Evaluation of Islington's Early Help Family Support Services

Executive Summary

Interface Enterprises UK Limited

April 2015

interface
transforming lives

www.interfaceenterprises.co.uk

Contents

Interface would like to thank all those who participated in the evaluation, and shared their experiences about engagement with Islington's Early Help Family Support Services. We are particularly grateful to the families who allowed us into their homes and trusted us with their stories of difficult life experiences.

Helen Palmer, Wendy Weal and Lisa Christenson, April 2015

Executive Summary

Between October 2014 and March 2015, Interface Enterprises UK Ltd (Interface) was commissioned by Islington Council to evaluate its Early Help Family Support Services, established as a key delivery mechanism for the Early Help Strategy 2012. The evaluation was commissioned to:

- deepen understanding on where and how the strategy is making a difference; and
- inform the development of the next phase of the Early Help Strategy.

Evaluation Context

In 2012, Islington Children and Families Partnership published its strategy, Early Help for Islington Families, which defined Early Help and set out the vision for children and families up to 2020.

Early help means taking action to support a child, young person or their family

- **at an early stage in a child's life** to prevent problems from occurring

or

- **at the first sign of a problem** to prevent that problem from getting worse.

To support the delivery of this ambition, Islington established a three tier model of family support to work with the most vulnerable families with multiple problems who may incur high costs to statutory services if they do not receive early help. The three services that make up the model provide a network of support to meet the differing needs of parents, and vary their approach to reflect the ages of the children in the families and the complexity of the issues faced.

This report presents a summary of the findings from research undertaken to explore the **targeting, quality and impact** of:

- **Children's Centre Family Support** – targeted whole family support for families with children aged 0-5 (working across tiers 1-4 but predominantly focused at tier 2);
- **Families First** – targeted whole family support for families with children aged 5-19 (working across tiers 1-3 but predominantly focused at tier 2);
- **Islington Families Intervention Team (IFIT)** – intensive support for families with complex needs with children aged 10-18 (working across tiers 3 and 4), and where previous interventions have failed to make a sustained changed[1].

[11] The 'early help' remit of IFIT focuses on preventing children from entering custody, being looked after, and preventing evictions due to anti-social behaviour.

The Family Support Services are committed to meeting the promises set out in Islington's 'Pledge' as detailed in the Early Help Strategy 2012. They share the same ethos of providing whole family support, which aims to build the resilience of families. They are required to have strong relationships and work in partnership with a range of other services. The Pledge commits to ensure that support for families is delivered in the following way:

- Every communication will count.
- We will not pass the buck.
- There will be one main point of contact.
- Assessments will be uncomplicated and robust.
- Services that are needed will be easy to access.
- Services will be safe, practical and useful and available close to home or in a place where families can get to them.
- Families will be involved in drawing up goals in a plan that everyone can sign up to and that sets out mutual expectations.

Children's Centre Family Support

Children's Centre Family Support is based in all 16 Children's Centre in Islington, alongside other services including midwife and health visitor services. Children's Centre Family Support has established a network of 32 Family Support Outreach Workers, which in 2014, reached in the region of 400 families. Families can receive Information, Advice and Guidance (IAG) involving support over two or three meetings, or Targeted Support where support is delivered through an Early Help Assessment and Plan, and, in the cases reviewed, lasted an average of 8.5 months. The caseloads of Family Support Workers were around 8-10 at any one time.

Families First

Families First operate from three community based teams, and have links to every school and GP surgery in Islington. The service has established a network of 24 Family Support Workers (FSWs), which in 2013/14 reached 1158 families. Similar to Children's Centre Family Support, families can receive either IAG or Targeted Support delivered via the Early Help Assessment and Plan. In the cases reviewed, targeted support lasted an average of 6.5 months. The caseloads of Family Support Workers were in the region of 16-20 at any one time.

Islington Families Intervention Team (IFIT)

Islington Families Intervention Team differs to the other two services in terms of the complexity of the needs of the families it supports, the rigour and depth of the assessment process and the intensity of the support provided. Many (roughly 50%) of the children supported by IFIT are

supported by Children's Social Care (CSC) and, where necessary, support aims to work alongside statutory services to bring down the level of risk/need. Families are expected to have had involvement from services for many years and are at high risk of entering custody or being looked after. The service has established a network of 15 Family Intervention Workers (FIWs) who operate across three teams, one of which is dedicated to supporting New River College, Islington's Pupil Referral Unit (PRU). The service reaches in the region of 90 families per year, with support intended to last for 12 months. The caseloads of workers do not exceed six families to allow intensive support and at least twice weekly visits.

Aims of the Evaluation

The **Evaluation of the Early Help Family Support services** aimed to answer the following questions:

- are we identifying the families who need additional support and engaging them successfully?
- are we getting the right service to the family at the right time or enabling them to access the right service for them?
- are the principles and processes of early help being adhered to, as set out in the Pledge?
- are services supporting sustainable change and promoting resilience for families particularly those with multiple or complex needs?
- are we reducing the numbers of families with escalating needs thereby reducing the need for input from statutory and specialist services?
- are we reducing the numbers of children in care or custody and the numbers of families evicted?

