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# Evaluation of Families First
# Year 2 Report
June 2014

# Evaluation of Families First: Year 2 Report

**Ipsos MORI**
**Ecorys**

Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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## Glossary of terms

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| **Action Plans** | As a requirement of funding, each local authority completed a template document detailing their plans for the implementation of Families First. These 'action plans' were updated in October 2012. An End of Year Report for each area was produced in April 2013, outlining progress against these plans. |
| **Agencies** | Refers to a range of organisations, companies or departments which are involved in the delivery of family support services. For example, a Local Health Board or a mental health organisation in the third sector. |
| **Baseline** | Refers to a 'starting point' against which the success of Families First will be measured. A series of population indicators have been set by Welsh Government; the 'baseline' figures for these measures have been recorded for 2012 (i.e. prior to the introduction of Families First). This and future reports will measure the progress against the original 'baseline' figures. |
| **Case studies** | Seven local authorities were selected to provide in-depth information about a range of models and practices being used in Families First. Case study visits were conducted in three stages: i) analysis of local secondary evidence to give a detailed picture of the local service context; ii) in-depth interviews and discussion groups with professionals involved in managing and delivering Families First; iii) (in four of the seven areas) depth interviews with families who have received Families First services locally. |
| **Children and Young People's Plan (CYPP)** | The Children and Young People's Plan is a strategy, set at the local level, which outlines the high-level aims of agencies working for children and young people. |
| **Cymorth** | The Cymorth Fund was introduced in 2003/04 by the Welsh Government to provide a network of targeted support for children and young people delivered at a local level. Families First replaced Cymorth from April 2012. |
| **Disability (funding) element** | One of the five key elements of the Families First programme. Each local authority's Families First funding includes a ring-fenced amount that should be spent on improving provision for families with disabled children and young carers. |
| **Distance Travelled Tool (DTT)** | A framework designed to monitor the progress made by families as a result of an intervention. A range of different DTTs are in place; however they all capture the strengths and needs of individual families at the start of an intervention (against a standard framework) and regularly update this throughout the programme of support to help identify progress. |
| **Early intervention and prevention** | Refers to specific stages in the 'continuum of support' offered in family support services. 'Prevention' is an approach that takes account of the wider family needs in pre-empting or addressing those needs before they become acute. This precedes support services designed at 'protection' (support for families who without intervention may reach crisis |

point) and 'remedy' (support for families near or at crisis point).

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| **Families First leads** | Local authority staff with responsibility for delivering the Families First programme in their local area. |
| **Family Outcomes Tool (FOT)** | The Family Outcomes Tool (FOT) aggregates data captured by local authorities (using Distance Travelled Tools) to provide an overall assessment of what proportion of families experiencing Families First have seen improved outcomes. |
| **Joint Assessment Family Framework (JAFF)** | One of the five key elements of the Families First programme. A JAFF is a process used to assess the needs of the whole family across multiple types of need. Each local authority must have a JAFF as a requirement of funding. |
| **Learning sets** | One of the five key elements of the Families First programme. Learning sets offer a structured format for groups of staff, agencies and authorities to come together and share learning at a local, regional and national level. Each local authority has a programme of learning sets to share learning about Families First. The Evaluation Team is responsible for delivering annual national learning sets and have created the MLE as a forum for discussion. |
| **Local Service Boards (LSB)** | An operational group established in each local authority. LSBs bring a range of public and third sector organisations (such as health, social services, police and children's charities ) together to agree how best to deliver services. |
| **Match-funding** | Refers to a financial arrangement where the cost of some or all of a grant has been provided by another service or funding stream. Local authorities are able to use 'match-funding' in the delivery of commissioned projects. |
| **Managed Learning Environment (MLE)** | A web-based forum. Local Families First staff are able to use the site to share learning, promote best practice and raise questions for the Welsh Government and for each other. The Welsh Government and Evaluation Team can also use the site to disseminate information about the evaluation and Families First programme as a whole. |
| **Multi-agency working** | A working arrangement where staff from more than one agency work together towards a common objective. This may be in the joint delivery of a service, or in an agreed 'joined-up' approach to providing an intervention (or range of interventions) for a family. |
| **National stakeholders** | Refers to a range of senior staff identified by the Welsh Government as having a relevant contribution to the design or implementation of the Families First programme. These include senior staff from within relevant Welsh Government departments and third sector organisations. |
| **Needs assessment** | A process through which local authorities are able to identify the range and volume of 'gaps' between the current and desired skills/circumstances of local residents. Needs assessments are used to plan family support services. |
| **Pioneer areas** | Families First was rolled out in phases, with six local authorities acting as early adopters of the programme in July 2010 (phase 1) and eight additional local authorities involved from |

| | March 2011 (phase 2). These local authorities are called 'pioneer' areas. The programme was rolled out to the remaining eight authorities from April 2012. |
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| **Practitioners** | 'Practitioners' refers to all staff involved in front line delivery of JAFF and TAF. This will include staff in multiple organisations. |
| **Process Change** | A measure of the impact that Families First has had on the processes and systems used to delivery services to families. This is measured through an assessment of how processes and systems have changed and the extent to which changes are due to the introduction of Families First. |
| **Process Change Performance Measures (PCPM)** | The PCPM framework helps to demonstrate the extent to which processes and systems in the delivery of services for children, young people and their families have changed and are changing due to the introduction of Families First. Data for the PCPM framework is provided through local authority quarterly progress reports and the stakeholder survey. |
| **Project managers** | 'Project managers' refers to staff who are responsible for the delivery of projects funded by the Families First grant. Project managers are employed by a range of different organisations, including from the public and third sector. |
| **Results Based Accountability (RBA)** | A management tool used to define and assess services. Under an RBA approach, the expected results/outcomes are clearly defined at the start of the project and data is regularly collected to review progress against these outcomes. An RBA framework will look in detail at performance accountability (how much did we do / how well did we do it / is anyone better off?) and population accountability (what improvements have been made at the population level). |
| **Service Providers** | This term is used by the evaluation team to refer to agencies, local authorities or third sector organisations who have been commissioned to deliver specific services in relation to Families First. These could include third sector or private organisations, or departments within local public services. |
| **Stakeholder survey** | An online survey conducted by Ipsos MORI between 18th February and 21st March 2014. The survey was disseminated among staff identified by all 22 local authorities in Wales as being involved in the Families First programme. In total, 648 staff took part. |
| **Stock and Flow** | Refers to the number and journey of families through the JAFF and TAF process in accessing family support services through Families First. For example, how many TAFs were signed, and how many families were referred to a commissioned project as part of their individual TAF action plan. |
| **Strategic / senior staff** | 'Strategic staff' is used by the evaluation team to refer to senior decision-makers from all organisations involved in the design and delivery of the Families First programme, including within local authorities and other statutory and voluntary sector organisations. |
| **Strategic commissioning** | One of the five key elements of the Families First programme. Projects commissioned using Families First funding are expected to be tied to a coherent strategy based on local need, usually commissioned through a competitive tendering process and delivered as |

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| | large-scale flexible projects. |
| **Team Around the Family (TAF)** | One of the five key elements of the Families First programme. TAF refers to the model of support that oversees and coordinates the interventions received by families through the programme. A TAF is expected to take account of the needs of the whole family and involve the coordination of multiple agencies in delivering a seamless service for the individual family. |
| **Third sector** | Refers to non-governmental and non-profit-making organisations or associations which are able to deliver family support services. These include charities, voluntary and community groups, and cooperatives. |

# Executive summary

This summary provides an overview of the Families First programme, and summarises key findings from the second year of programme evaluation activity.

## Introduction

In July 2012 Ipsos MORI and Ecorys were commissioned by the Welsh Government to evaluate the national Families First programme over the period 2012-15.

Families First aims to improve the design and delivery of the services local authorities provide to families. In particular, it aims to improve families' experiences through offering support that meets the specific needs of whole families, rather than individuals within families. Where families receive support from more than one agency, the intention is that agencies will work together so that families receive a coherent package of support.

Families First comprises five main elements, including a Joint Assessment Family Framework (JAFF) to provide a comprehensive evaluation of families' needs, a Team Around the Family approach to working with families (TAF), a strategic approach to commissioning family support services, and specific provision for families affected by disability. The programme also contains an action learning element, to ensure that local level learning is shared at local, regional, and national levels. A key principle of the programme is that local services should be commissioned and designed based on an assessment of local needs assessments.

The first year evaluation demonstrated that local and national stakeholders acknowledged there was scope to enhance the services provided to children and families before Families First was introduced, through improving the effectiveness of working practices. In particular, there was scope for more efficient delivery of front-line services by coordinating the agencies involved in delivering services to families; for more consistency in the services provided to families with disabled children; and for a more strategic approach to commissioning services.

Families First was introduced against a background of Wales experiencing a relatively high level of child poverty for the UK. The latest population data, reviewed later in this report, indicates that Families First continues to address a need among families experiencing the causes and consequences of living in poverty – for example, child obesity remains widespread, children from the least affluent families demonstrate lower rates of academic achievement than those from more affluent families at all levels, and rates of youth unemployment continue to be high. The programme is a key part of the Welsh Government's approach to tackling child poverty, and was designed to address the strategic objectives set out in the 2011 Welsh Child Poverty Strategy, particularly the third objective, which was to reduce inequalities in health, education and economic outcomes.

### The evaluation

The three-year evaluation aims to answer a number of questions about the programme including: whether the programme design is fit for purpose; an assessment of how the programme is

implemented; the quality of the programme's implementation; the impact of the programme on families; and the impact of the programme at an overall population level.

The first interim report, published in 2013, provided a baseline understanding of the programme's implementation[1].

This report aims to provide an assessment of local authorities' progress in implementing the key programme elements and early evidence of the impact of the programme, as well as drawing out examples of what works best in the design and delivery of services to families. The evidence is based on a range of sources, including but not limited to: a review of local authority progress reports; local authority data relating to the outcomes of families who have benefitted from Families First; an online survey of 648 local stakeholders involved in the design and delivery of Families First; in-depth case study visits to seven local authorities; and in-depth case study visits to 23 families who have been part of the Families First programme.

Specifically, his second report, will provide:

- a review of the policy context,

- a review of progress in implementation,

- an assessment of early evidence of impacts and outcomes, and

- an identification of good practice.

The final evaluation report (reporting summer 2015) will review the rationale for the programme, provide a full assessment of the changes in systems and processes engendered by Families First, present a full impact analysis on users and the population, and continue to identify good practice.

## Key findings

The following sections of this summary highlight key areas of progress in implementing each of the five elements of Families First. We then look at the management of the programme, and review the impact of Families First on local processes. Finally, we examine Families First from the perspective of families, exploring their experiences of the programme, and the outcomes of families who have benefitted from Families First to date.

*JAFF and TAF*

A Joint Assessment Family Framework (JAFF) is a process used to assess multiple needs of the whole family. A Team Around the Family (TAF) is the name given to the team that coordinates the interventions received by families and identified through the JAFF. A TAF is expected to take account of the needs of the whole family and involve the coordination of multiple agencies in delivering a seamless service for the family.

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[1] http://wales.gov.uk/docs/caecd/research/131219-national-evaluation-families-first-year-1-report-en.pdf

All local authorities are now delivering JAFF/ TAF. However, all authorities' models of delivery are undergoing refinement as they continue to review their practices, and two authorities have yet to roll out the JAFF framework across the whole authority.

Classifying local delivery models for JAFF/TAF is a complex undertaking, but is important to consider because the models have implications for the level of funding of JAFF/TAF, the sustainability of the interventions, the capacity of teams, and families' experiences. Reviewing the models used to deliver Families First will also be important in any future revisions to the programme guidance. While it is possible to broadly categorise the models – for example by degree of centralisation, the governance of Families First, and thresholds for support – the design principles adopted within each local authority differ in myriad ways. As a result, more work is required to refine the definitions of the models used to deliver Families First, and to seek commonality between local authorities. At a later point in the evaluation it will be helpful to explore the relative strengths and weaknesses of different delivery models and to explore the implications on areas such as: the quality of delivery; the sustainability of the programme; and factors that are critical to the programme's success, such as staffing, training needs, and information-sharing.

Across all 22 local authorities, 4,673 families were referred to Families First for consideration of a JAFF, 2,187 JAFF assessments were completed, and 1,777 families agreed to sign a TAF action plan over the period April to December 2013.

Evidence from staff and family interviews suggests that JAFF and TAF are largely being delivered according to the programme's principles, and that the key principles are sound. Staff perceive that the roll out of JAFF and TAF has prompted improvements in the way families are referred and assessed, as well as in the support families receive. Key changes include more comprehensive assessments that identify family needs and strengths, greater consistency in assessments across agencies, better information-sharing across teams, and more streamlined referral processes. Staff also feel there are impacts on their own skills and capacity, as well as noting that communications across agencies have improved as a result of the joint working involved in Families First.

Despite good progress, there are areas that remain challenging. Sharing information between the agencies involved in supporting families is a critical underpinning to the success of Families First, because agencies need to cooperate and work in partnership to deliver co-ordinated support to families. While information-sharing has improved, the case studies highlighted there are instances where specific agencies have not signed up to information sharing protocols, which can limit what TAF teams can achieve with families. In line with this, only 65% of strategic staff responding to the stakeholder survey agreed that effective protocols for sharing information on individual families were in place to aid the delivery of JAFF and TAF: while this is still a positive finding, there is clear room for improvement, especially when compared with much greater levels of agreement when considering other aspects of programme delivery.

There are also indications from case study areas that referral processes could be improved in some areas: for example, some families reported that their referral into Families First had been slow, which possibly reflects that some staff based in organisations outside local authorities lack awareness about the programme. The bulk of referrals come from education and children's services, while other agencies, such as adult services, are less likely to refer into Families First: this suggests that more

work to engage adult services could be valuable, so that referrals are as efficient and comprehensive as possible.

*Strategic Commissioning*

Projects commissioned using Families First funding are expected to be tied to a coherent strategy based on local need, commissioned through a competitive process and delivered as large-scale flexible projects. The programme guidance sets out an expectation that local authorities should commission small numbers of large-scale and flexible, projects, rather than a large number of small-scale bespoke projects.

Commissioned projects accounts for the bulk of spending on Families First: across authorities, 73% of the programme budget is used to fund projects. A total of 199 projects were commissioned in the period April-December 2013, compared with 159 commissioned in the period April 2012-March 2013. Of the projects commissioned in April-December 2013, 38 involved joint commissioning. Families First staff report that 81% of the projects are showing a great deal or a fair amount of progress. While the commissioning process has been challenging, 70% of stakeholders were satisfied with the way projects have been commissioned overall.

There is a clear shift in the culture of commissioning in authorities, with projects monitored more closely than they were in the past and held accountable for the quality of delivery to a much greater degree. One of the criticisms of Cymorth was that a large number of very small projects were funded, with projects often duplicating the types of support they provided. There is some evidence that the profile of projects commissioned is altering over time: case study areas report that the number of projects and the number of delivery partners per project is falling compared with Cymorth. The types of project are changing: compared with year one, there are now fewer projects being commissioned in relation to childcare, education and employment. As in year one the most common types of project relate to parenting and family support.

