types of support were commonly offered, and these tended to be support like parenting courses or groups or employment support from an advisor. Family interviews generally suggested that more tailored support was most appreciated. One family reported that attending a parenting course was less useful than other types of support. This was because the needs of their child were more specific than the general nature of the parenting course. Instead, support groups and communications via WhatsApp they had with parents of children that had the

same needs as their child was reported as more useful, thus suggesting that tailored support to individual needs are important in the success of the programme.

4.2 Family engagement methods

Professionals described a range of methods to engage families as part of the programme. The most commonly mentioned were: building rapport and trusted relationships with families; using an objective assessment tool; making goals achievable for families; and creating 'quick wins'. Combined, these methods helped to communicate to families the purpose of the programme as a supportive rather than punitive programme.

> *"They have to be part of it, they have to be autonomous, because at the end of the day, no difference is going to be made if they're not on board, if they're not part of that plan, and not part of the decisions." [Keyworker]*

4.2.1 Trust and support

Keyworkers across all areas spoke about the importance of building trusted relationships and rapport with families. Having enough time to spend with families was crucially important to develop this understanding and work with families. For example, keyworkers mentioned being able to have the time available to work flexibly with families, sitting with them for long periods of time where support was needed and responding to families' needs at any moment. Families often mentioned how supported they felt that keyworkers were always there when they needed them.

Other ways that keyworkers built up relationships with families focused on respecting families and seeking to create a non-judgemental environment. Keyworkers gave the following examples of ways in which they sought to engage families positively onto the programme and show that it was there to support them:

- Phoning families in advance to let them know that they had been referred into the programme, rather than showing up at a family's home which could make them feel uncomfortable or unsupported.
- Respecting the family's input into the assessment, for example by letting them tell their own stories aside from what paperwork may say about them.
- Ensuring that they are on the same level as families and not judging them, through explaining and minimising the use of jargon, letting them know what to expect from the programme or holding the meeting in a place that is comfortable for the family (for example their home or a neutral space).

> *"You get a lot of information on people before you meet them, and I always say I'd rather learn from you, than off this piece of paper." [Keyworker]*
>
> *"It's using that caring, nurturing approach that can really help, and them knowing that they're not going to be judged." [Keyworker]*

4.2.2 Objective assessment tools

While professionals had different opinions and experiences of assessment tools across local authorities, in general there was the recognition that a good assessment tool provides professionals with the information they need as well as working as an effective engagement tool to support families and understand their needs.

Tools that used objective ratings were mentioned as positive because they helped families to understand what the keyworker wanted from them and meant that assessments were consistent across professional staff and families. It also helped families not to feel judged or personally criticised by a keyworker because any negative aspects were not coming

directly from the keyworker but based upon a system that was separate from the keyworker. Similarly, the tools that allowed for a focus on positive behaviours from families was additionally seen as a way to effectively build engagement as families did not feel that keyworkers were only there to point out the areas for improvement, which families could perceive as being critical of them.

Some keyworkers noted that this was different from previous ways of working with families where the tools would only focus on the improvements and also have high standards to be met which could be daunting for families and perceived to be unattainable. Additionally, if a family rated themselves lower than a keyworker there was a confidence boost for the family, and they felt more able to engage and work with the keyworker as part of the programme because the keyworker was able to highlight positives as well as negatives through the tool. One example given of this type of assessment tool was the Outcome Star approach, which areas often tailored to the family's needs and used different types throughout the programme at reflection points.

> *"It's a really consistent view – it's not like personal judgement, you really link it to these statements that you get." [Keyworker]*

4.2.3 Achievable goals

Another positive way that keyworkers identified to engage families was around setting goals and objectives. This was described both in the context of helping families to understand what the programme needed from them as well as what they would need to do to step down support. Therefore, setting realistic and achievable targets with families and not requiring a family to be 'perfect' before they could step down from the programme was important and helped to reassure families that they could achieve the goals that had been set and that working with their keyworker as part of the programme would be beneficial. For some keyworkers this was described as in contrast to previous ways in which they had worked with families.

