

Evaluation of the Sheffield Building Successful Families Programme

Final Report

October 2015



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Executive Summary

Introduction

Ecorys was commissioned by Sheffield City Council in April 2014 to evaluate Building Successful Families (BSF): Sheffield's local response to the national Troubled Families programme.

BSF was preceded in Sheffield by a Whole Place Community Budget pilot and a Family Intervention Project (FIP). Building on this learning, Sheffield made a commitment that services supporting families should deliver a whole household approach of "one family, one worker, one plan". It is these principles that BSF has built upon to develop a 'way of working' with families. BSF aimed to drive change across a range of partners to embed this 'way of working'.

The model adopted did not aim to implement a 'new', separate service; instead, BSF supported existing services through investment to increase their capacity to work with the whole family using the principles of the way of working. Investment was made into a number of services and specialist posts.

The way of working was at the heart of the four outcomes BSF sought to achieve by the end of its planned lifetime, which could be summarised as:

- Families are an integral part of the programme and we have a sustainable plan for supporting 'whole families'
- Our way of working is the norm across services supporting families for services delivering responsive, quality services
- We have IT and information management that supports our way of working and Payment by Results
- There are fewer 'troubled families' in Sheffield.

Design of BSF and Key BSF Processes

Unlike some other local authorities that created new teams to deliver their Troubled Families programme, BSF was embedded within existing service structures, predominantly the Multi Agency Support Teams (MAST) that dealt with similar families. BSF continued a culture of a lead professional or key worker engaging a family around an action plan and multi-agency approach. BSF enabled this process to be extended, more quickly and intensively, across services other than MAST and supported enhanced and integrated support to families.

Stakeholders almost universally recognised building on existing structures as the correct approach. However, doing so made it more difficult for BSF to differentiate itself from what went before. Awareness and engagement by services and practitioners improved with time and was enhanced by training and communication and support from council staff including the Chief Executive and Cabinet.

In general, those 'closer' to BSF's core principles (for example, MAST and Children's Services) understood BSF and bought into it more quickly and in more depth than those 'further away' (for example, social care, health services and schools). However, it was apparent that this varied, even within services. Capacity and resource constraints were widely

perceived as significant barriers to greater initial engagement with the programme. Formal agreements with partners may help secure further finance and resource commitments, particularly now that services are now able to 'see' or benefit from BSF.

Key challenges also remain in relation to data sharing and families' informed consent. Data sharing agreements could overcome these challenges; protocols for these have largely been agreed for the Expanded Troubled Families Programme recently launched.

BSF made the action planning process discernible to families and ensured that it considered all family members. Where relevant, employment was included in the plan, which for some families represented the first time employment had been considered in this way. Feedback from stakeholders suggested that families welcomed ownership of their support and felt empowered. It was also noted that this process meant that families no longer needed to duplicate their stories and actions with a myriad of professionals, and that this also represented a better use of resources. It appeared that these advantages are diminished somewhat if the action plan is not written down or available for families to refer to in their own homes. It was noted that the Action Plan tool will continue to be refined and streamlined for the Expanded Troubled Families Programme.

Way of Working and Systems Change

Awareness and implementation of the way of working was generally thought to have improved over time. Again, those 'closer' to BSF tended to recognise and implement the way of working practices, whereas those 'further away' were less likely to. The latter were thus seen as the area where further attention needs to be focused for the Expanded Troubled Families Programme.

Key workers and other stakeholders felt that the specialists created through BSF played an "essential" and "invaluable" role in the support offer provided. The specialists provided advice and guidance to frontline staff, supported key workers in their delivery to families and acted as 'BSF champions'. It was also noted that they bridged a number of gaps that existed prior to BSF, particularly around school attendance, adult services and families on the edge of social care.

Employment and Skills Specialists, seconded from Jobcentre Plus, were also particularly welcomed by key workers, given that employment and benefits were areas key workers generally felt they would not have been comfortable tackling alone. Some key workers also reported a change of mentality in this area, with employment becoming more of a focus in terms of providing support to families. Employment and Skills Specialists also were helpful in enabling BSF to access Department for Work and Pensions (DWP) data.

BSF processes were also seen as increasing the robustness of practitioners' work and improving case management. Equally, BSF also directed support to families towards more specific outcomes, particularly employment.

Relationships with Local Partners

All key workers interviewed had consulted other professionals on behalf of families, and there was evidence of support being provided by other professionals in addition to the key worker. Through such collaboration, key workers often noted that the support available to families had increased and proved more effective than if they were operating in isolation. Co-location was seen as having made collaboration between professionals easier.

Key workers were universally positive about holding the Team Around the Family (TAF) meetings arranged as part of the approach and most families welcomed them. TAF meetings were generally well-attended by partner services and stakeholders believed that attendance generally improved over the lifespan of BSF. This was felt to be due to services becoming more aware of BSF and developing their understanding of it, along with beginning to see the benefits of the approach. However, some families, as corroborated by key workers, mentioned that some professionals would sometimes not attend. Though not all agencies needed to attend every TAF meeting, regular non-attendance was seen as being detrimental to families' progress.

Support for Families

At the outset of support, families typically had a history of prior service involvement due to their multiple and complex needs. In response to these needs, families received wide-ranging support through BSF, which could loosely be classified as either relating to 'practical' or 'emotional' measures. Group and one-to-one work, in addition to creative and interactive approaches, also formed part of the support. Tailoring work with families to individual needs and designing support to build up parents' capacity to parent their children were often cited by key workers as important in families being able to sustain outcomes beyond BSF support.

According to families and BSF stakeholders, families' satisfaction levels with BSF were higher than for other similar initiatives. Generally, families appreciated the intensive nature of the support and, compared to previous support, families and key workers suggested that support by a key worker generally met families' needs and was more 'whole family' in nature.

Without key worker support, families generally felt that the types of practical and emotional support provided would not have been available. This may largely be because, on their own, these elements of support do not necessarily lead to any specific outcome; however, combined, these areas of support were clearly important factors in improving family functioning and generating positive outcomes for individuals and families.

Families' Progress

Payment by Results data provided to DCLG showed that all 1,680 of the local target families had achieved outcomes to claim a Payment by Results payment by the end of February 2015. Given that all 1,680 families were subject to these payments, added to the perceived relatively long lead-in time of the programme, it was therefore a real achievement that BSF achieved its desired outcomes. There were obvious difficulties encountered in 'turning around' every single family, given the entrenched nature of many families' issues.

Families reported a number of positive changes during the course of their intervention. The main impacts appeared to concern school related outcomes, such as attendance and behaviour, along with improved parenting and confidence. Improvements in school/college attendance were noted in over half of families consulted. Progress on employment outcomes was slower; this reflected the national picture in respect of the Troubled Families programme.

Both families and key workers consulted through the family research attributed many of the positive changes for families at least in part to BSF support and the focus on reflecting the family intervention factors mentioned in the national guidance and Sheffield's 'way of working'. In many cases families foresaw significant consequences of not having BSF support.

Building up parents' capacity to parent their children and providing a sustainable plan to manage their own affairs post-exit were cited by key workers as being central to their work being effective.

Conclusions and Recommendations

Building on existing structures and services within Sheffield, it was clear from the views of stakeholders that BSF continued and enhanced the way of working ("one family, one worker, one plan") being developed within the city. It was widely felt that BSF enabled processes such as the Family Common Assessment Framework (FCAF) and TAF to be implemented more quickly and more intensively, across services other than MAST, both within the council and the voluntary sector. It was also commonly reported that BSF has added value, particularly in the form of support from 'specialist' workers.

The findings from the evaluation suggest that BSF has, to a large extent, met the four BSF Outcomes set for the programme, though perhaps in a full sense only in a limited number of services, predominantly MAST. Mainstreaming BSF beyond the current 'core' of the programme thus remains a key focus for the Expanded Troubled Families Programme, albeit in the context of recognising that such significant change takes time. The positive changes for families BSF is now generating are likely to prove important in engaging new and existing stakeholders in support of this expanded programme. It is also evident that a clear intention amongst key workers and other stakeholders, including the council's Chief Executive and Cabinet, is that BSF should remain part of the council's overall approach to supporting families in the long term.

The Expanded Troubled Families Programme requires BSF to work with more families over a longer timeframe (5,540 families over the next five years). To deal with more than three times the number of families compared to the original target of 1,680, it is likely that BSF key workers must move beyond simply coordinating existing services, and reduce the number of people that families deal with, or reduce the contact these professionals have with families. This should be beneficial to all services because cuts to budgets mean services must work more collaboratively to maintain their support.

Looking ahead, Sheffield seems well positioned to build on the work undertaken during the first phase of BSF, which has provided a good base for the Expanded Programme. The ultimate goal is for BSF and its processes (such as the FCAF, Whole Family Action Plan and TAF) to continue to be embedded across partners as the 'business as usual' approach to working with adults and children and, therefore, families. The following recommendations are proposed, building upon the learning from this phase identified by consultees:

- To further embed the approach more widely across the city, **BSF could outline to partners evidence on the benefits of the BSF approach**, via for example case studies, holding programme events, showing the financial benefits the collaborative approach brings or through this evaluation report.
- Building on the principles of data sharing for the Expanded Programme, **BSF might consider revisiting data sharing agreements and protocols with BSF partners**, to ensure data sharing is as comprehensive and seamless as possible.

- Improving communication with partners could further the reach of the programme: for example through **regular email updates to key workers and other stakeholders. Key Worker Network meetings could be promoted more widely to staff** to continually develop their practice and access further knowledge and resources.
- **Formal agreements could demand more commitment from partners.** In addition, **greater accountability on TAF attendance** (or alternative arrangements if practitioners are unable to attend), could be supported; for example, the way of working could feature more prominently in policies, job descriptions and cross-service agreements.
- **BSF could support a wider rollout of self-referrals, peer support and post-exit monitoring** by key workers, and **support a mechanism by which families can provide feedback** on BSF support.
- **BSF should ensure that a legacy of greater key worker understanding of employment issues is sustained beyond the natural life of the programme**, by enabling Employment and Skills Specialists to share their knowledge as much as possible.

1.0 Introduction

Ecorys was commissioned by Sheffield City Council in April 2014 to evaluate Building Successful Families (BSF): Sheffield's local response to the national Troubled Families programme.¹

1.1 BSF and the National Troubled Families Programme

BSF was Sheffield's response to the national Troubled Families programme, the aim of which was to 'turn around the lives' of 120,000 families across England. The Troubled Families programme sought to boost the capacity, quality and responsiveness of family intervention services by supporting the following elements:

- **Family intervention services**, of which BSF is one, based on principles of effective delivery from Family Intervention Projects (FIPs) and other evidence-based family interventions
- A network of local **Troubled Families Coordinators** (TFCs) to ensure a joined-up approach for targeting the 'right' families at an area level
- A **Payment by Results** financial model, to incentivise outcomes-driven practices.

Though local authorities implemented the approach at a local level, the Department for Communities and Local Government (DCLG) oversaw the national programme, setting Sheffield a target to work with 1,680 families (the 10th highest amongst England's local authorities) between April 2012 and March 2015.

Within the national programme, an eligible family was defined as one with multiple and complex needs that satisfied two or all of the following national criteria:

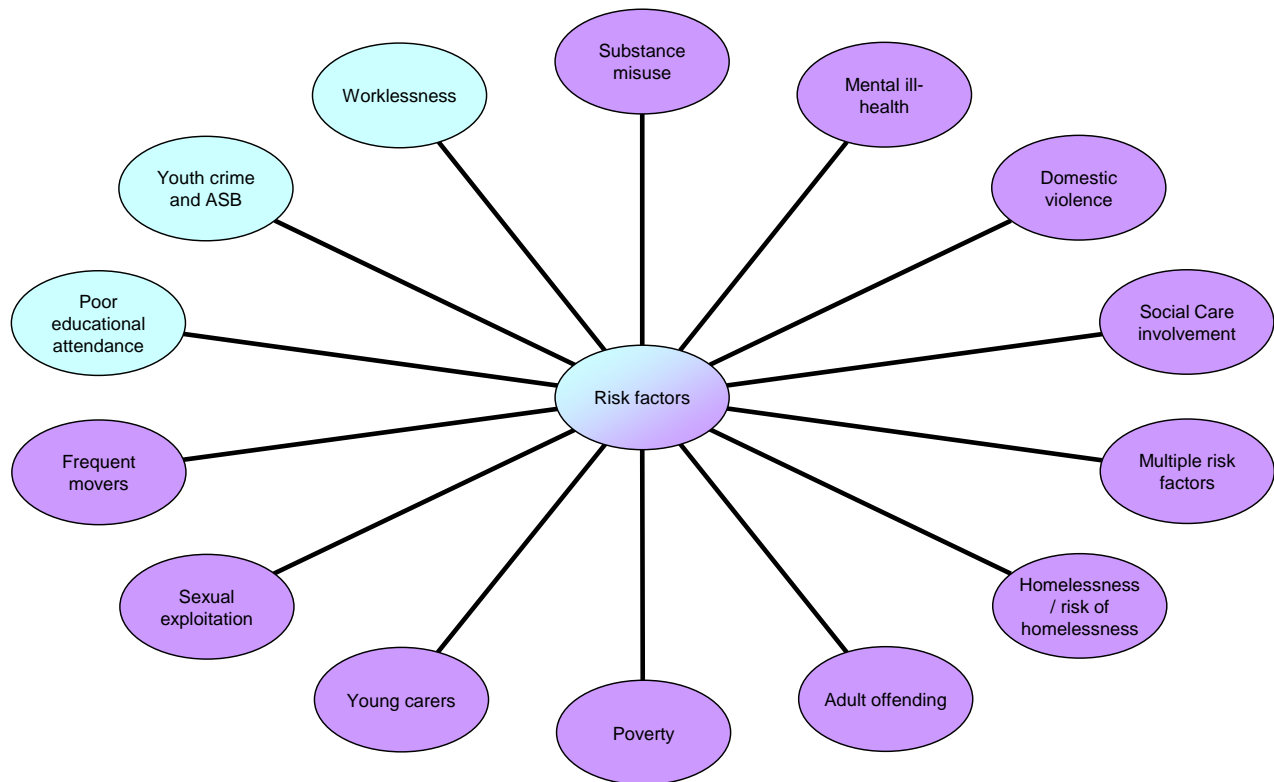
1. are involved in youth crime and antisocial behaviour (ASB);
2. have children not in school;
3. have an adult on out of work benefits.

For families satisfying two of the above criteria, families could also be included in the local cohort should they satisfy any one of a local authority's local discretionary criteria. These differed across each local authority and aimed to capture families causing high costs to the public purse.

Sheffield's local criteria are summarised in Figure 1.1 overleaf and reflected characteristics of families that services were working with prior to BSF. A family was eligible for BSF if they meet two out of the three national criteria (blue), plus any one of the local criteria (purple), or if they meet all three national criteria.