Staff and stakeholders generally agree that the projects commissioned reflect the programme's outcomes and the needs of local areas better than the projects commissioned prior to Families First. Nearly seven in ten (68%) stakeholders surveyed agreed that commissioning strategies were based on effective assessments of local need, although stakeholders were less likely to feel that children and families had effectively been consulted in the commissioning process (54% agreed).

Whilst there have been some clear successes with regard to the reduction of duplication and improved alignment of provision, the programme shows mixed progress in terms of the effectiveness in identifying unmet need and delivering a comprehensive package of family support. The commissioning of projects is based primarily around a desire to show an impact on population outcomes rather than focusing on early intervention/prevention: while these aspirations sometimes align, this may not always be the case. Looking to the future, it is clear that there are a large number of partners involved in delivering many projects, and it will be valuable to review the flexibility and sustainability of these consortia over time.

*Disability element*

The disability element of Families First provides local authorities with a ring-fenced sum to be spent on innovative ways of improving services for families with disabled children and young carers.  Local authorities are expected to provide for these families in all their services, but the ring-fenced funding is provided to ensure their specific needs are catered for.

Compared to the other elements of Families First, the disability element has generally been slower to progress. To a large degree, this seems to reflect that other aspects of Families First – and particularly establishing working JAFF/TAF systems – have been the initial focus in most areas.  Notwithstanding this, the second year of the programme has seen an increase in the number of disability projects in place (87 compared with 49 in year one) and some local authorities are making very good progress. Stakeholders were generally positive that the needs of families affected by disability were considered in the development of JAFF/TAF and commissioned projects (67% and 68%, respectively, agreed this was the case).  However, their views on the way needs were assessed were less favourable, with only 55% agreeing that the disability element funding has been used on the basis of an effective local area needs assessment.

Services for families affected by disability have improved as a direct result of Families First.  Families First has funded new services, and led to better integration and co-ordination of existing services. Practitioners are now more aware of the range of disability provision available and the value of integrating disability services with mainstream and other provision. Most local authorities aim to provide for families affected by disability through mainstream services as well as specialist projects. One of the key challenges that remains in improving services for families affected by disability is the need for mainstream providers to be up-skilled to better understand the needs of families affected by a disability, and identifying ways of integrating disability provision across mainstream services.

*Learning sets*

Learning sets offer a structured format for groups of staff, agencies and authorities to come together to share learning at a local, regional and national level.  Each local authority has a programme of learning sets to share learning about Families First.  The intention is to share information about approaches that appear to work well, so that the most promising models can be adopted in other areas.

This element of Families First was perhaps the most variable to date in terms of progress.  The latest progress reports showed that 120 local or multi-authority learning set activities were being delivered (although some will have been counted more than once).  These typically focused on specific Families First methods or themes, as recommended in the programme guidance.  Families First core teams have been most often involved in learning activities to date so there is scope to widen participation. In some areas, there is potential to increase engagement in multi-authority learning activities and there is also scope to improve the use of the Managed Learning Environment to support the application of learning.

Despite some areas of progress, a small number of local authorities were not involved in multi-authority learning sets in 2013.  Reasons for the slower progress on this element of the programme relate to a lack of understanding of the goals of learning sets and – for some issues – a feeling that

multi-authority sets have limited value when authorities are using such different models of delivery, and working with different populations. Staff also cited capacity issues in driving forward the learning set agenda alongside the day-to-day running of the programme.

Learning sets are generally viewed positively by practitioners, and can be seen as having led to good areas of joint practice and co-operation between local authorities. In some cases, improvements have been made to the effectiveness and efficiency of programme delivery approaches through the learning. However, as yet, evidence that learning is being effectively implemented by being translated into local level service improvements is limited. This issue will form a particular focus for the year 3 evaluation.

## Programme management and delivery

The delivery of Families First involves a partnership between the core Families First team and the network of local agencies involved in delivering support directly to families: Families First works to manage and coordinate the support families receive from these local agencies. This network covers mainstream provision, such as universal education and health services delivered by the public sector, as well as specialist support provided by the third sector. Delivering Families First therefore requires that practitioners in the public and third sector are aware of Families First and its aims, understand their role in delivering the programme, and have the information and skills they need to carry out their role. The roles of practitioners vary considerably by local authority, because different delivery models the programme are used.[2]

Local authority Families First teams have made significant investments in training staff to raise awareness of the programme and their role in delivering it. The stakeholder survey demonstrated that awareness of the aims and objectives of Families First is widespread among staff based in local authorities, but less so among staff based in agencies outside the local authority, and among health service staff in particular. Staff based in organisations outside local authorities are also, on the whole, less clear about their organisation's role in the programme, and are more likely to say that the strategic and operational alignment of Families First with other local programmes is poor. These feelings are particularly widespread among staff in the third sector.

The case study research revealed that local authorities are responding to these challenges by developing 'Memoranda of Understanding', agreed with individual agencies, which define the roles of staff in those agencies involved in delivering the programme. These agreements help to secure the buy-in of agencies, and to formalise expectations around the scale of their involvement in the delivery of the programme. Across all authorities, 69 of these Memoranda have been established with agencies delivering projects under Families First. To put this figure into context, a total of 199 projects were commissioned by Families First across all local authorities in 2013.

There is clear evidence that Families First teams have engaged a wide range of public services and the third sector in both the design and delivery of key elements of the programme. However,

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[2] These models fall on a continuum between 'everybody's business', a decentralised model of delivery, and highly centralised models of delivery. In its most extreme form 'everybody's business' requires that staff in the public and third sector deliver Families First – for example, they may be asked to carry out family assessments, and/or lead the team around a family that co-ordinates families' support. By contrast, practitioners working as part of a more centralised model may be required only to refer into Families First.

satisfaction with the level of engagement is relatively low among staff based outside the local authority.  Moving forward, Families First teams should look to consult with staff on how this can be improved.

There is evidence that the more strategic approach to commissioning services promoted by Families First has affected wider practice within local authorities (only 13% of local authority staff saw no impact).  However, the impact of new commissioning practices is less evident among staff based in organisations outside local authorities, and particularly those in the third sector.

There is broad support for local governance arrangements; however, the findings suggest that more could be done to support the third sector in delivering the programme.  Support for national governance is more positive than negative, although there are areas where there is scope for improvement. The areas of national governance which were perceived as least successful were linking family support programmes, such as Flying Start and Communities First, with Families First; and developing effective monitoring arrangements based on RBA approaches.

There is clear evidence that agencies are working together more effectively under Families First than they did in the past.  Staff interviews highlighted better communications and partnership working across the agencies involved in supporting families.  Strategic staff and practitioners surveyed generally agreed that local TAF models include effective input from key workers/lead professionals (90%).  Most agreed that the TAF models include effective input from all agencies relevant to the case (88%).   There are still challenges in multi-agency working, particularly around information-sharing between agencies, and securing the engagement of all local partners.  The case study interviews among practitioners and staff highlighted that the impact of what TAF meetings can achieve is limited if key partners do not attend meetings.

### Progress in implementing Families First and its impact on local processes

Taken together, the findings highlight that stakeholders are positive about the impact of Families First on both local service organisation and family services.  As illustrated in Table A below, stakeholders perceive that Families First has prompted an improvement across all the key aspects of service delivery that the programme aspired to change.

Table A: Impact of Families First on improving processes

| | % 'good' prior to introduction of Families First | % 'improvement' since introduction of FF | % Improvement was direct result of FF or it was a significant contributor |
|---|---|---|---|
| Process of referral of families (children or adults) for additional support | 47% | 82% | 82% |
| Process of family assessment | 40% | 84% | 82% |
| Provision of family support services (for both children and adults) | 52% | 84% | 85% |
| Process of commissioning projects for family support | 40% | 73% | 83% |
| Quality of projects commissioned for family support | 58% | 77% | 83% |
| Quality and range of local provision to support families affected by disability | 41% | 69% | 79% |
| Sharing and learning of good practice both within and outside your local authority | 44% | 74% | 79% |

*Source: Stakeholder survey, 2014.  Responses from strategic staff and practitioners.*

Family experiences of Families First interventions

The case study research explored families' experiences of the intervention.  While case study families are likely to be much more engaged than a typical family, their feedback is useful in identifying the types of support offered by the programme, exploring how far it conforms to the design principles which Families First aspires towards, and in looking at the types of interventions that appear to work well for families.

Families who had received support prior to their involvement in Families First felt there was a tangible difference in the type of support offered.  The attitude of the key worker appeared to play an important role: families perceived them as non-judgemental and more likely to listen to families' problems; the best workers were seen as directing families to appropriate support; and families liked the way key workers collaborated with them rather than dictating to them.  While the key worker role generally worked well, a minority of families reported poorer experiences. One of the main criticisms was key workers not being sufficiently aware of local services available to help with families' problems.  There was also some evidence of families becoming over-dependant on key worker support.

TAF action plans and TAF meetings were widely – although not always – used as part of the support package families received.  Families recognised that these mechanisms helped to coordinate the support on offer from agencies, as well as clarify their own priorities and thinking.  The plan and meetings helped to motivate families by providing a sense of progress, as well as keeping all support

agencies updated on their progress.  A few families contrasted the plans and meetings with 'scattergun' approaches to being supported prior to Families First.   There were mixed experiences of this support –  families and staff noted that some agencies, such as Child and Adult Mental Health Services (CAMHS), were less likely to engage in TAF meetings which could limit the extent to which families were helped by Families First – but those who had experienced TAF meetings were largely positive about them.

While case study families were generally positive, their experiences revealed some areas where there is scope for improvement.  For example, families in one area were concerned about the time-limited help on offer, and unsure what support would be offered when the support ended.  In a few case study areas, families with disabled children appeared to experience more patchy support and longer waiting lists to access help.  There were also instances of key workers defining the 'family' in ways that families found limiting, excluding absent fathers or adult children for example.

## Family outcomes

Practitioners monitor the progress of families using Distance Travelled Tools at regular intervals during the life of their intervention.  The Family Outcomes Tool is a method of aggregating the data captured by local authorities in their Distance Travelled Tools to derive pan-Wales estimates of family progress.  The progress of families who had been through the JAFF/TAF process was analysed using data from 15 local authorities that were able to provide data.[3]  The experiences of 23 case study families also helped to illustrate the ways of working that appear to help generate positive impacts among families.  At this stage, outcomes data is limited to the short-medium term effects of Families First: the next stage of the evaluation will be able to provide more evidence on the longer-term impacts of the programme on families.

Across the families where outcomes data are available, 53% of families recorded successful outcomes in relation to the TAF action plan.  An analysis of outcome areas (see Table B) suggests that, in the short-medium term at least, Families First seems to be most likely to generate positive impacts on soft outcomes, such as emotional health, relationships and behaviour, and less likely to impact on harder measures such as training/skills, children's health and the home environment. In line with this, the case study families described huge increases in confidence and many reported feeling empowered.  However, it was evident that movement on entrenched problems was less likely, at least in the short-medium term.  These findings highlight the challenge of demonstrating the impact of Families First – especially at the level of population indicators.

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[3] Family monitoring requirements were developed during the life of the programme.  While local authorities all capture data on family outcomes, some were unable to provide data in a format that could be aggregated with other authorities.  The aim is that more authorities will be able to provide data in a standardised format for the third year evaluation report.

Table B: Proportion of families showing forward/ backward/ no movement in relation to the TAF action plan, by outcome area and domain[4].
*Hard outcomes showing relatively small forwards movement are shaded pink; softer outcomes showing relatively large forwards movement are shaded green.*

| Outcome area/ Domain | % forwards | % no movement | % backwards |
|---|---|---|---|
| **Outcome #1: working age people in low income families gain, and progress within, employment** | **29%** | **67%** | **4%** |
| Training, skills employment and income | 29% | 67% | 4% |
| **Outcome #2: children, young people and families in or at risk of poverty achieve their potential** | **48%** | **47%** | **5%** |
| Engagement with school / formal education | 36% | 59% | 4% |
| Achievement and development | 30% | 67% | 4% |
| **Outcome #3: Children, young people and families are healthy and enjoy well-being** | **59%** | **34%** | **7%** |
| Emotional health / wellbeing | 45% | 47% | 8% |
| Physical health (child) | 27% | 70% | 3% |
| Relationships and social lives | 49% | 46% | 5% |
| Behaviour | 52% | 42% | 6% |
| **Outcome #4: Families are confident, nurturing, resilient and safe** | **54%** | **42%** | **4%** |
| Parenting skills | 40% | 56% | 4% |
| Parenting capacity | 36% | 60% | 4% |
| Home environment | 34% | 63% | 2% |

*Source: Based on 562 families where Family Outcomes Tool data available, 2014*

Outcomes appear to be slightly more positive for families affected by disability, where 71% recorded successful outcomes in relation to the TAF action plan, compared with 53% families across Families First as a whole. This appears to be due in part to lower rates of non-engagement and opt outs among disabled families.

A significant minority of families who had started receiving an intervention opted out or disengaged from Families First support (23% of all families). It will be valuable to explore the reasons for this further in the next phase of the evaluation, and look at practices that help to engage families in the programme. It is notable that disengagement was much less prevalent among families affected by disability (8% compared with 23% of all families). The reasons for this will be explored in the next phase of the evaluation, but the difference may be due to families affected by disability being more

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[4] Table based on 562 TAF families across 15 LAs providing Family Outcomes data.

receptive to the need for support, and having a greater practical need to engage with support in the short-term.

## Key conclusions and recommendations

Stakeholders' and families' views paint a positive picture about the impact of Families First on both local service organisation and families' experiences of services. Stakeholders perceive that Families First has prompted an improvement across all the key aspects of service delivery that the programme aspired to change. In general, families who had received support from other agencies in the past felt there was a tangible difference in the nature and coordination of support they received from Families First.

The experiences of stakeholders and families endorse the design principles of Families First. Whole-family assessments and support, TAF working, and the co-ordination of services, are widely viewed as being more effective than previous ways of working in identifying families' needs and providing family support. There is evidence that the programme is delivered across the spectrum of need, rather than focusing on early intervention, although the targeting varies by local authority. In some authorities, thresholds for TAF support are set fairly high, and in some cases Families First works in tandem with social services.

Despite good progress in delivery, JAFF/TAF and commissioning processes have taken longer to establish than originally anticipated. Most local authorities are still refining JAFF/TAF processes. This reflects that Families First involves significant changes in the way authorities work, and requires cultural change, for example in redrawing roles and contracts, and engaging more broadly across sectors. This is particularly the case where everybody's business TAF models are used, which take a significant amount of work to implement, and require much greater levels of engagement across the workforce. The area of slowest progress is learning sets, with six authorities reporting no spending in this area in 2013/14. There are issues around the clarity of the guidance on learning sets, and uncertainty among staff about how to progress this element.