Method

The evaluation questions required a method which was predominantly qualitative in nature. The method aimed to examine the three family support services, through in depth research with a cross section of stakeholders (strategic, managerial, and operational), and a particular emphasis on exploring families' experiences through case file reviews, interviews and focus groups. Available quantitative data was reviewed to set the qualitative findings in context. Fieldwork took place between November 2014 and January 2015.

It is important that the reader is clear on the strengths and limitations of the method used in this study. The evaluation examined the experiences of almost 50 families who received support during 2014, from a total population of around 1,650 families. The sampling approach selected families who reflected a range of different characteristics and needs from the three services. The in depth review of families' experiences allowed the evaluation team to explain HOW, WHY and THE EXTENT TO WHICH the different services were meeting the needs of different families, as well as identifying why support may not be as effective for others.

To increase the validity of the qualitative data, the evidence from the 50 families was triangulated with available quantitative data, and also with the views of over 50 professionals working across the three services. However, the data strand was a relatively small part of the study and the data available was inconsistent across the three services. It has therefore carried less weight in the study and the findings presented.

We have combined the evidence from this evaluation with Interface's professional expertise in the field of family support, and our knowledge of the wider evidence base on effective family support, to make the conclusions and recommendations in this report. However, this is NOT a statistically representative, scientific study on which hard conclusions about the overall effectiveness and impact of the different services can be reached. It is possible that that the evidence may have UNDER or OVER represented the benefits of support or the issues identified based on the sample.

This does not mean the issues identified are not valid – just that caution must be taken when considering how much weight to place on them, and some further research and reflection may be required before changes to policy and practice are made. We would suggest a more in depth analysis of the available data is undertaken to paint a more representative picture of impact for the three services.

Targeting of Support

The evaluation found that the three tier model of family support, established under the Early Help Strategy 2012, provides a very effective framework for the delivery of support to the most vulnerable families with multiple problems. In 2013/14 family support was delivered to approximately 1,650 families, which is estimated to be in the region of 3,700 children and young people, or 12% of the population of children and young people in Islington. This figure is expected to be approximately 25% higher for 2014/15. This is a significant achievement in terms of the reach of early intervention support.

Each of the three services has been successful in directing their services at families who face the 'priority issues' outlined in their service specifications. Issues such as housing (overcrowding/damp), finances (debt/impact of welfare reforms) and parenting challenges were common amongst the cases reviewed. These problems, combined with a high proportion of socially isolated, lone parents, meant that many of the families supported by Children's Centre Family Support and Families First had reached a crisis point and were in clear need of a different, whole family approach to address their issues. In other cases, support was put in place to manage the risk and sustain positive outcomes when families were stepping down from higher levels of specialist and statutory support.

The 'level of need' of the families supported by Children's Centres Family Support and Families First was broadly comparable in the sample reviewed – around 80% of the sample reviewed required targeted support, with 10% requiring universal support and 10% requiring more specialist services. However, the Families First cases reviewed typically involved larger families

(an average of 2.5 children per family, compared to 1.3 within the Children's Centre sample) and faced a wider range of issues than those families supported by Children's Centre Family Support. This meant that keyworkers in Families First had a wider range of issues to address when compared to their colleagues in Children's Centres. Within the IFIT cohort, the needs of the families were much more complex, with nine out of ten of the cases reviewed already receiving specialist or statutory support when referred. Offending, anti-social behaviour and non-engagement with education were both evident and entrenched.

The evaluation found that, with regards to Children's Centres and Families First, families can access support easily, many (approximately one third) of whom self-refer. There are a wide range of services that are aware of, and are referring families including midwives, health visitors, GPs and schools. Combined with the effective operation of the Children's Services Contact Team (CSCT - single front door to a range of children and families services), the model ensures that most families identified are directed to the service which is most appropriate for their needs, first time. Families do not have to wait long for support once referred, and the referral and allocation process is administered efficiently and effectively. To access IFIT, families must meet a number of referral criteria linked to the Troubled Families programme. This process is also managed well.

However, the evaluation identified a number of issues which merit further investigation with regards to whether all of the right families are able to access support. There issues are:

- within Children's Centre Family Support services may be disproportionately focused on parents of children in babyhood, and less so on those with children aged 3-5. There is also scope to improve the engagement of families with more complex needs;
- within Families First there appears to be a disproportionate focus on families with primary school aged children;
- across the services, there are proportionately fewer families that include older teenagers with escalating issues who are receiving whole family support.

From the sample of 10 families included in the research, the evidence suggests that the Children's Centre Family Support was predominantly focused on vulnerable, first time parents. Whilst this very 'early intervention' focus is to be commended, further work should be undertaken to establish the extent to which the service is picking up families with children aged 3 to 5. The location of the support within Children's Centres is a strength for very, early identification, particularly because of the links it provides to midwives and health visitors. However, a consideration for the next phase of the strategy should be to increase referrals from other services working with vulnerable parents and children who may be slightly older. Furthermore, data provided to the evaluation team on 435 under 5 year olds known to Children's Social Care, identified that 18% were not registered with a Children's Centre. This evidence suggests that there is more work to do to target and engage a greater proportion of those families most in need of support from early intervention services.

