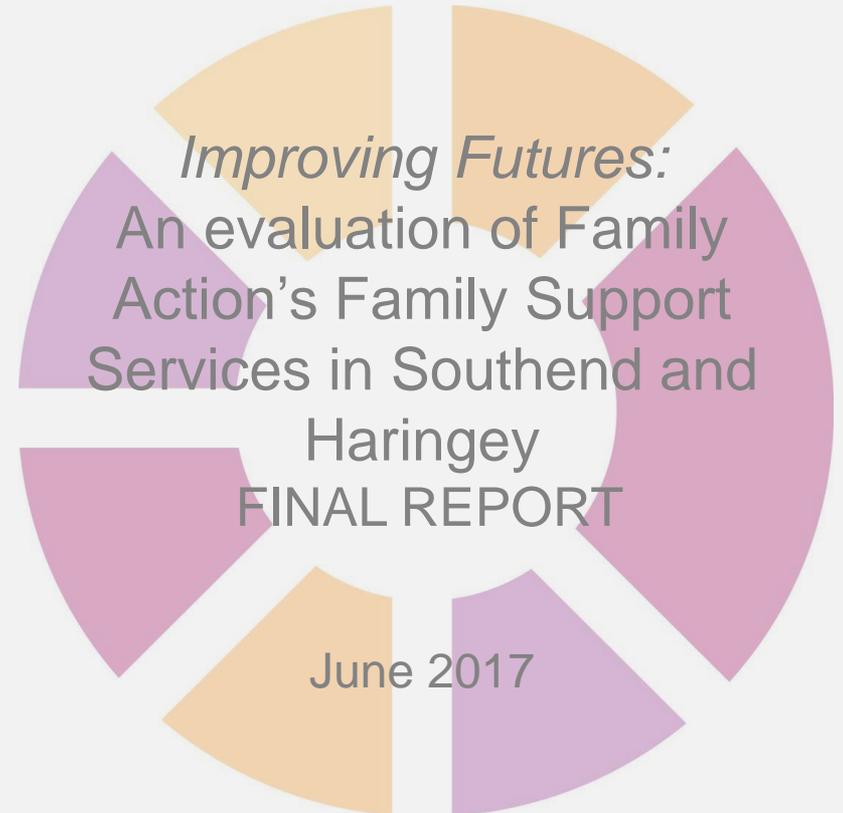




"[My Family Support Worker] really helped build my confidence and to start believing in myself. If I hadn't had the support from Family Action I don't think I would be where I am today." – Service user



Acknowledgements

The research team would like to thank the many stakeholders who took part in this evaluation, including: staff from Family Action who responded to the Family Support Worker survey, took part in interviews, provided data, and attended the evaluation design meeting; professionals from across education, health, social services, and the wider voluntary and community sector who refer families to Family Action's Family Support Services in Southend and Haringey, and who took the time to complete the Practitioner survey; and the families who gave up their time to provide feedback for this evaluation, in particular the nine families we visited for in-depth interviews across both services.

Executive summary

Family Action delivers schools based Family Support Services in Haringey and Southend as part of the national Improving Futures Programme, funded by the Big Lottery Fund. The services offer holistic support for families with a child up to the age of 10, with Family Support Workers acting as Lead Professionals, co-ordinating Team Around the Family (TAF) meetings when required and signposting to other agencies as appropriate.

Service Descriptions

Southend

The Southend service has four Family Support Workers, a team administrator and a full-time project manager. It operates a home-based model, providing families with weekly 1:1 home-based support from a Family Support Worker, along with parenting workshops in schools. The Family Support Worker may also accompany the family to meetings or appointments, particularly with other agencies or health and social care services. Families receive support for between six and nine months. The core service in Southend is supported by parenting groups in schools, organised family outings, and recruitment of volunteers to help provide ongoing support when the Family Action service is coming to an end. This aspect of the service is particularly focused on helping families to build and maintain effective social and support networks in their local community.

Haringey

The service in Haringey also offers a home-based 1:1 support service, delivered by two Family Support Workers, with the addition of a drop-in service for parents based in five local schools, delivered by one Family

Support Worker. Parents who require shorter term support, particularly in relation to practical issues such as housing and benefits assistance, or short term counselling, are able to receive between six and ten sessions based in their child's school. In addition, the Big Lottery funding provided in Haringey also enabled Family Action to run Kidstime workshops alongside the Family Support service. These workshops support families where a parent is affected by mental ill-health, providing a safe space for adults and children to talk about mental illness with the aim of helping children to understand what has happened to their parents, and for families to find solutions to the stresses mental health problems bring. The Haringey service is supported by a local charity, Markfield, which provides family befriending and tailored parental support for families with children who have additional needs. This includes skills transfer for teachers in local schools.

Funding history and purpose of this evaluation

Family Action was initially awarded four years of funding for the services in 2012. Following successful delivery of the service for four years, Family Action was awarded further funding from the Big Lottery to continue delivery of the core service for an additional year, and to extend the service model further by developing the school-based elements described above. The decision to develop the school-based extensions to the service model in both Southend and Haringey was to enable more referrals, improve joined-up working and respond even more effectively to the needs of children and their families. The service extensions included the introduction of an in-school drop-in service in Haringey, and parenting workshops in five primary schools in Southend.

Family Action commissioned Apteligen to undertake an independent evaluation of

Executive summary

the services, focusing on the development and impact of Family Action's work in this additional year of extended service provision. The report uses qualitative and quantitative data to assess the outcomes of the service. Data collected by the service from July 2016 to March 2017 and data collected by Apteligen between December 2016 and March 2017 has been used.

Volumes, need and reasons for accessing the services

A total of **100** families received support from Family Action's Family Support Services in Southend and Haringey during the funding year to date (1st July 2016 to 21st March 2017).

The qualitative evidence for the evaluation demonstrates that families accessing the services are complex and have three main areas of high need:

1. At least one escalating issue which has the potential to break down the family unit combined with multiple areas of underlying need, or
2. A complex and high level of support need arising from the family's involvement with a number of care and support agencies, requiring co-ordination efforts on top of an already challenging home environment, or
3. A high and acute level of support need, originating from a situation of exhaustion, extreme stress, or pressure on one parent.

In Haringey, Practitioners who refer into the service gave the primary reasons for referring a family or child as parenting difficulties (88%), behavioural issues

among children (75%) and housing issues (50%). Mental health issues were much less frequently given as a primary reason, despite this being stated as a key focus area in Haringey. The results are similar in Southend, with 100% of Practitioners who responded to the evaluation survey citing parenting difficulties as a primary reason, and 83% behavioural issues among children.

Key Findings

The evaluation evidence highlighted that **families often view their needs differently from professionals**, emphasising the benefit of a flexible Family Support model that can adapt to new or underlying issues as they emerge once the support plan has begun.

All Practitioners in both areas rated the service as 'good' or 'very good', citing its ability to effectively engage parents who have been reluctant to engage with the school or other services in the past, and the range of support available.

"The breadth of the service, including advice work, in-depth family support, training and befriending have offered a very valuable range of services to families. The ongoing funding for the project has meant that a number [of] families have engaged in the project and we have seen parents become actively involved in supporting each other through training and befriending. – Haringey Practitioner.

This evaluation has highlighted the opportunity for continued focus on building community engagement via befriending and volunteering initiatives, as a key component of an effective family support service. Building community

Executive summary

engagement potentially offers more opportunities for individual families to be supported beyond the Family Action service, as well as helping to build stronger collaboration between existing services and groups in the community. The national evaluation of the Improving Futures projects highlighted the positive impact that community engagement can have on families – reducing their social isolation, increasing their support networks and building their confidence. Utilising community volunteers seemed particularly effective as it engaged hard to reach families and acted as a stepping stone for families leaving services to further build their confidence.

The evidence shows that both services do effectively reach a wide cross-section of the population, in particular both men and women. There is also clear evidence to show that many families engage well with the Family Action service, and stay engaged throughout the planned period of support. The data for the current funding year shows that families in Southend received support on average for 24 weeks, and in Haringey the average was 29 weeks. In Southend, 76% of families stayed involved for more than three months. **The school pathway may be an especially effective way for fathers to access the service.**

There is noticeable improvement for families in all key outcome domains as measured by the Family Star outcomes tool. In Southend, the greatest improvements seen were in relation to setting boundaries and routines within the family (2.65 and 2.8 points out of 10 respectively). In Haringey, the data also shows improvements in all areas, but with a more skewed picture towards improvements in relation to setting boundaries (2.8 points) and

developing social networks (2.2 points). Improvements of around three points are typically considered to be especially positive within the context of these families.

Parental outcomes are quite varied, but many are underpinned by improvements in parental well-being, confidence in parenting and ability to engage effectively with the school and other agencies. Good parental outcomes are also the result of receiving practical help to resolve immediate issues that cause stress and anxiety, and which contribute to an unstable home environment. These findings are supported by the qualitative interviews, where parents gave responses on their priority areas of support that ranged from learning how to be a parent, to better understanding and communicating with their children, with much lower stress levels and conflict because of the support.

Outcomes for children are also positive, particularly regarding improvements in behaviour at school and improved potential to engage more effectively in learning. Although Family Support Workers do some work with children, the main focus of the services is on parents, and the way they interact with their children. **The evidence shows that the services are working in the way they have been designed, supporting parents to improve well-being and provide adequate support for their children at home, which in turn puts them in a position to support their children behaving and performing well at school.**

“For those families I have directly worked with as part of the Building Bridges project, there have been improved family relationships, routines and behaviour support.” – Support Worker with the Voluntary and Community Sector in Haringey.

Executive summary

100% of Practitioners who refer to the service in Southend reported some improvement in child behaviour, children feeling happy at home, and child/parent relationships among the families they referred. In Haringey, 67% of Practitioners reported some improvement in child behaviour, 56% reported improvements in children feeling happy at home, and 44% reported some improvement in child/parent relationships and levels of absence at school.

Schools particularly benefit from having access to a Family Support Worker, as the worker can provide a level of support that cannot be provided in-house. This has a direct improvement on behaviour of children at school and is likely to have a positive impact on attendance and attainment over the longer term.

It is clear from the evidence given by families and professionals that the schools model helps to raise awareness of the service among school staff. This means that the service can reach out to more families in need and the school pathway can therefore promote earlier intervention. The evaluation also found evidence of a number of other benefits across the wider system of care and support. The most common benefits related to:

- **Building stronger connections between families and schools, improving parental engagement and ‘bridging the gap’ between home and school, and**
- **Improving consistency in the way different agencies work together to support a family.**

For example, one referring Practitioner in Southend noted:

“When there is support bridging the gap between home and school we see quicker results moving families forward.”

This was also supported by the findings from the interviews with families, many of whom reported greater confidence in their ability to deal with other agencies and improved relationships with teachers at their child’s school. The feedback from Family Support Workers is consistent with this – they feel the service prevents escalation, improves links between the school and other agencies, and facilitates a multi-agency approach to early intervention.

Conclusion

Family Action’s services in Southend and Haringey have both been extremely well-received by staff in schools, other referring Practitioners, and the families who have been supported. The outcome data collected by the services themselves also shows consistent improvements in those outcomes identified by referring Practitioners and families. The evaluation evidence shows that Family Action’s Family Support Services generate a number of positive short to medium term outcomes, across a wide range of areas. Family Action’s Family Support Services empower parents to be effective and caring, consequently improving the lives of children and effectively relieving schools from some of the daily pressures they face.

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This evaluation was undertaken by Apteligen Limited in partnership with Anne Pordes Bowers, Independent Consultant. Any enquiries about this report should be directed to: John Newman, Apteligen Director on p: 07789 896022 or via email: john@apteligen.co.uk.



1. Introduction and context

1. Introduction and context

Family Action provides services and financial support to strengthen and improve the life chances of the most vulnerable people in society. Through a strong belief in the strengths within people and families, and an approach to support that is grounded in evidence and achieving positive outcomes, Family Action seeks to empower people who are disadvantaged or socially isolated so that they can find the strength to overcome their difficulties, regardless of how complex those difficulties are.

The Big Lottery funds Family Action's Family Support Services in Southend and the London Borough of Haringey, as part of the national Improving Futures Programme. Family Action was initially awarded funding under the programme for four years.

Following successful delivery of the service for these four years, Family Action was awarded further funding from the Big Lottery to continue delivery of the service for an additional year. However, the focus for year five was to develop a schools-based model to enable more referrals, improve joined-up working and respond more effectively to the needs of children and their families. This included the introduction of an in-school drop-in service in Haringey, and parenting workshops in five primary schools in Southend. This evaluation therefore focuses on the development and impact of Family Action's work in year five.

The Big Lottery Fund launched Improving Futures in March 2011, funding 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 appointed a consortium led by Ecorys UK with Ipsos MORI, Professor Kate Morris and Family Lives to lead the national evaluation. The evaluation team have produced three interim reports to date (available at: <https://www.improvingfutures.org/>).

The first report, published in October 2013, found that most of the projects were replicating many aspects of documented good practices for family support including: the use of intensive key worker or lead professional models and persistent one-to-one support; educational outreach; and the use of evidence-based parenting programmes such as The Incredible Years and Triple P. There was mixed evidence for the extent to which these programmes have demonstrated a 'whole family' approach, with some projects still supporting children and adults on a largely separate basis. One of the emerging areas of interest for the projects at this point was to test new and more effective ways for commissioning family support services including the use of personalised budgets or 'spot purchasing' for individual families, and the development of whole new packages of support.

The second report, published in December 2014, focused on methods of delivery. It found that while the types of support and delivery models adopted by the Improving Futures projects varied, there were a number of emerging principles underpinning the projects:

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

1. Introduction and context

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
8. Using community volunteers to support families
9. Co-located multi-agency teams – including the co-location of specialists in mental health, substance misuse and domestic violence, with social care professionals
10. Basing projects in universal settings - including schools and GP practices
11. Flexible and discretionary budgets - the use of spot purchasing and personalised family budgets was found to be widespread within the programme.

The third report, published in June 2016, focused on good practice developed by the projects, assessing models of practice, lessons learnt and the extent to which the projects have shared good practice with public services and other Voluntary, Community and Social Enterprise organisations (VCSEs). The report took a thematic approach summarised below:

- **Building relationships with primary schools:** The Improving Futures are pioneers in this area, with very few examples of voluntary educational partnerships where the VCSE provider provides a holistic support package for the whole family whilst being based within primary schools. A large number of Improving Futures projects adopted this approach. The national evaluation found holistic support in primary schools on the whole

to be a success. Schools and VCSEs had built strong working partnerships with mutual benefits, have strengthened partnership working, helped families engage in both the schools and the projects, and have achieved knowledge transfer. Families have achieved significant progress in a number of school-based areas, including improved behaviour, attainment and parental engagement with the schools. But the evaluation found that engaging schools is difficult and some schools do not seem to be prioritising parental engagement or the 'whole child/family' approach.

- **Building community resilience:** The Improving Futures projects demonstrated a wide range of possibilities in how family projects can build and utilise community assets and link families into these assets. They succeeded in some areas, and struggled in others. The projects also highlighted the positive impact that community engagement can have on families – reducing their social isolation, increasing their support networks and building their confidence. Utilising community volunteers seemed particularly effective as it engaged hard to reach families and acted as a stepping stone for families leaving the project to further build their confidence. However, the projects have also highlighted the limitations of community work – whilst it is possible to build and utilise community assets in a relatively short period of time these are not necessarily going to engage all aspects of the community. The real challenge also lies in the ability to ensure they become self-sustaining.
- **Strengthening families' social and emotional wellbeing:** The national evaluation of the Improving Futures programme segmented mental health

1. Introduction and context

support into two parts: a) promoting wellbeing and resilience and b) supporting diagnosed mental health illness and signposting to more specialist services. In addition, almost all of the approaches embedded what is known about what works in promoting positive mental health in families – particularly around: addressing the wider environment for the child; reducing stressors on the family through practical help; and providing courses and training to improve confidence and skills for employment for parents. The evidence that stress, anxiety and social isolation reduced over the course of the programme reflects the experiences reported by projects; that their approaches to supporting families were effective in improving wellbeing. There was also evidence that the prevalence of self-harm decreased slightly by the time families exited the programme.

- **Improving knowledge transfer between VCSEs and the public sector:** Nationally it was found that the Improving Futures programme achieved its aim of improving learning and sharing best practice between public services and VCSEs. The main services to have benefited from the knowledge transfer seem to have been schools, who learnt more about how to support children with behavioural difficulties and how to engage with the whole family, and local authorities, who learnt a lot from comparing their own family support with the approaches adopted by the Improving Futures projects. In most cases this knowledge transfer was tacit and intangible – leading to a greater understanding about how to support the whole family at an early intervention level but not necessarily changing specific delivery models or approaches.

These themes provide important context for this current evaluation and have helped to inform the way in which we have understood the objectives of Family Action's Family Support Services in Southend and Haringey. In particular, their focus on developing a schools-based delivery model of practice, and the ways in which this may lead to the intended outcomes being achieved have driven the design of the evaluation.



2. About the services and the Theory of Change

2. About the services and the Theory of Change

Overview

Family Action has received funding of £2.15M over five years to provide Family Support Services in central Southend and the London Borough of Haringey. The funding provides for assessment and support planning for families, weekly 1:1 support at home or at school, and a range of support activities, including parenting workshops and befriending.

The Southend service operates a home-based model, providing families with weekly 1:1 home-based support from a Family Support Worker, along with parenting workshops in schools. The Family Support Worker may also accompany the family to meetings or appointments, particularly with other agencies or health and social care services. Families receive support for between six and nine months. The core service in Southend is supported by parenting groups in schools, organised family outings, and recruitment of volunteers to help provide ongoing support when the Family Action service is coming to an end. This aspect of the service is particularly focused on helping families to build and maintain effective social and support networks in their local community.

The service in Haringey also offers a home-based 1:1 support service, with the addition of a drop-in service for parents based in local schools. Parents who require shorter term support, particularly in relation to practical issues such as housing and benefits assistance, or short term counselling, are able to receive between six and ten sessions, based in their child's school. In addition, the Big Lottery funding provided in Haringey also enabled Family Action to run Kidstime workshops alongside the Family Support service. These workshops support families where a parent is affected by mental ill-health, providing a safe space for

adults and children to talk about it, with the aim of helping children to understand what has happened to their parents, and for families to find solutions to the stresses mental health problems bring.