The evaluation has highlighted a number of areas where the programme is working well, and key lessons for the future. A summary of the lessons learned can be found in Table 8.2 later in this report, while Tables 8.3 and 8.4 summarise what is effective about the types of support provided, and the ways in which support is delivered to families.

## Next steps for the evaluation

The final evaluation report of March 2015 will focus on a number of key questions, derived from the original analysis framework as well as areas of investigation that have developed as the evaluation has progressed. These include:

- How far has Families First addressed the issues it was introduced to resolve? Are there issues that Families First is not addressing, and how could the programme design be adjusted to better meet those aims? This will be assessed by consulting with Families First leads in each local authority as well as consultations with national stakeholders.
- What progress has been made in implementing the programme, particularly in areas that are currently showing slower progress such as the disability element? Progress will be assessed

through analysis of a second stakeholder survey, as well as follow-up consultations with staff across all local authorities.

- What conclusions can be drawn about the strengths and weaknesses of the different TAF delivery models used by local authorities?  This will be assessed by grouping authorities, where possible, according to key aspects of the models they are using, and exploring qualitatively what impact this has on the management and implementation of the programme.
- What is the long-term impact of Families First on families?  Currently, the data available relates to the short-medium term impact of the intervention.  This will be captured through follow-up visits to the case study families who were interviewed in January-February 2014, and through the Family Outcomes Tool monitoring data collected by local authorities.
- What good practice can be identified, either in the implementation and management of services, or in the front-line delivery of support to families? ).  This will primarily be assessed through in-depth case studies with local authorities and families, but evidence from consultations across local authorities will also inform judgements.

The table below outlines key evaluation activities leading up March 2015.

| Date | Activity |
|---|---|
| Autumn 2014 | Second national learning event |
| October 2014 | Process Change Performance Measures: second round of local data available |
| October - November 2014 | Follow-up visits will be made to as many of the 23 case study families interviewed in January-February 2014, as well as a number of new families. |
| January-February 2015 | Stakeholder online survey: capture detail about progress made since baseline survey in the implementation of Families First. |
| January-February 2015 | Case studies in 7 local authorities, involving interviews with a range of staff about the implementation of Families First. |
| January 2015 | Family Outcomes Tool measures: second round of local data available |
| May 2015 | Final evaluation report published |

# Background and introduction

# 1 Background and introduction

In July 2012 Ipsos MORI and Ecorys were commissioned by the Welsh Government to evaluate the national Families First programme over the period 2012-15.  This document is the second interim report of the evaluation. The first report was published in December 2013; the final evaluation report will be published in summer 2015.

This chapter provides an overview of both the Families First programme, an overview of the evaluation approach and an introduction to the sources of evidence used for this report.

## 1.1   Families First: an overview

### 1.1.1  The Families First programme

Families First was rolled out across all 22 local authorities in Wales from April 2012, following a pioneer phase which tested a range of delivery models across five consortia.[5]  Families First will run for the life of this assembly, and is funded at £46.9m for the current financial year.[6]  Families First succeeds the Cymorth grant which Welsh authorities received from 2003 to support children and young people.

Families First aims to improve the design and delivery of local authorities' family support services. It seeks to improve services through offering support that caters for whole families, rather than individuals within families, and by co-ordinating the organisations working with families so that families receive joined-up support.  Ultimately, the intention is to improve families' outcomes through improving the quality of the services they receive. A more detailed description of the programme rationale and design principles and assumptions can be found in the Annex to this report.

Families First also promotes the development of more effective services for families affected by disability, by providing ring-fenced funding for specific disability services, as well as encouraging mainstream service delivery to cater better for the needs of families affected by disability.  There are five **key elements** that each authority must use in delivering Families First, although the programme's design allows for a significant amount of local flexibility in the interpretation and implementation of the programme:

- a Joint Assessment Family Framework (JAFF) used to assess the needs of the whole family;

- a Team Around the Family (TAF) model that oversees the interventions families receive;

- a coherent set of strategically-commissioned, time-limited, family-focused services or projects (in response to a community-based needs assessment);

- participation in inter-authority Families First learning sets both locally and nationally; and

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[5] Two consortia were in operation from July 2010 and another three from March 2011: each consortium comprised neighbouring LAs.

[6] During the current financial year  the Welsh Government will be investing £46.9m in Families First.  This is £0.75m less than the 2013-14 investment but the reduction will be achieved without lowering the Families First grant to local authorities which will remain at 2013-14 levels. Figures provided by Welsh Government finance team.

- improved support for families with disabled children and young people.

For the purposes of this report, the first and second elements will be treated together, reflecting the integrated way in which JAFF and TAF are often delivered and monitored locally. A summary of each element of the programme can be found in the Appendices. Further detail outlining the specific drivers, design principles and assumptions underpinning the programme can be found in the Annex to this report.

In addition to the five key elements that local authorities are using in the delivery of Families First, there are a number of key principles that services should conform to, as follows:

- **family-focused,** taking a whole family approach to improving outcomes;

- **bespoke,** tailoring help to individual family circumstances;

- **integrated,** with effective co-ordination of planning and service provision across organisations, ensuring that needs assessment and delivery are jointly managed and that there is a seamless progression for families between different interventions and programmes;

- **pro-active**, seeking early identification and appropriate intervention for families;

- **intensive,** with a vigorous approach and relentless focus, adapting to families' changing circumstances; and

- **local,** identifying the needs of local communities and developing appropriate service delivery to fit those needs, with particular regard for the opportunities to link with, for example, the Flying Start and Communities First programmes.[7]

## 1.2 The evaluation of Families First

### 1.2.1 Evaluation design and objectives

Over the course of three years, the evaluation seeks to answer questions about Families First at four levels:

- **At a programme design level** - are the key principles and assumptions underlying the design of Families First sound? Does the design of the five key elements of Families First – JAFF, TAF, strategic commissioning, disability element and learning sets – address these principles? Are the key design assumptions which underpin the programme realised in practice? (See Appendices for a full list of these design assumptions.)

- **At a programme implementation level** – within the five Families First key elements, and at the overall programme level, what resources have been used, what has been achieved, what is the quality of this activity, and what are the impact and outcomes?

- **At a family level** – what is the impact of the programme, and each of its five key elements, on the families benefitting from Families First?

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[7] Families First Guidance:
http://wales.gov.uk/docs/dhss/publications/111219ffguideen.pdf

- **At a population level** – what is the potential impact of the programme on population-level outcomes relating to employment, educational attainment/engagement, health and well-being, and confidence/resilience/safety?

A more detailed set of evaluation objectives can be found in the Annex to this report.

## 1.2.2  Measuring the impact of Families First: theory of change

The evaluation uses a Theory of Change approach, which maps how the programme should work to achieve its intended impacts.  The evaluation will draw on a range of sources to gather evidence about whether the programme is operating according to this mode. The Theory of Change model outlines:

- the resources dedicated to the design and delivery of Families First, which include budget, resource and time at both the national and local levels;

- the activities undertaken as part of the programme, which include training, the agreement of protocols and processes for implementation, the piloting and roll-out of programme elements, and the commissioning of needs assessments and services;

- the outputs of the activities undertaken, which include delivering services to families, and the formation of new ways of working that are holistic, strengths-based, and coordinated across multiple organisations;

- the anticipated outcomes and impact on working practices, such as more comprehensive and targeted provision, and improved quality of provision;

- the anticipated outcomes and impact for families, in terms of better identification of needs, and more effective ways of addressing needs, so that long-term outcomes are improved.

The Theory of Change for Families First is included in the Appendix.  This model will guide the collection and analysis of evidence throughout the life of the evaluation.  Throughout the course of the evaluation, the evaluation will seek to gather evidence that allows a test of whether the hypothesised flow of processes outlined in this model are realised in practice.

The evaluation takes a qualitative approach to assessing the impact of Families First: because Families First is in place across Wales, and no suitable comparison of local areas not running the programme is available, a qualitative approach to judging the programme's impact is needed.

The evaluation will map how the programme should work to achieve its envisaged aims and draw on a range of sources to gather evidence of whether the programme is operating according to the Theory of Change model.  At each stage, evidence will be triangulated across a number of sources – i.e. cross-reference evidence from a range of sources – to understand the contribution Families First has made to achieving outcomes for families.  Clearly, there are a wide range of programmes and other funds that will affect the outcomes which Families First seeks to achieve, and the evidence will need to be assessed carefully to estimate the impact of Families First as distinct from other programmes.

## 1.2.3  Evaluation activities to date

A full schedule of the evaluation activities that will be carried out over the life of the evaluation is included in the Annex to this report.  In addition to the activity undertaken in year 1, this report is

based on the evidence gathered from the evaluation activities carried out in year 2 of the evaluation, specifically:

- An updated literature review of other UK and international whole-family programmes.

- A review of socio-economic population data relating to Families First indicators.

- A review of local authority Progress Reports, which contain self-reported information on the inputs and activities for Q1-Q3 of 2013-2014, covering the period April-December 2013. The reports include data such as expenditure on each element of Families First, the flow of families onto each element of Families First, the number of referrals into the programme, the local authority team's perceptions of the progress of individual projects commissioned through Families First, and timelines for key activities in establishing programme activities.

- A review of local authority data submitted through the Families Outcome Framework, which contains distance travelled data for closed TAF cases. The data presented here is based on submissions from 15 local authorities; the remainder are developing systems to be able to collate distance travelled tools.

- An online stakeholder survey of 648 employees, administered to senior staff and practitioners across all 22 local authorities. The survey was disseminated by Families First staff to those involved in the design and delivery of the programme locally. The numbers responding within each local authority are inevitably small, due to the specialised nature of the population of interest. This means it is not possible to compare responses by local authority, but comparisons are made between larger groups (such as type of organisation) where appropriate.

- In depth case study visits in seven areas each covering two days, involving interviews with Families First delivery staff, senior stakeholders, practitioners and project managers. The staff recruited to take part in the discussions were recruited by local Families First teams. The selection of case study areas intended to cover a range of geographical areas, approaches to Families First and socio-demographic characteristics.

- Case studies with 23 families, which consisted of in-home face-to-face interviews with families across four local authorities. Families were recruited by local Families First teams. Follow-up interviews with the same families will take place in November 2014 to review their experiences and the longer-term impact of Families First. The case studies aim to be illustrative rather than generalizable. They are a useful method for exploring families' experiences of services, the impact it has had, and in suggesting why the services have achieved (or failed to achieve) positive impacts in different circumstances.

## 1.2.4 Scope and structure of this report

The first interim report provided a baseline of understanding of the programme's implementation; in this second report, the evaluation will provide:

- a review of the policy context,

- a review of progress in implementation,

- an assessment of early evidence of impacts and outcomes, and

- an identification of good practice.

The final evaluation report (reporting summer 2015) will review the rationale for the programme, provide a full assessment of the process change, present a full impact analysis on users and the population, and continue to identify good practice.

This document is structured as follows:

- chapter 2: provides an update on the rationale for the programme, accounting for policy changes and the most recent socio-economic population data;

- chapter 3: considers the resources dedicated to the design and delivery of Families First, the activities undertaken as part of the programme and the outputs of the activities undertaken;

- chapter 4: considers the management and governance of the Families First programme at both a national and local level;

- chapter 5: considers the extent to which processes and systems in the delivery of services for children, young people and families are changing due to the introduction of Families First – i.e. the 'Process Changes';

- chapter 6: summarises the experiences of families, as identified through the case study research with families and staff.

- chapter 7: explores the impact of the Families First programme on families, and considers the extent to which the programme has contributed to its intended outcomes;

- chapter 8: reviews 'what works' in the delivery of Families First, including advice for practitioners on the front line of delivery, and staff leading the implementation of the programme locally.

The appendices contain:

- a summary of the five elements to the Families First programme;

- an introduction to the Theory of Change model used to measure the impact of the programme;

- a summary of the key sources of evidence used in the evaluation;

- an introduction to the Family Outcomes Tool, providing further detail on the process and the domains used to record data.

Supporting documents are provided separately to this report, these include:

- a full set of results to the stakeholder survey;

- summary data for each measure in the Process Change Performance Measures framework;

- an updated literature review of other UK and international whole-family programmes;

- a list of the evaluation and learning programme objectives;

- a summary of evaluation activities;

- a summary of the design principles, assumptions and rationale for the Families First programme.

# Policy context and rationale

# 2 Policy context and rationale

This chapter provides an overview of where Families First fits in the context of a complex policy landscape of family support, drawing on the policy context and the rationale for the programme based on population indicators.[8]

## 2.1 Original policy context

Families First aims to improve the design and delivery of local authorities' family support services. It aims to improve services through offering support that caters for whole families, rather than individuals within families, and by co-ordinating the organisations working with families so that families receive joined-up support. The intention is to provide early support for families – particularly families living in poverty – with the aim of preventing problems escalating.

The programme is a key response to the Welsh Government's Child Poverty Strategy (CPS) and a significant contributor to the objectives of the Tackling Poverty Plan (TPAP). The CPS and TPAP set out core objectives around: preventing poverty in the next generation through early intervention programmes to help families and children; helping people and families out of poverty through work; and mitigating the effects of poverty in the here and now.

Families First aims to reduce the numbers of families developing complex needs and requiring relatively intensive and costly interventions.[9] The programme is designed to complement mainstream services which tend to focus on delivering core universal services (such as education) or delivering remedial support (such as social care, health and policing). Families First seeks to improve early access to, and the delivery of, preventative and protective support. It is an example of the Welsh Government's 'invest to save' principle, investing in support before families' problems become more complex and costly to resolve.

Families First is one of a suite of programmes aimed to provide support to disadvantaged families and communities across Wales. Local authorities are encouraged to integrate the delivery of Families First with complementary programmes, most notably Flying Start, the Integrated Family Support Service and Communities First. A range of other programmes will also provide opportunities for Families First to link with, including initiatives such as Jobs Growth Wales which provides opportunities for youth employment. The integration of programmes should result in efficiencies in spending, as well as providing seamless support to families.

## 2.2 Changes to the policy context

The early intervention and multi-agency approach of Families First complements a number of ongoing and new policies.

A key development for the future is the introduction of the Social Services and Well-Being Bill. Although the Social Services and Well-Being Bill is centred on social services, many of its principles echo the Families First model. For example, the Bill proposes that local authorities and local health boards (LHBs) carry out local needs assessments to determine the scale and nature of local need; it also proposes closer partnership working between the organisations delivering

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[8] Further detail on the policy context and rationale of the Families First programme can be found in the Annex to this report.
[9] Families First Guidance: http://wales.gov.uk/docs/dhss/publications/111219ffguideen.pdf

support to families. Given the way Families First and social services teams work together, changes to social services practices are likely to have implications for both Families First and social services delivery.[10] The Bill also proposes portable assessments for families to avoid the need for reassessment if they move to another local authority. Establishing consistent assessment protocols and thresholds for Families First and statutory support, and sharing information across borders, are issues which local authority Families First teams have been considering since the inception of the programme, and are set to become higher priorities with the change in legislation.