With regards to the targeting of support by Families First, an analysis of data on the average age of children supported (which was also reflected in the families involved in the evaluation) indicated that support is more concentrated on children of primary school age, with a total of 67% of the 2013/14 cohort under the age of 10. This issue was also reflected in the review of twelve case files. Whilst we cannot be certain from this evaluation, this data, combined with our knowledge of the small number of families IFIT is working with, indicates that the early help services are not reaching as many adolescents with escalating issues as might be expected. We know that other services, such as Targeted Youth Support, are supporting large numbers of young people, but the support they offer available is likely to be more focused on the young person, rather than on addressing parenting and wider family issues. There is scope to consider how the early help family support services and youth services could work more collaboratively to engage and secure better outcomes for the family as a whole. The next phase of the strategy should also consider which service is most likely to be most effective at identifying and engaging adolescents with escalating needs and putting in place strategies to increase the volume of support delivered to this group of families.

Fulfilling the Pledge

The evaluation found that all three of the Early Help Family Support services have established an effective support model which goes a long way to meeting each of the seven commitments set out in the Pledge. There was some variability in the extent to which each service was meeting each commitment, but this was reflective of specific operational issues, rather than a lack of commitment to the fundamental principles.

Quality and Consistency of Support from Family Support Worker (Pledge 1 and 3)

Families from all three services were very positive about how they had been engaged in support and the relationship they had built with their support worker. In all cases reviewed, there was regular formal contact which was supplemented by ad hoc phone calls to and from the families, which was in line with service specifications. Families reported that they felt the support workers were non-judgmental and very practically helpful as well as being an important support as parents dealt with agencies and services they needed for themselves or their children.

Parents from **Families First** reported that support provided was:

Supportive:

"From day 1 we hit it off and she saw me at my worst. She was very warm. Some workers can be very condescending and think because you've got a disability you're not intelligent. She was very accepting and went at my pace."

"It's a really good service and without them I don't know where our family would be."

Persistent:

"The service was actually very persistent. I thought most support workers would be too busy. If you're not crying out for help, they can ignore you. But she was different, she called me back and she was lovely, she really engaged me."

Skilled with working with the whole family:

"She had an amazing range of skills being able to include and engage my 2 year old, 19 year olds and the others in between";

Knowledgeable:

"She helped me with everything, benefits, my home, my children, and my health. She just knew how to get what we needed."

Challenging:

"I suffer from depression and would sleep all day. She wouldn't accept this was my lot. Now I get up and have something to do, places to go, people to see. I can see a future and that includes working and having a career."

Managers reported that the keyworker are very good at 'empowering' and 'advocating', both within the home and with other services. This is a critical feature of the support provided by the early help services, which seek to improve the resilience and independence of families. Within IFIT, the importance of securing a strong, persistent, assertive and challenging relationship with the family was more evident. Often workers have to deal with a greater level of resistance to support, (borne from families previous negative experience of the support they have received) and because their issues are more entrenched and therefore more difficult to make positive change to. This requires a distinct set of skills and experience, which need to be matched to the needs of the families. The skill mix and professional experience of the workers within IFIT was identified as a key strength by the evaluation team, and based on our experience of research with comparable teams in other areas. However, there were also examples where there could have been a better match between the skills of the worker and the needs of the family, especially in terms of engaging and challenging young people and parental authority.

"The support is only as good as the worker. Some are less good with challenge".

"We need to better about knowing and telling the family about consequences".

"We need to be better at straight talking – we can build relationships".

"We need to be better at making a change happen".

Assessment and Support Planning (Pledges 4 and 7)

With regards to assessment and support planning, all services were committed to taking a whole family approach and considering the needs of all family members.

Both Families First and IFIT have in place exemplar processes for assessing families. The two services provided thorough, proportionate, analytical and well documented assessments, which in most of the cases reviewed, led to clear, outcome focused support plans which were co-produced with families. The assessments allow support workers to build strong and trusting relationships with families, based on a clear understanding of their issues and the impact they have on families' lives.

Within Children's Centre Family Support, there is scope to improve the depth and consistency of the assessment process and recording of information. The quality of the e-CAF early help assessments reviewed was variable. Where there was a plan, recording was patchy. It did not appear that the professionals felt the whole family assessment adds value to their work. However, it was found that, in practice, professionals were clear about families' histories and needs and put appropriate support in place. Therefore the focus on improving assessments within the service needs to be proportionate to the complexity of the cases they support.

Families clearly had a strong 'voice' in drawing up goals and plans. A strong ethos of working whole-family was evident, which was reflected in the assessments and plans in all services. However, the extent to which whole family working was achieved in practice varied on a case by case basis, depending on the willingness of different family members to engage. In all services there were examples of very effective whole family working and parents in particular valued the support provided. However in Families First and IFIT, there were several examples amongst the cases reviewed where support workers faced significant challenges in engaging the young people in a way that resulted in improving their outcomes. Issues identified included young people feeling that the support worker was '*on the side*' of the parent, due to the emphasis on improving parental authority, which led to hostility towards the keyworker. In other cases, the young person engaged on a superficial level, but that they did not put into place the actions agreed during 1-2-1 sessions. Within Families First, capacity was often an issue for the support workers and other professionals were identified to take the lead on issues related to the young person. Ensuring that other services have met these outcomes should be more of a feature of support and supervision, before families are exited. Within IFIT, there may be a need to co-work cases if there are services or individuals that some young people will engage with and trust.