¹ Further detail on the national Troubled Families programme is available here:
<https://www.gov.uk/government/policies/helping-troubled-families-turn-their-lives-around>

Figure 1.1 BSF local discretionary criteria



1.2 Sheffield's response to the Troubled Families Programme

1.2.1 Background context to BSF

In the early stages of BSF, Sheffield's level of economic activity was the lowest among the Core Cities² and 5% lower than the national average, although there were significant differences between the relatively affluent West of the city and the less prosperous areas towards the centre and East of the city. Changes to the benefits system affected a number of families. 24% of children in Sheffield were living in poverty in 2009, higher than the figures for both England (21%) and the Yorkshire and Humber region (22%) but second lowest, after Leeds (23%), when compared to the Core Cities.³

BSF was preceded in Sheffield by a Whole Place Community Budget pilot and a Family Intervention Project⁴ (FIP). Building on this learning, Sheffield, through its Corporate Plan, made a commitment that services supporting families should deliver a whole family approach of "one family, one worker, one plan".

It is these principles that BSF has built upon to develop a 'distinct way of working' with families (later simplified as the BSF 'way of working'). The intention of BSF was to drive change across a range of services supporting families to embed this 'way of working'. A crucial component of

² The Core Cities Group is a network of the local authorities of England's eight largest city economies outside London: Birmingham; Bristol; Leeds; Liverpool; Manchester; Newcastle; Nottingham; and Sheffield.
www.corecities.com

³ Sheffield First Partnership (2014): *State of Sheffield 2014*. Available here: <https://www.sheffieldfirst.com/key-documents/state-of-sheffield.html>

⁴ Ibid.

this was the Multi Agency Support Teams (MAST), who delivered prevention and support services to families.

1.2.2 The BSF 'way of working'

The way of working at the core of BSF reflected the five family intervention factors mentioned in the Troubled Families national guidance⁵ as being key to effective family intervention. The way of working included:

- A focus on **early intervention** and 'getting it right first time' through the citywide approach of use of the Family Common Assessment Framework (FCAF) to support effective case allocation and management
- A commitment to effective **multi-agency working**, bringing services together around a **whole family plan** in a co-ordinated, effective, tailored and flexible way: importance is placed on the Team Around the Family meeting process which enables a multi-agency plan to be drafted and periodically reviewed
- Using a **whole family/household approach** to support families, aiming to work effectively with the culture of the family concerned and to adopt an approach able to identify 'whole family need'
- Using **key workers** dedicated to a family who are tasked with developing the support approach for each family, co-ordinating support and ensuring the ultimate achievement of positive outcomes for the families engaged.

The way of working was at the heart of the outcomes BSF sought to achieve by the end of its planned lifetime:

- **Outcome 1:** Families are an integral part of the programme and we have a sustainable plan for how we will achieve support for 'whole families' which supports our distinct ways of working
- **Outcome 2:** Our distinct ways of working are the norm across services supporting families and that services are delivering responsive, quality services
- **Outcome 3:** We have IT and information management that supports our distinct ways of working and supports Payment by Results
- **Outcome 4:** There are fewer 'troubled families' in Sheffield / we have helped as many eligible families as possible.

⁵ DCLG (2012). *Working with Troubled Families: A guide to the evidence and good practice*. London: Department for Communities and Local Government. Available here: <https://www.gov.uk/government/publications/working-with-troubled-families-a-guide-to-evidence-and-good-practice>

1.2.3 Operating model and partnership working

BSF's delivery model intended to bring together inputs from various partners, coordinated by a key worker, to offer a whole family approach. Table 1.2 provides a full list of partners.

Table 1.2 BSF Partners

Advice services	Adult Safeguarding	Affordable warmth schemes
CAMHS	Children's Safeguarding	Children's Hospital Trust
Community Youth Teams	Youth Justice Service	Schools
Drugs and Alcohol Abuse Partnership	Domestic Abuse Partnership	Early Intervention and Prevention services (delivered by the council and contracted)
Employment support services	Fire service	Health and Social Care Trust
Homelessness services	Housing Solutions	Jobcentre Plus
Learning and skills providers	Primary Care Trust	Police
Probation	Safer Neighbourhoods Teams	Social care (children's and adults')
Sheffield Council Housing and other Registered Housing Providers	Jobcentre Plus	Multi-Systemic Therapy (MST)
Voluntary, Community and Faith sector (VCS)		Department for Work and Pensions (DWP)

The model adopted did not aim to implement a 'new', separate service; instead, BSF supported existing services through investment to increase their capacity to work with the whole family using the principles of the way of working. The following services received investment:

High-level support through:

- **Two key workers in Sheffield High Support Service**
- Funding for approximately **two Full Time Equivalent (FTE) workers in the Multi Systemic Therapy Team (MST)**⁶
- **Two staff in Sheffield Alcohol Support Service** to deliver support under the banner 'Families Together'.

Medium-level support through:

- **22 key workers within MAST**
- **Three VCS contracts** with Manor Castle Development Trust (MCDT), Family Action and Southey Owlerton Area Regeneration (SOAR), who were funded to each work with 50 families over a 12-month period.

The above services were supported by a range of specialists and related support:

⁶ Multi Systemic Therapy aims to address serious antisocial behaviour in 11 to 17-year-olds. Team members work intensively with the young people and their family over a period of three to five months.

- **Four 'BSF Specialists'** to support all key workers in the city to develop whole family processes and systems
- **Three Employment and Skills Specialists** (seconded from DWP/Jobcentre Plus) to provide advice and support to services and families about employment and training
- **Three Social Workers** to advise on cases and support the management of '**Priority Families**' cases (those cases that had the highest need or history of re-referral into agencies with little evidence of sustained change being achieved)
- **Three Social Workers within Early Intervention and Prevention** screening to advise and direct case management
- **Four Adult Mental Health workers** (from April 2014), to work closely with key workers to support them in working with families suffering mental ill health
- **Two School Attendance Specialists** to advise on interventions that encourage children back into school and address underlying causes for their absence
- Contribution to a **specialist post to advise keyworkers supporting families where domestic abuse** is an issue
- A **contract with Sheffield Advice Services** to ensure easy access to advice services for 60 families over a 12-month period where, for example, debt is an issue.

The programme also funded a core team comprising:

- **A BSF Service Manager**, who ensured programme implementation and monitored delivery in order to adhere to reporting requirements
- **A BSF Assistant Service Manager**, who: managed the BSF Specialists and Social Workers; oversaw delivery by contract providers; and had oversight of operational performance across the programme
- **A Data Analyst**, who supported with the programme's data requirements.

1.3 Evaluation Methodology

The evaluation was based around four methodological elements:

- **Process Evaluation:** review of key documents to understand the BSF model and context; interviews with core BSF stakeholders and partner organisations⁷ (held in May/June 2014 and July 2015); interviews with key workers from a selection of services (held in October and November 2014)
- **Impact Evaluation:** review of BSF data processes; consultation with BSF staff supporting data requirements; analysis of data submitted for national reporting
- **Family Research:** consultations with 14 families (parents/carers and children) who were coming towards the end⁸ of their support received through BSF and 14 key workers supporting these families, plus two key workers of families who subsequently withdrew from the research before they were interviewed (all family case study consultations were held in October/November 2014)
- **Analysis and Reporting:** producing two interim reports and this final report.

Three of the 16 families engaged in the study received high-level support through the Multi Systemic Therapy Team (one family) or 'Families Together' (two families). MAST supported the remaining families: West MAST supported five (one of these families was classified as a Priority Family; Families Together jointly supported another family), East MAST six families and North MAST two families. East MAST also supported the two families that withdrew from the research.

The 16 families represent a small sample of the overall number of families supported through the programme. Caution should therefore be used in drawing conclusions relating to the whole cohort of families supported through BSF. However, the qualitative family interviews do provide a detailed insight into the issues faced by the families, the support received, and the outcomes of this.

1.4 Structure of the Report

The remainder of the report is structured as follows:

- Chapter Two assesses the design of BSF and its key operational processes
- Chapter Three considers the BSF way of working and systems change
- Chapter Four considers relationships developed with local partners
- Chapter Five examines the support provided to families
- Chapter Six analyses the progress of families receiving BSF support
- Chapter Seven presents conclusions relating to the previous analysis.

⁷ Annex One provides a full list of stakeholders.

⁸ Two of the 14 families had already (recently) exited BSF support.

2.0 Design of BSF and Key BSF Processes

This chapter examines issues relating to the design of BSF and the operation of key BSF processes. It first looks at the development of BSF, prior to examining issues relating to service and programme management. Processes around family identification and referral, delivery of BSF and family engagement, and the assessment and planning

2.1 Development of Building Successful Families

2.1.1 Designing BSF

Unlike some other local authorities that created new teams to deliver their Troubled Families programme, BSF was embedded within existing service structures, predominantly the pre-existing MAST service that dealt with similar families. BSF continued a culture within the local authority since at least 2011 (following a Children's Services restructure) of a lead professional or key worker engaging a family around an action plan and coordinating a multi-agency (Team Around the Family, or 'TAF') approach. The following comments reflected the general view of senior stakeholders interviewed:

"We didn't need another service in Sheffield" (BSF Programme Board member).

"It was quite exciting that the things we were already doing are what government was interested in" (BSF Programme Board member).

Several stakeholders felt that the introduction of the national Troubled Families programme supported the development of this approach. It was seen as enabling the approach to be extended, more quickly and intensively, across services other than MAST, both within the council and the voluntary sector. This process was widely acknowledged as supporting the development of an enhanced level and quality of support to families.

BSF expanded the capacity of MAST (from 80 to 100 intervention workers) and key workers supported families for longer than 12 weeks (as was the case before). Expanding the number and remit of intervention workers within a short timescale was widely seen as a significant undertaking, particularly given turnover of existing staff within that period.

Key workers' caseloads were not purely devoted to eligible families; they also worked with families who were not eligible for the Troubled Families programme but who were supported through other programmes. This policy (as opposed to having staff dedicated to BSF) was important in integrating BSF alongside key workers' existing work and extending BSF beyond a small pool of workers. A number of stakeholders referenced BSF's integrated nature, as in the following comment:

"An indicator of how well integrated it is, is that you can't see much difference between BSF and other families" (BSF Programme Board member).

2.1.2 Initial engagement of partners

Stakeholders almost universally recognised building on existing structures as the correct approach, particularly given that suitable structures were already in place. However, some acknowledged that doing so made it more difficult for BSF to differentiate itself from what went before. Most partner agencies (and some other stakeholders) viewed BSF as merely extra

resource for MAST, and therefore not necessarily relevant to their service, or as something that they would 'refer into'. As one BSF Programme Board member noted, this lack of differentiation made it harder to: *"shift the mindset of the workforce who, in statutory bodies, tend to only do what they have to do, staying within their own remit"*. Other comments on this issue included:

"[BSF] is just an extension of MAST" / "'Troubled Families' is seen as just MAST" / "BSF is now very focused on MAST" (range of stakeholders).

It was generally acknowledged that training and communication, such as presentations at team meetings and stakeholder events, helped develop stakeholders' awareness of BSF. Equally, it was widely noted that BSF had senior 'buy-in' from council staff, including the Chief Executive and Cabinet. This was seen as stimulating commitment to the programme on the part of a number of stakeholders. The point was also made that, as with any new initiative, awareness and engagement by services and practitioners improved with time.

In general, those 'closer' to BSF's core principles (for example, MAST and Children's Services) understood BSF and bought into it more quickly and in more depth than those 'further away' (for example, social care, health including mental health, Community Youth Team, schools, adult services, and the voluntary sector). However, it was apparent that this varied, even within services.

Capacity and resource constraints were widely perceived as significant barriers to greater initial engagement with the programme. For example, stakeholders noted that schools had variable awareness of BSF and, like social care, struggled to shift the focus from the child to the child within a family. In response, some stakeholders felt that more formal agreements with partners may help secure further financial and resource commitments: for example pooling of budgets and other resources (through secondments or data sharing) and sharing risk. Improving the role of the Programme Board in more effectively making demands of, and securing actions from, each other in terms of the partners represented was also cited in this context. The point was also made that awareness and buy-in can be hastened once services are able to 'see', or benefit from, BSF 'in the field', or through examples or evaluation.

2.2 Service and Programme Management

Personnel within the "core group" of individuals who led and managed BSF changed in September 2013. Maintaining continuity between the 'original' and 'new' core groups proved to be a challenge. In the view of some stakeholders such differences in part led to some confusion, in particular around whether BSF should be seen as a distinct team or 'project', that services refer into and has a shelf-life, or as more of a 'programme' of system change, changing the way every service operates. Reflecting some of this confusion, one stakeholder commented:

"Troubled Families arrived and at a corporate level they didn't really understand it initially, and thought because it had ASB in it, it should go under youth. People saw MAST and BSF as two different things" (BSF Programme Board member).

Accepting these issues, the present core group was widely seen as effective, with individuals noted as having a clear vision and communicating it well to frontline staff. However, the need to share this overarching vision across many rather than few partners was noted, as was the

message and recognition that successful delivery is about personalities and individuals, not just systems.

From a governance perspective, stakeholders felt that streamlining the core group's reporting to the Children's Trust Executive Board (rather than a multitude of boards as happened in BSF's early days) improved the programme's governance. The Children's Trust Executive Board was seen as suitable for this function given that it comprises senior staff from local public services and the voluntary sector, including the Chief Executive of the council.

2.3 Family Identification and Referral

Families were identified either through data, from practitioner referral (where a practitioner completed an FCAF) or during a case supervision. Key workers found completing a 'BSF checklist' helpful to ascertain whether a family met the BSF criteria or not, and to focus their support on particular criteria. In keeping with the integrated approach, the Prevention and Assessment Team (PAT) screened and allocated BSF cases in the same way as non-BSF cases. Prior to BSF, screening was not integrated and took place separately across services.

Key workers universally welcomed the FCAF, which they felt provided more background information on the whole family at the point of referral/allocation than would otherwise be possible. Other stakeholders felt that maintaining appropriate (in terms of level of need) and detailed FCAF referrals was important for cases to be allocated to key workers effectively. In addition, services appreciated clarity on why families had been referred to them (rather than other services).

Stakeholders commonly cited that the key challenge for BSF was joining up data from different sources to establish a clear picture of a family. Accessing data on unemployment status was particularly problematic in the early stages of BSF. Because of this, the original cohort focused heavily on attendance because information was more easily accessible. However, it was noted that Employment and Skills Specialists' access to DWP data made a significant difference in this regard.

Informed consent was another challenge identified. Some stakeholders felt that there was potential for families' data to be shared prior to them consenting for it to be shared. This issue was also raised in respect of the national Troubled Families programme, and became less pertinent as practitioners became more familiar with BSF, referrals increased, and there became less reliance on data for identifying families.

