



Evaluation of the Big Lottery Fund Improving Futures Programme

Year 2 Evaluation Report



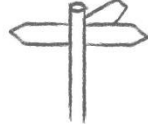
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Diverse types of support:

Average duration:
5½
months



Information, advice and guidance



Family support services



Parenting support



Average number of hours of support:

34
hours

Improving Futures THE SUPPORT

Support delivered through a range of different approaches:

Key Worker
(providing single point of contact for family)

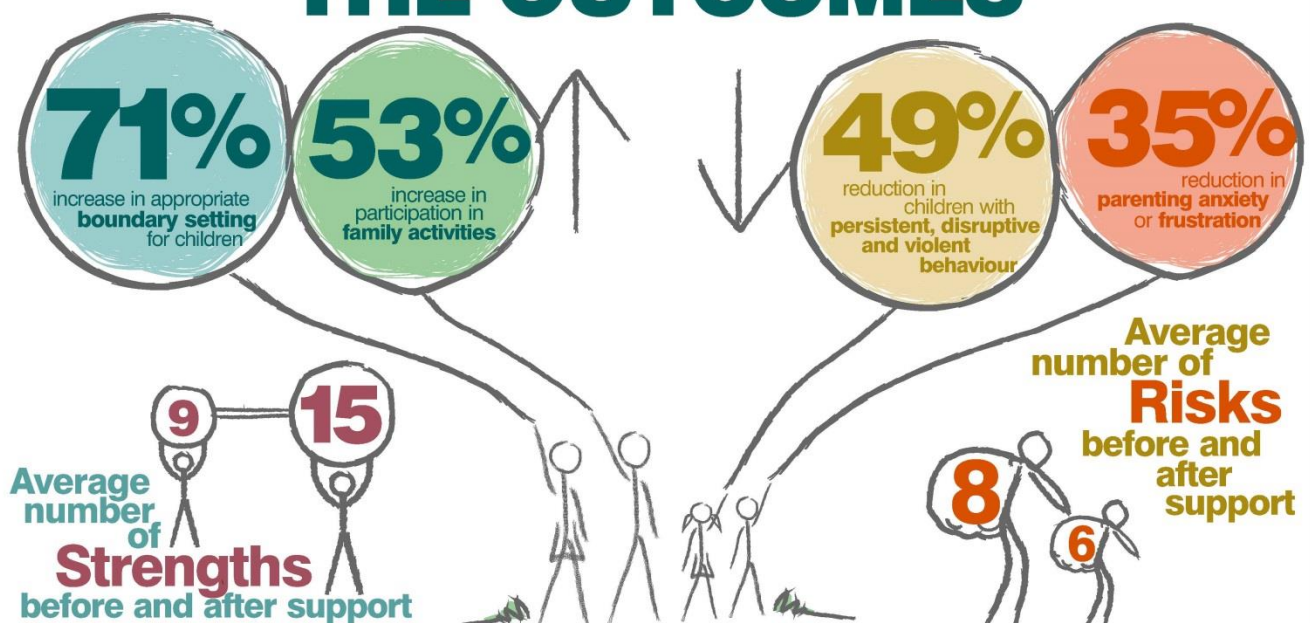
Volunteers

Co-located multi-agency teams
(bringing together professionals with different specialities)

Basing professionals in schools or GP surgeries

Flexible or discretionary budgets
(spot purchasing other services for families)

Improving Futures THE OUTCOMES



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Executive Summary

Background to the Evaluation

The Improving Futures programme was launched by the Big Lottery Fund (The Fund) in March 2011. The £26 million programme provided up to £900,000 to 26 pilot projects across the UK, to **test different approaches to improve outcomes for children in families with multiple and complex needs**.

In October 2011, The Fund awarded an **evaluation and learning contract** to a consortium led by Ecorys UK with Ipsos MORI, the University of Nottingham and Parenting UK. The evaluation is funded over five years, to assess programme effectiveness and impact, alongside continuous dissemination. This report presents findings from the second full year of the evaluation. It examines the progress made by the 26 local projects in embedding their local models of service delivery. It also provides the first analysis of outcomes data from the Improving Futures Monitoring Information System (IFMIS), examining:

- The main types of positive and negative outcomes from the programme;
- For whom these were achieved; and
- The factors that have influenced outcomes.

The [Year 1 Evaluation Report](#) is also available for download.

Aims and Funding Criteria

The Improving Futures programme represents a major investment of Lottery funding, with grants of up to a maximum of £900K over a period of 3 to 5 years for projects across the UK. As a grant condition, The Fund required that **all projects**:

- Are **led by a Voluntary, Community or Social Enterprise (VCSE) organisation** in partnership with statutory services;
- Offer a **broad range of services**; and
- Include mechanisms to **engage the 'hardest to reach'** children and families.

Whilst there is discretion for identifying and assessing needs, a limit of **5-10 years** was placed on the oldest child at the point of engagement, to encourage partnership working between family-focused organisations and schools.

A full list of the 26 projects and further information can be found at: www.improvingfutures.org

Methodology

The evaluation is sub-divided into **three distinct work streams**, which include:

- a) 26 bespoke project-level evaluations;
- b) an overall programme evaluation; and
- c) Learning activities for projects to exchange good practice within the programme, and to share best practice with external stakeholders.

A mixed methods approach is being used. This includes:

- Bespoke data collection from each project;
- Centralised recording of strengths and risk factors for families by project workers using a secure online monitoring system - the Improving Futures Monitoring Information System (IFMIS);
- A longitudinal panel survey with families;
- Surveys of local stakeholders and the projects;
- Family Advisory Panel consisting of families supported by the programme; and
- Rolling programme of case study visits to all 26 projects.

The following caveats and clarifications apply to the analysis presented within this report:

- Only families that have so far exited from the programme are included in the analysis of the IFMIS data. These may not necessarily be typical of the families receiving support in May 2014.
- The IFMIS outcomes are primarily based on practitioners' own judgement of the risks and strengths present in a given family, child or adult, based on evidence included within their service plan. The data therefore inevitably carries some risk of subjective bias.
- When interpreting the quantitative data, one should be clear not to confuse outcomes with impact. While the evidence suggests that many families have experienced improved outcomes during the period in which they were supported by an Improving Futures project, we cannot infer that in all cases these improvements were wholly or partly due to the interventions received, as other factors may have also been involved. The evaluation also includes a smaller number of impact case studies using a quasi-experimental design, which will be reported upon in subsequent years.
- The qualitative interviews with families were based on voluntary and informed participation in the evaluation. A degree of selection bias should therefore be anticipated, as those families with a more negative experience of the programme would be less likely to participate.

The key findings from year two are summarised within the remainder of this Executive Summary.

Models of Project Delivery

- Although the types of support and delivery models adopted by the Improving Futures projects vary, it was possible to identify **7 emerging principles** underpinning many of the Improving Futures projects. These are:
 1. Having a single **key worker** dedicated to the family and building relationships over time
 2. Building families' **capacity** and capabilities to manage their own lives
 3. An **accessible, personable and respectful approach** to working with families
 4. Active **participation** by families in assessment and service planning
 5. **Flexible and variable** support, responding to families' changing circumstances
 6. Working with the **whole family** to identify and address needs
 7. Supporting families to **engage with other services**

- **Almost half the projects are utilising community volunteers to support families.** Projects reported that these were effective at engaging 'hard to reach' families, as families could relate to the volunteers because they often came from the same communities. The volunteers also acted as positive role models for families. Recruiting and retaining volunteers was cited as one of the main challenges.
- **A smaller number of projects have established specific models for delivering support,** which principally include the following:
 - **Co-located multi-agency teams** – including the co-location of specialists in mental health, substance misuse and domestic violence, with social care professionals: A key success factor included the ability to readily access specialist knowledge and support. Having clear partnership agreements and terms of secondments were also considered to be important.
 - **Basing projects in universal settings** - including schools and GP practices. In the most effective examples of this approach, projects reported benefits for earlier intervention, and improved accessibility and visibility of support. However, over-reliance on universal services for referrals was found to be problematic, as not all potential beneficiaries could be reached in this way.
 - **Flexible and discretionary budgets** - the use of spot purchasing and personalised family budgets was found to be widespread within the programme. The main benefits of this approach included the ability to respond flexibly to emerging needs; to empower families in decisions around project expenditure, and to widen access to new services. The main challenges related to managing families' expectations and levels of demand, and ensuring accountability for expenditure – especially so in situations where spot purchasing stood to benefit individual partner organisations.
- **Projects sometimes struggled to refer families to other services** after a need had been identified, as a result of a shortfall in the availability of local provision, and / or service thresholds being set too high to qualify families for support. The areas of service provision that were most commonly reported to be in under-supply included affordable childcare and mental health services;
- As of 15 October 2014, a total of **3,902** families had started receiving support from the programme. Some projects stated in their Project Monitoring Reports that they were struggling to meet their original targets. The main contributory factors were reported to include the higher levels of need and complexity amongst the families than were first anticipated, and – in some projects – a reluctance amongst certain statutory organisations to refer eligible families.

Outcomes from the Programme at the Interim Stage

- Based on programme monitoring data captured through the Improving Futures Monitoring Information System (IFMIS), a total of 97 different family, child and adult risk factors were recorded at the entry stage of the programme, for 978 families. **Of the 97 risk factors, 58 had shown an overall reduction in prevalence by the exit stage.** On average, each family had **eight risk factors recorded on entry; this reduced to six risk factors on exit.**
- The **risk factors showing greatest improvement** between families entering and exiting the programme were **parenting anxiety or frustration** and **problems with discipline and boundary setting**, for which one in five (20%) of all families supported by the programme experienced a positive change.
- A number of risk factors saw a relatively high percentage decrease in the number of families affected. Most notably, **around half of families experiencing poor quality housing or where one or more children had persistent disruptive and violent behaviour were no longer experiencing this issue at exit point.**
- There were a number of indicators where prevalence was not reduced. These included child and adult physical and mental health, adult smoking, and adult educational attainment. There was also a small increase in the number of families with child protection concerns, although this may be due to better identification of pre-existing child protection issues.

- There was an **increase in the prevalence of all strengths between entry and exit, although the rates of improvement differed considerably across the cohort of families**. The average number of strengths recorded per family increased from 9 (out of a possible 42) at entry to 15 at exit.
- The **strengths showing the greatest overall improvement** in terms of number of families experiencing a change between entry and exit were **appropriate boundary setting for children** and **regular participation of children in sports or leisure activities**.
- Strengths relating to child and adult civic participation, volunteering and adult participation in learning saw the highest percentage increase among the cohort. Nevertheless, **only a minority of families exhibited these strengths upon exiting the programme**, suggesting that the projects had more limited success in these areas.
- **A significant minority (18%) of families exiting from the programme had not experienced any improvements at all**. These tend to be families with a short duration of intervention and are predominantly concentrated in a small number (four) of projects. Projects reported that these families were either ineligible for support or did not engage with the project.

Factors Affecting Project Outcomes

- At the beginning of support a greater proportion of families eligible for Free School Meals (FSM) had more risks and fewer strengths than families not eligible for Free school Meals (non-FSM). At the end of the support, **FSM families had made more progress than non-FSM families on several key indicators**, including worklessness, regular participation by children in sport or leisure activities and regular bedtimes, mealtimes and school routines.
- Improvements in domestic abuse were the greatest among lone parent families.
- The **average length of intervention for families exiting to date was approximately five and a half months**. However, the average duration of the intervention varied significantly between individual projects. The average number of hours of support per family was 34, ranging from 13 to 120 hours between the projects.
- The programme monitoring data would seem to indicate that there is a **positive correlation between intervention length and outcome**. Overall, **families made more progress against most strengths and risks** if they had been involved in the programme for more than three months.
- The relationship between the duration of the support and outcomes varied between different types of indicators. For 11 indicators, mainly related to adult relationship problems, families supported for over 12 months saw a greater rate of improvement. However, for a further six indicators relating to child and parenting problems, the rate of improvement peaked at 4-6 months. These issues will be explored further in year three of the evaluation.
- A strong positive **correlation was also found between many of the individual strengths**. Most notable of these was the correlation between improved family routines and adult involvement in children's lives. Families experiencing improvements in adult stress or anxiety levels were also more likely to show improvements in child stress or anxiety.
- The **correlations between increased prevalence of strengths and reduced prevalence of risk factors were much weaker** and did not show any clear and direct causality.

Families' Experiences of Support

- For the most part, parents interviewed had positive initial impressions about the programme, believing the offer to be a good idea, though some were reticent or actively resisted the approaches of the project staff in the first instance.
- Motivations for engaging generally focused on gaining outcomes for the children of the family rather than for the parents themselves. In some of the families interviewed, fathers were less well engaged but this was often as a result of working patterns. One parent noted that it would be useful if activities for dads were able to be planned on a weekend so they could attend.
- The research indicates that, on the whole, families were extremely positive about their relationships with the Improving Futures projects. Parents also commonly spoke of the good relationships their children had with their key workers. Families felt the personality and the manner assumed by the key workers was vital. The clear demarcation from statutory services was often important to the families.
- It is likely that the findings from the family interviews overstate the changes in families' circumstances brought about by their involvement in Improving Futures. This is due to selection bias (only being able to interview the most engaged families, and the possibility of projects selecting families who have had a more favourable experience of their support) and response bias (beneficiaries possibly overstating the benefits of support due to a desire to please the researcher and project).

Experiences of Key Worker Support

- The qualitative interviews and survey further underlined the importance of key workers as part of the programme. In many cases, the key worker relationship was considered to be the most important factor in the success of the programme, from families' perspectives. For many, having access to emotional support from their key worker was significant and made a difference to their mental well-being. In other cases, reducing their isolation through attending group activities was important.
- Participants in the evaluation's Family Advisory Panel highlighted that key workers were often able to identify unmet need whilst working with families and refer them on to other services. Key worker advocacy and support for families dealing with other agencies was frequently experienced by interviewees, particularly in relation to statutory services.

Experiences of the Project Activities

- The positive activities offered via the programme were unanimously well-received. Parents gave a range of reasons for appreciating the offer: these varied from being able to meet other people to finding out about things to do in the area, and most importantly, being able to spend quality time together as a family. Parents described their children as being more confident after socialising more and attending activities, with parents often also feeling more confident and less stressed.
- There was a significant emphasis on parenting support across the Improving Futures projects, be it formally through the provision of courses, or informally through advice and practical support to develop strategies for managing behaviour or communicating more effectively. Whatever the guise of the support, parents felt that they had been able to make significant and positive changes to their households, improving their confidence in their own abilities as parents.

Families' Perceptions of Outcomes Achieved

- The qualitative interviews showed numerous examples of children refusing to go to school or behaving badly while in attendance. A number of parents talked about how their **child's behaviour had improved** as a result of the project. Parents talked about their children being happier and more settled at school, receiving good feedback from teachers. Project staff cited some examples of children with severely disruptive and violent behaviour, who were not represented within the qualitative research.
- Projects had **adopted a range of approaches to support their children through play and learning**. This included encouraging families to participate in structured activities together, as well as the key workers attending regular play sessions with children on a one to one basis.
- The qualitative research provides some insights to the **low levels of improvement to the employment-related risk factors and strengths**. Aside from the programme not having an explicit focus on employability, parents described that the perception of being 'better off' accessing benefit entitlements (especially linked to high childcare costs) made the prospect of moving into work unattractive. Moreover, none of the families who were interviewed considered employment to be a motivating factor when they initially engaged with the project.

Conclusions and Areas for Development

- The overall picture to emerge from the evaluation in year two is one of the programme having reached a greater stage of maturity, with many of the projects now fully embedded and **exhibiting the hall-marks of effective family intervention and support**, including key working and pro-active measures to build a bridge between VCSEs and statutory services.
- The monitoring and case study evidence indicate that the Improving Futures projects have **consistently met the most pressing needs of many families**. The profile of outcomes achieved closely mirrors the key priorities that were identified as warranting support. This ranges from adult parenting skills and anxieties, through to child behaviour, family routines and children's emotional wellbeing.
- The projects have **consistently built on family strengths** and boosted families' participation in positive activities, built effective relationships with schools, and helped families to overcome social isolation. In particular, the programme was successful in narrowing the gap between the strengths present in families accessing Free School Meals and those not accessing them.
- The projects made more **limited progress in certain areas**. There was an overall increase in the number of families with mental health conditions, physical health problems and/or lifestyle factors.
- The evaluation evidence also underlines **an overall shift in focus for the projects, now that the earliest starters are about to enter their final year of delivery**, and there is a keen focus on sustaining or replicating effective practices.
- With regard to **sustainability**, the projects generally considered that they could not fund future delivery themselves and would need to secure external funding at an appropriate level. Several of the projects had identified local authorities and schools as possible future (co)fundors. One project had secured the interest of their local authority to continue the project as a commissioned service after the programme period. Others were looking at volunteer-led alternatives.
- As the programme enters this phase, it will be **important to capture evidence of approaches with the potential for scaling-up** and to examine how the projects are ensuring their longer-term sustainability.
- **A number of questions have been raised by the emerging evidence this year, which remain largely unanswered** to date. This includes the reasons why less progress has been made in some areas, particularly mental health, which has also emerged as an issue on other family programmes. We will explore this further in the remainder of the evaluation.

The overall patterns of outcomes for families supported by Improving Futures projects are **broadly similar to outcomes other family support programmes**, although these data were measured over different time periods and in different ways so a direct comparison should be approached with caution.

Areas for Development / Recommendations

The year two report concludes with a number of suggested areas for development;

- 1. For the projects** to review their effectiveness in relation to the following areas which emerge from the evaluation report as warranting further attention:
 - Engaging and supporting fathers; and
 - Supporting families with health issues (including health lifestyles and mental health issues).
- 2. For the evaluators** to work more intensively with the projects to identify potential options for mainstreaming or ensuring sustainability of good practices developed to date.
- 3. For the evaluators** to further explore why the Improving Futures projects have made limited progress in some areas.
- 4. For policymakers** to explore how families' needs around mental health and childcare could be met.

1.0 Introduction

The Improving Futures programme was launched by the Big Lottery Fund ('the Fund') in March 2011. The £26m programme provided up to £900,000 to 26 pilot projects across the UK, to test different approaches to improve outcomes for children living in families with multiple and complex needs. In October 2011, the Fund awarded an evaluation and learning contract to a consortium led by Ecorys UK with Ipsos MORI, the University of Nottingham and Family Lives. The evaluation is funded over a five year period, with the aim of providing a robust and independent evaluation of the effectiveness and impact of the programme, alongside continuous learning and dissemination activities.

This is the second interim report for the evaluation. The report focuses on the progress of the projects in supporting families, the approaches projects have adopted; the benefits and lessons, and the outcomes achieved by the families who have exited so far. The report builds on the Year 1 Evaluation Report, which reviewed the profile of families engaged through the programme, examined the processes through which families had been referred and supported, and reviewed the emerging evidence for outcomes achieved.

In the remainder of this chapter we introduce the Improving Futures programme, provide an overview of the evaluation methodology and activity completed to date, and set out the policy context within which the programme operates across the four countries in the UK.

Throughout this report, the term 'parents' is used as shorthand for the diverse range of caring roles and responsibilities encountered within the programme. Adult caring roles included birth parents, adoptive or foster parents, grandparents and other extended family members with legal guardianship of children who were supported by the projects.

1.1 The Improving Futures Programme

The Improving Futures programme represents a major investment of Lottery funding, with grants of up to a maximum of £900,000 made over a period of 3 to 5 years for projects across the UK. Following a period of consultation, the Fund chose to target the programme at improving the wellbeing and life chances for children growing up in difficult circumstances – a policy area where there remains considerable scope for further innovation and testing to establish 'what works' in bringing about sustainable change. The programme is particularly focussed on families where there are multiple and complex problems relating, for example, to unemployment, debt, poor housing conditions and health problems.

The overall aims are to achieve the following:

- a. Improved outcomes for children in families with multiple and complex needs**
- b. New approaches to local delivery that demonstrate replicable models which lead to more effective, tailored and joined-up support to families with multiple and complex needs; and,**
- c. Improved learning and sharing of best practice between public services and voluntary and community sector organisations**

The Fund also required that the grant funded projects were:

- ambitious and impactful;
- led by the third sector in partnership with statutory services;
- offering a broad range of services;
- adopting a joined-up approach; and,
- including mechanisms to engage the 'hardest to reach' children and families.

Two criteria in particular are likely to influence the approaches taken by the projects to identify families and assess their eligibility for support.

- **A discretionary approach towards assessing needs** – The Fund allowed grant holders to identify those families most in need of support. Whilst some projects are working with families at Tier 4¹ whose needs are not currently being met from existing provision, others are engaging at Tiers 3 and even 2 where thresholds have prevented them from accessing support in the past. The implication is that families will often be at an earlier stage in the continuum of need to participants in other family intervention programmes such as the Troubled Families Programme in England, or Integrated Family Support Services (IFSS) in Wales.
- **An age-based criterion for eligibility** – an age range of between 5 and 10 years was placed on the oldest child at the entry stage. The rationale was to focus the programme on those children who fall between the gap for 'early years' and 'youth' provision, and to ensure a strong focus on partnership working between family-focused organisations and primary schools. This resulted in less involvement of youth sector organisations and providers with a focus on older age groups.

The age limit, coupled with the possibility of engaging at a lower level of need, combine to give the programme much more of an 'early intervention' feel than many of its predecessors (e.g. Family Intervention Projects, Family Pathfinders).

1.1.1 The Improving Futures Projects

A total of 26 projects have been funded within the programme, each receiving in the region of £900,000. Of these projects, 18 are operating over a three year period, seven for four years and one is running for five years. The projects are diverse in their structure, target groups and models of support and intervention, within the broad programme criteria identified by The Fund. They range from 'whole family' assessment, planning and support, to classroom-based provision for pupils, mentoring activities, and capacity building actions such as the provision of training for families as community practitioners and 'asset' or resource mapping at a local level. A summary of the individual projects is provided in a [brochure](#) produced by the Big Lottery Fund.

¹ Many local areas describe the needs of families, and the set of services to meet these needs, using the four-tier model of children's social care. The specific definition and thresholds between the Tiers vary between areas, but generally they are:

- Tier 1 – Universal services such as schools, health visiting, GP and so on.
- Tier 2 – Targeted services for children and families beginning to experience – or at risk of – difficulties, for example school counselling, parenting programmes, support for teenage parents and so on.
- Tier 3 – Specialist services for children and families with multiple needs such as intensive family support, specialist child and adolescent mental health services, and services for children with disabilities.
- Tier 4 – Specialist services for children and families with severe and complex needs, including child protection services, inpatient child and adolescent mental health services.

For more information see: <http://www.scie.org.uk/publications/introductionto/childrensocialcare/furtherinformation.asp>

Figure 1.1 provides a map of the geographical coverage of the projects, which is detailed in Table 1.1. In the majority of cases, the projects operate within clearly defined geographical areas, such as school and community clusters or localities / wards with a high level of socio-economic disadvantage.

Figure 1.1 Map of Improving Futures Projects

Map of funding

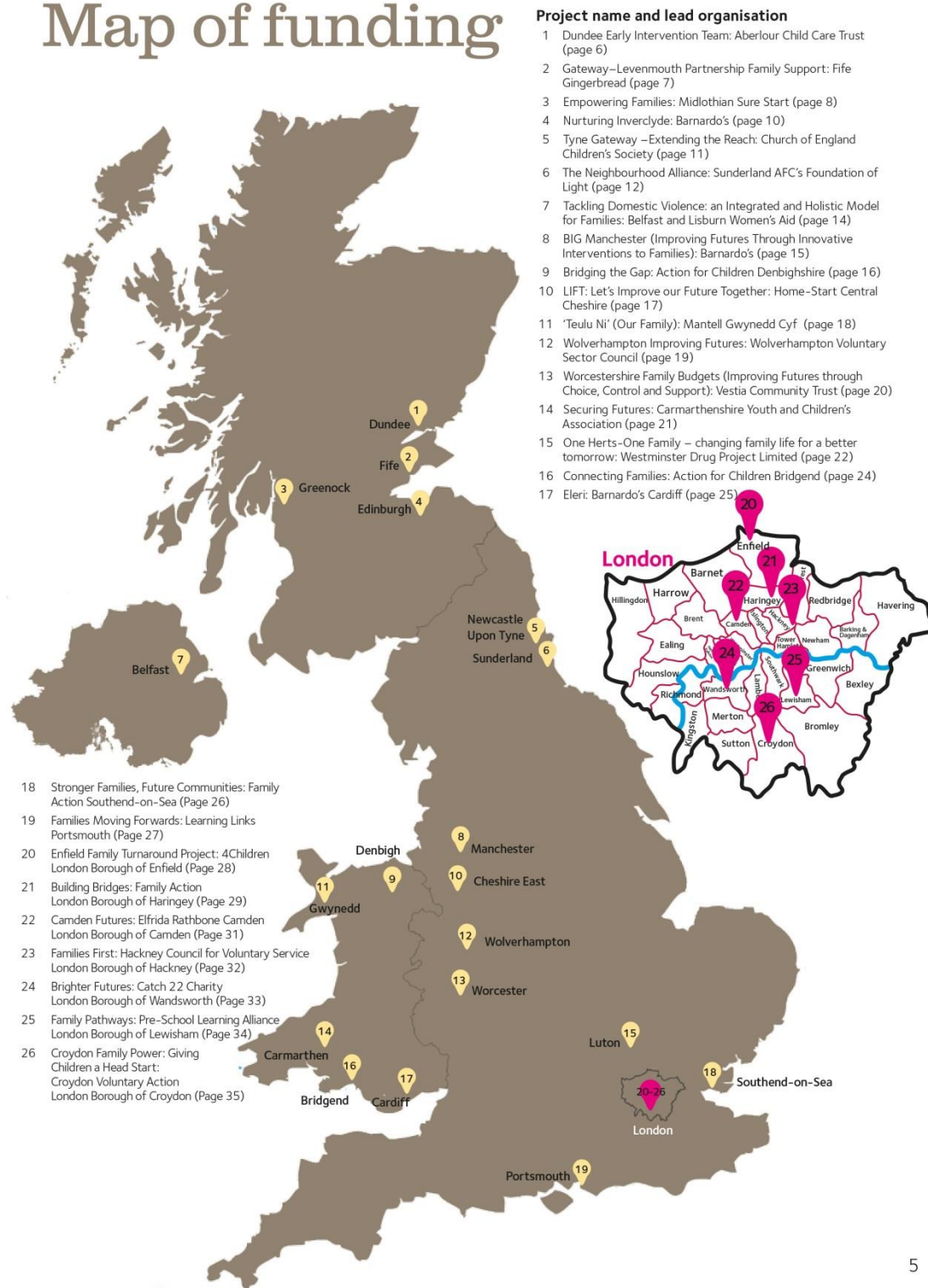


Table 1.1 Geographical coverage of Improving Futures Projects

England	Camden, Croydon, Cheshire, Enfield, Hackney, Haringey, Hertfordshire, Lewisham, Portsmouth, Manchester, Sunderland, Southend, Tyneside, Wandsworth, Wolverhampton and Worcestershire
Wales	Bridgend, Cardiff, Carmarthenshire, Denbighshire and Gwynedd
Scotland	Dundee, Fife, Inverclyde and Midlothian
Northern Ireland	Belfast

Due to the varied start and end dates, all projects are at a different point in their lifecycle. At the time of writing (August 2014), all projects had been operating for around two years. Most (15) were entering their final year, though Empowering Families (Midlothian) still had two years and eight months remaining.

A visual overview of the main features of the Improving Futures programme is presented overleaf.² Further information and updates on the programme and evaluation can be found at www.improvingfutures.org.

² This visual originally featured in the Year 1 Evaluation Report. As such, figures are accurate as at October 2013.

**£26
MILLION**

Provided by the Big Lottery Fund through the Improving Futures programme.

10,000

Anticipated that around 10,000 families whose eldest children are aged five to 10 years old will directly benefit from the Improving Futures programme.

3 Programme outcomes



Improved outcomes for children in families with multiple and complex needs

New approaches to local delivery, demonstrating replicable models which lead to more effective, tailored and joined up support for families with multiple and complex needs

Improved learning and sharing of best practice between public services and VCS organisations



The projects are operating across 26 locations across the UK

**26
PROJECTS**

Have been awarded up to £900,000 to deliver their projects over 3-5 years.



Improving Futures projects are uniquely led by voluntary sector organisations working with local statutory services and other local partners

The profile of Improving Futures families so far...



1.2 Evaluations Aims and Methodology

The primary aim of the evaluation is to rigorously assess the effectiveness, impact and outcomes of the 26 Improving Futures projects and the programme as a whole. The evaluation will support the projects with identifying outcomes and measuring progress over time, and will focus on capturing and sharing learning across the programme, and disseminating to policymakers and practitioners across the UK.

The evaluation is sub-divided into three distinct work streams to achieve these aims, as follows:

26 bespoke project-level evaluations, including **case study** visits to all 26 projects. The nature of the case study visits were tailored to reflect the delivery of each project, but generally included:

- Interviews with project manager and director;
- Interviews or focus group with core project staff;
- Interviews or focus groups with partner organisations; and
- Interviews with families;

An overall programme evaluation, drawing on the project-level evaluations and other data sources, including:

- **Longitudinal survey of beneficiaries** - a total of 361 families were interviewed face to face on a rolling basis during the first four months of their support (baseline), with follow-up scheduled by telephone at an interval of 12 and 24 months. The baseline survey explored satisfaction with referral arrangements, support and key worker relationships, and the follow-up survey points will seek to establish the extent to which outcomes are sustained over time.
- **Monitoring data** - analysis of outcomes data on families inputted by projects to the Improving Futures Monitoring Information System (IFMIS) – a bespoke database developed for the evaluation to record the characteristics of families alongside risk factors and strengths recorded by key workers. IFMIS data was held for a total of 981 families at the time when the analysis took place for this report. The IFMIS and indicator set is further described at Annex Two;
- **Stakeholder survey** – a two-wave self-completion survey with a sample of 20 local partner organisations and other local stakeholders for each of the Improving Futures projects (achieved sample in 2013: 340 respondents), The survey aims to gauge satisfaction with the programme, and to capture views on the impact it has achieved at a local level. It will be repeated in 2015.
- **Family Advisory Panel**, bringing together a sample of families receiving support from the Improving Futures projects to provide an overarching view of the programme;

The evaluation consortium has also overseen the design and implementation of a programme of **learning activities** for projects to exchange good practice within the programme, and to learn from and share best practice with other stakeholders.

The following caveats and clarifications apply to the analysis presented within this report:

- Only families that have so far exited from the programme are included in the analysis of the IFMIS data. These may not necessarily be typical of the families that were still receiving support in May 2014, in terms of the mix of issues experienced at entry and the outcomes achieved.
- The IFMIS outcomes are primarily based on practitioners' own judgement of the risks and strengths present in a given family, child or adult, based on evidence included within their service plan. The data therefore inevitably carries some risk of subjective bias.
- When interpreting the quantitative data, one should be clear not to confuse outcomes with impact. While the evidence suggests that many families have experienced improved outcomes during the period in which they were supported by an Improving Futures project, we cannot infer that in all cases these improvements were wholly or partly due to the interventions received, as other factors may have also driven the observed changes. The evaluation also includes a smaller number of impact case studies using a quasi-experimental design, which will be reported upon in subsequent years.
- The qualitative interviews with families were based on voluntary and informed participation in the evaluation. A degree of response bias should therefore be anticipated, as those families with a more negative experience of the programme would also be less likely to respond to requests to participate in the research.

A more detailed outline of the methodologies being used in the evaluation is provided in [Annex One](#).

1.2.1 Evaluation Activity Completed To Date

This report draws on evidence collected from the evaluation activity completed so far, including:

- Case study visits to 13 of the 26 projects (Dundee Early Intervention Team; The Bridge Project, Denbighshire; The Neighbourhood Alliance, Sunderland; One Herts One Family; Eleri, Cardiff; BIG Manchester; Gateway, Fife; Improving Futures Worcestershire; Brighter Futures, Wandsworth; Camden Futures; Families First, Hackney; LIFT, Cheshire; and Teulu Ni, Gwynedd);
- Review of Project Monitoring Reports submitted by the projects to the Fund on a bi-annual basis;
- Baseline Beneficiary Survey with 386 families, completed by families in the first four months of receiving support from the Improving Futures projects;
- Entry and exit data held on IFMIS for the first 978 families exited from support;
- Project Survey of Improving Futures projects, sent in October 2013;
- Fathers and Families learning paper, published in February 2014;
- Discussion groups held at the Improving Futures Learning Event with Improving Futures projects in February 2014;
- Family Advisory Panel, convened in June 2014; and
- Policy Roundtable with policymakers, held in June 2014.

1.3 Policy Overview

The Improving Futures programme has been rolled out in parallel with a number of other key policy developments across the UK. These developments are now briefly summarised, with attention drawn to the main points of actual or potential overlap with the Improving Futures projects.

1.3.1 UK-wide

The Children and Families Act 2014 has come into effect, which provides greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disability, and help for parents to balance work and family life. The act also involves changes to the adoption system, including increasing the number of adopters and a new 26-week time limit to ensure that children are placed faster. Children in residential care will live in safer, better quality homes and care leavers will have the option to stay with their foster families until they turn 21. Reforms to special educational needs will introduce a system designed around the needs of children and will provide support up to the age of 25. The act will also make it easier for families to access more flexible childcare and provide young carers' with greater support. The act predominantly applies to England only, though there are significant exceptions which apply to Scotland (for example amendments to the Adoption and Children Act 2002), Northern Ireland (for example reforms to the role of the Children's Commissioner) and Wales (for example amends to the Adoption and Children Act 2002).England

1.3.2 England

In England, following the 2010 election, family focused initiatives with an emphasis on intervening early have continued to engage the Coalition government. Traditionally, the early years of childhood – zero to four years old – have been a major focal point of early intervention policies. However, the challenges of each stage of childhood are increasingly recognised, leading to a wider emphasis on intervening early before problems escalate. The Improving Futures programme responds to this latter theme, with a focus on families where the oldest child is aged 5-10 years old and where multiple or complex problems pose a risk to the longer term outcomes of children within the family.

A series of widely publicised reports exist on the theme of 'early intervention', most notably, the review by MP Graham Allen³. The review identified 19 programmes that have a strong enough evidence base to illustrate that investing in them will be cost-effective in the long-term. The Department for Education have taken one of the resulting recommendations and provided funding to set-up an Early Intervention Foundation (EIF), which acts as a central point to help local commissioners decide which services to fund based on robust evidence. The EIF mainly focuses on UK programmes, but also draws upon international evidence where appropriate to do so. The EIF is also working closely with 20 Early Intervention 'pioneering places' across the country, supporting local activity through providing bespoke expertise, advice and evidence. The Improving Futures projects are well positioned to contribute to this evidence base given the partnership approach with Local Authorities and the focus on testing innovative approaches.

³ Allen, 2011. *Early Intervention: The Next Steps*. Department for Work and Pensions and Cabinet Office.

The Troubled Families programme was launched in 2011 to turn around the lives of the 120,000 most 'troubled families' in England by 2015. A Troubled Families team, based in the Department for Communities and Local Government (DCLG), has been established to join up efforts across the whole of Government and to provide expert help to local authorities to drive forward the programme. A network of local authority Troubled Family Co-ordinators has been appointed to operate at a senior level in local authorities to oversee the work on this programme in their area. In January 2013, DCLG a [consortium](#) led by Ecorys to provide a three-year independent evaluation of the programme. On 22 July 2014 the [first report](#) was published by DCLG, based on data gathered and analysed as part of the evaluation. The report provides the first insight to a range of troubled families' problems. The analysis found that, as well as having significant problems with truancy, youth crime, anti-social behaviour and worklessness; of the families being worked with in the government's Troubled Families programme:

- 71% also have a health problem;
- 46% have a mental health concern;
- 29% are experiencing domestic violence or abuse;
- 22% have been at risk of eviction in the previous 6 months;
- 35% had a child of concern to social services or who has been taken into care;
- 40% have 3 or more children, compared to 16% nationally;
- Police callouts in the previous 6 months have averaged 5 per family.

The Troubled Families programme overlaps with the areas covered by Improving Futures projects in England, although it also includes a greater focus on families with higher levels of need. In June 2013, HM Government announced an additional £200 million to extend the Troubled Families programme and engage 400,000 additional families during the 2015-16 Spending Round. As the Troubled Families programme is extended, increasing focus will be placed on designing services that prioritise early intervention and prevention strategies, including a focus on early years, and a focus on health. Priorities include incentivising outcomes through payment by results schemes, commissioning integrated services that engage holistically with families and implementing evidence-based models and interventions. During this new phase, the government will give local authorities new freedoms to pool budgets to help provide more joined up solutions for troubled families. The potential links with Improving Futures are therefore set to continue over the duration of the grant funding period.

Alongside the Troubled Families programme, in 2011, the Department for Work and Pensions (DWP) launched the Support for Families with Multiple Problems Provision, funded by the European Social Fund (ESF). This programme is aimed at families with multiple problems and complex needs specifically where there is a history of worklessness within the family. The programme is supporting families both towards and into work, while combining with other local services to ensure the whole family is being supported as much as possible. The latest DWP statistical release shows that, by January 2014, there were 33,560 participants on the programme, and 22,750 progress measures had been achieved by 11,020 participants. While none of the Improving Futures projects are specifically targeting the issue of worklessness as a referral criterion, many of the Improving Futures families face this issue. Similarities to the Improving Futures programme are also evident in the model of provision being used. The ESF provision has a focus on providing a whole family approach, based on a key worker model, which is a core model used by most (18, see [Delivery models](#) in Chapter 2) of the Improving Futures projects.

In 2014 the Fund launched the Fulfilling Lives: A Better Start initiative. This £215m investment aims to improve the life chances of over 60,000 babies and young children aged 0-3. The programme has invested between £36-£49m into five areas (Nottingham, Southend-on-Sea, Lambeth, Blackpool and Bradford), for up to 10 years. Each area is testing a programme of interventions designed to improve outcomes for children in three key areas of development: social and emotional development; communication and language development; and nutrition. A Better Start aims to help change the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice. One area (Southend-on-Sea) also has an Improving Futures project. Whilst the Improving Futures programme has a different referral criteria (family where the eldest child is aged 5 – 10), many Improving Futures families do have children aged 0 – 3.

The Children's Social Care Innovation Programme, announced by the Parliamentary Under Secretary of State for Children and Families, Edward Timpson, in October 2013, seeks to support the development, testing and sharing of more effective ways of supporting children who need help from social care services. The Department of Education (DfE) aims to stimulate and support innovation in the delivery and structures of children's social care and help spread proven innovations more quickly. The DfE Innovation Programme has been set up for this purpose and will provide £30 million in 2014/15 and a much larger amount in 2015/16. The Innovation Programme has three key objectives: to create better life chances for children receiving help from the social care system; to create stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches; and to create better value for money across children's social care.