Accessibility and Availability of Support (Pledges 2, 5 and 6)

Across all services, there was a commitment to getting the appropriate support to families, much of which could be provided directly by the support workers. Where more specialist input or a partnership approach was required, support workers were effective at bringing together a Team around the Family (TAF). There was also a strong commitment by all three services to 'not passing the buck' as set out in Pledge 2.

For parents with children aged 0-5, the family support is located in the heart of the universal services – the children's centres. This is a huge strength in terms of ease of access, collaborative work between professionals, and flexibility in terms of the support offer and the timescales of

engagement. Support is family-focused, parent-led, and has a strong ethos of facilitative support aimed at building the knowledge and confidence of parents so that they can continue to secure positive outcomes for their children after support has ended.

Comments from families who had received Children's Centre Family Support included:

'They pull support around you'

'They don't take your role as a parent, they encourage you to play that role well'

'She never says no – she always comes back to me'

'They will literally do anything to help you get back on your feet'

For Families First, the open access nature of the support has been a key strength in terms of establishing a non-stigmatising service that families trust and are happy to access whatever their range of needs. Maintaining the accessibility of the service should remain a priority to ensure Islington maintains its commitment to intervening early.

For IFIT, support is accessible but only when families have hit very high levels of need. The question arising from the evaluation is whether this intensive, whole family approach should be accessible at an earlier stage in the families' escalation of needs.

Some examples of what IFIT families learnt from the support is provided below.

Example 1

"We learnt strategies such as one person talks at a time and the other listen, you can write notes but must listen. It was very helpful. We had a family timetable which he sometimes stuck to."

"She taught Z to count to 10 and be less impulsive."

"I had employment support from N, who is great and helped me to get onto a computer course and back to work. I started to get bored at home and now I am back at work I feel so much better about life."

"I also had support from the adult mental health support and she gave me CDs and strategies and that all helped."

"N thought Z should move out, needed independence and the key worker supported him to get supported accommodation. He didn't in fact like it – was not as ready as he thought he would be and came back home".

Example 2

"It was great as they got us moved and were really supportive. They also helped us with X. He now has his own bedroom which is a massive help- he has somewhere to calm down and his own space".

Example 3

"It was good- I was strong with him. We agreed rules such as 'if he came in past 10 I would call the police'. I wanted to pack him off. They showed me how to do things, validated me and told me where I was going wrong".

The Impact of Early Help Support

In the context of the positive findings with regards to the Pledge we now turn to consider the extent to which each service is meeting the needs of families; supporting sustainable change and promoting resilience.

Impact of Children's Centre Family Support

Children's Centre Family Support works with families with children aged 0-5, which (based on the sample of 10 families reviewed, and the services specification of the target families they aim to reach) involved often young, lone parents who have complex personal histories (e.g. histories of substance misuse, relationships with offenders, recent domestic violence, mental health issues, bereavement). From the cases reviewed, the support was considered to be very effective at addressing the issues families were initially referred for, including social isolation, depression, parenting needs, accessing nursery provision and resolving housing issues. Support workers built strong relationships with parents, and had the time and flexibility to work alongside them for a sustained period of time. Parents were very often very motivated to work with the service, and willing to accept support.

From the ten cases examined, the vast majority (8 out of 10) families achieved the outcomes which had been agreed as the target at the outset of the work and nine out of ten no longer required the input of additional services. These outcomes achieved are a close match to the key service objectives established for Children's Centre Family Support. However, there is limited evidence from the Children's Centre Family Support service to establish whether these cases are reflective of the wider experience of support provided, or to establish whether the outcomes for these families will be long-lasting as they are, by definition, so early on in their career as parents. What was striking was that all the parents interviewed spoke of the confidence they had gained during the time they were engaged with their support worker. However, there is a clear need to improve the evidence of impact within this service to identify more detail on what difference the service is making and to whom.

For Children's Centre Family Support, the question arising from the evaluation is whether the service is doing enough to identify and engage all vulnerable parents, in particular those who have older children (3-5) and who do not engage with Children's Centres. Most of the ten families reviewed had just one child under the age of two, and we know that one in five children families known to Children's Social Care were not engaged with Children's Centre Family Support. Ensuring that support provided includes more families who are most in need of support should be a priority for the next phase of strategy.

Impact of Families First

Families First supports families with a very wide range of needs, from those with newly emerging problems, who have not received support of this nature in the past, to those being stepped down from Children's Social Care with complex histories. Based on a review of quantitative data, and from the reviews of twelve case files, support appears to be effective at improving outcomes for around 80% of families it support.

Support was very effective at meeting the needs of early intervention cases or those with a narrower range of issues. Families were typically happy to engage in support and positive about how it had improved their lives, particularly with regards to improving home environments, building relationships with schools, accessing more specialist services and addressing financial problems. Families reported a sense of improved confidence, stronger family relationships and better parenting in households. Parents were more motivated, which was achieved through improvements to social and support networks and a reduced sense of isolation. Children were better engaged in their education (improved attendance), involved in positive activities and felt more emotionally secure following support. Whilst these changes are difficult to quantify, they give a sense of improved resilience following support.