While acknowledging that data sharing agreements could overcome these challenges, stakeholders reported these were difficult to achieve, particularly with schools and health services. It was thus noted that more widespread national and/or statutory agreements would have been welcomed, as already existed for employment data on NEET young people and care leavers for example. Such protocols have been agreed for the Expanded Troubled Families Programme, which extends the current programme to 2020.⁹

BSF was also widely perceived to have had a long 'lead-in' time. For example, specialist staff were not recruited until 2013: a third of the way into the initial programme. This likely resulted

⁹ DCLG (2015). *Financial framework for the expanded Troubled Families programme: April 2015 onwards*. London: Department for Communities and Local Government. Available here:

<https://www.gov.uk/government/publications/financial-framework-for-the-expanded-troubled-families-programme>

from the time taken to identify the original cohort of 1,680 families through data: the council estimated that only a third of the cohort was known to services at the outset of the programme. This reflected a national picture: in fact Sheffield, through identifying around 90% of their cohort in initial searches, fared better than most. It also perhaps reflected the relatively short notice period of the national programme (an initial announcement was made in December 2011, with the programme starting by April 2012) followed by a change in the “core group” of BSF management. A further factor was programme finances being prioritised around family working (rather than creating a bespoke data system or process to identify families).

According to BSF management, the quality of the cohort list and ease of Payment by Results claims improved over time. However, it was widely noted that a priority is to continue to develop the data systems for recording, monitoring and sharing information for the Expanded Programme. Equally, several interviewees made the point that data output remains only as good as its input by services. It was noted that there remains scope for services to improve across the board, particularly in respect of health data along with the police who only shared data on households not individuals.

More broadly in terms of identification, although welcoming clearly defined criteria, stakeholders reported that not all families that they would consider appropriate for BSF benefited from it. This was because the national criteria were not wide enough to reflect the multiple and complex needs of families. This has now been addressed with wider criteria for the Expanded Programme.¹⁰ Stakeholders felt that its relaxation of the crime/ASB criterion and, in particular, the addition of domestic abuse as a national criterion, would help Sheffield identify appropriate families more readily than during the initial programme.

All families were positive about the overall experience of being referred to the support. Families felt that the support sounded more supportive than statutory interventions. Most felt that they had a choice to participate, which positively affected their engagement. Families welcomed that key workers were open, transparent and had time to build up a relationship and trust with the family, which may not be the case with other professionals or prior to BSF. Doing so built up a deeper and mutual relationship between the family and key worker. In time, it enabled longstanding or difficult issues to be discussed that the family may not have discussed with any other professional before.

Interestingly, one parent suggested promoting self-referrals (families promoting BSF to other families through word-of-mouth). She felt that this would be an effective approach, as recommendations from families experiencing similar issues would provide acceptance of the service amongst families, potentially reducing their suspicion and disengagement on the outset of receiving support. As the individual concerned commented:

"I'd recommend [service name] as fantastic... other mums don't know of it but when I tell them they are like, 'We could do with that'. Even the police and the Children's Hospital didn't know about [service name]!" (Parent)

¹⁰ Ibid.

2.4 Delivery and Family Engagement

A 'typical' family's journey looked like the following:

- A family is **identified** as needing extra help and support (usually using the FCAF)
- A thorough **assessment** of the whole family's needs is conducted (adding to the FCAF)
- The assessment is **screened** (this may happen before a thorough assessment has been completed) and a key worker service is **allocated** to the family
- An initial **TAF meeting** is called, supported if needed by the BSF Specialist
- A **BSF Whole Family Action Plan** is developed between the key worker, family and any relevant specialists to meet the needs of the whole family (baseline information is also collected to show the family's strengths and difficulties)
- The plan is **delivered** and **reviewed** using further TAF meetings
- Once the work is complete, a consultation takes place with a BSF Specialist, Employment and Skills Specialist and a Team Manager to **confirm that the family are making progress against the baseline measure**
- If **case closure** is agreed then the key worker support ceases.

For families that did not engage, BSF Specialists supported key workers to 'get through the door' of a family on a regular basis: once that was achieved, engaging families became easier. A strong message was given at the start of BSF that it was no longer acceptable to not work a case due to non-engagement and that all cases should be pursued. It was noted that the little resentment amongst some key workers about this soon dissipated once they saw what could be achieved through persisting with families.

2.5 Assessment and Planning

All key workers were trained to complete a BSF Whole Family Action Plan with eligible families. The plan guided the delivery of support and aided the key worker to coordinate the services involved in the TAF. Action planning was both a process, working with the family, and an IT solution, as key workers uploaded families' progress to the BSF Whole Family Action Plan 'tool'. Completing the action plan could take a number of weeks to allow for engagement of other partners, for the key worker to receive specialists' advice and to build a relationship with the family. Where relevant, employment was included in the plan, which for some families represented the first time employment had been considered in a long time. The case study overleaf provides an example of aspects covered in an action plan.

Case Study 1: Action Planning

A health visitor completed an FCAF prior to the referral for whole family support. The mother found completing the Family CAF useful, as it “*helps you pinpoint the problem*”. The key worker and mother agreed an action plan that included:

- o Son to improve his attendance at school
- o Mother to increase her confidence
- o Mother to improve her parenting capacity
- o Mother to access support from the GP for her mental health problems (overseen by health visitor)
- o Mother to access positive activities for her and her children available in the local community.

During the support, an additional goal was added:

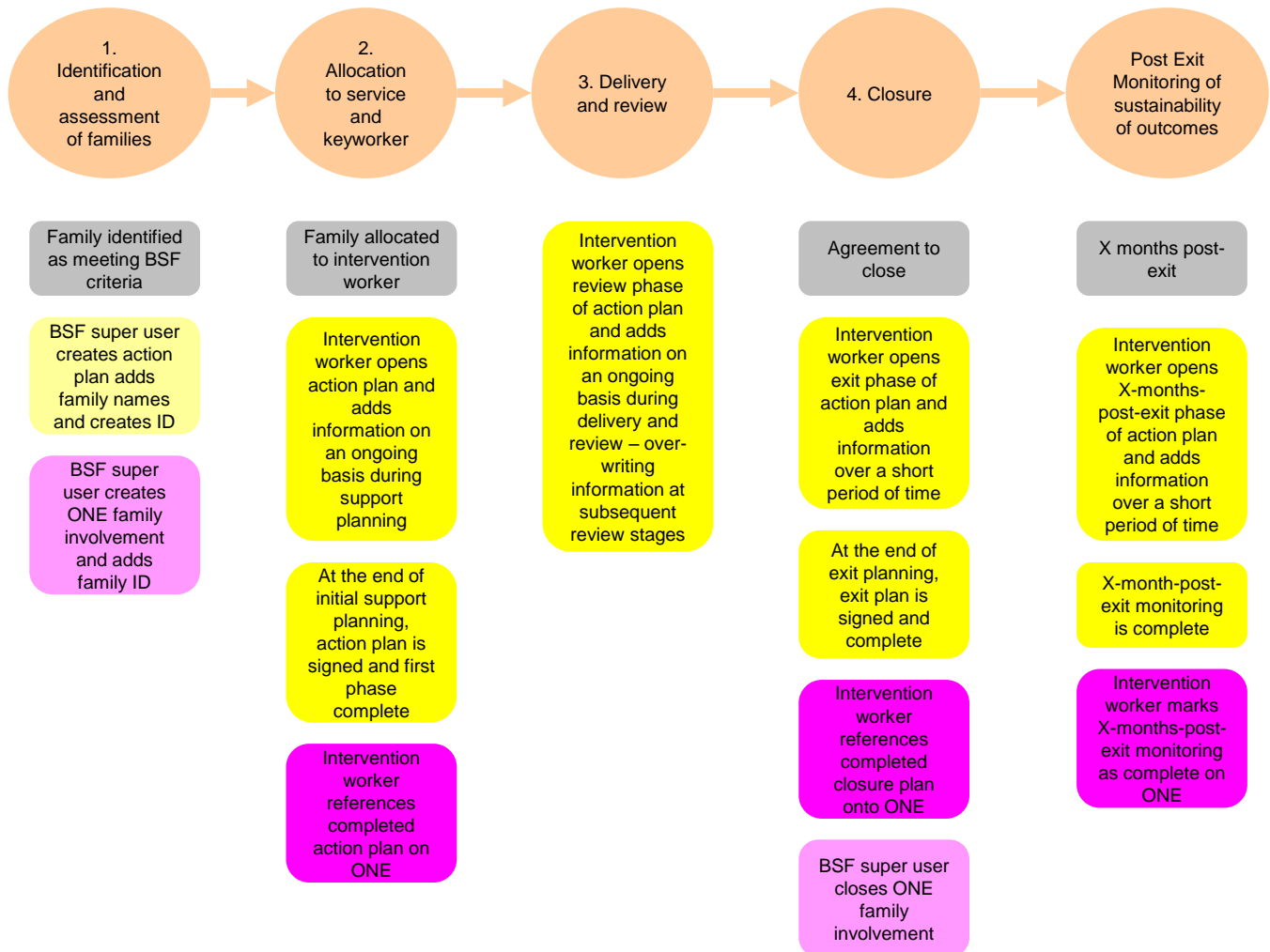
- o Mother to improve the management of her finances.

To achieve these goals the support included:

- o One-to-one parenting and emotional support from key worker
- o Mother attending Triple P parenting programme
- o Supporting mother to access other services.

Key workers used the information provided to them in the FCAF or other assessments to talk to the family about their needs and identify the most appropriate package of support. The key worker also completed other forms of assessment including the Strengths and Difficulties Questionnaire (SDQ), the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) assessment and the Parenting Daily Hassles questionnaire. These tools assisted the development of the action plan and, when reviewed during the intervention or at case closure, provided the family and key worker with a measure of how much progress had been made. Families signed to consent to share their information appropriately and to confirm that it was an accurate record. This approach was intended to engage families in a mutual process. Figure 2.1 illustrates the full process for identifying families, delivering and closing a BSF Whole Family Action Plan.

Figure 2.1 Process of identifying families, delivering and closing a BSF Whole Family Action Plan full guide for workers¹¹



Although there was some initial reluctance around the administrative burden of using an action planning ‘tool’ to complete an action plan, stakeholders and key workers widely cited that they came to recognise the importance of recording data on the ‘tool’ in order to show the characteristics of families supported and the impact support was having on them. BSF core management recognised the roles of specialists and managers supporting the tool’s implementation, plus intensive training and overcoming initial IT issues, as crucial to securing buy-in. It was also noted that future IT improvements for the Expanded Programme should help to streamline this process further.

Outside of the action plan ‘tool’ element, stakeholders and key workers saw action planning as a process as ‘the norm’ and felt it would have happened without BSF anyway. More broadly, the action plan was seen as a crucial component in enabling multi-agency working, facilitating the bringing in of other agencies to work with the family. Employment and Skills Specialists particularly valued it because they gained valuable information on the family in order to promote appropriate employment support. As such, they worked with key workers to demonstrate the importance of completing the action plan through the tool.

Despite the prior use of action planning, the difference with BSF was that the action plan was discernible to families, whereas key workers revealed that pre-BSF an action plan was more

¹¹ Note that ‘ONE’ as it appears in the diagram is the name of the IT recording system used to support the process.

the preserve of the key worker rather than something that families knowingly contributed to. The perceived advantages of discussing the action plan with families included:

- **Families could refer to it to remind them of their goals** – goals they themselves helped to identify – and to keep them on track (and to timescale where appropriate)
- **The action plan provided ‘a lift’ to families** because it showed how much progress they had made
- **It provided the opportunity to focus on what works best for the family**, rather than it being all about their ‘problems’
- **Offering evidence of a mutually agreed way forward with professionals**, rather than something imposed on families by statutory services
- **Enabling the family to focus on particular issues** in an appropriately planned sequence, rather than overburdening them in tackling multiple issues at once.

Feedback from stakeholders suggested that families welcomed ownership of their support (not being mandated but literally signing up to their action plan as well as professionals doing so) and felt empowered (believing they had influence over the solutions to their problems). Stakeholders felt the action plan was key to this, because it made services work better together through clarity and being able to support and challenge each other objectively based on the plan. It was also noted that this process meant that families no longer needed to duplicate their stories and actions with a myriad of professionals, and it was also a better use of resources. The following quotes illustrate some of these perceived advantages from the family perspective:

"Having it in black and white made it easier to understand. The plan is there if we need it. It's good to know it's there. If things go downhill, you can go back and refer to it." (Parent)

"It helps you focus more...get it down on paper and an action done then you mark it off." (Parent)

"It helps to know where you are." (Parent).

It appeared that these advantages were diminished somewhat on the limited occasions the action plan was not written down or available for families to refer to in their own homes.

It was noted that the Action Plan tool will continue to be refined for the Expanded Programme. Refinements will aim to make the tool more streamlined, user-friendly and automated (for example, including in-built validation and pre-populating baseline measures once they have been completed). Some stakeholders also expressed a desire for the refined tool to correlate better with the programme's data requirements and focus on families' outcomes. It was noted that this should help BSF to better plan, forecast and respond to families' needs.

3.0 Way of Working and Systems Change

This chapter examines some of the core objectives of BSF, namely instituting the BSF 'way of working' and occasioning 'systems change' in respect of the support offered to families across the city.

3.1 Way of Working

BSF adopted a 'way of working' in order to mainstream its approach across services (see section 1.2.2 of this report). The way of working reflected evidence-based practice and recommendations for new and improved approaches, based on experience in Sheffield and the way in which some services had already started to work. More specifically, it followed the whole household approach of "one family, one worker, one plan" in MAST and BSF commissioned services dating back to the Community Budget and FIPs. MAST stakeholders (amongst some others) reflected these views:

"It fitted well with what we were already doing" (MAST).

"It's how we work already" (MAST Key Worker).

It was widely noted that the challenge with the way of working was to mainstream practices across all services in Sheffield, within the council, with its partners and with the VCS, so that services see their contribution as one part of a bigger plan. The onus was thus on all services to contribute within the framework provided by the way of working. As one BSF specialist commented on the ultimate aim of embedding and mainstreaming the way of working:

"One day there will be one generic plan and way of working. "Things that seem innovative now like having no minutes at TAFs, just using the Action Plan, in a couple of years everyone'll be doing it" (BSF Specialist).

As with awareness of the programme generally, and service/practitioner engagement, awareness and implementation of the way of working was generally thought to have improved over time. It was noted that those closer to BSF (e.g. MAST, Children's Services, the voluntary sector) tended to be using a Whole Family Action Plan and implementing the way of working practices, whereas those further away (e.g. social care, health including mental health, Community Youth Teams, schools, adult services) were less likely to.

The latter were thus seen as the area where further attention needed to be focused for the Expanded Programme, particularly given the challenges posed for the roles of some of these services in relation to whole family working (for example, it was reported that Children's Social Care were bound by their statutory functions above the needs of the whole family). One suggestion made by a number of stakeholders was for the way of working to feature more prominently in policies, job descriptions for key workers, cross-service agreements, commissioning and so on. It was felt that this would encourage greater accountability and help changes in working practices to be applied.

3.2 Systems Change: Communication and the Role of Specialists

There were mixed views amongst key workers and other stakeholders as to whether or not they felt they had sufficient understanding of BSF and, related to this, whether or not they felt communication about BSF had been effective. For example, some key workers felt that the 'way of working' was not necessarily a term recognised by practitioners; also, some stakeholders felt there was a danger that BSF was seen merely as an increase in the capacity of MAST. These views may reflect that the BSF programme was not implemented as a standalone service. It was also noted that progress in this area would inevitably be gradual.