The Haringey service is supported by a local charity, Markfield, which provides family befriending and tailored parental support for families with children who have additional needs. This includes skills transfer for teachers in local schools.

The Haringey service (known locally as Building Bridges) specialises in the mental health and well-being of parents, while the Southend service (known locally as Stronger Families Future Communities), has a particular emphasis on improving self-esteem and confidence among family members, and to increase attendance and attainment at school.

Family Support Workers co-ordinate Team Around Family (TAF) meetings where needed, usually once a term, and act as Lead Professional for the family, liaising with others involved with the family across education, health, social care, and the criminal justice system. The workers also signpost or refer to other agencies as appropriate.

This is in line with the overall aim of the Improving Futures Programme: to provide holistic support for families across a wide range of areas such as parenting advice, behavioural change, and advice and practical assistance on issues such as housing and benefits. Among the key features of the support system is the broad range of referral partners, established in order to be able to reach out to a maximum number of families. Equally important for the success of the programme is co-ordination with a wide range of local partner agencies.

2. About the services and the Theory of Change

Referral criteria

Families with a child up to the age of 10 can be referred for support. However, the primary reason for referral may centre around the need for parental support, irrespective of whether or not there has already been an impact on the child's learning, behaviour or attendance at school.

Workforce

In Southend, four Family Support Workers provide a home-based service for families, supported by a team administrator. In Haringey, there are three Family Support Workers. One provides the drop-in service for parents in five schools in the borough. The other two Family Support Workers provide a home-based support service. Each site has a full-time project manager who provides supervision and professional development support for the support worker team.

Intended outcomes (the Theory of Change)

Family Action's services provide wide-ranging, holistic support for families with complex needs. The Family Support Workers work closely with schools, social services, community groups, and other agencies across the wider health and care system, meaning that there are potential outcomes for a number of different stakeholder groups. These are set out in the Theory of Change diagram on page 16.

There are also a number of intended longer term impacts set out in the Theory of Change. These longer term impacts are beyond the scope of this evaluation, however, they are linked directly to the short term outcomes which

we aim to evaluate in this piece of work.

Family Action's Family Support Services in Southend and Haringey offer holistic support to families through direct 1:1 support with parents and children, group activities, communication and skills development with other professionals, signposting, and engagement in wider community development and capacity building activities. Given the nature of the services this means that all of the activities and outputs in the Theory of Change contribute to many different outcomes and impacts. For example, parenting workshops in schools can lead to greater parental engagement, greater self-esteem and empowerment, development of new family support networks, and volunteer recruitment for befriending and peer support. This in turn can lead to greater resilience among family members to deal with future challenges. Equally, the 1:1 support provided by Family Support Workers with parents may directly contribute to those outcomes.

Evidence shows that parents and children in need of support particularly value and engage with services that are easily accessible, staffed by practitioners who are approachable and responsive, and which offer culturally sensitive services.¹ Attention to strengths as well as needs, and a focus on supporting the whole family are also important characteristics of services that families value. The evidence shows that effective engagement and retention can have an impact on a range of different outcomes for children and families.

¹ *An Equal Start: Improving outcomes in Children's Centres, The Evidence Review.* UCL Institute of Health Equity, 2012. Available at: <http://www.instituteoftheequity.org/resources-reports/an-equal-start-improving-outcomes-in-childrens-centres/an-equal-start-evidence-review.pdf>

2. About the services and the Theory of Change

A report of the evidence on early-years experiences, and outcomes and inequalities throughout life, showed that good parental mental well-being that is sustained is fundamental to positive outcomes for children.² The evidence also showed that parents' mental health is associated with a range of positive outcomes. Equally, the impacts of poor maternal mental health on children are significant, often directly influencing the parent–child relationship by making parents unpredictable or irrational, creating a harsher discipline environment, and impacting on children's ability to form attachments and to create trusting and nurturing relationships with adults. Whilst more research is starting to look specifically at fathers, it appears that their mental health still has less of an effect on children's outcomes than mothers.³

The report also shows that from birth, poor mental well-being is correlated with lower rates of breastfeeding, delayed language development, greater levels of misconduct, reduced social and emotional competence, sleeping problems, physical ill health and lower levels of attachment, with the associated detrimental effects of this. Short periods of mental ill-health can impact on children's social, emotional and behavioural development, although this is not as substantial as it is for children who live with parents who have prolonged or repeated episodes of poor mental wellbeing.

This means that improving parental self-esteem and empowerment, confidence in parenting, engagement in child development and learning, and access to a wider support network are important outcomes for parents. These are likely to lead to more positive outcomes for children and the wider family, including reduced behaviour difficulties, improved attendance at school, and a reduction

in the negative impact of contributory factors such as mental ill-health.

The same report shows that mothers with extensive social networks have more positive interactions with their children than mothers with smaller networks. They tend to praise their children more and are less controlling than mothers who are not happy with their social networks. This improved parenting capacity leads to families being more resilient in the future, and improves child outcomes.

Family Support Services – of a variety of approaches – have been shown to be a powerful way to help parents manage their stress and promote positive mental health, as well as improving parenting in general. Features of successful family support include: ongoing support when the intensive phase has ended, a strong relationship with a significant professional, and working from a universal centre so as not to introduce a sense of stigma.⁴

Programmes with an intensive period of home visits from the same and consistent professional are also very important in order to achieve positive, sustained outcomes.⁵

^{2,3} *An Equal Start: Improving outcomes in Children's Centres, The Evidence Review.* UCL Institute of Health Equity, 2012.. Available at: <http://www.instituteofhealthequity.org/resources-reports/an-equal-start-improving-outcomes-in-childrens-centres/an-equal-start-evidence-review.pdf>

^{4, 5} *What Works in Parenting Support? A Review of the International Evidence,* Policy Research Bureau, 2004. Available at: <http://www.prb.org.uk/wwiparenting/RR574.pdf>

Inputs

Project funding (5 years)

Southend = £1,079,951
Haringey = £1,071,138

Core staffing

Project manager in each site
Family Support Workers x7 (4 in Southend, 3 in Haringey)
Volunteers
Markfield Family Befrienders – Haringey

Partner time and staffing

Markfield (Haringey)
Ecorys (national evaluation)
Partners attending project steering group
School time & resources

Family Action central team

Programme oversight & steering group, operations management
Impact and influencing team

Facilities

Office space
Schools – space for drop-in support

Referrals

Referrals from partners: NHS, Social Services, Schools

Referral criteria – child up to age 10

Service users

Parent time to engage with Family Support Worker, and/or to attend parenting groups, and/or befriending, and family outings

Children's time to engage with support activities

**FAMILY ACTION – IMPROVING
FUTURES THEORY OF CHANGE
UPDATED MAY 2017**

Activities

Assessment & planning

- Baseline and follow-up assessments using Family Star
- Development of Support Plan and Review
- Signposting to other organisations if families don't meet referral criteria
- Liaising with local stakeholders to advocate on families' behalf (act as Lead Professional)

Family Support Service

- Weekly 1:1 support from Family Support Worker at home (practical and emotional support for whole family) – 6-9 months
- Family outings
- Signposting
- Fill gaps before therapeutic services have capacity to take referral
- Provide families with opportunities to share their views
- Mentoring support for young people
- Co-ordinate termly TAF meetings

Schools model - Haringey

- Weekly crisis management drop-in service in schools
- Markfield also provide in Haringey:
 - Family Befriending
 - Strengthening families and communities parent groups
 - Bespoke training for special educational needs
 - Befriending toolkit

Schools model - Southend

- Parenting groups in schools & volunteer recruitment

Support activities

- Profile raising / service promotion (parents evenings, coffee mornings)
- Team meetings (e.g. Social Care attend therapeutic group meetings in Southend)
- Building relationships with schools and other agencies
- Family Support Worker development and supervision

Outputs

300 families supported by the end of the project (5 years)

Schools engaged in referral / drop-in

Volunteer and Befriender Recruitment / engagement with families

Family outings

School staff trained in special educational needs

Parents attending parenting groups

Direct 1:1 time with families provided

Longer term impacts

Children

- Improved educational attainment
- Earlier diagnosis of additional needs and response

Families

- Better access to befriending support
- Earlier intervention for more families
- Complement Social Services, where families require more tailored support
- Fewer cases referred for more specialist support
- Families more resilient and able to deal with future crisis / life events
- Increased family aspirations

Wider impact

- Improved partnership working across local statutory and voluntary and community sector services
- Better sharing of information
- Increased volunteering within the local area
- Better utilisation / more appropriate referral to support services across the system

Short term outcomes

Children

- Improved attendance at school
- More engaged in school life / learning
- Repair difficult school relationships
- Improved self-esteem
- Increased peer support at school
- Reduced behaviour difficulties

Parents

- Parents more engaged in school life / learning (+ greater confidence)
- Increased parent satisfaction and confidence in parenting
- Improved self-esteem and empowerment
- Improved relationships between parents and schools
- Improved relationships between parents and children
- Parents have access to a support network beyond the period of Family Action involvement

Families

- Bridge gaps in provision of statutory services
- Improved access to essential resources
- Families stay engaged with more specialist services when needed
- Greater integration into local community resources and activities
- Stronger and more positive social ties
- Better access to other support services through signposting
- Improved engagement with local community
- Development / strengthening of sustainable support network(s) for families following support
- Reduction in impact of contributory factors – mental health (child & adult), substance use, domestic violence)
- More appropriate use of statutory services
- Greater support from wider family where relevant

Schools

- Staff more equipped to support children at risk
- Schools better linked into other services
- Greater knowledge of what works / best practice
- Increased parental engagement
- Reduced levels of behaviour difficulties

The 'system'

- Gaps between other services are filled / bridged
- Reduced demand on statutory services
- Stronger relationships between schools and voluntary sector services
- Improved learning and sharing of best practice
- Replicable models of effective, tailored support to families

2. About the services and the Theory of Change

This evaluation focuses on the current funding year of the Improving Futures programme in Southend and Haringey (July 2016 to June 2017), which is the final year of funding provided by the Big Lottery Fund.

The purpose of the evaluation is to enable Family Action to learn about the effective elements of the service, and where any changes may be required in order to ensure the greatest impact from the service. This report also aims to make the case for sustained service delivery, including potential different funding options to ensure the continuity of successful delivery models. For the Southend and Haringey services, with their schools-based model, funding options may include direct funding from schools.

The remainder of this report is presented in three main sections which cover:

1. The approach we have taken to evaluate Family Action's Family Support Services in Southend and Haringey, and the limitations of our approach
2. Findings from the evaluation, grouped into a number of key themes that have emerged from the data and address the key aims of the work, and
3. Conclusions and recommendations for future service delivery.

Research aims

The evaluation was designed to address the following aims:

Success / outcomes of the schools-based model

1. To explore the success of the schools-based model of service delivery.
2. To identify the impact of the schools-based service delivery on the outcomes of children and their families.

Theory of change

3. To develop an evidence-based Theory of Change for the schools-based service.

Referrals process

4. To assess the outcomes of the children/families accessing the schools-based service against those of families accessing the service through a different referral route (if possible within the evaluation sample).
5. To assess the impact of the schools-based model on referrals and joined-up working.

Behaviour and attainment

6. To identify the impact of the service on child behaviour and attainment within the schools the service is delivered in.

Income and funding

7. To examine the viability for Family Action diversifying income streams towards a funding model based on schools paying for the service in the future.



3. Evaluation methods

3. Evaluation methods

This was a mixed-method evaluation using quantitative and qualitative methods focused on assessing the outcomes of the schools delivery model in Haringey and Southend. The fieldwork was carried out between December 2016 and March 2017 and involved Practitioners who refer into the service, Family Support Workers, Project Managers, and families who have received support. Service and outcome data for the current funding year (1st July 2016 to 21st March 2017) was also analysed. We have not attempted to draw any comparisons with previous years.

Five data collection tools were developed to gather data from key stakeholder groups involved in the services, and these were designed jointly with the Family Action core team:

1. An online survey of key staff in schools and other agencies who either refer into the service or who have worked closely with families that have received support from Family Action. This covered topics such as awareness of the service, reasons for referring families, outcomes observed for families who have received support, and feedback on how Family Action's Family Support Service works with other agencies.
2. An online survey of all Family Action Family Support Workers in the Southend and Haringey services covering topics such as: typical presenting issues, the type of support provided to families, level of engagement with the service, outcomes observed, and benefits of the service to the wider care and support system in each area.
3. A survey of parents who have received support from Family Action covering topics such as: reasons for seeking support, referral routes, and benefits of the support received.

4. Face to face semi-structured interviews with families receiving the service, either in their homes or at a local Children's Centre. These covered areas such as why the parent or family felt they needed help from Family Action, how they came to be connected with the service, the type of support they had received, and the changes in family and school life since they have been involved with their Family Support Worker. The interviews also covered questions such as where else the family would have gone to for help, and details of any other support they were receiving or had received in the past. On one occasion, an interpreter was used to carry out the interview.
5. Short telephone interviews with the two project managers, to discuss the delivery models in more detail, their respective strengths, and future opportunities for the services.

Service and outcome data collected by each service was also analysed and put together with the analysis of survey data, and thematic analysis of interview data against the key outcome areas in the Theory of Change. This included: demographic data of families who have received support during the current year, referral data (source and reasons for referral), and Family Star outcomes on entry to and exit from the service.

All data was synthesised to develop the key themes and findings set out in this report. More detail on the methods used for this evaluation, including the profile of survey respondents and the specific data collection tools, is included in the appendix.



4. Findings

4.1 Accessing the service and user profile

Accessing the service and the profile of users

A total of 100 families have received support from Family Action's Family Support Services in Southend and Haringey during the funding year to date (1st July 2016 to 21st March 2017). This includes families that Family Action began working with in the previous year.

38 of these were in the Haringey service, and 62 in Southend. This is just under 13 families on average per Family Support Worker in Haringey, and 15.5 per Family Support Worker in Southend.

At the time of this evaluation, a total of 47 referrals had been received across the two services in the current funding year (1st July 2016 to 21st March 2017): 27 new referrals for the service in Southend and 20 for Haringey. A total of 30 referrals were expected for the full year in each site. This means that it is likely that numbers will be exceeded in Southend in this funding year.

15 of the 20 new referrals into the service in Haringey remain active, and 21 of the 47 referrals to the service in Southend. According to the service data, there are six families in Southend still receiving support who were referred before July 2016, and two in Haringey.

In terms of key demographic indicators, the profile of service users suggests that the service effectively reaches a broad cross-section of the population, and may be particularly effective at reaching those among black and minority ethnic groups in Haringey.

The latest Census identified that the population of Southend is becoming more diverse, with 8.9% from a BAME group in 2011 compared to 4.2% in 2001. According to the Census 2011, 65% of the Haringey population are ethnicities other than White British. This is higher than the London average figure of 55%. It was estimated that the largest BAME groups in Haringey are Black Caribbean (7.1%) and Black African (9.0%).

Service data for the current funding year shows that 70% of families accessing the service in Southend are from a white background, with only 42% in Haringey (figure 1). However, some caution must be taken with this data given the high number of 'unknown' records in Southend (27%).

Monitoring data provided for the national evaluation shows that 88% of families that have received the service in Southend are from a white British background.

21% of families that received support in Haringey were from an African background which is noticeably higher than the proportion in the local population. This may suggest that the service is effectively reaching those with a greater need in this area.

This profile is also supported by the demographics of the families we interviewed, and those who completed the survey.

In terms of the age of service users, the data did not show any particular trends when compared with the age profile of the local areas.

4.1 Accessing the service and user profile

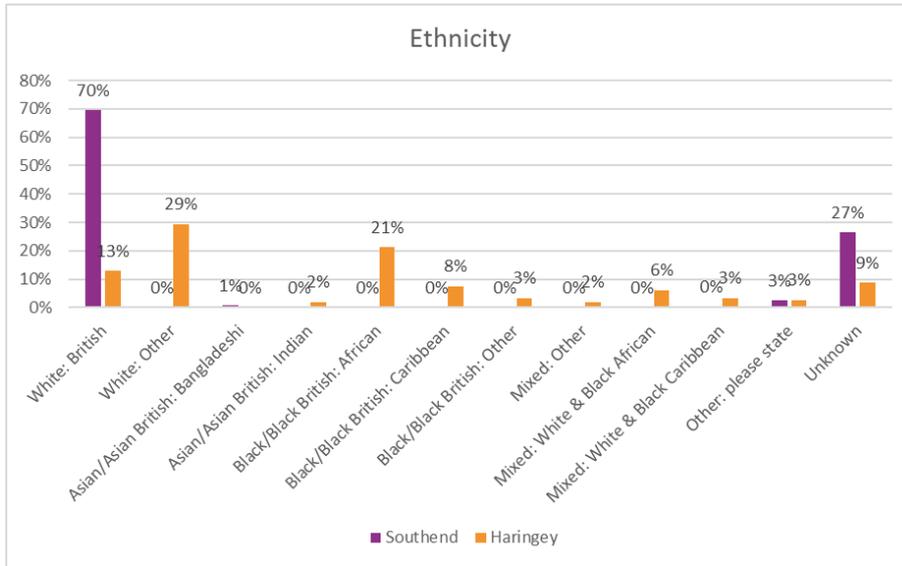


Figure 1: Ethnicity of families who have received support in the current funding year

Gender

In terms of gender, the service is equally effective at reaching both men and women. The proportion of women who access the service in Haringey is higher than in Southend, however, there is no evidence from the evaluation to suggest any specific explanation for this. Two of the fathers we interviewed told us that the school referral route had provided them with an easier point of access, since they could go and see a Family Support Worker face to face rather than having to fill in a form or make a phone call at another time.