1.3.3 Northern Ireland

In Northern Ireland, one of the key drivers for family policy is The Office of the First Minister and Deputy First Minister's (OFMDFM), Children and young people's strategy for Northern Ireland – 'Our Children and Young People – Our Pledge – A 10 Year Strategy' launched in 2006. This strategy sets out a common vision and high level outcomes for children and young people. The Families Matter Strategy was published in 2009, to help to achieve the vision set out in the Children's Strategy by supporting parents. It gives priority to prevention and early intervention in supporting families to parent confidently and responsibly, especially when they are facing difficulties. The aim is to ensure that all parents can access information and services in their local areas to support them in carrying out their parental responsibilities. The Family Matters Strategy focuses on universal support, preventative and early intervention services to support parents, children and young people, not only at particular times of need or stages in the development of their child, but continuously throughout children's lives.

The Children and Young Persons Early Action Document (December 2012) builds on the 10 year Strategy for Children and Young People and contributes to the delivery of six high-level outcomes, including early years and early intervention, literacy and numeracy, transitions, integrated delivery and joined up planning and commissioning. In addition, The Child Poverty Strategy (March 2011) is underpinned by the use of preventative measures to tackle child poverty, focusing on priority actions such as educational attainment, early intervention and support for young people not in education, employment or training (NEET). The Towards a Childcare Strategy (2013) is a consultation document that lays the groundwork for the development of a childcare strategy in Northern Ireland, highlighting the government's recognition of the importance of the early years in a child's social, emotional and physical development. The strategy supports the advocacy of several EI projects, such as parental information services, the wider roll out of Family Support Hubs; and the universal availability of evidence-based parenting programmes.

1.3.4 Scotland

In Scotland, the 'Getting it right for every child' (GIRFEC) approach is "the foundation for work with all children and young people" in Scotland⁴ and builds on the "For Scotland's Children" Report. The approach is based in research and practice evidence of what is effective in making a positive difference for children and young people. It is a specific approach and methodology providing a consistent, supportive approach for all Scotland's children and their families.

Scottish policy reflects a keen focus on the evidence that the earliest years of life are crucial to a child's development and future life chances. The Early Years Framework was launched in 2008, signifying the Scottish Government commitment to giving all children the best possible start in life. The Framework sets out 10 elements of transformational change, to be realised over a 10-year time horizon. In contrast to early intervention in other regions, the focus in Scotland is on the period from pre-birth to age 8, thus overlapping with the age range identified for the Improving Futures programme. Other current policy developments include The Vulnerable Families Pathway Project where health, social care, education and VCS agencies work in partnership to create a framework to support children and families from conception to age 3 years in Scotland. The project aim is to meet the additional needs of children and their families and ensure a shift from intervening only when a crisis happens, to prevention and early intervention.

This move towards prevention has emerged more strongly in recent strategic and policy decisions beginning with the Scotland Spending review of 2011 where a strategic shift has led to increased funding for preventative initiatives. The Early Years Taskforce was established to take forward the Early Years Preventative Spend agenda including the establishment of the Early Years Change Fund. The Change Fund represents the Scottish Government, Local Government and NHS Scotland's intention to shift resource to where it makes the most difference, by supporting prevention and early intervention.

Most recently, the National Parenting Strategy, launched in October 2012, sets out a number of commitments relating to family support including introducing legislation which provides a dedicated first contact to co-ordinate support and advice for every child who needs it and extending the Family Nurse Partnership programme to roll out nationally.

The Third sector early intervention fund (TSEIF) was rolled out in 2013 and will see 142 third sector organisations working with children, young people and their families benefit from £20 million investment over 2013-2015. There is a particular focus on work linked to early intervention and prevention and funding will also be available to support projects testing new approaches to delivering effective services that intervene earlier. In addition, due to unprecedented demand, the Scottish government established Strategic funding partnerships (SFPs), providing an additional £10 million of funding for work in this area.

1.3.5 Wales

In Wales, the Welsh Government has always had a strong focus on early years and reducing child poverty, working on a whole family approach built around integrated services and providing holistic support to children, young people and families. The Children and Families (Wales) Measure 2010 put into effect the Welsh Government's commitment to tackle child poverty, by providing greater support to families where children may be at risk. Emerging as a result of the Child Poverty Strategy for Wales (2011) are a number of current programmes seeking to provide family support interventions. Families First is a five year programme, introduced across Wales in 2012 which aims to develop effective multi-agency support, in order to improve the outcomes of families. This package of programmes is intended to comprise a comprehensive system of family support in Wales It is being delivered in conjunction with the Flying Start (the Welsh Government's targeted early years programme aimed at families with children) and the Integrated Family support Service programmes (a Welsh Government initiative to provide support for families whose lives are affected by parental drug and alcohol misuse). The idea is that these programmes, working alongside interventions in

⁴ Scottish Government, 2008. *A Guide to Getting it Right for Every Child*. See: <http://www.scotland.gov.uk/Resource/Doc/238985/0065813.pdf>

core services (education, health etc.) will help to enhance outcomes for children. The Year 2 Report on the Evaluation of Families First, conducted by Ipsos MORI and Ecorys UK, found that Families First is demonstrating positive impacts in the short-medium term on soft outcomes, such as emotional health, relationships and behaviour. However, further investigation of longer-term outcomes is needed to determine the impact on more entrenched problems related to training/skills, children's health and the home environment.

The evaluation team will continue to track these policy developments across the UK and will examine how they interact with the continuing rollout of the programme into 2015 and beyond.

1.4 Report Structure

The remainder of the report is structured as follows:

- In [Chapter 2: Models of Project Delivery](#) we review the progress against the following programme aim: *'New Approaches to Local Delivery, demonstrating replicable models which lead to more effective, tailored and joined-up support for families with multiple & complex needs'*. The chapter provides an update on the number of families supported to date, details some of the main approaches the projects have adopted to support families, including their respective benefits and the lessons projects have learnt in their implementation, and identifies gaps in current support. The chapter mainly draws on the evidence from the case study visits and discussion groups at learning events.
- In [Chapter 3: Outcomes From the Improving Futures Programme](#) we review the progress against the following programme aim: *'Improved outcomes for children in families with complex needs'*. This chapter includes a detailed analysis of the outcomes drawn from the Improving Futures Monitoring Information System (IFMIS), exploring the scale and extent of positive and negative changes achieved by families over time. .
- In [Chapter 4: Factors Affecting the Achievement of Outcomes](#) we build on the analysis in the previous chapter, examining the extent to which rates of change differ according to different individual and family characteristics, according to the duration of support provided by the projects and across the different countries. We go on to explore the extent to which certain types of outcomes cluster together.
- In [Chapter 5: Families' Experiences of Support](#) we draw upon families' own accounts of the support and the changes they have seen as a result of their participation in the programme, and examine the factors that families consider to have helped and hindered them. The chapter seeks to explain and contextualise the project and MI data reviewed in chapters 2 to 4.
- Finally, in [Chapter 6: Conclusions, Areas for Development and Next Steps](#), we bring together the preceding chapters to conclude on the overall progress of the programme, suggest areas for development and outline the next steps for the evaluation.

2.0 Models of Project Delivery

Key findings

- ✓ As at 15 October 2014, the projects had **supported 3,902 families**.
- ✓ Although the types of support and delivery models adopted by the Improving Futures projects vary, the qualitative research revealed a set of **7 emerging principles** underpinning many of the Improving Futures projects. These are:
 1. Having a single **key worker** dedicated to the family and building relationships over time
 2. Building families' **capacity** and capabilities to manage their own lives
 3. An **accessible personable and respectful approach** to working with families
 4. Active **participation** by families in assessment and service planning
 5. **Flexible and variable** support, responding to families' changing circumstances
 6. Working with the **whole family** to identify and address needs
 7. Supporting families to **engage with other services**
- ✓ **Almost half the projects are utilising community volunteers to support families.** Projects reported that these were effective at engaging 'hard to reach' families, as families could relate to the volunteers because they often came from the same communities. The volunteers also acted as positive role models for families. Recruiting and retaining volunteers was cited as one of the main challenges.
- ✓ **Some projects have established a very specific model for delivering support**, including:
 - **Co-located multi-agency teams** – including the co-location of specialists in mental health, substance misuse and domestic violence, with social care professionals: A key success factor included the ability to readily access specialist knowledge and support. Having clear partnership agreements and terms of secondments were also considered to be important.
 - **Basing projects in universal settings** - including schools and GP practices. In the most effective examples of this approach, projects reported benefits for earlier intervention, and improved accessibility and visibility of support. However, over-reliance on universal services for referrals was found to be problematic, as not all potential beneficiaries could be reached in this way.
 - **Flexible and discretionary budgets** - the use of spot purchasing and personalised family budgets was found to be widespread within the programme. The main benefits of this approach included the ability to respond flexibly to emerging needs; to empower families in decisions around project expenditure, and to widen access to new services. The main challenges related to managing families' expectations and levels of demand, and ensuring accountability for expenditure – especially so in situations where spot purchasing stood to benefit individual partner organisations.
- ✓ **Projects sometimes struggled to refer families to other services** after a need had been identified, as a result of shortfall in the availability of local provision, and / or service thresholds being set too high to qualify families for support. The areas of service provision that were most commonly reported to be in under-supply included affordable childcare and mental health services.

2.1 Introduction

This chapter builds on the evidence from the year one evaluation report⁵ to review and update the models of project delivery adopted by the Improving Futures projects to support families. It describes a set of ‘emerging principles’ underpinning the projects’ support; the type of support provided by the projects, including the successes and challenges of different types of provision, and how the services are structured and some of the successes and challenges in implementing these delivery models. Specifically, the chapter provides information on:

- Numbers of families supported to date
- Emerging principles of the programme
- Types of support
- Delivery models
- Gaps in support

The chapter predominantly draws on the evidence from the case study visits to projects during Autumn 2013 and Spring 2014, and the discussion groups with projects at the Improving Futures Learning Event in February 2014. The typologies described in this chapter are ‘emerging’ typologies, as they are based on case study visits to half of the Improving Futures projects. A final and comprehensive set of typologies will be provided in the Year 3 Evaluation Report once case study visits to all projects have been undertaken. Families’ perceptions and experiences of these support models are covered in further detail in chapter five.

2.2 Numbers of Families Supported to Date

The Improving Futures projects set out in their business plans to support a total of 5,782 families. On average, each project aimed to support 222 families, though this varied significantly from 40 to 600 families. This variation reflected the project’s varied support models and support intensity.

At 15 October 2014, a total of 3,902 families had started on the programme. On average, each project had supported 150 families, though this varied from 28 to 343. In the Year 1 Evaluation Report, we identified that some projects were not supporting as many families as they anticipated for two main reasons:

- The needs of families referred being more complex than projects initially envisaged, affecting the projects’ capacity to take on new referrals. This is partly attributed to reduced budgets and capacity in the statutory sector resulting in families who previously would have been supported by these agencies being ‘referred down’ to Improving Futures projects. Additionally, the impact of welfare reforms was widely reported by the projects. The findings from this report should be viewed through the lens of some projects reporting greater overall levels of poverty and hardship amongst families than were anticipated at the start of the programme; and
- Challenges in receiving referrals from statutory partners in a small number of projects (due to restructuring of services, which was inhibiting partnership working).

⁵ Available at: <http://www.improvingfutures.org/Improving-Futures-2013-Annual-Evaluation-Report.pdf>

In Year 2, for most projects the challenge of receiving referrals had diminished, as projects had become firmly established and raised their profile with local services. Five projects, however, reported in their Monitoring Reports to the Fund that this challenge remained, and these projects were continuing to develop relationships with new services to increase referrals. Projects' reduced capacity due to supporting families that were more complex than originally envisaged remained an issue. Consequently, some projects were profiling the number of families they expected to be able to support. One project manager commented that:

“The families’ needs are more complex than initially envisaged, meaning more lengthy periods of intervention are required... The project has therefore decided to take on less referrals.”

The case study research suggests that this was certainly not an isolated viewpoint.

2.3 Emerging Principles of the Programme

Although the Improving Futures projects are adopting different delivery models and types of support (see below), it was possible on the basis of the initial evidence to identify **seven emerging principles** underpinning the effective delivery of Improving Futures projects. For the vast majority of projects visited to date, these principles were just as important as, if not more than, the type of support they provided. This corroborates with comments made by the families themselves, as reported in 5.

Many projects identified that the key to engaging families and achieving change lay in building trusting relationships with families; and the key to building trusting relationships lay in these emerging principles. Almost half (10 out of 21) of projects responding to the Project Survey identified practitioner relationships with families as one of most important factors in achieving outcomes. These seven emerging principles suggest that the Improving Futures projects are rooted in ‘relationship-based practice’⁶, in which relationships are at the core of the support approach.

The seven emerging principles are listed in **Table 2.1** and detailed below. Whilst these principles were commonly cited during case study visits and within the Project Survey, not all projects were necessarily exhibiting all of these features and they were implemented to varying degrees of quality.

Table 2.1: 7 Emerging Principles of the Programme

1. Having a single key worker dedicated to the family and building relationships over time
2. Building families’ capacity and capabilities to manage their own lives
3. An accessible, personable and respectful approach to working with families
4. Active participation by families in assessment and service planning
5. Flexible and variable support, responding to families’ changing circumstances
6. Working with the whole family to identify and address needs
7. Ensuring sustainability of outcomes, by setting in place follow-on support

⁶ Wilson, K; Ruch, G; Lymbery, M; Cooper, A (2008) Social Work: An Introduction to Contemporary Practice. Harlow. Pearson.

2.3.1 Having a Single Key Worker Dedicated to the Family and Building Relationships Over Time

As we reported in the Year 1 Evaluation Report, the key worker acts as a single point of contact for a family and can provide support, resources and information tailored to meet their individual needs. The 'key worker' model has a precedent within the FIP programme, and is also a core element of the Troubled Families programme, which builds on the FIP evidence base for key worker practices.

Flexibility in the timing of when support is delivered is central to the delivery of key worker support in many Improving Futures projects. Recognising that families don't just need support 9am-5pm Monday-Friday, a number of projects provide support in the evening, weekends and during the holidays.

The qualitative interviews and survey further underlined the importance of key workers as part of the programme. In many cases, the key worker relationship was considered to be the most important factor in the success of the programme, from families' perspectives. This is detailed further in [Chapter 5: Families' Experiences of Support](#).

2.3.2 An Accessible, Personable and Respectful Approach to Working with Families

Project staff, local stakeholders and families frequently identified the personal qualities of project workers as being crucial to building relationships with families. In particular, project workers who had succeeded in engaging families were described as being "approachable" and "personable". Two teachers summarised the importance of these traits during a case study visit:

"It never ceases to amaze me how neutral the staff of [the] project are, and the reason they are is because they're professional. But they also know by being judgemental it's not going to get them anywhere, and that's when the door will shut. They've got to remain so neutral to be able to access what they can access, and to develop that relationship with the parents."

"[The key driving factor is] the personality of the people...[T]hey are...so approachable for other parents, who find any sort of intervention with anybody who might be a professional [difficult]...Parents still find it an issue to come and speak to [the school] sometimes, because you have got that title, haven't you? Whereas they are very much on the parents' side..."

Because of the weight projects placed on these attributes, for many projects finding the right members of staff was seen as essential in determining the success of the project. Teulu Ni, Gwynedd included families in the interview panel to ensure families saw the practitioners they recruited as personable and approachable. This also had the secondary benefit of boosting parents' confidence: one parent interviewed who had been involved in interviewing new staff at the project felt this had been a great experience and a demonstration of how much her confidence had improved as a result of her involvement with the key worker.

2.3.3 Active Participation by Families in Assessment and Service Planning

Family participation has been central to most Improving Futures projects. In particular, projects have sought to ensure that families actively participate in assessing their needs and planning their support:

- **Assessing family needs:** Many projects had developed tools that ensure children's views are heard during the assessment process (see Year 1 Evaluation Report, pg. 45). Projects also felt that the Family Star (also featured in the Year 1 Evaluation Report) is an effective way to include families in the assessment process, as the Family Star has a strong emphasis on families self-reporting their needs.
- **Planning support:** Projects have developed a number of different approaches to include families in planning their own support. In particular, projects regarded personalised family budgets (see below) as an effective way to achieving this. In Eleri, Cardiff children are also able to select their own lead professional. The Dundee Early Intervention Team ensures families are fully aware of the action plan through creating family support booklets. The booklet is held and controlled by the family. It details steps to be taken for each outcome, breaking down otherwise daunting tasks.

2.3.4 Working with the Whole Family to Identify and Address Needs

According to survey data gathered for the evaluation, two thirds (14 out of 21) of projects are adopting a 'whole family approach' with all families they support. This includes both working with the whole family simultaneously (for example, through family therapy) and working with family members individually, but bringing the support together through an integrated plan. However, as identified in the Year 1 Evaluation Report, not all projects were adopting a full whole family approach. A minority of projects have focussed primarily on the main carer – typically the mother through the course of the families' involvement in the project.

Most projects felt that their holistic whole family approach was very effective: half (7 out of 14) the projects who adopted this approach all the time and responded to the Project Survey identified this as one of the most important factors in achieving outcomes.

Projects identified two key benefits of the approach:

- **Building family members' trust to engage with the project:** Project staff from BIG Manchester observed that parents were more receptive to addressing their own needs when the project worker had built up relationships with all their children, as parents felt the project worker really understood the family.
- **Making clear the connection between different issues:** Projects widely recognised that a challenge being faced by one member of the family may be having adverse effects on another family member. By adopting a whole family approach, projects reported being able to tackle an issue from multiple angles and raise each family members' awareness of how their own circumstances affect other family members. Both BIG Manchester and Brighter Futures, Wandsworth found this approach was effective when addressing issues amongst adults (such as substance misuse, mental health and domestic violence) and considering how this was impacting on children in the household. They felt this would often lead to parents having a better understanding of how their situation impacts on the children, and the need to work towards stability and boundaries in their home life.

"We get the parents to look at how it's impacting on the children. We look at adult issues, but bring in the children's focus too." (Project Manager)

However, the extent to which the whole family approach was being implemented effectively varied across projects. In particular, during the case study visits we identified a small number of projects who had recruited professionals with very limited experience in working with the whole family. As identified in previous research⁷, adopting a whole family approach requires practitioners to have appropriate skills and knowledge of working with both children and adults. Where this relationship-based approach was not taken, or where practitioners lacked skills and experience in this area, they generally struggled to achieve meaningful change with families, reporting that they were often ‘firefighting’ and making limited progress with families’ action plans:

"[Families are] treating you like Social Workers, when I've never experienced that...Some families are so complex, it's hard to set goals and stick to it." (Project worker)

Additional challenges related to supporting the whole family included:

- **Responding to complex and / or strained relationships within families:** Many of the families supported by the projects were large and complex, compounded by the transitory nature of some families, and the sometimes absence of family members. Working with separated parents was often very difficult: one project reported that some mothers would not want the project to work with the separated fathers, which they struggled with as they recognised the importance of both parents working to the same parenting strategies;
- **Maintaining coherence and consistency within the support offered to families:** The holistic nature of the support created the risk of producing unwieldy support packages, and project workers could sometimes lose sight of the key issues. One mother interviewed also reported this. She described how the range of support available was overwhelming at the beginning of her involvement with the project: because the Improving Futures offer is so broad, she felt it difficult to identify what she needed most. This again illustrates the importance of the Key Worker in brokering access to different services or support, but doing so in a way that is meaningful and grounded in a robust assessment of families’ needs.

The case study visits and a discussion group during the Improving Futures Learning Event focused on practical solutions to implementing the whole family approach. These are detailed in **Table 2.2**.

Table 2.2 Overcoming challenges to whole family working – project examples

Overcoming tensions within families: Eleri, Cardiff found that, when relationships are tense between family members, posting work materials and strategies to non-resident family members can be a good way to include them in the support. Other projects found that focusing on specific areas (such as the needs of the child) could encourage family members to come together despite the tensions.

Overcoming challenges to managing support packages: Teulu Ni, Gwynedd learnt a detailed assessment (e.g. Family Star) can be helpful in focusing the support plan on the key issues for the family, guided by the family themselves. This was echoed by a number of other projects who had adopted the Family Star or other participatory assessment methods. BIG Manchester also felt it was necessary to be clear to families and referring agencies what they do and do not do, in order to create boundaries around the support package.

Working with large families: Securing Futures, Carmarthenshire and Gateway, Fife found that breaking the family unit down into smaller groups, then building towards involving the whole family, was an effective way to work with the whole family. In particular, they found it can be effective to work with a smaller number of family members on specific issues (e.g. just parents on housing or budgeting).

⁷ For example see: *Department for Education Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme*, Research Report DFE-RR154

2.3.5 Flexible and Variable Support, Responding to Families' Changing Circumstances

Project staff emphasised the importance of tailoring action plans and ensuring they reflect the needs of the families. This involves adopting a flexible action plan that evolves as different issues become more pressing, or as the project workers' understanding of the family increases. Projects stressed this is in contrast to a 'task-oriented' approach that focuses on achieving a specific set of tasks upfront.

"It's truly holistic in a sense that we can target the intervention wherever it's needed at that time, so it's flexible, it's fluid. We can often start off work with the family where dad is identifying that the little boy is the issue and he's got all this challenging behaviour; a couple of weeks in [dad] might be able to start that recognition and self-evaluation: 'Actually it might be something to do with the way I'm parenting him', or, 'I'm not home enough and I'm at the rugby' or whatever. So then, through support from the practitioner, [dad] would then be willing to start engaging and looking at what he could do to reassess the way he parents [his son]." (Project Manager)

Linked to this, project staff felt that the timing of support also needed to be flexible. They argued that support needs to be gradual and sequential, taking the family slowly through the action plan. They also reported that project workers need to build a relationship with the family first before undertaking any intense work.

"We're going to get to know you first - it's done slowly. It's not task focused, but sequential, taking one step at a time...We don't want to get too fixed, we add in things to the action plan and take away." (Project worker)

2.3.6 Building Families' Capacity and Capabilities to Manage their Own Lives

Many projects have strongly adopted the ethos that families need to become more resilient if changes are to be sustained. Consequently, many projects are focusing on building families' emotional wellbeing, such as helping parents and children build their self-esteem and confidence.

2.3.7 Supporting Families to Engage with Other Services

A key theme being reported by most projects, and also identified by families, was the success of the projects in 'bridging the gap' and supporting families to engage with other services, such as schools, local community support, specialist services and statutory services. These relationships with other services closely reflected the need for the project to address a potentially wide range of issues within each individual family. The strength of relationships with specific services or agencies varied between projects according to their relative focus and the strength of these relationships prior to the project. For example, Eleri Cardiff found they were particularly effective in increasing families' engagement with the police and schools:

"We've got great relationships with the police. Many people here...have a really negative perspective of the police. Bringing dad in who's recently come out of custody for commercial burglaries, and saying to him, 'Look, your little one is getting into trouble, he's hanging round with the wrong kids, there's some anti-social behaviour stuff going on, it would be really great if you could come along with your girlfriend and the little one and we can, you know, have a chat'. That would never have happened...we're widening their own reach for them to actually contact other services that they mightn't have contacted before." (Project Manager)

Elsewhere, there was some evidence to indicate that the Improving Futures projects played a role in both helping to identify potential issues relating to ADHD or SEN, and subsequently performing an advocacy role in brokering access to the corresponding specialist support. This is supported by analysis of the data within the Improving Futures Monitoring Information System (IFMIS), which shows a close correlation between the children with ‘suspected’ ADHD and SEN on entry to support and the children with diagnosed ADHD and SEN on exit from support (see Factor 4 – Improvements in the diagnoses of child behavioural and educational issues in Chapter 5).

Seven projects in particular reported that this was achieved through the key worker supporting families to access other services, such as through providing transport. Key workers would also attend appointments, acting as an advocate and intermediary for the family, as one headteacher noted during a case study visit:

"It's the approach and representation; it's a very positive process. The key worker has been acting as an intermediary. The mother on a number of occasions has been in a meeting and the key worker has interjected and rephrased and clarified things for her." (Headteacher)

Other projects implemented specific elements to support families to access other services. For example, Connecting Families, Bridgend was working in partnership with Home-Start so volunteers could accompany parents to group support sessions. Eleri, Cardiff ran 'A cuppa with', based on the South Wales Police's 'A cuppa with a coppa': they would invite professionals into a community centre each month so families could meet them and understand more about their service in a relaxed atmosphere.

Factors contributing towards the successful engagement of families in other services included:

- **Their ability to identify unmet need:** Due to the intensive support projects were providing to families, working with them over a longer period of time than would otherwise have been possible without the project worker, and undertaking a more comprehensive “rolling” assessment of their needs, they were able to identify issues that had previously been undiagnosed, such as learning difficulties. Having a better understanding of their own needs also typically meant that families willing to access additional support because they understood the potential benefits and were ready to tackle the issue in question.
- **Their ability to broker a relationship with other practitioners in a supportive and direct way:** The project worker often provided a ‘bridge’ to other services, through their knowledge of staff working there, and were therefore well placed to allay any anxieties that families might have, and to make a ‘warm’ referral. For example, project workers from LIFT, Cheshire cited examples where families had been referred to them because they would not engage in the Common Assessment Framework (CAF) process. After developing a relationship with the family, the project was able to demystify the process and to subsequently refer them to undertake a CAF at the point when they were ready to do so.

"It's making those difficult conversations easy, because of the engagement, the relationship and the trust." (Project Manager)

- **Their ability to refer into other services:** One project in particular (Eleri, Cardiff) reported that they had developed a good reputation with local services, and therefore when the project referred to services, their referrals were acted upon quickly. Specifically, they reported that historically the local ADHD team would only accept referrals from GPs. However the ADHD team began accepting referrals from Eleri as the ADHD team grew to view the project as a credible source of referrals. This is because, over a period of time, the children who were put forward by the Eleri project were appropriate and therefore the ADHD team had confidence in the professional judgement of the project workers.

The projects found that supporting families to access other services can be time-consuming, however, and that it takes time to both support the family and develop relationships with other services.

2.4 Type of Support

Table 2.3 below details the type of support projects provide to families, self-reported by projects in the Project Survey.

Table 2.3 Type of Support Provided to Families

	Individual support for adults	Individual support for children	Group work with adults	Group work with children	Working with the 'whole family' as part of an integrated plan
Always	13	10	3	3	14
Often	8	9	6	4	3
Occasionally	0	2	7	9	4
Never	0	0	5	5	0
Total	21	21	21	21	21

Source: Project Survey, October 2013. Number of projects responding: 21 out of 26.

The list below provides more detail on the type of support provided across the 26 projects:

1. Parenting support (e.g. one-to-one support, parenting groups, evidence-based parenting programmes (e.g. Incredible Years, Triple P))
2. Therapy and counselling (e.g. Brief Solution Focused Therapy, Cognitive Behavioural Therapy, Play therapy, arts therapy). This is delivered to groups and one-to-one, and for adults and children)
3. Finance inclusion and welfare support (e.g. budgeting, managing debt)
4. Employment and education support (e.g. skills development)
5. Behaviour support (e.g. behavioural management techniques, supporting families to work with schools around SEN and behavioural issues)
6. Support to improve 'soft' outcomes (such as self-esteem, social skills)
7. Positive activities (for whole families or children)
8. Peer support
9. Other support programmes (e.g. for domestic violence, bereavement)
10. Support for to improve healthy lifestyles (e.g. cookery classes, advice on healthy eating and exercise)
11. Support for children's cognitive development and learning support needs
12. Supporting adults to volunteer
13. Supporting school-based outcomes (e.g. school attendance, support for children in transition from primary to secondary school, building home-school links)
14. Supporting family functioning (e.g. relationships, communication)
15. Housing support
16. Family group conferencing
17. Emotional support
18. Practical support
19. Support accessing household items (e.g. furniture, specialist equipment for people with disabilities)

2.4.1 Community Volunteers

Of particular note is that almost half (ten) of the projects who responded to the Project Survey had trained community volunteers to support families⁸. Community volunteers are being used by the Improving Futures projects in different capacities. In the Tyne Gateway, Tyneside project community volunteers are at the core of their approach. The project recruits Family Entrepreneurs from the local community who lead in overseeing support packages for families. Nine other projects use volunteers in a specific capacity, such as to undertake outreach work (e.g. BIG Manchester), deliver support programmes (e.g. parenting programmes, BIG Manchester), provide one-to-one mentoring (e.g. The Neighbourhood Alliance, Sunderland) or to run peer-led groups and social networks (e.g. Camden Futures and Family Pathways, Lewisham). Two projects in particular are considering increasing their use of community volunteers in the final years of the programme, with the aim that community volunteers may help sustain some of the support groups set up.

2.4.1.1 Successes

Projects commonly found that volunteers were able to relate to families where they came from the same communities and had experienced similar situations. For example, community volunteers as part of BIG Manchester were successful in engaging families at a very difficult school. The Enfield Family Turnaround Project found them to be an essential aspect in engaging BME communities, due to specific cultural and language needs of families.

“We employ people who have the same/similar experiences to those families we work with and who come from the same communities. This enables trusting relationships to be formed between people who share a common language.” (Project manager)

Furthermore, it was widely considered that these individuals served as effective role models for the families who were receiving support from the programme. This was because they had often experienced the same difficult circumstances themselves and had successfully resolved them.

2.4.1.2 Challenges

The role of community volunteers was discussed during case study visits and in a discussion group during the Improving Futures Learning Event. Projects identified the following challenges:

- **Recruitment:** Recruiting from Higher Education Institutes (HEIs) and colleges has worked well for some projects, because it has been possible to find trainee social workers and family support workers who value the work experience. This has often made it easier to gain their commitment to see through set piece of work with families over a period of time. Recruiting men was a particular challenge. Where they were used, they were seen as effective for certain work, such as working with 5-10 year old boys for male role modelling, or where single dads were the primary carers. However, men were often reported to have ruled themselves out of volunteering due to stigma attached to working with children: there were drop outs during safeguarding training when risks of allegations were discussed.
- **Retention:** Some projects struggled to retain volunteers: many volunteers that became involved did so whilst out of work; when they started work again they would cease volunteering. To counter this issue projects learnt it was important to offer them progression opportunities. One way to achieve this was to provide structured opportunities for personal and professional development. For example, Enfield Family Turnaround Project created an Assistant Parent Support Adviser (APSA) role for school-based volunteers who were supporting the project, to acknowledge and professionalise their work. Equally, it was important to make them feel valued, and to build their confidence to maintain their motivation.

⁸ The ten projects were: Dundee Early Intervention Team; Enfield Turnaround Project; Gateway, Fife; One Herts One Family; BIG Manchester; Stronger Families, Future Communities, Southend; Tyne Gateway, Tyneside; Wolverhampton Improving Futures; and Croydon Family Power.

- **Effective safeguarding and supervisory practices:** Projects identified that volunteers can sometimes act as 'problem noticers' for more serious issues, including those with a safeguarding dimension. This is a big responsibility and it meant that volunteering had to sit within a core service for the family and not be a bolt on. Projects felt that professional training and supervision was essential.
- **Confidentiality and boundary setting:** Volunteers often live within the local community and access shared social networks with families, so projects learnt they needed to be careful not to disclose sensitive information. Projects felt families needed to be able to confide in key workers, and so volunteers would not always have full disclosure of the issues affecting the family, and nor indeed was it usually appropriate to do so in the context of a volunteering role.
- **Exit support:** Not all families were willing to receive support from a volunteer after their support from their key worker was ending. One of the main issues was that families had often bonded with their key worker, and were reluctant to be transferred to someone new. As a solution one project set in place a longer transition period, so that families were matched with a volunteer some months before exiting.

2.5 Delivery Models

Based on the responses in the Project Survey, the Improving Futures projects can be divided into three broad delivery models (see **Table 2.4**). All projects offer families a wide range of services, packaged together in different ways to provide families with tailored support. The main differentiating factor between the projects is who provides and oversees the support package. In the vast majority of projects that responded to the Project Survey (18 out of 21), the support is overseen by a core team of key workers, who acts as the main point of contact for the family. In one of these projects all support is provided by a core team of key workers; in the other 17 it is provided by the core team and a wider network of services and partners. In three remaining projects who responded to the Project Survey, the project's core team does not provide the work directly: instead they coordinate multi-agency inputs from a range of local providers.

Table 2.4 Delivery Models Adopted by Improving Futures Projects

Delivery Model	Number of Projects	Projects
Core team of key workers, plus wider network of services and partners (some of which are sub-contracted to deliver specific services)	17	Tackling Domestic Violence, Belfast; The Bridge Project, Denbighshire; Connecting Families, Bridgend; Dundee Early Intervention Team; Enfield Family Turnaround Project; Gateway, Fife; Haringey Building Bridges; One Herts One Family; BIG Manchester; Teulu Ni, Gwynedd; Families Moving Forward, Portsmouth; Stronger Families, Future Communities, Southend; Tyne Gateway, Tyneside; Brighter Futures, Wandsworth; Wolverhampton Improving Futures; Improving Futures Worcestershire; Camden Futures
No core team: the project coordinates multi-agency inputs according to identified needs (see Table 2.8 for the LIFT, Cheshire example, which explains how this operates)	3	LIFT, Cheshire; The Neighbourhood Alliance, Sunderland; Croydon Family Power
Core team of key workers employed and managed directly by the project	1	Securing Futures, Carmarthenshire

Source: Project Survey, October 2013. Number of projects responding: 21 out of 26.

In addition to the broad delivery models described above, some projects have established a very specific model for delivering support. Some of these models are detailed below.

2.5.1 Co-Located Multi-Agency Teams

Several projects have co-located practitioners with specialist expertise from different services into a central team. Table 2.5 provides two examples of this.

Table 2.5 Examples of co-located multi-agency teams

BIG Manchester: Co-locating specialists in mental health, substance misuse and domestic violence

The BIG Manchester project consists of a multi-agency team aimed at working together to tackle substance misuse, mental health problems and domestic violence. The rationale for the project stemmed from analysis of recent serious case reviews, which highlighted the prevalence of the 'toxic trio' of substance misuse, domestic violence and mental health problems. The project supports families who are not in crisis to improve resilience to cope better with their issues - resolving the underlying issues causing the substance misuse, mental health problems and domestic violence and building family functioning and relationships.

The team consists of three practitioners seconded in from agencies with specialist expertise in each of the three aspects of the 'toxic trio': MIND (mental health), Eclipse (substance misuse) and Women's Aid (domestic violence). The team also consists of a practitioner seconded from Barnardo's (to provide specialist support for children) and Home-Start (who provides voluntary support when families exit the project). Practitioners are allocated to act as key workers for families based on the prevailing need of the family and the practitioners' speciality (depending on capacity).

2.5.1.1 Successes

Projects identified that the key benefit of co-locating specialist agencies was creating a "merged expertise" (Project Manager); team members were able to draw on each other for specialist knowledge and support. One project manager also felt the model improved communication between project workers; this was seen to be particularly effective in working to safeguard children.

"Because we all have specialisms we can really get into the issue...I go back [to the office] and I ask [the other team members], 'How do I do this?' etc." (Project worker)

One project manager also reported that the model had wider benefits beyond direct project delivery, as it was strengthening strategic relationships between the agencies involved more generally.

2.5.1.2 Challenges

The projects that are operating multi-agency teams commonly cited the following potential challenges:

- **Achieving consistent protocols and standards:** Organisations have to agree clear processes on how they will work together, such as how information will be shared. One project felt it had achieved this by spending a lot of time at the beginning arranging a clear partnership agreement, including one organisation receiving central office approval to operate outside of their standard HR policies.
- **Avoiding the loss of specialist skills:** For example, this could include attending team meetings and accessing clinical supervision. This was seen as important to ensure practitioners were kept abreast of developments in their field and did not lose their specialist skills. Practitioners in one project spend one day a month with the rest of the specialist team to achieve this.

2.5.2 Basing Projects in Universal Settings

Five projects are based in universal settings. In some instances, the project was receiving referrals exclusively from the setting in which it was based. Specific universal settings include:

Primary schools: Four projects are physically co-located in schools:

- i. **Camden Futures** has a team of Parent Support Advisors based in schools, which support parents who have particular issues with the school or their child's education. They also have two Creative Therapists, who are music and arts therapists based in schools.
- ii. **Eleri, Cardiff** has practitioners based in four schools, who support both the children in the school and their parents. This includes running weekly circle time sessions for groups of children in the school, aimed at improving their emotional literacy, and running the Roots of Empathy programme⁹.
- iii. **Gateway, Fife:** has Family Mentors based in primary schools.
- iv. **Families First, Hackney:** More information is detailed in **Table 2.6** below.

Table 2.6 Example of Project Based in Primary School: Families First, Hackney

As part of the 'Families First' project, a project worker is based in two local primary schools several hours a week. His title is 'Parental Involvement Officer' and he is employed by DayMer, the local Turkish and Kurdish Community Centre. The headteachers at the schools identify and refer Turkish and Kurdish parents to the Parental Involvement Officer for 1-2-1 support, as they have English as a second language (ESOL), and are unfamiliar with the English school system. He also runs workshops and coffee morning at the schools. The parents targeted have children with Special Educational Needs (SEN). The Parental Involvement Officer provides translation and advice as the parents are not familiar with the English school system and curriculum (e.g. he translates letters the parents have received, and their children's reports). He also attends parents' evenings to help explain the teachers' feedback on their children's development to their parents. He helps parents understand issues to do with their children's education – the focus of advice is on education matters, but he also provides wider advice on housing, immigration, health (e.g. accessing the NHS), and unemployment. He has run workshops in the schools on the UK education system and healthy eating. A project worker reported that, as a result of the intervention, the Turkish and Kurdish parents feel less isolated, are more involved with their children's education, have a better relationship with the school, and their children's school attendance has improved.

Whilst other projects are not based in a school, they do deliver school-based interventions. Croydon Family Power and Family Pathways, Lewisham both run the Roots to Empathy programme in schools. Some projects have also built strong links with schools and have assigned their practitioners to specific schools: Enfield Family Turnaround Project and Stronger Families, Future Communities have allocated their practitioners specific schools to work with.

⁹ Roots of Empathy is an evidence-based programme. The programme aims to reduce levels of aggression among school children while raising social and emotional competence and increasing empathy. At the heart of the program are a neighbourhood baby and parent who visit the classroom every three weeks over the school year.

Other universal settings included the following:

- **GP practices:** Camden Futures has a team of five Family Support Workers based in GP practices. Haverstock Healthcare recruits GP practices for the project¹⁰.
- **Children's centres:** Empowering Families, Midlothian is based in local children's centres (but also involves one-to-one work in family homes).