With the Expanded Troubled Families Programme just starting, it will be important to communicate widely with partners given the City Council's desire to embed the way of working principles through all services collaborating around the needs of the whole family. At the operational level, practitioners (particularly those outwith of MAST) said they would benefit from regular and direct communication about BSF, with electronic methods suggested by one key worker as a cost-effective and quick way to increase interaction with the programme: for example via a monthly or bi-monthly email updates.

It was also noted that maintaining joint BSF training would be valuable in this sense, in particular to create more of a BSF 'whole service' ethos, given that increasing workloads and high turnover of staff across services outwith MAST had tended to side-line BSF in some services. This was seen as potentially helping to overcome a reported misconception amongst some services that taking on a key worker or lead practitioner role was necessarily resource-intensive.

Regarding communication about BSF, it was noted that the specialist support staff provided useful advice and guidance to frontline staff, along with supporting key workers in their delivery to families. This was noted particularly in the context of completing the action plans and in respect of supporting families with high, complex or specific support needs. It was also evident in terms of more general actions undertaken by the specialists. For example, one key worker found how a BSF Specialist created a wall display about key facets of BSF (criteria, action planning, and case management) to be a helpful, day-to-day reminder for key workers.

Specialists also helped embed the BSF model by securing buy-in from team managers and external stakeholders. Many key workers and other stakeholders saw the specialists as 'BSF champions' with an "essential" and "invaluable" role in providing clarity on whole family key working and the systems and processes for monitoring the progress of families who meet the BSF criteria. The following comments were typical of perspectives on specialist staff and their advantages:

"We wouldn't be where we are now without the specialists...they've given people a little bit of a push" (BSF Programme Board member).

"I enjoyed working with [the BSF Specialists]. It made me look further, it's encouraged me to work better." (Key Worker)

"Everyone's overworked and over busy, so having a specialist – someone they can come to and say 'I'm stuck' – is very helpful. We help [key workers] and they have a light bulb moment. We get intervention workers to answer their own questions" (BSF Specialist).

It was also noted that specialists in different areas bridged a number of gaps that existed prior to BSF, particularly around school attendance, adult services and families on the edge of social care. Without the specialists in post, stakeholders felt that these gaps were likely to have remained..

Key workers were particularly positive about the role of BSF Specialists in providing expert guidance on certain topics and in acting as ‘another pair of hands’ to support their work with families. Although they would not necessarily have direct contact with families, it was noted that the BSF Specialists would on occasion undertake joint visits to the family alongside the key worker or attend/chair TAF meetings. They could also shadow the key worker and provide feedback.

Employment and Skills Specialists on secondment from Jobcentre Plus were also viewed positively: as one specialist commented, the role has helped to “*counteract the myth that there are no jobs and it’s not worth looking*”. The role of employment specialists in supporting individuals from families to move towards employment as a positive step, even those families far removed from the labour market, was thus viewed as a useful component of the approach. Key workers particularly welcomed this element of additional support because employment and benefits were areas that they generally felt uncomfortable tackling alone. Some key workers also reported a change of mentality in this area, with employment becoming more of a focus in terms of providing support to families.

The importance of the employment specialists in working with families alongside key workers from the start of their BSF intervention was also noted, as was their awareness of a wider range of training courses and employment programmes that key workers may not be aware of. This was seen as helping the integration of BSF with similar programmes such as the DWP ESF Families with Multiple Problems provision, for example. The role was also seen as significant in introducing employment programmes led by the council to families.

The role of the Employment and Skills Specialists in improving key workers’ understanding of employment and benefits was seen as particularly significant, for example through using newsletters, training and advice to address recurrent issues, myths and misconceptions around issues such as EU migrants and benefits, the Personal Independence Payment (PIP) and Universal Credit. One key stakeholder commented on the influence of the specialists on key workers’ ability to undertake, with the support of the specialists, ‘better-off’ (in work) calculations with families. These outlined the financial gains in returning to work that many families did not realise. In addition, specialists also supported MAST key workers to tackle benefits issues (including dependency on them) with families. As one stakeholder noted:

“Benefits are part of MAST vocabulary now” (BSF Programme Board member).

Other stakeholders commented on the fact that Jobcentre Plus secondees could simultaneously access local authority and DWP data (only Jobcentre Plus staff were able to do this) being particularly helpful in enabling greater information sharing, particularly about families about to be sanctioned by DWP. However, it must be noted that there was high demand for employment specialists’ work with families; it was clear therefore that how best to use their role should be considered so to maintain their strategic role accessing data, but not to spread their work too thinly with few families. It was evident that this needs to be done from the perspective of ensuring that a legacy of greater key worker understanding of employment issues is sustained beyond the natural life of the programme, so that key workers feel able to

provide and (where necessary) refer families to the right employment support. This is likely to be a key focus of the Expanded Troubled Families Programme. Similarly, maintaining a link between Jobcentre Plus and the council will be important in this context.

One further reported impact of the Employment and Skills Specialists was in their own professional practice, as employees of Jobcentre Plus, given that they have shared lessons they have learned with Jobcentre Plus colleagues: for example appreciating how complex families' situations can be with health issues in particular. Their dual data access meant that they could place a 'marker' on family members concerning their issues on their record in the DWP LMS data system.

3.3 Systems Change: Process and Monitoring

It was clear that BSF increased the robustness in the way practitioners work by the development of processes and systems that supported them to provide effective case management. Practitioners were able to utilise the new BSF Whole Family Action Plan to monitor progress and outcomes more closely. The main difference in working practices was implementation of the set outcomes criteria (see section 1.1 of this report). This was seen as making support to families more focused on specific outcomes, which some stakeholders felt helped practitioners focus their work. It was also noted that this changed how practitioners support families, given that there is a much clearer focus on getting families into employment. As one representative commented:

"[Prior to BSF] we would view employment as an opportunity if the family is leaning into that way, but you wouldn't prioritise it" (VCS partner organisation).

Mainly because of the new action plan, but also due to the way of working being adopted amongst managers, MAST stakeholders reported a bigger focus on reviewing progress with families and generating management information. For example, SDQs and WEMWBS scores from families were viewed as allowing stakeholders to understand the impacts of support and provide evidence of changes in factors such as attendance and engagement. Interviewees also commonly felt that this focus was beneficial for practitioners and families because it was helping them both to understand the progress they were making. As one interviewee commented:

"It's focused everyone's minds" (MAST manager).

4.0 Relationships with Local Partners

This chapter considers relationships between local partners and how they operated under BSF. In doing so it examines multi-agency working, the use of training and the Key Worker Network established, and TAF meetings between partners.

4.1 Multi Agency Working

All key workers interviewed had consulted other professionals on behalf of families, and there was evidence of other professionals providing support in addition to the key worker. Sometimes this work appeared to be coordinated by the key worker, while at other times the work would have occurred in the same way regardless of key worker involvement. Direct examples of key workers working with other professionals included:

- **Sourcing services:** examples given included a college place; training; respite care; Cognitive Behavioural Therapy for a young person; Special Needs Inclusion Playcare Service ('SNIPS', who provide positive activities for young people); Theraplay parenting course; Shine Health Academy to help a young person with their weight; a disability social worker for the family (where a parent had been trying to do this for a long time but had not been able to)
- Liaising with a school and the local authority to agree a **young person's home schooling** and arranging for a tutor to work at the key worker's local office, so that the young person concerned could have a quiet space to work in
- Finding a place for a young person in a **YWCA hostel**, with support for the young person attached to it
- Work with **Shelter** to coordinate (not instigate) a **Debt Relief Order** for a family, consolidating and vastly reducing their debts (although it must be noted that this work commenced pre-BSF, the BSF key worker brought existing support together)
- Work with the **Community Youth Team**: supporting a child to **remain in school and progress through GCSEs**; with the parent noting of this co-working: "*they made a good team, a good double act*"
- Work with **CAMHS** for example initial sourcing; or reengagement of a young person with CAMHS
- Liaising with a **Housing Association** about **rent arrears and Notice of Seeking Possession (NOSP)**
- Liaising with schools to **facilitate a child to move school**
- Referral to **CfFE (the Centre for Full Employment)**, who provide employment support to families, for support with a parent's CV.

Other professionals worked with included: **Social Services**; **Adult Mental Health**; **Police Intervention Team**; **Youth Offending Team**; and **school** and **BSF Specialists**.

Working with other professionals was reported as allowing the ‘way of working’ model to call on greater expertise and capacity to support families with a range of issues to improve family functioning. As part of this, it was noted that other professionals could chase and advocate on behalf of the family in respect of particular issues, not just the key worker. There were some examples of key workers’ ability to liaise with agencies making access to external support quicker, with this noted as being an important factor in supporting families in crisis.

Through such collaboration, key workers often noted that the support available to families had increased and proved more effective than if they were operating in isolation. In such cases, it was apparent that key workers often coordinated the support, with the help of TAFs and FCAFs. This reflects the findings of the interviews with strategic stakeholders who noted that, in addition to having a named key worker, the integration of different support elements was also important. There was also some evidence of families having more confidence in key workers to bring in other agencies to support the family than had previously been the case, as demonstrated in the following case study:

Case Study 2: Coordinated Support

The key worker spent a lot of time coordinating support – facilitating access to CAMHS and liaising with school for example. The key worker also played a key role in maintaining communication between professionals and the family, who had disengaged from support in the past. The parent recognised this, noting that the roles of the key worker and another professional in particular complemented each other. She noted: *"They made a good team, a good double act."* She felt it was beneficial to have the key worker coordinating the process and making sure everyone in the family knew what was going on.

While secondments have generally not taken place (other than the Employment and Skills Specialists), co-location was seen as having made collaboration between professionals easier; one stakeholder described professionals’ relationships now having moved *"beyond signposting"*. Examples given included co-location of MAST, Children’s Social Services and the Community Youth Team in area-based teams, and hot-desking by the BSF Specialists and Employment and Skills Specialists. A BSF Specialist noted one benefit to this approach:

"Now that people can see us and talk to us, they understand better that it has a strategic structure and is tangible. They can put a face to the name now" (BSF Specialist).

Similarly, an Employment and Skills Specialist believed that:

"Hot-desking helps us to talk to lots of key workers whoever we sit next to" (Employment and Skills Specialist).

In general, there was little evidence of the role of key workers reducing the number of people that families with multiple and complex needs had to deal with, or reducing the contact these professionals had with families. It is not yet evident that the way of working has achieved any significant cashable savings from delivering services in this way to date, although future savings are likely to stem from positive outcomes being achieved and improved integrated working. Families did however report that support across a range of services was more co-ordinated and that they were clearer about why they were involved.

In addition, there appeared to be reluctance, particularly due to perceived capacity constraints, for some services to work with a whole family as opposed to one adult or child as may have

been the case previously. This was noted as being one of the reasons why key workers from MAST appeared to be allocated BSF families, rather than practitioners from another service that may have had a longstanding history with the family (stakeholders identified schools and social care in particular). As noted by some key workers, however, this approach can have advantages (as opposed to a key worker being allocated from a statutory service) in cases where families have had a longstanding history of statutory interventions. In such instances, key workers appeared to be able to play a coordinating role between the multiple services involved with a family and act as a different form of support or 'honest broker'.

However, BSF stakeholders expressed a desire for the Expanded Programme to move the key worker beyond a primarily coordinating role to one that reduces the number of contact points families receive from professionals. This should be beneficial to all services because cuts to budgets mean services must work more collaboratively to maintain their support. In addition, under such an approach the key worker role would be rolled out to wider Adult and Children's Services professionals, which would mean that MAST and other services that consistently took on key worker roles are not relied upon as often. It was noted that this would hopefully achieve BSF and its way of working becoming 'business as usual' for family working across Sheffield in future. To achieve this, stakeholders believed BSF needs to improve its evidencing of the shared benefits it brings, both qualitatively (through for example sharing case studies or holding programme events) or quantitatively (for example showing the financial benefits the collaborative approach brings).

4.2 Training and the Key Worker Network

BSF arranged training on the FCAF and TAF process to embed its way of working across a range of professionals. In addition, a monthly Key Worker Network was held to support key workers in their delivery.

Almost 1,500 people across a range of agencies received FCAF training.¹² The training gave a background on the FCAF document, the national and local drivers behind it, and the skills needed for assessment. It covered different scenarios where the FCAF might be required and identified the additional benefits of the FCAF as opposed to the Common Assessment Framework (CAF). Local key messages and good practice also came out through the training.

A total of 120 practitioners received FCAF training in a pilot phase between February and April 2013, with training being rolled out to other services across the city towards the end of that year. According to an internal evaluation,¹³ following the training, 82% of practitioners said they felt confident in completing the FCAF. However, comments were made about the need to audit FCAF completions to ensure it is being used effectively and by all agencies, so that the same agencies are not being asked to complete them each time. In addition, in response to feedback, additional training on the themes of 'Speaking to Adults' and the 'Voice of the Child' was offered to all those who attended an initial FCAF session.

TAF training took place more recently, with 130 professionals from nurseries and pre-schools, primary and secondary schools, housing associations, children's centres and other groups trained since November 2014. Supportive information was provided on the BSF website.¹⁴

¹² FCAF Training Evaluation Report.

¹³ Ibid.

¹⁴ <https://www.sheffield.gov.uk/caresupport/professionals-providers/family-caf/teamaroundthefamily.html>

Monthly Key Worker Network meetings were held to supplement training. As well as the opportunity to network, staff could present on topics of interest. The Key Worker Network was important because 84% of practitioners surveyed about the FCAF training felt that the training did not allow enough time to be fully effective in using the FCAF;¹⁵ the network provided an outlet to discuss FCAF and hence become more effective in using it. In a similar vein, stakeholders and an internal evaluation¹⁶ felt the network could have been promoted more widely to staff as something that would help them to continually develop their practice (in FCAF and other areas) and access further knowledge and resources. For the Expanded Programme, BSF management have made attending a minimum of four network meetings per year compulsory for key workers from September 2015. It was noted that getting a wider range of agencies attending should help embed whole family working and the key worker role more widely across the city in future.

4.3 TAF Meetings

Team Around the Family (TAF) meetings were held in the majority of cases, usually every four to six weeks. In some cases a TAF was not held due to the limited number of professionals working with a family or in child protection cases where Core Group meetings or Child in Need meetings were held that performed largely the same function. Prior to BSF, cases would have been subject to Core Group meetings, Child in Need meetings or a Team Around the Child meeting. The TAF built on the format of these meetings to extend the conversation, actions and outcomes to the whole family.

Key workers were universally positive about holding TAF meetings and most families welcomed them, feeling that they benefited from being involved in planning and decision making to, as one family member noted, “*get their story across*”. As two parents and one key worker commented about this:

"[TAFs are] helpful for me to be there, so I can know what the support's there for" (Parent).

"With [key worker] there I was more confident to speak out. She was our backup or voice. The meetings were there to make sure they [professionals] do what they are supposed to and put my side of the story across, for example if I miss an appointment." (Parent).