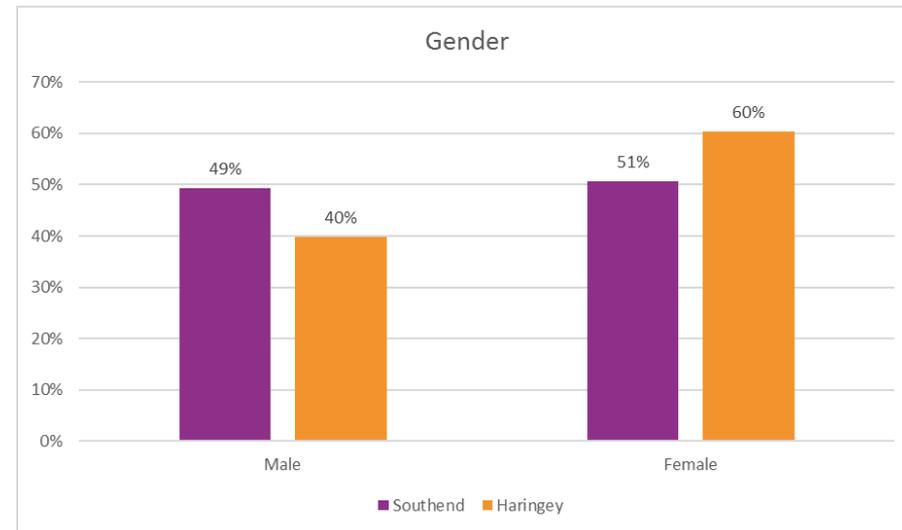


Figure 2: Gender of parents accessing the service in the current funding year

4.1 Accessing the service and user profile

Primary reasons for accessing support

In Haringey, Practitioners who refer into the service gave the primary reasons for referring a family or child as parenting difficulties (88%), behavioural issues among children (75%) and housing issues (50%). Mental health issues were much less frequently given as a primary reason among Practitioners who refer into the service, despite this being stated as a key focus area in Haringey. The results are similar in Southend, with 100% of Practitioners who responded to the evaluation survey citing parenting difficulties as a primary reason, and 83% behavioural issues among children.

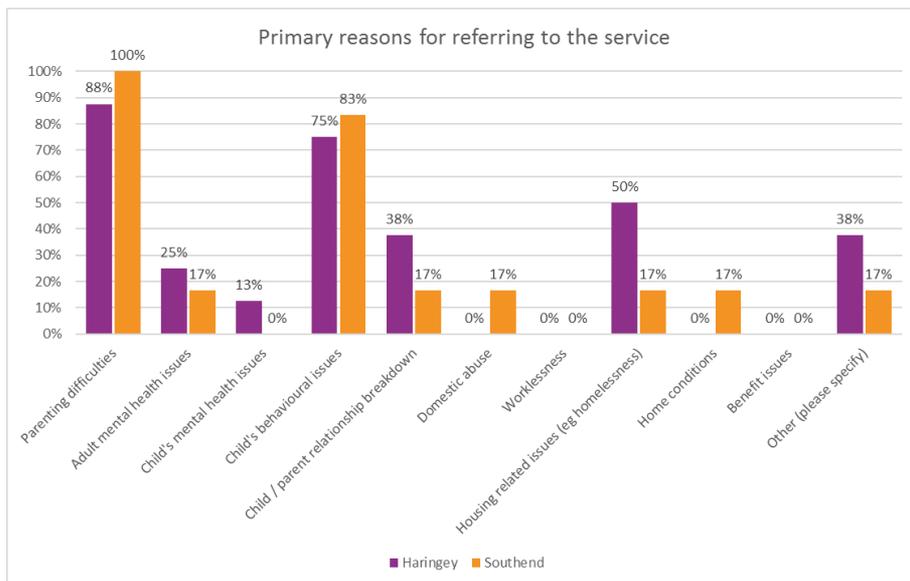


Figure 3: Primary reasons for referrers accessing the service

All other reasons were much lower in frequency, including housing which reflects the greater pressure on the housing sector in Haringey compared with Southend.

Southend's Joint Strategic Needs Assessment (available at: http://www.southend.gov.uk/downloads/download/356/joint_strategic_needs_assessments) notes that homelessness rates are "not significantly different from England or its comparator authorities". Public Health England figures from 2016 rate the homelessness situation in Southend as significantly better than the England average, while similar figures for 2015 show Haringey as significantly worse. The London Borough of Haringey faces extraordinary pressures in this area: at the end of March 2014, the borough counted 2869 households in temporary accommodation. Data shows that there were 762 statutory homeless people during 2013/14 in Haringey (7.2 per 1,000 households), with only 11 in Southend (0.1 per 1,000 households).

Data submitted by Family Action to the national evaluation of Improving Futures shows that on entry to the service, parenting anxiety or frustration was the most common risk factor identified by Family Support Workers, followed by problems with discipline and boundary setting, and stress or anxiety. These were the top three risk factors in both services.

Risk factor on entry to the service	Haringey	Southend
Parenting anxiety or frustration	72%	44%
Problems with discipline and boundary setting	72%	42%
Suspected or reported stress or anxiety	42%	30%

Table 1: Proportion of families with the reported risk factor on entry to the service

4.1 Accessing the service and user profile

The results among a sample of parents in Southend and Haringey were much more mixed. Taking steps towards employment, building relationships with the school, and improving housing were rated as the most important areas that parents felt they needed help with. This is different from the reasons given by respondents to the Practitioner survey and suggest that the type of need from the perspective of an individual parent or family, may be quite different from that which is seen by professionals. This may also be due to new issues surfacing as the Family Support Worker begins working with the family.

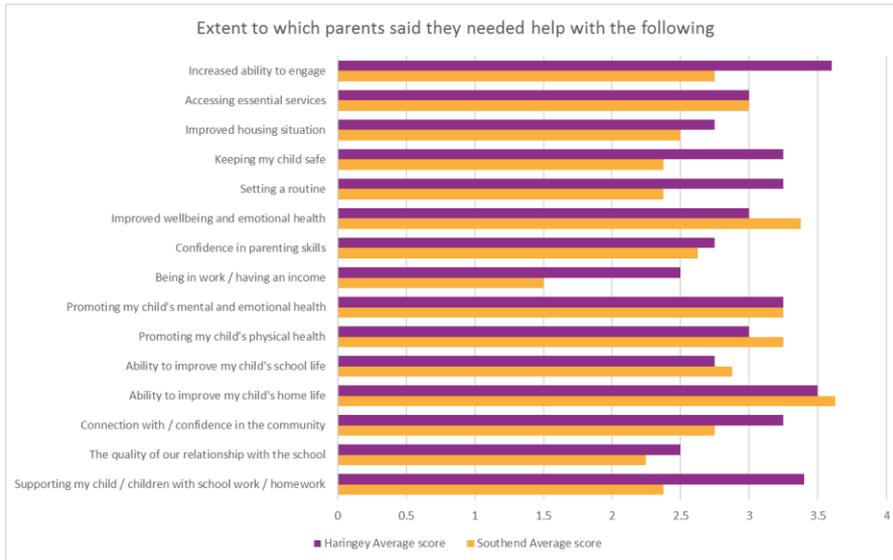


Figure 4: Primary support needs identified by parents in Haringey and Southend

Despite these differences in primary reasons for support, building confidence and self-esteem is a common underlying feature. For example, one Family Support Worker felt that rebuilding self-esteem was a key positive attribute of the service:

“To see families/parents low self esteem rebuilt and to see this being implemented within family/work” – Family Action Family Support Worker.

All of the families we interviewed had some element of low confidence, especially dealing with professionals and agencies, or felt isolated in some way, sometimes because of language issues, but in other cases because of a lack of social networks.

4.1 Accessing the service and user profile

Waiting times

The average times from referral to initial contact with a Family Support Worker are shown in Table 2 below. This is the number of weeks from when a referral is received to when the case becomes active as recorded in Family Action’s Case Management System. Waiting times for the service in Southend are generally longer, however, many factors may influence this including how quickly a family is willing to engage with the service.

Service	Average waiting time (weeks)	Maximum waiting time (weeks)	Minimum waiting time (weeks)
Southend	8.5	31	Less than 1
Haringey	5	29	Less than 1

Table 2: Number of weeks from referral to initial contact

In Southend, around 40% of families waited for up to six weeks, with a further 35% up to 12. The profile in Haringey is noticeably different, with around 85% waiting up to six weeks.

These results are similar to the experiences of families who provided feedback for the evaluation. In Southend, 63% of parents who responded to the survey said that they waited up to four weeks. Only one person waited more than two months.

However, none of the families we interviewed in either area reported issues with waiting times. While we did not ask referring agencies specifically about waiting times, one Practitioner in Haringey identified that the biggest benefit of the Family Action service across the wider support system in the borough was a *“Greater understanding between services of what other agencies may be able to offer without very long waiting lists. More instant contact and support to families in the community.”*

Anecdotal feedback also suggests that waiting times for Family Action’s services are less than other agencies in the local areas.

4.1 Accessing the service and user profile

Level and complexity of need

There is limited quantitative data available to provide an insight into the level of need, or complexity, of families accessing the service. Family Support Workers capture data on the number of outcome areas identified for each family at the time of the first assessment. The outcome areas are selected from the following:

- Parenting issues
- Learning disability (Parent)
- Domestic abuse/violence
- Risk of homelessness
- Housing
- Substance misuse (Parent)
- Mental health of parent
- Family relationship breakdown
- Adults' relationship
- Destabilising event
- Antisocial behaviour
- Worklessness
- Financial problems
- Isolation
- Education issues
- Emotional welfare child
- Physical welfare child
- Mental health of child
- Self-esteem/Risky behaviour child
- Substance misuse (Child)
- Neighbour/community issues
- Information/advice

The data shows that the majority of families have three or four outcome areas identified (figure 5). Haringey has a higher proportion with four or more areas identified.

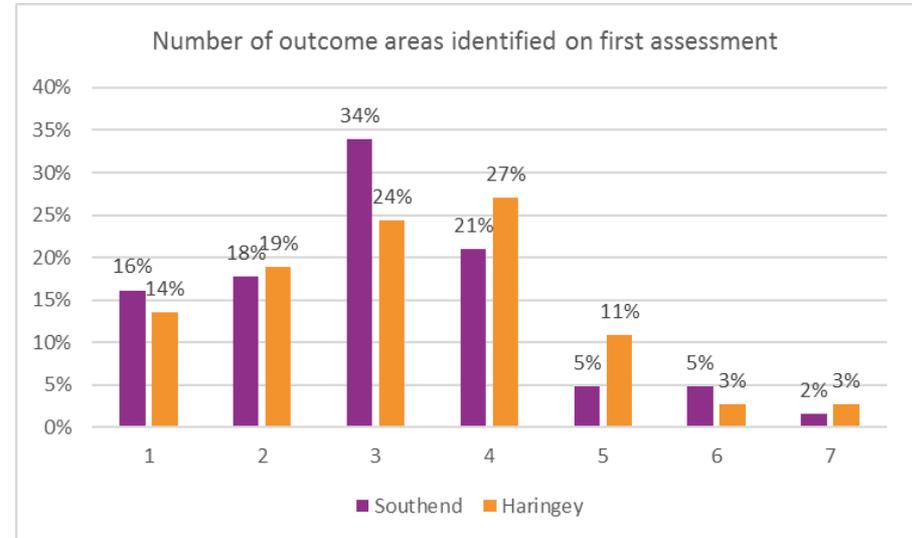


Figure 5: Number of outcome areas identified on first assessment by Family Support Workers

However, it is difficult to infer anything specific about level or complexity of need from this data. The level of need and the complexity of individual cases is especially hard to quantify, given the varied nature of presenting issues and each family's own circumstances.

4.1 Accessing the service and user profile

Despite this, the findings from our qualitative research can be grouped into three main areas of high need which help to describe the complexity of families accessing the Family Support Services in Southend and Haringey:

1. At least one escalating issue which has the potential to breakdown the family unit (such as a tenancy breakdown), combined with multiple areas of underlying need (such as mental ill health or isolation)
2. A complex and high level of support need arising from the family's involvement with a number of care and support agencies, requiring co-ordination efforts on top of an already challenging home environment
3. A high and acute level of support need, originating from a situation of exhaustion, extreme stress, or pressure on one parent.

One of our Haringey-based interviewees illustrates the first category. Emily, a single mother of seven needs to address her own psychological issues, in a situation where her basic care duties for small children are still very demanding. Additionally, the special needs of some of her children require a substantial co-ordination effort to put in place the adequate support in terms of schooling and other one-to one support work involving different agencies for each child. A strain on the housing situation with the potential for eviction adds to the complexity. From an outcome perspective, the family needs and has obtained, through Family Action, both the emotional and the practical support in organising the important volume of agency contacts, and additional translation services. Support for parenting skills, although not the centre of the service, is adding additional and much needed practical help and confidence for Emily, and her older children are provided with career orientation that she cannot provide.

The case of Tom from Southend is a good example of a high level of support need arising from involvement with many agencies (see page 32 for more information about Tom's story).

Tom needs to build his parenting skills in order to be an effective parent for his daughter. However, the need to co-ordinate and engage with social services and the family courts has created the need for active support and coaching. Once the agency co-ordination had been dealt with, Tom could entirely focus on his parenting skills and it has also freed up time to work on his career.

In our sample, the third category is typically generated by a medical issue, such as one parent losing mobility, or a single parent facing high medical and psychological support needs for one or several children. In two cases, one parent lost mobility, and the main parenting and carer tasks fell upon the other parent. This led to exhaustion, in one case compounded by a history of living in temporary accommodation for ten years.

The flexible approach of Family Action's Family Support Services has avoided a crisis in both cases, through focused interventions combined with a more sustainable counselling and support system involving other agencies. This type of support is often not provided by other agencies.

4.1 Accessing the service and user profile

Summary of key findings

1. The data suggests that both services effectively reach a wide cross-section of the population, and in particular both men and women – anecdotally the school route may be an effective way especially for fathers to access the service
2. The primary reason for referral/seeking support is similar in both areas, with an emphasis on parenting, rebuilding confidence and self-esteem, and emotional well-being, which in turn has a potential positive impact on the behaviour of children at school. The latter is seen by some referrers as the main reason for engaging Family Action. There is also a need for support around housing issues in Haringey, which is likely to be a reflection of the severe pressure on housing in this area
3. Families often view their needs differently from professionals, highlighting the need for the Family Support model to be flexible, and to adapt to new or underlying issues as they emerge once the support plan has begun
4. Both services work with families that have a high level and complexity of need. This is not something we can define or quantify based on the data available, however, there is evidence of three broad categories of need that can be described from the qualitative evidence gathered during the evaluation.

4.2 Referral pathways

Referral routes

There are quite noticeable differences in the main referral routes across the two sites.

In Southend, 82% of referrals for active cases in the current year came from a school. The majority of these came from three schools: Milton Hall Primary School, Porters Grange School and Temple Sutton Primary School and Nursery. 15% of referrals were from social services, and 3% from health visitors or children's centres.

The picture in Haringey is much more mixed. 34% of referrals were from a school, 13% from children's social services, and 11% were self-referrals. These self-referrals may be primarily referrals to the drop-in service. The remainder were from a mix of agencies including Child and Adolescent Mental Health Services, Early Years service, Housing and Adult Mental Health. School referrals were concentrated in two of the six schools that referred families to the service (Lordship Lane Primary School and Mulberry Primary School). The service is already aware of this and is taking steps to increase awareness among the other four schools, including to potentially encourage more self-referrals.

These results are likely to reflect the different service profiles in each area. In Haringey, the evidence points to Building Bridges as a service that often provides a 'step-down' from statutory agencies, in particular local authority funded services and the NHS. This is particularly important as the pressure on funding for these services continues to increase. The service also effectively offers support before families require more intensive help or crisis intervention.

In Southend, the evidence suggests that there is less of an emphasis on 'step-down', and this is likely to be the result of the service being more focused around the needs of the participating schools.

These results highlight the flexibility of the family support model to adapt to specific areas of need within a local area. However, they also point to the need to offer a number of potential referral routes – not just through schools – in order to provide an effective option for supporting higher risk families in the transition from more intensive support to a more universal support offer that can support families on a path towards greater independence.

Ease of referring

Referring Practitioners found both services easy to refer to on the whole.

In Southend, 71% of Practitioners who responded to the survey said that it was 'very easy' to refer someone to Stronger Families Future Communities. 67% of respondents in Haringey gave the same response.

Reasons given included:

"Referral form is straightforward, focuses on information that is important rather than asking for in-depth information so parents are happy to engage in that process" – Southend Practitioner

"Always very helpful with up-to-date referral forms." – Southend Practitioner

4.2 Referral pathways

“We have a school based FSW [Family Support Worker] who communicated exceptionally well with the school” – Haringey Practitioner

“There were direct contacts and links with local Family Action staff” – Haringey Practitioner

“Referral forms are straightforward and communication is easy.” – Haringey Practitioner

However, a very small number of Practitioners do not feel able to refer everyone they want. Feedback suggests that this is largely due to the referral criteria, in particular the age of the children and the level of need or risk associated with the family being above the threshold of the service.

Among the Practitioners who responded to our survey, the highest number of referrals in Haringey came from teachers, whereas in Southend it was a Well-Being or Safeguarding Lead in a school. While this probably reflects, to some extent, a bias in our sample of respondents (the survey was targeted towards those who have engaged with the schools referral route in the current year), we do believe it provides some evidence of the effectiveness of this route into the service given the number of families these Practitioners have referred. It also supports having a small number of key staff who can raise awareness among other staff in the school to signpost families accordingly.

Alongside this, the data suggests that the majority of parents found out about the Family Action service through their child’s school (figure 6).

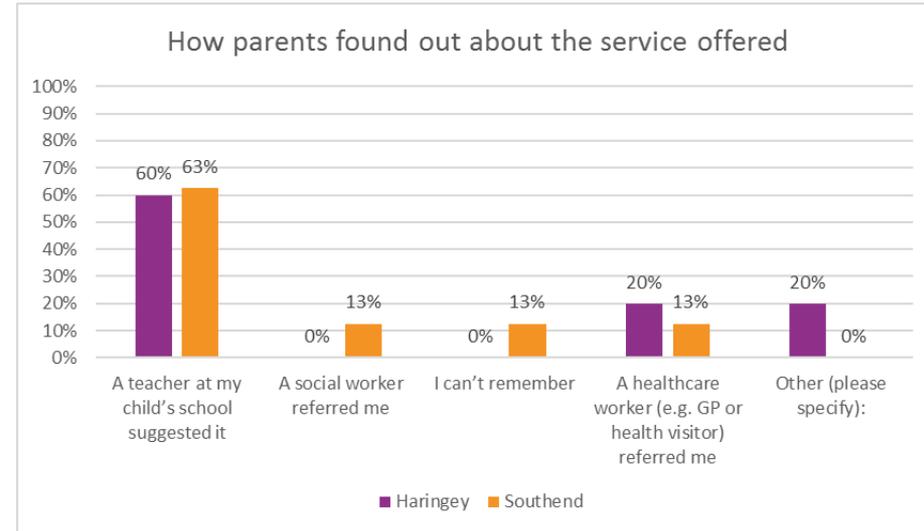


Figure 6: Parent reported referral route

This was also the case with many of the referring Practitioners who said that they heard about Family Action through a colleague at school, directly from a Family Action Family Support Worker or Project Manager, or from taking part in a TAF meeting at the school. One particular Practitioner noted:

“The fifth year of this project has been a service specifically aimed at schools, this is a good way to reach families that may otherwise not know about or access family support services. It offers opportunities for voluntary sector organisations to work with schools to help improve outcomes for children.”