2.5.2.1 Successes

Projects identified three key benefits of being based in a universal setting:

- **Earlier intervention:** Services had fed back to projects that they were more likely to refer a family for support earlier because the Improving Futures project was based in their setting. For example, Camden Futures had received a large number of referrals from GPs, as GPs now had a better understanding of where to refer families. A local survey found that four fifths of participating GP practices (9 out of 11) had gained specialist advice on the course of action to take with family issues that are raised. Camden Futures also produced 'case findings' with GPs, where they identified together families the GP practice were aware of that may be eligible for support from the project. Other local stakeholders were impressed by this as historically they felt that it was rare for GPs to refer in this way. Relating to schools, one teacher confirmed this earlier intervention during a case study visit:

"We manage to get resources into those families at an early stage, which alleviates, predominantly, the need to go down social services route...The success of having the project was before it was just teachers, school nurse, and we would try to think, 'What can we put in place for these families?', and with [the Improving Futures project being based in the school], often they can say to us, 'Oh, that's something the...project can do', so straightaway we've got something." (Teacher)

- **Familiarity and accessibility for families:** Projects reported that basing the project in a setting that families would frequently visit raised the profile of the project and its familiarity, which was effective at helping families feel comfortable and improved engagement. For example, Eleri, Cardiff would be present at school events that parents attend (for example parents' evenings, concerts, playground in the morning). As one project manager commented:

"They have that trust in the practitioner, because that practitioner is based within the school that's within their community".

- **Increased partnership working:** Projects reported that the co-location was leading to increased communication between the project and universal services. In school-based projects, this increased communication was enabling projects to address school-based issues. For example, Eleri, Cardiff gave red cards to some children displaying aggressive behaviour. If the child began to feel the anger coming they could show the card to the teacher. The project doubts it would have been able to implement this without being based in the school, which allowed them to explain the approach to teachers. In a local survey run by Camden Futures, four fifths (8 out of 10) of participating GP practices who responded to the question agreed that having a Family Development Worker based at their surgery had helped increase communication between different disciplines within the surgery.

¹⁰Haverstock is a private company owned and managed by GPs and established in 2008 to allow GP practices to run services as a whole. It has good links with GPs: 27 out of 36 local GP practices are signed up to it.

Additionally, the model was seen to have wider benefits beyond immediate family support. In a local survey 7 out of 11 GP practices involved in Camden Futures estimated that the project was saving them time up to half an hour per week, because families they referred to the project rarely visited the GP again for additional psychosocial support. Gateway, Fife also felt it could increase the likelihood that support would be sustained. They aimed to encourage schools to set up their own projects and groups to support families and would be allocating funding for this. Projects also felt the close partnership working was increasing the take-up of whole family approaches in universal settings.

2.5.2.2 Challenges

Projects identified two main challenges linked to basing the project in a universal setting:

- **Receiving Referrals:** Many projects based in a universal setting received the majority of their referrals from that setting. Projects reported that being reliant on a single service for referrals can become a challenge when that service does not engage with the project as much as was anticipated. For some projects, particularly those working closely with schools, this hindered the number of families the project was able to support. For example, for one project, many of the schools they worked with employed new head teachers who were reluctant to implement any programmes, affecting the number of children taking up the project's Roots of Empathy programme. One project responded to a school's low engagement by moving settings, which they found difficult:

"For six months there was something about the internal structure [of the school] that wasn't allowing us to access the right level of families at that time....It was quite a difficult decision to make [to withdraw out of the school] because we have a great relationship with them, so how do we then go back? We've promoted this service, this is who we are, provided directly to your school, but if it isn't being used....we have to move [the project] away from your school." (Project Manager)

- **Engaging all families:** As identified in the Year 1 Evaluation Report, whilst being based in a school can engage some families, it can also hinder the engagement of others who have a negative relationship with the school. One project learnt that a joint approach of working with both schools and local community organisations was effective at engaging a wider range of families.

2.5.3 Spot Purchasing / Personalised Family Budgets

The Year 1 Evaluation Report included a description of how some projects were using spot purchasing / personalised family budgets to commission and deliver support for families. However, the model had not been fully embedded at that stage and it was therefore not possible to provide a thorough assessment.

By the second year of the programme, over half the projects responding to the Project Survey (11 out of 21) reported implementing spot purchasing / personalised family budgets (see **Table 2.7** for details on the which projects were implementing spot purchasing / personalised family budgets; the LIFT, Cheshire example in **Table 2.8** provides an example of spot purchasing and the Teulu Ni, Gwynedd example provides an example of personalised family budgets). All but one project (Camden Futures) using personalised family budgets were also implementing a spot purchasing model. In the majority of projects this approach was used to purchase additional support beyond the project's core service offer and focused more on purchasing goods for families (e.g. furniture, clothes). However, in a minority of projects this was a core aspect of the delivery model and all support was commissioned through a spot-purchasing model (see **Table 2.8** for examples).

Table 2.7 Projects implementing spot purchasing and personalised family budgets

Delivery Model	Number of Projects	Projects
Spot Purchasing	10	LIFT, Cheshire; Gateway, Fife; One Herts, One Family; BIG Manchester; Teulu Ni, Gwynedd; Families Moving Forward, Portsmouth; Foundation of Light, Sunderland; Tyne Gateway, Tyneside; Wolverhampton Improving Futures; Improving Futures Worcestershire
Personalised Family Budgets	7	LIFT, Cheshire; One Herts, One Family; BIG Manchester; Teulu Ni, Gwynedd; Families Moving Forward, Portsmouth; Improving Futures Worcestershire; Camden Futures

Source: Project Survey, October 2013. Number of projects responding: 21 out of 26.

Table 2.8 Examples of spot purchasing / personalised family budgets

LIFT, Cheshire

The project consists of a wide range of Service Providers (50 in total); each service provider has a set of Lead Professionals and provides services to families. Each family has a Family Budget of £2,500, which is used to buy in services from the Service Providers. The Lead Professionals oversee the support packages for families. They assess the families' needs and then decide, together with the family, what services the family would like to use from the list of approved Service Providers. The Lead Professional contacts the Service Providers, who give the Lead Professional a quote. The cost of each intervention ranges from £350 to £1000. Available support includes:

- Health-related services (e.g. sport, healthy eating courses, smoking cessation);
- Counselling for school-age children (e.g. workshops, nurture groups)
- Low cost therapy (e.g. psychotherapy, bereavement support, play therapy)
- Positive activities (e.g. after-school clubs, leisure passes to build relationships)
- Purchasing of goods to improve the family's home environment (e.g. furniture)

The Lead Professionals also provide some direct support to families, such as financial help (for example filling in DLA assessments), supporting families to attend appointments and advocating on their behalf.

Teulu Ni, Gwynedd

Family Buddies hold a budget for each family (of around £2000 depending how many service users are engaged), which can be spent on anything the family needs, from material purchases (e.g. paint and furniture) to days out, to professional services. The services provided range from family conferencing and mediation through to services specifically designed for fathers. Activities involve taking families to the park, doing nature trails, walks, supporting families to improve their gardens, courses for young people whose parents have mental health issues, respite for young carers and counselling. This is used in conjunction with practical support from the Family Buddy, to make phone calls, attend appointments, develop coping strategies and teach practical skills.

The support process begins with an action plan and the first completion of the Outcomes Star, both of which are revisited every six weeks.

The project tries to use spot purchasing to plug gaps in support available locally. The Family Buddies will therefore often encourage families to take up courses through statutory partners (e.g. parenting programmes)

2.5.3.1 Successes

The majority of projects implementing the approach were very positive of the benefits of spot purchasing and personalised family budgets, with half (5 out of 11) identifying it in the Project Survey as one of the most important factors in achieving outcomes. The main benefits identified were:

- **Responsive to family needs:** Teulu Ni felt that the key benefit of spot purchasing was that it gave the project flexibility to tailor support packages to what the family needed, rather than tied to specific services. One project manager noted that:

"We are able to offer a family what they actually need rather than fitting needs to the project... our priority is making it needs-led for the families."

- **Creating a sense of ownership and empowerment:** Projects felt that giving the family the choice of what support they could access empowered them and made them feel in control of the support, which improved engagement. A project worker noted that:

"The confidence and motivation small choices give to families at this early stage is very empowering for families".

- **Creating diverse support packages:** Projects reported that families were not constrained by service boundaries or traditional types of support, and therefore thought 'outside the box' when deciding what type of support they required. This often led to diverse forms of support (Table 2.9).

- **Plug gaps in local support:** Gateway, Fife were using spot purchasing to plug gaps in local support, thereby enhancing the service offer to families. LIFT, Cheshire and Teulu Ni, Gwynedd were commissioning private mental health support (e.g. counselling): the projects identified that families would not be able to access this support without them purchasing it, as it was difficult to access from the NHS at an early intervention level and families could not afford to pay for it themselves. One practitioner commented that:

"The project has been able to open up alternative types of services."

Table 2.9 Examples of diverse support as a consequence of personalised family budgets

In the LIFT Cheshire project, giving the family a say over what type of support they could access via personalised family budgets led to some innovative support packages, including:

- Giving victims of domestic violence driving lessons to help boost their independence and feelings of power
- Providing cookery lessons to children with behavioural difficulties to simultaneously engage them in a focused activity and to encourage healthy eating

Projects also identified that the approach was having wider effects on service partners. Giving the family a say in what support they could access had helped partners understand levels of demand for different support. One project provided an example of where a partner had begun to change their support offer to respond to this demand.

"We've witnessed a real shift in perspective in how we match service to need." (Project Manager)

2.5.3.2 Challenges

Whilst projects felt that using spot purchasing and personalised family budgets was effective overall, it could be challenging to implement at times. Challenges included:

- **Managing capacity:** Partner organisations found it difficult to manage their capacity, as they were unsure as to when and how many families would be referred to them: in a focus group of providers during a case study visit, one service had received 40 referrals in two years whilst the other had received none.
- **Encouraging practitioners to utilise discretionary budgets:** Personalised family budgets were new for many practitioners, and it took a while for both to get used to managing the budget. Some projects found it difficult to engage practitioners in using the budgets as they were wary of the approach. They were also wary of spending all the funds and had to be encouraged by the projects to do so.
- **Managing families' expectations:** Projects had to be very clear with families how the budget could be used, as some wanted to use it to pay off debts, go on holiday or buy white goods.
- **Accessing affordable support:** One project learnt there were limits to what they could offer. They had to be careful what they could offer as some services and courses were very expensive; for example, one parenting course was £1200, while a series of sessions for a family to develop their garden and learn to grow produce was £1000. This meant they would often not do any spot purchasing in the first few months of working with a family, so they could be sure what the priority needs were.
- **Managing conflicts of interest:** In one Improving Futures project in particular the key workers overseeing the personalised family budget were based in the service providers where the personalised budget can be spent. This carried the risk of creating a perverse incentive for key workers to refer families to their own service in order to access the funding, and in a minority of instances this was reported to have occurred. One project learnt that clear checks and balances needed to be implemented to avoid this, including the core team reviewing support plans to ensure they were objective.

“There is an ethical dilemma with some [key workers] encouraging families to spend their budgets on their own services, which is contradictory to [the project’s] multi-agency approach.” (Project worker)

Due to all of these challenges, projects learnt that they needed to discuss the approach upfront with both practitioners and families, making it clear how the budget could be used.

2.6 Gaps in Support

Projects felt that they were delivering a holistic approach and therefore their support met the majority of families' needs. However, projects sometimes struggled to refer families into other services when they identified needs, due to gaps in local provision. Gaps highlighted included:

- **Affordable childcare:** Families attending the Family Advisory Panel identified affordable childcare as a barrier to returning to work. Families also reported that accessing support provided by the Improving Futures projects would have been easier had the project provided childcare. However, a small number of projects reported finding this a challenge: one project could not find appropriate childcare facilities whilst running groups in schools.
- **Mental health provision:** Projects found there to be a long waiting list for services providing mental health support, such as CAMHS (Child and Adolescent Mental Health Services), which hindered the projects' ability to move the family forwards. Projects also highlighted gaps in access to affordable counselling and therapeutic support; in particular bereavement was a major issue affecting many children and there was limited available support for this.
- **Support for kinship carers:** Nurturing Inverclyde identified that a high number of children they were supporting were living with kinship carers, mainly grandmothers. This was an emerging issue and they felt support needed to be developed to meet their specific needs.

2.7 Summary

This chapter has provided information on the delivery models adopted by the Improving Futures projects. Many of the Improving Futures projects are underpinned by 7 emerging principles. Almost half the projects are utilising community volunteers to support families. Some projects have established a very specific model for delivery support, including: co-located multi-agency teams; basing projects in universal settings (including schools and GP practices); and using flexible and discretionary budgets. Projects sometimes struggled to refer families to other services after a need had been identified, as a result of shortfall in the availability of local provision. As of 19th May 2014, a total of 2,166 families had started receiving support from the programme.

In the following we chapter we go on to report on the outcomes achieved with the first set of families supported by the projects.

3.0 Outcomes from the Improving Futures Programme – Interim Findings

Key findings

- ✓ Based on programme monitoring data captured through the Improving Futures Monitoring Information System (IFMIS), a total of 97 different family, child and adult risk factors were recorded at the entry stage of the programme, for 978 families. **Of these risk factors, 58 had shown an overall reduction in prevalence by the exit stage.** On average, each family had **eight risk factors recorded on entry**; this reduced to **six risk factors on exit.**
- ✓ The **risk factors showing greatest improvement** between families entering and exiting the programme were **parenting anxiety or frustration** and **problems with discipline and boundary setting**, for which one in five (20%) of all families supported by the programme experienced a positive change.
- ✓ A number of risk factors saw a relatively high percentage decrease in the number of families affected. Most notably, **around half of families experiencing poor quality housing or where one or more children had persistent disruptive and violent behaviour were no longer experiencing this issue at exit point.**
- ✓ There were a number of indicators where **prevalence was not reduced.** These included child and adult physical and mental health, adult smoking, and adult educational attainment. There was also a **small increase in the number of families with child protection concerns**, although this may be due to better identification of pre-existing child protection issues.
- ✓ There was an **increase in the prevalence of all strengths between entry and exit, although the rates of improvement differed considerably across the cohort of families.** The average number of strengths recorded per family increased from 9 (out of a possible 42) at entry to 15 at exit.
- ✓ The **strengths showing the greatest overall improvement** in terms of number of families experiencing a change between entry and exit were **appropriate boundary setting for children** and **regular participation of children in sports or leisure activities.**
- ✓ Strengths relating to child and adult civic participation, volunteering and adult participation in learning saw the highest percentage increase among the cohort. Nevertheless, **only a minority of families exhibited these strengths upon exiting the programme**, suggesting that the projects had more limited success in these areas.
- ✓ A **significant minority (175, 18%) of families exiting from the programme had not experienced any improvements at all.** These tend to be families with a short duration) of intervention and are concentrated in a small number (four) of projects. Projects reported that these families were either ineligible for support or did not engage with the project.

3.1 Introduction

In this chapter we examine the results from the Improving Futures Monitoring Information System (IFMIS) data to explore those risk factors and strengths for which there have been the greatest rates of change during the intervention and those where the outcomes have been more disappointing. In the following chapter (Chapter Four), we go on to examine the main factors affecting the rates of change.

IFMIS is based on measuring changes in risk factors and strengths. This is based on the principle of early intervention, which suggests that families will enter the programme with a combination of issues and problems with the potential to cause more serious issues at a later date (risk factors). Additionally, the family may have strengths or other capabilities that help them cope with their issues (protective factors or 'strengths'). More details on IFMIS can be found in Annex One of the Year 1 Evaluation Report.

The analysis of outcomes is based on all families that had both an entry and exit record in IFMIS by 16 May 2014. In total, 978 families were in this category and provide the sample for this analysis (although in total, 2,166 families had started on the programme by this date). Within these families, 1,404 adults and 2,182 children are recorded on the system. A full method statement can be found at Annex Two which explains our approach and the analyses that were used.

3.2 Data Caveats and Key Considerations

It should be noted that the following findings should be interpreted as an early interim assessment of the outcomes experienced by Improving Futures families. Only families that have so far exited from the programme are included in the analysis. These may not necessarily be typical of the families that were still receiving support in May 2014, in terms of the mix of issues experienced at entry and the outcomes achieved while involved in the programme. Moreover, it should be noted that the outcomes reported are primarily based on practitioners' own judgement of the risks and strengths present in a given family, child or adult, based on evidence included within their service plan, and therefore include some risk of subjective bias.

When interpreting this data, one should be clear not to confuse outcomes with impact. While the evidence suggests that many families have experienced improved outcomes during the period in which they were supported by an Improving Futures project, we cannot infer that in all cases these improvements were wholly or partly due to the interventions received, as other factors may have also driven the observed changes.

We also only have outcomes data up to the point when the family exited the project support and therefore cannot report on the extent to which these outcomes were sustained.

In the remaining years of the evaluation we will be increasing the robustness of the outcomes data by:

- Providing outcomes data on all families exited from the programme who have a record in IFMIS;
- Surveying a sample of families up to 28 months after they first began receiving support from the projects to understand the extent to which outcomes were sustained after support ended; and
- Developing a robust 'counterfactual' for the evaluation, including work within a sub-set of local projects to develop mini impact case studies, and analysing attribution questionnaires completed by families on exit from the projects.

The analysis also makes comparisons to evaluations of other family programmes. The comparisons help to illustrate any similar findings but it may not be appropriate to compare changes in outcomes quantitatively as these outcomes have been measured in very different ways.

In the majority of the sections within this chapter we present data at the family, rather than individual, level (for example, the percentage in a child indicator reports on the percentage of families that had at least one child possessing a particular strength, rather than the percentage of all children). This is in order to reflect

the fact that the programme was delivered to families, rather than individuals. However, to provide additional detail in the sections where we report on changes for adults and children (for example sections 3.3.2 and 3.3.3,) we present the data at an individual level.

3.3 Prevalence of Risk Factors

The evidence from IFMIS so far suggests that, for the vast majority of risk factors, there has been a reduction in the proportion of families experiencing these identified risks.

Table 3.1 examines the top 20 ranked risk factors, based on the overall **percentage point** change between entry and exit – i.e. the factors that had reductions with the largest *number* of families. As the table shows, 20% of all families experienced a decline in parenting anxiety or frustration, in terms of having one or more adults exhibiting that issue when entering the programme but it not being present at exit. A similar percentage of families experienced a decline in problems with discipline and boundary setting.

At the family level, the child indicator showing the greatest reduction was persistent disruptive behaviour, with a nine percentage point reduction while the most improved family indicator was domestic abuse causing adult harm, falling by five percentage points.

Table 3.1 Top 20 ranked risk factors, based on percentage point reduction

Indicator type	Indicator	% at entry	% at exit	% point change
Adult	Parenting anxiety or frustration	59.10	38.65	-20.45
Adult	Problems with discipline and boundary setting	52.04	31.80	-20.25
Child	Persistent disruptive behaviour	22.90	14.21	-8.69
Adult	Suspected or reported stress or anxiety	45.09	36.50	-8.59
Child	Persistent disruptive and violent behaviour	15.95	8.18	-7.77
Child	Suspected or reported stress or anxiety	25.77	19.33	-6.44
Family	Domestic abuse (adult harm)	16.97	11.96	-5.01
Family	Some difficulties in keeping up with debt repayments, household bills or rent	12.47	7.87	-4.60
Child	Suspected or reported bullying issues (victim)	9.41	4.91	-4.50
Family	Suspected or reported relationship dysfunction (no counselling)	13.29	9.00	-4.29
Family	Family reporting social isolation	9.30	5.32	-3.99
Family	Poor quality housing with significant cold, damp or mould problems	7.57	3.68	-3.89
Family	Domestic abuse (child harm)	8.49	4.81	-3.68
Family	Workless family (over 12 months)	18.92	15.54	-3.37
Child	Achieving below expected levels for age (no known special educational needs)	16.36	13.39	-2.97
Child	Persistent unauthorised school absence	6.95	3.99	-2.97
Family	Historical incidence of domestic abuse (over 12 months); separated	24.85	21.98	-2.86
Family	No history of work within family	11.25	8.49	-2.76
Family	Family involved in neighbour disputes	5.01	2.45	-2.56
Family	Relationship dissolution (divorce or permanent separation)	37.53	34.97	-2.56

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Table 3.2 shows the risk factors experiencing the greatest **percentage change** between exit and entry – i.e. the factors that had reductions with the largest *proportion* of families, compared to how many families exhibited the risk on entry. Some of these changes are very high, but this is related to the fact that the issue only affected a very small number of families in the first place. Notable changes include a halving in the number of families with poor quality housing from 7.6% to 3.7% and a halving in the number of families involved in neighbour disputes from 5% to 2.5%.

Table 3.2 Top 20 ranked risk factors, based on percentage reduction

Indicator type	Indicator	% at entry	% at exit	% change
Child	Suspected or reported gang involvement	0.31	0.10	-66.67%
Family	Family victim of cultural, racial or religious harassment	0.51	0.20	-60.00%
Child	School absence with enforcement actions (penalty notice or parenting order)	0.72	0.31	-57.14%
Child	Suspected or reported involvement in anti-social or criminal behaviour	1.12	0.51	-54.55%
Family	Housing repossession actions underway	1.33	0.61	-53.85%
Family	Poor quality housing with significant cold, damp or mould problems	7.57	3.68	-51.35%
Family	Family involved in neighbour disputes	5.01	2.45	-51.02%
Family	Police call-out to neighbour disputes involving the family	2.04	1.02	-50.00%
Child	Diagnosed psychiatric disorder	0.20	0.10	-50.00%
Child	Persistent disruptive and violent behaviour	15.95	8.18	-48.72%
Child	Suspected or reported bullying issues (victim)	9.41	4.91	-47.83%
Family	Significant difficulties in keeping-up with repayments	4.91	2.66	-45.83%
Family	Domestic abuse (child harm)	8.49	4.81	-43.37%
Family	Lack of basic utilities (cooking, heating, lighting)	2.15	1.23	-42.86%
Family	Family reporting social isolation	9.30	5.32	-42.86%
Child	Persistent unauthorised school absence	6.95	3.99	-42.65%
Child	Poor hygiene and self care	4.19	2.56	-39.02%
Adult	Problems with discipline and boundary setting	52.04	31.80	-38.90%
Family	No bank or building society account	2.15	1.33	-38.10%
Child	Persistent disruptive behaviour	22.90	14.21	-37.95%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

The charts in the following sections present some selected family, child and adult indicators showing how the proportion of families or individuals that were experiencing certain risks at entry point compares to the proportion experiencing the same risks at exit point.

3.3.1 Child Indicators

This section reports on changes in risks from entry to exit at the child level. In total, there is data in IFMIS on 2,182 children.

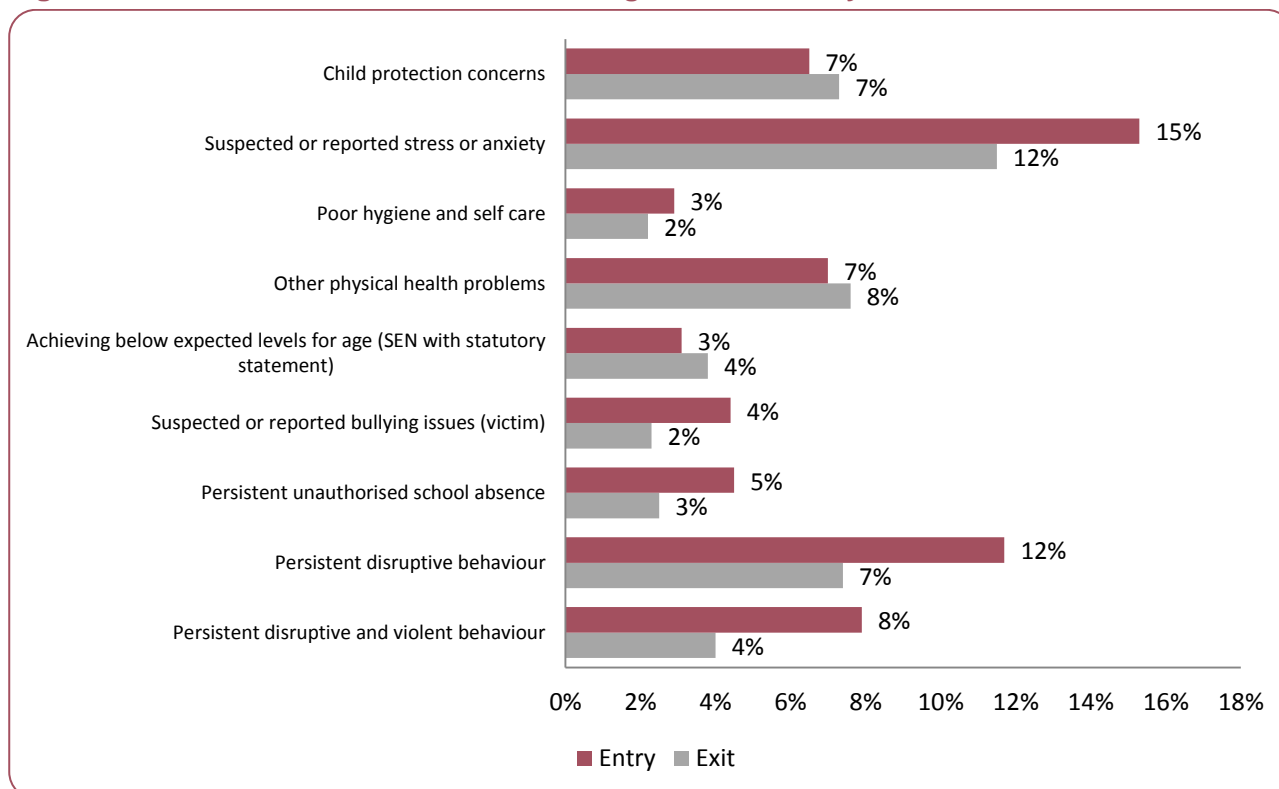
There were notable improvements in serious behaviour issues among children in the cohort (see **Figure 3.1**). The number of children with persistent disruptive behaviour fell by over a third from 12% at entry point to 7% at exit, while those with persistent disruptive and violent behaviour fell by half from 7.9% to 4.0%. This is similar to the changes reported through the FIPs (57% improvement in truancy, exclusion or bad behaviour at school) and Families First in Wales¹¹ (52% of families experiencing improvements in behaviour).

While exclusions affected only a very small number of children, there was evidence of an improvement in school attendance with the number of children recorded on IFMIS as having persistent unauthorised school absence falling by over 40% from 4.5% to 2.5% of the cohort. This is similar to the finding from the Pathfinders evaluation where problems with school attendance dropped by half. Moreover, 4.4% of children were experiencing bullying when they entered Improving Futures but this halved to 2.3% at exit point.

There were some risks where no improvements were observed and in fact the proportion of children presenting these risks increased. This includes special educational needs where perhaps an impact of the programme has been to help SEN to be identified and addressed. There has also been limited change in the physical health problems and diagnosed mental health problems of children, although the number of children with suspected or reported stress or anxiety fell from 15% at entry point to 11.5% at exit point.

Child protection concerns also increased for the cohort. This may reflect the fact that Improving Futures has enabled child protection issues to be identified where before they had not been adequately recognised or addressed.

Figure 3.1 Selected child risk factors - change between entry and exit



Source: IFMIS analysis. Base = all children with an entry and exit record (2,182). Percentages have been rounded.

¹¹ Welsh Government *Evaluation of Families First Year 2 Report*, June 2014

3.3.2 Family Indicators

Figure 3.2 overleaf shows some notable improvements in identified risk factors affecting the family as a whole. While over a third of families in the analysis were in a situation of relationship dissolution when they entered the programme, a smaller proportion (13 %) was reported to be experiencing **relationship dysfunction** without counselling. This latter figure reduced to nine per cent at the time of exiting the programme, suggesting a small improvement in parental relationships.

Improvements have also been made in **domestic abuse**, with domestic abuse against adults dropping from 17% of families at entry to 12% at exit and abuse against children falling from over 8.5% to 4.8%. These reductions are lower than those reported in some other programmes. In the Family Intervention Projects (FIPs),¹² about two thirds of families experiencing domestic violence on entry no longer had this problem when they left while this figure was slightly higher for families supported by the Family and Young Carer Pathfinders.¹³ However, it should be noted that domestic violence was not a primary focus of the programme. Additionally, the projects that specifically focused on addressing domestic violence made significantly more progress in addressing this issue. For example, Tackling Domestic Violence, Belfast focused explicitly on addressing domestic violence; the percentage of families supported by the project experiencing domestic abuse involving adult harm fell from 83% at entry to 43% at exit.

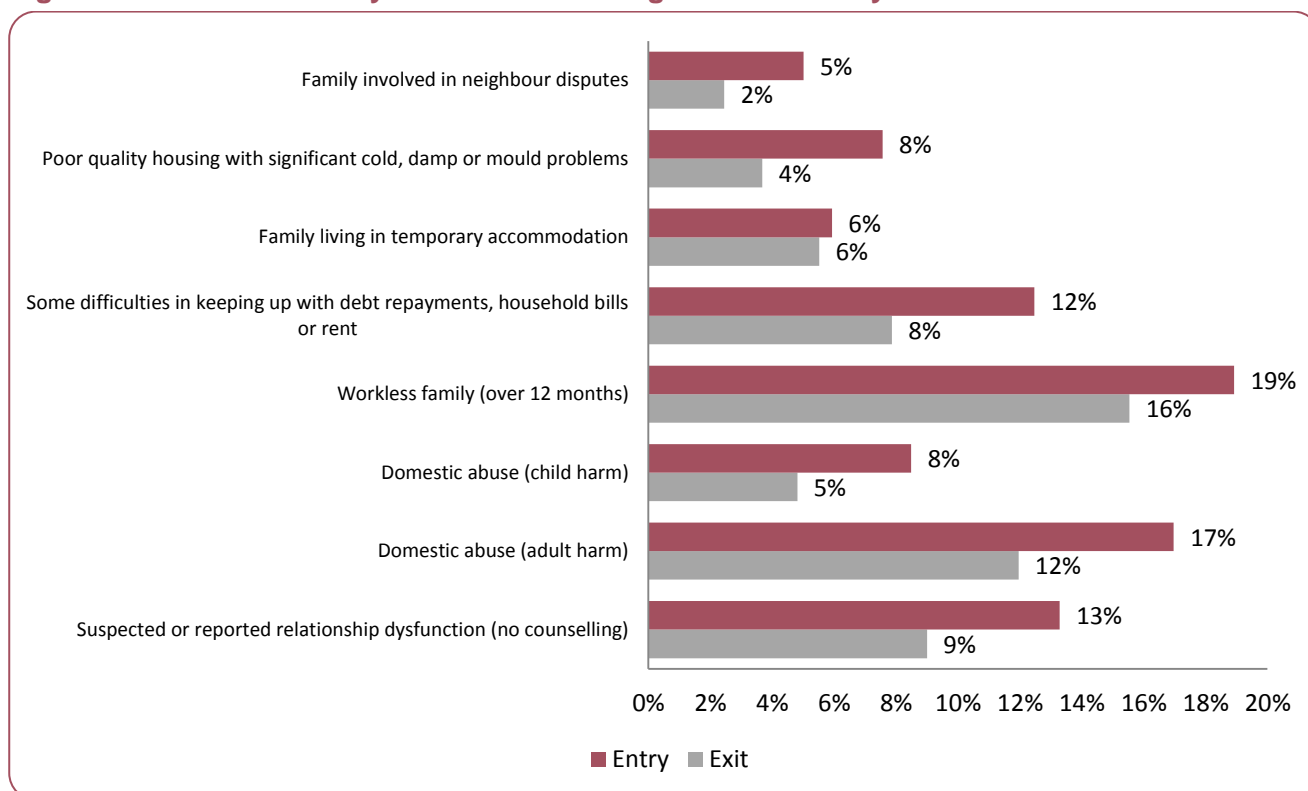
There has been a reduction in the level of **worklessness** among families participating in Improving Futures projects, suggesting a positive impact on employment for some adults in the programme. The number of families that had been workless for over 12 months fell from 19% of the cohort at entry to 16% at exit. This was slightly better than the reductions observed through the FIPs but the latter was working from a much higher baseline (where about two thirds of families were workless at the start of the intervention). The data also suggests general reductions in **financial problems** among the families exiting from Improving Futures (for example, the number of families with significant difficulties in keeping-up with repayments reduced from 4.9% on entry to 2.7% at exit).

Housing problems affected only a minority of families entering the programme but the analysis reveals significant outcomes for these families. Most notably, the number of families experiencing poor quality housing with significant cold, damp or mould problems halved from 7.6% to 3.7% of the cohort. The Pathfinders evaluation also demonstrated an impact on housing, with three quarters reporting an improvement in their housing situation. Moreover, the percentage of Improving Futures families involved in neighbour disputes halved from 5% (49) to under 2.5% (24), suggesting improved **community cohesion** for some families.

¹² Department for Education *Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011*, Research Report DFE-RR174

¹³ Department for Education *Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme*, Research Report DFE-RR154

Figure 3.2 Selected family risk factors - change between entry and exit



Source: IFMIS analysis. Base = 978 (all families with an entry and exit record). Percentages have been rounded.

3.3.3 Adult Indicators

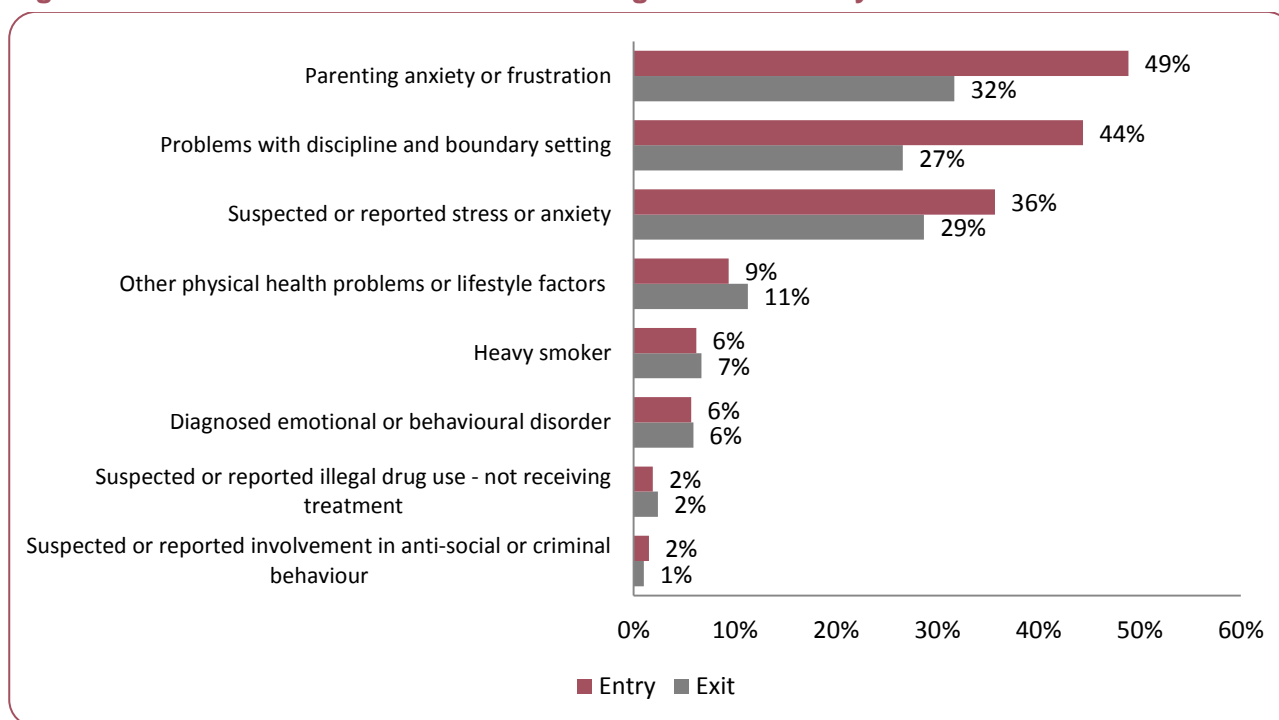
This section reports on changes in risks from entry to exit at the adult level. In total, there is data in IFMIS on 1,404 adults.

As shown in **Figure 3.3**, the adult risk factors that have experienced the most change (in terms of absolute numbers of adults affected) relate to **parenting**. Almost half of all adults involved in Improving Futures were recorded as having parenting anxiety or frustration when they entered the programme, a figure that has reduced to less than a third at exit point, an improvement of 34.6%. Similarly, the percentage of adults having problems relating to discipline and boundary setting fell from 52% to 32% (a reduction of 38%). Improved parenting has also been a significant outcome of other similar programmes, including a 53% improvement in FIPs, an improvement of two thirds in Pathfinders and a 40% improvement in parenting skills and 36% improvement in parenting capacity in Families First.

Very few adults in the programme were recorded as being involved in **crime or anti-social behaviour**. However, the numbers with suspected or reported involvement in anti-social or criminal behaviour fell by a third from 1.5% of the cohort at entry point to 1% at exit point.

Overall, there have not been any improvements in the **physical health and health behaviours** of adults involved in the programme. In fact, the number of heavy smokers has increased slightly between entry and exit. There has also been an increase in the number of adults reported to have other non-specified physical health problems or lifestyle factors. Similarly, the number of adults with more serious or chronic **mental health problems** has remained constant or, if anything, increased slightly, although the percentage of adults with suspected or reported **stress or anxiety** has reduced somewhat over the course of the intervention, falling from 36% at entry point to 29% at exit point. This is similar to Family Pathfinders, in which for 43% of family members there was no change in the level of concern about their emotional mental health between entry to, and exit from, the Pathfinder¹⁴.

Figure 3.3 Selected adult risk factors – change between entry and exit



Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

¹⁴ Department for Education Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme, Research Report DFE-RR154

3.4 Prevalence of Strengths

Table 3.3 below shows the strengths that have seen the most change over the course of the programme. As one would expect, the most prevalent changes relate to lifestyle factors where changes can be made to behaviours in the relative short term. In 21% of families, there has been a positive change in appropriate boundary setting for children among one or more adults in the household. Adults have also improved in terms of listening to and reading with their children on a regular basis and supporting with school work and homework. For children, the biggest increase is in regular participation in sports or leisure activities, with a positive change experienced in 18% of families, while regular participation in play activities, regular participation in exercise or physical activity and regular contact with friends outside of school have also improved. The most improved family factor is moderation of TV watching and computer use, where a positive change has been made in 16% of families.