"After the meeting last week it [the TAF] pulled everything together...The parents had got it in their head that things were really bad...Having real people round the table made a real difference." (Key Worker).

TAF meetings were cited as helping to coordinate support and as having “*cleared the air*” between a family and professionals on certain issues. For example, one family was able to resolve an issue with a school following a comment made by a teacher, and bring to light bullying which the school were previously unaware of. Some families felt apprehensive about TAF meetings, which is perhaps understandable given the difficult issues discussed openly and given families’ experiences of dealing with multiple professionals in the past. In these instances, support at the meetings from a key worker was welcomed in terms of easing apprehensions.

¹⁵ FCAF Training Evaluation Report.

¹⁶ Ibid.

TAF meetings were generally well-attended and stakeholders believed that attendance generally improved over the lifespan of BSF as services become more aware and developed their understanding of BSF, along with beginning to see the benefits from its work. For example, one stakeholder remarked that CAMHS attendance at meetings improved after CAMHS saw the benefits of the approach and also realised that by attending TAF meetings they could reduce some of their own work with some families, because other professionals could take on supplementary roles supporting families. Equally, one specialist noted that the TAF process is: “*starting to be part of [a professional’s] day-to-day [work] now*”.

However, some families, corroborated by key workers, mentioned that professionals would sometimes not attend. Though not all agencies needed to attend every TAF meeting, regular non-attendance was seen as being detrimental to the family’s support package and progress, not least because professionals not in attendance were not necessarily accountable for subsequent work. Key workers suggested it would have been beneficial if there was greater accountability in respect of TAF attendance, or, where this is not possible, alternative arrangements be put in place. For example, if not attending, it was noted that professionals should provide the key worker with an update for the meeting, with the updated action plan and resulting actions being circulated to professionals following the TAF.

5.0 Support for Families

This chapter examines the support offered to parents through BSF and their views on this. It first looks at the nature of the challenges faced by the families in the BSF cohort, along with their 'strengths' at the time of referral. The history of families' engagement with services is then considered, prior to looking at the support offered by key workers.

5.1 Families' Issues and Strengths

5.1.1 Overview

Although some families' support centred on a particular issue at the point of referral (often school attendance), families consulted through the family research typically met multiple (national and local) criteria and so could be described as having multiple and complex needs. As an example, one family's issues are reflected in the following case study:

Case Study 3: Multiple and Complex Issues

The issues faced by the family were numerous. Social Services had been involved for some time after identifying poor parenting and neglect – the children who remain living with their mother were on a Child Protection Plan. There was a history of severe domestic abuse, perpetrated by the older children's father. The mother and her children escaped this relationship but it left a lasting impact on the older children in particular. On engagement with the key worker and whole family support, the mother was unemployed and using cannabis regularly, the children had poor oral health, there was a lack of nutrition, and the eldest son in particular had poor attendance at school.

These multiple and complex needs are now discussed in turn, based on the data 'domains' of the Family Monitoring Data (FMD) element of the evaluation of the national Troubled Families programme. The domains included:

- **Education, Employment and Training**
- **Safeguarding**
- **Crime/ASB**
- **Health.**

'Other Issues' practitioners thought were common amongst the BSF cohort are also discussed.

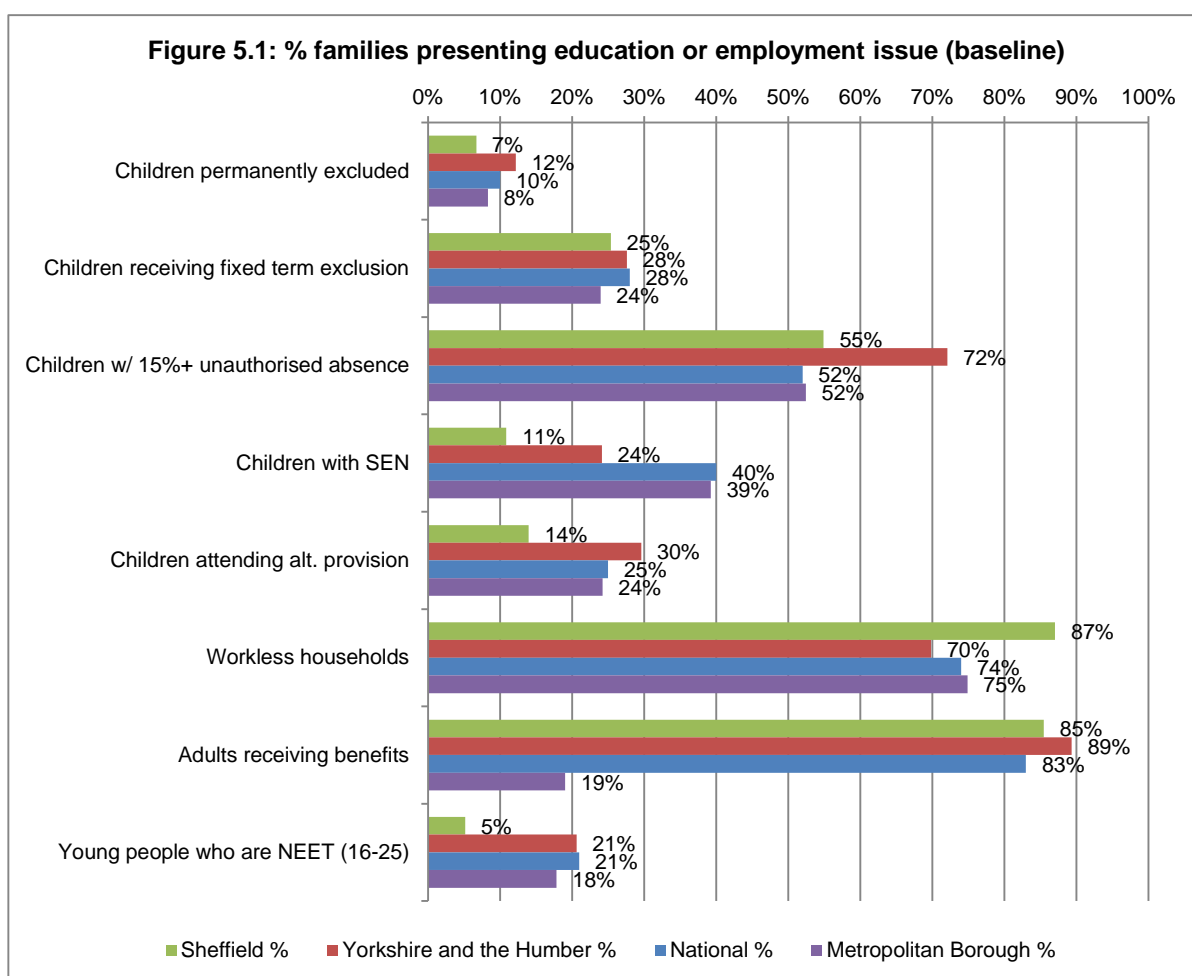
BSF provided FMD data for 193 randomly-selected families from families that were worked with up to the end of December 2014, representing an 11% sample of target families that had received support at that stage (1,680). Data submitted was based on data provided for families' action plans, as well as other databases and reports related to BSF.

In addition to helping families with their multiple and complex issues, BSF promoted a strengths-based approach and sought to identify families' strengths at the time of referral. BSF captured families' strengths through the assessment process and in the Whole Family Action Plan. Examples of strengths reported by families and key workers included:

- a **willingness to seek employment** (and in some cases individuals were in employment);
- **skills**, often in terms of communication or childcare;
- a **close family relationship**;
- **supportive peer/neighbour networks**;
- a strong **sense of community**.

5.1.2 Education, employment and training

Figure 5.1 shows the proportions of BSF families with education and employment issues at their referral or 'entry' into BSF support. These are shown against weighted averages for the Yorkshire and Humber region, against all 'Troubled Families' nationally, and against other metropolitan local authorities.



As the chart shows, apart from number of workless households (households with no adults in employment), BSF families had fewer education or employment issues than families in other Troubled Families programmes in the Yorkshire and Humber region. However, it should be noted that the BSF sample does not necessarily mean that these issues are not prevalent

amongst families across Sheffield; it could mean that criteria for the programme did not pick up eligible families that had these issues.

Workless households and (as may therefore be expected) adults receiving benefits were high, with 87% of households receiving BSF support being workless and 85% of families having least one adult on benefits. The family research found that these issues could often be long-term in nature, due to issues with childcare or physical or mental health, for example. In some cases, this had knock-on effects, with some families' incomes being low and the family thus being classified as in poverty. It was noted that on more than one occasion this was exacerbated by an Employment and Support Allowance (ESA) reassessment leading to a reduction in a family's benefit payments.

Compared to regional and national averages, and other metropolitan local authorities, BSF families had a low prevalence of young people who are NEET (up to age 25), children with special educational needs and children attending alternative provision. Alternative provision reported during the family research included children attending a Pupil Referral Unit (PRU), a Behaviour, Emotional and Social Difficulties (BESD) school and receiving home tutoring.

School exclusions (permanent and fixed-term) were lower than regional and national averages; however, the number of children with fixed-term exclusions may be underestimated because only children with three or more fixed-term exclusions in the preceding three full terms were recorded. Unauthorised school absence¹⁷ (55% of families) was slightly higher than the national and metropolitan average (both 52%) but much lower than the regional average (72%).

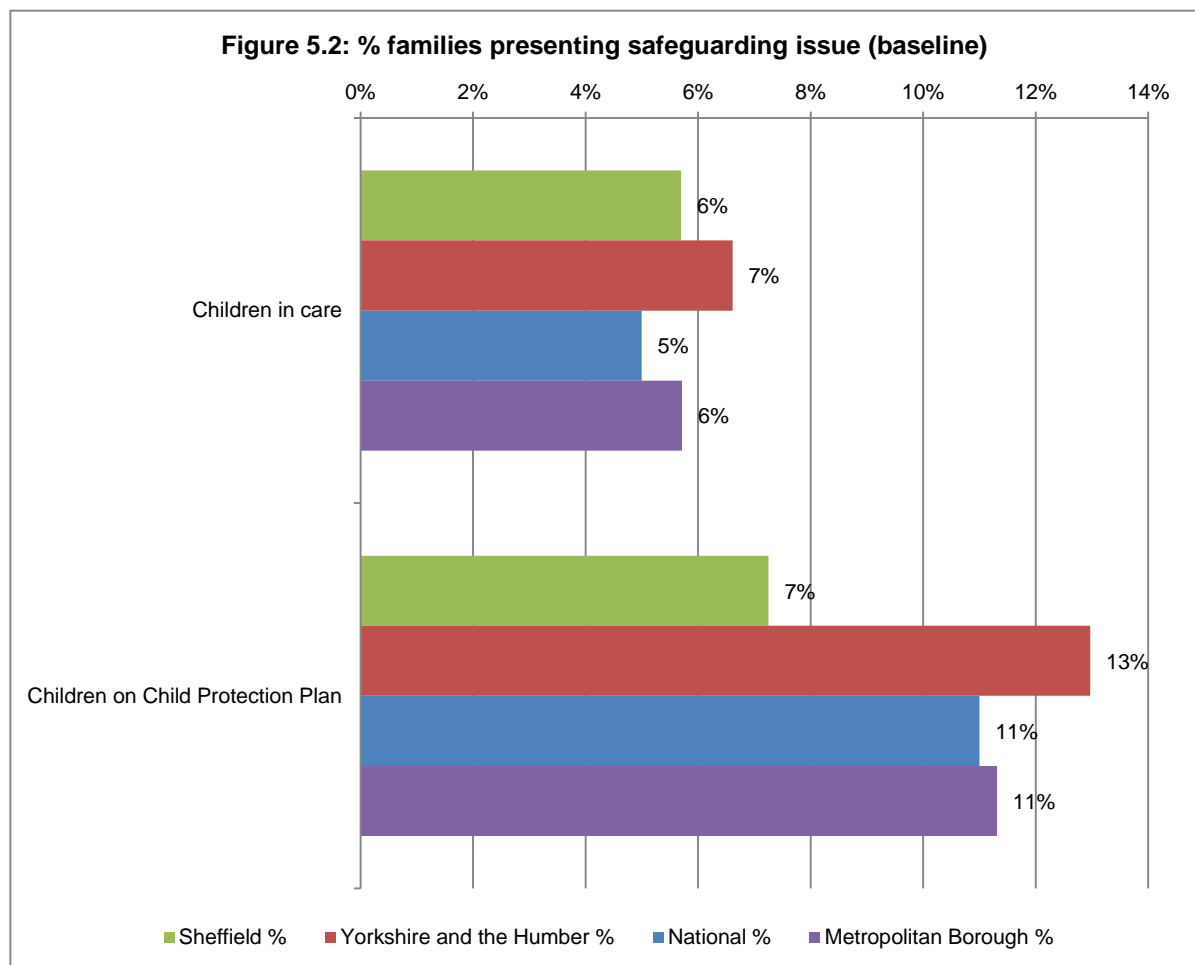
Other school issues reported by key workers and families included low attainment, school behavioural issues (for example, some children were on a restricted school timetable due to their behaviour or in 'inclusion'¹⁸), bullying and a negative parental relationship with the school.

¹⁷ Due to data availability, Sheffield recorded unauthorised absence over the preceding three full terms, whereas comparison data will largely be over the preceding one term only, as was requested.

¹⁸ Child being withdrawn from lessons and sent to a behavioural unit in school.