> *"There's no point in me going in and setting targets that aren't going to be achievable because that's setting that family up to fail." [Keyworker]*

4.2.4 Creating 'quick wins' for families

Finding ways to engage families early on through 'quick wins', by addressing needs that are important to families and can be solved relatively quickly and easily was also described as a method of engagement. Examples of this varied based on the family's need but included helping them to clean their home or helping them to fill out a grant application form for a washing machine. Keyworkers perceived these were measures to have had a big impact both on the family's day to day life and wellbeing as well as their relationship with families. It was a way for keyworkers to demonstrate in a very noticeable way that they were there to support the family and build up trust. This was also sometimes achieved through employment support, for example making sure families were receiving the correct amount of benefits support that they were entitled to. From this, families were able to see visible benefits from being part of the programme and having the support from the keyworker.

4.3 Family consent methods

One key area of family engagement centred around consent. This was seen as important in order to inform families of the purpose of the programme, distinguish it from social work and to encourage positive outcomes for families, for example because they knew what was required of them as part of the programme and there would not be any surprises.

Consent was an important part of the programme - buy-in from families was viewed as important. Areas had fairly consistent processes in terms of the mechanisms of consent and these included consent forms at various stages of the programme (for example, consent to being part of the programme, consent to assess children, share information between services and consent to be contacted to be assessed initially). While families did have the choice to consent to individual aspects, for example how far their data was shared in line with GDPR, professionals saw consent as very important and potentially limiting if it was not gained because it would generally mean that fewer services could understand the full picture of families' needs before working with them.

Some areas saw consent as a key area of improvement to their practice and sometimes a challenge to working with families, particularly those that had previous experience of working with statutory services. Conversations with families to explain the programme were often seen as important alongside consent forms which, while required, were somewhat tokenistic and not sufficient to help families understand the programme. Because the programme was both a consent-based service and an intense service that often required a significant amount of input from the family, describing what was needed from the outset was viewed as crucial to high quality engagement and outcomes. Families had different perceptions and expectations of what the programme would entail, and these conversations could be difficult as keyworkers needed to challenge misconceptions about the programme as well as inform them of what it would involve.

> *"We put a lot of work in to get the families on board. It is about really emphasising that it's not social care, that it is a supportive program and that it is an opt in, but they don't have to do it." [Keyworker]*

Feedback from families was somewhat mixed around the level of choice that they had to participate in the programme. While families were often very grateful for the support they received and are pleased that they did consent, there were instances where families felt that they did not have a genuine choice to participate. Although this may be the case for families that were closer to the threshold of children being at risk, families' perceptions that participation in the programme was not voluntary was at times perceived by keyworkers to negatively impact the level of engagement. This also impacted on families' views of the programme and may in some cases have led to misconceptions around what it would or would not involve.

> *"At that time I did not feel like I really had a choice; the choice was you either do the programme or we're taking your kids into care – so for me it did [feel] the obvious choice was to do the programme and participate… initially I didn't feel like I had a choice and then by the time I was in the programme and I felt like do I need this – I knew I needed it." [Family]*

4.4 Harder to engage families

Professionals reported that most families welcomed the support and did want to engage with the programme because of the support that it offered. However, by nature of being eligible for the programme that required families to meet multiple criteria for support, this meant that keyworkers were often working with harder to engage families and those with complex needs. Professionals described multiple characteristics or experiences that they found harder to engage in the programme. Part of this was related to consent to participate and partly this was down to making progress as part of the programme and achieving the goals and objectives set.