However, addressing some of the issues which related to behaviours and relationships (parents and children) was more of a challenge amongst the Families First cases reviewed, particularly those with more complex needs. Families First keyworkers have higher caseloads and typically shorter interventions than their colleagues, and, when combined with a higher average of family members, this means they have less time to spend with each family member on their issues. Changing parenting behaviours can require a significant time investment to reinforce and embed advice given. Whilst it was clear that many positives outcomes were achieved by the keyworkers, for families with more complex issues, support was not intensive or challenging enough to 'turn the curve'. This view was corroborated by support workers in the focus groups. Managing the mix and balance of the caseloads of workers should remain a priority for the service.

In the context of these positive improvements, it should be acknowledged that whilst most families were in a much better position on exit, often with appropriate support in place, vulnerabilities remained and there was no guarantee that issues wouldn't re-emerge. One quarter of the cases reviewed had had previous support from Families First. Whilst it is unrealistic to expect that the service can address all problems for all families, some families could be taken further on their journey before they are exited. This was particularly evident where families had been referred for lots of additional support but cases had been closed before the outcomes had all been achieved. In our professional opinion, there is a need to prioritise the issues which will have the biggest impact on children's future outcomes, and focus on ensuring these key goals are achieved before families are exited.

Families First: Impact on Education Outcomes

Data available on outcomes achieved by families supported by Families First shows that 68% of children and young people with at least one unauthorised absence in the term preceding support improved their attendance, following support.

Exclusions, both fixed and permanent, were not an issue for the majority of children and young people engaged with Families First. For the small number for whom this was an issue, 48% saw an improvement during the period FF were engaged with the family.

Families First: Outcomes Star

The outcomes star asks families to rate themselves on eight indicators related to family life. The data shows that in 2013/14 providing home and money was the most common area of concern for families (71% of families), followed by setting boundaries, meeting emotional needs and supporting learning, which were issues for around half of families on entry. For each area of concern improvements were made in around 80% of families by exit. This evidence is consistent with the findings from the case file review.

Impact of IFIT

IFIT works with families who have very complex needs and have adolescents who are at high risk of entering custody or being looked after. It is acknowledged that meeting the needs of these families poses a significant challenge and often has not been achieved by other services prior to referral. They are also generally more difficult families to engage and resistance to support is common. The aim of support is to get families to a point which reduces risk to an acceptable level, and step them down to a targeted or universal service which can continue to improve their outcomes (such as Families First). Given the age of the indexed young people being supported currently in IFIT it is worth noting that the current Early Help services (Families First and Children's' Centre Family Support) were not available earlier in the young people's lives.

The IFIT model of assessment is the most comprehensive and in depth that researchers have come across. This is a major strength of the team's work. The assessment process is very through and provides extremely detailed information on family background, dynamic and needs. It provides in depth analysis of the reasons for the presenting issues, and often identifies significant issues which were not known at the beginning of work with the family and are likely to impact on the potential for families to change. The support process and the goals that are set and actions taken are linked directly to the assessment process, taking into account what is known about the family and what strategies are more likely to lead to change.

From the case files studied overall, the support made a positive impact on the lives of seven of the ten cases reviewed, with four of these stepping down from statutory level support. Amongst these families, there were improvements to parents' confidence and self-esteem, the quality of their parenting, their level of parental authority and some parents also secured

employment. These improvements in parenting contributed to observable and measurable positive changes in behaviour, such as reduced levels of aggression and violence at home, offending behaviour stopped, there were improvements in attendance, success in exams, and an ASB related eviction prevented. The success in achieving positive outcomes with these families should not be underestimated – in some families, this also meant that the younger children were much more likely to have appropriate structure and boundaries than had been the case for their older siblings.

These qualitative findings were backed up by measurable outcomes reported by a larger cohort of families in a range of validated tools, including the Family Outcomes Framework, the Strengths and Difficulties Questionnaire and McMaster's Family Assessment Device (FAD). These tools demonstrated measurable improvements in the parents' perception of children's behaviour, boundaries in the home and young people's emotional and mental health.

For three out of ten cases reviewed, support made some improvements to parenting and home life, but did not sufficiently change the situation to reduce the level of assessed risk. Major challenges were, changing wider influences on the indexed child (older siblings/fathers), engaging recalcitrant young people in support or accessing education / learning support which was appropriate for the children's needs. These cases involved children being stepped up to Child Protection plans and IFIT withdrawing from support.

The evaluation identified two key areas, which based on our professional opinion could be changed to lead to improved family outcomes. One was around the fact that although the assessment is 'whole family', the support process focuses on the indexed young person and often one parent and that the needs of siblings (both younger and older) are either not worked on, or there is a less success in meeting outcomes for them. This could create risks of them following the same pathway as their siblings or limits the success that support can have.

The other was around the level of challenge with both young people and their parents. In some of the less successful cases, support workers did not appear to have had conversations about the consequences of non-engagement (e.g. stepping up to child protection plans, poor educational outcomes, exclusions etc.), if changes were not met. This is a key skill required in working with complex families.