5.1.3 Safeguarding

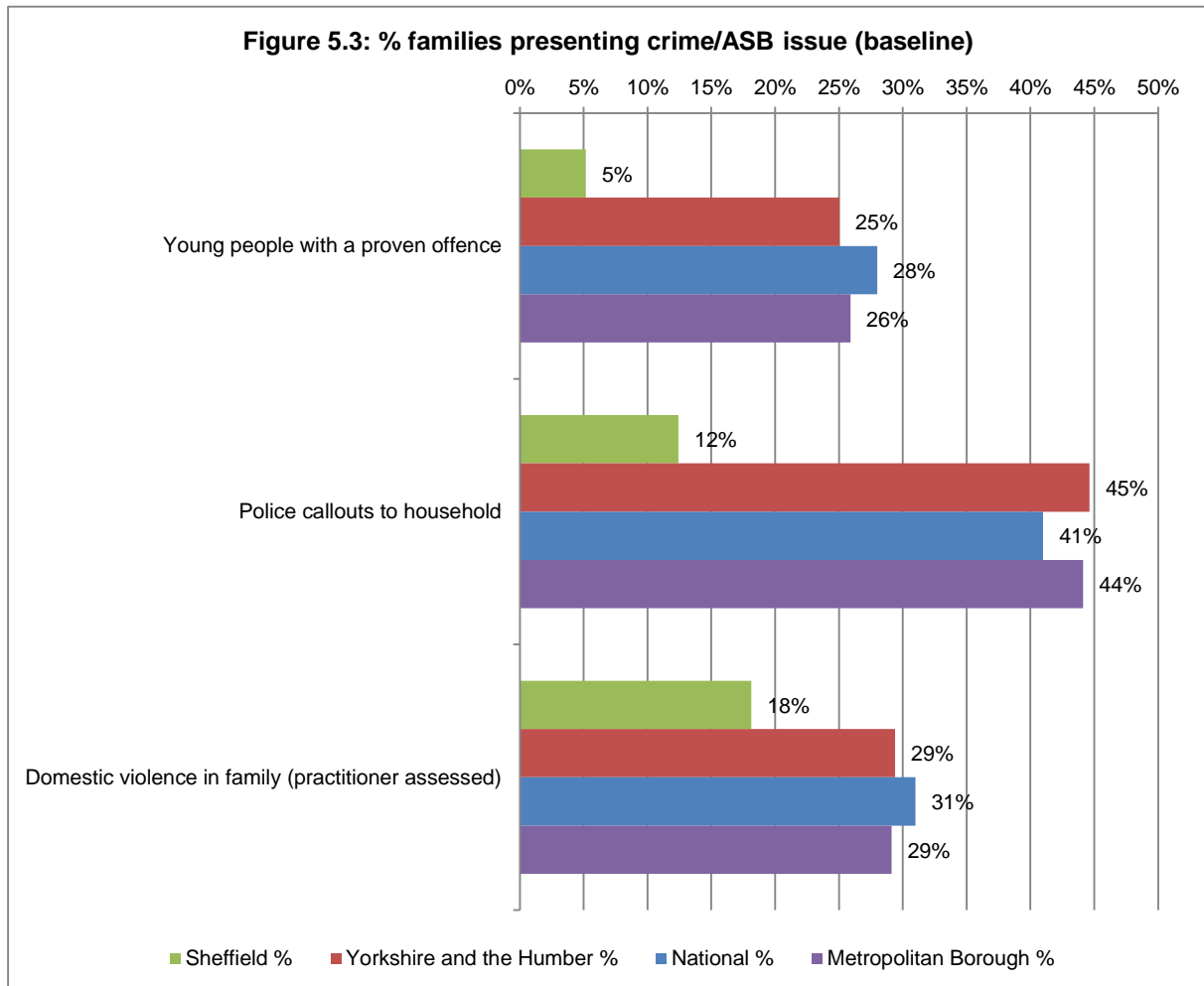
Figure 5.2 shows that numbers of looked after children in BSF families were not significantly different from regional, national or metropolitan averages; however, the proportion of families with children on Child Protections Plans was lower.



The family research revealed the complex nature of families' safeguarding issues. There was more than one instance of siblings being taken into care, or living with their extended family, with the other child or children remaining within the household. In addition, some families had safeguarding issues with the father or other family member(s) away from the family household.

5.1.4 Crime and ASB

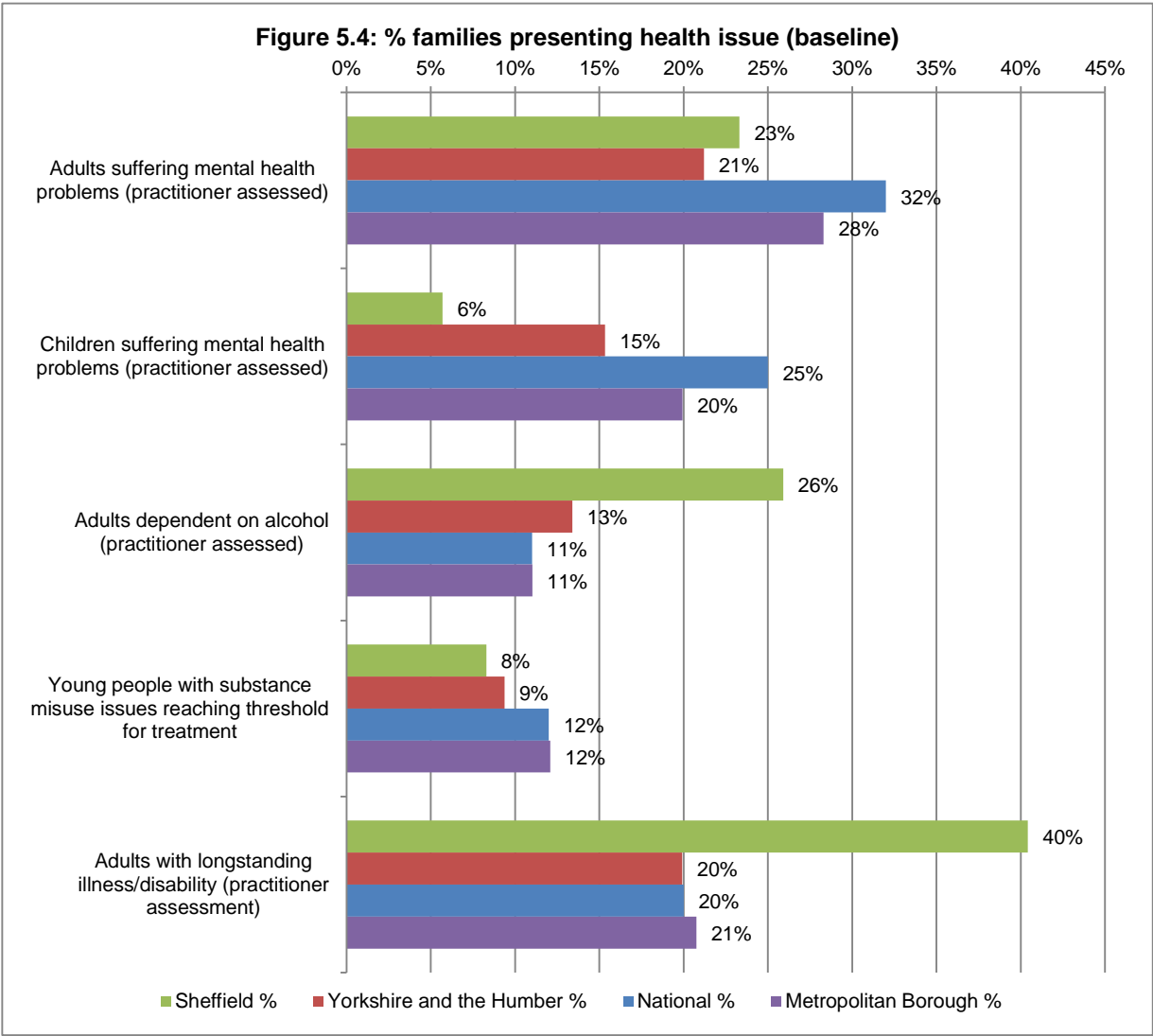
As illustrated in Figure 5.3, BSF provided data on three fields in relation to the crime/ASB domain of the FMD. BSF families in the sample appeared to be less likely than its counterparts locally, nationally and within other metropolitan local authorities to have a young offender, police callout or domestic violence issue (practitioner reported). The relative lack of data provided for the crime/ASB domain, however, highlights issues with data sharing in relation to this area as noted earlier in the report.



The impression given by this data, however, does not take away from the serious issues of this type that families can experience. The family research found issues of past or present domestic violence, which children may have witnessed, as well as past or present crime or ASB. Across the 16 families consulted, these included multiple (alleged) offences, Antisocial Behaviour Orders (ASBO), a Community Order, a conditional caution and unresolved court proceedings.

5.1.5 Health

As Figure 5.4 shows, BSF families with children with mental health issues (practitioner reported) and substance misuse issues were less prevalent in Sheffield than local, national and metropolitan averages.



However, as the chart also indicates, compared to these averages adults dependent on alcohol (practitioner reported) and adults with longstanding health issues were much higher (adults dependent on alcohol may be overestimated because this includes adults who have, or were thought to have, a problem with drinking or drug use). Examples of physical health conditions or disabilities reported in the family research included a parent with a spinal condition and family members with poor oral health or poor diet.

The proportion of adults suffering mental health problems was also higher than national and metropolitan averages but lower compared to other local authorities in the Yorkshire and Humber region. Mental health conditions reported during the family research ranged from paranoid schizophrenia to parents or children with anxiety, depression, ADHD, Conduct Disorder, Reactive Attachment Disorder, epilepsy and learning difficulties.

As with crime and ASB, the relative lack of data provided for the health domain highlights issues with data sharing in relation to this area as commented on earlier in the report.

5.1.6 Other Issues

FMD data was also provided on families' housing arrangements, but not against national, local or metropolitan averages. This showed that:

- **56% of BSF families rented their homes from a housing association or the local authority:** this is over three times more than the average of all families nationally;¹⁹ 10% of BSF families rented privately, 21% were owner-occupiers and 13% were of no fixed abode.
- **18% of families were assessed as being at risk of eviction**
- **7% of families were in rent arrears.**

The family research also uncovered significant issues with debt and budgeting. Some families were in debt to payday lenders, energy companies or family members. There were also examples of credit card borrowing and use of overdrafts in addition to rent arrears. This led to families being issued with a Notice of Seeking Possession (NOSP) that would evict the family. Other housing issues reported included disputes with neighbours, antisocial behaviour targeted at homes, deprivation due to overcrowding, and/or poor home conditions, due either to inattention and/or lack of repairs from the landlord.

In addition, 52% of BSF families were assessed by their key worker as having parenting difficulties for the FMD. Within the family research a number of families or key workers reported lack of parenting skills or capacity; for example, due to overprotective parenting or the learning difficulties of parent. Lone parent households or unsupportive parental relationships often exacerbated this; for example, due to inconsistent contact with children by fathers or a lack of financial support on their part. Additionally, some children had behavioural issues due to medical conditions (for example, ADHD) or parents struggling to parent effectively.

5.2 Families' Service History

Most families were receiving regular support from at least one service upon their referral into BSF; in only a few cases this agency or service continued with their support under the new (BSF) whole family support. Many were receiving support from numerous universal, targeted or specialist services. These agencies/services included:

- **Sheffield City Council** services:
 - Social Services
 - Special Needs Inclusion Playcare Service (SNIPS)
 - Educational Psychologist
 - Education Welfare Officer
 - Children's centre
 - Drug and Alcohol Team
 - Community Youth Team
 - MAST (pre-BSF)

¹⁹ 2011 Census, Office for National Statistics.

- **NHS:**
 - GP
 - Child and Adolescent Mental Health Services (CAMHS)
 - Adult mental health services
 - Health visitor
 - Counsellor / Psychologist
 - Primary Care Addiction Service Sheffield
- **School** support (e.g. learning support and contact with head teacher, senior staff, tutors and Teaching Assistants (TAs)) from mainstream, BESD and alternative education settings
- **Voluntary sector:**
 - Community mental health support
 - Shelter
 - Citizen's Advice
 - Roundabout (a homeless charity, for semi-independent living)
 - Woodside (semi-independent support service)
 - VOYCE (positive activities project for young carers)
 - NSPCC
 - Sheffield High Support Service (pre-BSF).
- **Justice services:**
 - Police
 - Probation
 - Prison
 - Youth Justice / secure units
 - Youth Offending Service.

Given that multiple agencies were often involved with families receiving support, at the point of referral families were liable to feel confused and inundated by the different workers they may be in touch with within a short space of time. The comments of some parents interviewed illustrate this:

"There were that many police officers and other people, it felt like harassment." (Parent)

"There is just so much going off...Different social workers chopped and changed...We've worked with so many different professionals: I thought I'd give [this support] a try as nothing else has worked. You lose faith in agencies." (Parent)

5.3 Support by Key Workers

5.3.1 Features of support

Support for the families consulted through the family research was wide-ranging and could loosely be classified as either relating to 'practical' or 'emotional' measures. Practical measures often included the key worker telephoning other professionals, responding to letters and reminding family members about or arranging appointments (often brokering the relationship between the family and school, or the family and Social Services). Families clearly welcomed this type of support as the comments below illustrate:

"There's that many different appointments with other people, I'd forget." (Parent)

"I was onto the council but they kept putting it off. They take her more seriously...All repairs are done now and on time." (Parent)

"[The] school know more now about our situation which is good, they understand it better." (Parent)

"Professionals argue the case better than families, with school." (Parent)

"Communicating more with people involved with [son] has helped. Having people listen. [Key worker] has helped pulling it all together and given me the confidence to speak up [to professionals] because I'm the one that knows what pushes his buttons." (Parent)

Other main tasks undertaken by key workers included arranging transport for the family and support with budgeting. Other examples of practical support cited were:

- Teaching a mother **how to cook**
- **Budgeting and planning**
- Supporting a parent on a tight budget to **source furniture** for her house
- **Supporting a family with a house swap**, to move away from antisocial behaviour influences on the daughter (the family did not know a house swap was possible before and would not have moved without the key worker's support)
- **Sorting housing issues**: for example contacting a family's landlord about repairs to the house
- **Taking a family to a Food Bank** when a family member's ESA was cut and getting **support from the council's Local Assistance Scheme** to buy household goods
- **Taking a family to the local park**
- **Arranging childcare** so a parent was able to attend appointments
- **Motivating a parent to do tasks around the house**
- **Ordering a skip** (paid for by Social Services) in order to clear the house / garden and improve house conditions; helping to put up a fence in front garden (for children to play)

- **Sourcing and liaising with other services and professionals** (see section 4.1 of this report).

The following case study illustrates an example of support to one family:

Case Study 4: Key Worker Support

The key worker took a very hands-on role in supporting the family. Parenting has taken a significant focus, and alongside this, the key worker has been teaching the mother to cook and develop a food budget and meal plan, as the mother was spending more than her weekly income on takeaways. The key worker has also liaised with the son's school on his attendance issues to put him on a reduced timetable. Other tasks the key worker has undertaken included helping the mother improve the home environment and providing general emotional support.

Emotional support included several examples of key workers supporting families' through crises. In one instance, this involved calming a mother down when the police were at the door about her son. For most families, emotional support involved talking with parent(s) about parenting strategies and reassuring them of their confidence to parent, sometimes in or following emotionally abusive relationships. Reflecting BSF's way of working that emphasises family voice and influence, one key worker noted:

"It's about upskilling parents, to prove they can do it." (Key Worker).

Support included group-work (for example parenting classes and confidence courses) and one-to-one work, usually with parents but also with children and young people. This encompassed, for example, talking to children about issues connected with their attendance and behaviour in and out of school, such as motivation, bullying, anger management and behaviour management, or in one case encouraging a young child to sleep in his own room. As one parent concerned commented:

"It is easier for kids to talk to a stranger; they don't take much notice of their parents." (Parent).

The image overleaf illustrates an example of a key worker suggesting a creative and interactive approach: behaviour charts, to help improve a child's behaviour and routine in the home. Importantly, the key worker worked with the mother to do the activity with her daughter, so that – when the key worker no longer works with the family – the family have the routine, and the mother has the capacity, to continue this type of work indefinitely.



Support was usually provided in families' homes, which was seen by key workers as allowing them a unique insight into families' lives, and a position of trust, that would not be possible in other settings. For a similar reason, families commented positively on work being effective with children and young people when the key worker visits them in school, away from what might be a difficult parent-child relationship.

Face-to-face support was typically weekly or fortnightly, depending on the family's need. Typically, support was more intense during the initial stages of the support and/or around crisis points and was supplemented by telephone and text message contact. Family members also commented on the availability of key workers, sometimes out of hours (which was provided on a needs basis). As one noted:

"[Key worker] was there at the end of a phone." (Parent).