> *"It's our job to work really hard and persist. [Non-engagement] is usually, always linked to some sort of fear." [Keyworker]*

Keyworkers noted certain marginalised groups as difficult to engage, for example intergenerational families, families with language barriers, and traveller families. For those with language barriers, this was generally due to keyworkers being less able to communicate the purpose of the programme and build up trusted relationships due to language differences and in some cases cultural differences. For intergenerational families and traveller families' local authorities reported that engagement was usually more difficult because of family norms and being part of the programme was sometimes perceived to go against family traditions or accepted ways of parenting. Certain needs were also associated with harder to engage families, primarily adult mental health, as this could lead parents to be less stable and willing to accept or commit to the support.

Linked to this, those previous experiences with services sometimes also found it harder to engage on the programme. This included:

- Those with negative experiences of working with services or professionals in the past, who could doubt the usefulness of the programme, or lack trust in services.

- Those that had been stepped down from children's social care, largely because consent was less genuine, or they did not participate willingly in the programme

> *"They step down and engage because they feel they have to, rather than because they want to, so you're not getting that engagement." [Keyworker]*

- Those that lacked understanding of the support available because they had misconceptions or other experiences that were very different from the support offered as part of the programme.

Keyworkers acknowledged that more time and work was needed with these families to reassure them and dispel the myths around what the programme aimed to achieve and how they sought to work with families. Effective keyworkers would try multiple contact methods and show tenacity and flexibility in continuing to try engaging families. Professionals who struggled to engage families in specific aspects of support would use the more trusted keyworker to introduce them and the support to the family. Some felt that engagement could be improved if families had a better understanding of what they keyworker role was.

> *"Communities don't always understand actually what our roles are. They understand what the midwife does, they understand what health visitors do, GP, and social workers, but actually they don't fully get what our package is." [Keyworker]*

If families continued to refuse support keyworkers would conduct risk assessments with managers to understand the potential consequences of closing the case. In some cases, this resulted in closing the case, but ensuring families had the necessary information to contact the service if they decided they were ready. Where cases had been stepped down from social care and there was still significant concern for the child, keyworkers could decide to re-refer the case to be stepped up.

Very few families were reported to be dropping out of the programme. Of those that did, most were felt to have dropped out due to feeling they had received all the support they needed, rather than due to a lack of engagement or negative experiences of the support.

Families might also disengage due to the programme not meeting their expectations, which stresses the need for an effective engagement and introduction to the programme.

> *"When we have people disengage with Early help, it's because they just want things done for them, and then because you're not doing that, then they disengage." [Keyworker]*

4.5 Family feedback on the programme

The qualitative research also engaged a number of families, in order to collect first-hand experience of participating in the programme.

Families themselves were very positive about the benefits of being part of the programme. Part of this was related to the families chosen, as this research sought to understand good practice and what made engagement with families successful. Two key themes emerged when speaking to families about the support they received. These were: the relationship that they had with their keyworker; and the benefits and changes that they saw from being on the programme.

While families described their relationship with their keyworker in different ways, the overarching feedback was that the presence of a keyworker was very beneficial for them. One family described their keyworker as a 'friend with authority' which captured the balance of keyworkers both being available and on the side of the family without losing their status as a professional and challenger when necessary. The availability of keyworkers was also mentioned as something that was very important to families. Some attributed the progress that they had made as part of the programme to the keyworker and they were very grateful for their support and input.

> *"The simple fact knowing that someone was there to call or text we very helpful." [Family]*

> *"If we hadn't have had her [keyworker name] input, we'd probably be telling a different story." [Family]*

> *"The reassurance was there. it was like 'we are here to help you'." [Family]*

As well as this, families reported improvements in their lives, both in terms of healthier lifestyle choices and emotional wellbeing and confidence from being part of the programme and the support that they received. Some also mentioned better resilience, which was an important part of the programme's objectives in many areas. They also mentioned benefits for their children, for example improved support around parenting techniques, behavioural or emotional work that the keyworkers did with the children, better communication between parents, and children attending school more consistently.