Table 3.3 Top 20 ranked strengths based on percentage point increase

Indicator type	Indicator	% at entry	% at exit	% point change
Adult	Appropriate boundary-setting for children	30.06	51.33	21.27
Child	Regular participation in sports or leisure activities	23.82	41.51	17.69
Family	Moderation of TV watching and computer use	24.64	40.90	16.26
Adult	Listening to and reading with the child(ren) on a regular basis	36.40	52.56	16.16
Child	Regular participation in play opportunities	33.44	49.59	16.16
Adult	Supporting with school work / homework	39.37	55.11	15.75
Child	Regular participation in exercise or physical activity	28.63	44.27	15.64
Child	Regular contact with friends outside of school	30.37	45.91	15.54
Adult	Parental awareness of safe practices	47.96	61.96	14.01
Family	Regular bedtimes, mealtimes and school routine	39.47	53.48	14.01
Family	Active and regular support contact with friends or community members	28.83	42.84	14.01
Child	Supportive peer friendships at school	47.65	61.15	13.50
Adult	Regular F2F contact with school staff, reported positive relationships	46.83	58.49	11.66
Adult	Attending regular play sessions with the child(ren)	19.43	30.98	11.55
Family	Regular participation in family activities	21.27	32.62	11.35
Family	Family budget in place, and being actively managed	30.06	41.41	11.35
Adult	Participation in structured family learning activities	16.36	27.71	11.35
Child	Attending dental care appointments	43.46	54.60	11.15
Child	Group membership - involvement in local and community organisations	9.92	20.65	10.74
Child	Attend routine GP appointments, health checks and immunisations	52.86	63.39	10.53

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Table 3.4 shows the top ranked indicators in terms of percentage change. In this case, the highest ranked indicators tend to be those where only a small number of families had this strength when they entered the programme. However, it is interesting to note that all of the most improved areas relate to community or civic participation or taking up learning opportunities. For example, the number of families with at least one child engaged in informal volunteering more than doubled from 7% to 17% of all families. Similar changes were experienced for formal volunteering, civic participation and group membership for both adults and children. The percentage of families with at least one adult engaged in a Level 1 accredited course increased from 2.6% to 6.9% between entry and exit, and the percentage of families with at least one adult engaged in learning at entry level or below increased from 6% to 14%.

Table 3.4 Top 20 ranked strengths based on percentage increase

Indicator type	Indicator	% at entry	% at exit	% change
Child	Civic participation - involvement in decision-making processes	0.10	0.72	600.00%
Child	Formal volunteering - for an organisation or as part of a specific programme	0.41	1.64	300.00%
Child	Informal volunteering - helping out friends, family or local people	1.53	4.40	186.67%
Adult	Formal volunteering - for an organisation or as part of a specific programme	2.66	7.16	169.23%
Adult	Level 1 accredited course	2.56	6.85	168.00%
Adult	Civic participation - involvement in decision-making processes	0.92	2.35	155.56%
Adult	Group membership - involvement in local and community organisations	5.93	14.11	137.93%
Adult	Informal volunteering - helping out friends, family or local people	7.36	17.08	131.94%
Adult	Entry level qualification or below	6.13	13.91	126.67%
Adult	Volunteer help at the child(ren)'s school	3.58	7.98	122.86%
Child	Group membership - involvement in local and community organisations	9.92	20.65	108.25%
Adult	Participation in formal school structures	1.43	2.66	85.71%
Child	Regular participation in sports or leisure activities	23.82	41.51	74.25%
Adult	Level 2 accredited course	2.66	4.60	73.08%
Adult	Appropriate boundary-setting for children	30.06	51.33	70.75%
Adult	Participation in structured family learning activities	16.36	27.71	69.38%
Family	Moderation of TV watching and computer use	24.64	40.90	65.98%
Adult	Attending regular play sessions with the child(ren)	19.43	30.98	59.47%
Child	Regular participation in exercise or physical activity	28.63	44.27	54.64%
Family	Regular participation in family activities	21.27	32.62	53.37%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

The following charts present some selected family, child and adult indicators showing how the proportion of families or individuals that were experiencing certain strengths at entry point compares to the proportion experiencing the same strengths at exit point.

3.4.1 Child Indicators

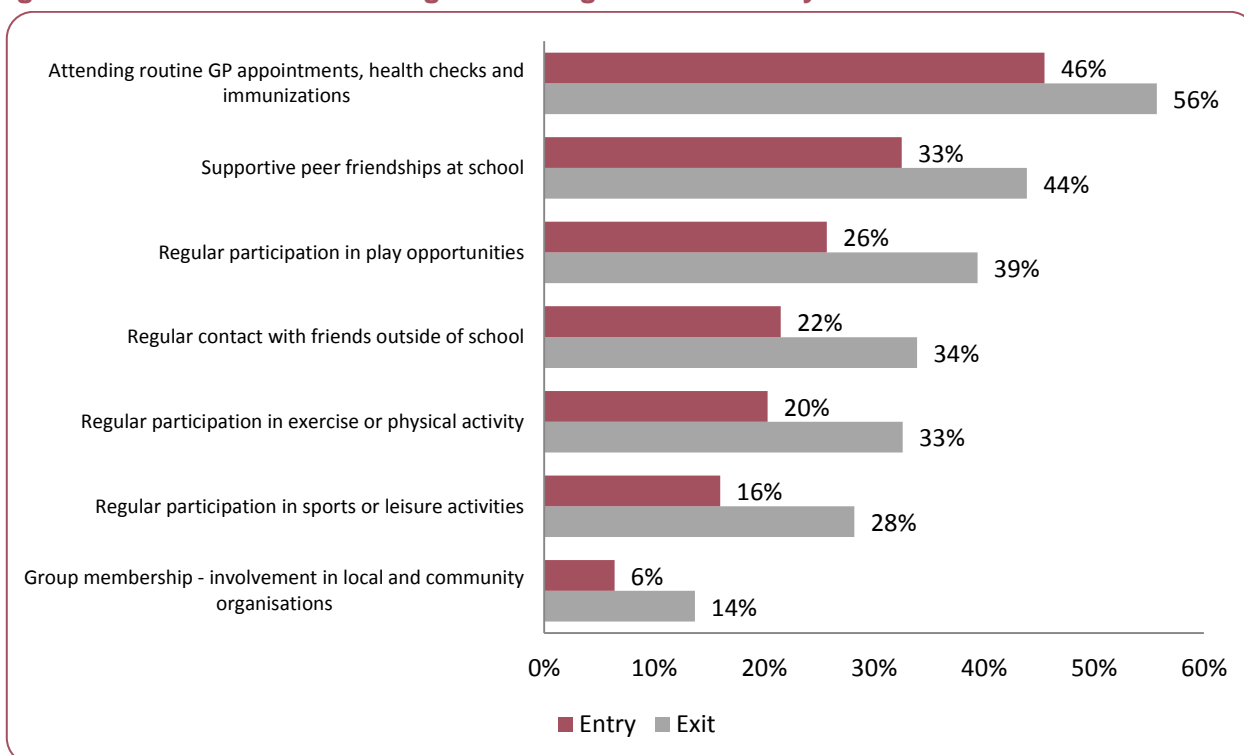
Similarly, there were some substantial improvements in the strengths presented by children although again note that many strengths are not present at exit for over half the cohort. This is similar to other programmes. For example, in almost a third of families (32%) supported by the Family Pathfinders programme children did not have positive health and wellbeing on exit from support.

Although still only a strength for less than half the children in the cohort, there was some improvement in peer friendships (Figure 3.4). The percentage of children with supportive peer friendships at school increased from 33% to 44% while those benefiting from regular contact with friends outside of school increased from 22% to 34%.

In terms of participation in out-of-school activities, the number of children regularly participating in sports or leisure activities increased from 16% at entry point to 28% at exit point, while occasional participation in sports or leisure activities increased from 12% to 19%. The number of children involved in volunteering or community or civic participation is relatively low, but there have been substantial increases over the course of the programme.

Healthy lifestyles have also improved for some children in the cohort, including a 66% increase (from 20% to 33%) in the number of children regularly participating in exercise or physical activity. This is higher than the 52% of families in the FIPs experiencing an improvement in exercise or diet. In addition, there was an increase from 26% to 39% in the number of children regularly participating in play opportunities and an increase from 46% to 56% in the number attending routine health appointments.

Figure 3.4 Selected child strengths - change between entry and exit



Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

3.4.2 Family Indicators

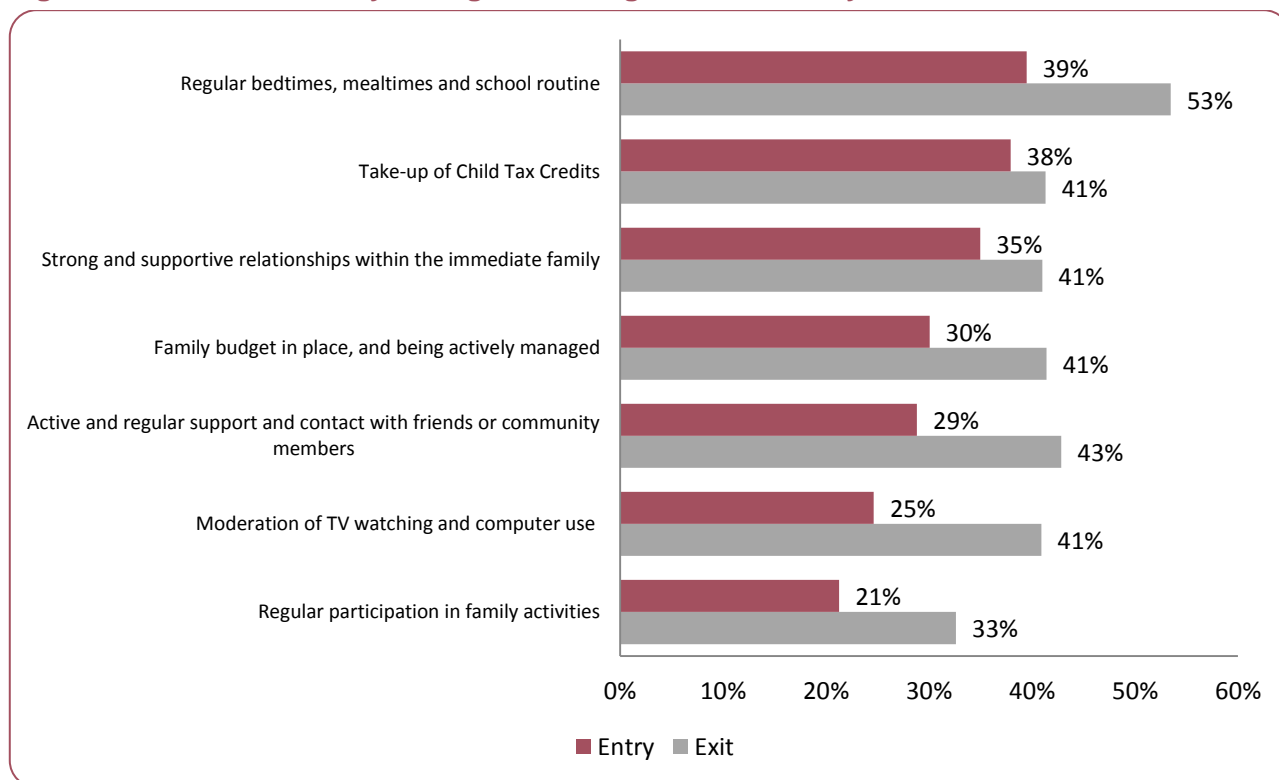
Figure 3.5 shows that overall there was an increase in the reported strengths of families after exiting the programme. However, it should be noted that, for many strengths, over half the exiting families were reported as not having that strength.

A high proportion of families completing their participation in Improving Futures have taken steps to improve the family routine at home. The proportion of families exercising moderation of TV watching and computer use increased from 25% at entry point to 41% at exit point, while there was an increase from 39% to 53% in the proportion of families deemed to have regular bedtimes, mealtimes and school routine.

There have been some small increases in the number of families accessing entitlements, including free childcare entitlements, child tax credits and adult benefits, while improvements in budgeting may have been an impact for some families in the programme, with the number of families deemed to have an actively managed family budget in place rising from 30% to 41%.

There have also been improvements in indicators relating to strong and supportive family relationships, most notably an increase from 21% to 33% in the proportion of families where there is regular participation in family activities. There have been similar improvements in the extent to which families are receiving support from informal networks outside of the family, with the proportion deemed to have active and regular support and contact from friends and community members rising from 29% to 43%. Improvements in relationships between family members was also observed in the evaluation of Pathfinders, with 59% of families where relationship issues had been identified showing some improvement and 31% where practitioners' concerns were addressed completely.

Figure 3.5 Selected family strengths - change between entry and exit

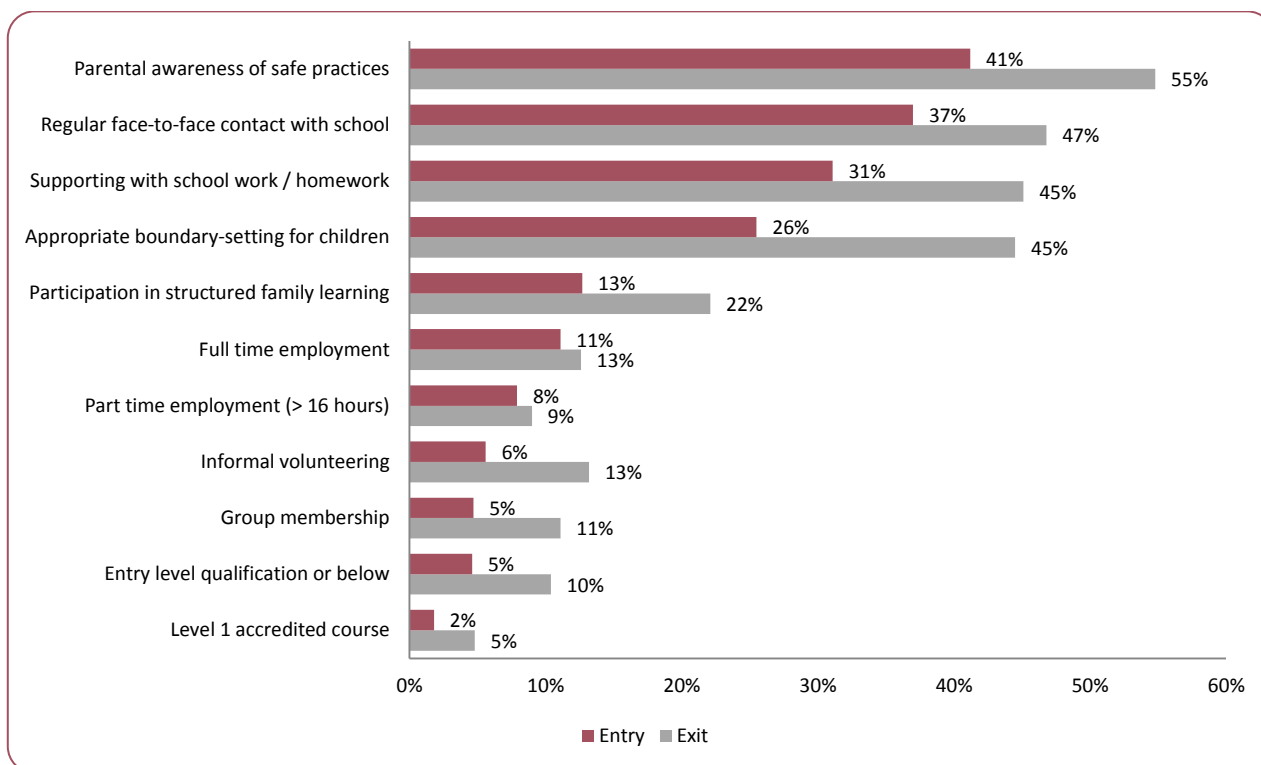


Source: IFMIS analysis. Base = all families with an entry and exit record (978)

3.4.3 Adult Indicators

There were also substantial improvements in many adult strength indicators although again in many cases starting from a low base (Figure 3.6).

Figure 3.6 Selected adult strengths - change between entry and exit



Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Over the course of the programme, the number of adults involved in their children’s school increased with the percentage of adults having regular face-to-face contact with school staff rising from 37% to 47%. There were also some notable increases in the number of adults supporting their children through play and learning although the proportion of adults actively interacting with their children was still less than half for all indicators at the time of exiting the programme.

Many adults were seen to make improvements in their ability to keep their children safe from harm, with the percentage achieving appropriate boundary setting for their children increasing from 26% to 45% and the percentage improving their awareness of safe practices increasing from 41% to 55%.

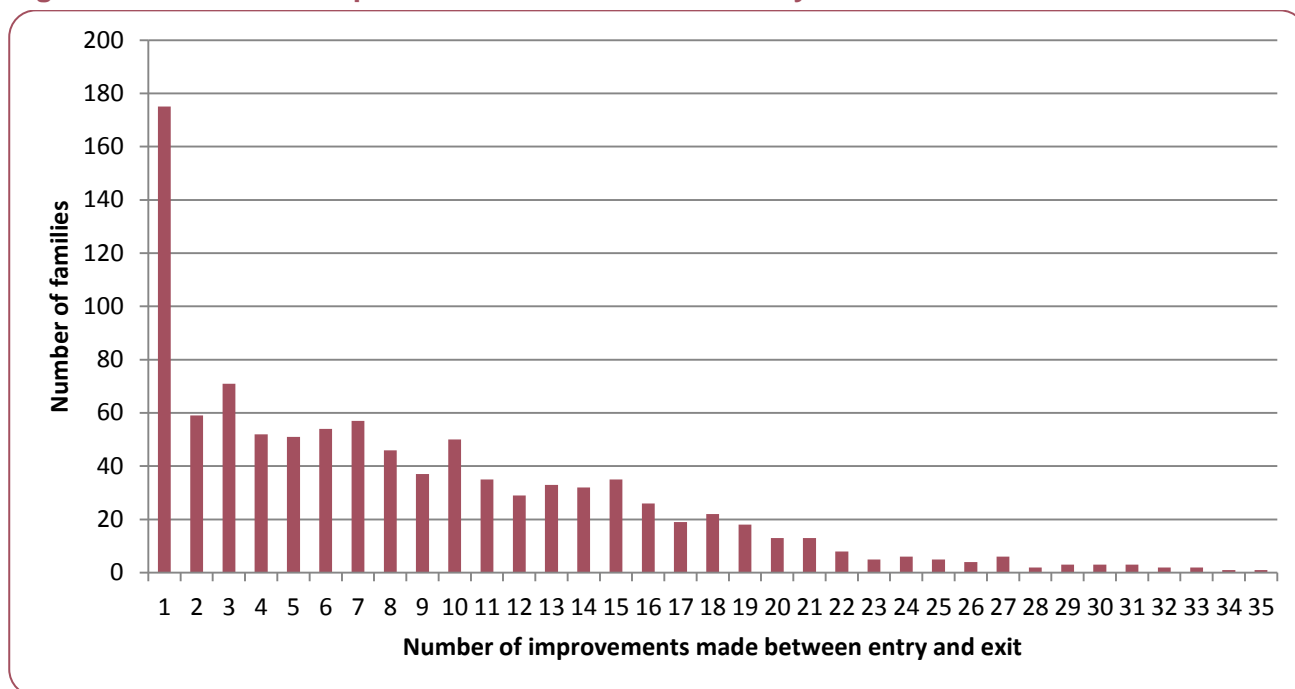
In percentage increase terms, community or civic participation has seen one of the most significant increases for adults, with the numbers involved in formal and informal volunteering, civic participation and group membership all more than doubling. However, this change started from a low baseline and the majority of adults in the cohort were not involved in their community when exiting the programme.

Only a minority of adults in the cohort were employed when they first started on Improving Futures. These numbers have increased slightly over the course of the programme for both full time and part time employment. There is also evidence of take-up of learning opportunities among adults in the cohort. Noting the low baseline, the number of adults in entry level or below or Level 1 courses more than doubled and there was also an increase in the number of adults in Level 2 and Level 3 courses. As a comparison, just under a third of all families in the Families First programme experienced an improvement relating to training, skills, employment or income.

3.5 Families Making No Improvements

Figure 3.7 shows that 175 out of the 978 families (18%) exiting the programme to date have not recorded any improvements on any risk or strength indicators between entry and exit.

Figure 3.7 Number of improvements made between entry and exit



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Further analysis indicates that 104 of the 175 families who made no progress at all were from four projects. Analysis of the data also reveals that the average duration of intervention by families making no improvements was far less than those making improvements, at 2.3 months, compared with 5.5 months. Projects reported that these families were either ineligible for support (mainly because families' needs were too complex or they did not meet the age criteria) or they did not engage with the project.

3.6 Summary

This chapter has presented an analysis of the 978 families that have so far exited the Improving Futures programme. Based on the IFMIS indicator framework, the analysis compared the profile of these families when they entered the programme against the profile at exit point. The key findings include:

- There is evidence of a substantial reduction in the number of families presenting certain risks, including reductions in issues relating to parenting, behaviour and levels of stress and anxiety.
- There are a small number of unmet needs where there has been no change, and in some cases a worsening in outcomes. These include smoking and substance misuse among adults, diagnosed mental health, child protection concerns and physical health for adults and children.
- There has been an improvement in virtually all strengths among the cohort as a whole, including improvements in family routines, family and other relationships and child participation in sports and exercise. However, for most strengths, over half the families still deemed not to have that strength when exiting the programme. This suggests a limited impact on a large proportion of the cohort.
- The highest percentage increase in strengths relate to adult learning and child and adult involvement in the community, although these start from a very low base.
- The top 20 ranked risk and strength factors include a broadly even mix of risks and strengths relating to children, adults and the whole family, reflecting the whole family approach adopted by the projects.
- A significant minority of families exiting from the programme have not experienced any improvements at all. These tend to be families with a short duration of intervention and are concentrated in a small number of projects. Projects reported that these families were either ineligible for support or did not engage with the project.

4.0 Factors Affecting the Achievement of Outcomes

Key findings

- ✓ At the beginning of support a greater proportion of families eligible for Free School Meals (FSM) had more risks and fewer strengths than families not eligible for Free school Meals (non-FSM). At the end of the support, **FSM families had made more progress than non-FSM families on several key indicators**, including worklessness, regular participation by children in sport or leisure activities and regular bedtimes, mealtimes and school routines.
- ✓ Improvements in domestic abuse were the greatest among lone parent families.
- ✓ The **average length of intervention for families exiting to date was approximately five and a half months**. However, the average duration of the intervention varied significantly between individual projects. The average number of hours of support was 34, ranging from 13 to 120 between the projects.
- ✓ The **relationship between the duration of the support and outcomes varied between different types of indicators**. For 11 indicators, mainly related to adult relationship problems, families supported for over 12 months saw a greater rate of improvement. However, for a further six indicators relating to child and parenting problems, the rate of improvement peaked at 4-6 months. These issues will be explored further in year three of the evaluation.
- ✓ The programme monitoring data would seem to indicate that there is a **positive correlation between intervention length and outcomes**. Overall, families made more progress against most strengths and risks if they had been involved in the programme for more than three months.
- ✓ A **strong positive correlation was also found between many of the individual strengths**. Most notable of these was the correlation between improved family routines and adult involvement in children's lives. Families experiencing improvements in adult stress or anxiety levels were also more likely to show improvements in child stress or anxiety.
- ✓ The **correlations between increased prevalence of strengths and reduced prevalence of risk factors were much weaker** and did not show any clear and direct causality.

4.1 Introduction

This chapter builds on the analysis presented in the previous chapter, examining the extent to which rates of change differ according to different individual and family characteristics (e.g. gender, ethnicity, free school meals (FSM) status), according to the duration of support provided by the projects and across the different countries. We then go on to explore the extent to which certain types of outcomes cluster together.

In the data tables throughout the chapter we have highlighted where the change for one group of families is over five percentage points higher than another group of families. This is to aid the readers' interpretation of the data.

4.2 Individual and Family Characteristics

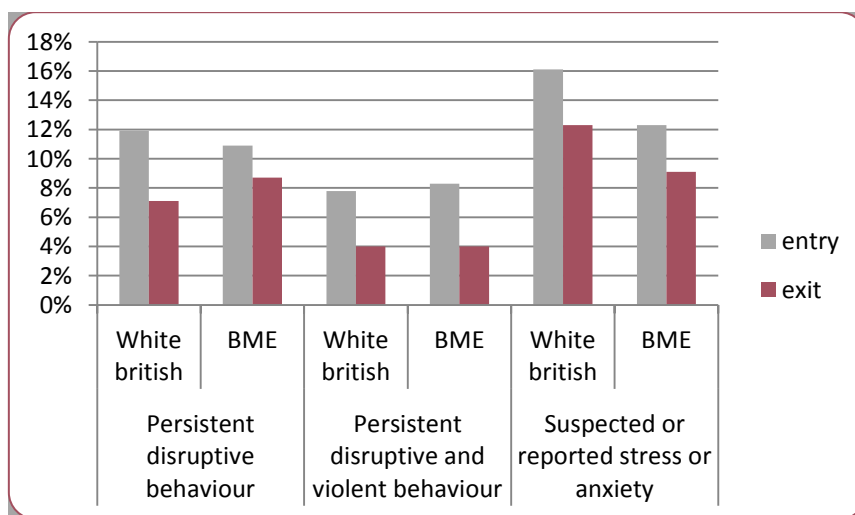
Having looked at the overall rates of positive and negative change for risk factors and strengths, we then went on to examine the extent to which these changes differed according to individual and family characteristics. The following tables show how some of the top ranked outcomes (in terms of percentage point change) vary according to these characteristics.

4.2.1 Gender and Ethnicity of Children

Table 4.1 and **Figure 4.1** show that, for most of the prevalent risk indicators, there were a greater overall number of White British children showing reductions than BME children. However, this is likely to be because, for most factors, a greater number of White British children had these risks at entry, and in fact proportionately (in terms of percentage change) BME children made more progress in six out of the ten top ranked risks.

More White British children than BME children had reduced persistent disruptive behaviour (**Figure 4.1**). This led to a switch entry and exit in the group with the highest percentage of children with this indicator; on entry a higher percentage of White British children than BME children had persistent disruptive behaviour; on exit a higher percentage of BME children had this risk. A similar difference was observed with low-level behavioural difficulties. In this case, there was an increase in BME children exhibiting this issue (from 20% to 22%), although this may be due to some children being “downgraded” from having more serious behavioural problems, while there was a reduction in low-level behavioural difficulties for White British children from 24% to 21%. Perhaps related to behavioural improvements, persistent unauthorised school absence also fell more sharply for White British children and was at a similar level as for BME children at exit point.

Figure 4.1 Percentage of children with top three ranked child risks, at entry and exit, by ethnicity



Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

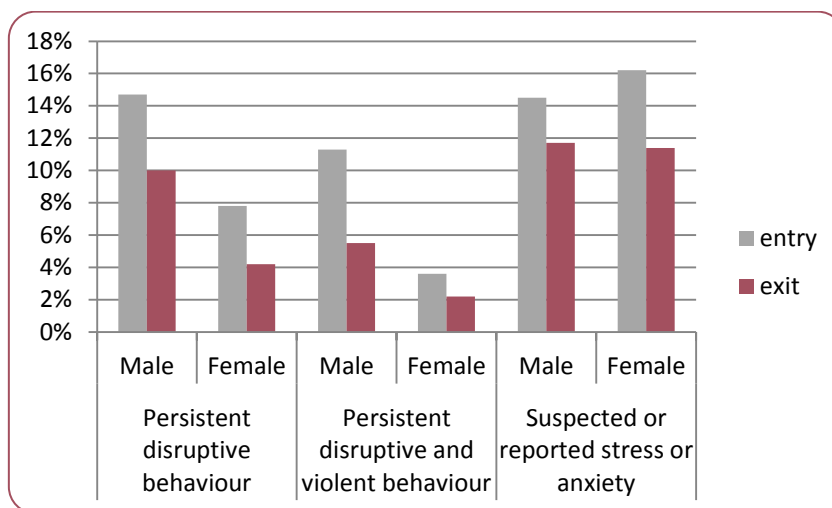
Table 4.1 Top 10 ranked child risks, based on percentage point reduction, by gender and ethnicity

Indicator		All children	BME	White	Female	Male
Persistent disruptive behaviour	Entry	<u>11.70%</u>	<u>10.90%</u>	<u>11.90%</u>	<u>7.80%</u>	<u>14.70%</u>
	Exit	<u>7.40%</u>	<u>8.70%</u>	<u>7.10%</u>	<u>4.20%</u>	<u>10.00%</u>
	Pp change	-4.3	-2.2	-4.9	-3.7	-4.7
Persistent disruptive and violent behaviour	Entry	<u>7.90%</u>	<u>8.30%</u>	<u>7.80%</u>	<u>3.60%</u>	<u>11.30%</u>
	Exit	<u>4.00%</u>	<u>4.00%</u>	<u>4.00%</u>	<u>2.20%</u>	<u>5.50%</u>
	Pp change	-3.8	-4.2	-3.7	-1.4	-5.8
Suspected or reported stress or anxiety	Entry	<u>15.30%</u>	<u>12.30%</u>	<u>16.10%</u>	<u>16.20%</u>	<u>14.50%</u>
	Exit	<u>11.50%</u>	<u>9.10%</u>	<u>12.30%</u>	<u>11.40%</u>	<u>11.70%</u>
	Pp change	-3.7	-3.2	-3.9	-4.8	-2.9
Suspected or reported bullying issues (victim)	Entry	<u>4.40%</u>	<u>3.60%</u>	<u>4.70%</u>	<u>4.60%</u>	<u>4.30%</u>
	Exit	<u>2.30%</u>	<u>1.60%</u>	<u>2.50%</u>	<u>2.30%</u>	<u>2.30%</u>
	Pp change	-2.2	-2	-2.2	-2.3	-2
Persistent unauthorised school absence	Entry	<u>4.50%</u>	<u>3.20%</u>	<u>4.90%</u>	<u>5.50%</u>	<u>3.70%</u>
	Exit	<u>2.50%</u>	<u>2.80%</u>	<u>2.40%</u>	<u>2.60%</u>	<u>2.40%</u>
	Pp change	-2	-0.4	-2.4	-2.9	-1.2
Low-level behavioural difficulties	Entry	<u>23.00%</u>	<u>20.20%</u>	<u>23.80%</u>	<u>22.90%</u>	<u>23.10%</u>
	Exit	<u>21.10%</u>	<u>22.40%</u>	<u>20.70%</u>	<u>18.50%</u>	<u>23.20%</u>
	Pp change	-1.9	2.2	-3.1	-4.4	0.1
Achieving below expected levels for age (no known special educational needs)	Entry	<u>9.60%</u>	<u>7.90%</u>	<u>10.10%</u>	<u>7.60%</u>	<u>11.10%</u>
	Exit	<u>8.10%</u>	<u>7.90%</u>	<u>8.20%</u>	<u>6.10%</u>	<u>9.70%</u>
	Pp change	-1.5	0	-1.9	-1.6	-1.4
Poor hygiene and self care	Entry	<u>2.90%</u>	<u>2.60%</u>	<u>3.00%</u>	<u>3.00%</u>	<u>2.90%</u>
	Exit	<u>2.20%</u>	<u>1.80%</u>	<u>2.30%</u>	<u>2.00%</u>	<u>2.40%</u>
	Pp change	-0.7	-0.8	-0.7	-1	-0.5
Suspected or reported bullying issues (perpetrator)	Entry	<u>1.50%</u>	<u>1.60%</u>	<u>1.50%</u>	<u>0.40%</u>	<u>2.40%</u>
	Exit	<u>0.90%</u>	<u>0.60%</u>	<u>1.00%</u>	<u>0.30%</u>	<u>1.40%</u>
	Pp change	-0.6	-1	-0.5	-0.1	-1
Suspected ADHD / ASD or conduct disorder (undiagnosed)	Entry	<u>5.50%</u>	<u>5.50%</u>	<u>5.50%</u>	<u>2.50%</u>	<u>7.70%</u>
	Exit	<u>4.90%</u>	<u>4.60%</u>	<u>5.00%</u>	<u>2.20%</u>	<u>7.10%</u>
	Pp change	-0.5	-0.8	-0.4	-0.3	-0.7
Base		2,182	495	1,687	956	1,226

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

The most improved outcome for boys related to persistent disruptive and violent behaviour, falling from 11% at entry point to less than 6% at exit, although this is still higher than the 2% of girls who exited with this problem (Figure 4.2). Girls were more likely than boys to experience reduced low-level behavioural difficulties, with the percentage affected falling from 23% to 19%. The proportion of boys with low-level behavioural difficulties remained at 23% at both exit and entry, but again this is likely to be due to some boys being “downgraded” from other more serious behavioural problems. There was also a marked improvement for girls in suspected or reported stress or anxiety, with the proportion falling from 16% to 11%, and persistent unauthorised school absence, where a reduction of 5.5% to 2.5% over the course of the programme was observed for girls.

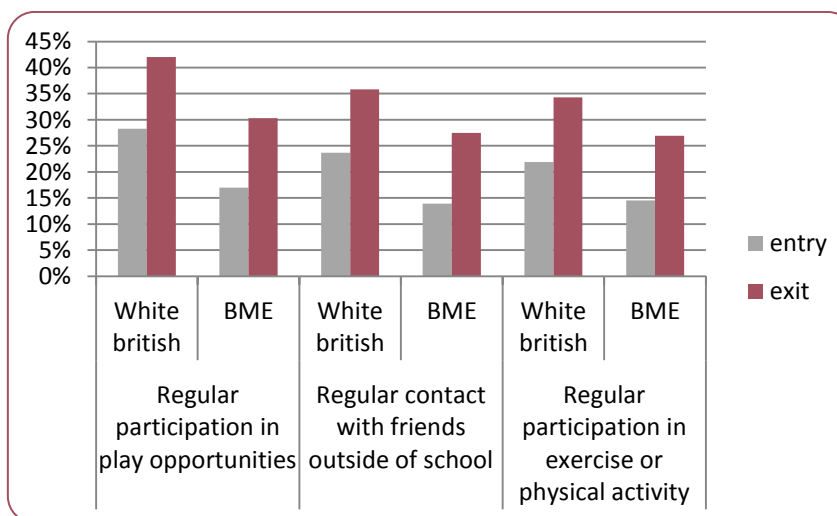
Figure 4.2 Percentage of children with top three ranked child risks, at entry and exit, by gender



Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Table 4.2 and Figure 4.3 show that, at entry point, BME children tended to have fewer strengths than White British children. For example, just 17% of BME children were engaged in regular play activities on entry, compared to 28% of White British children. While there were improvements for both groups across all the strengths, there were a greater proportion of BME children showing improvements in eight out of ten strengths, suggesting that BME children had gone some way to closing the gap with White British children on these outcomes.

Figure 4.3 Percentage of children with top three ranked child strengths, at entry and exit, by ethnicity



Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

While girls (36%) were slightly more likely than boys (30%) to have supportive peer friendships at school, the percentage point increase over the course of the programme was about the same for both genders. Although only affecting a small number of children, boys were more likely than girls to have an improved outcome in volunteering, with 2.1% of boys starting informal volunteering and 1.1% starting formal volunteering by the time they exited the programme. **Figure 4.4** provides detail on the differences between boys and girls for the top three ranked child strengths.

Figure 4.4 Percentage of children with top three ranked child strengths, at entry and exit, by gender

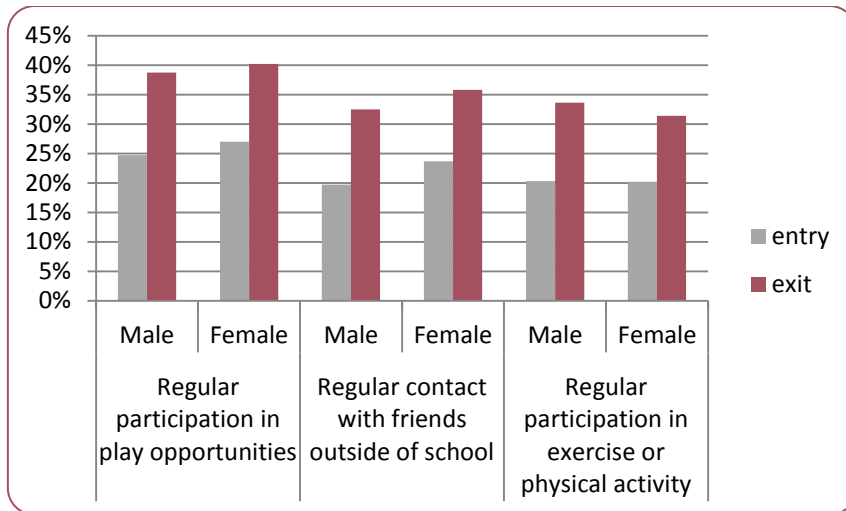


Table 4.2 Top 10 ranked child strengths, based on percentage point increase, by gender and ethnicity

Indicator		All children	BME	White British	Female	Male
Regular participation in play opportunities	Entry	<u>25.70%</u>	<u>17.00%</u>	<u>28.30%</u>	<u>27.00%</u>	<u>24.70%</u>
	Exit	<u>39.40%</u>	<u>30.30%</u>	<u>42.00%</u>	<u>40.20%</u>	<u>38.70%</u>
	Pp change	13.7	13.3	13.8	13.2	14
Regular contact with friends outside of school	Entry	<u>21.50%</u>	<u>13.90%</u>	<u>23.70%</u>	<u>23.70%</u>	<u>19.70%</u>
	Exit	<u>33.90%</u>	<u>27.50%</u>	<u>35.80%</u>	<u>35.80%</u>	<u>32.50%</u>
	Pp change	12.4	13.5	12.1	12	12.7
Regular participation in exercise or physical activity	Entry	<u>20.30%</u>	<u>14.50%</u>	<u>21.90%</u>	<u>20.20%</u>	<u>20.30%</u>
	Exit	<u>32.60%</u>	<u>26.90%</u>	<u>34.30%</u>	<u>31.40%</u>	<u>33.60%</u>
	Pp change	12.4	12.3	12.4	11.2	13.3
Regular participation in sports or leisure activities	Entry	<u>16.00%</u>	<u>12.50%</u>	<u>17.10%</u>	<u>16.40%</u>	<u>15.70%</u>
	Exit	<u>28.20%</u>	<u>24.80%</u>	<u>29.20%</u>	<u>27.30%</u>	<u>29.00%</u>
	Pp change	12.2	12.3	12.2	10.9	13.2
Supportive peer friendships at school	Entry	<u>32.50%</u>	<u>27.50%</u>	<u>34.00%</u>	<u>36.40%</u>	<u>29.50%</u>
	Exit	<u>43.90%</u>	<u>39.00%</u>	<u>45.30%</u>	<u>47.40%</u>	<u>41.10%</u>
	Pp change	11.3	11.5	11.3	11	11.6
Attending routine GP appointments, health checks and immunizations	Entry	<u>45.50%</u>	<u>38.20%</u>	<u>47.70%</u>	<u>48.40%</u>	<u>43.20%</u>
	Exit	<u>55.70%</u>	<u>49.50%</u>	<u>57.50%</u>	<u>58.30%</u>	<u>53.70%</u>
	Pp change	10.2	11.3	9.8	9.8	10.4
Occasional participation in sports or leisure activities	Entry	<u>11.60%</u>	<u>14.30%</u>	<u>10.80%</u>	<u>10.50%</u>	<u>12.50%</u>
	Exit	<u>19.10%</u>	<u>20.60%</u>	<u>18.60%</u>	<u>18.80%</u>	<u>19.20%</u>
	Pp change	7.5	6.3	7.8	8.4	6.8
Group membership - involvement in local and community organisations	Entry	<u>6.40%</u>	<u>4.60%</u>	<u>6.90%</u>	<u>6.20%</u>	<u>6.60%</u>
	Exit	<u>13.70%</u>	<u>12.10%</u>	<u>14.10%</u>	<u>13.00%</u>	<u>14.20%</u>
	Pp change	7.2	7.5	7.2	6.8	7.6
Informal volunteering - helping out friends, family or local people	Entry	<u>1.00%</u>	<u>0.40%</u>	<u>1.20%</u>	<u>0.90%</u>	<u>1.10%</u>
	Exit	<u>2.70%</u>	<u>2.00%</u>	<u>2.90%</u>	<u>2.10%</u>	<u>3.20%</u>
	Pp change	1.7	1.6	1.7	1.2	2.1
Formal volunteering - for an organisation or as part of a specific programme	Entry	<u>0.20%</u>	<u>0.40%</u>	<u>0.10%</u>	<u>0.20%</u>	<u>0.20%</u>
	Exit	<u>1.00%</u>	<u>1.80%</u>	<u>0.80%</u>	<u>0.70%</u>	<u>1.20%</u>
	Pp change	0.8	1.4	0.7	0.5	1.1
Base		2,182	495	1,687	956	1,226

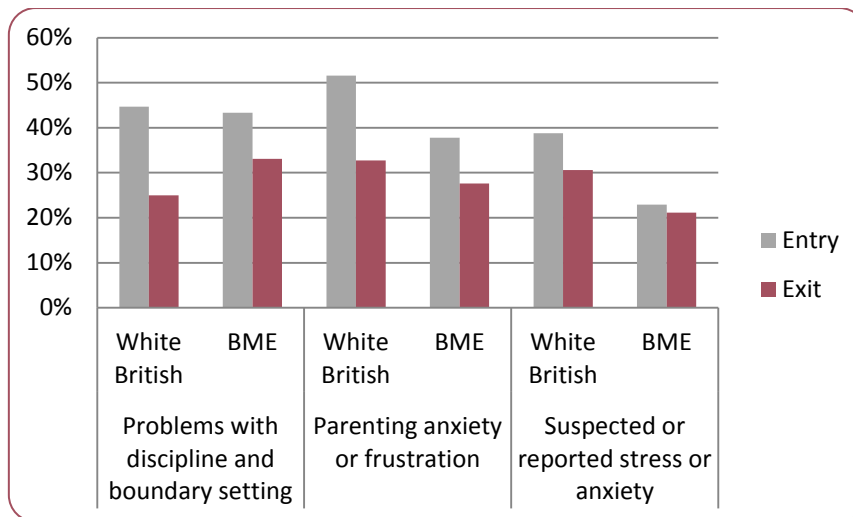
Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

4.2.2 Gender and Ethnicity of Adults

Table 4.3 and **Figure 4.5** show that White British adults were more likely than BME adults to have improved in terms of problems with discipline and boundary setting, parenting anxiety and frustration and general suspected or reported stress and anxiety. However, it should be noted that BME adults were less likely to be stressed or anxious when they entered the programme. At entry point, 38% of BME adults and 52% of White British adults had parenting anxiety or frustration, reducing to 28% and 33% respectively at exit point. Similarly, 23% of BME adults and 39% of White British adults had suspected or reported stress or anxiety at entry point, reducing to 21% and 31% respectively. In terms of problems with discipline and boundary setting, there was little difference between BME and White British adults at entry point but this gap widened over the course of the programme, with the percentage of BME adults with this issue reducing from 43% to 33% while the reduction for White British adults was from 45% to 25%.