5.3.2 Added value of support

According to families and BSF stakeholders, families' satisfaction levels with BSF were higher than for other similar initiatives. Families consulted clearly responded well to the key worker, whole family approach on the whole. Spending time talking with families one-to-one was cited by key workers as helping them understand families' thoughts, feelings and barriers. Such barriers might include attendance and behaviour, for example, which in some cases stretched back many years (for example, due to parents or siblings leaving the family home). In more than one case, this approach helped a mother look to the future, beyond childcare to employment. Families with small social circles referred to the key worker as being a "*friend*" and appreciated the opportunity to 'let off steam'. Related to this, stakeholders reported that families responded well to the support if it was strengths-based and not associated with a statutory service that imposes sanctions upon families. As one commented:

"The feedback that we've had from families is that actually, this is better. They prefer this way of working...Families sometimes just need some practical help and support and I think that BSF is particularly well positioned to do that.... It looks at the strengths of the families and not the deficits" (BSF Programme Board member).

Families also appreciated the intensive nature of the support in many cases, with this typically involving more contact with the family and longer engagement than may have been the case in

the past. In several cases, families noted that this led to greater levels of interaction and more support for them, as opposed to perhaps fleeting appearances of other professionals who such families felt had let them down previously by cancelling or not turning up to appointments. Key workers, by contrast, were seen to “*follow it through*” and “*go out of their way*”.

Compared to previous support, families and key workers suggested that, generally, support by a key worker met their needs and was more ‘whole family’ rather than supporting a particular individual (adult or child) within the family. Interventions supported a number of family members, including older children, children living with other parents (father), grandparents, partners and grandchildren.

Support was also noted as being more coordinated, with the key worker and TAF playing important roles in facilitating agencies working together. Also, because of its regular, sustained approach, the general perception was that whole family key working represents a more incremental and measured approach, rather than “*expecting miracles*” from a family in the short-term. In addition, support was reported to be more hands-on and with a wider remit than previously. As one key worker commented:

“[The way of working is] an added dimension...now other professionals can concentrate on areas we don't need to worry about, while we do the crisis stuff.” (Key Worker).

As such, without key worker support families generally felt that the types of practical and emotional support discussed would not have been provided. This may largely be because, on their own, these elements of support do not necessarily lead to any specific outcome: for example, teaching someone how to cook has little immediate and quantifiable impact. However, combined, these areas of support were clearly important factors in improving family functioning and generating positive outcomes for individuals and families.

5.3.3 Families’ relationships with key workers

Families were overwhelmingly positive about their “*connection*” with their key worker. Families commented positively on key workers’ personalities and referred to key workers’:

- **Ability to listen, care and be respectful**
- **Positivity and encouragement:** motivating the family and building on their strengths
- **Encouraging trust:** for example, not breaking promises
- **Persistence and assertiveness:** through offering intensive support and pushing families to improve
- **Honesty:** as one parent put it: “*telling it like it is*”, along with keeping promises and not overpromising whilst also telephoning and apologising if late or an appointment was missed (in turn, it was evident that this tended to encourage honesty from the family)
- **Life experience or professional experience:** for example, one key worker in a high-level support service had a background as a counsellor
- **Wide remit:** as one parent commented: “*I can go to her [key worker] with anything*”

- **Capacity to deal with children and teenagers**
- **Non-statutory and supportive function**, which helped engage families in a way that would not be possible with a statutory service.

Some quotes from family members about their key worker are given below.

"[Key worker] has never let me down." (Parent)

"She didn't mollycoddle me but she wasn't all official and authoritarian...I know I'm not on my own." (Parent)

"Her manner is fantastic...once she put her arms around me and said 'everything will be alright'." (Parent)

"He's one of the best I've had. I can talk to him and be open and honest and tell it like it is." (Parent)

"She [key worker] is amazing. I wouldn't have got through this [depression] without her; I couldn't talk to my family about it. She goes out of her way...she goes so much further than anyone else. She coordinates things but she asks me first, unlike anyone else. She's said, 'I'm there for you', for everything, which is the first time I've felt like this. She's excellent, trustworthy and she has life experience. She's like a good friend. If I don't trust someone I won't say how I feel. I can tell [key worker] everything, intimate stuff as well. I don't have to watch my Ps and Qs. And she won't shove it under the carpet, she'll tell me what I'm doing right and wrong. She's upfront: I prefer that. Her manager is good too." (Parent)

"It's so nice to have a meet-up with a friend [key worker]...She'd ring up and be like, 'Is everything OK?' Simple but effective ... Someone's actually caring [listening], with a personal touch, but still professional. She made me feel a friend, not a foe. She wasn't patronising and was passionate: by this I mean she was wanting to help me succeed, rather than 'I've got 20 weeks with you and I need to do this, this and this with you', not just keeping to schedule." (Parent)

"I've achieved more in three months [with key worker support] than with a social worker since I was 12 years old" (Parent)

"She doesn't see it as a job...she's so helpful and there to support you" (Parent).

The family research also highlighted the importance of key workers being a “good fit” for families. All families consulted acknowledged that their key worker could be described in this way, with some family members contrasting this with other professionals they had previously worked with. This does, however, emphasise that if for whatever reason a key worker is not a good fit for a family, efforts should be made to ascertain this and where possible re-allocate as soon as possible.

As families viewed the support positively, there were few suggestions for improvement. However, it was apparent in some cases that there was disengagement with certain aspects of the support from certain family members. Examples included disengagement with activities to find employment, mental health support, counselling and parenting classes. Reasons given by families for this disengagement included saturation with parenting courses; lack of interest in

positive activities; shyness leading to a reluctance to socialise; and, a parent preferring to deal with a debt issue on her own.

6.0 Families' Progress

This chapter considers the progress of families in the context of receiving support from BSF. It does so first by considering data submitted by Sheffield City Council to DCLG as part of the Troubled Families programme, alongside some of the other evidence gathered. The qualitative evidence gained from the family research is then examined in more detail.

6.1 Official Data on Progress

6.1.1 Payment by Results data

Payment by Results data provided to DCLG showed that all 1,680 of the local target families were identified by March 2013.²⁰ Work had begun with all 1,680 families by June 2014. All target families had achieved outcomes to claim a Payment by Results payment as part of the Troubled Families Financial Framework²¹ by the end of February 2015.

These outcomes were achieved despite what stakeholders claimed was the implicit assumption of the national programme that required achieving outcomes with 100% of the identified cohort. Added to the perceived relatively long lead-in time of the programme, it was therefore a real achievement that BSF achieved its desired outcomes. There were obvious difficulties encountered in 'turning around' every single family, given the entrenched nature of many families' issues. As such, and given the level of need and demand for family support across the city, BSF achieved a notable success in identifying and working with more than the 1,680 target families.

Progress on employment outcomes was slower than in respect of the crime/ASB and education, employment and training domains. Only 67 (4%) of the 1,680 claimable families could be claimed for having achieved continuous employment; this compares to the 1,613 (96%) Payment by Results claims made in respect of crime, ASB and education.²² However, a further 120 families achieved subsequent continuous employment,²³ and 127 families also achieved a 'progress to work' outcome. This outcome is defined within the national Troubled Families programme Financial Framework,²⁴ reflecting adults who volunteered for the Work Programme or were attached to the European Social Fund provision in the six months before the claim.

Difficulties with getting families into employment reflected a national picture. Stakeholders felt that challenges remained in this respect because families' other issues were so enduring. The family case studies also uncovered that 12 months was often insufficient to achieve sustained change, and some on-going issues remained, such as mental health conditions, difficulties sourcing childcare for pre-school children, the long-term nature of some parents' unemployment, and other factors including the current state of the labour market.

Despite this, there were some positive developments in the employment sphere highlighted through the family research, such as work on parents' CVs and another example where a

²⁰ <https://www.gov.uk/government/collections/troubled-families-programme-financial-framework>

²¹ See 'The Troubled Families programme, Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities', DCLG 2012, for full details of the outcome-based payment model used.

²² <https://www.gov.uk/government/collections/troubled-families-programme-financial-framework>

²³ Source: DCLG (unpublished figure).

²⁴ Ibid.

long-term unemployed parent signed up to a Further Education course suggested by the key worker. This decision was based upon skills the key worker identified, combined with wraparound support in relation to childcare (arranging for her children to be picked up after school) and self-esteem ('talking support' to frame employment positively and describing it to the parent as getting her "ahead of the game" rather than the Jobcentre telling her what to do). As the parent concerned noted:

"[Key worker] has pushed me [by] talking to me...she's made me realise I am capable." (Parent).

It was also noted how such a focus could be a "useful" catalyst to further improvements, as well as providing important income for families.

6.1.2 Family Monitoring Data (FMD)

For the Family Monitoring Data (FMD) element of the evaluation of the national Troubled Families programme, data was submitted on 193 randomly-selected families that were worked with up to the end of December 2014. Where data was available, for a proportion of these 193 families, data was also submitted at the 'exit' point where the family's support through BSF ceased. Therefore, numbers do not reflect the total number of issues within the sample of 193 families, not least the whole cohort of 1,680 families.

Table 5.1 below shows the number of family members with reported issues at their referral or 'entry' into BSF support and when support ceased or their 'exit' from BSF support. A 'change' column shows where fewer family members present the issue in green and where more family members present the issue in red. Data is at a cohort level, so for example change for particular individuals within a family cannot be attributed.

Table 6.1: FMD Data Showing Entry and Exit Data for a Sample of BSF Families

Indicator Name (Domain Name)	Entry	Exit	Change
<i>Education, Employment and Training</i>			
Number of children permanently excluded from school (current picture)	8	13	+5
Number of children receiving a fixed-term exclusion from school (previous school term)	33	25	-8
Number of children with 15% or more unauthorised absence (previous term)	106	36	-70
Number of children with Special Educational Needs (current)	13	3	-10
Number of children attending some form of alternative provision (current)	14	9	-5
Number of adults in employment (past 6 months)	24	25	+1
Number of adults receiving out of work benefits (past 6 months)	161	156	-5
Young people who are NEET in household (up to age 25) (current)	6	12	+6
<i>Safeguarding</i>			
Number of children living in care/Looked After Children (current)	21	24	+3
Number of children on Child Protection Plan (current)	27	21	-6
<i>Crime/ASB</i>			
Children or young people (10-17) with a proven offence (past 6 months)	14	30	+16
Police callouts to household (past 6 months)	37	41	+4
<i>Health</i>			
Adults suffering mental health problems - key worker assessment (current)	31	32	+1
Children suffering mental health problems - key worker assessment (current)	9	46	+37
Adults dependent on alcohol - key worker assessment (current)	57	26	-31
Young people with substance misuse issues reaching threshold for treatment (current)	12	10	-2

Key achievements to note are:

- The number of children with three or more fixed-term exclusions in the preceding three full terms dropped from 33 to 25
- The number of children with 15% unauthorised absences or more from school in the preceding three full terms fell from 106 to 36
- Adults dependent on alcohol (based on a practitioner assessment) reduced from 57 to 26.

However, progress was largely static on other areas; in some areas, the number of family members experiencing challenges actually increased, most likely due to key workers uncovering issues that families did not report on their referral. Of particular note are:

- Reflecting the issues around employment and benefits discussed in section 6.1.1 of this report, the number of family members unemployed and/or on benefits remained relatively static, and number of young people who were NEET increased (though from a small base)
- Children or young people with a proven offence increased from 14 to 30
- Children suffering mental health problems (key worker assessed) increased from 9 to 46.

It is important to note that FMD data relates to only a small sample of families and, in particular, there are relatively small numbers involved in the above areas where progress was less evident. Data on all families' outcomes would provide a fuller picture but is unlikely to be available until at least 2016, when interventions with all families from the first phase of BSF are expected to have ended. Gaps in data on families' progress also likely reflect data sharing issues.

6.2 Self Reported Information on Progress

6.2.1 Positive outcomes reported by families and key workers

Families reported a number of positive changes during the course of their intervention. The changes reported by families in the family research are given below, separated into 'soft' or intangible (hard to measure) outcomes and 'hard' or tangible outcomes. Although the nature of these changes varied, the main impacts (in terms of numbers of families reporting them) appeared to concern school related outcomes, such as attendance and behaviour, along with improved parenting and confidence. Improvements in school/college attendance were noted in over half of families consulted. Table 5.2 presents a range of the typical outcomes reported.

Table 6.2 ‘Soft’ and ‘hard’ outcomes reported by families

‘Soft’ / Intangible Outcomes	‘Hard’ / Tangible Outcomes
Better engagement with other services e.g. child (and parent) relationship with school	School/college attendance, behaviour and/or attainment e.g. helped daughter complete her GCSEs, helped secure and maintain college place
Family relationships at home e.g. parent-child, parent-parent	ASB reduced
Improved parenting (particularly discipline)	Training / employment sought for parent
Better self-esteem and/or mental health of parent or child	Care proceedings (Public Law Outline and Child Protection Plan) removed
Motivation (e.g. around house conditions; also employment)	Improvements around debt, rent arrears or budgeting
	Repairs to house
	Cooking meals

In the context of reporting the above outcomes, it should be noted that the 14 families consulted and 16 key workers represent a relatively small sample of the families and key workers across Sheffield. They are best considered as being indicative therefore, rather than necessarily being fully representative. It should also be noted that given the timescales of the evaluation, evidence of the sustainability of outcomes reported beyond key worker support was unavoidably limited.

Accepting this point, in the cases that were reviewed, both families and key workers attributed many of the positive changes for families at least in part to the role and qualities of the key worker, hands-on support, multi-agency working and a whole family plan centred around a TAF. Encouragingly, these factors reflected the family intervention factors mentioned in the national guidance²⁵ and Sheffield’s ‘way of working’.

Again, however, given the nature of the support across multiple agencies and by multiple stakeholders, there are inevitable limitations to the attribution of progress to particular workers or interventions. However, there were certainly several occasions where families believed they could wholly attribute positive change to the support they received from their key worker. This was also often the case in scenarios where the key worker liaised directly with other professionals (for example to arrange home schooling or for a landlord to arrange repairs).

More specifically, positive change reported included:

- A teenager was excluded from school when key worker support commenced but had since been re-engaged in the same school

²⁵ Ibid.