> *"[I've] stopped taking drugs, stopped smoking, stronger head on my shoulders, deal with emotions, drink water, stop migraines, I've learnt to love myself." [Family]*

> *"If you'd met my family six months ago, you would not believe, especially [oldest son], we are the same family." [Family]*

> *"Over the period of time you become more empowered in your ability to parent and more equipped to deal with what life throws up." [Family]*

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4.6 The impact of Covid-19 on families

Engaging families

Engaging families could be more difficult during the Covid-19 pandemic as keyworkers could not always visit family's homes, which was seen as essential for engaging more difficult families. However, doorstep or garden visits were still being used when deemed important.

Working with families

Some areas had lots of families without access to technology or the internet. They found it difficult to provide the necessary equipment to enable families to attend meetings and support programmes. Generally, families liked the opportunity to join using virtual methods, as it was less disruptive and less intimidating. For example, being able to join meetings with cameras turned off.

4.7 Summary: Learnings and implications

- **Family Typologies:** One of the aims of this research was to understand whether it is possible to categorise families who benefit from programme. In the absence of asking local areas to carry out specific analysis of the families they are working with at different points in time (at referral, assessment, mid way in the programme) there did not seem to be much to conclude about the commonly occurring problems or issues families have. A distinction was inevitably drawn between the **number and complexity of their presenting needs when they come on to the programme**. Families who are stepped down from children's social care, and are on the edge of care / high end of Level 3 or equivalent, on their threshold of need, were said to have anywhere between six and eight issues to address in comparison with those who are at Level 2 / lower Level 3, or equivalent, on their threshold of need, who presented with two or three issues or problems. Where common issues could be identified at **the lower level they related to a range of education, parenting, communication and relationships, health, debt and employment or housing related issues.** Whereas at the **more complex end there were issues relating to mental health, domestic abuse and serious parenting issues** resulting from neglect or other safeguarding issues. Identifying more complex cases at early stages of assessment could be beneficial in that more qualified or experienced keyworkers could be assigned to the case, and offered additional support and supervision opportunities.

- **Family engagement:** There were some features commonly seen across hard-to-engage families, such as language barriers, intergenerational families, those with experience of the social care system and those presenting with more complex issues such as adult mental health. Areas could ensure that families entering the programme with these features were assigned an experienced keyworker, and that these keyworkers were given additional support and management. **Time available to work with families** was also important, and keeping caseloads low to allow this was necessary but difficult to achieve for some areas. Keyworkers could use a variety of engagement methods, for example working towards **'quick wins'** for families, working with families to create **achievable goals**, and **using objective assessment tools** to help families not to feel personally judged. Further training in these engagement methods could be beneficial to keyworkers and family engagement.

- **Consent:** Consent from families was an important element of the programme. Where families felt they had not genuinely consented, engagement could be lower. To build consent, it was important to **tailor initial engagement to the family**, to thoroughly explain the nature of the programme, tackle existing misconceptions and develop a relationship with the family.

- **Family experience:** Families were positive about being part of the programme and noted many benefits. The support of the keyworker was particularly mentioned and was as essential to lasting progress as the more intensive interventions. This support helped build confidence and drove longer lasting benefits, for example parenting skills and school attendance.

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5. Use of data for the programme

Data has been used throughout the Supporting Families programme to identify and target families, to review and track progress, and to evidence outcomes for local areas, completing Payment by Results (PBR) returns and conducting impact evaluations which assess the effectiveness of the interventions.

This chapter aims to briefly outline how local authorities currently use data, how data has been used in previous evaluations, and future options for assessing the impact of the programme.