White British adults were also more likely to have experienced a reduction in alcohol misuse and anti-social or criminal behaviour, but these were both issues that affected only a very small percentage of BME adults when they entered the programme.

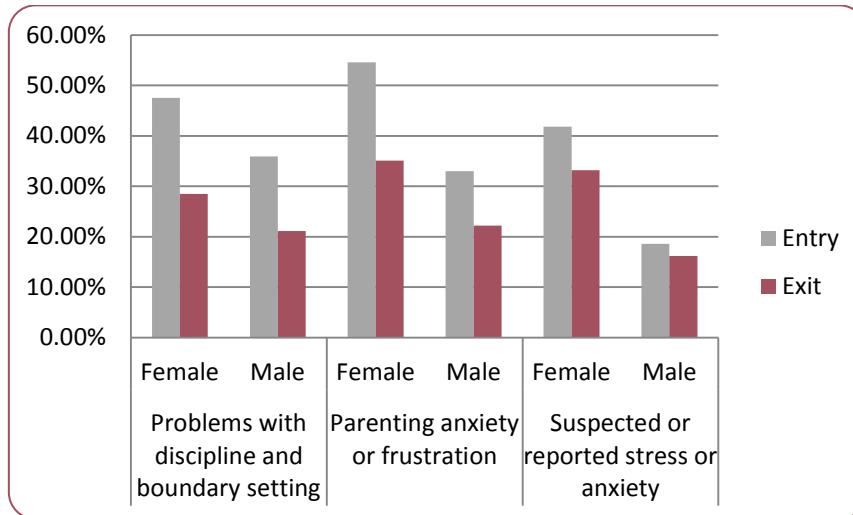
Figure 4.5 Percentage of adults with top three ranked adult risks, at entry and exit, by ethnicity



Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

There are also noticeable differences between women and men in the cohort (Figure 4.6). Men were less likely than women to be reported as having problems with discipline and boundary setting, parenting anxiety and frustration and suspected or reported stress or anxiety. Nevertheless, women were seen to improve more than men in these areas, with nearly a fifth of women reporting an improvement in parenting anxiety or frustration.

Figure 4.6 Percentage of adults with top three ranked adult risks, at entry and exit, by gender



Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

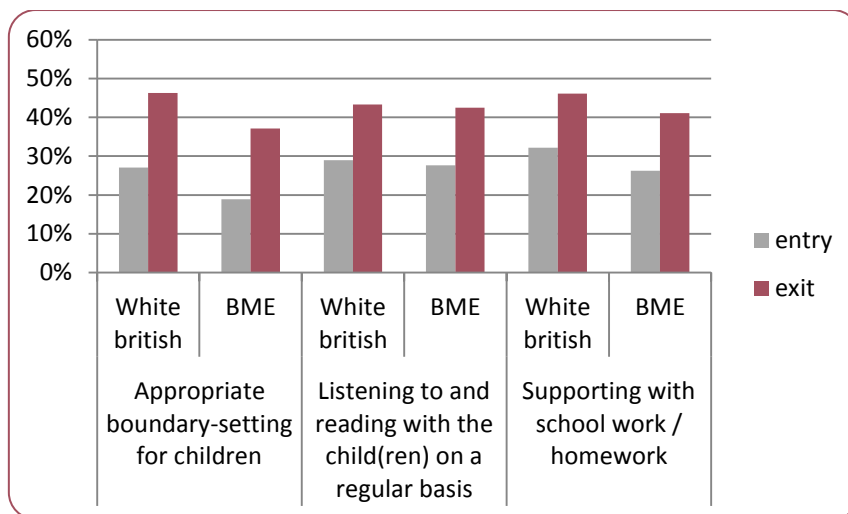
Table 4.3 Top 10 ranked adult risk factors, based on percentage point reduction, by gender and ethnicity

Indicator		All adults	BME	White British	Female	Male
Problems with discipline and boundary setting	Entry	44.4%	43.3%	44.7%	47.5%	35.9%
	Exit	26.6%	33.1%	25.0%	28.5%	21.1%
	Pp change	-17.9	-10.2	-19.8	-19.0	-14.9
Parenting anxiety or frustration	Entry	48.9%	37.8%	51.6%	54.6%	33.0%
	Exit	31.7%	27.6%	32.7%	35.1%	22.2%
	Pp change	-17.2	-10.2	-19.0	-19.5	-10.8
Suspected or reported stress or anxiety	Entry	35.7%	22.9%	38.8%	41.8%	18.6%
	Exit	28.7%	21.1%	30.6%	33.2%	16.2%
	Pp change	-7.0	-1.8	-8.2	-8.6	-2.4
Suspected or reported alcohol misuse - not receiving treatment	Entry	2.1%	0.4%	2.5%	2.0%	2.2%
	Exit	1.4%	0.4%	1.7%	1.5%	1.4%
	Pp change	-0.6	0.0	-0.8	-0.6	-0.8
Suspected or reported involvement in anti-social or criminal behaviour	Entry	1.5%	0.7%	1.7%	1.2%	2.4%
	Exit	1.0%	0.7%	1.1%	0.7%	1.9%
	Pp change	-0.5	0.0	-0.6	-0.5	-0.5
Suspected or reported occurrence of self harm	Entry	1.3%	0.4%	1.5%	1.6%	0.3%
	Exit	0.9%	0.0%	1.2%	1.1%	0.5%
	Pp change	-0.4	-0.4	-0.4	-0.6	0.3
Other life-limiting illness	Entry	1.3%	1.1%	1.3%	1.7%	0.0%
	Exit	1.1%	0.7%	1.2%	1.5%	0.0%
	Pp change	-0.2	-0.4	-0.2	-0.3	0.0
Custodial sentence	Entry	0.6%	0.7%	0.5%	0.2%	1.6%
	Exit	0.5%	0.7%	0.4%	0.2%	1.4%
	Pp change	-0.1	0.0	-0.1	0.0	-0.3
Antisocial Behaviour Contract	Entry	0.2%	0.4%	0.2%	0.2%	0.3%
	Exit	0.1%	0.4%	0.1%	0.1%	0.3%
	Pp change	-0.1	0.0	-0.1	-0.1	0.0
Police warning or reprimand	Entry	0.7%	0.0%	0.9%	0.7%	0.8%
	Exit	0.6%	0.0%	0.8%	0.4%	1.4%
	Pp change	-0.1	0.0	-0.1	-0.3	0.5
Base		1,404	275	1,129	1,034	370

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404). Highlighted cells show where the change for one group of families is over five percentage points higher than another group of families

Table 4.4 shows how the top ten ranked adult strengths vary according to ethnicity and gender. In terms of percentage change, a higher proportion of BME adults relative to White British adults improved in nine out of ten of the top ranked adult strengths (the top three ranked strengths are presented in **Figure 4.7**). For example, a higher proportion of BME adults improved their parental awareness of safe practices over the course of the programme, although at exit point they were still less likely to have this awareness. This indicator rose from 31% to 48% for BME adults and from 44% to 57% for White British adults. Conversely, White British adults were more likely than BME adults to start attending regular play sessions with their children over the course of the programme. While the percentage of White British adults attending play sessions with their children rose from 16% to 27%, the increase for BME adults was only from 11% to 20%, thus increasing the gap between the two groups. The reverse trend was observed for group membership. The percentage of BME adults involved in local and community organisation increased from 7% to 18%, while the increase for White adults was only from 4% to 10%.

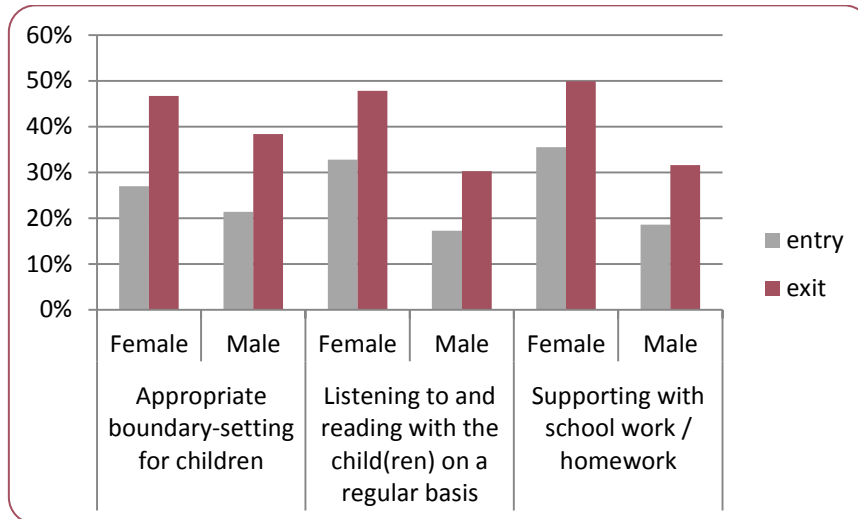
Figure 4.7 Percentage of adults with top three ranked adult strengths, at entry and exit, by ethnicity



Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

With the notable exception of full time employment (where 27% of men were in full time employment at entry point compared to 5% of women), men tended to have fewer strengths than women when they first entered the programme. As shown in **Table 4.4** in nine out of ten of the top ranked strengths, a greater number of women than men had improved strengths in terms of percentage point change. **Figure 4.8** provides detail on the differences between males and females for the top three ranked adult strengths.

Figure 4.8 Percentage of adults with top three ranked adult strengths, at entry and exit, by gender



Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Table 4.4 Top 10 ranked adult strengths, based on percentage point increase, by gender and ethnicity

Indicator		All adults	BME	White British	Female	Male
Appropriate boundary-setting for children	Entry	<u>25.50%</u>	<u>18.90%</u>	<u>27.10%</u>	<u>27.00%</u>	<u>21.40%</u>
	Exit	<u>44.50%</u>	<u>37.10%</u>	<u>46.30%</u>	<u>46.70%</u>	<u>38.40%</u>
	Pp change	19	18.2	19.2	19.7	17
Listening to and reading with the child(ren) on a regular basis	Entry	<u>28.70%</u>	<u>27.60%</u>	<u>29.00%</u>	<u>32.80%</u>	<u>17.30%</u>
	Exit	<u>43.20%</u>	<u>42.50%</u>	<u>43.30%</u>	<u>47.80%</u>	<u>30.30%</u>
	Pp change	14.5	14.9	14.3	15	13
Supporting with school work / homework	Entry	<u>31.10%</u>	<u>26.20%</u>	<u>32.20%</u>	<u>35.50%</u>	<u>18.60%</u>
	Exit	<u>45.10%</u>	<u>41.10%</u>	<u>46.10%</u>	<u>49.90%</u>	<u>31.60%</u>
	Pp change	14	14.9	13.8	14.4	13
Parental awareness of safe practices (e.g. internet safety, road safety)	Entry	<u>41.20%</u>	<u>30.90%</u>	<u>43.70%</u>	<u>44.00%</u>	<u>33.20%</u>
	Exit	<u>54.80%</u>	<u>47.60%</u>	<u>56.60%</u>	<u>56.80%</u>	<u>49.50%</u>
	Pp change	13.7	16.7	12.9	12.8	16.2
Attending regular play sessions with the child(ren)	Entry	<u>15.00%</u>	<u>10.90%</u>	<u>16.00%</u>	<u>16.60%</u>	<u>10.50%</u>
	Exit	<u>25.60%</u>	<u>19.60%</u>	<u>27.00%</u>	<u>27.60%</u>	<u>20.00%</u>
	Pp change	10.5	8.7	11	10.9	9.5
Regular face-to-face contact with school staff, reporting positive relationships	Entry	<u>37.00%</u>	<u>29.80%</u>	<u>38.80%</u>	<u>42.20%</u>	<u>22.70%</u>
	Exit	<u>46.80%</u>	<u>42.20%</u>	<u>47.90%</u>	<u>53.00%</u>	<u>29.50%</u>
	Pp change	9.8	12.4	9.1	10.8	6.8
Participation in structured family learning activities	Entry	<u>12.70%</u>	<u>11.30%</u>	<u>13.10%</u>	<u>14.90%</u>	<u>6.80%</u>
	Exit	<u>22.10%</u>	<u>20.70%</u>	<u>22.40%</u>	<u>25.70%</u>	<u>11.90%</u>
	Pp change	9.3	9.5	9.3	10.8	5.1
Informal volunteering - helping out friends, family or local people	Entry	<u>5.60%</u>	<u>4.70%</u>	<u>5.80%</u>	<u>6.70%</u>	<u>2.70%</u>
	Exit	<u>13.20%</u>	<u>10.50%</u>	<u>13.80%</u>	<u>16.00%</u>	<u>5.40%</u>
	Pp change	7.5	5.8	8	9.3	2.7
Group membership - involvement in local and community organisations	Entry	<u>4.70%</u>	<u>7.30%</u>	<u>4.10%</u>	<u>5.40%</u>	<u>2.70%</u>
	Exit	<u>11.10%</u>	<u>17.80%</u>	<u>9.50%</u>	<u>12.70%</u>	<u>6.80%</u>
	Pp change	6.4	10.5	5.4	7.3	4.1
Entry level or below	Entry	<u>4.60%</u>	<u>4.40%</u>	<u>4.60%</u>	<u>5.60%</u>	<u>1.60%</u>
	Exit	<u>10.40%</u>	<u>11.30%</u>	<u>10.20%</u>	<u>11.70%</u>	<u>6.80%</u>
	Pp change	5.8	6.9	5.6	6.1	5.1
Base		1,404	275	1,129	1,034	370

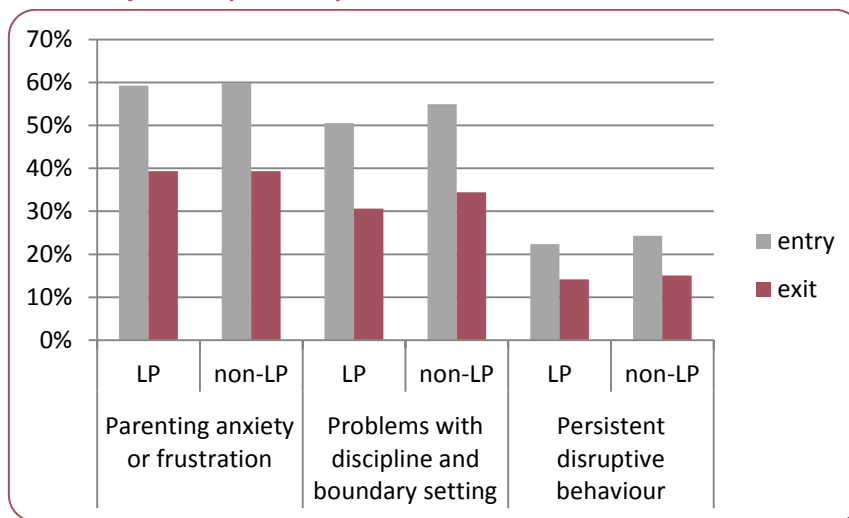
Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404). Highlighted cells show where the change for one group of families is over five percentage points higher than another group of families

4.2.3 Family Characteristics

Table 4.5 show how the top 20 ranked risk factors (in terms of percentage point change) vary according to family characteristics. A more detailed version of this table can be found in **Annex 5**.

As **Figure 4.9** illustrates, there was little difference in change between lone parent and non-lone parent families for the top three ranked risks. However, as illustrated in **Table 4.5**, lone parent families were more likely than average to experience a reduction in domestic violence over the course of the programme. The percentage of families experiencing domestic abuse involving adult harm fell from 23% to 15% among lone parent families (while the figure for two parent families remained at around 7%). The percentage of families experiencing domestic abuse involving child harm halved from 12% to 6% among lone parent families (remaining at around 3% among two parent families).

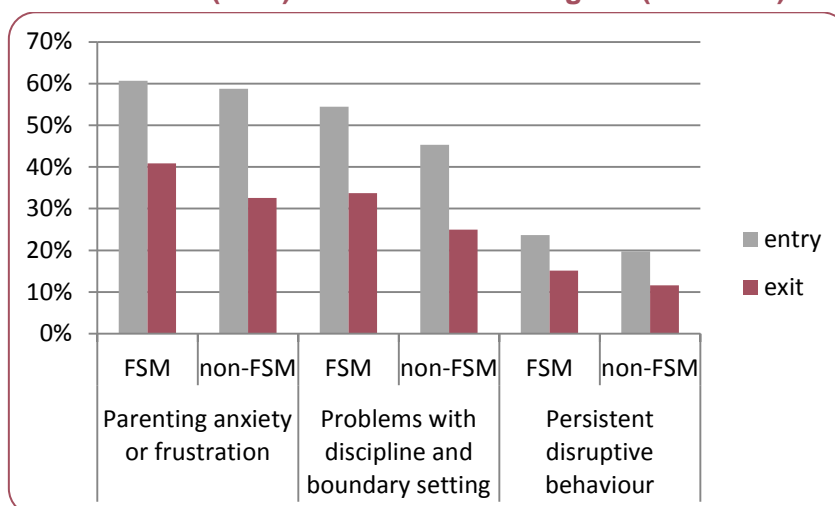
Figure 4.9 Percentage of families with top three ranked risks, at entry and exit, by lone parent (LP) or non-lone parent (non-LP) status



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Figure 4.10 illustrates that there was also minimal difference in changes for the top three ranked risks between families eligible for free school meals (FSM) and families not eligible (non-FSM). However, the percentage of FSM families that have been workless for over 12 months fell from 27% at entry to 22% at exit point (remaining constant at 4% for non-FSM families). Related to this, adults in FSM families were more likely to have moved into work over the programme period although employment rates at exit point were still significantly below that of adults in non-FSM families. The percentage of children in FSM families achieving below the expected levels for their age (with no known special educational needs) fell from 21% to 17% (compared to a change from 13% to 10% for non-FSM families) while the percentage with persistent unauthorised school absence fell from 10% to 6% (compared to a change from 3% to 2% for non-FSM families).

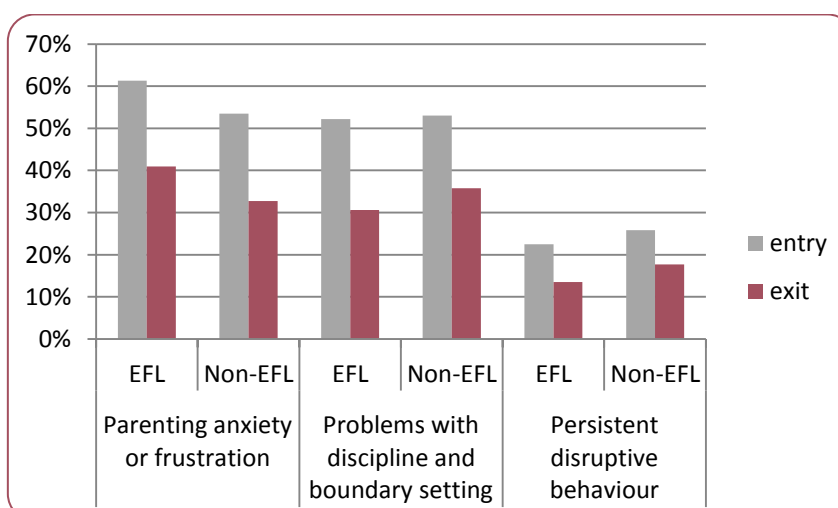
Figure 4.10 Percentage of families with top three ranked risks, at entry and exit, by families eligible for Free School Meals (FSM) and families not eligible (non-FSM)



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Table 4.5 and Figure 4.11 suggest that, for a number of outcomes, families without English as a first language (non-EFL) have been less likely to experience positive outcomes for risks than families that do have English as a first language (EFL). However, in most cases the risks were not as prevalent among non-EFL families at the start of the programme. For example, the number of adults in non-EFL families with suspected or reported stress or anxiety only fell by two percentage points from 15% to 13%, but is still much lower than among EFL families (22% at exit). Similarly, the number of children in non-EFL families with persistent disruptive and violent behaviour fell from 14% to 9% while the reduction for EFL families was much greater (17% to 8%). However, poor quality housing appears to be a more prevalent issue among non-EFL families, with the proportion falling from 9% to 7%, compared to a reduction from 7% to 3% for families with English as a first language.

Figure 4.11 Percentage of families with top three ranked risks, at entry and exit, by families with English as a first language (EFL) and families without English as a first language (non-EFL)



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

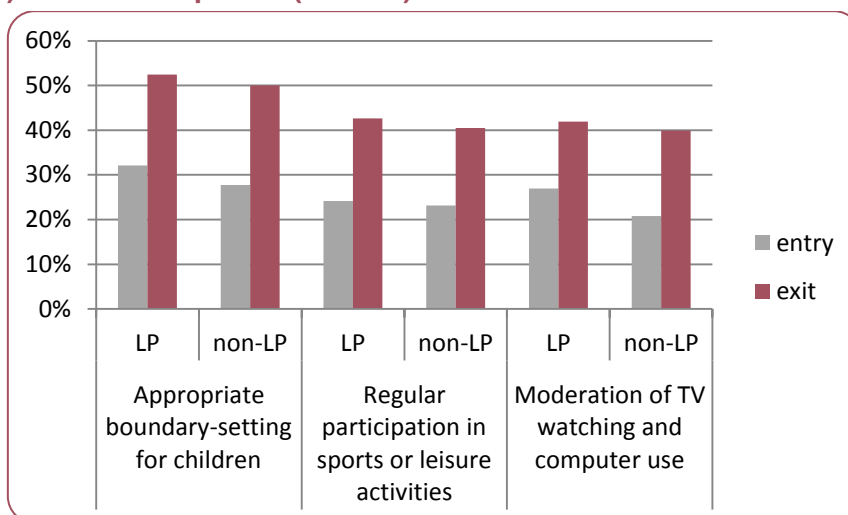
Table 4.5 Top 20 ranked risk factors, based on percentage point reduction, by family characteristics

Indicator type	Indicator	All families	Lone parent families	FSM families	Non-EFL families
Adult	Parenting anxiety or frustration	-20.45	-19.90	-19.77	-20.69
Adult	Problems with discipline and boundary setting	-20.25	-19.90	-20.74	-17.24
Child	Persistent disruptive behaviour	-8.69	-8.22	-8.53	-8.19
Adult	Suspected or reported stress or anxiety	-8.59	-9.87	-10.85	-6.90
Child	Persistent disruptive and violent behaviour	-7.77	-8.22	-8.53	-4.74
Child	Suspected or reported stress or anxiety	-6.44	-7.57	-7.95	-2.16
Family	Domestic abuse (adult harm)	-5.01	-7.57	-5.04	-4.31
Family	Some difficulties in keeping up with debt repayments, household bills or rent	-4.60	-6.91	-6.01	-3.02
Child	Suspected or reported bullying issues (victim)	-4.50	-4.61	-5.62	-3.88
Family	Suspected or reported relationship dysfunction (no counselling)	-4.29	-4.44	-4.07	0.86
Family	Family reporting social isolation	-3.99	-3.95	-3.68	-3.02
Family	Poor quality housing with significant cold, damp or mould problems	-3.89	-3.95	-4.84	-2.16
Family	Domestic abuse (child harm)	-3.68	-5.76	-4.07	-2.16
Family	Workless family (over 12 months)	-3.37	-3.13	-5.04	-1.29
Child	Ach below expected levels for age (no known special educational needs)	-2.97	-3.95	-4.46	-1.29
Child	Persistent unauthorised school absence	-2.97	-3.29	-4.46	-3.02
Family	Historical incidence of domestic abuse (over 12 months); separated	-2.86	-4.77	-4.07	-1.72
Family	No history of work within family	-2.76	-3.62	-5.04	-1.72
Family	Family involved in neighbour disputes	-2.56	-2.47	-4.07	-3.02
Family	Relationship dissolution (divorce or permanent separation)	-2.56	-4.61	-5.81	-3.45
Base		978	608	516	232

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Table 4.6 shows that, in general, there were few differences between lone parent families and non lone-parent families with regard to the total *number* of families seeing progress against strengths. However, as fewer non-lone parent families had reported issues to begin with, a greater *proportion* of non-lone parent families made more progress than lone parents for most (16 out of 20) of the top 20 ranked strengths (Figure 4.12 provides details on the top three ranked strengths). A more detailed version of this table can be found in Annex 5.

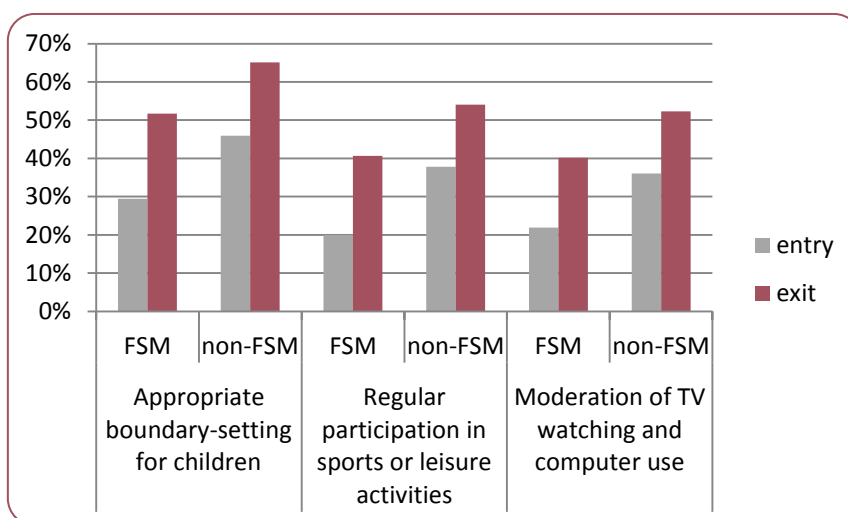
Figure 4.12 Percentage of families with top three ranked strengths, at entry and exit, by lone parent (LP) or non-lone parent (non-LP) status



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

At the beginning of support a greater proportion of families eligible for Free School Meals (FSM) had more risks and fewer strengths than families not eligible for Free school Meals (non-FSM). At the end of the support, FSM families had made more progress than non-FSM families (Figure 4.13). Specifically, in all 20 top ranked strengths a greater proportion of FSM families saw improvements than non-FSM families. For example, the proportion of children in FSM families regularly participating in sports or leisure activities more than doubled from 20% to 41%, compared to a smaller improvement from 38% to 54% among non-FSM families. Similarly the percentage of FSM families with regular bedtimes, mealtimes and school routine improved by 16 percentage points among FSM families (from 36% to 53%) compared to an 11 percentage point increase among non-FSM families.

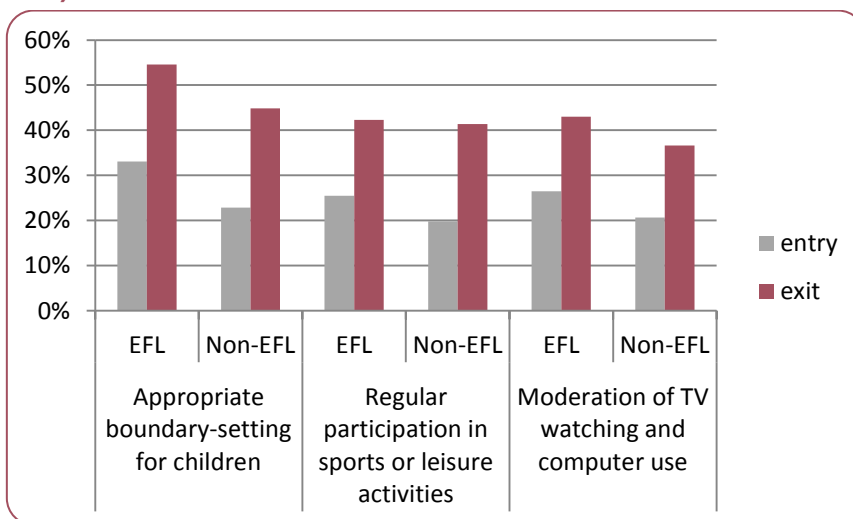
Figure 4.13 Percentage of families with top three ranked strengths, at entry and exit, by families eligible for Free School Meals (FSM) and families not eligible (non-FSM)



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Figure 4.14 illustrates the difference in change for the top three ranked strengths between families with English as a first language (EFL) and families without English as a first language (non-EFL). Areas where non-EFL families made more progress than EFL families include listening to and reading with the children, supporting with school work and homework, parental awareness of safe practices, active and regular support and contact with friends or community members and regular face-to-face contact with the school. However, the proportion of non-EFL families with an actively managed family budget in place increased by just seven percentage points (from 30% to 37%) compared to a 13 percentage point increase for EFL families (from 31% to 44%).

Figure 4.14 Percentage of families with top three ranked strengths, at entry and exit, by families with English as a first language (EFL) and families without English as a first language (non-EFL)



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Table 4.6 Top 20 ranked strengths based on percentage point increase, by family characteristics

Indicator type	Indicator	All families	Lone parent families	FSM families	Non-EFL families
Adult	Appropriate boundary-setting for children	21.27	20.39	22.29	21.98
Child	Regular participation in sports or leisure activities	17.69	18.42	20.74	21.55
Family	Moderation of TV watching and computer use	16.26	14.97	18.22	15.95
Adult	Listening to and reading with the child(ren) on a regular basis	16.16	15.13	16.86	18.53
Child	Regular participation in play opportunities	16.16	17.43	17.83	14.66
Adult	Supporting with school work / homework	15.75	15.46	16.86	18.10
Child	Regular participation in exercise or physical activity	15.64	17.43	18.80	14.22
Child	Regular contact with friends outside of school	15.54	15.79	16.86	13.36
Adult	Parental awareness of safe practices	14.01	12.99	15.50	17.67
Family	Regular bedtimes, mealtimes and school routine	14.01	12.01	16.09	14.22
Family	Active and regular support contact with friends or community members	14.01	11.84	13.37	18.53
Child	Supportive peer friendships at school	13.50	13.32	14.92	13.36
Adult	Regular F2F contact with school staff, reported positive relationships	11.66	11.18	13.18	15.09
Adult	Attending regular play sessions with the child(ren)	11.55	11.68	12.02	11.21
Family	Regular participation in family activities	11.35	10.03	11.82	9.05
Family	Family budget in place, and being actively managed	11.35	9.70	13.95	6.90
Adult	Participation in structured family learning activities	11.35	12.17	11.63	12.07
Child	Attending dental care appointments	11.15	11.18	11.63	14.22
Child	Group membership - involvement in local and community organisations	10.74	10.36	10.08	10.34
Child	Attend routine GP appointments, health checks and immunisations	10.53	10.86	11.63	14.22
Base		978	608	516	232

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

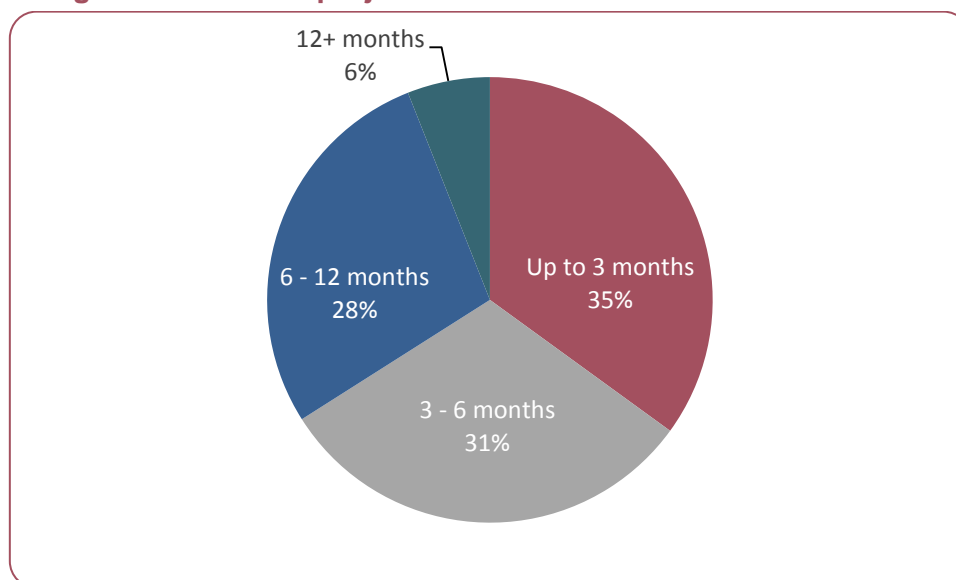
4.3 Intervention and Project Factors

A further set of analyses were undertaken to examine the relationship between the characteristics of the intervention, and the outcomes that were achieved.

4.3.1 Length of Time in the Project

Figure 4.15 shows that, among families that had exited the programme by 16 May 2014, over a third had participated in the programme for up to three months and just under a third had participated between three and six months (based on the dates of their entry and exit records on IFMIS). Only 6% had participated for over a year, although this is likely to be an underestimate of all families in the programme as this figure does not include families that were still engaged in Improving Futures in May.

Figure 4.15 Length of time in the project



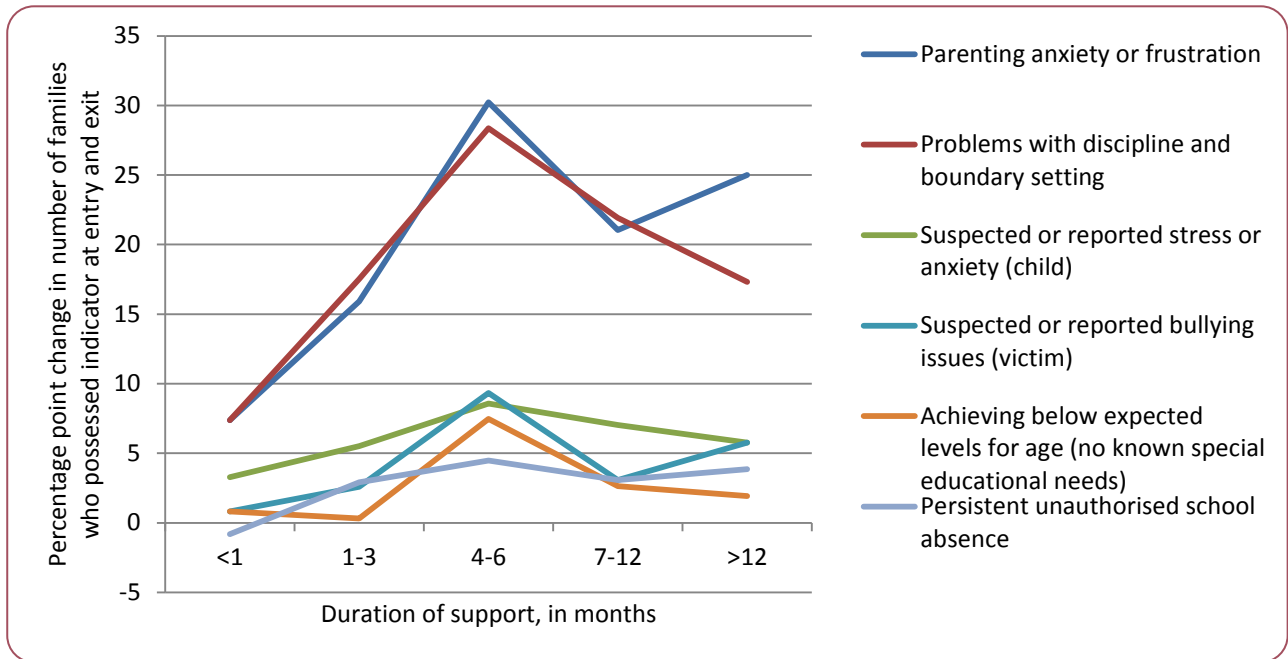
Source: IFMIS analysis. Base = all adults with an entry and exit record (881)

Among families that had exited by 16 May 2014, the average length of time for a family to participate in the programme was 5.6 months (see Annex 4). Across projects, the average duration ranged from 3.4 months to 11.4 months. Annex 3 provides a table of the total number of families recorded in IFMIS by project as at 16 May 2014.