4.2 Referral pathways

Summary of key findings:

1. It is clear from the evidence given by families and professionals that the schools model helps to raise awareness of the service among school staff. This means that the service is able to reach out to more families in need and promotes earlier intervention
2. Despite this, there is some evidence from the Haringey service that there would be value in maintaining a mix of referral pathways, as this can more effectively help to offer a step-down from statutory services
3. Practitioners generally find the service easy to refer to. This reflects both a simple referral process and strong 1:1 relationships that Family Support Workers have with staff in the schools they work with.

4.2 Referral pathways

Case story

(Names have been changed to protect the family's identity)

Tom, the Southend-based father of an eight-year-old, Tilly, was initially approached by the Family Action Family Support Worker at an appointment with another service that Tilly was involved with.

Eileen, Tilly's grandmother had been her main carer, and had recently passed away. As a result agencies were evaluating Tom's potential to be entrusted with the main parenting and care duties. It emerged that Tilly's mother's parenting capacities continue to be constrained by substance misuse and her refusal to undergo the necessary monitoring, or to co-operate fully with agencies. Tom, on the other hand, had not previously been approached, having served a prison sentence at the time of Tilly's birth.

The contact with the Family Action Worker led to the identification of three main areas of support needs for Tom to be put in a situation where he could be in full charge of parental responsibilities: parenting advice and training, as he was about to be a full-capacity parent for the first time in his and his daughter's life; advice, assistance and coaching in his dealings with multiple agencies, most notably the court system and social care; emotional and practical support for himself, including some support for his career/business.

Emotional support and ongoing work with the Family Star have empowered Tom to reach a point where he has found confidence as a parent and with his future career plans, creating a much more stable situation. Initially, Tilly tended to hide from agency workers and Tom was refusing to co-operate fully with social care. He was also unable to effectively communicate with the justice system. He had been angered by the perceived "constant turnover", and "box-ticking" culture of social care, and overwhelmed by the task to effectively explain his situation and contact with Tilly's mother in court.

Family Action provided the resource to enable Tom to self-manage his situation, grow into a caring and competent parent, and be in a constructive relationship with family courts.

4.3 Outcomes for parents and children

Outcomes for parents

The nature of the service as family-oriented support with a holistic approach and a main school referral route is likely to:

- Gear the work towards outcomes around problems arising in schools and around child behaviour and parent-child relationships, and
- Pick up common and locally most salient areas of need.

The available data supports this assumption.

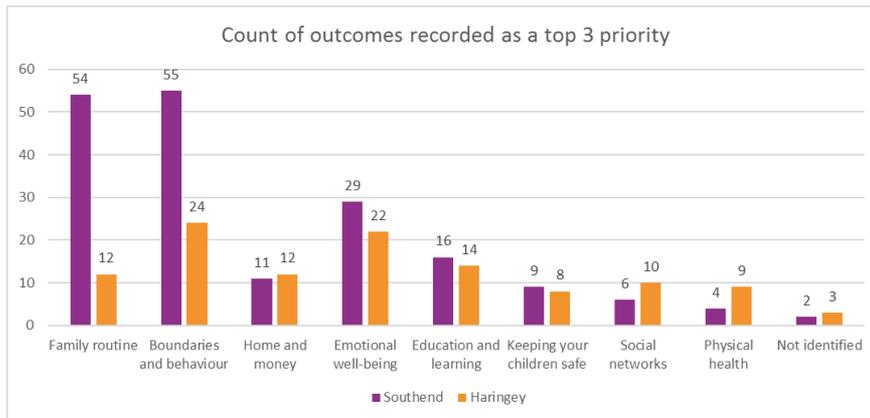


Figure 7: Top three priority outcomes identified on entry to the service by Family Support Workers jointly with parents

The services' own data shows parent-child relationship outcomes such as 'Family Routine' in Southend and 'Boundaries and Behaviour' in Haringey as top priority outcomes, with 'Emotional Well-being' as the third most important outcome (figure 7).

This is supported by the qualitative interviews, where parents gave responses ranging from learning how to be a parent to better understanding and communicating with their children, with much lower stress levels and conflict as a consequence.

Outcome data is collected using the Family Star tool, covering eight domains of need and support. Each domain is given a score out of 10. This information is collected at various points to assist with monitoring improvement and outcomes jointly with individual families, and to monitor the overall impact of the service. The data from the first and last assessments of families that have received a service in the current funding year is shown in figure 8. This is the average change in score for all families across each domain.

In Southend, the improvements are evident across all domains, with the greatest improvements in relation to setting boundaries (2.65 points) and routines within the family (2.8 points). In Haringey, the data also shows improvements in all areas, but with a more skewed picture towards improvements in relation to setting boundaries (2.8 points) and developing social networks (2.2 points).

4.3 Outcomes for parents and children

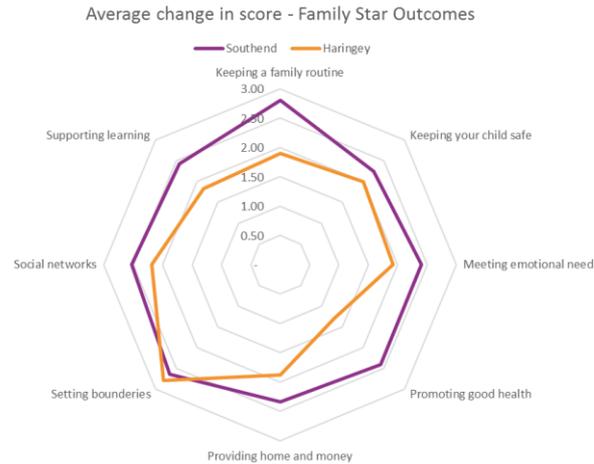


Figure 8: Change in Family Star scores between first and last assessment

In Haringey, the Family Support Workers' survey responses about outcomes widen the picture towards some of the complexity of issues that local families in the services typically face, with housing and access to local services in a more prominent place, alongside the more family-facing topics (figure 9).

In Southend, the Family Support Worker's responses reflect a focus on parenting improvements, personal well-being and accessing essential services as the most common local issues for families.

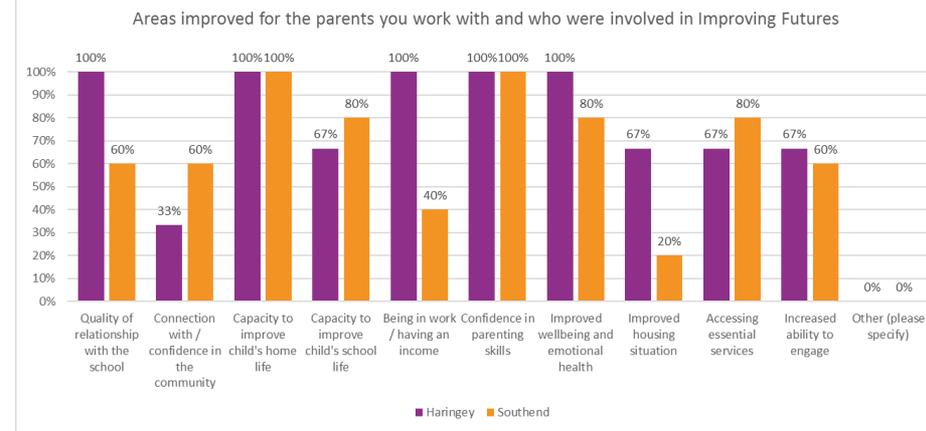


Figure 9: Improvement areas for parents as reported by Family Support Workers

Practitioner responses in both areas point in the same direction, with child behaviour and parenting difficulties highlighted as the main reasons for referral, and as the most visible outcomes of the service.

4.3 Outcomes for parents and children

Outcomes for children

The responses from Practitioners (figure 10) and the Family Support Workers (figure 11) on outcomes for children are substantially the same as those for parents, which is consistent with the mostly parent-facing nature of the service. Although Family Support Workers do some work with children, the main focus of the services is on parents, and the way they interact with their children. Similarly, if a child's behaviour and well-being is improved, this normally comes as a consequence of the parent's behaviour and actions.

The evidence shows that the services are clearly working in the way it has been designed, supporting parents to provide well-being and adequate support for their children at home, which in turn puts them in a position to support the child behaving and performing in the school. In this sense, the services do not replace the role of schools, teachers or parents, but empower parents to be effective and caring parents, which as a consequence improves the lives of children and effectively relieves schools from some of the daily pressures they face. This is likely to have a positive impact on attendance and attainment over the longer term.

4.3 Outcomes for parents and children

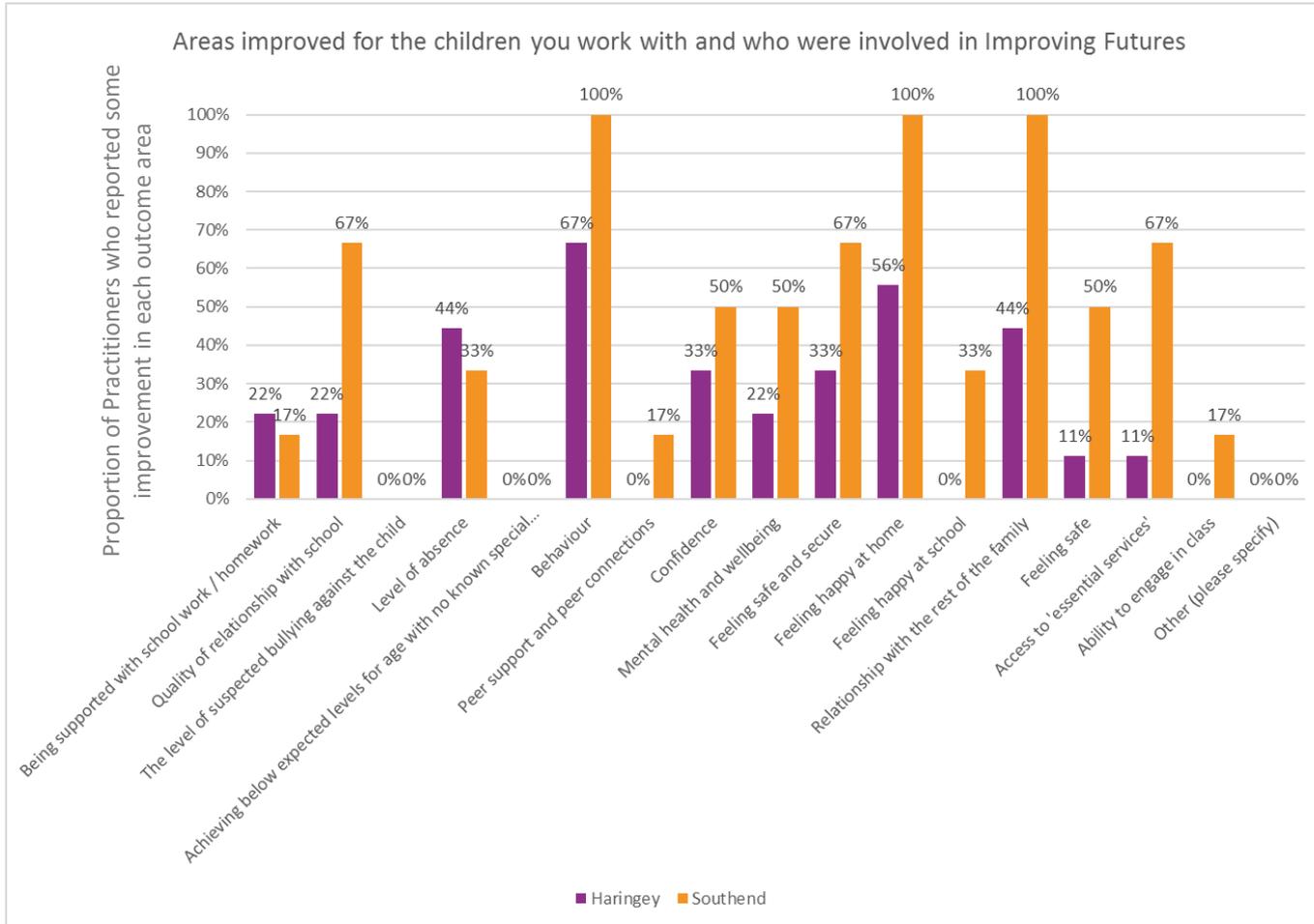


Figure 10: Improvement areas for children as reported by Practitioners

4.3 Outcomes for parents and children

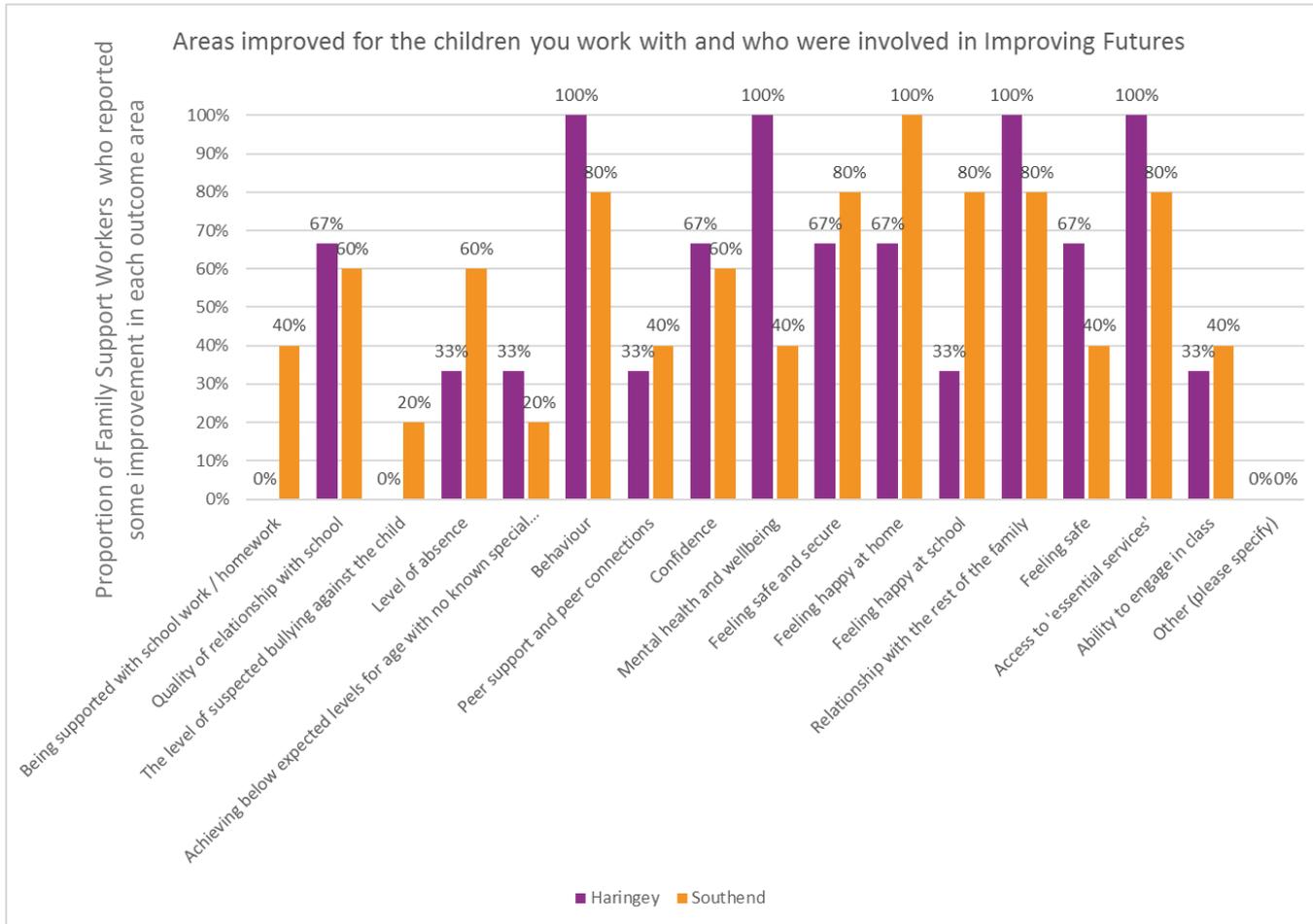


Figure 11: Improvement areas for children as reported by Family Support Workers

4.3 Outcomes for parents and children

Summary of key findings

1. The evaluation evidence shows that Family Action's Family Support Services generate a range of positive short to medium term outcomes for parents, across a wide range of areas – there is noticeable improvement for families in all outcome domains.
2. Our analysis shows that while these outcomes are quite varied, many are underpinned by improvements in parental well-being, confidence in parenting and ability to engage effectively with the school and other agencies. This includes receiving practical help to resolve immediate issues that cause stress and anxiety, and which contribute to an unstable home environment (such as housing issues or difficulty managing finances). This in turn has a positive impact on children's behaviour at home and school, and their ability to engage in learning.
3. The data suggests that the Southend service is also particularly effective at improving emotional well-being, however, there is potentially a greater complexity of need in Haringey (demonstrated by more families with four or more outcome areas identified on assessment) and more families referred for reasons of practical assistance, such as housing and immigration, which may skew these results.
4. Outcomes for children are also generally positive – as evidenced by the feedback from Practitioners who have referred families, the support workers who work with them, and the families themselves. In particular, stakeholders note an improvement in behaviour at school which, based on the evidence from this evaluation, is a direct result of improved parenting and life at home.

Case story

(Names have been changed to protect the family's identity)

Nusrat, a Haringey-based single mother of seven has been referred into Family Action's local service by the Council's Early Years' support, when that programme's activity period ran out. Nusrat was facing eviction, needed emotional support, and had substantial needs for practical assistance, including translation services, when organising a large number of appointments and contacts with agencies in relation to her children's learning disabilities, including autism.