Chapter summary

- Family data is recorded and stored in case management systems by frontline staff. Case management systems were also used to record information about support and interventions offered to families. This data was often stored in coded format which could be easily exported.
- Intermediate outcomes tended to be stored in case managements systems in more qualitative formats which could not be easily exported.
- Data management systems across the case studies varied greatly in sophistication. Some were able to share data using automated systems or link multiple data sets while others shared data using Excel or CSV files.
- Data managers recognised the value of improving their data management systems, but often lacked the time needed to successfully manage and implement change.
- Barriers preventing more systematic data collection included:
  - Poor quality or inconsistent data: Data managers and their teams invested significant time cleaning data and verifying information provided as data received was often incomplete, contained errors or was inconsistently formatted.
  - Receiving data in multiple formats: Data managers had to be very flexible when agreeing the format of the data that was shared resulting in receipt of data in multiple different formats.
  - Complex family circumstances: The complex family circumstances experienced by Supporting Families participants sometimes presented challenges in defining a single, family unit.
  - Privacy concerns: Privacy concerns from external partners, particularly with regard to health data, were common and will few incentives for external partners to engage with data sharing activities it could be difficult to persuade partners to engage.
  - Reliance on personal relationships to facilitate data sharing: Receipt of data from other teams and external partners relied on good relationships between the teams.

5.1 How local authorities use case management systems and process PBR claims

The case study fieldwork included a series of depth interviews with data managers to specifically explore how local authorities collect, review, manage and submit data about their Supporting Families interventions.

5.1.1 Case management systems

All local authorities had a case management system which was used by frontline staff, including keyworkers. The case management system was used to record information collected during the initial assessment including demographic information about the family

members and their needs. Case management systems were used on a day-to-day basis by frontline workers to record information following interactions with members of the family and Team Around the Family meetings. They were also used to record goals and objectives that had been agreed with the family, as well as details of the support and interventions provided and family outcomes.

Much of the demographic information was stored in a coded format which could be exported and used with other software including databases. Some information about the support provided, for instance participation on particular courses or programmes could also be recorded in a quantitative format. However, information about objectives and other types of support was more qualitative in nature and therefore was often stored in open text boxes which could not be exported in the same way.

In some cases, partner organisations also had access to the case management system and were able to update the information based on their interactions with the families. This was particularly common among local authority partners. External partners and the voluntary and community sector were less likely to have direct access.

5.1.2 Processing payment by results claims

Submitting and auditing payment by results (PBR) claims were a main focus for data managers and their teams. Many of their data systems were set up in a way which helped to facilitate this process. For example, case management systems included opportunities to record whether families had experienced any of the Supporting Families headline problems.

Most data management teams exported data from case management systems to spreadsheets or databases where it could be combined with data from both external partners and other teams within the local authority. These data sources were used to ascertain whether families had experienced two of the six problems required for eligibility and whether they had made sufficient progress to warrant payment.

5.1.3 Data management and processing

There was significant variation in the sophistication of the systems that local authorities used to manage their data. Some were able to share data using automated processes or had set up multiple systems that were linked with one another. But data was also often stored in simple Microsoft Access databases or Excel spreadsheets. Some local authorities had created or were working towards the creation of data lakes and data warehouses.

Local authorities with more sophisticated data models used automation to link datasets from multiple sources. This included data from other teams within the local authority and from external partners They plan to use this to identify a set of triggers based on the issues they know these families have, which can then be mapped across the county and tracked over time. This will then be used to plan for future demands on the service. This kind of predictive modelling will be critical to helping to make more effective, strategic and commissioning decisions.

A number of data managers reported that they had plans to increase their use of predictive modelling to improve service provision. In one area, they described how their Supporting Families outcomes plan was linked directly to their case management system, which provides key learnings about the families they are working with. The team joins up the datasets to help identify and categorise families, thereby trying to predict the level of future

service demand and likely future support needs. Several local authorities mentioned using Power BI to analyse and display data.

Local authorities with less sophisticated data processes relied on databases that were updated more manually, based on spreadsheets shared via secure email or file transfer protocols. Data managers recognised that improving their data systems would ultimately make their processes more efficient, However, the day to day demands of the role meant that they did not always have the time that they needed to research and implement possible improvements.