- A daughter's behaviour improving markedly, at least in part due to the key worker helping her to deal with her feelings around her mother's partner having to leave, with this also being helped by the fact that the key worker supported the mother to understand her daughter's feelings better
- A child's attendance improving from 70% to 97%, at least in part due to the key worker encouraging the mother concerned to see that she was responsible for the issue
- Another child's attendance improving from 40% to 89%, at least in part due to the key worker acting as a go-between and facilitating meetings with the school and parent concerned to arrange for her daughter's phased and then full return to school; in this case the key worker advocated on behalf of the daughter and suggested that the school take a 'strengths-based approach', which improved both the daughter and mother's relationship with the school
- A child attending positive activities leading to improved confidence; in this case the parent concerned was initially reluctant for her child to attend the activities due to a mistrust of professionals
- A child's behaviour improving at least in part due to support with parenting techniques given by the key worker; the parent in this case commented:

"[Key worker] says I've got the tools, I'm just using the wrong toolbox! She suggests bits and pieces, parenting strategies and triggers, and broke it down for me. I needed someone to say when I'm doing a good job not just the bad stuff, and the confidence to follow it all through."
(Parent)

An example of the positive outcomes a BSF intervention had on one family is exhibited below:

Case Study 5: Impact of BSF Support

Since the BSF intervention, the daughter's relationship with her mother has improved: the family believes this is in part through the key worker's persistence in seeing the family weekly and offering support. The daughter has since completed her GCSEs; BSF had a significant impact on this as pre-intervention she was not attending school regularly. The daughter is now attending college. It was felt by both her mother and the key worker that without the approach taken she probably would not have completed her GCSEs, nor would she be at college now.

Another way of looking at attribution is to examine families' views of what would have happened in the absence of the key worker support received. In doing so, a broadly positive picture emerged of the likely importance of the support to the outcomes discussed. In many cases, families foresaw significant consequences of not having this support. Examples of negative outcomes avoided because of the whole family support received included:

- A number of cases where children who would probably continue with poor attendance and behaviour, to the point of local authority sanctions in some cases, were felt to have significantly improved their attendance and behaviour due to BSF support; in one case a key worker had apparently significantly helped a parent with their depression, which was felt to be the reason behind her daughter's absence, whereas previously the parent had felt

that she could not “*be too honest*” with a social worker involved and (in her view) the depression / attendance issues would have not have otherwise been dealt with

- Two examples of daughters who probably would not have completed GCSEs / secured qualifications and who would not be at college now
- At least two parents who would have fewer prospects or less motivation for employment: as one noted: “*I’d have got myself in a rut*”.
- An example where both a parent and key worker agreed that children would all have been taken into care; plus another example where the key worker believed it was possible that children would have been taken into care
- A case where a Child Protection Plan would still be open; in this instance a Child Protection Plan was closed during the course of the BSF intervention which the key worker believed was due to the intervention's impact on parenting
- A house move away from an area having a negative impact on a family which the family felt would not have been able to take place without BSF support
- A case where the family was convinced that their family relationships would still be problematic in the absence of the BSF key worker’s support.

6.2.2 Families’ exits and sustainability of outcomes

Families were exited from the programme following a TAF meeting, with the decision to exit being endorsed through a meeting between the key worker, team leaders and specialists. Cases could be stepped up to social care or down to universal services provided by, for example, voluntary agencies like Homestart for befriending or EOS or CfFE (Centre for Full Employment) for employment support. As such, Employment and Skills Specialists commented that it was important that all case closures passed through them (as has procedurally been put in place).

It was generally felt that the key for successfully exiting a family, other than that they can meet outcomes in order to be claimed for, was that they have the tools to cope in a crisis and engage with universal services, foregoing the need for targeted or specialist services and so too the associated costs to the public purse. This recognises that there were a substantial number of families who could be claimed for, but that were not ready to be moved on from interventions completely.

Indeed, nearly all families had support from other services/agencies suggested or arranged by their key worker post-exit. This reflected risks that may challenge the progress made for families approaching exit; those reported included mental health issues, lack of support networks from family/friends and partners living away. This was a common situation across the national programme and reflected the multiple and complex nature of families’ issues who were nonetheless on a positive trajectory (post-exit support was, by definition, less intensive than during BSF support). Therefore key workers cited building up parents’ capacity to parent their children and providing a sustainable plan to manage their own affairs as central to their work. Parents were apparently more willing to engage with post-exit support if their key worker arranged it.

Peer support was one example of post-exit support that appeared to be particularly appreciated by families with the most complex needs. Following a very intensive intervention by Families Together, families were offered the opportunity to meet up once a month with other families who had received the same support. Activities included going for lunch, for a coffee or to a local park with children's play area. These social outings provided mutual support and reassurance from family to family, as well as 'family networking': families swapping details and opinions on local support services or activities. This was cited as being particularly beneficial for families without much of a (family) support network to offer help in a crisis. As one key worker noted:

"Families realise they are not on their own." (Key Worker).

Also, practitioners leaving their phone number with families provided them with reassurance that support from someone they trusted was there if they needed it, and provided families with confidence to stay on track in future. Resource implications are likely to be minimal (there were few, if any, examples provided by key workers of families taking advantage of this more than once), yet the benefits arising from reassuring families in times of crises may potentially be significant. As one parent commented of her key worker's approach in this area:

"She [key worker] said, 'If you have problems, give us a ring. We're there'. Two weeks in [key worker's manager] rang. I said what you ringing for? She said, 'I just wanted you to know we're at the end of a phone'. It's that reassurance...the fact that I felt supported." (Parent).

7.0 Conclusions and Recommendations

7.1 Reflections on the Model

7.1.1 Overview

Building on existing structures and services within Sheffield, it was clear from the views of stakeholders that BSF continued and enhanced the way of working (“one family, one worker, one plan”) within the city. It was widely felt that BSF enabled processes such as the FCAF and TAF to be implemented more quickly and more intensively, across services other than MAST, both within the council and the voluntary sector. It was reported that BSF has added value, particularly in the form of support from ‘specialist’ workers.

By way of providing a concluding assessment of BSF, the four BSF Outcomes designated at the outset of the programme are now discussed in turn.

7.1.2 Outcome 1: Families are an integral part of the programme and we have a sustainable plan for how we will achieve support for ‘whole families’ which supports our distinct ways of working

Families appreciated the wide-ranging and intensive nature of the support and, compared to previous support, families and key workers felt that support was generally more ‘whole family’, integrated, persistent and practical. Encouragingly, these factors reflect the family intervention factors mentioned in the national guidance²⁶ and Sheffield’s ‘way of working’.

Support for families was directed by the BSF Whole Family Action Plan. Although key workers saw action planning as ‘the norm’ before BSF anyway, the difference with BSF was that the action plan was discernible to families and considered all family members. Feedback from stakeholders suggested that families welcomed ownership of their support plan and felt empowered. Stakeholders felt the action plan was key to this, because it made services work together better through providing clarity and enabling services to support and challenge each other objectively based on the plan. Families no longer needed to duplicate their stories and actions with a myriad of professionals, and it was also a better use of resources.

7.1.3 Outcome 2: Our distinct ways of working are the norm across services supporting families and that services are delivering responsive, quality services

Awareness and implementation of the way of working was generally thought to have improved over time. It was noted, perhaps because BSF was not implemented as a standalone service, that those ‘closer’ to BSF (e.g. MAST, Children’s Services, the voluntary sector) tended to be aware of and implementing the way of working practices, whereas those ‘further away’ (e.g. social care, health including mental health, Community Youth Teams, schools, adult services) were less likely to. The latter were thus seen as the area where further attention needed to be focused for the Expanded Programme. Nevertheless, those workers that adopted the way of working remained committed in future to working with the whole family, rather than the individual, regardless of the future of BSF or the national Troubled Families programme.

According to families and BSF stakeholders, families’ satisfaction levels with BSF were higher than for BSF’s predecessors or counterparts. Services’ work with families was responsive and

²⁶ Ibid.

tailored to individual needs. Key workers cited supporting parents' ability to build up their capacity to parent their children as an important part of the role. In doing so, their work increased the likelihood of families maintaining their outcomes post-exit.

7.1.4 Outcome 3: We have IT and information management that supports our distinct ways of working and supports Payment by Results

BSF submitted Payment by Results claims for all of its 1,680 target families in advance of the end of the first phase of the national Troubled Families programme, and the BSF Whole Family Action Plan tool supports the way of working. However, although sharing of DWP data improved thanks to secondments of Employment and Skills Specialists, there remained scope for services to improve in respect of data sharing and access across the board. This was the case particularly with health data and in terms of the role of the police, who only shared data on households not individuals. It was widely noted that a priority is to continue to develop data systems for recording, monitoring and sharing information for the Expanded Programme. Most notably this will involve streamlining the action plan tool and refining it so that it correlates better with the programme's data requirements and focus on families' outcomes.

7.1.5 Outcome 4: There are fewer 'troubled families' in Sheffield / we have helped as many eligible families as possible.

All 1,680 target families had achieved outcomes to enable BSF to claim a Payment by Results payment by the end of February 2015. This suggests that, at a basic level, BSF helped as many eligible families as possible. Presuming these outcomes can be sustained, there will be fewer 'troubled families' in Sheffield as a result. Due to the implicit high success rate the national programme required, added to the perceived relatively long lead-in time of the programme, it was a real achievement that BSF achieved its desired outcomes in this sense.

Progress on employment outcomes was slower, but this reflected a national picture because of a number of factors, mainly because families' issues other than employment were so enduring, and 12 months was often insufficient to achieve sustained change to their employment status.

7.1.6 Concluding remarks

The findings from the evaluation suggest that BSF has, to a large extent, met the four BSF Outcomes, though perhaps in a full sense only in a limited number of services, predominantly MAST. Mainstreaming BSF beyond the current 'core' of the programme thus remains a key focus for the Expanded Programme, albeit in the context of recognising that such significant change takes time.

The evaluation findings also suggest that the BSF way of working has managed to address the needs of families facing multiple challenges in the city in a more comprehensive, 'whole family' way than the support that went before it. The positive changes for families BSF is now generating are likely to prove important in engaging new and existing stakeholders in support of Expanded Programme, as one stakeholder suggested:

"Unless you work with a family as a whole, it's only a temporary fix. That's what appeals to me about this model – the opportunity. Rather than a worker to have to refer out, but to be able to work with a family as a whole" (BSF Programme Board member).

It is also evident that a clear intention amongst key workers and other stakeholders, including the council's Chief Executive and Cabinet, is that BSF should remain part of the council's overall approach to supporting families in the long term. This is encouraging from a sustainability perspective. The fact that BSF features “*significantly*” in the broader transformation of Children's Services suggests that the wider implementation of the changes in working driven by BSF is likely to continue.²⁷ From this perspective it is also worth re-iterating that key workers were generally positive about BSF processes, and that they and families saw the family intervention factors as exhibited in the way of working as ‘the norm’. Stakeholders likewise commented positively on the fundamental elements of the BSF way of working and their potential on-going positive influence:

“It's got great potential. I really believe in the early help – don't wait until the family has broken down and we're looking at accommodating children, or until you're prosecuting parents for school attendance” (BSF Programme Board member).

“We are building the capacity of universal services to identify issues early, and input interventions early, before there is a need to escalate” (BSF Programme Board member).

“The added value is the whole family approach...ensuring the right families are going to the right place at the right time. Stopping the cycle of going round lots of services” (BSF Specialists)

It is also clear, however, that challenges remain. The Expanded Troubled Families Programme requires BSF to work with more families over a longer timeframe (5,540 families over the next five years). To deal with more than three times the number of families compared to the original target of 1,680, it is likely that BSF key workers must move beyond simply coordinating existing services, and reduce the number of people that families deal with, or reduce the contact these professionals have with families. This should be beneficial to all services because cuts to budgets mean services must work more collaboratively to maintain their support.

7.2 Recommendations

Looking ahead, Sheffield seems well positioned to build on the work undertaken during the first phase of BSF, which has provided a good base for the Expanded Programme. The ultimate goal is for BSF and its processes (such as the FCAF, Whole Family Action Plan and TAF) to continue to be embedded across partners as the ‘business as usual’ approach to working with adults and children and, therefore, families. The following recommendations are therefore proposed, building upon the learning from this phase identified by consultees. Where possible, Sheffield City Council have begun to implement these recommendations as a result of ongoing feedback received throughout the evaluation.

- Staff were optimistic that visible impact of support on families and the wider criteria for the Expanded Programme will be crucial in making BSF more relevant to all services and, in time, enabling wider systems change. To further encourage buy-in and embed the approach more widely across the city, **BSF could outline to partners evidence on the benefits of the BSF approach, via for example case studies, holding programme**

²⁷ Building Successful Families Programme: Update report for Children Young People and Family Support Scrutiny Committee – November 2014. Available here:

<http://sheffielddemocracy.moderngov.co.uk/documents/s16786/BSF%20Phase%20%20-%20Report.pdf>

events, showing the financial benefits the collaborative approach brings or through this evaluation report.

- Data sharing was the key challenge facing BSF identified by stakeholders. With an increase in the number of families supported through the Expanded Programme, data requirements will also increase. **BSF might consider revisiting data sharing agreements and protocols with BSF partners, to ensure data sharing is as comprehensive and seamless as possible.** Particular focus should be given to crime, ASB and health data. DCLG have provided guidance that clarifies the principles of data sharing for the Expanded Programme.²⁸
- Improving communication with partners could further the reach of the programme: **for example through regular email updates to key workers and other stakeholders. Key Worker Network meetings could be promoted more widely to staff to continually develop their practice and access further knowledge and resources.** BSF management also proposed making attending a minimum number of meetings compulsory for key workers, which should also help.
- It was noted that 'buy-in' was greater from certain partners than others. At a strategic level, **some stakeholders felt that the BSF Programme Board could demand more commitment from partners.** More formal agreements may help secure further finance and resources; for example pooling of budgets and secondments. At an operational level, **greater accountability on TAF attendance, or alternative arrangements if practitioners are unable to attend, could be supported.** One suggestion made by a number of stakeholders was for the way of working to feature more prominently in policies, job descriptions for key workers and cross-service agreements.
- Families suggested that **self-referrals, peer support and post-exit monitoring** by key workers (via telephone or in person) were useful. **BSF could support a wider rollout of these initiatives, and support a mechanism by which families can provide feedback on BSF support.**
- Key workers benefited from the Employment and Skills Specialists supporting their knowledge and delivery of employment-focused support with families. **BSF should ensure that a legacy of greater key worker understanding of employment issues is sustained beyond the natural life of the programme,** by enabling Employment and Skills Specialists to share their knowledge as much as possible.

²⁸ DCLG (2014). Annex I - The Expanded Troubled Families Programme: Data Sharing Guidance and Principles. London: Department for Communities and Local Government. Available here: <https://www.gov.uk/government/publications/financial-framework-for-the-expanded-troubled-families-programme>

Annex One: Consultee List

BSF Evaluation – Stakeholders Consulted:

- Sheffield City Council Cabinet Member for Children, Young People and Families
- BSF Programme Board (including Troubled Families Coordinator)
- Old Core Team and Current Core Team (including BSF lead) primarily responsible for management of the BSF programme
- Assistant Director for Fieldwork Services and Multi-Systemic Therapy lead
- Service Managers within MAST
- BSF Specialists
- Employment and Skills Specialists (Jobcentre Plus secondees), plus their manager at the council and their manager at Jobcentre Plus
- Managers and practitioners at VCSOs contracted for service delivery: SOAR, Manor and Castle Development Trust, Family Action, Families Together
- Managers and practitioners at Sheffield High Support Service
- Other service delivery links within the local authority: Adult Mental Health, Domestic Abuse, Housing, Communities Care and Support
- Financial leads for the programme
- Data and Performance Management Group.

Also:

- 16 key workers
- 14 families.