Family Action could provide assistance in Nusrat's native language, at a time when the council's own translation service was unable to provide such support. In one of her main areas of need, emotional support has been provided to help her sustain the physical and psychological challenge of her parenting duties, and to care for her own well-being in the context of a history of suffering domestic abuse. The service also provided resources to accompany her to multiple visits with health, social and housing agencies, deal with an eviction threat and plan a future relocation, and organise the substantial load of appointments and agency contacts. The support worker also provides links towards local activities and professional orientation work for her teenage daughter Bianna.

The ongoing engagement with the support worker has given Nusrat and her children much needed emotional stability, enhanced arrangements to cater for special needs at school, and averted more acute crisis such as homelessness. The Family Action worker has been able to effectively engage with all family members, and to identify and cover additional needs for individual children.

4.4 Benefits across the wider system

Practitioners who refer to the Family Action services in Southend and Haringey were asked to identify the main benefits to other services from having access to this support: *“What is the biggest benefit for the system (e.g. better links between schools and other services, reduction in need for high end services)?”*

The most common benefits related to:

- Building stronger connections between families and schools, improving parental engagement and ‘bridging the gap’ between home and school
- Improving consistency in the way different agencies work together to support a family
- Filling a gap in the level of support a school can offer, and
- Facilitating earlier intervention.

Specific responses included:

“Excellent communication between families and schools as they feel they have an additional layer of confidential support.” – Haringey Practitioner

“Better links to other services” – Haringey Practitioner

“Early intervention for lower level family and parenting issues preventing the need for referral to Social Care” – Southend Practitioner

“The link between home and school. When there is support bridging the gap between home and school we see quicker results moving families forward.” – Southend Practitioner

“Reduction in need for high end services due to support in the home, early intervention” – Southend Practitioner

These points are supported by the findings from the interviews with families, many of whom reported greater confidence in their ability to deal with other agencies as a direct result of their support from the Family Support Worker, and improved relationships with teachers at their child’s school.

The feedback from Family Support Workers is consistent with this – they feel the service prevents escalation, improves links between the school and other agencies, and facilitates a multi-agency approach to early intervention.

There is also strong evidence that families stay engaged with the service. When asked to rate how well families stayed engaged with the service in Southend (on a scale of 1 to 5 where 1 is ‘very well’ and 5 is ‘not well at all’), 83% of referring Practitioners gave a score of 1 or 2. 100% of Family Support Workers gave a score of 1 or 2. For the Haringey service, the results are similar: 78% of Practitioners gave a score of 1 or 2, and 100% of Family Support Workers gave a score of 2.

4.4 Benefits across the wider system

Further to this, all Practitioners in both areas rated the service as ‘good’ or ‘very good’, citing its ability to engage parents who have been reluctant to engage with the school or other services in the past, and also the range of support available.

“The breadth of the service, including advice work, in-depth family support, training and befriending have offered a very valuable range of services to families. The ongoing funding for the project has meant that a number [of] families have engaged in the project and we have seen parents become actively involved in supporting each other through training and befriending.” – Haringey Practitioner

While it is difficult to compare to other services, as different services may have different referral and acceptance criteria, or different areas of focus within the support available, the data for the current funding year shows that families in Southend received support on average for 24 weeks, and in Haringey the average was 29 weeks. In Southend, 76% of families stayed involved for more than three months. This was slightly lower in Haringey (63%) and is likely to reflect the shorter term support provided by the drop-in service.

These findings are broadly consistent with the period of support described in the service model.

Potential for early intervention

The families who took part in this evaluation all demonstrated circumstances that had short term potential to escalate, for example housing or immigration issues, or difficulty engaging with other agencies that may have quickly led to intervention from the criminal justice system or social services.

Evidence from the feedback we received from the Family Support Workers who provide the service in Haringey and Southend, also points to the service being there to prevent escalation of issues and the need for involvement from other specialist services or agencies. This can help to reduce some of the burden on already stretched local authority services.

“It captures what early intervention is meant to be, especially as schools have direct access to a FSW [Family Support Worker].” – Family Support Worker from Haringey

“It allows intensive intervention for some families to prevent escalation to other agencies such as social care.” – Family Support Worker from Southend

“I believe the service offers an opportunity to families to make positive changes with support without the need for Social Care intervention, not only does this ease up on Social Care's caseload but it also allows the families that independence to make those changes and take responsibility for these changes.” – Family Support Worker from Southend

4.4 Benefits across the wider system

Benefits for schools

There is also strong evidence of the benefits of the services for schools. Improved parental engagement, focusing on families' assets and strengths rather than needs, and supporting parents' social and emotional well-being were identified by Practitioners as the areas that had improved the most within the schools involved in the services. The focus on assets and strengths within the family was particularly strong in Haringey where a Family Support Worker is based in the school. This suggests a possible added benefit of this model.

Schools also reported improved behaviour of children at school, a finding which is supported by the families that were interviewed and described earlier in this report. When asked to identify the biggest benefit for the families referred to Family Action's Family Support Services, Practitioners gave the following responses:

"Improved parenting strategies and confidence, especially linked to managing behaviour" - Teacher in Southend

"For those families I have directly worked with as part of the Building Bridges project, there have been improved family relationships, routines and behaviour support." – Support Worker with the Voluntary and Community Sector in Haringey

Based on responses received to this same question (to identify the biggest benefit for the families referred to Family Action's Family Support Services), there is also some evidence which points to the service providing a level of support not available within the school.

"More community support for vulnerable families" – Teacher in Haringey

"That parents and families are receiving support that they may not be accessing elsewhere." – Child and Family Care Worker in Southend

This is likely to increase further as funding pressures on schools continue to grow. A recent survey of Head Teachers in England showed that 71% of Head Teachers felt that they needed to cut back in some areas, or spend money from reserves, if they were to achieve a balanced budget. [ref: National Association of Head Teachers].

Furthermore, the survey of Head Teachers found that "almost 80% of schools are providing support for children with mental health issues from general school budgets, 'stepping in where cuts in health and social care funding have failed to meet the growing demand for support'."

4.4 Benefits across the wider system

Case story

(Names have been changed to protect the family's identity)

Kate, a Southend-based mother of two, had been referred into the service by a teacher who she saw as a trusted contact. Her ten-year-old son Simon was facing serious schooling issues and since her two-year-old daughter Anna was born, Simon had an increasing tendency towards lying, together with attempts to run away.

With the Family Action Worker assessing her parenting and family situation, Kate felt in a safe space to open up without any fear of having her children taken away. With her history as a very young single mother, despite her obvious success providing for her family ever since she had become a parent, Kate still lived in the constant fear of being judged as a bad parent, and felt a constant threat of her children being taken away from her.

Family Action provided Kate with emotional support to fully understand, embrace and value her history as a teenage mother. A string of counselling sessions helped her to both understand how her family's negative views and society's stigma about teenage pregnancies had created a situation in which she had constantly been attempting to over-discipline Simon and was very anxious about her daughter Anna. The active work on improving her parenting skills undertaken with her Family Support Worker eased tensions with Simon, and has put her relationship with Anna on a sound new basis. Her new self-confidence has greatly improved their daily life as a family, and enabled her to adequately address Simon's emotional needs. Kate is now working effectively together with the school to improve Simon's learning and achievements, and the imminent crisis and runaway threat have been averted.

Summary of key findings

1. There is clear evidence to show that many families engage well with the Family Action services, and stay engaged throughout the planned period of support – this offers a number of benefits across the wider system
2. Schools benefit in particular from having access to a Family Support Worker, providing a level of support that can't be provided in-house, and with a direct improvement in behaviour at school
3. The school pathway seems to offer an effective route for earlier intervention, although there is insufficient data on which to compare this to other referral routes.

4.5 Future considerations

Family Action's services in Southend and Haringey have both been extremely well-received by staff in schools, other referring Practitioners, and the families who have been supported. The outcome data collected by the services themselves also shows consistent improvements in those outcomes identified by referring Practitioners and families.

The parents who we interviewed, and who responded to the survey, suggested few improvements. One parent suggested a six monthly check-in call after the end of the support period, to review progress and help with any signposting if new issues had come up. Another suggested more opportunities to meet other parents experiencing similar issues:

“Giving information on what services are available to me out there, meeting other parents who may be going through the same as me” – Parent in Haringey

In terms of positives, parents in Southend highlighted the help they've had to communicate with other agencies and arrange appointments, to build confidence, and to come with new ideas around effective parenting.

“Helping to communicate and arrange appointments” – Parent in Southend

I like talking to [my Family Support Worker] and taking on board the advice I'm given. – Parent in Southend

“[My Family Support Worker] got me to see I am a good mum. – Parent in Southend

There are, however, two opportunities that this evaluation has highlighted:

- The importance of a clear Exit Plan, to reduce the chance of dependency on the service, and to offer ways for people to make positive and sustainable connections in their local communities, and
- To continue to focus on building community capacity through befriending and volunteering initiatives, thereby offering more opportunities for individual families to be supported beyond the Family Action support service. This will also help to build stronger collaboration between existing services and groups in the community.



5. Conclusions and recommendations

5.1 Summary of findings against the research questions

This evaluation has demonstrated a number of important findings in relation to Family Action's Family Support Services in Southend and Haringey. The evidence shows that both services effectively reach a wide cross-section of the population, and in particular both men and women. There is anecdotal evidence to suggest that the school route may be a particularly effective way for fathers to access the service.

The primary reason for referral / seeking support is similar in both areas, with an emphasis on parenting, rebuilding confidence and self-esteem, and emotional well-being, which in turn has a positive impact on the behaviour of children at school – the latter seen by some referrers as the main reason for engaging Family Action. There is also a need for support around housing issues in Haringey, which is likely to be a reflection of the severe pressure on housing in this area. However, it is also important to note that the primary reason for seeking support may be perceived differently by families and Practitioners. This highlights the flexible nature of the service model, and the ability of Family Support Workers to adapt the support they provide to new or underlying issues as they emerge.

It is clear from the evidence given by families and professionals that the schools model helps to raise awareness of the service among school staff. This means that the service is able to reach out to more families in need and promotes earlier intervention. Despite this, there is some evidence from the Haringey service that there would be value in maintaining a mix of referral pathways, as this can more effectively help to offer a step-down from statutory services, which is a particular need in this area.

The evaluation evidence shows that Family Action's Family Support Services in Southend and Haringey generate a number of positive short to medium term outcomes for parents, across a wide range of areas – there is noticeable improvement for families in all key outcome domains as measured by the Family Star outcomes tool. In Southend the greatest improvements seen were in relation to setting boundaries and routines within the family (2.65 and 2.8 points out of 10 respectively). In Haringey, the data also shows improvements in all areas, but with a more skewed picture towards improvements in relation to setting boundaries (2.8 points) and developing social networks (2.2 points). Improvements of around three points are typically considered to be significant within the context of these families.

Our analysis shows that while these outcomes are quite varied, many are underpinned by improvements in parental well-being, confidence in parenting and ability to engage effectively with the school and other agencies, and receiving practical help to resolve immediate issues that cause stress and anxiety, and which contribute to an unstable home environment (such as housing issues or difficulty managing finances). This in turn has a positive impact on children's behaviour at home and school, and their ability to engage in learning.

The data suggests that the Southend service is also particularly effective at improving emotional well-being, however, there is potentially a greater complexity of need in Haringey (demonstrated by more families with four or more outcome areas identified on assessment) and more families referred for

5.1 Summary of findings against the research questions

reasons of practical assistance, such as housing and immigration, which may skew these results.

Outcomes for children are also generally positive – as evidenced by the feedback from Practitioners who have referred families, the support workers who work with them, and the families themselves.

In particular, stakeholders note an improvement in behaviour at school which, based on the evidence from this evaluation, is a direct result of improved parenting and life at home.

There is also clear evidence to show that many families engage well with the Family Action service, and stay engaged throughout the planned period of support – this offers a number of benefits across the wider system.

Schools benefit in particular from having access to a Family Support Worker, providing a level of support that can't be provided in-house, and with a direct improvement in behaviour at school. The school pathway seems to offer an effective route for earlier intervention, although we don't have any data with which to compare this to other referral routes.

The following page presents the Theory of Change with key outcomes for which there is strong evidence of positive change from this evaluation highlighted in green. For these outcomes there is relatively strong evidence from this evaluation that this outcome is being, or can be, achieved from Family Action's Family Support Services within the scope of the current delivery model.

For those outcomes highlighted in yellow, there is some evidence from this evaluation that this outcome is being, or can be, achieved from Family Action's Family Support Services within the scope of the current delivery model, however, the results are less conclusive. A larger sample of data would be need to draw more definitive conclusions.

For the remaining outcomes, there is insufficient evidence from this evaluation that this outcome is being, or can be, achieved from Family Action's Family Support Services. This may be due to either:

- Small sample sizes or bias in the data, or
- A need to review or further develop the service model in order to achieve these outcomes.

The recommendations set out in section 5.2 are designed to help address these areas.

Inputs

Project funding (5 years)

Southend = £1,079,951
Haringey = £1,071,138

Core staffing

Project manager in each site
Family Support Workers x7 (4 in Southend, 3 in Haringey)
Volunteers
Markfield Family Befrienders – Haringey

Partner time and staffing

Markfield (Haringey)
Ecorys (national evaluation)
Partners attending project steering group
School time & resources

Family Action central team

Programme oversight & steering group, operations management
Impact and influencing team

Facilities

Office space
Schools – space for drop-in support

Referrals

Referrals from partners: NHS, Social Services, Schools

Referral criteria – child up to age 10

Service users

Parent time to engage with Family Support Worker, and/or to attend parenting groups, and/or befriending, and family outings

Children's time to engage with support activities

**FAMILY ACTION – IMPROVING
FUTURES THEORY OF CHANGE
UPDATED MAY 2017**

Activities

Assessment & planning

- Baseline and follow-up assessments using Family Star
- Development of Support Plan and Review
- Signposting to other organisations if families don't meet referral criteria
- Liaising with local stakeholders to advocate on families' behalf (act as Lead Professional)

Family Support Service

- Weekly 1:1 support from Family Support Worker at home (practical and emotional support for whole family) – 6-9 months
- Family outings
- Signposting
- Fill gaps before therapeutic services have capacity to take referral
- Provide families with opportunities to share their views
- Mentoring support for young people
- Co-ordinate termly TAF meetings

Schools model - Haringey

- Weekly crisis management drop-in service in schools
- Markfield also provide in Haringey:
 - Family Befriending
 - Strengthening families and communities parent groups
 - Bespoke training for special educational needs
 - Befriending toolkit

Schools model - Southend

- Parenting groups in schools & volunteer recruitment

Support activities

- Profile raising / service promotion (parents evenings, coffee mornings)
- Team meetings (e.g. Social Care attend therapeutic group meetings in Southend)
- Building relationships with schools and other agencies
- Family Support Worker development and supervision

Outputs

300 families supported by the end of the project (5 years)

Schools engaged in referral / drop-in

Volunteer and Befriender Recruitment / engagement with families

Family outings

School staff trained in special educational needs

Parents attending parenting groups

Direct 1:1 time with families provided

Longer term impacts

Children

- Improved educational attainment
- Earlier diagnosis of additional needs and response

Families

- Better access to befriending support
- Earlier intervention for more families
- Complement Social Services, where families require more tailored support
- Fewer cases referred for more specialist support
- Families more resilient and able to deal with future crisis / life events
- Increased family aspirations

Wider impact

- Improved partnership working across local statutory and voluntary and community sector services
- Better sharing of information
- Increased volunteering within the local area
- Better utilisation / more appropriate referral to support services across the system

Short term outcomes

Children

- Reduced behaviour difficulties
- Improved attendance at school
- More engaged in school life / learning
- Repair difficult school relationships
- Improved self-esteem
- Increased peer support at school

Parents

- Parents more engaged in school life / learning (+ greater confidence)
- Increased parent satisfaction and confidence in parenting
- Improved relationships between parents and schools
- Improved relationships between parents and children
- Improved self-esteem and empowerment
- Parents have access to a support network beyond the period of Family Action involvement

Families

- Bridge gaps in provision of statutory services
- Improved access to essential resources
- Reduction in impact of contributory factors – mental health (child & adult), substance use, domestic violence)
- Families stay engaged with more specialist services when needed
- Stronger and more positive social ties
- Better access to other support services through signposting
- More appropriate use of statutory services
- Development / strengthening of sustainable support network(s) for families following support
- Greater integration into local community resources and activities
- Improved engagement with local community
- Greater support from wider family where relevant

Schools

- Reduced levels of behaviour difficulties
- Increased parental engagement
- Staff more equipped to support children at risk
- Schools better linked into other services
- Greater knowledge of what works / best practice

The 'system'

- Gaps between other services are filled / bridged
- Reduced demand on statutory services
- Stronger relationships between schools and voluntary sector services
- Replicable models of effective, tailored support to families
- Improved learning and sharing of best practice

5.2 Recommendations

Based on the findings from this evaluation, we can identify a number of actions that Family Action can take jointly with its delivery partners which will help to:

- Maximise the reach of Family Action's Family Support Services in Southend and Haringey to more families in need of support
- Generate sustainable outcomes and positive long term impacts for parents and children, and
- Support agencies across the wider care and support system to work more closely with one another to minimise gaps in provision, and offer more tailored, holistic support to families with complex needs.

With these aims in mind we recommend that:

1. Family Action continues to place an emphasis on building social networks and community capacity as part of its delivery model for Family Support Services, in particular by:
 - a) Further exploring the use of volunteers who can offer befriending for parents who need the confidence and skills to create a stable, positive environment for their children. Befrienders could support them to engage more effectively with schools and other agencies, and help develop positive role models and social networks on which families can rely beyond the period of Family Action support. In addition to creating an environment for more sustainable, longer term impact for these families, this could also help to reduce the intervention time needed for some families and provide a 'step-down' level of support once the period of Family Action support comes to an end.

- b) Continuing to build on the work already undertaken in Haringey to train parents and teachers in skills to better support children with additional needs, so as to support a more consistent and multi-agency approach for these children and their families.
 - c) Strengthening relationships with a wide range of community groups and activities which families can be signposted to, therefore offering additional outreach and support both during and following the period of intervention.
2. Family Action, along with its partner schools, continues work to formalise joint meetings in schools, as a way of further raising awareness of the service and facilitating effective engagement between schools and other agencies. This will also help to increase capacity and capability in schools to deal with families with complex needs, at a time when funding for education (and other statutory services) continues to be under extreme pressure.
3. Family Action continues work to embed the Family Support model in schools, as an effective referral route for families, and as an effective mechanism for reducing behavioural difficulties and improving parental engagement. This should include work to ensure there are sufficient numbers of staff within those schools who understand the service well, can raise awareness among teachers, and can refer families accordingly. This could also include working with schools to develop and test different longer term funding options.