There were also concerns that new systems which were apparently more efficient may not be completely fit for purpose and could cause unforeseen problems. One local authority had hired an external consultant to explore options to automate data collection across multiple data sources. Although the data manager in this local authority wanted to make the processes more efficient the team had previously used a data warehouse which did not allow them to correct any data errors. As much of the data that was provided to them was incorrect or contained errors this meant that the final data outputs also contained errors. In this case the data manager preferred to continue using a more manual, time-consuming approach which allowed the team to correct errors and ensured the final outputs were accurate.

5.2 Barriers to more systematic data collection

There were several barriers which prevented local authorities from collecting more systematic data.

5.1.4 Poor quality or inconsistent data

Data received by local authorities was often incomplete, contained errors or was inconsistently formatted. Data managers and their teams invested significant time cleaning data and verifying information provided, this limited the time available for other tasks.

There were also challenges with benefits data sourced from the Department for Work and Pensions. Universal Credit was introduced after the start of the Supporting Families programme. The data shared about Universal Credit claims is less detailed than data previously shared about individual benefits. This limits the analysis that local authorities can undertake.

5.1.5 Privacy concerns

Privacy concerns from external partners, particularly with regard to health data, were common. Negotiating data sharing agreements with multiple organisations was time consuming and required the other organisations to also invent time in the process. As there were not always incentives for external organisations to work with Supporting Families it could be difficult to persuade partners to engage.

5.1.6 Reliance on personal relationships

Receipt of data from other teams and external partners relied on good relationships between the teams. This increased the workload of data management teams. It took time to build trust and convince multiple external organisations that helping the Supporting Families team was a worthwhile use of time. This system had little resilience and could lead to challenges when key team members moved on from their positions. In some cases, even if a data sharing agreement and established data sharing processes were in place, the provision of data stopped after a key contact left a partner organisation.

5.1.7 Data received in multiple formats

As previously mentioned, partners did not always have strong incentives to share data with the local authority data managers. As a result, data managers had to be very flexible when agreeing the format of the data that was shared. This meant that data was shared in multiple different formats with inconsistent approaches across organisations. Although this improved cooperation from partners it increased the amount of time local authorities needed to spend verifying and cleaning the data before it could be merged with internal data.

5.1.8 Complex family circumstance

The complex family circumstances experienced by Supporting Families participants also posed a challenge to improved data quality. Data managers at one local authority described the difficulties in defining a single family.

Family structures could be complex, for example the local authority might have contact with a father of four children born to four different mothers who live in different homes. In these cases, it could be hard to identify which family to associate the father with either to avoid counting the work done with him multiple times or not counting it at all.

Family structures could also change frequently, for example following relationship breakdown, bereavement, older children moving out of the family home or teen children in families becoming parents themselves. This also posed a challenge to tracking progress within a family over time as some family members might become part of a new family unit during the intervention.

5.3 Using data to test effectiveness of interventions

5.1.1 Previous approaches

The 2012-2016 Troubled Families impact evaluation relied heavily on self-reported family outcome data. It used a quasi-experimental design with personal information about individuals in families who met two of the three eligibility criteria collected and shared by local authorities. This provided information on a comparison group of families that fell just below the eligibility threshold for the programme, as well as those who actually started on the programme. Outcome data from linked national administrative datasets and a large-scale face-to-face survey of families to compare those going through the programme with a matched comparison group.[7,8]

The 2015-2019 evaluation attempted to improve on the previous approach by minimising the use of subjective outcome data. MHCLG worked with the Office for National Statistics (ONS) to collect data from local authorities. Local authorities provided data for a second aspect of the evaluation, Family Progress Data (FPD).