Whilst the evidence indicates that the team is supporting families on the issues which reflect the key service priorities, the entrenched and severe nature of the issues makes changing behaviours very difficult. This serves to emphasise the importance of earlier, intensive whole family support as issues emerge and escalate, and the potential to widen the scope of families supported by IFIT.

IFIT: Impact on Hard Outcomes

IFIT is an excellent example of a service committed to collecting evidence to evidence improvements in outcomes. The service collects and analyses a range of data on families through validated tools which show both improvements to both soft outcomes – such as family

functioning, relationships and behavior ((SDQ, FOF, FAD) and hard data on outcomes related to unauthorised absence, exclusions and offending. Further work is required to bring this evidence together to convey a clearer picture of impact.

The data recorded on key outcomes shows that in 2013/14:

- **fixed term exclusions**: a total of 24% of children had been subject to a fixed term exclusion in the term before referral. On exit, this figure had reduced to 7% of all children in the IFIT cohort. For the first two quarters of 2014/15 exclusions reduced from 22% of the cohort to 10%;
- **unauthorised absence** - of 81 children with any unauthorised absence prior to IFIT involvement 31% (25) saw an improvement in attendance during support by IFIT;
- **offending behaviour (2013/14)** - the total number of CYP engaging in offending behaviour reduced from 33 before intervention to 19 during.

Over the 18 month from April 2013 to September 2014 period the average number of offences per offending young person fell slightly from 2.9 to 2.5.

Reducing Demand for Specialist Services

The evaluation was asked to consider whether there is evidence to indicate that the Early Help Family support services are:

- reducing the numbers of families with escalating needs thereby reducing the need for input from statutory and specialist services?
- reducing the numbers of children in care or custody and the numbers of families evicted?

The evidence from the case file review suggests that the services are working well to meet the needs of families, particularly with regards to early intervention cases. However, it is difficult to predict, particularly for Children's Centre Family Support and for Families First, whether the families would have ultimately required specialist or statutory input. What now seems likely, is that a proportion of these families will have avoided contact with high end services altogether, whilst others may still require specialist / statutory input at some point in the future, but perhaps for less time. However, there is also a valid argument that support is identifying previously unknown child protection issues which is counteracting any reduction in demand. From Interface's knowledge no local authorities that have reduced the number of families referred to Children's Social Care since the introduction of early help strategies and the troubled family agenda.

With regards to the IFIT families, again the evidence suggests that the service is improving a number of key outcome areas. Four of the ten cases reviewed reduced their level of need to an extent which affected demand for the high cost, statutory services. There is also evidence that the service has reduced evictions, and perhaps that younger siblings may not end up in care or

custody because of improvements to parenting. However, this cannot be established conclusively.

Conclusions and Recommendations

Ofsted's recent report on Early Help (2015)[2] highlights that independent reviews and research have long championed approaches that provide early help for children and their families. As Professor Eileen Munro highlighted in her review of child protection[3], 'preventative services can do more to reduce abuse and neglect than reactive services'. Ofsted reinforces the view that it is right that local authorities and their partners are focusing increasingly on early help and prevention services for families.

However, the review has found there was a concerning lack of progress in the development of effective preventative support, and that authorities were not learning the lessons from the serious case reviews. Key issues were identified in relation to missed opportunities for support, ineffective assessments, lack of focus on the whole family and younger siblings, plans did not focus sufficiently on the needs of the child, outcomes were not monitored and reviewed and management oversight was weak, amongst others.

Islington's early help services were established to target families with multiple needs and the service delivery model is based on what is known to work with this target group (for example, lead professional, whole family assessment and plan). Whilst there is absolutely no room for complacency in developing effective early help, this evaluation has found that Islington has gone a long way to establishing a support service, delivery model and operational practices which address many of the issues identified in Ofsted's review. Assessments, whole family focus, appropriate processes for allocation of cases that did not meet social care thresholds and outcome focused planning were particular strengths identified, although there is scope to improve recording of information on assessment and support planning within Children's Centre Family Support.

Each of three services has been successful in directing their services at families who face the 'priority issues' outlined in their service specifications. Support is delivered in a way which parents appreciate and reflects the values set out in the Early Help Pledge. This also means that the services are well placed to deliver the expanded five year national troubled families programme which sets out five 'family problem' areas including crime/antisocial behaviour; education; employment; health; domestic violence; and children who need help.

---

[2] Ofsted, *Early Help: Who's Responsibility,* 2015

[3] Professor Eileen Munro, *The Munro review of child protection: final report – a child-centred system*, Department for Education, 2011

However, there is also scope to improve some aspects of the early help services to ensure families' needs are met earlier through the whole family approach.

Strategy Recommendation 1: Families First is working above capacity, and the service is supporting many families who have children aged 0-5. In order to free up capacity within Families First and to make best use of the Children's Centre Family Support service (which is considered to have capacity), more families which include children who cross the age boundaries should be directed to Children's Centre Family Support, unless the referral issue is specifically related to siblings who are at school.