5.2 Recommendations

4. Family Action shares learning and best practice from its work to date in Southend and Haringey with partner organisations (in particular schools, social services, the criminal justice system, and specialist support organisations such as those dealing with substance misuse and domestic violence), about how their work has helped different agencies to work together more effectively. This could be achieved by identifying and sharing success stories of individual families, and sharing data on outcomes.

5. Family Action undertakes further work to evaluate the extent to which their Family Support services help to improve how families access and engage with more specialist support services. There was insufficient evidence from this evaluation to draw firm conclusions about the extent to which this is currently happening, however, there is evidence that supports the potential for this outcome to be achieved within the scope of the schools-based Family Support model.



6. Appendices

Contents

- 6.1 Further detail on evaluation methods and sample
- 6.2 Survey questions
- 6.3 Local health profiles and Index of Multiple Deprivation (IMD) data
- 6.4 Family interview topics
- 6.5 Summary of evidence against each outcome in the Theory of Change

6.1 Further detail on evaluation methods and sample

Overview

This was a mixed-method evaluation, using quantitative and qualitative methods focused on assessing the outcomes of the schools-based delivery model of Family Action's Family Support Services in Haringey and Southend. The fieldwork was carried out between December 2016 and March 2017 and involved Practitioners who refer into the service, Family Support Workers, Project Managers, and families who have received support. Service and outcome data for the current funding year (1st July 2016 to 21st March 2017) was also analysed.

Phases of work

The evaluation was carried out in three main phases:

Phase 1: Design and discovery

This phase of work involved a project start-up meeting and design workshop with the core Family Action team to develop a Theory of Change for the services. The Theory of Change provided the basis for developing the data collection tools in phase 2, and to help with data analysis and interpretation of the results.

Phase 2: Data collection

Five data collection tools were developed to gather data from key stakeholder groups involved in the services, and these were designed jointly with the Family Action core team:

1. An online survey of Practitioners in schools and other agencies who either refer into the service or who have worked closely with families that have

received support from Family Action. This covered topics such as: awareness of the service, reasons for referral, family engagement with the service, and outcomes. A total of 15 Practitioners provided responses to the survey in Haringey and eight in Southend. Figure A provides a breakdown of the roles of those who responded to the Practitioner survey. Note that one respondent in Southend did not provide details of their role. The survey was open from 16/1/17 until 3/3/17.

2. An online survey of all Family Action Family Support Workers in the Southend and Haringey services covering topics such as referral routes, expectations and outcomes. This survey consisted of 20 questions covering similar topics to the practitioner survey, and was sent around to the seven Family Support Workers across both teams. All of the workers completed the survey. The survey was open from 17/1/17 until 7/2/17.
3. A survey of parents who have received support from Family Action covering topics such as reasons for seeking support, extent to which the service met expectations, and outcomes achieved. This survey consisted of 27 questions, both closed response and open text, and was completed on paper. Family Support Workers disseminated the survey to a sample of families who were either still in receipt of the service, or who had completed recently. These were collected anonymously and then posted to the evaluation team for data entry. We received eight responses from Southend and three from Haringey, although some questions were not completed by all respondents. The survey was open from 19/2/17 until 10/3/17.

6.1 Further detail on evaluation methods and sample

4. Face to face semi-structured interviews with families receiving the service, either in their homes or at a local Children’s Centre. Nine interviews with families were conducted (four in Southend and five in Haringey). These covered areas such as why the parent or family felt they needed help from Family Action, how they came to be connected with the service, the type of support they had received, and the changes in family and school life since they have been involved with their Family Support Worker. The interviews also covered questions such as where else they would have gone to for help, and details of any other support they were receiving or had received in the past. On one occasion, an interpreter was used to conduct the interview.

5. Short telephone interviews with the two project managers, to discuss the delivery models in more detail, their respective strengths, and future opportunities for the services.

Phase 3: Analysis and interpretation

This phase of work involved analysis of the service and outcome data received from Family Action, analysis of survey data, and thematic analysis of interview data against the key outcome areas in the Theory of Change.

All data was then synthesised to develop the key themes and findings set out in this report.

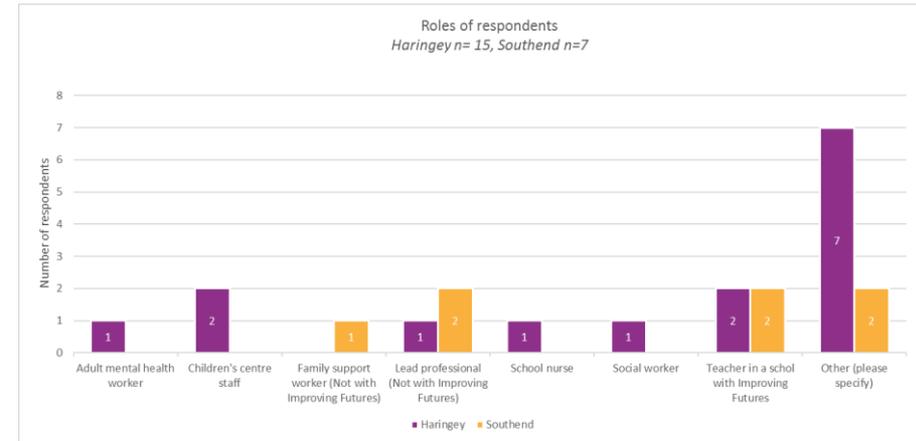


Figure A: Roles of respondents to the online Practitioner survey

‘Other’ roles in Haringey included: Clinical Psychologist, Family Psychotherapist and Child Protection Lead. Note that one respondent in Southend did not provide details of their role.

Service and outcome data

This included: demographic data of families who have received support during the current year, referral data (source and reasons for referral), and Family Star outcomes on entry to and exit from the service.

6.2 Survey questions – Haringey Practitioner Survey

Building Bridges Practitioner Survey (Haringey)

Your interaction with Building Bridges

1. What type of practitioner are you?

- Teacher in a school with Building Bridges
- Social worker
- Health visitor
- School nurse
- GP
- Children's Centre staff
- Midwife
- Adult social care
- Nursery staff
- Substance misuse worker
- Domestic violence worker
- Adult mental health worker
- Children's mental health worker
- Lead professional (not with Building Bridges)
- Other (please specify)

2. What kind of organisation do you work in?

- Statutory organisation (e.g. Local Authority, NHS, school)
- Voluntary or community sector organisation
- Private sector organisation
- Other (please specify)

3. How long have you been referring families to Building Bridges?

- This is my first year
- More than one year
- More than two years
- More than three years
- More than four years
- I have not referred any families to Building Bridges

4. How long have you known about Building Bridges?

- This is my first year
- More than one year
- More than two years
- More than three years
- More than four years
- I don't know what Building Bridges is

5. Approximately how many families have you referred to Building Bridges?

6. How have you been involved in Building Bridges? (please tick all that apply to you)

- Referring a child or family to Building Bridges
- Assessing a child or family's needs
- Developing the support plan for a child or family
- Attending a Team Around a Family (TAF) meeting
- Attending any other kind of meeting about the child or family
- Participating in training to support a child or family
- Participating in training about Building Bridges
- Supporting / delivering actions from a Building Bridges action plan
- Working with Building Bridges to support children to engage
- Working with Building Bridges to support parents to engage
- Participating in child protection activities with Building Bridges (eg child protection conference, Children in Need meeting, Core Group meeting etc)
- Completing a Family Star
- Completing a CORE-5
- Other (please specify)

7. How did you find out about Building Bridges?

8. Do you feel clear about the purpose of Building Bridges?

- Yes
- Somewhat
- No

6.2 Survey questions – Haringey Practitioner Survey

9. Please give more detail to explain your answer to question 8

10. On a scale of 1 to 5, how easy was it to refer someone to Building Bridges?

- 1: Very easy
- 2
- 3
- 4
- 5: Very difficult

11. Please give more detail to explain your answer to question 10

12. Can you refer everyone you would like to Building Bridges?

- Yes
- No

13. Please give more detail to explain your answer to question 12

14. What outcomes were you looking to achieve with the families you referred to Building Bridges?

15. What is the biggest benefit for the system (e.g. better links between schools and other services, reduction in need for high end services)?

Tell us about the families you work with and your views on Building Bridges

16. What are your primary reasons for referring a family or child to Building Bridges? Please select up to 3 responses from the list below.

- Parenting difficulties
- Adult mental health issues
- Child's mental health issues
- Child's behavioural issues
- Child / parent relationship breakdown
- Domestic abuse
- Worklessness

- Housing related issues (eg homelessness)
- Home conditions
- Benefit issues
- Other (please specify)

17. How easy has it been to engage families with Building Bridges?

- 1: Very easy - easier than most programmes
- 2
- 3
- 4
- 5: Difficult - harder than most programmes

18. How well have families stayed engaged with Building Bridges?

- 1: Very well
- 2
- 3
- 4
- 5: Not well at all - most families don't stay engaged

19. What do you think are the most important aspects of Building Bridges? Please select up to 3 responses from the list below.

- Having a named practitioner allocated to a school
- Having face to face contact between the school and the programme
- Prioritising parental engagement
- The use of the Family Outcomes Star
- Home based support
- Customised support plans
- Community engagement events
- Group work in community locations
- Multi-agency learning and development opportunities
- Dedicated key worker / Lead Professional
- Having an action plan
- Other (please specify)

6.2 Survey questions – Haringey Practitioner Survey

20. Which of the following have improved for the children you work with and who were involved in Building Bridges? (please tick as many as apply)

- Being supported with school work / homework
- Quality of relationship with school
- The level of suspected bullying against the child
- Level of absence
- Achieving below expected levels for age with no known special educational needs
- Behaviour
- Peer support and peer connections
- Confidence
- Mental health and wellbeing
- Feeling safe and secure
- Feeling happy at home
- Feeling happy at school
- Relationship with the rest of the family
- Feeling safe
- Access to 'essential services'
- Ability to engage in class
- Other (please specify)

21. Please can you give some more detail to explain your answer to question 20.

22. Which of the following have improved for the parents you work with who were involved in Building Bridges? (please tick as many as apply)

- Supporting their children with school work / homework
- Quality of relationship with the school
- Connection with / confidence in the community
- Capacity to improve child's home life
- Capacity to improve child's school life
- Promoting child's physical health
- Promoting child's mental and emotional health
- Being in work / having an income

- Confidence in parenting skills
- Improved wellbeing and emotional health
- Setting a routine
- Keeping my child safe
- Improved housing situation
- Accessing essential services
- Increased ability to engage
- Other (please specify)

23. Which of the following have improved for you as a result of Building Bridges?

- Better links with schools generally
- Better links with individual teachers
- Greater confidence in schools' ability to support children
- Greater confidence in schools' ability to engage parents
- Greater confidence in the schools' commitment to engaging parents
- Greater skills and knowledge to support children in my own work
- Greater skills and knowledge to support parents in my own work
- Greater skills and knowledge to support families in my own work
- Other (please specify)

24. Which of the following do you think improved for the schools involved in Building Bridges?

- Focus on families' assets and strengths rather than needs
- Skills and effectiveness at engaging with children at risk
- Confidence at engaging with children and families at risk
- Connection with local voluntary services
- Parental engagement
- Supporting parents' social and emotional wellbeing
- Supporting children's social and emotional wellbeing
- Better links with essential services
- Not applicable to me
- Other (please specify)

6.2 Survey questions – Haringey Practitioner Survey

25. What was the biggest benefit for the families you referred to Building Bridges?

26. How would you rate Building Bridges?

- Very good service
- Good service
- Neither good nor bad service
- Weak service
- Very weak service
- Other (please specify)

27. Please give some more detail about the answer to question 26.

28. How likely is it that you would recommend Building Bridges to a friend or colleague?

Not at all – Likely - Extremely likely (0-10 scale)

29. Please give more detail about your answer to question 28.

30. Where would you have referred families if you did not have Building Bridges as an option?

31. Would you recommend that a school invest in Building Bridges?

- Yes
- No
- Don't know / no opinion

32. Please can you give more detail about your answer to question 31

That's the end of the survey - please click 'done' to save your responses.
Thanks so much for your time.

6.2 Survey questions – Southend Practitioner Survey

Stronger Families Future Communities Practitioner Survey (Southend)

Your interaction with Stronger Families, Future Communities

1. What type of practitioner are you?

- Teacher in a school with Stronger Families, Future Communities
- Social worker
- Health visitor
- School nurse
- GP
- Children's Centre staff
- Midwife
- Adult social care
- Nursery staff
- Substance misuse worker
- Domestic violence worker
- Adult mental health worker
- Children's mental health worker
- Lead professional (not with Stronger Families, Future Communities)
- Family Support Worker (not with Stronger Families, Future Communities)
- Other (please specify)

2. What kind of organisation do you work in?

- Statutory organisation (e.g. Local Authority, NHS, school)
- Voluntary or community sector organisation
- Private sector organisation
- Other (please specify)

3. How long have you been referring families to Stronger Families, Future Communities?

- This is my first year
- More than one year
- More than two years
- More than three years
- More than four years
- I have not referred any families to Stronger Families, Future Communities

4. How long have you known about Stronger Families, Future Communities?

- This is my first year
- More than one year
- More than two years
- More than three years
- More than four years
- I don't know what Stronger Families, Future Communities is

5. Approximately how many families have you referred to Stronger Families, Future Communities?

6. How have you been involved in Stronger Families, Future Communities? (please tick all that apply)

- Referring a child or family to Stronger Families, Future Communities
- Assessing a child or family's needs
- Developing the support plan for a child or family
- Attending a Team Around a Family (TAF) meeting
- Attending any other kind of meeting about the child or family
- Participating in training to support a child or family
- Participating in training about Stronger Families, Future Communities
- Supporting / delivering actions from a Stronger Families, Future Communities action plan
- Working with Stronger Families, Future Communities to support children to engage
- Working with Stronger Families, Future Communities to support parents to engage
- Participating in child protection activities with Stronger Families, Future Communities (eg child protection conference, Children in Need meeting, Core Group meeting etc)
- Completing a Family Star
- Completing a CORE-5
- Other (please specify)

7. How did you find out about Stronger Families, Future Communities?

6.2 Survey questions – Southend Practitioner Survey

8. Do you feel clear about the purpose of Stronger Families, Future Communities?

- Yes
- Somewhat
- No

9. Please give more detail to explain your answer to question 8.

10. On a scale of 1 to 5, how easy was it to refer someone to Stronger Families, Future Communities?

- 1: Very easy
- 2
- 3
- 4
- 5: Very difficult

11. Please give more detail to explain your answer to question 10.

12. Can you refer everyone you would like to Stronger Families, Future Communities?

- Yes
- No

13. Please give more detail to explain your answer to question 12.

14. What outcomes were you looking to achieve with the families you have referred to Stronger Families, Future Communities?

15. What is the biggest benefit for other services (e.g. better links between schools and other services, reduction in need for high end services)?

Tell us about the families you work with and your views on Stronger Families, Future Communities

16. What are your primary reasons for referring a family or child to Stronger Families, Future Communities? Please select up to 3 responses from the list below.

- Parenting difficulties
- Adult mental health issues
- Child's mental health issues
- Child's behavioural issues
- Child / parent relationship breakdown
- Domestic abuse
- Worklessness
- Housing related issues (eg homelessness)
- Home conditions
- Benefit issues
- Other (please specify)

17. How easy has it been to engage families with Stronger Families, Future Communities?

- 1: Very easy - easier than most services
- 2
- 3
- 4
- 5: Difficult - harder than most services

18. How well have families stayed engaged with Stronger Families, Future Communities?

- 1: Very well - most families stay engaged
- 2
- 3
- 4
- 5: Not well at all - most families don't stay engaged

6.2 Survey questions – Southend Practitioner Survey

19. What do you think are the most important aspects of Stronger Families, Future Communities? Please select up to 3 responses from the list below.

- Having a named practitioner allocated to a school
- Having face to face contact between the school and the service
- Prioritising parental engagement
- The use of the Family Outcomes Star
- Home based support
- Customised support plans
- Community engagement events
- Group work in community locations
- Multi-agency learning and development opportunities
- Dedicated key worker / Lead Professional
- Having an action plan
- Other (please specify)

20. Which of the following have improved for the children you work with and who were involved in Stronger Families, Future Communities? (please tick as many as apply)

- Being supported with school work / homework
- Quality of relationship with school
- The level of suspected bullying against the child
- Level of absence
- Achieving below expected levels for age with no known special educational needs
- Behaviour
- Peer support and peer connections
- Confidence
- Mental health and wellbeing
- Feeling safe and secure
- Feeling happy at home
- Feeling happy at school
- Relationship with the rest of the family
- Feeling safe
- Access to 'essential services'
- Ability to engage in class

- Other (please specify)

21. Please can you give some more detail to explain your answer to question 20.

22. Which of the following have improved for the parents you work with who were involved in Stronger Families, Future Communities?

- Supporting their children with school work / homework
- Quality of relationship with the school
- Connection with / confidence in the community
- Capacity to improve child's home life
- Capacity to improve child's school life
- Promoting child's physical health
- Promoting child's mental and emotional health
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Setting a routine
- Keeping my child safe
- Improved housing situation
- Accessing essential services
- Increased ability to engage
- Other (please specify)

23. Which of the following have improved for you as a result of Stronger Families, Future Communities?

- Better links with schools generally
- Better links with individual teachers
- Greater confidence in schools' ability to support children
- Greater confidence in schools' ability to engage parents
- Greater confidence in the schools' commitment to engaging parents
- Greater skills and knowledge to support children in my own work
- Greater skills and knowledge to support parents in my own work
- Greater skills and knowledge to support families in my own work
- Other (please specify)

6.2 Survey questions – Southend Practitioner Survey

24. Which of the following do you think improved for the schools involved in Stronger Families, Future Communities?

- Focus on families' assets and strengths rather than needs
- Skills and effectiveness at engaging with children at risk
- Confidence at engaging with children and families at risk
- Connection with local voluntary services
- Parental engagement
- Supporting parents' social and emotional wellbeing
- Supporting children's social and emotional wellbeing
- Better links with essential services
- Not applicable to me
- Other (please specify)

25. What was the biggest benefit for the families you referred to Stronger Families, Future Communities?

26. How would you rate Stronger Families, Future Communities?

- Very good service
- Good service
- Neither good nor bad service
- Weak service
- Very weak service
- Other (please specify)

27. Please can you give some more detail to explain your answer to question 26.

28. How likely is it that you would recommend Stronger Families, Future Communities to a friend or colleague?

Not at all – Likely - Extremely likely (0-10 scale)

29. Please can you give some more detail to explain your answer to question 28.

30. Where would you have referred families if you did not have Stronger Families, Future Communities as an option?

31. Would you recommend that a school invest in Stronger Families, Future Communities?

- Yes
- No
- Don't know / no opinion

32. Please can you give some more detail to explain your answer to question 31.

That's the end of the survey - please click 'done' to save your responses. Thanks so much for your time.