## 2.3   Rationale

Families First is a key part of the Welsh Government's action to tackle child poverty. The programme's objectives are closely aligned with the objectives of the 2011 Child Poverty Strategy (CPS) and the over-arching Tackling Poverty Action Plan (TPAP) of 2012. The CPS and TPAP set out core objectives around: preventing poverty in the next generation through early intervention programmes to help families and children; helping people and families out of poverty through work; and mitigating the effects of poverty in the here and now.

A review of the metric that relate to the Families First programme objectives underline the need for a programme to tackle the causes and effects of poverty. In particular:

- more than a fifth of children in Wales are living in families in receipt of out of work (means tested) benefits or in receipt of tax credits where their reported income is less than 60% of the UK median income (21.9%);

- the proportion of 17-24 year olds out of working and claiming Job Seekers Allowance remains high (19,760);

- there remains a gap in attainment and attendance at school between children eligible for free school means, and those who are not.

- over a quarter of children (28%) aged four or five are overweight or obese;

- the number of households with dependent children accepted as eligible, unintentionally homeless and in priority need has seen a small increase since 2011/12, from 2,250 to 2,345

- the number of children in need by parental capacity (parental abuse) has fallen in recent years (from 5,080 in March 2012 to 4,615 in March 2013) but remains above the figure in 2010 (3,680).

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[10] In some LAs, social services and Families First work closely in partnership, and some families may be in receipt of Social Services and Families First support in parallel.

Table 2.1 – Population indicator trends *(data drawn from official Welsh/UK statistics)*

| Outcome | Population Indicator | Latest figure | Previous figure | Comment on trends |
|---|---|---|---|---|
| **Outcome 1**: Working age people in low income families gain and progress within employment | 1. The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income (BHC)[11] | 21.9% (2011) | 22.2% (2010) | Broadly in line with 2010, continuing a downward trend from 2009 (23%) |
| | 2. Percentage of Year 11 leavers not in education, employment, or training[12] | 3.7% (2013) | 4.2% (2012) | Fallen 0.5 of a percentage point, from 4.2% in 2012. Continues the trend, having previously fallen 2.9 percentage points from 7.1% in 2008. |
| | 3. Proportion of 17-24 year olds claiming JSA[13] | 19,760 (Feb 2014 | 25,095 (Feb 2013) | After a significant increase (of 9,438) between 2008 and 2012, the number has fallen slightly to 19,760. |
| **Outcome 2**: Children, young people & families, in or at risk of poverty, achieve their potential | 1. Percentage of pupils eligible for free school meals who achieve the Foundation Phase Indicator (in teacher assessments) compared to pupils who are not eligible for free school meals | 66:85 (2012) | n/a | *Data prior to 2012 not available. 2012 remains the most recent figure.* |
| | 2. The percentage of pupils eligible for free school meals who achieve the Core Subject Indicator at KS2, compared to pupils who are not eligible for free school meals. | 67:87 (2011/12) | 64:84 (2010/11) | Gap has remained stable at 20 percentage points. |
| | 3. The percentage of pupils eligible for free school meals who achieve the Level 2 threshold including a GCSE A*-C in English/Welsh and Maths, at the end of KS4 compared to pupils who are not. | 23:57 (2011/12) | 22:56 (2010/11) | Gap has remained stable at 34 percentage points. |
| | 4. Percentage of pupils absent from maintained primary schools and eligible for FSM compared to those pupils who are not[14] | 8.6 : 5.5 (2011/12) | 9.3 : 6.0 (2010/11) | The gap is broadly in line with 2010/11 though this has fallen slightly from 2009/10 (10:6) |
| | 5. Percentage of pupils absent from maintained secondary schools and eligible for FSM compared to those pupils who are not[15] | 12.7 : 6.8 (2011/12) | 13.5 : 7.5 (2010/11) | Gap has remained stable from 2010/11 and 2009/10 (14:8) |

[11] Please note, the new data (2011) is described as the 'percentage of children living in low income families'. This is directly comparable with previous data described as the 'proportion of children living in families in receipt out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income (BHC).

[12] Data published by Careers Wales 29.04. 2014. Available through their website : http://destinations.careerswales.com/

[13] The PI reported in year 1 of the evaluation was 'proportion of 18-24 year olds claiming JSA'. The 2013 figure presented here reflects this change.

[14] The PI in year 1 of the evaluation was 'percentage of half day sessions (overall absence) missed by pupils'. The 2013 trend figure presented here reflects this change.

| Outcome | Population Indicator | Latest figure | Previous figure | Comment on trends |
|---|---|---|---|---|
| **Outcome 3:** Children, young people & families, are healthy, safe & enjoy well-being | 1. Percentage of children fully immunised by their 4th birthday* | 88% (Oct-Dec 2013) | 82.4% (2013/13) | Increase of 5.6 percentage points from 2012/13, continuing the trend (increase of 1.6 percentage points from 2011/12 (80.8)) |
| | 2. Percentage of live births with a birth-weight of less than 2500g | 7.3% (2012) | 6.8% (2011) | Increase of 0.5 percentage points from 2011 to 2012, although current rate is no higher than 2008/2009. |
| | 3. Numbers of conceptions under age 16 years per 1000 female residents aged 13 to 15 | 5.6% (2012) | 6.1% (2011) | Fall of 0.5 of a percentage point from 6.1%, continuing the trend from 8.1% in 2008. |
| | 4. The proportion of children in reception class (age 4/5) who are overweight or obese | 28.2% (2011/12) | n/a | *Data prior to 2012 not available. 2012 remains the most recent figure.* |
| **Outcome 4:** Families are confident, nurturing, and resilient | 1. The number of households with dependent children accepted as eligible, unintentionally homeless and in priority need. | 2,345 (2012/13) | 2,250 (2011/12) | Small increase of 95 since 2011/12 after a previous reduction from 2,685 in 2007/08. |
| | 2. The number of homeless households with dependent children in temporary accommodation at the end of the period. | 1,010 (2012/13) | 1,250 (2011/12) | Following previous trend with small reduction of 240 households since 1250 in 2011/12 |
| | 3. Children in need by parental capacity (domestic abuse) | 4,615 (03/2013) | 5,080 (03/2012) | A decrease of 465 from 2012, but still above 2010 figure of 3,680. |
| | 4. First time entrants to Youth Offending Teams | 1,819 (2012) | n/a | *Data prior to 2012 not available. 2012 remains the most recent figure. However, data for first time entrants into the criminal justice system show a steady decline each year from 2010 to 2012.* |

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[15] The PI in year 1 of the evaluation was 'percentage of half day sessions (overall absence) missed by pupils'. The 2013 trend figure presented here reflects this change.

# Progress in implementation

# 3 Progress in implementation

## 3.1 Introduction

This chapter explores the progress and implementation of all five elements of the programme; with particular reference to the following key evaluation objectives:

- to understand how JAFF and TAF have been developed and implemented;

- to understand the targeting and reach of JAFF and TAF;

- the progress made by local authorities in putting in place appropriate commissioning arrangements to date;

- progress in implementing the disability element of Families First across local authorities; and,

- to understand local authorities' approaches to local and regional learning sets

The approach used to examine these evaluation objectives is underpinned by a Theory of Change Model (outlined in section 1.2.2). The model helps the evaluation gain a better understanding of the steps involved in developing the programme at the local level, in particular:

- the resources dedicated to the design and delivery of Families First (e.g. budget)

- the activities undertaken as part of the programme (e.g. training);

- the outputs of the activities undertaken (e.g. families worked with).

This chapter considers what inputs, activities and outputs have been implemented across the five elements of Families First. Later in the report, chapter 5 explores the impact of these inputs, activities and outputs on the processes in place to deliver services for children, young people and families (e.g. better holistic family intervention); chapter 6 reviews the impact of the programme on family outcomes.

The evidence for this chapter is primarily drawn from local authority progress report data for Quarters 1-3 2013, the stakeholder survey and the case study interviews as part of the Process Change Performance Measures framework (PCPM). Financial data has been drawn from the final claims made by local authorities for the financial year 2013-2014.

## 3.2 Input

This section considers the resources of the programme, including the expenditure and staff recruited to deliver Families First. In 2013-14 Families First has been delivered to within one percent of its funding allocation, of which 73% has been spent on delivering strategically commissioned projects. Appropriate resources have been drawn from local delivery partners to administer the programme.

### 3.2.1 Financial

Analysis of the data for 2013/14 shows that Families First has been delivered within budget. A total of £39,025,579.68 has been spent in delivering the programme, less than one percent short of the profiled spend. However there is greater variation at the local authority level: the majority of local authorities spent within 3% of the profiled amount; with just two exceptions (one local authority spent 72% of the profiled amount and another, 86%). This data was confirmed by respondents to the

stakeholder survey, 75%[16] of whom agreed that the development and implementation of JAFF and TAF, for example, kept within budget.

The funding for Families First includes a ring-fenced budget for families affected by disability – local authorities collectively spent to within five percent of this allocation. Across the board, the biggest under spend was on learning sets (90% of profiled amount spent).

Table 3.1 – Total expenditure on disability and learning sets elements

| Project element | Profiled | Actual | Difference | % of total profiled spend |
|---|---|---|---|---|
| Disability | £3,866,190.08 | £3,669,088.11 | -£197,101.97 | 95% |
| Learning sets | £153,350.89 | £138,522.51 | -£14,828.38 | 90% |

*Source: Local Authority progress reports, March 2014.*

Overall, the local authority progress reports showed that local authorities spent 73% of their budget on strategically commissioned projects; 18% on JAFF/TAF; 9% on disability projects; and 0.4% on the learning sets. The variation in the percentage of overall budget spent on each element of the programme varied greatly between local authorities, most notably the amount spent directly on JAFF/TAF, which varied from four per cent to 78% of overall budget, and the amount spent on strategically commissioned projects, which ranged from 15% to 89%.

Table 3.2 – Allocation of expenditure by element of programme

| Project element | % spent on element as a proportion of total cost | Range in % spending among local authorities |
|---|---|---|
| JAFF/TAF | 18% | 4% - 78% |
| Disability | 9% | 75% - 23% |
| Strategically commissioned projects | 73% | 15% - 89% |
| Learning sets | 0.4% | 0 -– 1.54% |

Some local authorities anticipated using match funding. Data available at the time of reporting indicates that a total of £534,495 was secured in match funding across three local authorities. It is expected that this figure will increase as the data becomes available; however not all local authorities have been able to combine Families First funding with other funding pots.

Following on from the National Learning Set in January 2013, Welsh Government have commitment resource to holding a second event in Autumn 2014.

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[16] Stakeholder survey, 2014, base size is 280.

### 3.2.2 Staff, agencies and organisations involved in the delivery of Families First

Local authorities have been asked to provide data on the number of staff funded through the Families First programme. At the time of reporting 630 positions had been created to deliver Families First. Of these 323 (51%) were funded outside the programme[17], 74 were partly funded by Families First, and 234 were funded from other programmes outside of Families First.

Case study interviews point to a range of sources of funding from outside the programme (largely driven by commissioning arrangements), including from Flying Start and charities such as Barnardos and Young Carers.

Outside of positions funded directly through Families First, there is clear evidence that the programme has engaged a wide range of different agencies and organisations in the administration of referrals, assessments and Team Around the Family interventions. For example, 29% of JAFF assessments were conducted by staff from schools and other education services, and 28% of respondents from the third sector had led a TAF as a lead practitioner or key worker (this is explored further in section 4.3).

## 3.3 Activities and Outputs: JAFF/TAF

### 3.3.1 Models of delivery

Though all local authorities are required to establish JAFF and TAF models, the Families First programme encourages innovation in the local design and delivery of these elements. As a result, local level approaches for delivering JAFF and TAF vary considerably. Variation in the model of delivery provides an important context to:

- the financial spend on different elements of the programme;

- the sustainability of the programme outside of grant funding;

- the capacity and speed of delivery of intervention;

- the experience of families; and

- the process and family outcomes achieved by the programme.

Over the course of the evaluation, a key objective is to review the effectiveness of these approaches; part of this assessment will involve developing a common framework and language against which local approaches can be mapped. Building on the initial assessment in year 1 of the evaluation, Table 3.3 below provides a revised outline of the 'key components' and 'sub-categories' that characterise local approaches. The key components and sub-categories of the programme as detailed in the table have been refined through discussions with local authorities, and facilitated through the Managed Learning Environment. (MLE) The six components outlined are those which resonate with local authorities as characterising the key differences in local delivery approaches.

An initial mapping of the seven case study areas points to a range of delivery approaches which can be difficult to untangle when seeking to identify overarching 'models' of delivery. For example, the local authorities marked in table 3.3 can all be described as using a 'hybrid' model – combining both elements of a centralised and 'Everybody's business model; however no two local authorities

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[17] 298 of these are from two local authorities who have an 'Everybody's Business' model which asks staff from a range of organisations outside the local authority to lead on the delivery of family interventions.

are exactly the same.  The timing and role of the JAFF differ, as do the role of a TAF panel (one does not have a TAF panel) and thresholds for TAF support.  Finally, the way in which Families First is governed is also different.

It is therefore difficult to triangulate evidence collected through monitoring information to any one specific attribute of delivery.  However, within each 'key component' it is possible to identify the successes and challenges of undertaking different approaches and this is explored further in section 7.4.  The variation in delivery models also provides a challenge for the development of programme; future revised guidance issued by Welsh Government will need to consider how the programme is currently being delivered.

Over the course of the evaluation, it is expected that these definitions will be refined further and reviewed with further data collected through the Process Change Performance Measures (PCPM) framework and Family Outcomes Tool (FOT) framework.