Table 4.7 shows that, in general, families are more likely to have experienced reduced risks the longer they have been in the programme. This is in part related to the fact that families with lower durations of involvement tend to have a better baseline position and therefore may be less likely to show improvement over time.

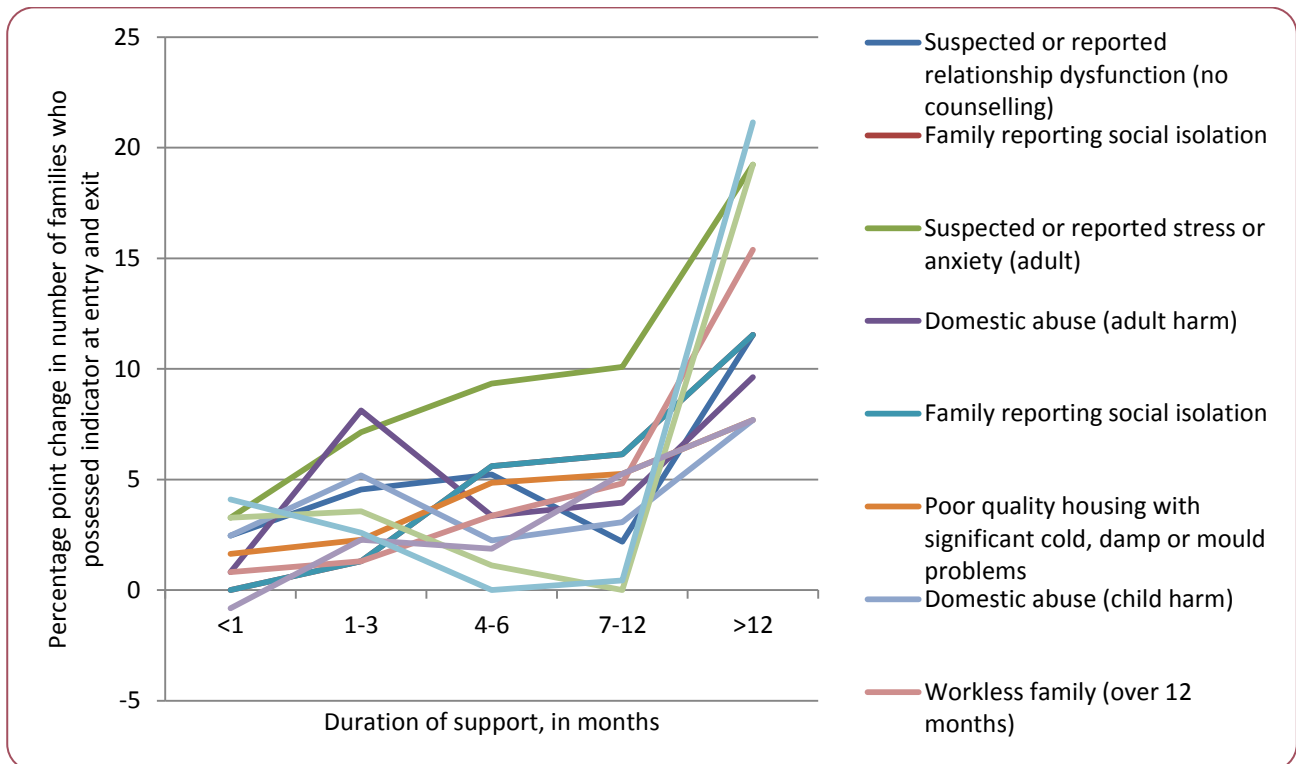
For six of the top 20 ranked risks, the level of improvement seems to “peak” at 4-6 months (**Figure 4.16**). These risks were all linked to child and parenting indicators (including parenting anxiety and frustration and suspected or reported bullying issues). For another 11 of the top 20 ranked risks, families in the programme for more than 12 months appear to be making the most progress (**Figure 4.17**). These were mainly linked to adult and relationship indicators (for example domestic abuse (adult harm) and suspected or reporting relationship dysfunction). However, note that to date only 52 families have exited the programme after more than 12 months.

Figure 4.16 7 risk factors where the percentage of families reporting a reduction 'peaked' at those supported for 4 – 6 months



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Figure 4.17 11 risk factors where percentage of families reporting a reduction 'peaked' at those supported for over 12 months



Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Table 4.7 Top 20 ranked risks, based on percentage point reduction, by duration of support (in months)

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Adult	Parenting anxiety or frustration	-20.45	-7.38	-15.91	-30.22	-21.05	-25.00
Adult	Problems with discipline and boundary setting	-20.25	-7.38	-17.53	-28.36	-21.93	-17.31
Child	Persistent disruptive behaviour	-8.69	-3.28	-5.52	-11.19	-13.16	-7.69
Adult	Suspected or reported stress or anxiety	-8.59	-3.28	-7.14	-9.33	-10.09	-19.23
Child	Persistent disruptive and violent behaviour	-7.77	-4.10	-2.92	-13.43	-8.77	-11.54
Child	Suspected or reported stress or anxiety	-6.44	-3.28	-5.52	-8.58	-7.02	-5.77
Family	Domestic abuse (adult harm)	-5.01	-0.82	-8.12	-3.36	-3.95	-9.62
Family	Some difficulties in keeping up with debt repayments, household bills or rent	-4.60	-0.82	-2.92	-8.21	-4.39	-5.77
Child	Suspected or reported bullying issues (victim)	-4.50	-0.82	-2.60	-9.33	-3.07	-5.77
Family	Suspected or reported relationship dysfunction (no counselling)	-4.29	-2.46	-4.55	-5.22	-2.19	-11.54
Family	Family reporting social isolation	-3.99	0.00	-1.30	-5.60	-6.14	-11.54
Family	Poor quality housing with significant cold, damp or mould problems	-3.89	-1.64	-2.27	-4.85	-5.26	-7.69
Family	Domestic abuse (child harm)	-3.68	-2.46	-5.19	-2.24	-3.07	-7.69
Family	Workless family (over 12 months)	-3.37	-0.82	-1.30	-3.36	-4.82	-15.38
Child	Achieving below expected levels for age (no known special educational needs)	-2.97	-0.82	-0.32	-7.46	-2.63	-1.92
Child	Persistent unauthorised school absence	-2.97	0.82	-2.92	-4.48	-3.07	-3.85
Family	Historical incidence of domestic abuse (over 12 months); separated	-2.86	-3.28	-3.57	-1.12	0.00	-19.23
Family	No history of work within family	-2.76	0.82	-2.27	-1.87	-5.26	-7.69
Family	Relationship dissolution (divorce or permanent separation)	-2.56	-4.10	-2.60	0.00	-0.44	-21.15
Family	Family involved in neighbour disputes	-2.56	0.00	-1.62	-1.49	-6.58	-1.92
Base		978	122	308	268	228	52

Source: IFMIS analysis. Base = all families with an entry and exit record. Highlighted cells show where the change for one duration category is over five percentage points higher than any of the other duration categories.

As shown in **Table 4.8**, families involved in Improving Futures for three months or less are less likely to make improvements in most strengths than families involved for more than three months. For example, around 10% of families with up to three months of support made improvements in appropriate boundary setting for children compared to around 30% of families with a duration of four months or more. Again, this is in part related to the fact that families with lower durations of involvement tend to have a better baseline position and therefore may be less likely to show improvement over time.

Table 4.8 Top 20 ranked strengths, based on percentage point increase, by duration of support (in months)

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Adult	Appropriate boundary-setting for children	21.27	9.02	10.71	29.48	30.26	30.77
Child	Regular participation in sports or leisure activities	17.69	4.92	8.12	25.00	28.07	21.15
Family	Moderation of TV watching and computer use	16.26	1.64	12.34	22.01	23.25	13.46
Adult	Listening to and reading with the child(ren) on a regular basis	16.16	7.38	8.44	26.87	17.98	19.23
Child	Regular participation in play opportunities	16.16	8.20	8.12	22.01	23.68	19.23
Adult	Supporting with school work / homework	15.75	5.74	6.49	23.88	21.93	25.00
Child	Regular participation in exercise or physical activity	15.64	4.10	5.84	21.27	27.19	21.15
Child	Regular contact with friends outside of school	15.54	3.28	9.42	20.15	25.44	13.46
Family	Active and regular support and contact with friends or community members	14.01	6.56	10.06	17.16	21.49	5.77
Adult	Parental awareness of safe practices	14.01	9.02	6.17	20.90	17.54	21.15
Family	Regular bedtimes, mealtimes and school routine	14.01	0.00	10.71	23.88	17.54	0.00
Child	Supportive peer friendships at school	13.50	4.10	9.09	13.81	22.37	21.15
Adult	Regular F2F contact with school staff, rep positive relationships	11.66	2.46	4.87	16.79	18.42	17.31
Adult	Attending regular play sessions with the child(ren)	11.55	7.38	5.84	18.28	13.16	13.46
Family	Family budget in place, and being actively managed	11.35	0.82	8.12	16.04	17.54	3.85
Family	Regular participation in family activities	11.35	2.46	6.82	16.42	17.98	3.85
Adult	Participation in structured family learning activities	11.35	5.74	6.82	15.67	16.23	7.69
Child	Attending dental care appointments	11.15	2.46	3.25	17.16	18.42	15.38
Child	Attending routine GP appointments, health checks and immunizations	10.94	2.46	3.25	18.28	16.67	13.46

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Child	Group membership - involvement in local and community organisations	10.74	8.20	6.49	13.06	14.04	15.38
Base		978	122	308	268	228	52

Source: IFMIS analysis. Base = families with an entry and exit record. Highlighted cells show where the change for one duration period is over five percentage points higher than any of the other duration periods.

4.3.2 Country

Table 4.9 shows how the percentage point changes in the twenty most reduced risks differ between countries of the UK. It is important to note that differences observed between countries are likely to reflect the varied number, size and characteristics of projects within those countries rather than intrinsic differences in performance relating to the socio-political context within the individual countries.

Families in England have made the most progress (compared to other countries) with regards to difficulties in keeping up with debt repayments, households bills or rent (with the proportion of families having this issue falling by 5.3 percentage points compared to a UK average of 4.6), poor quality housing (5.1 percentage point improvement compared to UK average of 3.9), children achieving below the expected levels for their age without SEN status (3.9 percentage point improvement compared to UK average of 3.0) and persistent unauthorised school absence (3.8 percentage point improvement compared to UK average of 3.0).

Unsurprisingly, given the focus of the project in Belfast, families in Northern Ireland have been driving the overall reduction in domestic abuse. The percentage of families in Northern Ireland experiencing domestic abuse involving adult harm fell from 83% to 43% - while the numbers experiencing domestic abuse involving child harm dropped from 59% to 29%. Northern Ireland has also seen much higher than average reductions in both adult and child stress and anxiety and relationship dissolution.

Families in Scotland have experienced the highest reductions in the three top ranked risks: parenting anxiety or frustration (35 percentage point improvement compared to UK average of 20), problems with discipline and boundary setting (34 percentage point improvement compared to UK average of 20) and persistent disruptive behaviour (15 percentage point improvement compared to UK average of less than 9). Families in Scotland also performed better than other countries with the regard to improvements in persistent disruptive and violent behaviour, children being a victim of bullying and families reporting social isolation.

Families in Wales have performed better than average in improvements in problems with discipline and boundary setting, persistent disruptive behaviour, children being a victim of bullying and families reporting social isolation.

Table 4.9 Top 20 ranked risks, based on percentage point reduction, by country

Indicator type	Indicator	Total	England	Northern Ireland	Scotland	Wales
Adult	Parenting anxiety or frustration	-20.45	-20.51	-7.78	-35.24	-18.18
Adult	Problems with discipline and boundary setting	-20.25	-19.32	-4.44	-34.29	-22.73
Child	Persistent disruptive behaviour	-8.69	-7.69	1.11	-15.24	-12.63
Adult	Suspected or reported stress or anxiety	-8.59	-7.86	-18.89	-9.52	-5.56
Child	Persistent disruptive and violent behaviour	-7.77	-8.72	0.00	-9.52	-7.58
Child	Suspected or reported stress or anxiety	-6.44	-5.98	-18.89	-2.86	-4.04
Family	Domestic abuse (adult harm)	-5.01	-1.88	-40.00	-1.90	0.00
Family	Some difficulties in keeping up with debt repayments, household bills or rent	-4.60	-5.30	-3.33	-4.76	-3.03
Child	Suspected or reported bullying issues (victim)	-4.50	-4.62	1.11	-6.67	-5.56
Family	Suspected or reported relationship dysfunction (no counselling)	-4.29	-1.71	-24.44	-2.86	-3.54
Family	Family reporting social isolation	-3.99	-3.42	0.00	-10.48	-4.04
Family	Poor quality housing with significant cold, damp or mould problems	-3.89	-5.13	-1.11	-1.90	-2.53
Family	Domestic abuse (child harm)	-3.68	-1.54	-30.00	0.00	0.00
Family	Workless family (over 12 months)	-3.37	-4.27	-4.44	-2.86	-0.51
Child	Achieving below expected levels for age (no known special educational needs)	-2.97	-3.93	0.00	-0.95	-2.53
Child	Persistent unauthorised school absence	-2.97	-3.76	-1.11	-0.95	-2.53
Family	Historical incidence of domestic abuse (over 12 months); separated	-2.86	-1.20	-16.67	0.95	-3.54
Family	No history of work within family	-2.76	-2.39	-6.67	-3.81	-1.52
Family	Relationship dissolution (divorce or permanent separation)	-2.56	-2.22	-10.00	-1.90	-0.51
Family	Family involved in neighbour disputes	-2.56	-2.74	-1.11	-1.90	-3.03
Base		978	585	90	105	198

Source: IFMIS analysis. Base = families with an entry and exit record. Highlighted cells show where the change for one country is over five percentage points higher than any of the other countries.

In terms of strengths, families in England have made greater improvements than families in other countries on a number of indicators including: children’s regular participation in sports or leisure activities; adults listening to and reading with the children on a regular basis ; adults supporting their children with school work or homework; children’s regular participation in exercise or physical activity; regular contact with friends outside of school; parental awareness of safe practices; supportive peer friendships at school; regular face-to-face between parents and school staff; active management of a family budget; and attending routine health appointments (Table 4.10).

Families in Scotland have, on average, experienced greater improvements than other countries in a number of indicators including: appropriate boundary setting for children; moderation of TV watching and computer use; regular participation in play opportunities; active and regular support and contact with friends or community members; regular bedtimes, mealtimes and school routines; adults attending regular play sessions with the children; regular participation in family activities; participation in structured family learning activities; and group membership.

Families in Wales in general experienced lower than average improvements in the majority of strength indicators.

Table 4.10 Top 20 ranked strengths, based on percentage point increase, by country

Indicator type	Indicator	Total	England	Northern Ireland	Scotland	Wales
Adult	Appropriate boundary-setting for children	21.27	23.59	5.56	32.38	15.66
Child	Regular participation in sports or leisure activities	17.69	20.85	3.33	17.14	15.15
Family	Moderation of TV watching and computer use	16.26	20.17	-12.22	22.86	14.14
Adult	Listening to and reading with the child(ren) on a regular basis	16.16	19.15	2.22	19.05	12.12
Child	Regular participation in play opportunities	16.16	18.29	6.67	20.95	11.62
Adult	Supporting with school work / homework	15.75	20.34	5.56	10.48	9.60
Child	Regular participation in exercise or physical activity	15.64	18.97	7.78	16.19	9.09
Child	Regular contact with friends outside of school	15.54	18.46	1.11	17.14	12.63
Family	Active and regular support and contact with friends or community members	14.01	16.75	-8.89	19.05	13.64
Adult	Parental awareness of safe practices	14.01	17.78	-1.11	12.38	10.61
Family	Regular bedtimes, mealtimes and school routine	14.01	17.26	-15.56	24.76	12.12
Child	Supportive peer friendships at school	13.50	16.24	3.33	15.24	9.09
Adult	Regular F2F contact with school staff, rep positive relationships	11.66	13.50	10.00	7.62	9.09
Adult	Attending regular play sessions with the child(ren)	11.55	13.33	-1.11	21.90	6.57

Indicator type	Indicator	Total	England	Northern Ireland	Scotland	Wales
Family	Family budget in place, and being actively managed	11.35	16.24	-10.00	5.71	9.60
Family	Regular participation in family activities	11.35	13.68	-3.33	20.00	6.57
Adult	Participation in structured family learning activities	11.35	12.82	5.56	14.29	8.08
Child	Attending dental care appointments	11.15	13.50	5.56	10.48	7.07
Child	Attending routine GP appointments, health checks and immunizations	10.94	13.16	5.56	8.57	8.08
Child	Group membership - involvement in local and community organisations	10.74	10.77	3.33	19.05	9.60
Base		978	585	90	105	198

Source: IFMIS analysis. Base = families with an entry and exit record. Highlighted cells show where the change for one country is over five percentage points higher than any of the other countries...

4.4 Relationships Between Outcomes

The analysis thus far has presented the changes observed in each indicator in isolation. However, we would expect to see many of the outcomes measured through IFMIS to be significantly related to each other. In other words, an improvement in one area is likely to be accompanied by an improvement in many other areas.

In order to test these relationships, we undertook factor analysis to identify “clusters” of outcomes that appear to be closely related across the dataset. This method is explained in more detail in Annex Two.

In summary, the analysis suggests that, in general, strengths and risks tend to be relatively independent of each other. Whereas a number of strengths cluster together (i.e. where a family improves in one strength, it tends to improve in a number of other strengths) and a number of risks cluster together (although risks tend to be less clustered than the strengths), there is little evidence of clusters that include both strengths and risks.

The factor analysis identifies five potential underlying changes (or factors) that appear to be driving the outcomes observed in the data. Below and overleaf, for each factor we present a list of indicators that are associated with that factor, in rank order with the most closely related indicators at the top. We also denote whether the correlation between the specific indicator and whether the factor is positive (i.e. both factors are changing in the same direction, so if one indicator increases, the other also increases) or negative (i.e. both factors are changing in the opposite direction, so if one indicator increases, the other decreases).

4.4.1 Factor 1 - Improvement in Family Routines

The results suggest that there is a significant relationship between the routines and structures that families have implemented over the course of the programme (Table 4.11). For example, families that have successfully implemented a moderation of TV watching and computer use tend also to have implemented bedtime and mealtime routines, regular participation in family activities and appropriate boundary setting for children. These families have also improved on a number of other strengths, including community relationships and extra-curricular activities. The highest ranking risk on this list is problems with discipline and boundary setting. As expected, this is negatively related to family routines although, due its low ranking, the correlation is relatively weak.

Table 4.11 Factor 1: Improvement in family routines

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Strength	Family	Moderation of TV watching and computer use	Positive
2	Strength	Family	Regular bedtimes, mealtimes and school routine	Positive
3	Strength	Family	Regular participation in family activities	Positive
4	Strength	Adult	Appropriate boundary-setting for children	Positive
5	Strength	Adult	Listening to and reading with the child(ren) on a regular basis	Positive
6	Strength	Adult	Supporting with school work / homework	Positive
7	Strength	Family	Family budget in place, and being actively managed	Positive
8	Strength	Family	Active and regular support contact with friends or community members	Positive
9	Strength	Adult	Attending regular play sessions with the child(ren)	Positive
10	Strength	Family	Strong and supportive relationships within the immediate family	Positive
11	Strength	Child	Regular participation in exercise or physical activity	Positive
12	Strength	Child	Regular participation in play opportunities	Positive
13	Strength	Adult	Participation in structured family learning activities	Positive
14	Strength	Family	Adult family members accessing appropriate benefit entitlements	Positive
15	Strength	Child	Regular contact with friends outside of school	Positive
16	Strength	Adult	Parental awareness of safe practices	Positive
17	Strength	Child	Regular participation in sports or leisure activities	Positive
18	Strength	Family	Active and regular supportive contact with grandparents / other relatives	Positive

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
19	Strength	Adult	Informal volunteering - helping out friends, family or local people	Positive
20	Strength	Adult	Regular F2F contact with school staff, rep positive relationships	Positive
21	Strength	Child	Group membership - involvement in local and community organisations	Positive
22	Strength	Child	Supportive peer friendships at school	Positive
23	Risk	Adult	Problems with discipline and boundary setting	Negative
24	Strength	Adult	Group membership - involvement in local and community organisations	Positive
25	Strength	Family	Regular involvement of non-resident parent(s)	Positive
26	Risk	Child	Persistent disruptive and violent behaviour	Negative
27	Strength	Adult	Entry level or below	Positive
28	Strength	Adult	Full time employment	Positive

Source: IFMIS data. Base = all families with an entry and exit record (978)

4.4.2 Factor 2 – Improvement in Family’s Financial and Relationship Situation

The second factor suggests a clustering of outcomes relating to the family’s financial situation (Table 4.12). This includes reductions in worklessness and improvements in a family’s ability to keep up with debt repayments. This is also associated with improvements in adult relationships in the family. Interestingly, take-up of child tax credits and free childcare entitlements are positively related to this factor. This suggests that those improving their financial and relationship situation are more likely to no longer take up their entitlements, perhaps due to moving into a situation where they are no longer entitled to certain benefits.

Table 4.12 Factor 2: Improvement in family’s financial and relationship situation Rank

	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Strength	Family	Take-up of Child Tax Credits	Positive
2	Risk	Family	Relationship dissolution (divorce or permanent separation)	Positive
3	Strength	Family	Take-up of free childcare entitlements	Positive
4	Risk	Family	Historical incidence of domestic abuse (over 12 months); separated	Positive
5	Risk	Family	Workless family (over 12 months)	Positive
6	Risk	Family	Suspected or reported relationship dysfunction (no counselling)	Positive
7	Risk	Family	No history of work within family	Positive
8	Risk	Family	Family reporting social isolation	Positive
9	Risk	Family	Some difficulties in keeping up with debt repayments, household bills or rent	Positive
10	Risk	Family	One or more family members in continuous employment (past 12 months)	Positive
11	Strength	Adult	Part time employment (more than 16 hours per week)	Negative
12	Risk	Adult	Diagnosed emotional or behavioural disorder	Positive

Source: IFMIS data. Base = all families with an entry and exit record (978)

4.4.3 Factor 3 – Improvements in Children’s and Adults Stress and Anxiety Levels

There is evidence of correlation between adult and child mental health (**Table 4.13**). Families where there has been a change in suspected or reported stress or anxiety in children tend to be the same families where there has been an improvement in adult stress or anxiety. Improvements in parenting anxiety and frustration and persistent disruptive behaviour in children are also positively related to this factor.

Table 4.133 Factor 3: Improvements in children’s and adults stress and anxiety levels

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Strength	Child	Attends routine GP appointments, health checks and immunizations	Positive
2	Risk	Child	Suspected or reported stress or anxiety	Positive
3	Strength	Child	Attending dental care appointments	Positive
4	Risk	Adult	Suspected or reported stress or anxiety	Positive
5	Risk	Adult	Parenting anxiety or frustration	Positive
6	Risk	Child	Persistent disruptive behaviour	Positive
7	Strength	Child	Occasional participation in sports or leisure activities	Positive
8	Risk	Adult	Basic literacy or numeracy skills	Positive
9	Risk	Child	Ach below expected levels for age (no known special educational needs)	Positive
10	Risk	Child	Other physical health problems	Positive
11	Risk	Adult	Other mental health problems	Positive
12	Risk	Adult	Low financial capability skills	Positive
13	Risk	Adult	No qualifications	Positive
14	Risk	Child	Occasional unauthorised school absence	Positive
15	Risk	Adult	Other physical health problems or lifestyle factors	Positive

Source: IFMIS data. Base = all families with an entry and exit record (978)

4.4.4 Factor 4 – Improvements in the Diagnosis of Child behavioural and Educational Issues

It should be noted that the correlations within Factor 4 are relatively weak (Table 4.14). However, the analysis suggests a reverse relationship between diagnosed of ADHD/ASD and SEN and suspected ADHD/ASD and SEN. This suggests that, not only are some children being diagnosed with these issues during the course of the programme but that generally the same children are receiving diagnosis and assistance for both ADHD/ASD and SEN.

Table 4.144 Factor 4 – Improvements in the diagnosis of child behavioural and educational issues

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Risk	Child	Suspected ADHD / ASD or conduct disorder (undiagnosed)	Negative
2	Risk	Child	ADHD / ASD or conduct disorder (diagnosed)	Positive
3	Risk	Child	Achieve below expected levels for age (special educational needs with statutory statement)	Positive
4	Risk	Child	Achieve below expected levels for age (special educational needs suspected)	Negative
5	Risk	Child	Persistent unauthorised school absence	Positive
6	Risk	Family	Poor quality housing with significant cold, damp or mould problems	Positive
7	Risk	Child	Suspected or reported bullying issues (victim)	Negative
8	Risk	Family	High levels of noise / chaotic home environment	Positive
9	Risk	Child	Low-level behavioural difficulties	Positive

Source: IFMIS data. Base = all families with an entry and exit record (978)

4.4.5 Factor 5 – Improvements in Domestic Abuse and Child Safety

The final cluster of outcomes suggests that the families experiencing a reduction in domestic abuse involving adult harm are also generally experiencing a reduction in domestic abuse involving child harm, combined with an improvement in child protection concerns (Table 4.15). The analysis suggests a reverse relationship with some other risks, including living conditions. This may suggest that families escaping domestic abuse have also moved into inferior living conditions, although at this level the correlations are relatively weak.

Table 4.155 Factor 5 – Improvements in domestic abuse and child safety

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Risk	Family	Domestic abuse (adult harm)	Negative
2	Risk	Family	Domestic abuse (child harm)	Negative
3	Risk	Child	Child protection concerns	Negative
4	Risk	Family	Family living in temporary accommodation	Positive
5	Risk	Family	Family involved in neighbour disputes	Positive
6	Risk	Family	Overcrowded living conditions	Positive
7	Risk	Child	Achieved below expected level for age (special educational needs with school provision no statement)	Negative
8	Risk	Adult	Heavy smoker	Positive
9	Risk	Family	Difficulties in keeping up with debt repayments, household bills or rent	Positive
10	Risk	Child	Past child protection issues but no longer	Negative
11	Strength	Adult	Level 3 or above accredited course	Negative

Source: IFMIS data. Base = all families with an entry and exit record (978)

4.5 Summary

This chapter has provided a more detailed analysis of the IFMIS data. The key findings include:

- There are encouraging signs that families with free school meal status have made more progress than non-FSM families on a number of indicators, including worklessness.
- The analysis suggests that, across many risks and strengths, BME children consistently made less progress on average than White British children. However, the picture is less clear cut for BME adults who out-perform White British adults on some indicators. Nevertheless, there is a suggestion that, while many Improving Futures projects have been successful in engaging BME families in their area, the extent to which these families benefited from the programme may be more mixed.
- In the vast majority of adult indicators, women made more progress than men, suggesting that projects have been more successful at improving the outcomes of female adult members of the family relative to male adults.
- In general, the longer the family has been participating in the project, the more likely they are to have experienced improved outcomes. For some outcomes (including parenting anxiety and frustration, and problems with discipline and boundary setting), the level of improvement seems to “peak” for families experiencing an intervention of 4-6 months. However, families involved for up to three months tend to have less complex needs anyway when entering the programme.
- The clustering of outcomes suggests that there is a strong correlation between the improvement in different strengths, including family routines and relationships, but there is much weaker relationship between these improving strengths and reducing risks, for example behaviour. The evidence suggests that a reduction in persistent disruptive behaviour is much more closely aligned to reduced parenting anxiety or frustration and general stress and anxiety levels among both adults and children.

5.0 Families' Experiences of Support

Key findings

- ✓ **For the most part, parents interviewed had positive initial impressions about the programme**, believing the offer to be a good idea, though some were reticent or actively resisted the approaches of the project staff in the first instance.
- ✓ **Motivations for engaging generally focused on gaining outcomes for the children** of the family rather than for the parents themselves. In some of the families interviewed, **fathers were less well engaged** but this was often as a result of working patterns. One parent noted that it would be useful if activities for dads were able to be planned on a weekend so they could attend.
- ✓ The research indicates that, on the whole, **families were extremely positive about their relationships with the Improving Futures projects**. Parents also commonly spoke of the good relationships their children had with their key workers. Families felt the personality and the manner assumed by the key workers was vital. The clear demarcation from statutory services was often important to the families.
- ✓ The qualitative interviews and survey further underlined the importance of key workers as part of the programme. **In many cases, the key worker relationship was considered to be the most important factor in the success of the programme, from families' perspectives**. For many, having access to emotional support from their key worker was significant and made a difference to their mental well-being. In other cases, reducing their isolation through attending group activities was important.
- ✓ Participants in the evaluation's Family Advisory Panel highlighted that **key workers were often able to identify unmet need whilst working with families and refer them on to other services**. Key worker advocacy and support for families dealing with other agencies was frequently experienced by interviewees, particularly in relation to statutory services.
- ✓ The **positive activities offered via the programme were unanimously well-received**. Parents gave a range of reasons for appreciating the offer: these varied from being able to meet other people to finding out about things to do in the area, and most importantly, being able to spend quality time together as a family. Parents described their children being more confident after socialising more and attending activities, with parents often also feeling more confident and less stressed.
- ✓ There was a **significant emphasis on parenting support across the Improving Futures projects**, be it formally through the provision of courses, or informally through advice and practical support to develop strategies for managing behaviour or communicating more effectively. **Whatever the guise of the support, parents felt that they had been able to make significant and positive changes** to their households, improving their confidence in their own abilities as parents.
- ✓ The qualitative interviews showed numerous examples of children refusing to go to school or behaving badly while in attendance. A number of parents talked about how their **child's behaviour had improved** as a result of the project. Parents talked about their children being happier and more settled at school, receiving good feedback from teachers. Project staff cited some examples of children with severely disruptive and violent behaviour, who were not represented within the qualitative research.

- ✓ Projects had **adopted a range of approaches to support their children through play and learning**. This included encouraging families to participate in structured activities together, as well as the key workers attending regular play sessions with children on a one to one basis.
- ✓ The qualitative research provides some insights to the **low levels of improvement to the employment risk factors and strengths**. Aside from the programme not having an explicit focus on employability, parents described that the perception of being 'better off' accessing benefit entitlements (especially linked to high childcare costs) was a push factor for moving into work. Moreover, none of the families who were interviewed considered employment to be a motivating factor when they initially engaged with the project. These issues will be explored further in year three of the evaluation.

5.1 Introduction

In the previous chapters we examined the changes in families' risks and strengths based on the data available from IFMIS. In chapter three, we now go on to explore families' own accounts of the support they received from projects funded by the Improving Futures programme; the differences that this made to their lives, and how such changes were brought about. Findings are drawn from the beneficiary survey, qualitative interviews with families who received support and the evaluation's Family Advisory Panel.

It is important that the findings in this chapter are read in conjunction with the findings from IFMIS in the previous chapters, as it is likely that the findings in this chapter overstate the changes in families' circumstances brought on by their involvement in Improving Futures. This is due to a number of factors:

1. **Selection bias:** By the very nature of research with beneficiaries we are only able to interview families who have fully engaged with the projects. As projects supported the evaluation in recruiting families to participate, it is also possible that projects targeted the recruitment at families who have had a more favourable experience of their support. Families who disengaged with the support or who had a negative experience are therefore likely to be underrepresented in the sample of families we spoke to.
2. **Response bias:** It is possible beneficiaries overstate the benefits of support when being interviewed, due to a desire to please the researcher and project¹⁵, and a reluctance to disclose some personal details.

The evaluation has undertaken a series of actions to reduce the potential for these biases, including interviewing families at a time and place comfortable for them to increase engagement and reduce selection bias, and by reinforcing the anonymous nature of the interviews and our desire for honest accounts to reduce response bias. However, despite these actions it is inevitable that the interview accounts have been affected by some bias, and readers should bear this in mind when reviewing them.

¹⁵ Knox and Bukard, 2009. Qualitative Research Interviews in *Psychotherapy Research* Vol. 19, Number 4 – 5 (July – September 2009).

5.2 Engaging Families

5.2.1 Initial Engagement

As the year one report identified, many families involved in Improving Futures are experiencing multiple disadvantages and for most, Improving Futures is not their first experience of receiving support. Many families have multiple agencies involved, particularly relating to school: this may include speech therapy, school psychologists and education welfare officers. A number of families come to the projects following interaction with Social Services – an experience which was often perceived as poor.

Families who were interviewed generally came into contact with the projects as a result of a referral from another agency. The beneficiary survey showed that this was often someone from their child's school, with half of the respondents finding out about the projects in this way. Some interviewees were given leaflets about the projects, with others being approached by a member of staff or head teacher as a route to addressing particular issues around parenting or behavioural difficulties for example. Other referral routes were varied, and included social services (7%) and other charities (10%). Word of mouth was a factor for a small number of survey respondents, with 9% finding out about the project through friends or family. However, with 91% coming to the project through a statutory agency or charity, this suggests that a high number of families participating in Improving Futures have also received a level of support from other agencies at some point. This was borne out by the survey which showed that 65% of respondents had received support from at least one other agency in the past 12 months.

For the most part, parents interviewed had positive initial impressions about the project, believing the offer to be a good idea. This was the case despite families sometimes having had negative previous experiences of dealing with services and therefore viewing the available support with some cynicism. In some cases, parents were keen to receive help but had not known how to access it or where to find it:

"I had always wanted support but I hadn't reached out before – I had depression so didn't want to ask for help." (Parent)

"I had thought about getting some support but I never knew there was help before the project came along." (Parent)

One family were offered a range of options where they could access support, a list which included counselling, mental health support and the Improving Futures project.

"It sounded the least scary option... It didn't seem as formal as the other things... I've done the psychiatry routes and they don't seem to work for me." (Parent)

In other cases, families were reticent about engaging or actively resisted the approaches of the project staff in the first instance. For one, this was the result of an initial fear that the project was linked to social services.

"I thought it was Social Services so I said 'no, you can't help, there's nothing wrong here'...but we got involved with them and realised they could help." (Parent)

Another parent was sceptical that the project would be just like previous support she had accessed before.

"Until I met the lady, I wasn't really excited to join. I thought it was another one of those courses... at first I was doing it to cooperate, but then I got interested." (Parent)

Motivations for engaging generally focused on gaining outcomes for the children of the family rather than for the parents themselves. When beneficiary survey respondents were asked about what they hoped to achieve from taking part in the project, more than half (55%) wanted to improve their children's home life, with 47% also wanting to improve their children's school life. In comparison, only 28% engaged with the project primarily to improve their own wellbeing, as they initially perceived a greater need for their children.

5.2.2 Building the Relationship with the Family

The research found that on the whole, families were extremely positive about their relationships with the Improving Futures projects. Amongst the interviewees, interaction was generally focused on the key worker with families having little or no contact with other project workers. Responses to the beneficiary survey bore this out, with 83% having contact with one particular person at the project. However, this appeared to be a positive aspect of the delivery, with interviewees unanimously enthusiastic about their keyworkers where such a role was set in place, and describing strong relationships with them. In some cases, respondents described the key workers as being like a friend to them, or a parental figure.

"Our family navigator has been very friendly, helpful and supportive." (Parent)

As might be expected, families felt the personality and the manner assumed by the key workers was vital. This corroborates with observations made by the projects themselves, as reported in Chapter 2. Parents interviewed often talked about trust in their relationship with their key worker, and that they knew they could rely on them to look after their best interests:

"My children love our key worker. They are nice people, they make you feel like a friend, they don't look down on you." (Parent)

"They're all so lovely and compassionate and you need that. The most important thing is to have a heart and that really helps because it gains trust, and once you've got that you feel a lot more comfortable." (Parent)

Patience was also particularly important when developing approaches to working with children.

"I think my son has made better progress with (key worker) because she hasn't been pushy." (Parent)

The projects' ability to show a clear demarcation from statutory services was important to the families, as there was generally a significant distrust of other organisations - particularly Social Services. The whole family approach was important in this respect and helped one parent to feel reassured about their involvement in the project, because the key worker was engaging them as well as their children, removing fear about the motivation for the support.

"Working with us all, the whole family, was really important. We weren't sitting at home thinking 'I wonder what these people want?'" (Parent)

5.3 Participants' Experiences of Receiving Support

The qualitative research provided further insights to families' experiences of receiving support from the projects. The following summarises some of the main points to emerge from this strand of the work.

5.3.1.1 Whole Family Working

"[Other] support I have is about me, but Teulu Ni is really about all of us." (Parent)

While some families did not involve their children in the assessment and action planning process, there were no examples in the qualitative research of families not engaging holistically: children were always involved, and in some cases, extended family members were also engaged.

Key workers generally took an inclusive approach: while they might not always be working with all family members together all the time, the research found that they would encapsulate all their needs. One family's key worker would work with the two children both on their own and together, and would also work with the mum and partner without the children – an approach described by the parent as being really good. In another case, a grandmother received support to address issues which were negatively impacting on her grandson, with the key worker accompanying her to appointments, supporting her to use public transport and to deal with anxiety issues she had.

In some of the families interviewed, fathers were less well engaged but this was often as a result of working patterns. One parent noted that it would be useful if activities for dads were able to be planned on a weekend so they could attend. However, one dad described how he felt really supported by the project in his role as a single father, particularly as his experience was that many services lean towards supporting mothers. Another father had taken part in the 'Family Guy' project which encourages fathers to get involved in community activities with their children.

It is clear from all the research findings that the key workers are crucial to the Improving Futures model, and appear to be the crux of its success for participants. Parents highly valued key workers for their flexibility, accessibility and the range of support they could provide, which fell into three main categories. This section of the report explores the emotional support, the practical support and the financial support offered to families by their key workers.

5.3.1.2 Emotional Support

The majority of parents engaged in the qualitative research talked about the importance of the emotional support they had received from their key worker. Parents appreciated knowing there was someone there for them at any time, and the value of having a listening ear was significant for the interviewees; this was arguably one of the most beneficial aspects of the support for those involved in the research.

"What really makes a difference is having someone to talk to, that you can call at any time, which really makes a big difference." (Parent)

"The personal help I got was amazing... the key worker was there for anything I needed... they're really compassionate with what they do... it's not just a thing – they really listen to you and your family. They listen to you personally and put you on to what will help you best." (Parent)

5.3.1.3 Practical Support

The practical support offered to parents by the key worker was extremely varied and responsive to whatever situation parents found themselves in at a given time. For those involved in the qualitative interviews, the practical support was often about the project worker modelling behaviours and strategies for the families, whether that be for their interactions with each other or for dealing with outside agencies such as creditors or statutory bodies. Parents talked about how the key worker would explore different ways of doing things or make suggestions for new approaches:

"Sometimes it's a bit of a pat on the back and a 'you handled that really well', and other times it's a 'have you tried it this way?'" (Parent)

"Every problem I've had she's [the key worker] given me a strategy to deal with it." (Parent)

However, practical support has also involved supporting parents to undertake tasks. One described how it had been helpful to have another pair of hands to take the kids swimming or to the supermarket. Others received support to deal with neighbour disputes, to approach the Citizens Advice Bureau, or to fill in forms.