6.2 Survey questions – Haringey Family Support Worker Survey

Building Bridges Family Support Worker Survey (Haringey)

Your role as a front line worker

1. How long have you been working with families in Building Bridges?
 - This is my first year
 - More than one year
 - More than two years
 - More than three years
 - More than four years
 - I haven't worked with Building Bridges
 - I don't know what Building Bridges is

2. Approximately how many families have you worked with in the Building Bridges service?

3. What kind of work do you do with children in the Building Bridges service?

4. Do you feel clear about the purpose of Building Bridges?
 - Yes
 - Somewhat
 - No

5. Please give more detail to explain your answer to question 4.

6. What is the biggest benefit for the system (e.g. better links between schools and other services, reduction in need for high end services)?

Tell us about the families you work with and your views on Building Bridges Working with Building Bridges

7. How easy has it been to engage families with Building Bridges?
 - 1: Very easy - easier than most programmes
 - 2
 - 3
 - 4
 - 5: Difficult - harder than most programmes

8. How well have families stayed engaged with Building Bridges?
 - 1: Very well - most families stay engaged
 - 2
 - 3
 - 4
 - 5: Not well at all - most families don't stay engaged

9. What do you think are the most important aspects of Building Bridges? Please select up to 3 from the list below.
 - Having a named practitioner allocated to a school
 - Having face to face contact between the school and the programme
 - Prioritising parental engagement
 - The use of the Family Outcomes Star
 - Home based support
 - Customised support plans
 - Community engagement events
 - Group work in community locations
 - Multi-agency learning and development opportunities
 - Dedicated key worker / Lead Professional
 - Having an action plan
 - Other (please specify)

6.2 Survey questions – Haringey Family Support Worker Survey

10. Which of the following have improved for the children you work with who were involved in Building Bridges? (Please select all that apply)

- Being supported with school work / homework
- Quality of relationship with school
- The level of suspected bullying against the child
- Level of absence
- Achieving below expected levels for age with no known special educational needs
- Behaviour
- Peer support and peer connections
- Confidence
- Mental health and wellbeing
- Feeling safe and secure
- Feeling happy at home
- Feeling happy at school
- Relationship with the rest of the family
- Feeling safe
- Access to 'essential services'
- Ability to engage in class
- Other (please specify)

11. Please can you give some more detail to explain your answer to question 10.

12. Which of the following have improved for the parents you work with and who were involved in Building Bridges? (Please select all that apply)

- Quality of relationship with the school
- Connection with / confidence in the community
- Capacity to improve child's home life
- Capacity to improve child's school life
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Improved housing situation
- Accessing essential services

- Increased ability to engage
- Other (please specify)

13. Which of the following have improved for you as a result of Building Bridges? (Please select all that apply)

- Better links with the school generally
- Better links with individual teachers
- Greater confidence in the school's ability to support children
- Greater confidence in the school's ability to engage parents
- Greater confidence in the school's commitment to engaging parents
- Greater skills and knowledge to support children in my own work
- Greater skills and knowledge to support parents in my own work
- Greater skills and knowledge to support families in my own work
- Other (please specify)

14. Which of the following do you think have improved for the schools involved in Building Bridges? (Please select all that apply)

- Focus on families' assets and strengths rather than needs
- Skills and effectiveness at engaging with children at risk
- Confidence at engaging with children and families at risk
- Connection with local voluntary services
- Parental engagement
- Supporting parents' social and emotional wellbeing
- Supporting children's social and emotional wellbeing
- Better links with essential services
- Not applicable to me
- Other (please specify)

6.2 Survey questions – Haringey Family Support Worker Survey

15. How would you rate Building Bridges?

- Very good service
- Good service
- Neither good nor bad service
- Weak service
- Very weak service
- Other (please specify)

16. Please can you give some more detail to explain your answer to question 15.

17. How likely is it that you would recommend Building Bridges to a friend or colleague?

Not at all - likely - Extremely likely (0-10 scale)

18. Please can you give some more detail to explain your answer to question 17.

19. Would you recommend that a school invest in Building Bridges?

- Yes
- No

20. Please can you give some more detail to explain your answer to question 19.

That's the end of the survey - please click 'done' to save your responses. Thanks so much for your time.

6.2 Survey questions – Southend Family Support Worker Survey

Stronger Families Future Communities Family Support Worker Survey (Southend)

Your role as a front line worker

1. How long have you been working with families in Stronger Families, Future Communities?

- This is my first year
- More than one year
- More than two years
- More than three years
- More than four years
- I haven't worked with Stronger Families, Future Communities
- I don't know what Stronger Families, Future Communities is

2. Approximately how many families have you worked with in the Stronger Families, Future Communities service?

3. What kind of work do you do with children in the Stronger Families, Future Communities?

4. Do you feel clear about the purpose of Stronger Families, Future Communities?

- Yes
- Somewhat
- No

5. Please give more detail to explain your answer to question 4.

6. What is the biggest benefit for other services (e.g. better links between schools and other services, reduction in need for high end services)?

Tell us about the families you work with and your views on Stronger Families, Future Communities

7. How easy has it been to engage families with Stronger Families, Future Communities?

- 1: Very easy - easier than most services
- 2
- 3
- 4
- 5: Difficult - harder than most services

8. How well have families stayed engaged with Stronger Families, Future Communities?

- 1: Very well - most families stay engaged
- 2
- 3
- 4
- 5: Not well at all - most families don't stay engaged

9. What do you think are the most important aspects of Stronger Families, Future Communities? Please select your top 3 from the list below.

- Having a named practitioner allocated to a school
- Having face to face contact between the school and the service
- Prioritising parental engagement
- The use of the Family Outcomes Star
- Home based support
- Customised support plans
- Community engagement events
- Group work in community locations
- Multi-agency learning and development opportunities
- Dedicated key worker / Lead Professional
- Having an action plan
- Other (please specify)

6.2 Survey questions – Southend Family Support Worker Survey

10. Which of the following have improved for the children you work with who were involved in Stronger Families, Future Communities? (Please select all that apply)

- Being supported with school work / homework
- Quality of relationship with school
- The level of suspected bullying against the child
- Level of absence
- Achieving below expected levels for age with no known special educational needs
- Behaviour
- Peer support and peer connections
- Confidence
- Mental health and wellbeing
- Feeling safe and secure
- Feeling happy at home
- Feeling happy at school
- Relationship with the rest of the family
- Feeling safe
- Access to 'essential services'
- Ability to engage in class
- Other (please specify)

11. Please can you give some more detail to explain your answer to question 10.

12. Which of the following have improved for the parents you work with and who were involved in Stronger Families, Future Communities?

- Quality of relationship with the school
- Connection with / confidence in the community
- Capacity to improve child's home life
- Capacity to improve child's school life
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Improved housing situation
- Accessing essential services

- Increased ability to engage
- Other (please specify)

13. Which of the following have improved for you as a result of Stronger Families, Future Communities? (Please select all that apply)

- Better links with the school generally
- Better links with individual teachers
- Greater confidence in the school's ability to support children
- Greater confidence in the school's ability to engage parents
- Greater confidence in the school's commitment to engaging parents
- Greater skills and knowledge to support children in my own work
- Greater skills and knowledge to support parents in my own work
- Greater skills and knowledge to support families in my own work
- Other (please specify)

14. Which of the following do you think have improved for the schools involved in Stronger Families, Future Communities? (Please select all that apply)

- Focus on families' assets and strengths rather than needs
- Skills and effectiveness at engaging with children at risk
- Confidence at engaging with children and families at risk
- Connection with local voluntary services
- Parental engagement
- Supporting parents' social and emotional wellbeing
- Supporting children's social and emotional wellbeing
- Better links with essential services
- Not applicable to me
- Other (please specify)

6.2 Survey questions – Southend Family Support Worker Survey

15. How would you rate Stronger Families, Future Communities?

- Very good service
- Good service
- Neither good nor bad service
- Weak service
- Very weak service
- Other (please specify)

16. Please can you give some more detail to explain your answer to question 15.

17. How likely is it that you would recommend Stronger Families, Future Communities to a friend or colleague?

Not at all - likely - Extremely likely (0-10 scale)

18. Please can you give some more detail to explain your answer to question 17.

19. Would you recommend that a school invest in Stronger Families, Future Communities?

- Yes
- No

20. Please can you give some more detail to explain your answer to question 19.

That's the end of the survey - please click 'done' to save your responses. Thanks so much for your time.

6.2 Survey questions – Haringey Parent Survey

1. Have you received support from a Family Support Worker from Building Bridges in the past?

- Yes
- No
- I'm not sure

2. Roughly how many times have you seen a Family Support Worker from Building Bridges since you started with the service?

- 1 or 2 times
- 3 to 5 times
- More than 5 times
- I can't remember

3. Which one of the following statements applies to you?

- I am currently receiving regular support from a Family Support Worker
- I have received support from a Family Support Worker in the past, but don't any longer
- I have received support from a Family Support Worker in the past, and I might see my worker again in the future
- Other (please specify)

4. Where have you usually seen the Family Support Worker?

- At home
- At my child's school
- Both at school and at home
- Other (please specify)

5. How did you find out about the service offered by the Family Support Worker in the first place?

- A teacher at my child's school suggested it
- A healthcare worker (e.g. GP or health visitor) referred me
- A social worker referred me
- I read some information about it (e.g. in a leaflet)
- I can't remember
- Other (please specify):

6. What was the main reason for seeking help from the Family Support Worker? For example, you may have been having trouble with your child's behaviour at school, or difficulty with finding suitable housing.

7. Roughly how long did you wait to see the Family Support Worker?

- Less than 2 weeks
- 2 to 4 weeks
- 1 to 2 months
- More than 2 months
- I didn't have to wait because I went to a drop in session

8. During the time you saw the Family Support Worker, to what extent did you want help with each of the following?

[A lot, Somewhat, A little, Not at all]

- Supporting my child / children with school work / homework
- The quality of our relationship with the school
- Connection with / confidence in the community
- Ability to improve my child's home life
- Ability to improve my child's school life
- Promoting my child's physical health

6.2 Survey questions – Haringey Parent Survey

- Promoting my child's mental and emotional health
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Setting a routine
- Keeping my child safe
- Improved housing situation
- Accessing essential services
- Increased ability to engage
- Other (please specify)

9. To what extent would you say the service was able to help with what you wanted? [A lot, Somewhat, A little, Not at all]

- Supporting my child / children with school work / homework
- The quality of our relationship with the school
- Connection with / confidence in the community
- Ability to improve my child's home life
- Ability to improve my child's school life
- Promoting my child's physical health
- Promoting my child's mental and emotional health
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Setting a routine
- Keeping my child safe
- Improved housing situation
- Accessing essential services
- Increased ability to engage
- Other (please specify)

10. Is there any additional help you would have liked since you first saw the Family Support Worker? If so, please write this in the box below.

11. Are you and your family receiving any other help from other agencies at the moment? If so, please write down which ones in the box below.

12. Has Building Bridges supported you in accessing other services? If so, please describe how.

13. Is there anything about the support you've received from the Family Support Worker at Building Bridges that is different from other services you have received? If so, please describe briefly in the box below.

14. What 1 or 2 things have worked really well in terms of the support you've received from the Family Support Worker at Building Bridges?

15. What 1 or 2 things could be better?

16. Overall, what positive changes have you noticed since you have been seeing the Family Support Worker?

17. What one thing are you most proud of in that time?

18. Where would you have gone to for help had the Family Support Worker from Building Bridges not been able to see you?

- A family member
- A friend
- My GP
- The health visitor

6.2 Survey questions – Haringey Parent Survey

- A teacher
- The school nurse
- Other (please specify):

19. Have you tried to seek help from other agencies for these things in the past?

- Yes
- No
- I don't know

20. If so, please tell us which agencies you have had help from in the past for this type of support.

21. What happened as a result of this help?

22. How old are you?

23. What are the parenting arrangements for your child / children?

- Two adults parenting at home
- I have sole responsibility for my child / children
- I have joint responsibility for my child / children

24. Please tell us the age of your child/children.

25. Are you:

- Male
- Female

26. Do you speak English as your first language?

- Yes
- No

27. Please tell us which ethnic group you belong to:

- English / Welsh / Scottish / Northern Irish / British Irish
- Gypsy or Irish Traveller
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- African
- Caribbean
- Any other Black / African / Caribbean background, please describe
- Arab
- Any other ethnic group, please describe:

6.2 Survey questions – Southend Parent Survey

1. Have you received support from a Family Support Worker from Stronger Families Future Communities in the past?

- Yes
- No
- I'm not sure

2. Roughly how many times have you seen a Family Support Worker from Stronger Families Future Communities since you started with the service?

- 1 or 2 times
- 3 to 5 times
- More than 5 times
- I can't remember

3. Which one of the following statements applies to you?

- I am currently receiving regular support from a Family Support Worker
- I have received support from a Family Support Worker in the past, but don't any longer
- I have received support from a Family Support Worker in the past, and I might see my worker again in the future
- Other (please specify)

4. Where have you usually seen the Family Support Worker?

- At home
- At my child's school
- Both at school and at home
- Other (please specify)

5. How did you find out about the service offered by the Family Support Worker in the first place?

- A teacher at my child's school suggested it
- A healthcare worker (e.g. GP or health visitor) referred me
- A social worker referred me
- I read some information about it (e.g. in a leaflet)
- I can't remember
- Other (please specify):

6. What was the main reason for seeking help from the Family Support Worker? For example, you may have been having trouble with your child's behaviour at school, or difficulty with finding suitable housing.

7. Roughly how long did you wait to see the Family Support Worker?

- Less than 2 weeks
- 2 to 4 weeks
- 1 to 2 months
- More than 2 months
- I didn't have to wait because I went to a drop in session

8. During the time you saw the Family Support Worker, to what extent did you want help with each of the following?

[A lot, Somewhat, A little, Not at all]

- Supporting my child / children with school work / homework
- The quality of our relationship with the school
- Connection with / confidence in the community
- Ability to improve my child's home life
- Ability to improve my child's school life
- Promoting my child's physical health

6.2 Survey questions – Southend Parent Survey

- Promoting my child's mental and emotional health
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Setting a routine
- Keeping my child safe
- Improved housing situation
- Accessing essential services
- Increased ability to engage
- Other (please specify)

9. To what extent would you say the service was able to help with what you wanted? [A lot, Somewhat, A little, Not at all]

- Supporting my child / children with school work / homework
- The quality of our relationship with the school
- Connection with / confidence in the community
- Ability to improve my child's home life
- Ability to improve my child's school life
- Promoting my child's physical health
- Promoting my child's mental and emotional health
- Being in work / having an income
- Confidence in parenting skills
- Improved wellbeing and emotional health
- Setting a routine
- Keeping my child safe
- Improved housing situation
- Accessing essential services
- Increased ability to engage
- Other (please specify)

10. Is there any additional help you would have liked since you first saw the Family Support Worker? If so, please write this in the box below.

11. Are you and your family receiving any other help from other agencies at the moment? If so, please write down which ones in the box below.

12. Has Stronger Families Future Communities supported you in accessing other services? If so, please describe how.

13. Is there anything about the support you've received from the Family Support Worker at Stronger Families Future Communities that is different from other services you have received? If so, please describe briefly in the box below.

14. What 1 or 2 things have worked really well in terms of the support you've received from the Family Support Worker at Stronger Families Future Communities?

15. What 1 or 2 things could be better?

16. Overall, what positive changes have you noticed since you have been seeing the Family Support Worker?

17. What one thing are you most proud of in that time?

18. Where would you have gone to for help had the Family Support Worker from Stronger Families Future Communities not been able to see you?