Table 3.3 – Components of local delivery models

| Component | Sub-category | LA1 | LA2 | LA3 |
|---|---|---|---|---|
| 1. Timing of JAFF assessment | 1. JAFF as an **initial assessment** completed by all families to determine whether FF or other support required. This may either take the form of:<br>a) A single, integrated common assessment<br>b) A framework of assessments which are specific to different agencies but have a level of commonality. | ✓ 1A | | ✓ 1A |
| | 2. JAFF as **subsequent assessment**. Once family has been deemed eligible for FF, JAFF used to develop family action plan. This may either take the form of:<br>a) A single, integrated common assessment<br>b) A framework of assessments which are specific to different agencies but have a level of commonality. | | ✓ 2B | |
| 2. Role of JAFF | 1. JAFF is an **assessment** framework only | | ✓ | |
| | 2. In addition to assessment, JAFF is also a **wider families framework** to rationalise TAF models (including those outside Families First) across the LA. | ✓ | | ✓ |
| 3. Principle of TAF delivery | 1. **Everyone's business** (practitioners within universal/ other services involved in core delivery of FF as key workers or lead practitioners, FF role is in addition to their 'day job') | | | |
| | 2. **'Centralised'** (FF assessments and TAF are run via a team whose job roles are focused specifically on FF delivery). This team may be contracted to an outside agency. They will be either:<br>a) Co-located in a single location or<br>b) Based in multiple local locations (eg around a community hub / school) | | | |
| | 3. A **hybrid** model, incorporating components of both models above. | ✓ | ✓ | ✓ |
| 4. Role of the 'TAF Panel' *(N.B., not all LAs have one)* | 1. Work of TAF Panel provides a central operational advisory/decision making body (this may include advising on finances, services available, 'unblocking blockages' in the system, reviewing closed cases). The Panel with either meet virtually or face to face. | N/A | | ✓ |
| | 2. TAF Panel is focused at the referral stage, confirming which families require assessment and allocating key workers. The Panel will either meet virtually or face to face. | N/A | ✓ | |
| 5. Thresholds for TAF support | 1. Families are eligible for TAF support if they have **any form of multiple needs**, regardless of whether these are from the same agency. | | ✓ | |
| | 2. Families are eligible for TAF support if they have **multiple needs that cross more than one service** (regardless of whether the service is statutory) | ✓ | | |
| | 3. Families are eligible for TAF support if they have **multiple needs that cross more than one agency outside of statutory services** | | | ✓ |
| 6. Governance and management within the local authority | 1. Families First run through Children's Services / Educational based department. This may be either:<br>a) In the same department as Communities First or Flying Start<br>b) In a different department | ✓ 1A | ✓ 1A | |
| | 2. Families First run through community or neighbourhood management teams / other local management arrangements. This may be either:<br>a) In the same department as Communities First or Flying Start<br>b) In a different department | | | |
| | 3. Families First run through a strategic department, such as the Chief Executive's office. This may be either:<br>a) In the same department as Communities First or Flying Start<br>b) In a different department | | | ✓ 3B |

### 3.3.2 Progress in implementing JAFF/TAF

#### Implementation of delivery models

All JAFF/TAF models became operational in year two of the evaluation. However, some were still finalising the full implementation details and a couple, including some Pioneer Phase Two authorities, had yet to roll out the finalised JAFF to the whole authority. Although progress in implementing JAFF and TAF varied across local authorities, on the whole the stakeholders surveyed found that it took longer than expected to finalise the JAFF and TAF approaches. The majority (62%)[18] of respondents to the stakeholder survey agreed that the development and implementation of JAFF and TAF kept to initial timescales, although 18% disagreed with this statement. Staff from the first pioneer phase of the project were the most positive about delivery to timescales: 81% of respondents in Phase One agreed that the development and implementation of JAFF and TAF kept to initial timescales, 67% of respondents of phase 2, and 47% of respondents in new areas.

Positively, areas have developed the JAFF in partnership with key agencies and/or through multi-agency steering groups, and by drawing on good practice such as the successes of the Common Assessment Framework (CAF) and the pioneer local authorities. In addition, local authorities underwent pilot and review processes to test, and where necessary refine, their models.

Whilst operational, all JAFF/TAF models were undergoing refinement in 2013/14. The latest progress reports submitted by local authorities recorded 53 current 'activities' specifically relating to the development of JAFF/TAF that were in progress (for example, such as conducting a review of JAFF/TAF scope and processes, amendments to training, strengthening referral routes); a further 6 activities were scheduled but had not yet started. For example, at the time of writing Carmarthenshire were agreeing processes to expand their referral routes to include children of pre-school and post 16 age groups (the initial implementation phase had focused only on children of school age).

#### Training

The success of Families First is reliant on staff from a range of agencies having the right knowledge and skills to be able to refer in to the programme, conduct assessments and progress TAF interventions. At the time of reporting, a total of 2,441 staff have received training specifically related to Families First. The vast majority of staff who received training in these areas were funded outside Families First (66%) demonstrating the multi-agency delivery of the programme.

Though more data is required to make a thorough assessment of whether all staff that needed training have received training at this stage, 65%[19] of strategic stakeholders and practitioners surveyed agreed that sufficient recruitment and training was conducted to enable service delivery.

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[18] Stakeholder survey, 2014, base size is 326.
[19] Stakeholder survey, 2014, base size is 350.

Table 3.4 – Number of staff who have received formal training in JAFF/TAF

| Funding | Number of staff |
|---|---|
| Fully funded directly by Families First | 515 |
| Partly funded directly by Families First | 308 |
| Funded outside Families First | 1,618 |
| **Total** | **2,441** |

*Source: Local authority progress reports, March 2014. Based on data provided by seven local authorities.*

## Information sharing

The sharing of information (on families) between agencies is crucial to the delivery of Families First: it allows for the initial assessment to be shared appropriately with relevant partners, and for agencies involved in a TAF intervention to work closely together, each with a full understanding of a family's situation.

Staff interviews indicated that some distance had been travelled in terms of the readiness of services to share information on families; yet this issue appeared to be the main point of contention in the development of a multi-agency early intervention service. In a small number of cases, interviewees suggested that a few services, and primary health in particular, had concerns around sharing information with other services but overall, over three-quarters (78%[20]) of practitioners responding to the stakeholder survey agreed that an effective process of gaining consent for sharing information was in place.

Furthermore, over three-quarters of practitioners considered that information was shared securely between agencies (77%); however, a slightly lower proportion of strategic staff responding to the stakeholder survey agreed that effective protocols for sharing information on individual families were in place to aid the delivery of JAFF and TAF (65%[21]).

## 3.3.3 Reach of JAFF/TAF

As noted above (3.1.1) there is considerable variation in the way in which local authorities access to the Families First programme. This section explores these different routes and considers the number of families who have accessed Families First.[22]

Between Q1-Q3 2013/14, a total of 4,673 families were 'referred' to the Families First programme to be considered for an assessment. Of the 3,034 considered for support, 2,187 completed a JAFF assessment.1,777 went on to sign a TAF action plan (59%) as shown in Table 3.5, fewer than one in ten were referred to support outside of Families First. [23]

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[20] Stakeholder survey, 2014.

[21] Stakeholder survey, 2014.

[22] It should be noted that the total number of families reported at each stage of delivery is correct at the time of reporting. The difference in total number of families is either due to a lag in the time taken to conduct the 'next stage' (e.g. from referral to assessment) or due to incomplete data.

[23] This does not account for local authorities who conduct a JAFF assessment as standard and then consider whether or not the family should receive a TAF. Thus there is no pre-referral system. The vast majority of local authorities accounted for between 1 and 6 % of the total number of families completing a JAFF assessment with the exception of two authorities (Swansea and Newport), which represented 11% and 20% of completed JAFF assessments.

Table 3.5 – Outcomes of families considered for Families First support (Q1-3 2013/14)

| Outcome of referral to Families First | Number of families | % of families |
|---|---|---|
| Referred only to a commissioned project (i.e. a single intervention) | 994 | 33% |
| Referred only to other support outside of Families First (i.e. a single intervention) | 263 | 9% |
| Agreed to signing a TAF action plan | 1,777 | 59% |
| **Total** | **3,034** | |

*Source: Local authority progress reports, March 2014.*

Of the 1,777 who had signed a TAF action plan by March 2014 (at the time of reporting there were 163 families who had agreed to sign a TAF Action Plan but had not yet done so), the vast majority (79%) were referred to a project funded by Families First.  However support from outside Families First remains a key part of TAF interventions: 64% of families were referred to a project funded elsewhere as part of their plan: 43% were referred to a project funded by Families First and to support from outside the programme; 21% were referred only to other support outside of Families First.

Table 3.6 – Type of support given to families signing a TAF action plan

| Outcome of TAF action plan | Number of families | % of families |
|---|---|---|
| Referred only to a commissioned project as part of their TAF action plan | 573 | 36% |
| Referred to only other support outside Families First as part of their action plan | 340 | 21% |
| Referred to both support within and outside of Families First | 701 | 43% |
| **Total** | **1,614** | |

In Q1-Q3 2013/14 852 (53%) families who have signed a TAF action plan have closed with a successful outcome i.e. a family no longer received support from Families First because good progress had been made against the initial objectives of the intervention as agreed with the family (Table 6.2).  Otherwise, cases were closed due to family opt-out or non-engagement of a family in 12% and 11% of cases respectively.[24] Family Outcomes are considered in more detail in chapter 6.

## 3.4   Strategically Commissioned Projects

Strong progress has been made in the commissioning of strategic projects.  According to the latest progress reports submitted by local authorities for quarters 1 – 3 2013/14, 199 projects had been strategically commissioned, an increase of 40 compared to 159 projects for year one - 2012/2013[25] (note that projects may fall under more than one category).

However, the local authority progress reports show variation in the amount of progress made in commissioning strategic projects in 2013/14. For instance, only two of the five local authorities that had yet to complete commissioning in year 1 of the evaluation have since set these in operation.

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[24] Given the nature of the intervention and the presenting needs of the families that the programme is trying to support, it is to be expected that there will be a proportion of families who will find it particularly challenging to engage with the programme.
[25] Local Authority End of Year Reports April 2013.

Carmarthenshire, the only local authority to be operating temporary contracts in year one, is currently going through the commissioning process, with revised projects due to start in Autumn 2014.[26]

Of the 199 strategically commissioned projects, 38 involved a form of joint commissioning. One such example was a worklessness project that Gwent designed and commissioned with Merthyr Tydfil CBC and Rhondda Cynon Taff CBC. The project aimed to challenge perceptions, attitudes and actions of key staff and decision makers towards collaborative working in addressing worklessness across the region.

### 3.4.1 Type of strategically commissioned projects in operation

As in year one the most common type of project funded was parenting and family support across all local authorities. In year two there was less emphasis on childcare, education and employment, but similar to year one there were fewer projects overall which contributed to more acute needs such as substance misuse. Examples of the new types of interventions/ projects that started in 2013 include:

- coordination of parenting projects across the borough (in line with the needs identified as part of JAFF) and programme coordination;

- after school club to build self-confidence;

- financial inclusion project and two projects designed to improve families' participation in decision making (one focusing on parents, and the second involving children and young people also); and

- detailed youth information service.

### 3.4.2 Reach of strategically commissioned projects

It is difficult to assess the total capacity of commissioned projects as there is no central record of which projects each family accesses, especially families who are accessing projects without signing a TAF Action Plan or have received a direct referral from outside Families First (and therefore have not completed a JAFF. Drawing on the information collected from local authorities as part of the Process Change Performance Measures (PCPM), 994 families were referred directly to a Families First funded project (i.e. a single intervention) without signing a TAF action plan, a further 1,274 were referred to a Families First funded project as part of the TAF intervention. As a minimum therefore, 2,268 families have accessed a Families First funded project.

In practice, a large number of families are referred directly to projects commissioned by Families First without any engagement in either JAFF or TAF. Collating all counts of an individual interacting with a commissioned project suggests that the programme has funded 222,904 separate 'touch points' of support with individuals.[27]

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26 Local authority progress reports, March 2014
27 each touch point equates to an individual accessing a commissioned project, it is likely that individuals and families will be double counted across multiple projects . PCPM data for year 3 of the evaluation will record the number of new cases to each project, which will allow the evaluation to make judgements about capacity of projects during the course of the year.

## 3.5  Disability

### 3.5.1  Type of activities for families affected by disability

There are a number of different ways in which local authorities spent the ring-fenced funding received for families affected by disability.  These 'activities' can range from specific commissioned projects, to training or capacity building elsewhere in the local authority. According to the latest progress reports submitted by local authorities, there was an increase in the number of disability activities delivered in year two (87 disability activities delivered compared with 49 disability activities in year one)[28].  The number of specific commissioned projects relating to disability operating in each local authority ranged from one to eight.  This represents an increase from year one of delivery where most local authorities were running between one and three projects that specifically related to disability.   In eight local authorities, all of the disability projects were new (i.e. started in 2013).

As in year one, disability projects most frequently centre on children's needs, with a particular focus on play and leisure. A similar range of projects were in existence (information and advice; advocacy; pre-school and childcare; and other services like buddying).  In three areas Families First offered some form of disability training as part of workforce development; compared to year one delivery, this constituted a new area of disability support.

### 3.5.2  Progress in delivering disability elements

Local authorities were at varying stages in the implementation of the disability strand of the programme.

Local authority progress reports indicated that the majority of projects (71%) that incorporate a disability element were considered to be progressing well.  In two areas the disability projects were considered to be 'too new to rate'.

In areas where little progress was being made, the reasons provided in the progress reports included staffing changes and restructures and poor management in delivery by the commissioned partner (e.g. not achieving performance targets, which was being addressed through contract management). Progress has typically been slower where new services have been designed through Families First resources, which have taken more time to implement. In contrast, where delivery has focused on the co-ordination and integration of existing services, local authorities were generally further progressed with delivery. In areas that have undergone significant amounts of decommissioning there have in some cases been delays whilst new services were established. The focus of re-commissioning in some local authorities has generally reflected a need to change the type of delivery or means of delivering provision in order to better reflect local need.

In areas where provision for families with disabled children was lacking, developing the disability strand has proved time intensive. To find out more about the specific needs of families with disabled children, staff in one case study area consulted with families to establish an appropriate structure for service delivery.  This resulted in the formation of a TAF disability team. It comprises three senior practitioners based in each locality who will work directly with families alongside other family support staff to increase their respective capacity to support these families. While implementation has been slow to this point, the team now has a solid base from which to move forwards.

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28 Projects in two local authorities in year 1 covered several different elements, see Table 7.1 on page 78 of the report.

### 3.5.3 Reach of disability elements

Interim data available at the time of reporting shows that 3,185 families affected by disability were referred into Families First. The great majority of these families were referred only to a commissioned project; however, 276 went on to sign a TAF Action Plan.

Table 3.7 – Number of families affected by disability supported by Families First

|  | Number of families with additional needs relating to disability |
|---|---|
| Referred directly to the Families First programme | 3,185 |
| Completed a JAFF assessment | 345 |
| Signed a TAF action plan | 276 |

*Source: Local Authority progress reports, March 2014.*

## 3.6   Activities and Outputs: Learning sets

### 3.6.1  Type of activities in Learning Sets

The latest progress reports submitted by Local Authorities at the end of March 2014 indicate that 120 local or multi-authority learning set activities were being delivered (although some activities will have been counted by more than one local authority resulting in some double counting). Local authorities reported that 39 (33%) activities were complete and the majority were on-going.

Many learning set activities centred on different stages in the process of delivering the Families First programme. In year 1, most local areas were engaged in learning sets focused on the development of JAFF and TAF; local authorities were keen to "get this right first" as a fundamental strand of the programme. By year 2, learning activities on JAFF and TAF tended to focus less on development and more on reviewing what worked in JAFF and TAF delivery. In year 2, learning activities on topics such as the development of a commissioning toolkit, a needs assessment for vulnerable families and a monitoring framework were common. Learning activities on strategic commissioning and workforce issues were prominent in both years of delivery. In some local authorities, the learning sets were structured around particular themes including worklessness and health.