5.3.1.4 Support with Finances

Debt and finances were a significant issue for the participants in the research. As Chapter 4 reports, 12% of families exited from support had some difficulties in keeping up with debt repayments, household bills or rent at the point of engaging with the project.

Key workers employed a range of approaches to supporting parents to deal with debt and finance issues. This often involved acting as an intermediary to other organisations or helping the parent in practical terms: one parent was helped to apply for government funding to move house, and her key worker also helped her fill in a range of other forms. Many families spoke of being supported to access the Citizens' Advice Bureau to find help to deal with debt problems.

In other cases, financial help was more direct. Some participants received help with travel costs to attend days out or other activities, which was of particular importance for those living in rural areas where public transport is infrequent and expensive. Other families were supported through financial help from the project to make purchases: some projects had budgets to buy larger items for families such as beds and furniture, and one parent received some funds to buy Christmas presents. Some parents had been able to access paid childcare to enable them to attend courses.

5.3.1.5 Positive Activities

As part of the Improving Futures offer, families have been involved in a range of positive activities. These have been as varied as family trips to the park or beach, through to group outing to dry ski slopes. Other activities have included pottery painting, a trip to Kew gardens and a family cookery course. Such activities were often delivered in the context of families who lacked the time, resources, or self-confidence to spend leisure time together in this way, or for whom other problems in their lives had put a strain on relationships within the family. The Teulu Ni project in Gwynedd aims to help its families make the most of their rural location, and parents there have been encouraged to access their local countryside – parents interviewed had been taken on trips to a range of sites nearby.

The positive activities have been unanimously well-received. Parents gave a range of reasons for appreciating the offer: these varied from being able to meet other people to finding out about things to do in the area, and most importantly, being able to spend quality time together as a family.

"It really helps as we're so isolated, so it helps us build connections with other families going through similar things, so we don't feel so alone... it helps socially isolated people like myself have a social network and go on trips and gets us out of the house, it pushes us that little bit more." (Parent)

"It was stuff we were never able to do as a family, and it was nice for the kids to go with other children with a similar background... It's quality time with us and the kids. We've all done something nice together, this isn't something we used to do." (Parent)

"I really enjoy it, it is fun, I have met people and made friends." (Child)

Positive activities have not just involved organised trips. One family had their garden redesigned by the project, involving the family in planting vegetables and teaching them how to cultivate it. A year later, they are still growing vegetables and have added to the planting this year. The impact of this has been multiple: the family have a better environment to live in, the children spend more time outside and they all have access to a better diet while reducing their expenditure on food.

5.3.1.6 Supporting Children

The research found a number of examples of key workers focusing their support on the children within a family. In some cases, parents interviewed spoke about their children having one to one time with their key workers on a regular basis either at home or in school. As with other aspects of Improving Futures, there was a clear ethos of finding the best approach for each child: referrals to play therapy were common, but one parent described how her autistic son would be attending art therapy as a more suitable alternative to his needs.

Parents commonly spoke of the good relationships their children had with their key workers.

“They really trust them and know they can talk to them.” (Parent)

Example: Addressing children’s behavioural issues

One project has been supporting a single mum with her five year old son’s behavioural issues. He did not like attending school and looked for excuses not to go, and he had difficulty managing his temper, often lashing out at his mum. The family was referred to the project after working with HomeStart and CAHMS, and after completing the Family Star with their support worker, behavioural issues were identified as the most pressing need. To address this, the support worker set up an action plan which the mum explained helped her to feel more in control. The support worker met with the mum one morning per week and both the son and mum together one afternoon a week. Together, they set up a ‘treat box’ and pocket money system to encourage the son to adapt his behaviour. The support worker also asked them to take pictures to show how well he had done to earn his treats. Although they had only been working with the project for around six weeks, the mother saw their engagement as beneficial already:

“It makes a difference to have someone else explaining the treat box to him, he will work harder for other people... the work she’s done so far has really benefitted us.”

5.3.1.7 Linking with other Support

Participants in the evaluation’s Family Advisory Panel highlighted that key workers were often able to identify unmet need whilst working with families and refer them on to other services. There were some examples of this found in the qualitative interviews. One parent noted that a lot of the support she has received has come about through general conversations with her key worker rather than through the action planning process. In one example, the parent had mentioned how fed up she was with the condition of her house and how much she wanted to redecorate and make it her own. This resulted in the key worker finding out about places the parent could buy furniture cheaply, as well as giving some financial support from the project itself. Another parent has been linked up with agencies the parent wasn’t aware of before meeting her key worker.

Advocacy in dealing with other agencies is more common, particularly in relationships with statutory services. A number of parents were receiving help from their key worker to liaise with the children’s school – in one case, the key worker would act as a third party with the school; she felt that the school weren’t really discussing an issue of her daughter being bullied with her. Another parent felt that school staff weren’t listening to her concerns before, so their key worker is advocating for her in meetings with the school. In another area, a family has received help to liaise with Social Services over their involvement in their case. In all such examples, parents have found the advocacy extremely helpful, giving them a voice and achieving results they felt they hadn’t been able to achieve on their own.

5.4 Families' Experiences of Change

This section explores the changes experienced by families through their participation in Improving Futures. It provides some context and interpretation of the outcomes reported in the previous chapter, from the perspective of the families.

Although this report categorises outcomes by type, it should be borne in mind that very few families dealt with one issue in isolation, so where there may be an improvement in a child's behaviour, it may be a result of some focused support for them or it could be due to the fact that they have been able to spend better quality time with their parents or that their parents are more confident after attending a parenting course. Equally, an improvement in other household influencers such as debt or mental health may have had an impact. However, it is not in question that the improvements outlined in this section have arisen as a result of participation in Improving Futures – parents involved in the research were clear about the impact the programme has had. As one parent noted,

"Our kids are calmer because we're calmer." (Parent)

5.4.1.1 Parenting Difficulties

There has been a significant emphasis on parenting support across the Improving Futures projects, be it formally through the provision of courses, or informally through advice and practical support to develop strategies for managing behaviour or communicating more effectively. Whatever the guise of the support, parents felt that they had been able to make significant and positive changes to their households, improving their confidence in their own abilities as parents.

"It has given me more confidence as a single Dad to think things through, before I was on auto pilot, but now I am able to think a little further ahead." (Parent)

One family attended a range of parenting courses which focused on how to interact with their children through play, looked at approaches to discipline and how to understand children's feelings. When interviewed, the parents were clear about the positive impact that the sessions had had on their approach to parenting their three children:

"We always gave our children love but coming to this group has changed us... we didn't have many people to back us up before but [keyworker] will stick with us and provide support." (Parent)

Other parents talked about how the parenting courses they attended had improved their communication with their children, resulting in both improved behaviour and family relationships.

"I'm talking to my children better now, not just nagging them. I'm finding different ways of approaching them, asking to them to do things." (Parent)

"The project has helped a lot as I was quite shouty, didn't really spend a lot of time with them. It shows you another way of dealing with them, wording things differently, and the difference is amazing." (Parent)

5.4.1.2 Child Behavioural Issues

As this chapter has outlined, a majority of referrals to Improving Futures projects are made by school heads or other staff. The qualitative interviews showed a number of examples of children refusing to go to school or behaving badly while in attendance.

A number of parents talked about how their child's behaviour had improved as a result of participating in the project. Parents talked about their children being happier and more settled at school, receiving good feedback from teachers.

Example: One-to-one support for children

A single parent and her six year old son were referred to an Improving Futures project by the son's headteacher as a result of his anxiety over attending school (stemming from separation anxiety), with the aim of improving his confidence. The key worker took a holistic approach and worked with the whole family, including the grandmother as it was thought some of her anxious behaviours were impacting and influencing her grandson. However, she also focused attention on the son, coming to the house and playing with him up to twice a week, building up trust and rapport.

The relationship has developed to the point where the key worker is now able to pick up the son from school and take him to the park alone which demonstrates significant progress. The mum explained how the key worker had shown her strategies to deal with her son's behaviour and that she has learnt from the way the key worker would give him choices and involve him in decisions. She has seen a significant change in her son: his confidence has improved and he is more settled at school, attending breakfast club without any problems. His speech has also improved and bedtime routines have improved, with her son even asking to go to bed sometimes. She feels this is because he has been able to make choices during the day.

"[The key worker] has made him feel so much better and his confidence is up... she's patient, fun, very understanding and shows him respect... it's a great project. I would recommend it – it's certainly helped me and my son."

5.4.1.3 Supporting Children through Play and Learning

Projects have taken a range of approaches to supporting children through play and learning. This has included encouraging families to participating in structured activities together, as well as the key workers attending regular play sessions with children on a one to one basis. Many children have been engaged in play therapy through Improving Futures. This was viewed extremely positively by those involved: the parents noted that their children enjoyed going to the sessions and positive outcomes have included improved behaviour and better family relationships.

"My oldest daughter will talk to me about her worries now." (Parent)

These approaches have often worked hand in hand with parents exploring new ways to interact with the children at the same time, as demonstrated in the example below.

Example: Play therapy

A family experiencing multiple problems including depression and alcohol abuse were supported by One Herts, One Family. Two of their three daughters had CAFs in place and all three were experiencing emotional difficulties including issues with toileting and refusing to speak. All three of the children were referred to play therapy by their key worker to good effect: their parents explained that “*They love it, completely. They can’t wait to go*”, and that they keep a folder with all the drawings they produce at the sessions. Their parents have also attended parenting courses and together they have been on days out and are playing more as a family after getting ideas for activities from their worker and the courses they attended.

The daughters have been getting good feedback from school, with all of them making appearances in the school’s golden book for good behaviour. Some of their troubling behaviours have also reduced – for example, the eldest daughter was ripping up paper as an outlet for her stress:

“They’ve done so much for our lives, they’ve helped us get more involved with our kids which we didn’t know how to before. It’s given us so much to think about.”

5.4.1.4 Child Participation in Positive Out-of-School Activities

The provision of positive activities has had a significant impact on participants in Improving Futures, with both adults and children alike experiencing positive outcomes from the range of activities offered across the programme. Parents describe their children as being more confident after socialising more and attending activities, and the impact is similar on parents.

“They’re around other children rather than being stuck in the house. They seem happier, a lot happier, because they can see me and dad are happier.” (Parent)

Example: The impact of positive activities

One Improving Futures project provided support to a family with four children, whose father suffered from depression and agoraphobia. After hearing about the project from the children’s school, they approached them specifically for help with finding after school clubs or somewhere for the children to socialise outside of school, not only for the children but also to give the mother opportunities to meet other parents – “I wanted to feel I was part of a support group and not by myself.” They participated in a number of trips which were organised with other families and the mother found this to be a great way of finding something to do with the kids. The children also attended a holiday club organised by the project.

As a result of their participation, the mother felt that her children were much more outgoing as they were very shy before. She also felt that she had benefited from the trips and the groups enormously – it helped her to know that there are other families in the same situation and she felt much less lonely.

5.4.1.5 *Marriage, Relationship or Family Breakdown*

Separation and relationship dysfunction are significant factors for many of the families engaged in Improving Futures. Over a third of families (38%) exited from support had dissolved relationships at the beginning of their support with the project, whilst 13% had suspected or reported relationship dysfunction.

The results from the beneficiary survey suggest that, for some participants, maintaining a strong relationship with a partner is secondary to addressing their child's needs. Only 39% of survey respondents had goals in their action plan relating to them and their partner, compared to almost 80% who had goals relating to their children.

A quarter of families exited from support had historical incidences of domestic abuse, whilst over one in six (17%) had domestic abuse between adults at the beginning of their support with the project. The qualitative interviews also showed that a number of families had previously experienced domestic abuse, and that this continued to exert an influence over their lives and the lives of their children.

The case study research did not identify many examples of relationship or marriage counselling interventions delivered within the context of the programme, although some projects did include delivery partners specialising in domestic abuse or counselling, and some external referrals were made where necessary. There were also some examples of key workers taking the opportunity to work on the relationships between adult family members, by providing time and support for them away from their children to focus on their own needs.

Example: Time with a partner

One project has provided support to a family with five young children, four of whom have a genetic disorder leading to significant health problems. On engagement with the project, they were experiencing significant problems with their housing, which was causing them great stress. The couple completed the outcomes star assessment with their key worker and felt it was very thorough, even including the relationship between them, which led to time together being incorporated into their action plan. The interviewee was surprised at this and thought it was great that someone wanted to help them focus on each other, as so much focus had historically been on the children. The parents felt like their relationship had improved because they have learnt to pay attention to each other as well as the children.

5.4.1.6 *Employment*

Only 22% of adults in families exited from support were in full-time or part-time employment when they began receiving support from the project. This figure marginally increased upon exit, to 26%. Although employment was not a key focus of the programme, the qualitative research did reveal some examples of participants receiving employment-focused support. One family had support to set up their own business, including courses on self-employment. A father attended an employment course which involved visiting and speaking to a range of employers, updating his CV and doing a range of qualifications. One father was referred to a local employment programme. However, none of these resulted in new employment being found. Additionally, some families were supported into volunteering. However, there were no examples within the family research of volunteering being used as a route to employment or with the main aim of building new skills. In the beneficiary survey, 12% of respondents felt their financial situation was improved: however, the findings from the qualitative interviews suggest this is a result of families resolving their debt issues rather than increasing their income.

There is limited evidence within the evaluation to explain why there has been minimal progress in supporting families into employment. One possible reason is that, even on exit, families were still very far from the labour market, and so entering employment remained a challenge. Over a quarter of adults (29%) still had suspected or reported stress or anxiety, 10% had other mental health problems, and one in six (16%) families had worklessness in their family for over 12 months. It is also possible that this is because very few families regarded the project as a route into employment: only 11% of those responding to the beneficiary survey identified employment as one of the main things they hoped to achieve for them and their family from taking part in the project. Decisions about whether families were 'better off' in employment or accessing benefit entitlements (especially linked to high childcare costs) had also influenced their decision-making in some instances.

This is an area we will explore further in the Year 3 Evaluation Report.

5.4.1.7 *Social and emotional wellbeing*

Isolation, loneliness and anxiety all presented as key issues for parents participating in the qualitative interviews. For many, having access to emotional support from their key worker was significant and made a difference to their mental well-being. In other cases, reducing their isolation through attending group trips and sessions was important: one parent described how the crucial aspect of support for her was the new friendships she developed through the group sessions.

A number of parents talked about how support from their key workers had improved their confidence. One parent had previously been in an abusive relationship which had damaged her confidence. In the interview, she talked about how her key worker had been an inspiration and rebuilt her confidence, not only around parenting but also on other issues:

"Everything has fallen into place and I'm able to get on with day to day things. She has really built my confidence back up." (Parent)

Another described how she had been taking anti-depressants before her engagement with the project, but with their support had felt able to stop taking them. The improvement in her confidence and in her ability to cope with the family's problems because of the key worker's help had led to this.

"[The project worker] was like my mum, she really supported me emotionally which was the most important thing... she changed me completely emotionally, she was working with me 24-7." (Parent)

5.5 Areas for Improvement

The interviews with families did reveal some areas for improvement that will be explored further in the Year 3 Evaluation Report. These include:

- **Supporting the transition to secondary school:** Parents in one focus group thought that the service should continue into secondary school and especially through the school transition process;

"It's just a shame it finishes when our children start secondary school, it should be until they are 16, that's the one thing I'd change." (Parent)

"It's so hard, the transition to secondary school." (Parents in focus group)

- **Engaging fathers:** As identified above, some families felt more could be done to include fathers, including offering more provision on a weekend so those working can attend;
- **Support with transport:** One father had been referred to an employability course but could not attend because there was no public transport. Transport provided by the project may have been able to remove this barrier;

- **Phased exit:** One project had put in place an exit plan which involved the family implementing many actions themselves, but few had been achieved. For example, the key worker had linked them up to a bereavement service but the mother had not made contact with them at the point of the interview. The key worker had also put them in touch with the council to get access to leisure facilities but the family were still waiting for this to be resolved at the point of interview. A phased exit plan, with the key worker supporting the family to implement the exit plan, may have alleviated this.

5.6 Summary

There was generally a very positive perception of the projects amongst beneficiaries. Almost three quarters of the respondents to the beneficiary survey said that they ‘would speak highly about the project without being asked’. In the qualitative interviews, very few could make suggestions about things they would change or improve about the service they had received with a high proportion stating that they had found everything about the project to be good. The only suggestions for improvement focused on the age limits for eligibility; a handful of participants would like to see the service extended to include secondary school age children.

The research suggested that from a family perspective, outcomes had not been significant for employment, qualifications or physical health other than substance abuse. Parents generally did not enter into participation with much focus on their own relationships but some acknowledged that they are benefiting from the project in this respect. However, the most significant outcomes were in the areas of parenting, child behaviour and family relationships: attending positive activities together had a huge impact for many of those interviewed, as did parenting classes and modelling behaviour from examples set by key workers.

Key workers were by far and away the crux of the success of the projects from the families’ perspectives. On the whole, parents found it reassuring to have someone they could turn to about any issue and the support offered to them emotionally has commonly improved confidence and reduced anxiety amongst those participating.

As of 19th May 2014, a total of 2,166 families had started receiving support from the programme. These figures are some way behind the levels that might be expected at the current stage in the programme if projects are to support the number of families they originally anticipated (5,782). The main contributory factors were reported to include the higher levels of need and complexity amongst the families than were first anticipated, and – in some projects – a reluctance amongst certain statutory organisations to refer eligible families to the programme.

6.0 Conclusions, Areas for Development and Next Steps

This report has examined the progress and outcomes achieved by Improving Futures projects at just over the half way stage in the programme as a whole, which runs over five years from 2011 to 2016. As we have seen in the previous chapters, the overall picture is a broadly positive one, with many of the projects exhibiting the hall-marks of effective family intervention and support, including key working and pro-active measures to build a bridge between VCSEs and statutory services.

For the first time in the evaluation we have been in a position to report quantitatively on the outcomes data from the programme, and the results help to validate the success of the projects in addressing the risk factors identified at the year one reporting stage. Indeed, the profile of outcomes effectively mirrors the key priorities that were identified as warranting support, ranging from adult parenting skills and confidence, through to child behaviour, family routines and children's emotional wellbeing. The projects have consistently built on family strengths and boosted families' participation in positive activities, built effective relationships with schools, and helped families to overcome social isolation.

The evaluation evidence also underlines an overall shift in focus for the projects, now that the earliest starters are about to enter their final year of delivery, and there is a keen focus on sustaining or replicating effective practices. As the programme enters this phase, it will be important for the third year of the evaluation to capture evidence of approaches that have been developed through the programme with the potential for scaling-up and to examine how or whether the projects are ensuring their longer-term sustainability. Furthermore, a number of questions have been raised by the emerging evidence this year, which remain largely unanswered to date, including exploring the reasons why less progress has been made in some areas, particularly mental health.

For the remainder of this final chapter, we turn to conclude on the evidence in relation to the first two of the high-level aims of the Improving Futures Programme in turn. The programme's progress against the third aim (Improved learning and sharing of best practice between public services and voluntary and community sector organisations) will be explored in the Year 3 Evaluation Report.

6.1 Progress Against Programme Aim 1: Improved Outcomes for Children in Families with Complex Needs

Overall, the families supported by Improving Futures projects up to May 2014 had experienced a positive change in their life circumstances. At a broad level, there was a marked overall reduction in the number of family, child and adult risks recorded in the Improving Futures Monitoring System (IFMIS) for the families between the entry and exit stages. There was also an increase in the number of strengths.

The most widely reported outcomes across the programme included improvements to parenting skills and confidence, reduced levels of parenting stress and anxiety, and improvements to children's behaviour. Families had also routinely increased their levels of engagement in positive activities, including play sessions and sport and leisure. Many had also seen improved levels of family functioning and relationships, and for some families with the most acute needs the programme had directly addressed issues relating to poor quality or inappropriate housing and violent behaviour amongst children. Crucially, many of these issues were the most prevalent ones faced by families on entry to support, showing that the Improving Futures projects had met the most pressing needs of many families.

The projects frequently reported having identified unmet needs and had often linked families into other services. In some instances, project staff played an important role in identifying and raising child protection concerns where these had previously gone unaddressed.

The projects had also made more limited progress in certain areas, however. In particular, there was an overall increase in the number of families with mental health conditions, physical health problems and/or lifestyle factors (potentially linked to the role of the projects in diagnosing these issues). There were also only small improvements in helping families into or towards employment. Finally, the support had not always been sufficient to embed lasting changes to home routines. For example, although there were some notable increases in the number of parents supporting their children through play and learning, under half of parents were listening to and reading with the child(ren) on a regular basis at the point of exiting the programme.

On balance, the families receiving Free School Meals (FSM) had made particularly good progress across the IFMIS indicators, particularly in increasing their strengths, and the projects had gone some way to narrowing the gap between families receiving FSM and those not, compared with the situation at the start of the programme. Specifically, this was in relation to worklessness, regular participation by children in sport or leisure activities, and regular bedtimes, mealtimes and school routines. As FSM can be deemed to be a proxy for disadvantage, this suggests the Improving Futures projects have been effective at supporting more disadvantaged families, which was the intended focus. However, the projects made less progress overall with supporting fathers. Despite a previous Improving Futures learning paper on fathers and families identifying good practice amongst the Improving Futures projects in supporting fathers, the family research found that, where fathers were present, they were less well engaged.

6.2 Progress Against Programme Aim 2: New Approaches to Local Delivery, Demonstrating Replicable Models which Lead to More Effective, Tailored and Joined-up Support for Families with Multiple and Complex Needs

The evaluation to date has underlined that Improving Futures is highly non-standardised, and that the Fund has afforded local project teams considerable discretion to test and innovate. The projects differ in their duration; numbers of families being supported; geographical coverage; delivery models, and different types of support provided. Despite these differences, however, it has been possible at this stage in the evaluation to identify a number of 'emerging principles' cutting across most of the projects. We have seen that the role of a designated key worker providing intensive support to families is widespread, and that most projects place an emphasis on making support and services accessible, personable and respectful. Some work with the whole family to identify and address needs and most focus on building families' capacity and capability to manage their own lives. These seven emerging principles suggest that the relationships are at the core of the support approach. Indeed, the projects show many of the hallmarks of a "relationship-based" ¹⁶ model of practice, which is well established within the research literature. Despite a wealth of evidence for how services can work together to improve outcomes for children in 'middle childhood', such as the literature produced through the National Evaluation of the Children's Fund¹⁷, and compiled through the Graham Allen review¹⁸, the Improving Futures Programme has provided a fairly unique opportunity to test and learn what works in adopting family-minded approaches to work with 5-10 year olds and their families where these families have complex needs, and to explore how VCSEs can take the lead in this respect, The diverse nature of the Improving Futures projects has provided an opportunity to explore what is seen to be particularly effective for this group. A number of themes have emerged through the qualitative research, as described below.

Where projects had adopted the key worker approach, this was identified by families as one of the most effective approaches to supporting families. Both projects and families consistently reported that the relationship the key worker develops with the families was critical to achieving change, and that the attributes of the key worker were crucial in building effective relationships and engaging families. The whole family

¹⁶ Wilson, K; Ruch, G; Lymbery, M; Cooper, A (2008) Social Work: An Introduction to Contemporary Practice. Harlow. Pearson.

¹⁷ <http://webarchive.nationalarchives.gov.uk/20090709052031/http://www.ne-cf.org/>

¹⁸ <https://www.gov.uk/government/publications/early-intervention-the-next-steps--2>

approach, supporting families to access other services, and using community volunteers were all also identified as being particularly effective by the projects that were adopting these approaches.

In terms of delivery models, co-located multi-agency teams, basing projects in universal settings (both schools and GPs) and using spot purchasing / personalised family budgets stood out as having played an important role within the projects, based on the evidence from the qualitative research. However, it is important to note that not all projects were adopting these approaches, and during the next year of the evaluation the case study research will seek to further explore and define the full range of practices that are in operation across the programme, as the intensive period of case study visits is completed.

6.3 Comparing Improving Futures with other Family Support Programmes

Whilst there are few other family support programmes that provide early intervention support to families where the eldest child is aged 5 – 10, it is possible to compare the Improving Futures outcomes and delivery models with those of other family support programmes, such as the Parenting Early Intervention Programme, Family Pathfinders, Families First and the Family Intervention Projects (FIPs). Whilst the methods of data collection and analysis differ to some extent between the individual evaluations, it is nonetheless very useful to draw some parallels between what was found and to compare-and-contrast.

The overall changes in risks and strengths in families supported by Improving Futures projects are very similar to other family support programmes. For example, the evaluation of the Parenting Early Intervention Programme in 2011¹⁹ found that early intervention and engagement in parenting programmes (including a number of approaches which were used by Improving Futures projects such as Triple P and the Incredible Years) has long term effects on parenting, with changes being sustained a year after exit from the programme for both parents and children. It also found that early intervention in parenting was as effective for parents of older children aged 8-13 as it was for those of younger children.

Additionally, the levels of change in serious behaviour issues in families supported by Improving Futures projects are similar to the changes reported through the FIPs and Families First in Wales. Worklessness and mental health issues also remained common concerns for families exited from Family Pathfinders, much like they are for families exited from Improving Futures. This is perhaps unsurprising, given that the delivery models and approaches adopted are similar to those adopted in other family support programmes. This does raise bigger questions, though, about the ability of such programmes to support families in particular areas, such as tackling mental health issues and finding employment. The evaluation has provided some limited evidence to explain this, such as the fact that employment was not a large focus of the programme, decisions about whether families were 'better off' in employment or accessing benefit entitlements (especially linked to high childcare costs), and the fact that finding employment was not a motivating factor for families when they engaged with the support. This is an area we will explore further in the Year 3 Evaluation Report.

¹⁹ Lindsay et al, 2011. *Parenting Early Intervention Programme Evaluation*. Department for Education, London. See: <https://www.gov.uk/government/publications/parenting-early-intervention-programme-evaluation>

The models of project delivery described in Chapter 2 also resonate with the findings from evaluations of other programmes supporting families with higher levels of need than the Improving Futures projects. In particular, there are similarities between the Improving Futures emerging principles and the five ‘family intervention factors’²⁰, which underpin the Troubled Families Programme in England (Table 6.1).

Table 6.1 Comparing the underlying approach for the Improving Futures and Troubled Families Programmes

Improving Futures ‘Emerging Principles’	Troubled Families ‘Family Intervention Factors’
<ol style="list-style-type: none"> 1. Having a single key worker dedicated to the family and building relationships over time 2. Building families’ capacity and capabilities to manage their own lives 3. An accessible and personable approach to working with families 4. Active participation by families in assessment and service planning 5. Flexible and variable support, responding to families’ changing circumstances 6. Working with the whole family to identify and address needs 7. Supporting families to engage with other services 	<ol style="list-style-type: none"> 1. A dedicated worker, dedicated to a family 2. Practical ‘hands on’ support 3. A persistent, assertive and challenging approach 4. Considering the family as a whole – gathering the intelligence 5. Common purpose and agreed action

As the table shows, there is a strong read across between the two programmes, indicating that many of the traits of key work with families at higher levels of intensity are also applicable in the context of earlier intervention with families. Furthermore, many of the successful features associated with the Improving Futures projects, including the recruitment and retention of high quality staff, having a dedicated key worker working intensively with the family, and having the scope to use resources creatively, match with some of core features that appeared to be critical to the success of Family Intervention Projects²¹ and the Family and Young Carer Pathfinders²².

6.4 Sustainability

Most projects interviewed were just starting to turn their attention to how the project could continue once Improving Futures funding ended. To this end, projects were beginning to focus on demonstrating their impact and hosting dissemination events to promote their project. However, no projects reported having secured continuation funding at the time of writing. The issue was discussed during a workshop at the Improving Futures learning event in February 2014, which was attended by 21 of the projects.

The projects generally considered that they could not fund future delivery themselves and would need to secure external funding at an appropriate level. Several of the projects had identified local authorities and schools as possible future (co)fundors, whether this is as part of existing multi-agency programmes (such as

²⁰ Department for Communities and Local Government, 2012. *Working with Troubled Families: A guide to the evidence and good practice*

²¹ White et al., 2008. *Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes*. Department for Children, Schools and Families, London. See:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/222321/DCSF-RW047.pdf

²² Department for Education Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme, Research Report DFE-RR154

the Troubled Families Programme in England or Families First in Wales) via targeted funding for schools such as the Pupil Premium budgets, and / or by providing services directly to Academies. In a more exceptional case, one local authority identified the potential to re-commission the Improving Futures project following the end of the programme, in recognition of their local strategic importance:

"We consider [the project] to be a Tier 1²³ intervention, so they're integral for us to deliver our Community Budgets and Troubled Families work...If it works and we're getting the partnership buy-in and [the project] outcomes show to be better than [other projects] we might commission it all out...Crucially, it depends on whether we're convinced about the investment opportunity." (Local Authority representative)

Other projects were looking beyond local commissioners to ensure their sustainability, and cited a number of alternative options such as:

- Forming a consortium to bid for future funding
- Re-constituting the project as a social enterprise
- Asset transfer to local communities
- Building capacity for schools and volunteers to embed approaches developed during the programme period.

6.5 Suggested Areas for Development

Based on our findings, we suggest the following areas for development for the Improving Futures projects, policymakers and the evaluation:

- **For the projects** to review their effectiveness in relation to the following areas which emerge from the evaluation report as warranting further attention:
 - engaging and supporting fathers; and
 - supporting families with health issues (including health lifestyles and mental health issues).
- **For the evaluators** to work more intensively with the projects to identify potential options for mainstreaming or ensuring sustainability of good practices developed to date.
- **For the evaluators** to further explore why the Improving Futures projects have made limited progress in some areas and why some outcomes seem to 'peak' at 4 -6 months.
- **For policymakers** to explore how families' needs around mental health and childcare could be met.

²³ In this context 'Tier 1' refers to the main services for families within the local authority, rather than Tier 1 on the continuum of need referenced in Chapter 1.

6.6 Next Steps for the Evaluation

The evaluation of the Improving Futures programme will continue until 2016, so these emerging developments will be further tracked and examined over the subsequent years. In particular, the focus for Year 3 of the evaluation will be on assessing the programme's progress against its third outcome: "Improved learning and sharing of best practice between public services and voluntary and community sector organisations", and on sustained outcomes one year after support. To achieve this, the activities over the next year of the evaluation will include:

- Survey research with families 12 months after they were interviewed at the baseline stage, to measure the distance travelled during the programme and the sustainability of changes after support.
- The development of a robust 'counterfactual' for the evaluation, including work within a sub-set of local projects to develop mini impact case studies.
- Additional case study visits, to further extend and deepen the qualitative analysis. These will focus specifically on how families are exited from support.
- Follow-up survey with local stakeholders, to gauge the views of stakeholders regarding levels of partnership working and sharing of learning.

Annex One: Overview of Evaluation Methodology

Research Methods

A 'mixed methods' approach has been adopted for the evaluation, which incorporates qualitative and quantitative data collection and analysis within a framework. The methods are summarised below:

- **Local monitoring data collection** – collection of bespoke data at an individual project level, drawing upon core assessment data and other administrative sources. Local data collection is structured within individual project evaluation plans; developed collaboratively with the evaluation team. Bi-annual project reporting is undertaken against the milestones and outcomes criteria identified within the plans.
- **Programme-level monitoring data collection** – a secure online monitoring system, the Improving Futures Monitoring Information System (IFMIS), is accessed directly by project workers to create and maintain a profile each family (and individual child and adult family members) using a standardised set of risk factors and strengths. All IFMIS profiles are based on core assessment and case file data, and are linked to the source file using a Unique Reference Number (URN).
- **Longitudinal survey of families** – a panel survey of Improving Futures beneficiaries (adults), exploring satisfaction with referral and support received, and 'distance travelled' during and beyond their involvement. The interviews are being conducted face-to-face at baseline (up to 16 weeks after referral), with telephone follow-up at +12months and +24months. Ipsos MORI are attempting a census of all beneficiaries eligible for the survey (i.e. those who have been involved in the types of interventions where parent beneficiaries could comment, and excluding others such as school-based interventions where parents have no direct involvement, or where parent involvement is extremely limited). 361 families were interviewed as part of the baseline survey.
- **Stakeholder survey** – a quantitative survey of key local stakeholders to explore levels of visibility and awareness of Improving Futures; to understand the synergies with other programmes, and to gain a further perspective on the impact achieved at a local level.
- **Case study research** - a rolling programme of case study to all Improving Futures projects. The visits include qualitative interviews with project staff, partners and children, and supplementary data collection.
- **Impact assessment** – 'counterfactual' analysis; to establish the added value of the programme compared with a reference case (i.e. 'business as usual'). This includes self-reporting of impacts by project beneficiaries – both through the survey and IFMIS data collection, and more intensive work in four project areas to establish local comparison groups (using a difference-in-differences design). The evaluation will compare short-term changes in risk factors and strengths with the long term outcomes reported through the survey, to assist with estimating the potential longer-term benefits from early intervention with the families who are supported through the programme.
- **Cost-benefit analysis** – a programme-level assessment of the costs and benefits of the programme will be undertaken, including estimates of the projected savings as a result of positive outcomes achieved and negative outcomes avoided, plus in-depth work within a sub-set of projects.
- **Participatory Action Research** – a "Family Advisory Panel" comprising of beneficiaries will meet at key points during the evaluation to inform the research tool design, analysis, and recommendations.
- **Learning activities** – a programme of internal learning activities has been designed to facilitate the exchange of good practice between the 26 projects, through events, social media and a bespoke website.

The following table illustrates how the selection of evaluation methods relates to the main themes or research questions that have been identified by the Fund for the national evaluation. The evaluation is also underpinned by an Evaluation Framework, to define the success criteria and outcomes. This framework is presented overleaf.

Evaluation questions mapped to the research methods

	Programme-level evaluation questions	Research Methods					
		Desk research and MI data	Case studies	Action research	Beneficiary survey	Stakeholder survey	Learning events
A	Process						
1	Effectiveness of support models		✓	✓	✓	✓	✓
2	Effectiveness of partnerships		✓		✓	✓	✓
3	Evidence of best practice	✓	✓	✓			✓
4	Effectiveness of training and support		✓	✓		✓	✓
5	Identifying and responding to gaps	✓	✓		✓	✓	✓
6	Range and type of organisations	✓				✓	
7	Benefits and drawbacks of partnership approaches		✓	✓	✓	✓	✓
8	Significance of third sector leading		✓	✓	✓	✓	✓
9	Conditions for replication	✓	✓			✓	
B	Impact						
1	Programme impact on life chances	✓	✓		✓		✓
2	Impact on children at risk	✓	✓	✓	✓		✓
3	Relative costs / impact	✓	✓		✓	✓	
4	Added value of multi-service approach	✓	✓	✓	✓	✓	✓
5	Impact of user engagement on success		✓		✓		✓
6	Sustainability : projects, p'ships & outcomes	✓	✓			✓	✓

Improving Futures Evaluation Framework (Summary)

Programme Effectiveness

Programme-level

Effectiveness of programme design, development and implementation

Project-level

Effectiveness of governance arrangements; partnerships; strategy and planning; user involvement and service delivery

Quality and responsiveness of provision for families with multiple and complex needs
Sustainability of projects and partnerships

Strategic Added Value

Strategic influence over UK policymaking
Leverage over external funding and resources
Synergy with other programmes and provision
Knowledge transfer between projects and sectors
Identification and replication of effective or innovative practice

Programme Impacts

Net improvements to children's life chances
Net risk reduction for families with multiple and complex needs
Net attributable social cost savings

Programme Outcomes

Children's Outcomes

Improvements to children's health and wellbeing
Improvements to children's emotional and behavioural development
Improved educational outcomes for children
Reduction in safeguarding concerns and incidences of actual or potential harm (children)

Parental Outcomes

Improvements to parenting skills and confidence
Improvements to parental health and wellbeing
Improved educational or employment outcomes for adults
Reduction in safeguarding concerns and incidences of actual or potential harm (adults)

Family Outcomes

Improvements to family functioning and relationships
Improvements to financial wellbeing and security
Stronger social networks and ties to the local community
Reduction in crime and antisocial behaviour risk factors

Annex Two: Method Statement for IFMIS Analysis

Introduction

At the point at which a family enters the programme, a baseline assessment of the strengths and risks present in the family as a whole and each individual child and adult is made by the family worker and inputted into IFMIS according to the indicator framework. Each indicator is measured on a binary basis such that the given family, child or adult is deemed either to have that risk or strength (1) or not (0). This assessment was repeated at the point at which the family exited the programme, such that each family (and constituent family member) exiting the programme has two full sets of indicators.

Analysis of outcomes

To understand the changes that have been experienced by families that have thus far exited the programme, we firstly filtered out from the analysis completely all families that had not yet exited the programme. For each indicator we compare the percentage of families that are deemed to have that specific strength or risk factor at entry point with the percentage that have that specific strength or risk factor at exit. We present both a percentage point change, which provides an indication of the number of families across the whole cohort that have experienced a change, and a percentage change, which provides an indication of the rate of change among the (sometimes small) number of families originally affected.

These changes have been reported at a family level for all child, adult and family indicators. While adult and child indicators are defined at individual level, for the purposes of family-level analysis it is assumed that the strength or risk factor is present in the family if it is present for at least one member of the family.

Changes in adult and child indicators are also analysed at the individual level to assess how outcomes have changed across all adults and children involved in the programme.