Strategy Recommendation 2: There is a need to engage more families with adolescent children with escalating needs before the issues become entrenched. These families, who may be the future IFIT cohort, need to be provided with intensive whole family support, earlier than is currently possible. Services need to agree whether this should be provided by Families First or IFIT, and, based on available evidence, the level of structure and rigour support needs to take.

Children's Centre Family Support

Phase 2 of the Troubled Families programme will have some significant implications for the family support service in the Children's Centres as the reach of the programme extends. The majority of the families they currently work with will be eligible under the six 'family problems.' This means identification, assessment, planning and recording progress systematically will be key, as will be the ability to take a 'whole family approach' that includes older children and young people as well as parents and children under five.

CC1: Discussions should be held with the Midwifery and Health Visiting Services to understand and remove the barriers to referral to the Family Support and Outreach service.

CC2: Ways of effectively recording the activity of the support workers are explored and implemented in order that the reach and impact of their work can be better assessed.

CC3: That guidance on the use of the available assessment tools (The Family Support Assessment Tool, the e-CAF and the Family Star) be reviewed with a view to ensuring consistency, avoiding duplication and minimising practitioners' time spent on paperwork. Further training is required to improve practice in this area.

CC4: Data reporting and analysis of activity in Children's Centres at individual and Borough level should be consistent and regular in order to properly understand capacity, trends and differences between centres and overall across the Borough.

CC5: Capacity of Children's Centre Family Support Service be reviewed to ensure the service has the capacity to 'turn families around' in phase two of the national troubled families programme.

Families First

Families First has successfully established an open and accessible service that both families and services are well aware of and trust, and in the majority of cases, support is considered to reflect the principles of 'early help'. The teams work effectively with each other and with partner agencies to identify a range of appropriate support for families which aims to address their outcomes.

FF1: **Maintain the open access nature of Families First** (anyone with children aged 5-19 without a social worker) to continue to build on the success the service with regards to early identification, early intervention, and to allow the service to provide a strong safety net for families who sit below thresholds for statutory intervention.

FF2: **Undertake further investigation with IFIT/TYS/secondary schools etc. to review which services are currently delivering support to teenage children with escalating needs in relation to behaviour, attendance, substance misuse, teenage parents, ASB, caring, mental health needs** (as defined in the service specification) and in what volumes. Consider whether the support these services are offering is 'whole family'. Consider whether there is there scope for increased joint working between Family First and services for young people to broaden the support offered to parents and other siblings.

FF3: Review the number of cases held by support workers, in particular those supporting families who require more 'intensive' family support. With its current caseloads (16-20 families), Families First is unable to provide the intensity of support that may be required to 'turn the curve' for some families.

FF4. Ensure specialist services such as the Learning Disabilities Team and Adult Social Care are drawing on FF for support and considering the wider needs of families with additional care needs. Also focus on providing support across key transition points, in particular between primary and secondary phases of education.

FF5: Consider whether there is scope for **managers to be involved in undertaking the first visit** to families to help with more efficient assessment, engagement and support planning. This would be of particular value with less experienced FSWs and may help address some of the recommendations which follow.

FF6: Increase the timeline for assessment and support plans to be complete to 5-6 weeks to more accurately reflect reality. The current timescales are unrealistic in particular for more complex cases/larger families.

FF7: At the end of the assessment phase, clearly articulate a **desired 'destination'** for the family in conjunction with the family. Define where they need to be before they will be exited from support. Reviews to focus on measuring progress along the journey, and the continued relevance and importance of outstanding issues.

FF8: Improve prioritisation and phasing of support. When developing support plans for families, more consideration needs to be given to the prioritisation and phasing of support in particular for families with more complex needs. There can be a sense that there is a need to address all of family's issues within 3-4 months leading to multiple referrals to different services. This can confuse and overwhelm families. Whilst drawing on other services for specialist support is a major strength of the work of the team, FSWs need to consider whether the referral is timely and appropriate for the family, and what else could be done within the team to best achieve the outcome for the family.

FF9. Increase the amount of time spent with families of more complex cases to allow a greater focus on improving resilience. Because of time pressures there is a tendency to 'do' things for families, rather than empowering families to do for themselves. This means families are coming back for support. FSWs need to have the time to focus on building resilience of more vulnerable families.

FF10: FSWs to ensure outcomes are achieved rather than actions being completed when reviewing the progress of families. In support planning, there is a tendency for the action for some outcomes to be 'referral to…' Actions/outcomes are marked as complete because the referral has been made, rather than because the family has taken up the referral and the outcome has been achieved. During reviews, more thought needs to be given to why families have not taken up the referral (where this is the case), how important the issue is for the family, how likely it is they are to address the problem at this stage in support, and if it is not addressed the risk/likely impact on the family. There should be better recording on support plans about what is going to happen where outcomes are not improving and are likely to affect the future stability of the family.

FF11: Improve level of challenge and support in supervision. Supervision needs to be increasingly challenging about the content and timing of support plans, and the progress families are making. More consideration needs to be given as to whether families are able to receive the necessary intensity of support to meet the needs of more complex families and support provided to identify alternative solutions to move the families forward.