### 3.6.2  Progress in delivering learning sets

Overall, there has been mixed progress in the delivery of learning sets, with some local authorities actively engaged in activities, whilst others are less so. Families First core team members were most commonly involved in learning sets but there is scope to engage a greater number of individuals from outside the Families First core teams.

The first national learning set was held in January 2013. This focused on opportunities to share learning about the experience of developing and implementing JAFF and TAFF. A second national learning set had been planned for Spring 2014; however this is now due to take place in Autumn 2014 and will take account of the findings from this evaluation report. It will be important to ensure that the momentum in sharing and refining good practice continues after the event.

In terms of the delivery of multi-authority and local learning sets, there was considerable variation in progress across the local authorities at the point of reporting. Some areas have made good progress while the local authority progress reports showed that three areas were not delivering any learning sets in

year two of the programme. However, the stakeholder interview findings indicated that these authorities were in fact having discussions about establishing a learning set, and in particular around the key challenges which a potential learning set/s could focus on. The stakeholder interviews suggested that the variation in progress across local authorities could be due to mixed levels of awareness. Although some staff had a good general level of awareness of the existence and overall role of the learning sets, others were lacking in awareness and knowledge of learning sets. Case study interviews highlighted that staff would welcome further clarification from both local authorities and the Welsh Government.

Factors facilitating partnership working include whether local authorities had worked together previously. There have been examples where areas have built on early efforts to share learning with neighbouring local authorities via the development of 17 multi-authority networks or partnerships. In most cases, partnerships reported in the year 1 evaluation report were continuing[29]. This would seem to be partly attributable to the fact that most learning sets had a pre-defined membership (in terms of local authorities) within the original Families First Action Plans, and these consortia, set up in the Pioneer phase of the programme, have remained affiliated to some extent during the past year as the programme has been implemented. In Wrexham for example, staff have developed a good relationship with other local authorities in North and North East Wales, jointly commissioning a needs assessment with Denbighshire and Flintshire and sharing learning sets. By contrast, in Cardiff there has been limited opportunity to develop cross- local authority working in projects commissioned after the initial pioneer phase of the programme, perhaps as a result of the local delivery model, which differs quite significantly compared to the models used by neighbouring authorities.

There were other barriers which reportedly challenged efforts to join up working. Feedback from managers and practitioners showed that liaising with providers around issues such as monitoring had proved time and resource intensive. Partnership working was also hampered by changes to boundary alignment which reportedly made re-aligning services such as public health very difficult.

### 3.6.3  Reach of learning sets

Table 3.8 summarises local authority stakeholders' participation in learning activities on topics covering the key elements of Families First. There appeared to be a good level of learning taking place within local authorities; participation in multi-authority or national learning was much lower, although this in part reflects the number of opportunities available to do so. One of the challenges cited was related to the time available to attend learning activities. There is scope to increase this to ensure that cross cutting learning is better disseminated across Families First areas. In most cases, individuals attended learning activities on TAF. An exception to this was for cross border network / partnerships where individuals were more likely to have attended to share learning on projects. In comparison, individuals were least likely to have attended a learning activity focused on disability – progress in this area appears to be relatively slower than other elements so there would be scope to increase learning around disability.

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[29] See page 89 of the Year 1 Evaluation of Families First.

Table 3.8 – Participation in learning activities among local authority stakeholders

| | Any topic | JAFF | TAF | Projects | Disability | Other |
|---|---|---|---|---|---|---|
| Attended a meeting with immediate colleagues to share and learn from good practice. | 81% | 46% | 63% | 59% | 32% | 23% |
| Attended a meeting or event with multiple agencies / departments /organisations to share and learn from any good practice with the local authority area. | 80% | 41% | 58% | 28% | 26% | 20% |
| Joined a cross border network / partnership or attended a regional event to share and learn from good practice across multiple local authorities. | 39% | 39% | 50% | 53% | 30% | 31% |
| Attended a national learning event organised by the Welsh Government. | **27%** | **39%** | **48%** | **43%** | **20%** | **34%** |

*Source: Stakeholder survey, 2014*

The national learning set that was held in January 2013 was attended by 72 individuals and included representatives from all local authorities. Attendees were typically Families First or TAF programme managers and co-ordinators, as would be expected given the focus of the event (JAFF and TAF). This was supported by the fact that levels of awareness were higher amongst Families First team staff, who tended to have a solid appreciation of the role, structure, objectives and co-ordination of this element of the programme. Levels of engagement in learning among practitioners were generally lower and could be increased. Whilst they tended to view the learning sets positively, they often had less of an understanding of the events and what they were trying to achieve. In particular, levels of staff awareness around the existence and role of the national learning sets were lower than that of the multi-authority learning sets. In the future, greater engagement of individuals from different services may be beneficial. The event was also attended by representatives from third sector organisations and the Welsh Government.

### 3.6.4 Summary

Across the programme, local authorities have made good progress in delivering Families First overall but there is scope to increase their focus on the delivery of and engagement with aspects of the disability strand and learning sets in particular.

### Programme inputs

Local authorities met spending goals as profiled at the start of the 2013/14 financial year. Across the board, the biggest under spend was on learning sets (90% of profiled amount spent). Overall, the local authority progress reports showed that local authorities spent 73% of their budget on strategically commissioned projects; 18% on JAFF/TAF; 9% on disability projects; and 0.4% on the learning sets. This distribution was very similar to the planned profile expenditure; there was a 2% increase in the actual spend on strategically commissioned projects when compared with the profile, and actual spend on JAFF/TAF was just 1% less than profiled.

A range of organisations have been involved in the design and implementation of Families First. Among the local authorities who were able to provide data on the number of staff involved in the implementation of Families First, 98 positions had been created to deliver the programme across six local authorities. Of these 65 were funded outside the programme.

## Models of delivery

The design of local delivery models are complex. While it is possible to broadly categorise the models e.g. Everyone's Business, the design principles adopted within each area are different (e.g. thresholds for TAF support ) and therefore more work is required to refine definitions and seek commonality between local authorities, which can later be attributed to outcomes data and help evidence 'what works'. In particular it will be helpful to examine the effectiveness of delivery models in terms of staffing, training needs and information sharing.

## JAFF/TAF

Good progress has been made in delivering JAFF / TAF as all models were operational in year two. However all models of delivery are undergoing refinement as local authorities continue to review their practices. Though there is clear evidence of training, further data is required to assess the full staffing profile and whether any training staff received was sufficient to enable effective service delivery.

In Q1-Q3 of 2013/14, a total of 4,673 families were referred for consideration of support from Families First. A total of 2,187 completed a JAFF assessment and 1,777 families agree to sign a TAF action plan. At the time of writing, 1,614 Action Plans has subsequently been signed.

## Strategically Commissioned Projects

Progress in delivering strategically commissioned projects has generally been positive. For the period Q1-Q3 of 2013/14, a total of 199 SCPs were commissioned, of which 38 involved joint commissioning. As in year one, the most common type of intervention was parenting and family support, the emphasis on which seemed to increase as fewer projects were commissioned in relation to childcare, education or employment.

## Disability

Compared to the other elements of Families First, disability has generally been slower to progress. Notwithstanding this, the second year of the programme has seen an increase in the number of disability projects in place (87 compared to 49 in year one) and some local authorities are making very good progress. Whilst stakeholders' views on the extent to which the needs of families affected by disability were considered in the development of JAFF/TAF and commissioned projects were positive (67% and 68% respectively), their views on the way needs were assessed were less favourable (55% agreed that funds had been used on the basis of an effective local area needs assessment). However, the proportion of disability cases that have closed with a successful outcome compared well with the total number of families who started a TAF action plan (71% compared to 53%).

## Learning sets

This element of Families First was perhaps the most variable to date in terms of progress. The latest progress reports showed that 120 local or multi-authority learning set activities were being delivered (although some will have been counted more than once). These typically focused on specific Families First methods or themes. Families First core teams have been most often involved in learning activities to date so there is scope to widen participation. In some areas, there is potential to increase engagement in

multi-authority learning activities and there is also scope to improve the use of the Managed Learning Environment to support the application of learning.

# Management and delivery

# 4  Programme management and delivery

## 4.1  Introduction

This chapter reports on the effectiveness of management arrangements at both the local and national level, contributing to five key evaluation objectives:

- the extent to which local and national arrangements are sufficient in terms of supporting capacity and ensuring progress and accountability;

- the extent to which national arrangements deliver the right balance between evidence-based practice and innovation;

- understanding the extent to which the suite of five programme elements have contributed to meeting programme aims overall (such as awareness raising, among stakeholders, engagement of a range of agencies in design and delivery, and wider service provision benefits);

- the extent to which the programme contributing to a well-balanced, integrated seamless continuum of support for protection / prevention / remedy, joining up with other relevant services and programmes;

- identifying any system/service impacts beyond Families First itself in terms of planning and service delivery, including quality and level of input from different agencies and sectors.

The sources of evidence for this chapter are the stakeholder survey and local authority case study staff visits.   It is important to note that the views expressed in the stakeholder survey are given by local authority staff and their local stakeholders, not national stakeholders.  Building on the year 1 report, a further wave of national stakeholder interviews will take place in year 3 of the evaluation.

## 4.2  Programme level performance

Local delivery of the Families First programme requires multiple services and organisations to work together in: i) identifying families; ii) assessing strengths and needs; and iii) delivering a seamless package of multi-agency support.  Outside of the core Families First teams, much of the contact with families is overseen by other public sector and private sector services.  Given this, the success of Families First delivery locally is dependent on the ability to integrate well with other family service provision.

In order to reach this objective, the Process Change Performance Measures framework notes that local authorities are expected to:

- undertake awareness-raising activity to ensure that strategic and delivery stakeholders: have an understanding of the aims and objectives of the programme; are aware of their roles and responsibilities; and have the information they need to deliver their roles.

- engage stakeholders to ensure objectives and processes align well (both operationally and strategically) with other service provision to deliver a comprehensive and seamless spectrum of support.

### 4.2.1 Awareness raising

Awareness of Families First is widespread among local authority staff, but lower among staff based in outside agencies, and among health service staff in particular.

Local authority-based stakeholders who participated in the survey were positive about having the information they need to understand the vision of Families First locally and their role within it[30]. However, while 46% of local authority staff knew 'a great deal' about the aims and objectives of Families First locally, only a third of staff based in agencies outside the local authority felt this well informed (34%). It should be noted that in some areas the key elements of Families First are known under different names by practitioners and families, as part of other local brands that are already well established. This presents a challenge in raising awareness specifically about the aims and objectives of 'Families First' to a wider audience.[31]

### Roles and responsibilities

There appears to be scope to define the role of staff based outside local authorities in delivering Families First more clearly: A significant proportion of staff based in organisations outside the authority felt that their role in the delivery of Families First was not well defined: one fifth (20%) of third sector and public sector (23%) staff were dissatisfied with how their roles were defined. In terms of specific agencies, staff based in health services were particularly likely to express dissatisfaction with the clarity of their role (28% dissatisfied).

### Referral mechanisms

Before being able to deliver family support interventions, the implementation of Families First requires a system of appropriate and timely referrals from a wide range of services. The programme is intended to support families in the 'preventative' and 'protection' segments of the needs spectrum.[32]

Staff were generally confident that they knew when and how to refer families below the statutory threshold for further support. However, findings were again less positive for health service staff than staff in other types of organisation. As explored in section 5.3.1, this is reflected in the number of referrals that result in a JAFF assessment: overall 40% of referrals result in a JAFF, but this proportion falls to 28% among health visitors.

There is evidence that a lack of awareness among local agencies has an impact of the efficiency and speed of referrals into Families First. Staff in all agencies felt they were aware of where to find help with identifying relevant services for families in their area.[33] However, evidence from the case studies highlighted that referrals into Families First are not always as timely as they could be[34], suggesting that there is scope to improve awareness of Families First among those who have a role in referring into the service. In recognition of this need, a few case study authorities are planning to introduce new staff whose role is to know the local referral systems and advise other practitioners. In Cardiff, for example, a new TAF telephone service has recently been introduced to advise staff on referrals, while

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[30] Around nine in ten stakeholders said they knew 'a great deal' or a 'fair amount' across all awareness measures, including the aims and objectives of Families First in their area, and when and how practitioners should refer families below statutory thresholds for assessment.

[31] For example: in Gwynedd, the TAF is known locally as 'Gyda'n Gilydd'; in Wrexham the TAF is known as 'Together Achieving Change (TAC), and in Methyr Tydfil it is part of the 'Multiple Intervention Assistance' (MIA) programme.

[32] Families First Guidance: http://wales.gov.uk/docs/dhss/publications/111219ffguideen.pdf, page 4.

[33] Stakeholder survey finding. At least 96% of staff felt they knew 'a great deal' or a 'fair amount' about where to find out this information.

[34] See Chapter 7 on Family Outcomes.

Carmarthenshire are recruiting two members of staff to a new Families First team to carry out a similar role.

## Training

As noted in Chapter 4, local authorities have invested in training and awareness-raising activities among staff to 'market' Families First locally and to define staff's role in delivery. For example, at the time of reporting, local authorities had provided training for an average of 98 staff per area for the period of quarters 1-3 of 2013[35].

### 4.2.2 Engagement

Survey findings were generally positive about the way local Families First teams had engaged local stakeholders in the design and delivery of the programme, though staff from the third sector feel less engaged.

## Engagement in service design

Findings from the survey and case studies highlighted that local authorities collaborated with a wide range of staff to design Families First and its key elements. For example, between 13% and 20% of stakeholders (senior staff and practitioners) responding to the survey reported that they had been involved in making strategic decisions or designing key elements of Families First, including the JAFF, the TAF model, and the commissioning of strategic projects. The findings suggest that engagement was highest among education and health, but less apparent among third sector organisations (between only seven and twelve per cent engaged in the design). Likewise, the case studies highlighted that practitioners in several areas provide ongoing feedback about aspects of the programme such as the JAFF forms to help refine processes.

The case studies highlighted that securing the buy-in of some agencies to Families First was particularly challenging. Health care services were cited in several cases as problematic to engage in Families First, and the survey findings are consistently poorer for health service staff than those in other public sector roles. Reasons suggested by stakeholders for their relatively limited engagement included heavy workloads for primary health carers; a difference in culture; and the fact that workers in other disciplines are judged against their own metrics, thus giving little incentive for them to dedicate too much time to Families First.

Data from local authority progress reports (see section 5.3.1 and Table 5.3) also suggest that there is a lower level of engagement with adult support services, with very few referrals to Families First coming through this route. This would suggest that identification of family need is currently focused on children rather than adults.[36]

## Engagement in service delivery

There is clear evidence that a wide range of agencies and organisations are involved in the delivery of Families First; however, schools or education services are undertaking a relatively large proportion of the referrals and assessments.

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[35] Progress report data based on seven responding LAs, across which 689 staff were trained on JAFF/TAF.
[36] It is expected that adult services should refer into Families First where appropriate; their involvement is a key part of identifying which families might require multi-agency support through a TAF beyond the single service intervention they may be receiving.