Full set of indicators – risks

Family indicators

Marriage, relationship or family breakdown

Indicator	% at entry	% at exit	% point change	% change
Relationship dissolution (divorce or permanent separation)	37.53	34.97	-2.56	-6.81%
Suspected or reported relationship dysfunction (receiving counselling)	2.66	2.66	0.00	0.00%
Suspected or reported relationship dysfunction (no counselling)	13.29	9.00	-4.29	-32.31%
Temporary separation of parents	4.50	3.89	-0.61	-13.64%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Domestic abuse

Indicator	% at entry	% at exit	% point change	% change
Domestic abuse (adult harm)	16.97	11.96	-5.01	-29.52%
Domestic abuse (child harm)	8.49	4.81	-3.68	-43.37%
Historical incidence of domestic abuse (over 12 months); separated	24.85	21.98	-2.86	-11.52%
Historical incidence of domestic abuse (over 12 months); still co-habiting	3.27	3.07	-0.20	-6.25%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Worklessness

Indicator	% at entry	% at exit	% point change	% change
No history of work within family	11.25	8.49	-2.76	-24.55%
One or more family members in continuous employment (past 12 months)	12.78	13.29	0.51	4.00%
Workless family (over 12 months)	18.92	15.54	-3.37	-17.84%
Workless family (within past 12 months)	4.09	3.27	-0.82	-20.00%
Workless family (within past 3 months)	2.76	2.97	0.20	7.41%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Financial difficulties

Indicator	% at entry	% at exit	% point change	% change
Difficulties in keeping up with debt repayments, household bills or rent	8.49	7.77	-0.72	-8.43%
No bank or building society account	2.15	1.33	-0.82	-38.10%
Significant difficulties in keeping-up with repayments	4.91	2.66	-2.25	-45.83%
Some difficulties in keeping up with debt repayments, household bills or rent	12.47	7.87	-4.60	-36.89%
Unsecured borrowing (e.g. pay-day loans, credit cards, doorstep loans)	4.70	3.78	-0.92	-19.57%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Insecure housing tenure

Indicator	% at entry	% at exit	% point change	% change
Family evicted and homeless	0.82	0.51	-0.31	-37.50%
Family living in temporary accommodation	5.93	5.52	-0.41	-6.90%
Housing repossession actions underway	1.33	0.61	-0.72	-53.85%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Poor quality household / environmental conditions

Indicator	% at entry	% at exit	% point change	% change
High levels of noise / chaotic home environment	5.42	3.78	-1.64	-30.19%
Lack of access to safe public open space	4.50	2.86	-1.64	-36.36%
Lack of basic utilities (cooking, heating, lighting)	2.15	1.23	-0.92	-42.86%
Overcrowded living conditions	8.38	6.03	-2.35	-28.05%
Poor quality housing with significant cold, damp or mould problems	7.57	3.68	-3.89	-51.35%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Community cohesion problems

Indicator	% at entry	% at exit	% point change	% change
Family involved in neighbour disputes	5.01	2.45	-2.56	-51.02%
Family reporting social isolation	9.30	5.32	-3.99	-42.86%
Family victim of cultural, racial or religious harassment	0.51	0.20	-0.31	-60.00%
Police call-out to neighbour disputes involving the family	2.04	1.02	-1.02	-50.00%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Child indicators

Behavioural problems

Indicator	% at entry	% at exit	% point change	% change
ADHD / ASD or conduct disorder (diagnosed)	5.4%	6.0%	0.55	10.17%
Low-level behavioural difficulties	23.0%	21.1%	-1.88	-8.17%
Persistent disruptive and violent behaviour	7.9%	4.0%	-3.85	-48.84%
Persistent disruptive behaviour	11.7%	7.4%	-4.26	-36.47%
Suspected ADHD / ASD or conduct disorder (undiagnosed)	5.5%	4.9%	-0.50	-9.24%
Suspected or reported bullying issues (perpetrator)	1.5%	0.9%	-0.60	-39.39%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

School exclusion

Indicator	% at entry	% at exit	% point change	% change
Permanently excluded	0.3%	0.2%	-0.09	-28.57%
Single fixed term exclusion	0.9%	0.7%	-0.18	-20.00%
Two or more fixed term exclusions	1.0%	0.7%	-0.27	-28.57%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

School absence

Indicator	% at entry	% at exit	% point change	% change
Occasional unauthorised school absence	5.9%	5.6%	-0.27	-4.69%
Persistent unauthorised school absence	4.5%	2.5%	-1.97	-43.88%
School absence with enforcement actions (penalty notice or parenting order)	0.3%	0.2%	-0.14	-42.86%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Bullying

Indicator	% at entry	% at exit	% point change	% change
Suspected or reported bullying issues (victim)	4.4%	2.3%	-2.15	-48.45%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Educational problems

Indicator	% at entry	% at exit	% point change	% change
Achieving below expected levels for age (no known special educational needs)	9.6%	8.1%	-1.47	-15.31%
Achieving below expected levels for age (special educational needs suspected)	3.1%	3.1%	-0.05	-1.47%
Achieving below expected levels for age (special educational needs with school provision, no statement)	4.4%	4.5%	0.18	4.21%
Achieving below expected levels for age (special educational needs with statutory statement)	3.1%	3.8%	0.73	23.53%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Child involvement in crime or ASB

Indicator	% at entry	% at exit	% point change	% change
Police warning or reprimand	0.1%	0.1%	-0.05	-33.33%
Suspected or reported gang involvement	0.3%	0.0%	-0.23	-83.33%
Suspected or reported involvement in anti-social or criminal behaviour	0.7%	0.3%	-0.41	-60.00%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Physical health problems / unhealthy behaviours

Indicator	% at entry	% at exit	% point change	% change
Malnutrition	0.8%	0.7%	-0.05	-5.88%
Other life-limiting illness	0.5%	0.8%	0.32	70.00%
Other physical health problems	7.0%	7.6%	0.60	8.50%
Poor hygiene and self care	2.9%	2.2%	-0.73	-25.00%
Serious and limiting disability	1.6%	1.6%	0.05	2.86%
Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)	0.6%	0.6%	0.00	.00%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Mental health problems

Indicator	% at entry	% at exit	% point change	% change
Diagnosed emotional or behavioural disorder	2.0%	1.9%	-0.05	-2.33%
Diagnosed psychiatric disorder	0.1%	0.0%	-0.05	-50.00%
Other mental health problems (specify)	2.2%	2.9%	0.73	34.04%
Suspected or reported occurrence of self harm	0.8%	0.5%	-0.27	-33.33%
Suspected or reported stress or anxiety	15.3%	11.5%	-3.71	-24.32%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Child protection issues

Indicator	% at entry	% at exit	% point change	% change
Child protection concerns	6.5%	7.3%	0.82	12.77%
Local Authority Care	0.2%	0.3%	0.09	50.00%
Missing child / runaway	0.0%	0.1%	0.09	200.00%
Subject to a Child in Need Plan	2.0%	2.6%	0.60	30.23%
Subject to a Child Protection Plan	1.3%	2.4%	1.10	85.71%
Past child protection issues (Child Protection Plan, Child in Need Plan or taken into Local Authority Care), but no longer	8.2%	9.5%	1.33	16.20%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Adult indicators

Parenting difficulties

Indicator	% at entry	% at exit	% point change	% change
Parenting anxiety or frustration	48.9%	31.7%	-17.24	-35.23%
Problems with discipline and boundary setting	44.4%	26.6%	-17.88	-40.22%
Subject to a Parenting Contract or Parenting Order	1.4%	1.4%	0.00	0.00%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Adult involvement in crime or ASB

Indicator	% at entry	% at exit	% point change	% change
Community sentence	0.1%	0.2%	0.07	50.00%
Custodial sentence	0.6%	0.5%	-0.07	-12.50%
Police warning or reprimand	0.7%	0.6%	-0.07	-10.00%
Antisocial Behaviour Contract	0.2%	0.1%	-0.07	-33.33%
Antisocial Behaviour Order	0.1%	0.1%	0.00	0.00%
Suspected or reported involvement in anti-social or criminal behaviour	1.5%	1.0%	-0.50	-33.33%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Physical health problems or lifestyle factors

Indicator	% at entry	% at exit	% point change	% change
Heavy smoker	6.2%	6.7%	0.50	8.05%
HIV / Aids	0.2%	0.2%	0.00	0.00%
Other life-limiting illness	1.3%	1.1%	-0.21	-16.67%
Other physical health problems or lifestyle factors	9.4%	11.3%	1.92	20.45%
Poor hygiene and self care	2.3%	2.4%	0.07	3.12%
Serious and limiting disability	3.3%	3.4%	0.14	4.35%
Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)	1.5%	1.9%	0.43	28.57%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Mental health problems

Indicator	% at entry	% at exit	% point change	% change
Diagnosed emotional or behavioural disorder	5.7%	5.9%	0.21	3.75%
Diagnosed psychiatric disorder	2.7%	3.0%	0.28	10.53%
Other mental health problems	9.2%	9.9%	0.71	7.75%
Suspected or reported occurrence of self harm	1.3%	0.9%	-0.36	-27.78%
Suspected or reported stress or anxiety	35.7%	28.7%	-6.98	-19.56%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Drug and alcohol misuse

Indicator	% at entry	% at exit	% point change	% change
Illegal drug misuse - rehabilitation / outpatient treatment	0.9%	1.0%	0.07	7.69%
Suspected or reported alcohol misuse - not receiving treatment	2.1%	1.4%	-0.64	-31.03%
Suspected or reported illegal drug use - not receiving treatment	1.9%	2.4%	0.50	26.92%
Alcohol misuse - rehabilitation / outpatient treatment	1.0%	1.2%	0.21	21.43%
Alcohol misuse - hospital inpatient treatment	0.1%	0.1%	0.00	0.00%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Educational problems

Indicator	% at entry	% at exit	% point change	% change
Basic literacy or numeracy skills	7.5%	9.8%	2.28	30.19%
Learning Difficulties or Disabilities	2.6%	2.9%	0.28	10.81%
Low English language skills	4.1%	4.8%	0.71	17.24%
Low financial capability skills	4.4%	4.8%	0.43	9.68%
No qualifications	8.3%	9.3%	0.93	11.11%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Full set of indicators – strengths

Family indicators

Established family routine at home

Indicator	% at entry	% at exit	% point change	% change
Moderation of TV watching and computer use	24.64	40.90	16.26	65.98%
Regular bedtimes, mealtimes and school routine	39.47	53.48	14.01	35.49%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Accessing entitlements

Indicator	% at entry	% at exit	% point change	% change
Take-up of free childcare entitlements	21.57	26.48	4.91	22.75%
Adult family members accessing appropriate benefit entitlements	42.54	49.59	7.06	16.59%
Take-up of Child Tax Credits	37.93	41.31	3.37	8.89%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Managing a family budget

Indicator	% at entry	% at exit	% point change	% change
Family budget in place, and being actively managed	30.06	41.41	11.35	37.76%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Strong and supportive family relationships

Indicator	% at entry	% at exit	% point change	% change
Regular participation in family activities	21.27	32.62	11.35	53.37%
Regular involvement of non-resident parent(s)	12.99	15.44	2.45	18.90%
Strong and supportive relationships within the immediate family	34.97	41.00	6.03	17.25%
Active and regular supportive contact with grandparents / other relatives	35.17	39.98	4.81	13.66%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Support from informal networks

Indicator	% at entry	% at exit	% point change	% change
Active and regular support and contact with friends or community members	28.83	42.84	14.01	48.58%

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Child indicators

Supportive peer friendships

Indicator	% at entry	% at exit	% point change	% change
Regular contact with friends outside of school	21.5%	33.9%	12.42	57.78%
Supportive peer friendships at school	32.5%	43.9%	11.32	34.79%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Participation in positive out-of-school activities

Indicator	% at entry	% at exit	% point change	% change
Civic participation - involvement in decision-making processes	0.0%	0.3%	0.27	600.00%
Informal volunteering - helping out friends, family or local people	1.0%	2.7%	1.70	168.18%
Occasional participation in sports or leisure activities	11.6%	19.1%	7.47	64.43%
Regular participation in sports or leisure activities	16.0%	28.2%	12.19	76.00%
Formal volunteering - for an organisation or as part of a specific programme	0.2%	1.0%	0.82	450.00%
Group membership - involvement in local and community organisations	6.4%	13.7%	7.24	112.86%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Healthy lifestyles

Indicator	% at entry	% at exit	% point change	% change
Regular participation in exercise or physical activity	20.3%	32.6%	12.37	61.09%
Regular participation in play opportunities	25.7%	39.4%	13.66	53.12%
Attending routine GP appointments, health checks and immunizations	45.5%	55.7%	10.17	22.36%

Source: IFMIS analysis. Base = all children with an entry and exit record (2,182)

Adult indicators

Home-school links

Indicator	% at entry	% at exit	% point change	% change
Volunteer help at the child(ren)'s school	2.5%	5.7%	3.21	128.57%
Participation in formal school structures (parent governor, school committees)	1.1%	1.9%	0.85	80.00%
Regular face-to-face contact with school staff, reporting positive relationships	37.0%	46.8%	9.76	26.35%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Supporting children through play and learning

Indicator	% at entry	% at exit	% point change	% change
Attending regular play sessions with the child(ren)	15.0%	25.6%	10.54	70.14%
Listening to and reading with the child(ren) on a regular basis	28.7%	43.2%	14.46	50.37%
Participation in structured family learning activities	12.7%	22.1%	9.33	73.18%
Supporting with school work / homework	31.1%	45.1%	14.03	45.18%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Keeping children safe from harm

Indicator	% at entry	% at exit	% point change	% change
Appropriate boundary-setting for children	25.5%	44.5%	19.02	74.58%
Parental awareness of safe practices (e.g. internet safety, road safety)	41.2%	54.8%	13.68	33.22%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Community or civic participation

Indicator	% at entry	% at exit	% point change	% change
Civic participation- involvement in decision-making processes	0.6%	1.7%	1.07	166.67%
Informal volunteering - helping out friends, family or local people	5.6%	13.2%	7.55	134.18%
Formal volunteering - for an organisation or as part of a specific programme	2.0%	5.3%	3.28	164.29%
Group membership - involvement in local and community organisations	4.7%	11.1%	6.41	136.36%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Employment

Indicator	% at entry	% at exit	% point change	% change
Full time employment	11.1%	12.6%	1.50	13.46%
Part time employment (less than 16 hours per week)	3.3%	4.3%	1.00	30.43%
Part time employment (more than 16 hours per week)	7.9%	9.0%	1.14	14.41%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Taking up learning opportunities

Indicator	% at entry	% at exit	% point change	% change
Entry level or below	4.6%	10.4%	5.84	128.13%
Level 1 accredited course	1.8%	4.8%	3.06	172.00%
Level 2 accredited course	1.9%	3.3%	1.42	74.07%
Level 3 or above accredited course	3.8%	4.8%	1.00	25.93%

Source: IFMIS analysis. Base = all adults with an entry and exit record (1,404)

Top 20 ranked risks, based on percentage point reduction, by duration of support (in months)

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Adult	Parenting anxiety or frustration	-20.45	-7.38	-15.91	-30.22	-21.05	-25.00
Adult	Problems with discipline and boundary setting	-20.25	-7.38	-17.53	-28.36	-21.93	-17.31
Child	Persistent disruptive behaviour	-8.69	-3.28	-5.52	-11.19	-13.16	-7.69
Adult	Suspected or reported stress or anxiety	-8.59	-3.28	-7.14	-9.33	-10.09	-19.23
Child	Persistent disruptive and violent behaviour	-7.77	-4.10	-2.92	-13.43	-8.77	-11.54
Child	Suspected or reported stress or anxiety	-6.44	-3.28	-5.52	-8.58	-7.02	-5.77
Family	Domestic abuse (adult harm)	-5.01	-0.82	-8.12	-3.36	-3.95	-9.62
Family	Some difficulties in keeping up with debt repayments, household bills or rent	-4.60	-0.82	-2.92	-8.21	-4.39	-5.77

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Child	Suspected or reported bullying issues (victim)	-4.50	-0.82	-2.60	-9.33	-3.07	-5.77
Family	Suspected or reported relationship dysfunction (no counselling)	-4.29	-2.46	-4.55	-5.22	-2.19	-11.54
Family	Family reporting social isolation	-3.99	0.00	-1.30	-5.60	-6.14	-11.54
Family	Poor quality housing with significant cold, damp or mould problems	-3.89	-1.64	-2.27	-4.85	-5.26	-7.69
Family	Domestic abuse (child harm)	-3.68	-2.46	-5.19	-2.24	-3.07	-7.69
Family	Workless family (over 12 months)	-3.37	-0.82	-1.30	-3.36	-4.82	-15.38
Child	Achieving below expected levels for age (no known special educational needs)	-2.97	-0.82	-0.32	-7.46	-2.63	-1.92
Child	Persistent unauthorised school absence	-2.97	0.82	-2.92	-4.48	-3.07	-3.85
Family	Historical incidence of domestic abuse (over 12 months); separated	-2.86	-3.28	-3.57	-1.12	0.00	-19.23
Family	No history of work within family	-2.76	0.82	-2.27	-1.87	-5.26	-7.69
Family	Relationship dissolution (divorce or permanent separation)	-2.56	-4.10	-2.60	0.00	-0.44	-21.15
Family	Family involved in neighbour disputes	-2.56	0.00	-1.62	-1.49	-6.58	-1.92
Base		978	122	308	268	228	52

Source: IFMIS analysis. Base = all families with an entry and exit record

Top 20 ranked strengths, based on percentage point increase, by duration of support (in months)

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Adult	Appropriate boundary-setting for children	21.27	9.02	10.71	29.48	30.26	30.77
Child	Regular participation in sports or leisure activities	17.69	4.92	8.12	25.00	28.07	21.15
Family	Moderation of TV watching and computer use	16.26	1.64	12.34	22.01	23.25	13.46
Adult	Listening to and reading with the child(ren) on a regular basis	16.16	7.38	8.44	26.87	17.98	19.23

Indicator type	Indicator	Total	<1	1-3	4-6	7-12	>12
Child	Regular participation in play opportunities	16.16	8.20	8.12	22.01	23.68	19.23
Adult	Supporting with school work / homework	15.75	5.74	6.49	23.88	21.93	25.00
Child	Regular participation in exercise or physical activity	15.64	4.10	5.84	21.27	27.19	21.15
Child	Regular contact with friends outside of school	15.54	3.28	9.42	20.15	25.44	13.46
Family	Active and regular support and contact with friends or community members	14.01	6.56	10.06	17.16	21.49	5.77
Adult	Parental awareness of safe practices	14.01	9.02	6.17	20.90	17.54	21.15
Family	Regular bedtimes, mealtimes and school routine	14.01	0.00	10.71	23.88	17.54	0.00
Child	Supportive peer friendships at school	13.50	4.10	9.09	13.81	22.37	21.15
Adult	Regular F2F contact with school staff, rep positive relationships	11.66	2.46	4.87	16.79	18.42	17.31
Adult	Attending regular play sessions with the child(ren)	11.55	7.38	5.84	18.28	13.16	13.46
Family	Family budget in place, and being actively managed	11.35	0.82	8.12	16.04	17.54	3.85
Family	Regular participation in family activities	11.35	2.46	6.82	16.42	17.98	3.85
Adult	Participation in structured family learning activities	11.35	5.74	6.82	15.67	16.23	7.69
Child	Attending dental care appointments	11.15	2.46	3.25	17.16	18.42	15.38
Child	Attending routine GP appointments, health checks and immunizations	10.94	2.46	3.25	18.28	16.67	13.46
Child	Group membership - involvement in local and community organisations	10.74	8.20	6.49	13.06	14.04	15.38
Base		978	122	308	268	228	52

Source: IFMIS analysis. Base = families with an entry and exit record

Clustering of outcomes

In order to test the relationships between indicators, we created a new set of “change variables” based on the entry and exit point indicators recorded in IFMIS. For every indicator, each family was coded as:

- 1 if the indicator had moved from 0 to 1 between entry and exit (an improvement for strengths or a worsening for risks);
- 1 if the indicator had moved from 1 to 0 between entry and exit (a worsening for strengths or an improvement for strengths); and
- 0 if there was no change between entry and exit.

The resulting data was used to create a correlation matrix to show how each change variable was correlated with every other change variable in the indicator framework. As expected, there were a large number of cases where the change in one indicator was significantly correlated to the change in another indicator. However, this method was restricted to identifying bivariate relationships so further analysis was required to assess how groups of outcomes were all moving in the same direction across the families in the dataset.

To make this assessment, we undertook factor analysis to calculate how these change variables are clustered together. In this method, underlying “factors” were identified that best describe the changes that have occurred in the families in the analysis. This does not provide evidence of causality (i.e. that there is a particular outcome, or set of outcomes, that are driving other outcomes) but does identify outcomes that may be driving each other or effectively measuring the same underlying changes in the family in different ways.

Full set of factors

Factor 1 - Improvement in family routines

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Strength	Family	Moderation of TV watching and computer use	Positive
2	Strength	Family	Regular bedtimes, mealtimes and school routine	Positive
3	Strength	Family	Regular participation in family activities	Positive
4	Strength	Adult	Appropriate boundary-setting for children	Positive
5	Strength	Adult	Listening to and reading with the child(ren) on a regular basis	Positive
6	Strength	Adult	Supporting with school work / homework	Positive
7	Strength	Family	Family budget in place, and being actively managed	Positive
8	Strength	Family	Active and regular support contact with friends or community members	Positive

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
9	Strength	Adult	Attending regular play sessions with the child(ren)	Positive
10	Strength	Family	Strong and supportive relationships within the immediate family	Positive
11	Strength	Child	Regular participation in exercise or physical activity	Positive
12	Strength	Child	Regular participation in play opportunities	Positive
13	Strength	Adult	Participation in structured family learning activities	Positive
14	Strength	Family	Adult family members accessing appropriate benefit entitlements	Positive
15	Strength	Child	Regular contact with friends outside of school	Positive
16	Strength	Adult	Parental awareness of safe practices	Positive
17	Strength	Child	Regular participation in sports or leisure activities	Positive
18	Strength	Family	Active and regular supportive contact with grandparents / other relatives	Positive
19	Strength	Adult	Informal volunteering - helping out friends, family or local people	Positive
20	Strength	Adult	Regular F2F contact with school staff, rep positive relationships	Positive
21	Strength	Child	Group membership - involvement in local and community organisations	Positive
22	Strength	Child	Supportive peer friendships at school	Positive
23	Risk	Adult	Problems with discipline and boundary setting	Negative
24	Strength	Adult	Group membership - involvement in local and community organisations	Positive
25	Strength	Family	Regular involvement of non-resident parent(s)	Positive
26	Risk	Child	Persistent disruptive and violent behaviour	Negative
27	Strength	Adult	Entry level or below	Positive
28	Strength	Adult	Full time employment	Positive

Source: IFMIS data. Base = all families with an entry and exit record (978)

Factor 2 – Improvement in family’s financial and relationship situation

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Strength	Family	Take-up of Child Tax Credits	Positive
2	Risk	Family	Relationship dissolution (divorce or permanent separation)	Positive
3	Strength	Family	Take-up of free childcare entitlements	Positive
4	Risk	Family	Historical incidence of domestic abuse (over 12 months); separated	Positive
5	Risk	Family	Workless family (over 12 months)	Positive
6	Risk	Family	Suspected or reported relationship dysfunction (no counselling)	Positive
7	Risk	Family	No history of work within family	Positive
8	Risk	Family	Family reporting social isolation	Positive
9	Risk	Family	Some difficulties in keeping up with debt repayments, household bills or rent	Positive
10	Risk	Family	One or more family members in continuous employment (past 12 months)	Positive
11	Strength	Adult	Part time employment (more than 16 hours per week)	Negative
12	Risk	Adult	Diagnosed emotional or behavioural disorder	Positive

Source: IFMIS analysis. Base - all families with an entry and exit record (978)

Factor 3 – Improvements in children’s and adults stress and anxiety levels

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Strength	Child	Attends routine GP appointments, health checks and immunizations	Positive
2	Risk	Child	Suspected or reported stress or anxiety	Positive
3	Strength	Child	Attending dental care appointments	Positive
4	Risk	Adult	Suspected or reported stress or anxiety	Positive
5	Risk	Adult	Parenting anxiety or frustration	Positive
6	Risk	Child	Persistent disruptive behaviour	Positive
7	Strength	Child	Occasional participation in sports or leisure activities	Positive

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
8	Risk	Adult	Basic literacy or numeracy skills	Positive
9	Risk	Child	Ach below expected levels for age (no known special educational needs)	Positive
10	Risk	Child	Other physical health problems	Positive
11	Risk	Adult	Other mental health problems	Positive
12	Risk	Adult	Low financial capability skills	Positive
13	Risk	Adult	No qualifications	Positive
14	Risk	Child	Occasional unauthorised school absence	Positive
15	Risk	Adult	Other physical health problems or lifestyle factors	Positive

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Factor 4 – Improvements in the diagnosis of child behavioural and educational issues

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Risk	Child	Suspected ADHD / ASD or conduct disorder (undiagnosed)	Negative
2	Risk	Child	ADHD / ASD or conduct disorder (diagnosed)	Positive
3	Risk	Child	Achieve below expected levels for age (special educational needs with statutory statement)	Positive
4	Risk	Child	Achieve below expected levels for age (special educational needs suspected)	Negative
5	Risk	Child	Persistent unauthorised school absence	Positive
6	Risk	Family	Poor quality housing with significant cold, damp or mould problems	Positive
7	Risk	Child	Suspected or reported bullying issues (victim)	Negative
8	Risk	Family	High levels of noise / chaotic home environment	Positive
9	Risk	Child	Low-level behavioural difficulties	Positive

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Factor 5 - Improvements in domestic abuse and child safety

Rank	Risk / strength	Indicator type	Indicator	Relationship with factor
1	Risk	Family	Domestic abuse (adult harm)	Negative
2	Risk	Family	Domestic abuse (child harm)	Negative
3	Risk	Child	Child protection concerns	Negative
4	Risk	Family	Family living in temporary accommodation	Positive
5	Risk	Family	Family involved in neighbour disputes	Positive
6	Risk	Family	Overcrowded living conditions	Positive
7	Risk	Child	Achieved below expected level for age (special educational needs with school provision no statement)	Negative
8	Risk	Adult	Heavy smoker	Positive
9	Risk	Family	Difficulties in keeping up with debt repayments, household bills or rent	Positive
10	Risk	Child	Past child protection issues but no longer	Negative
11	Strength	Adult	Level 3 or above accredited course	Negative

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Annex Three: Number of families recorded on IFMIS to date

The following table shows the number of families recorded on IFMIS as per the cut-off date for the analysis for this report (16 May 2014). The table shows the number of families by project that had entered and exited the programme by that date.

Project	Number of families entered	Number of families exited
Brighter Futures, Wandsworth	61	28
Building Bridges, Haringey	77	46
Camden Futures	84	36
Connecting Families, Bridgend	56	24
Croydon Family Power	120	64
Dundee Early Intervention Team	76	58
Eleri, Cardiff	90	50
Empowering Families, Midlothian	51	21
Enfield Family Turnaround Project	91	60
Families Moving Forward, Portsmouth	88	36
Family Pathways, Lewisham	169	90
Improving Futures through CHOICE & CONTROL, Worcs	32	11
BIG Manchester	30	4
LIFT, Cheshire	29	0
Nurturing Inverclyde	73	15
One Herts - One Family	114	48
Securing Futures, Carmarthenshire	69	60
Stronger Families, Stronger Communities, Southend	106	34
Tackling Domestic Violence, Belfast	161	90
Teulu Ni (Our Family), Gwynedd	73	26
The Bridge Project, Denbighshire	65	38
The Gateway, Fife	48	12
The Neighbourhood Alliance, Sunderland	131	12
Tyne Gateway - Extending the Reach	179	90
Wolverhampton Improving Futures	33	14
Families First, Hackney	60	11
Not known	2	0
Total	2168	978

Annex Four: Average length of time in the programme, by project

Average length of time in the programme, by project

Project	Average duration (in months)	Number of families
Family Pathways, Lewisham	3.37	63
Dundee Early Intervention Team	3.44	54
Stronger Families, Stronger Communities, Southend	3.61	28
Empowering Families, Midlothian	4.19	21
Building Bridges, Haringey	4.50	32
Tackling Domestic Violence, Belfast	4.50	86
Croydon Family Power	4.65	57
Connecting Families, Bridgend	4.83	23
Securing Futures, Carmarthenshire	5.29	35
Brighter Futures, Wandsworth	5.41	17
Nurturing Inverclyde	5.50	12
The Gateway, Fife	5.58	12
The Bridge Project, Denbighshire	5.72	36
Eleri, Cardiff	5.75	44
One Herts - One Family	5.89	46
Families First, Hackney	6.30	10
Enfield Family Turnaround Project	6.43	58
Tyne Gateway - Extending the Reach	6.49	90
Teulu Ni (Our Family), Gwynedd	6.88	25
Camden Futures	7.06	34
Families Moving Forward, Portsmouth	8.31	36
Improving Futures through Choice & Control, Worcs	8.42	12
The Neighbourhood Alliance, Sunderland	8.94	32
BIG Manchester	9.25	4
Wolverhampton Improving Futures	11.43	14
Total	5.62	881

Source: IFMIS analysis. Base = all families with an entry and exit record.

Annex Five: Top 20 ranked risks and strengths based on percentage point change, by family characteristics

Top 20 ranked risk factors, based on percentage point reduction, by family characteristics

Indicator type	Indicator		All families	Lone parent families	FSM families	Non-EFL families
Adult	Parenting anxiety or frustration	Entry	59.10%	59.21%	60.66%	53.45%
		Exit	38.65%	39.31%	40.89%	32.76%
		Pp change	-20.45	-19.9	-19.77	-20.69
Adult	Problems with discipline and boundary setting	Entry	52.04%	50.49%	54.46%	53%
		Exit	31.80%	30.59%	33.72%	35.78%
		Pp change	-20.25	-19.9	-20.74	-17.24
Child	Persistent disruptive behaviour	Entry	22.90%	22.37%	23.64%	25.86%
		Exit	14.21%	14.14%	15.12%	17.67%
		Pp change	-8.69	-8.22	-8.53	-8.19
Adult	Suspected or reported stress or anxiety	Entry	45%	47.37%	47.67%	34.91%
		Exit	36.50%	37.50%	36.82%	28.02%
		Pp change	-8.59	-9.87	-10.85	-6.9
Child	Persistent disruptive and violent behaviour	Entry	15.95%	15.95%	17.83%	13.79%
		Exit	8.18%	7.73%	9.30%	9.05%
		Pp change	-7.77	-8.22	-8.53	-4.74
Child	Suspected or reported stress or anxiety	Entry	25.77%	28.13%	27.52%	15.09%
		Exit	19.33%	20.56%	19.57%	12.93%
		Pp change	-6.44	-7.57	-7.95	-2.16
Family	Domestic abuse (adult harm)	Entry	16.97%	23.03%	20.74%	15.52%
		Exit	11.96%	15.46%	15.70%	11.21%
		Pp change	-5.01	-7.57	-5.04	-4.31
Family	Some difficulties in keeping up with debt repayments, household bills or rent	Entry	12.47%	14.47%	14.53%	8.19%
		Exit	7.87%	7.57%	8.53%	5.17%
		Pp change	-4.6	-6.91	-6.01	-3.02
Child	Suspected or reported bullying issues (victim)	Entry	9.41%	9.38%	10.47%	8.19%
		Exit	4.91%	4.77%	4.84%	4.31%
		Pp change	-4.5	-4.61	-5.62	-3.88
Family	Suspected or reported relationship dysfunction (no counselling)	Entry	13.29%	13.98%	13.18%	9.05%
		Exit	9.00%	9.54%	9.11%	9.91%
		Pp change	-4.29	-4.44	-4.07	0.86
Family	Family reporting social isolation	Entry	9.30%	9.87%	10.08%	9.05%
		Exit	5.32%	5.92%	6.40%	6.03%
		Pp change	-3.99	-3.95	-3.68	-3.02
Family	Poor quality housing with significant cold, damp or mould problems	Entry	7.57%	7.57%	9.88%	9.05%
		Exit	3.68%	3.62%	5.04%	6.90%
		Pp change	-3.89	-3.95	-4.84	-2.16
Family	Domestic abuse (child harm)	Entry	8.49%	11.84%	10.66%	7.33%
		Exit	4.81%	6.09%	6.59%	5.17%
		Pp change	-3.68	-5.76	-4.07	-2.16
Family	Workless family (over 12 months)	Entry	18.92%	22.37%	26.74%	14.66%
		Exit	15.54%	19.24%	21.71%	13.36%
		Pp change	-3.37	-3.13	-5.04	-1.29
Child	Ach below expected levels for age	Entry	16.36%	17.11%	21.12%	15.52%

Indicator type	Indicator		All families	Lone parent families	FSM families	Non-EFL families
	(no known special educational needs)	Exit	13.39%	13.16%	16.67%	14.22%
		Pp change	-2.97	-3.95	-4.46	-1.29
Child	Persistent unauthorised school absence	Entry	6.95%	8.22%	10.47%	3.88%
		Exit	3.99%	4.93%	6.01%	0.86%
		Pp change	-2.97	-3.29	-4.46	-3.02
Family	Historical incidence of domestic abuse (over 12 months); separated	Entry	24.85%	34.70%	31.78%	24.57%
		Exit	21.98	29.93%	27.71%	22.84%
		Pp change	-2.86	-4.77	-4.07	-1.72
Family	No history of work within family	Entry	11.25%	14.47%	19.38%	7.33%
		Exit	8.49%	10.86%	14.43%	5.60%
		Pp change	-2.76	-3.62	-5.04	-1.72
Family	Family involved in neighbour disputes	Entry	5.01%	4.93%	6.78%	5.60%
		Exit	2.45%	2.47%	2.71%	2.59%
		Pp change	-2.56	-2.47	-4.07	-3.02
Family	Relationship dissolution (divorce or permanent separation)	Entry	37.53%	53.45%	44.19%	32.67%
		Exit	34.97%	48.85%	38.37%	29.31%
		Pp change	-2.56	-4.61	-5.81	-3.45
Base			978	608	516	232

Source: IFMIS analysis. Base = all families with an entry and exit record (978)

Top 20 ranked strengths based on percentage point increase, by family characteristics

Indicator type	Indicator		All families	Lone parent families	FSM families	Non-EFL families
Adult	Appropriate boundary-setting for children	Entry	30.06%	32.07%	29.46%	22.84%
		Exit	51.33%	52.475	51.74%	44.83%
		Pp change	21.27	20.39	22.29	21.98
Child	Regular participation in sports or leisure activities	Entry	23.82%	24.18%	19.96%	19.83%
		Exit	41.51%	42.60%	40.70%	41.38%
		Pp change	17.69	18.42	20.74	21.55
Family	Moderation of TV watching and computer use	Entry	24.64%	26.97%	21.90%	20.69%
		Exit	40.90%	41.945	40.12%	36.64%
		Pp change	16.26	14.97	18.22	15.95
Adult	Listening to and reading with the child(ren) on a regular basis	Entry	36.40%	37.50%	36.43%	31.03%
		Exit	52.56%	52.63%	53.29%	49.57%
		Pp change	16.16	15.13	16.86	18.53
Child	Regular participation in play opportunities	Entry	33.44%	34.38%	32.17%	24.57%
		Exit	49.59%	51.81%	50%	39.22%
		Pp change	16.16	17.43	17.83	14.66
Adult	Supporting with school work / homework	Entry	39.37%	41.28%	38.76%	31.90%
		Exit	55.11%	56.74%	55.62%	50%
		Pp change	15.75	15.46	16.86	18.1
Child	Regular participation in exercise or physical activity	Entry	28.63%	29.11%	24.61%	24.14%
		Exit	44.27%	46.55%	43.41%	38.36%
		Pp change	15.64	17.43	18.8	14.22
Child	Regular contact with friends outside of school	Entry	30.37%	32.07%	30.04%	25%
		Exit	45.91%	47.86%	46.90%	38.36%
		Pp change	15.54	15.79	16.86	13.36
Adult	Parental awareness of safe practices	Entry	47.96%	50%	48.06%	39.22%
		Exit	61.96%	62.99%	63.57%	56.90%
		Pp change	14.01	12.99	15.5	17.67
Family	Regular bedtimes, mealtimes and school routine	Entry	39.47%	40.63%	36.43%	34.05%
		Exit	53.48%	52.63%	52.52%	48.28%
		Pp change	14.01	12.01	16.09	14.22

Indicator type	Indicator		All families	Lone parent families	FSM families	Non-EFL families
Family	Active and regular support contact with friends or community members	Entry	<u>28.83%</u>	<u>30.92%</u>	<u>28.68%</u>	<u>21.98%</u>
		Exit	<u>42.845</u>	<u>42.76%</u>	<u>42.05%</u>	<u>40.52%</u>
		Pp change	14.01	11.84	13.37	18.53
Child	Supportive peer friendships at school	Entry	<u>47.65%</u>	<u>50%</u>	<u>50.58%</u>	<u>40.52%</u>
		Exit	<u>61.15%</u>	<u>63.32%</u>	<u>65.50%</u>	<u>53.88%</u>
		Pp change	13.5	13.32	14.92	13.36
Adult	Regular F2F contact with school staff, reported positive relationships	Entry	<u>46.83%</u>	<u>47.70%</u>	<u>50.78%</u>	<u>37.93%</u>
		Exit	<u>58.49%</u>	<u>58.88%</u>	<u>63.95%</u>	<u>53.02%</u>
		Pp change	11.66	11.18	13.18	15.09
Adult	Attending regular play sessions with the child(ren)	Entry	<u>19.43%</u>	<u>20.72%</u>	<u>18.22%</u>	<u>13.79%</u>
		Exit	<u>30.98%</u>	<u>32.40%</u>	<u>30.23%</u>	<u>25%</u>
		Pp change	11.55	11.68	12.02	11.21
Family	Regular participation in family activities	Entry	<u>21.27%</u>	<u>23.19%</u>	<u>19.19%</u>	<u>18.97%</u>
		Exit	<u>32.62%</u>	<u>33.22%</u>	<u>31.01%</u>	<u>28.02%</u>
		Pp change	11.35	10.03	11.82	9.05
Family	Family budget in place, and being actively managed	Entry	<u>30.06%</u>	<u>31.58%</u>	<u>26.74%</u>	<u>29.74%</u>
		Exit	<u>41.41%</u>	<u>41.28%</u>	<u>40.745</u>	<u>36.64%</u>
		Pp change	11.35	9.7	13.95	6.9
Adult	Participation in structured family learning activities	Entry	<u>16.36%</u>	<u>17.76%</u>	<u>16.28%</u>	<u>17.67%</u>
		Exit	<u>27.71%</u>	<u>29.93%</u>	<u>27.91%</u>	<u>29.74%</u>
		Pp change	11.35	12.17	11.63	12.07
Child	Attending dental care appointments	Entry	<u>43.46%</u>	<u>45.07%</u>	<u>44.77%</u>	<u>36.64%</u>
		Exit	<u>54.60%</u>	<u>56.25%</u>	<u>56.40%</u>	<u>50.86%</u>
		Pp change	11.15	11.18	11.63	14.22
Child	Group membership - involvement in local and community organisations	Entry	<u>9.92%</u>	<u>9.05%</u>	<u>7.75%</u>	<u>6.90%</u>
		Exit	<u>20.65%</u>	<u>19.41%</u>	<u>17.83%</u>	<u>17.24%</u>
		Pp change	10.74	10.36	10.08	10.34
Child	Attend routine GP appointments, health checks and immunisations	Entry	<u>52.86%</u>	<u>54.61%</u>	<u>55.81%</u>	<u>43.10%</u>
		Exit	<u>63.39%</u>	<u>65.465</u>	<u>67.44%</u>	<u>57.33%</u>
		Pp change	10.53	10.86	11.63	14.22
Base			978	608	516	232

Source: IFMIS analysis. Base = all families with an entry and exit record (978)