The National Impact Study (NIS) dataset produced during the second evaluation requested basic personal information about individuals in families who were on the programme and was collected every six months. The NIS dataset also requested data about a comparison group of families who were not on the programme, although less than

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[7] White, C., Day, L., et al. (2016), *National Evaluation of the Troubled Families Programme, Final Synthesis Report*, London: DCLG.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560499/Troubled_Families_Evaluation_Synthesis_Report.pdf

[8] Bewley, H., George A., et al. (2016), *National Evaluation of the Troubled Families Programme: National Impact Study*, London: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/560504/Troubled_Families_Evaluation_National_Impact_Study.pdf

half of local authorities provided this. The data provided by local authorities was cleaned by the ONS and matched to data provided by other government departments.

The FPD dataset requested locally collected progress data on families. Local authorities were asked to work with local partners to provide outcomes across a number of areas including domestic abuse, police call outs, rent arrears, anti-social behaviour and substance abuse at 6-month intervals.[9] The data collected by ONS was cleaned, formatted and anonymised before being shared with MHCLG who conducted Propensity Score Matching to measure impact.

Data managers who had worked on these datasets were asked about the process of putting them together. In general, local authorities found collecting the NIS data simpler than collecting FPD data as they were able to take data directly from their datasets with minimal reformatting. Some local authorities found collecting NIS data to be a useful exercise although it was time-consuming.

> *"Quite a drain on time and resources." [Data manager]*

Producing the FPD dataset was more challenging across the board. ONS and MHCLG stakeholders described the need to collect consistently formatted data from each local authority in order to analyse the data. This required all local authorities to complete the spreadsheet according to very strict guidelines. The resulting process of completing the FPD spreadsheet was described as "*a nightmare*", "*horrific*" and "*horrible*" by data managers as it was time consuming and difficult to reformat the data received from other organisations so that it met the ONS guidelines. The FPD was discontinued by the Department, who recognised that the data lacked consistency and that it placed an excessive burden on local authorities. Despite this, there were examples of improved data sharing processes between local authorities and partner organisations because of the exercise.

Even local authorities with more mature data systems reported that they found it difficult to compile the FPD data requested. There was no way for local authorities to automate the data cleaning or collection processes as data had to be collected from multiple sources who do not collect data consistently. For example, information about rent arrears needed to be collected both from local council sources and multiple housing associations or health data which needed to be sourced from multiple Clinical Commissioning Groups. In some cases, local authorities reported needing a team of 6-8 people who would contact multiple organisations by telephone to request outcomes on a case-by-case basis.

Although MHCLG did produce a dashboard sharing the findings with the local authorities, data managers reported that this was of very limited value.

Data managers would not want to engage with a similar data collection exercise in future. However, early engagement with local authorities to understand their challenges, a lengthy lead in period and clear benefits for local authorities and partners organisations could improve the process if it were necessary.

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[9] Further information about the data collected can be found in Annex A of the National Evaluation Findings: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786889/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_evaluation_overview_policy_report.pdf

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5.4 Summary: Learning and implications

5.4.1 Data collection and barriers to more systemic data collections

- All local authorities recorded data about families and interventions were recorded by keyworkers in case management systems.
- The sophistication of the data management systems used by local authorities to manage Supporting Families data varied significantly. Some had automated systems linking data from multiple sources. Others relied on more manual processes to combine data from multiple sources.
- All local authorities were working towards improving their systems to better support the wider team, however the day to day demands of the data management role meant that managers did not always have the time that they needed to make improvements.
- The main barriers to more systematic data collection included:
    - Poor quality or inconsistent data
    - Privacy concerns
    - Reliance on personal relationships
    - Data received in multiple formats
    - Complex family circumstances

5.4.2 Data held on intermediate outcomes

- In addition to basic demographic details, case management systems were used by keyworkers to record goals, objectives and details of support and interventions that were provided.
- Data managers and their teams frequently focussed on processing data to facilitate PBR claims and so had placed less focus on intermediate outcomes.
- As data about intermediate outcomes was often descriptive or qualitative in nature it was frequently stored in open text boxes rather than as coded data. This means that opportunities to export or link intermediate outcomes with other data are limited.