For respondents to the stakeholder survey, 67% had become involved in Families First through making a referral to services within the programme[37]. A breakdown of referrals by type of agency is provided in section 5.3.1 (table 5.3). In summary:

- Referrals to and engagement with JAFF/TAF were most commonly by schools and other education services (29% of families[38]) although this proportion varied between local authorities depending on levels of involvement and engagement (for example in RCT and Carmarthenshire, Families First has been designed and developed around education clusters therefore the number of referrals from education was higher).

- Children's Social Services ((18%) often as part of a 'stepping-down' in provision), and Health Visitors (15%) also account for a large number of referrals; though the proportion of referrals from Health Visitors did depend on whether the local model had strong or developing alignment with the Flying Start programme (either through jointly funded posts, shared governance or good levels of communication between programme staff39).

- Data submitted by local authorities identifies that the most likely referral source of JAFF assessments was schools and other education services (29%). Children's Social Services accounted for the referral source of 16% of JAFF assessments. Despite a relatively high number of referrals, just nine per cent of JAFF's completed to date were for families referred by Health Visitors. This constitutes a larger variance than for other referral routes and suggests that alternative mechanisms for referral were being used aside from the JAFF.

Data taken from the stakeholder survey demonstrates that a variety of agencies were involved in directing the delivery of TAF (e.g. by participating in the TAF process as a key worker, or lead practitioner). Of those who took part in the survey, staff from schools and other education services again represent the highest number of staff responsible for coordinating a TAF (55 of 156 respondents). Youth and health services also play a regular role in delivering TAF; in contrast just a small number of staff from housing and employment services and domestic abuse services coordinated a TAF.

A similar pattern is found in the range of staff involved as a member of a TAF team delivering an intervention (but not coordinating progress). Sixty-two of 156 staff from schools and other education services have been involved in this way, as have 34 of 65 health staff and 28 of 97 youth service workers.

While the numbers of agencies delivering activity relating to the disability element were not explicit in the local authority progress reports, respondents did list a huge range of participating agencies. As with TAF, these included schools and other education services and third sector organisations such as Action for Children, local Associations for Voluntary Action, the British Red Cross, and Daffodils, alongside mainstream services.

A number of local authorities have also looked to secure engagement with Families First processes through establishing a 'Memorandum of Understanding' with services that have not been commissioned directly by Families First but who agree to refer in to the programme and follow JAFF and TAF assessment and monitoring processes where appropriate. This is also a positive step in developing wider service provision benefits. Data from the progress reports suggest that 69 projects or services have developed a memorandum of understanding (or similar).

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[37] Stakeholder survey, 2014, base size is 563.
[38] Local authority progress reports.
[39] Local authority progress reports.

### 4.2.3 Operational alignment with other programmes

Evidence from the case studies points to a number of positive partnerships between Families First and other programmes; these include:

- a joint needs assessment conducted in Cardiff across Families First, Flying Start and Communities First;

- in Wrexham, Families First shares two posts with Communities First: a work development office and performance officer;

- in Gwynedd a member of the TAF team is funded through Communities First.

However, perhaps as a result of a perceived lack of clarity about roles (see 2.1.2), a significant proportion of staff outside local authorities consider the strategic or operational alignment between Families First and other programmes to be poor. A quarter of staff based in third sector or public sector organisations felt that the strategic alignment with other local programmes was poor. In contrast, local authority senior staff are more likely to report positively on the extent of alignment; moreover, feedback from operational staff at Tackling Poverty Events pointed to better alignment with other projects on the ground. This suggests that despite some good practice, alignment with appropriate programmes such as Communities First and Flying Start is mixed, and that more could be done to align both strategically and operationally. There is some evidence of joint commissioning, but this remains limited (see section 3.4).

The wider impact of Families First on other organisations appears mixed. Local authority staff are the most positive about the extent to which Families First has influenced other's approach to the commissioning or delivery of services and projects beyond the programme – 87% perceive it to have had 'a great deal' or 'a fair amount' of influence. However, staff from other public sector or third sector organisations are less positive: around a half (48%) of staff in public sector organisations and a third (32%) of those in the third sector say the programme has had 'not very much' or 'no influence at all'.

## 4.3  National and local governance

Year one of the evaluation considered the different governance structures used by local authorities to deliver the programme.[40] Research activity in year 2 of the evaluation has presented the opportunity to gather data from a wider group of local authority stakeholders and practitioners on the extent to which these governance structures are contributing to the successful delivery of the programme. Year 3 of the evaluation will review both the type and success of structures in place at a local and national level.

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[40] An introduction to the expectations for management and governance of the Families First programme at a local and national level can be found in section 8.1 of the Appendices.

**Findings from year 1 of the evaluation**

In some areas Families First was led by the existing Children and Young People Partnership (CYPP) or its equivalent, while in others Families First was managed by a separate group or sub-group or new programme Board. Most commonly, the governing department in the case study local authorities was Children's Services. In Powys, for example, there was a Cross Agency group that sat within Children's Services. In one area, Families First sat under the Communities/Neighbourhood department and in another, the Chief Executive's Directorate. Local governance arrangements continued to evolve in year two with varying levels of success as we discuss in section three.

The national management of Families First sits within the Children, Young People and Families division in the Welsh Government. Broadly speaking, national and local stakeholders were positive about the efforts of the Welsh Government to deliver the programme. At the time, stakeholders suggested that national management should focus on ensuring consistency in account management, being open and consultative on the vision and direction of the Families First programme and delivering an appropriate monitoring framework.

## 4.3.1 Local governance

There is broad support among stakeholders that local governance structures are delivering the Families First programme successfully. Senior staff and practitioners report that local management of the programme has been most successful in engaging with stakeholders (82% successful), but are less positive about the extent to which it shows a clear vision and leadership (73% successful).[41]

Local authorities from the first pioneer phase of the programme are the most positive about local governance arrangements, most notably in their ability to have a clear vision (85% 'successful' compared to 72% of staff from the second pioneer phase and 67% from 'new' authorities), and to engage with families (89% compared to 74% and 72% respectively). However, staff from the third sector are less positive than colleagues within local authorities, particularly with reference to the support received for those delivering the programme.

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[41] A large number of respondents to the survey said they did not know enough to be able to comment on the success of local governance structures. Understandably this is partly due to staff not being involved in all elements of the programme, or due to being relatively new in post. However the proportion of respondents who were unable to comment on local authority vision (13%) or clarity of roles or responsibilities (11%) suggests that more could be done to promote both of these locally.

Table 4.1 – Success of local governance arrangements

| How successful, if at all, would you say local governance arrangements within your local authority area have been at each of the following? | % Very / fairly successful | % Not very / not at all successful |
|---|---|---|
| Showing clear vision and leadership | 73% | 27% |
| Providing clarity of roles and responsibilities | 75% | 25% |
| Consulting and engaging families | 78% | 22% |
| Consulting and engaging stakeholders | 82% | 18% |
| Providing support to those delivering the programme | 79% | 21% |
| Developing effective monitoring and evaluation techniques in line with an RBA (results based accountability) approach | 79% | 21% |

*Source: Stakeholder survey, 2014.*

### 4.3.2 National governance

It is expected that national governance arrangements will set a framework for delivery of the programme whilst allowing for innovation and variation in local delivery models, which are based on the needs of residents. This includes providing clear guidance on the programme objectives, developing the key elements and principles of the programme, effective monitoring, and sound risk management.

The perceived success of national governance among local stakeholders is mixed: across all elements, around between 56% and 72% of senior staff responding to the survey feel national arrangements have been successful in delivering the programme. Though there is welcome support for the support provided for local authorities, there is room for improving a coherent vision for the programme which is aligned to other family support programmes. Staff from phase two pioneer authorities are the most critical of national governance compared to colleagues from either phase one pioneers or 'new' local authorities.

Case study interviews with staff suggest that those who are less satisfied with monitoring and evaluation arrangements were concerned most about the timing of the implementation of these arrangements, and less about the monitoring frameworks themselves (PCPM and Family Outcomes Tools). These were not established at the start of the programme, and thus local authorities have had to revise contractual arrangements and monitoring systems to accommodate requests part way through implementation.

Table 4.2 – Success of national governance arrangements

| How successful, if at all, would you say national governance arrangements have been at each of the following? | % Very / fairly successful | % Not very / not at all successful |
|---|---|---|
| Showing clear vision and leadership | 60% | 40& |
| Providing clarity of roles and responsibilities | 62% | 38% |
| Providing clear policy guidance | 65% | 35% |
| Consulting and engaging stakeholders | 63% | 37% |
| Providing support to those delivering the programme | 72% | 28% |
| Developing effective monitoring and evaluation techniques in line with an RBA (results based accountability) approach | 61% | 39% |
| Providing coherence with Family Support programmes (including Flying Start and Communities First) | 56% | 44% |

*Source: Stakeholder survey, 2014.*

## 4.4  Summary

Awareness of the Families First programme is mixed.  Though most staff delivering the programme report that they are aware of the aims and objectives of the programme, there is less clarity around the roles and responsibilities of organisations.  More could also be done to deliver a clear vision aligned to other Family Support services, both at a local and national level.

There is clear evidence that local authorities have engaged a wide range of other public services and the third sector in both the design and delivery of the programme; however satisfaction with the standard of engagement is particularly low among staff delivering the programme outside of the local authority. Moving forward, local authorities should look to consult with staff on how this can be improved.

Similarly, a local dialogue with services outside the local authority is required to explore how Families First can obtain even greater impact on wider service provision outside of commissioning.

There is broad support for local governance structures; however the findings suggest that more could be done to support the third sector in delivering the programme.  Support for national governance is more positive than negative, but remains mixed.

# Process Change

# 5 Process Change

## 5.1 Introduction

This chapter explores the impact of the activities local authorities are delivering (as reported in Chapter 3) on the processes and systems used to deliver services to families, and the extent to which changes are due to the introduction of Families First – i.e the 'process change'. Looking across the five elements of the programme, this chapter links to the following overall evaluation objectives:

- Establish the effectiveness of JAFF and TAF in fostering effective multi-agency and holistic family-focused working;

- Establish whether the provision of family support services has improved as a result of strategic commissioning;

- Evaluate the key success factors and challenges for future commissioning;

- Understand the impact of the ring-fenced funding for disability support on systems and service provision for vulnerable disabled and non-disabled children and their families; and

- Assess the contribution of learning sets to the effective implementation of the programme, and potential benefits to wider services and systems.

It should be noted that year 2 of the evaluation provides an early indication of process change; for many local authorities the programme is still relatively early in its implementation. Future evaluation reports will provide a more comprehensive assessment of the changes to processes and systems brought about by Families First.

## 5.2   Overview

Table 5.1 provides an overview of the impact of Families First to date on improving process outcomes, as perceived by senior staff and practitioners in the stakeholder survey.

Table 5.1 – Impact of Families First on improving process outcomes

|  | % 'good' prior to introduction of Families First | % citing an 'improvement' since introduction of FF | % Improvement was direct result of FF or it was a significant contributor |
|---|---|---|---|
| Process of referral of families (children or adults) for additional support | 47% | 82% | 82% |
| Process of family assessment | 40% | 84% | 82% |
| Provision of family support services (for both children and adults) | 52% | 84% | 85% |
| Process of commissioning projects for family support | 40% | 73% | 83% |
| Quality of projects commissioned for family support | 58% | 77% | 83% |
| Quality and range of local provision to support families affected by disability | 41% | 69% | 79% |
| Sharing and learning of good practice both within and outside your local authority | 44% | 74% | 79% |

*Source: Stakeholder survey, 2014.  Responses from strategic staff and practitioners.*

The local authority stakeholder survey suggests that the area of greatest improvement in terms of process outcomes has been relating to the process of family assessment.  Prior to Families First, 40%[42] rated the process of family assessment as very or fairly good (only 8% rated it as very good). In this area, 84%[43] stakeholders reported an improvement since the introduction of the programme. Of these, 31% stated that the improvements were as a direct result of Families First and 51% stated that Families First was a significant contributor to the improvements, but not the sole factor[44]. Case study interviews reinforce that the programme has brought about improvements in the way that family assessment s are undertaken, especially in terms of streamlining the approach and bringing about consistency.

Compared to other elements of the programme, responses to the stakeholder survey suggest that the process outcomes are less profound for the quality and range of local provision to support families affected by disability. Of the attributes listed, staff perceive this to have been a key area in need of improvement prior to Families First (41%[45] rated this as very or fairly good, only nice per cent rated it as very good); however staff are least likely to agree that this has improved since the introduction of Families First (69%).  Among those who have seen an improvement since Families First, 79% report that Families First has played a role in improving provision for families affective by disability; however only  22% attribute this directly to the programme - the lowest score compared to other elements.  Whilst the case study interviews highlight the added value that the programme has brought about in terms of enabling

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42 Stakeholder survey, 2014.
43 Stakeholder survey, 2014.
44 Stakeholder survey, 2014.
45 Stakeholder survey, 2014.

new disability provision, this is not generally regarded as the strongest aspect of the programme in process change terms.

## 5.3   JAFF and TAF

In providing a basis for demonstrating the extent to which processes and systems have changed on account of Families First, the PCPM monitoring framework identifies that the implementation of a successful JAFFand TAF should lead to a comprehensive package delivering earlier identification of the needs of families.  This requires an effective referral and assessment process that engages with a wide range of agencies and involves all members of the family.

Where JAFF and TAF have been successfully implemented, we would expect to see longer-term positive change to families' circumstances. A key element of the JAFF/ TAF approach is to address families' immediate presenting needs and to address the issues underlying these immediate presenting needs[46]. For instance, the JAFF and TAF mechanisms should improve the resilience of families, through helping to identify and provide appropriate early stage support that will equip families to deal with challenging issues before they escalate.  Such support may undermine the need for later remedial support and should reduce the levels of family vulnerability,

### 5.3.1  Referral and assessment

#### Delivering a new approach

A key success of the JAFF to date is the degree to which it can be seen to have practically involved the whole family, rather than individuals within it, as part of the assessment. Overall, strategic staff and practitioners were positive about the degree to which the JAFF was effective in incorporating input from families, and staff interviews also highlighted that the shift toward family assessments has been a major change in emphasis, since the implementation of Families First.