FF12. Provide / increase training and support to the team with regards to family mediation and domestic violence. Many families in receipt of support are struggling to change outcomes (in particular with regards to parenting) because of parental conflict. FSWs are increasingly providing a mediation role and need to be equipped to deal with this issue to enable parents to move forward.

FF13. Maintain and potentially expand the range of specialist posts within the team (AMH and employment) to respond to evolving / emerging issues within the team, in particular taking into account the Troubled Families Phase 2 criteria. Expertise with regards to dealing with DV and parental conflict has been a key issue amongst the 2014-15 cohort of families.

FF14. Improve communication and plans around exit. Families do not seem prepared for exit and are not always clear about the support network in place. Families and support plans need

to clearly evidence what support network is in place for families and where they should go for help. Many families are coming back to Families First because they know they will get they get help on all issues rather than going to the more relevant service to deal with their specific needs (e.g. completing forms).

IFIT

The IFIT model of assessment is the most comprehensive and in depth that researchers have come across. This is a major strength of the teams work. The assessment process is very thorough and provides extremely detailed info family background and the family needs. It gives consideration and deep analysis of reasons for presenting issues, it identifies issues which were not known at the beginning of work with the family, or prior to the IFIT intervention and the assessment includes a very detailed risk assessment. The families clearly needed intensive and whole family support and the service is mainly targeted at the right families. However, there was a strong view amongst both families and intensive family support workers that they would have benefited from intensive whole family support at an earlier stage in their journey.

IFIT1: Consideration needs to be given to the IFIT model with regard to maintenance and how to exit support

IFIT2: Consideration could be given to c**hanging the family intervention worker** when it is clear that there is a lack of progress, on occasion and where appropriate. Evidence suggests that the relationship of the key worker is critical to bringing about successful change with a family. If cases get stuck it may be that this worker is not the best person to provide this support for a variety of reasons. On occasion it may be worth considering a different worker with a different skills set/approach to see if movement can be made.

IFIT3: Consider more **dual working cases** using a mix of skills in the team. It is evident that some workers have excellent skills at engaging/challenging young teenagers, and others have skills around counselling etc. It may be that family needs a range of skills that one worker does not have. E.g. the indexed child needs assertive challenge but mum needs different support. This may be provided well by using two workers with different skills to bring about the required changes. This could be short/medium or long term depending on the needs of the family. This has recently been agreed as part of the IFIT model, and is working well.

IFIT4: Provide an opportunity for **the manager to meet the family on their own** on occasion during the support (possibly at 3 months and 6 months into the intervention) to gain an objective view of the relationship between worker and family and discuss progress and any blocks to progress with the family.

IFIT5: Consider providing more training and on-going support around having difficult/challenging and uncomfortable conversations with family members particularly around sanctions and levers for change. This was evidenced as a weakness in the support provided.

IFIT6: Consider **mixing the teams** to share skills across NRC and IFIT 1 and 2.One of the biggest strengths of IFIT as a whole is the range of skills across the teams. The full benefits of this may not be realised as IFIT 1 work as a team, IFIT 2 work as a team and NRC work as a team, yet there are clearly **different skills sets across the teams**. Mixing these occasionally for group supervision or for joint working could improve practice in weaker areas and be refreshing for workers who are always learning from each other.

IFIT7: Consider **closing cases earlier** where families do not engage sufficiently to make changes. There was evidence that some cases had made little progress and were closed after one year. If this is evident earlier then it may well suit to close them earlier, ensuring that the family are aware that there are still concerns regarding their behaviour but that IFIT are not seeing progress with the family.

IFIT8: More consideration given to providing more **flexible support** (more than twice weekly) based on the families need. There was evidence of this but there was also a strong view that workers visit twice per week.

IFIT9: Consider **providing group supervision across the teams** on occasion to provide 'fresh ears' and challenge across the IFIT teams, or perhaps managers attending another team's group supervision on occasions.

IFIT10: Provide more **joint working** with referring agencies or those able to **implement sanctions** to families. In particular around Housing, Probation, Social Workers and Youth Offending. Some families engage better when there are imminent sanctions. Joint meetings setting out clearly what these are may provide the challenge necessary to act as a catalyst for change for families.

IFIT11: Consideration could be given to providing **a follow up meeting**, or at the very least, a phone call with the family after the intervention has ended. Perhaps after one month, 3 months and a year. This would establish whether progress has been sustained (useful to demonstrate outcomes) but also importantly make families feel thought about/cared for in the longer term. There was strong feedback from both families and workers that **the endings are quite abrupt,** even after the maintenance phase. Families talk about being 'abandoned' and never contacted again after having someone very involved in their lives in a supportive

IFIT12: Although there is adult mental health support in the team this is spread thinly and the team would **benefit from increased capacity** in this area and phase 2 expansion could provide an opportunity for this. This would allow for more direct work to be provided to family members.

IFIT13: Thought should be given to providing **clear links** and a stronger relationship with education providers to **proactively** (not reactively) identify, work with and ultimately possibly refer families earlier for intensive whole family support is needed.

IFIT14: As there is capacity in the team and referrals are low this could be an ideal opportunity with the expansion of the troubled families programme to **consider the**

expansion of the criteria and commence a communication process with partner agencies around a widened criteria.