- A family member
- A friend

6.2 Survey questions – Southend Parent Survey

- My GP
- The health visitor
- A teacher
- The school nurse
- Other (please specify):

19. Have you tried to seek help from other agencies for these things in the past?

- Yes
- No
- I don't know

20. If so, please tell us which agencies you have had help from in the past for this type of support.

21. What happened as a result of this help?

22. How old are you?

23. What are the parenting arrangements for your child / children?

- Two adults parenting at home
- I have sole responsibility for my child / children
- I have joint responsibility for my child / children

24. Please tell us the age of your child/children.

25. Are you:

- Male
- Female

26. Do you speak English as your first language?

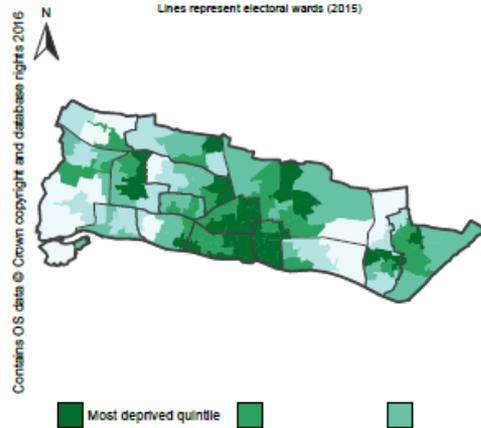
- Yes
- No

27. Please tell us which ethnic group you belong to:

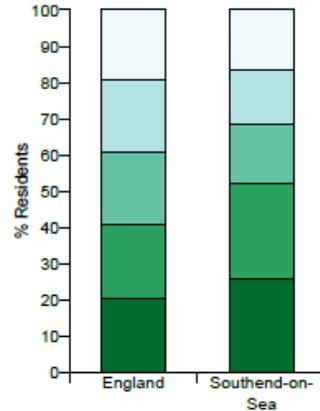
- English / Welsh / Scottish / Northern Irish / British Irish
- Gypsy or Irish Traveller
- Any other White background
- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / Multiple ethnic background
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background
- African
- Caribbean
- Any other Black / African / Caribbean background, please describe
- Arab
- Any other ethnic group, please describe:

6.3 Local health profiles and demographic data

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2015 (IMD2015), shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



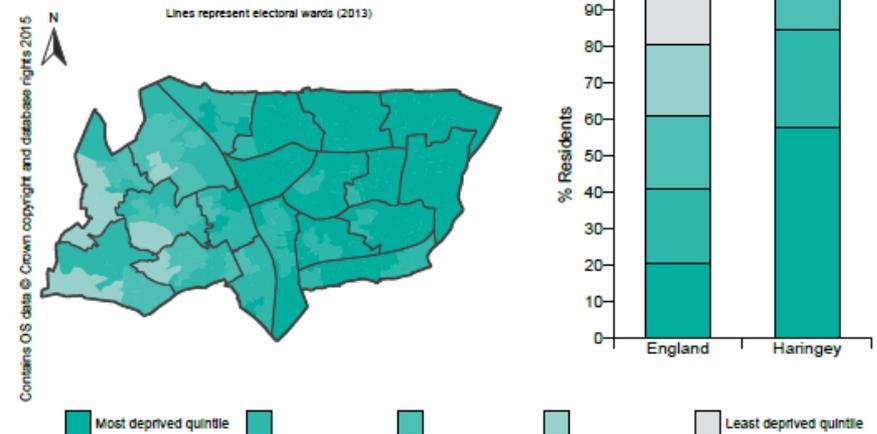
This chart shows the percentage of the population who live in areas at each level of deprivation.



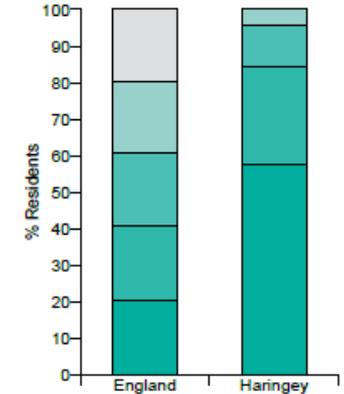
Southend-on-Sea Public Health Profile from the Public Health England “Fingertips” reports:

<http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000033.pdf>

The map shows differences in deprivation in this area based on national comparisons, using quintiles (fifths) of the Index of Multiple Deprivation 2010, shown by lower super output area. The darkest coloured areas are some of the most deprived neighbourhoods in England.



This chart shows the percentage of the population who live in areas at each level of deprivation.



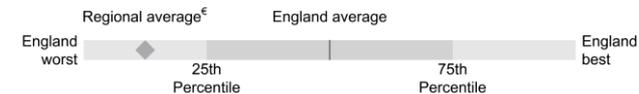
Haringey Public Health Profile from the Public Health England “Fingertips” reports:

<http://fingertipsreports.phe.org.uk/health-profiles/2016/e09000014.pdf>

6.3 Local health profiles and demographic data

Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	24.5	21.8	42.0		5.0
	2 Children in low income families (under 16s)	2013	6,835	20.6	18.6	34.4		5.9
	3 Statutory homelessness†	2014/15	11	0.1	0.9	7.5		0.1
	4 GCSEs achieved†	2014/15	1,110	57.6	57.3	41.5		76.4
	5 Violent crime (violence offences)	2014/15	3,140	17.9	13.5	31.7		3.4
	6 Long term unemployment	2015	440	4.0	4.6	15.7		0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	x ¹	x ¹	11.4	27.2		2.1
	8 Breastfeeding initiation	2014/15	1,410	x ¹	74.3	47.2		92.9
	9 Obese children (Year 6)	2014/15	293	17.0	19.1	27.8		9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	42	36.9	36.6	104.4		10.2
Adults' health and lifestyle	11 Under 18 conceptions	2014	89	28.8	22.8	43.0		5.2
	12 Smoking prevalence in adults†	2015	n/a	18.8	16.9	32.3		7.5
	13 Percentage of physically active adults	2015	n/a	56.3	57.0	44.8		69.8
	14 Excess weight in adults	2012 - 14	n/a	66.8	64.6	74.8		46.0
Disease and poor health	15 Cancer diagnosed at early stage #	2014	398	53.5	50.7	36.3		67.2
	16 Hospital stays for self-harm	2014/15	381	216.5	191.4	629.9		58.9
	17 Hospital stays for alcohol-related harm	2014/15	1,035	600	641	1223		374
	18 Recorded diabetes	2014/15	9,396	6.3	6.4	9.2		3.3
	19 Incidence of TB	2012 - 14	40	7.6	13.5	100.0		0.0
	20 New sexually transmitted infections (STI)	2015	786	699	815	3263		191
	21 Hip fractures in people aged 65 and over	2014/15	253	640	571	745		361
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2012 - 14	n/a	79.6	79.5	74.7		83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	83.1	83.2	79.8		86.7
	24 Infant mortality†	2012 - 14	27	4.0	4.0	7.2		0.6
	25 Killed and seriously injured on roads	2012 - 14	200	37.9	39.3	119.4		9.9
	26 Suicide rate†	2012 - 14	42	9.0	10.0			
	27 Deaths from drug misuse #	2012 - 14	25	4.7	3.4			
	28 Smoking related deaths	2012 - 14	897	286.5	274.8	458.1		152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	374	85.6	75.7	135.0		39.3
	30 Under 75 mortality rate: cancer	2012 - 14	613	140.8	141.5	195.6		102.9
	31 Excess winter deaths							

Southend-on-Sea Public Health Profile:
<http://fingertipsreports.phe.org.uk/health-profiles/2016/e06000033.pdf>



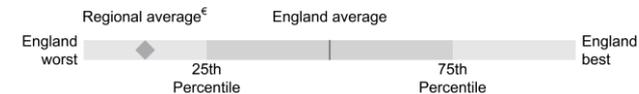
	Significantly worse than England average
	Not significantly different from England average
	Significantly better than England average
	Not compared

6.3 Local health profiles and demographic data

Domain	Indicator	Period	Local No total count	Local value	Eng value	Eng worst	England Range	Eng best
Our communities	1 Deprivation score (IMD 2015) #	2015	n/a	31.0	21.8	42.0		5.0
	2 Children in low income families (under 16s)	2013	12,870	24.4	18.6	34.4		5.9
	3 Statutory homelessness†	2014/15	77	0.7	0.9	7.5		0.1
	4 GCSEs achieved†	2014/15	1,283	55.0	57.3	41.5		76.4
	5 Violent crime (violence offences)	2014/15	5,605	21.3	13.5	31.7		3.4
	6 Long term unemployment	2015	1,437	7.6	4.6	15.7		0.5
Children's and young people's health	7 Smoking status at time of delivery	2014/15	x ¹	x ¹	11.4	27.2		2.1
	8 Breastfeeding initiation	2014/15	3,721	90.9	74.3	47.2		92.9
	9 Obese children (Year 6)	2014/15	576	23.1	19.1	27.8		9.2
	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	52	29.4	36.6	104.4		10.2
	11 Under 18 conceptions	2014	100	22.6	22.8	43.0		5.2
Adults' health and lifestyle	12 Smoking prevalence in adults†	2015	n/a	22.0	16.9	32.3		7.5
	13 Percentage of physically active adults	2015	n/a	58.2	57.0	44.8		69.8
	14 Excess weight in adults	2012 - 14	n/a	55.5	64.6	74.8		46.0
	15 Cancer diagnosed at early stage #	2014	286	46.2	50.7	36.3		67.2
Disease and poor health	16 Hospital stays for self-harm	2014/15	270	94.1	191.4	629.9		58.9
	17 Hospital stays for alcohol-related harm	2014/15	1,331	632	641	1223		374
	18 Recorded diabetes	2014/15	13,535	5.9	6.4	9.2		3.3
	19 Incidence of TB	2012 - 14	262	33.2	13.5	100.0		0.0
	20 New sexually transmitted infections (STI)	2015	3,820	1987	815	3263		191
	21 Hip fractures in people aged 65 and over	2014/15	132	582	571	745		361
Life expectancy and causes of death	22 Life expectancy at birth (Male)	2012 - 14	n/a	80.1	79.5	74.7		83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	84.9	83.2	79.8		86.7
	24 Infant mortality†	2012 - 14	37	3.0	4.0	7.2		0.6
	25 Killed and seriously injured on roads	2012 - 14	298	37.7	39.3	119.4		9.9
	26 Suicide rate†	2012 - 14	74	11.1	10.0			
	27 Deaths from drug misuse #	2012 - 14	26	2.9	3.4			
	28 Smoking related deaths	2012 - 14	633	271.4	274.8	458.1		152.9
	29 Under 75 mortality rate: cardiovascular	2012 - 14	378	90.2	75.7	135.0		39.3
	30 Under 75 mortality rate: cancer	2012 - 14	576	133.7	141.5	195.6		102.9
	31 Excess winter deaths	Aug 2011 - Jul 2014	183	17.5	15.6	31.0		2.3

Haringey Public Health Profile:

<http://fingertipsreports.phe.org.uk/health-profiles/2016/e09000014.pdf>



	Significantly worse than England average
	Not significantly different from England average
	Significantly better than England average
	Not compared

6.4 Family interview questions

Family interview outline

The following topic areas provided a structure for the in-depth interviews with families who had received support from a Family Action Family Support Worker:

Getting in touch:

- How did you hear about the programme? Through the school/teacher?
Through healthcare staff?
- What issues did you want to be supported with then?

Getting started:

- Was a support plan discussed/agreed?
- Were you happy with it?
- What would you have liked to be different (if anything)?

Getting the support:

- What kind of support was provided? – Did you find it useful? Did you feel valued?
- Worth noting here anything about an asset-based approach – did the Family Support Worker ask about the family's strengths/what they felt they were good at, and what they wanted to do – and was the support plan tailored to their strengths?
- Did you get in touch with other parents?

Results/Reviews:

- What has changed for you/for your children?
- How were results/problems discussed between you and the Family Support Worker? – Did you feel listened to?
- Would you feel confident supporting other families in a similar way? What would you change?

Your confidence/expertise:

- How did the support through the Family Support Worker come to an end?
- Would you still like to get support?
- What is there to help you in the future?
- How confident do you feel about moving on with your own resources? How confident do you feel about getting the right support in the future?
- Support from other agencies – where would you have gone to had Family Action not been able to help?
- Best aspects/room for improvement

6.5 Summary of evidence against key outcomes

Outcomes for children	Strength of evidence (from this evaluation)	Key finding(s)
Reduced behaviour difficulties	Strong evidence	Improvements in behaviour consistently reported by families, schools, support workers and other professionals, resulting from improved parenting, boundary setting and confidence.
More engaged in school life / learning	Some evidence	In all cases, even in the absence of the school referral route, an increased dialogue between parents and teachers, a better parental availability to support homework, and a push to provide more 1:1 support for children with additional needs.
Improved attendance at school	Some evidence	A holistic approach to family issues has increased school attendance as reported by families and practitioners, however, this would need to be verified with school attendance data to increase the strength of evidence.
Repair difficult school relationships	Some evidence	All parents who had been experiencing difficulties in school relationships reported an easing of tensions as a direct result of the support of the Family Support Worker.
Improved self-esteem	No evidence	Not specifically measured in the evaluation given the timescales and data available – further data would be required [collected directly from children by the school and/or FSWs] to measure this in the future.
Increased peer support at school	No evidence	Not specifically measured in the evaluation given the timescales and data available – further data would be required [collected directly from children by the school and/or FSWs] to measure this in the future.

Explanation of strength of evidence:

Strong evidence = there is relatively strong evidence from this evaluation that this outcome is being, or can be, achieved from Improving Futures within the scope of the current delivery model

Some evidence = there is some evidence from this evaluation that this outcome is being, or can be, achieved from Improving Futures within the scope of the current delivery model, however, the results are less conclusive. A larger sample of data would be need to draw more definitive conclusions

No evidence = there is no evidence from this evaluation that this outcome is being, or can be, achieved from Improving Futures. This may be due to either:

- Small sample sizes or bias in the data, or
- A need to review or further develop the service model in order to achieve these outcomes.

6.5 Summary of evidence against key outcomes

Outcomes for parents	Strength of evidence (from this evaluation)	Key finding(s)
Parents more engaged in school life / learning (+ greater confidence)	Strong evidence	Parents have consistently reported an increased and positive dialogue with teachers and headteachers. With the help of the Family Support Worker, their position has generally moved from being a recipient of the school's complaints and concerns, to an active stakeholder.
Increased parent satisfaction and confidence in parenting	Strong evidence	Outcome data and feedback from Practitioners and parents consistently shows that parenting support from the Family Support Workers helps parents to move towards a more effective and confident parent, with a subsequent positive impact of behaviour of children at home and school.
Improved relationships between parents and schools	Strong evidence	All the interviewed participants who have worked with the Family Action Worker report an increased and more effective dialogue with teachers.
Improved relationships between parents and children	Strong evidence	All the interviewed participants who have worked with the Family Action Worker report an increased and more effective relationship with their children, which is also supported by observations of some Practitioners.
Improved self-esteem and empowerment	Some evidence	In most cases, counselling and similar approaches seem to improve self esteem, and a majority of interviewed parents think they are now (or at some point will be) more empowered enough to self-manage. However, more specific data collection would be needed to provide stronger evidence in relation to this outcome.
Parents have access to a support network beyond the period of Family Action involvement	Some evidence	The Family Support Workers give parents access to other resources that can potentially continue to provide support. It remains unclear to what extent this applies to each individual case, or is part of the support process.
Better access to befriending support	No evidence	The programme fits in with and values existing befriending support, but the small sample has not provided evidence of greater access to befriending.

6.5 Summary of evidence against key outcomes

Outcomes for families	Strength of evidence (from this evaluation)	Key finding(s)
Bridge gaps in provision of statutory services	Strong evidence	Statutory services tend to be focused on single issues, with more narrow referral criteria. There is strong evidence for a successful coordination, the bridging of gaps and better use of the statutory provision through better preparation of cases and increased dialogue with providers.
Improved access to essential resources	Strong evidence	Preparation, coaching, translation, drafting of written messages, representation over the phone and accompanying families in face-to-face contact are the main aspects of enhanced access to essential services.
Reduction in impact of contributory factors – mental health (child & adult), substance use, domestic violence)	Strong evidence	Timely provision of mental health support is one of the most successful elements of the Family Support Service. There is some evidence that the prevention of crisis also prevents domestic violence from erupting. The parenting training and improved relationships can also prevent lower-level violent behaviour.
More appropriate use of statutory services	Strong evidence	There are different ways in which the service supports families to make better use of statutory services: preparation of cases: coaching to effectively present the case; translation, direct phone or email contact and accompanying; identifying the right contacts. In one very telling case, the Family Action Worker's attempts also prevented the imminent withdrawal of the parent from working with the statutory services.
Families stay engaged with more specialist services when needed	Some evidence	Families are put in a better position to identify and access specialist services, however, this was not tracked in a sufficient number of families to draw more definitive conclusions.
Stronger and more positive social ties	Some evidence	The outreach days out where cited by some families as very important community events for the family members.
Better access to other support services through signposting	Some evidence	One very good example of the signposting is the sign-up of one family's adolescent daughter to career-orientation activities. It emerged clearly from the interviews that the mother would not normally have been in a position to identify this resource.

6.5 Summary of evidence against key outcomes

Outcomes for families	Strength of evidence (from this evaluation)	Key finding(s)
Development / strengthening of sustainable support network(s) for families following support	Some evidence	There is some evidence that the Family Action Workers encourage the strengthening of support networks, but the sample does not provide enough relevant evidence for a general overview.
Greater support from wider family where relevant	No evidence	There is no clear evidence from the sample to suggest that the wider family environment is part of the focus of intervention in a way that increases support from the wider family.
Improved engagement with local community	No evidence	There is no clear evidence from the sample about local community engagement – this outcome would need further evaluation from a larger sample of families.
Greater integration into local community resources and activities	No evidence	There is no clear evidence of additional integration into local community resources - this outcome would need further evaluation from a larger sample of families.

6.5 Summary of evidence against key outcomes

Outcomes for schools	Strength of evidence (from this evaluation)	Key finding(s)
Reduced levels of behaviour difficulties	Strong evidence	All the families who had identified behaviour difficulties have given evidence of notable improvements in this area, along with consistent feedback from teachers.
Increased parental engagement	Strong evidence	The parental involvement is strengthened both through increased solution-focused dialogue with teachers and the work on parenting skills with the Family Support Worker.
Staff more equipped to support children at risk	Some evidence	Some families have told us about an increased awareness and understanding from teachers of the childrens' situation and particular challenges.
Schools better linked into other services	Some evidence	In the case of children with special needs, the Family Action Support Workers support putting in place the different types of support from different providers into a holistic solution.
Greater knowledge of what works / best practice	No evidence	There is little evidence of formalised information exchange between schools and workers on good practice and examples, however, this could be the subject of further evaluation.
Outcomes for the wider system	Strength of evidence (from this evaluation)	Key finding(s)
Gaps between other services are filled / bridged	Strong evidence	The holistic approach is effective at filling any gaps between single-issue focused services. It also offers an effective 'step-down' when statutory support finishes.
Reduced demand on statutory services	Some evidence	There is some evidence that the Family Support Worker will typically try to solve issues that the family might otherwise have asked the statutory service provider to solve or to provide advice on.
Stronger relationships between schools and voluntary sector services	Some evidence	Where voluntary sector services exist and are not already linked up with schools, the Family Action Workers bring together the different actors of bespoke holistic solutions.
Replicable models of effective, tailored support to families	Some evidence	Many aspects of the program's holistic approach can be considered a replicable model – carrying out holistic assessments and coordinating the response could be part of a more efficient delivery model for statutory services.
Improved learning and sharing of best practice	No evidence	The sample has produced no specific evidence of formalised structures of information exchange on best practice and learning.

John Newman, Director

Email: john@apteligen.co.uk

Tel: 07789 896022



www.apteligen.co.uk

89 Byewaters
Watford, Herts
WD18 8WH

Sam Mackay, Director

Email: sam@apteligen.co.uk

Tel: 07866 463434