In a considerable number of authorities, the shift has involved the development of bespoke child-friendly tools to ensure that children's views are effectively fed into the assessment process. The stakeholder survey found that 92%[47] of strategic staff and practitioners agreed that the JAFF assessment involves all members of the family, whilst the majority (84%[48]) also agreed that the JAFF assessment involves the views of children. This highlights that a major achievement of the programme to date has been the degree to which there has been effective engagement of the 'whole' family, specifically through the JAFF process. On the basis of the case study interviews, this shift likely reflects both the physical design of the JAFF assessment form (within which there are prompts and questions through which to assess the needs and views of each family member). For instance, a member of staff in Gwynedd, remarked of JAFF that:

*"It's encouraging and looks at strengths of the families which is a positive thing, sometimes the families don't realise that they have strengths so the JAFF can support this. It can be difficult getting teenagers to engage with the JAFF process but the young persons 16-25 part of the JAF works well in supporting this element".*

In Merthyr Tydfil, a specific child assessment has been developed as an appendix to the main JAFF. This has helped to ensure that children's input can be factored into the whole family assessment; "we have two or three exercises we do with children so they have a direct voice and so it is not lost in the rest of the family views". Such a tool has proved useful in this local authority where Families First has facilitated a

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[46] An introduction to JAFF and TAF can be found in the appendix.
[47] Stakeholder survey, 2014.
[48] Stakeholder survey, 2014.

shift to a whole family approach from the distinct child and adult focused services which previously existed.

In addition, there has been a cultural shift whereby practitioners are increasingly taking the needs of the whole family into account at assessment and referral stages. Staff case study interviews highlight the positive impact of training which has contributed to this cultural shift through raising awareness of the role of JAFF in underpinning the whole family approach of the programme.

Crucially, the JAFF was also regarded as an important opportunity to understand family preferences around what sort of support they felt they would benefit from. For many practitioners, this opportunity signalled a change in approach. The exception to this was that in some cases, practitioners occasionally felt intrusive asking questions of families as part of the assessment process, which may be an area that staff would benefit from more training on in future.

However, the experience of families was more mixed. As explored in section 5.7 though families were broadly satisfied with the process and the emphasis placed on bringing their views into the assessment, there was some variation in the way that 'family' was defined, particularly in respect to adult children and absent fathers; some families also found the assessment overwhelming.

Overall, there was broad consensus that the JAFF has formed a strong basis for the assessment of family need. The stakeholder survey found that 90%[49] of strategic staff and practitioners agreed that the JAFF assessment provides a comprehensive assessment of need.

Table 5.2 – Review of JAFF assessment

| Contribution | A great deal / fair amount | Not very much / not at all |
|---|---|---|
| Involves all members of the family | 92% | 8% |
| Provides a comprehensive assessment of need | 90% | 10% |
| Involves the views of children and young people | 84% | 16% |

Process results: identifying needs

Families First shows mixed progress in the extent to which the referral process leading to JAFF assessment is successful in identifying relevant families.

Overall, the stakeholder survey outlined that 66%[50] of strategic staff and practitioners reported that the referral process was effective in identifying families requiring a JAFF assessment. The case study interviews highlighted that staff believe that referral processes have become more streamlined and more clearly understood by practitioners since the introduction of the programme.

Data from the progress reports submitted by local authorities points to potential areas of improvement. Of all families referred to Families First, 91% were referred to either a JAFF assessment or a commissioned project (i.e. a single intervention) funded by Families First. However, just 40% of families went on to complete a JAFF assessment, and whilst not every family may need a full JAFF, this may suggest that there is a lack of clarity on which cases should be referred into the programme. The proportion is lower for health visitors, where just 28% of their referrals receive a JAFF assessment. This trend may reflect that referrals are being made at an earlier or later point by these practitioners, that an alternative (perhaps

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[49] Stakeholder survey, 2014.
[50] Stakeholder survey, 2014.

more informal) means of referral is being used (where the JAFF forms the referral form into Families First support) but might also reflect the lower levels of engagement from the primary health sector identified through the case study interviews. The relationship between family needs and referrals is explored further in the section below.

Furthermore, although the route of referrals shows that a wide range of different services / agencies were making referrals onto the programme, a large proportion of the referrals tended to be made by several main services/ agencies. The high proportion of self-referrals suggests that there may be families with presenting needs that are aligned to the Families First programme who are being 'missed' by the referral system.

Table 5.3 – Number of families referred into JAFF/TAF by type of agency

| Agency | Number of referrals into JAFF/TAF | % of total | Number of families completing a JAFF | % of total |
|---|---|---|---|---|
| Schools/other education services | 1365 | 29 | 642 | 29 |
| Children's social services | 828 | 18 | 340 | 16 |
| Health visitors | 710 | 15 | 204 | 9 |
| Third sector | 87 | 4 | 87 | 4 |
| CAMHS | 118 | 3 | 35 | 2 |
| Police | 159 | 3 | 41 | 2 |
| Other primary care services | 103 | 2 | 44 | 2 |
| GPs | 35 | 1 | 16 | 1 |
| Housing services | 50 | 1 | 19 | 1 |
| Adult substance misuse services | 4 | * | 1 | * |
| Adult social services | 11 | * | 2 | * |
| Employment support services | 18 | * | 3 | * |
| Self-referral | 471 | 10 | 173 | 8 |
| Other | 615 | 13 | 579 | 26 |
| **Total** | **4673** | | **2187** | |

Once it had been agreed that a family should receive a JAFF assessment, there was clear consensus that the JAFF formed a solid assessment for assessing family needs and an effective basis for determining whether a family should be offered TAF support. Families First staff have also sought to pro-actively engage with those practitioners expected to use the JAFF, offering advice on how to undertake the assessment and to recognise the value and contribution that the JAFF assessment can make in delivering multi-agency and appropriate early intervention support to families. Positively, as a result of this there is some evidence that services providers are adopting the JAFF assessment in their own work, for example Health Visitor Services in Powys. Overall, 78% of staff responding to the stakeholder survey report the JAFF process is effective in identifying needs before they have become acute.

However, the survey also highlights that the referral process has had more modest levels of success in terms of identifying families in poverty (57%[51] of staff belief it to be effective in this respect). This reflects

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[51] Stakeholder survey, 2014.

both the targeting of the programme, and the ability of the assessment to identify a family as living in poverty. This perhaps reflects that by its nature, poverty can be difficult to identify and its symptoms often hidden, whilst staff interviews suggested that families tend to understate problematic issues and circumstances as part of the initial JAFF assessment.

## Process results: needs presented by families

The diagram below provides a loose classification of a continuum of support to families.[52] Families First is designed to provide pre-emptive help to families at the prevention and protection end of the needs spectrum, rather than providing remedial support for families at or close to crisis point.
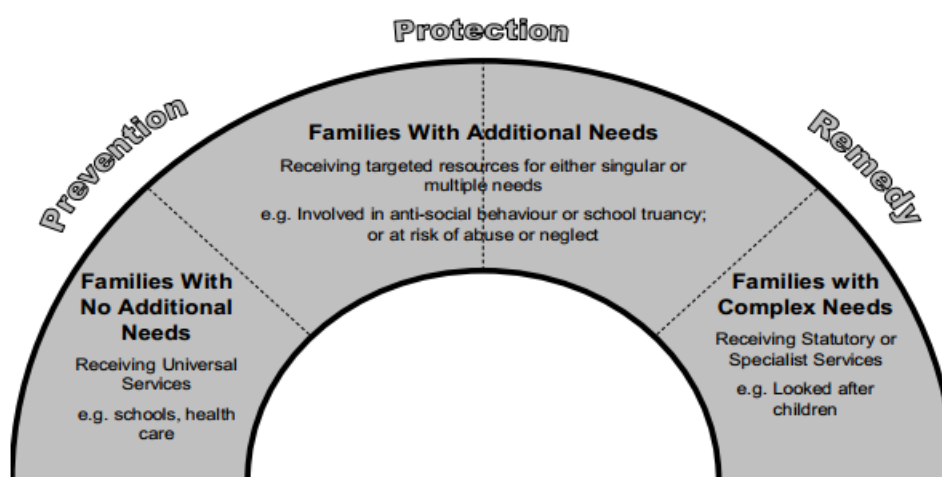


An assessment of the needs presented by families accessing TAF (collected through the Family Outcomes Tool) provides an indication as to whether the referral process is identifying the families at this end of the needs spectrum. This monitoring data suggests that the programme is successful in identifying which families require a coordinated multi-agency intervention through TAF, but also suggests that the need presented by families are more advanced than intended in the initial programme guidance . This general trend is reinforced by case study findings, although which also highlight a variation between local authorities in this respect (i.e. some local authorities implement a strictly preventative programme, whilst in other areas the needs of families are more wide-ranging ).

The Family Outcomes data indicates that families who go through the TAF process have multiple and wide-ranging needs. Among families where TAF data are available, almost all (96% or more families) presented with needs under each of outcome areas 2, 3 *and* 4, and three quarters (76% of families) presented with needs under outcome 1. This shows that almost all TAF families present with needs under at least three of the outcome areas, and the majority present with needs falling into all four outcome areas. As shown in Table 5.4, the numbers presenting with needs under each domain are similar, with the exception of training, skills and employment needs which are less widespread than needs in other domains.

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[52] This model was adapted by the Welsh Government from a diagram produced for the CWDC (2007) Common Assessment Framework for Children and Young People: Managers' Guide by the UK Government's then Department for Children, Schools and Families. Diagram taken from the Families First Guidance (page 5): http://www.gavowales.org.uk/file/BGVSN_Family_First_Guidance_2011.pdf

The JAFF and TAF process is designed to provide a comprehensive assessment and support system for families with a range of multiple needs. Whilst the focus of the programme is clearly on the prevention/ protection end of the spectrum in terms of its design and approach, the JAFF and TAF processes accommodate the assessment of families with needs of varying complexity. Whilst the case study staff interviews found front line staff to have a solid appreciation that the programme design and guidance places Families First at the prevention/ protection segments of the continuum of support, the implementation of Families First suggests that parts of the programme are also focused at families in the 'protection' and in a small number of cases the 'remedy' segments.

The variation in the level of family needs might also reflect the degree to which local authority thresholds vary. The local authorities set thresholds for families to access TAF support: this varies by authority. In some local authorities, the threshold for Families First intervention is at the point of the involvement of two or more services/agencies but can be where families require support from more than four agencies. It is worth noting that families below these thresholds access elements of Families First outside of TAF, and indeed the case study research with families suggests that early intervention work among lower-need families is widespread.

There is no evidence at this point that families whose cases had longer durations, or less successful case outcomes, had a larger number of needs because the presenting needs of *all* families appear to be high.  However, there is evidence that a significant proportion of cases have a long duration, which provides further evidence that TAF families' needs are entrenched.  Of all the cases that ran from January to December 2013, 55% were still open at December 2013, and of the cases that closed between January and December 2013, half (51%) had not closed within 6 months[53].  The picture on typical case durations is skewed by the fact that TAFs have been operational for a relatively short period of time and there is little (or no) scope in most LAs for cases to have durations beyond 6 and certainly 12 months because TAF teams have not been in place any longer than this.

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[53] Family Outcomes Tool data.  Based on data for 562 families.

Table 5.4 – Presenting needs of families by domain and outcome areas

| Outcome area/ domain | Number of families presenting with needs | Proportion of all families with needs under each outcome area |
|---|---|---|
| **Outcome #1: Working age people in low income families gain, and progress within, employment** | **433** | **76%** |
| Training, skills, employment and income | 433 | 76% |
| **Outcome #2: Children, young people and families in or at risk of poverty achieve their potential** | **545** | **96%** |
| Engagement with school/ formal education | 507 | 89% |
| Achievement and development | 545 | 96% |
| **Outcome #3: Children, young people and families are healthy and enjoy well-being** | **566** | **100%** |
| Emotional health/ wellbeing | 554 | 98% |
| Physical health (child) | 500 | 88% |
| Relationships and social lives | 558 | 98% |
| Behaviour | 556 | 98% |
| **Outcome #4: Families are confident, nurturing, resilient and safe** | **562** | **99%** |
| Parenting skills | 549 | 97% |
| Parenting capacity | 540 | 95% |
| Home environment | 502 | 89% |
| **Total** | **567** | **100%** |

*Source: Family Outcomes Tool*

The case study research demonstrated that Families First is used across the needs spectrum, working as an early intervention programme in some cases, but in dealing with entrenched family issues in other cases[54]. Local authorities varied in the emphasis they placed on early intervention versus remedial action: for example, Gwynedd has a great focus on early intervention and uses TAF only for those with no prior contact with social services. In some cases, families were receiving support from Families First in parallel with help from social services; in Carmarthenshire, for example, there is close working between Families First and statutory services (who sit in the same department) which has led to greater flexibility in the step-up step-down process. In other cases, families had been in contact with social services in the past, but either felt they had not received adequate support or had been stepped down to Families First.

Practitioners involved in the case studies highlighted that Families First sometimes provided an avenue for workers to gain access to families needing support but with whom social services could not engage. Furthermore, it was evident that some case study families who were at crisis point had received little or no other effective support before Families First, and that Families First was fulfilling a genuine need for these families[55]. The families interviews suggested that this was either because they felt that they had 'slipped through the net' in terms of their needs being recognised and acted on prior to receiving support from Families First, or in some cases families felt that they could have received support at an earlier stage had they known about the programme support available. For instance, one family commented on the high value of the support offered by the Youth Intervention Service offered through their local Families First programme but reflected that the support would have been more useful if they had

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[54] The case study research involved families who had or were in receipt of TAF support, as well as families involved with strategically commissioned projects only. The Family Outcomes data reported earlier covers only those families supported through TAF.

accessed it at an earlier stage;  *"but we never knew they existed, the doctors and school didn't tell us, you cry out for help and no-one knows these things are there".*

In this context, it may also be worth noting that Families First teams in several local authorities have acknowledged that thresholds for statutory services have risen during the period of the programme, which has meant that Families First is working at a higher point in the needs spectrum to meet the needs of families no longer served by statutory services.

Among the minority of case study families that had reached crisis point before receiving support from Families First, there were instances of families where children had attempted suicide or had used violence on others in the family before support had been received; and examples of children or parents with severe mental health issues that were affecting their ability to attend school or work, or carry out basic daily activities such as food shopping. Whilst Families First was not designed to provide support to families at 'crisis point ', the case studies highlight that in a small number of cases, the programme has provided support to families with a complex set of acute needs.[56] Local staff suggested that this is in part due to the success of the Families First approach.  It is perceived that for some families, the less formal, more accessible approach of Families First might be more appropriate and more likely to lead to a successful outcome.

### 5.3.2  Supporting families through TAF

### Delivering a new approach

Practitioners and senior staff were positive about the changes brought to multi-agency working brought about through implementation of the TAF.

A very high proportion of respondents (88%)[57] to the stakeholder survey reported that the TAF model included effective input from all agencies relevant to each case, highlighting another implementation success. A similar proportion of strategic staff and practitioners reported that the TAF model included effective input from key workers/lead professionals (90%)[58].  There was also consensus amongst practitioners that TAF delivery incorporated a strong focus on families' strengths (90%)[59], whilst the staff interviews suggested that the JAFF was viewed as an effective tool for framing a discussion with families over the positive aspects of their lives that support might help them to build on, and capturing this information.

Family case studies also highlighted the positive experience of those receiving a TAF. Families welcomed having one point of contact to oversee a variety of support services; this was in particular contrast to previous support led by statutory social services which families perceived as lacking focus and coordination.

However, some challenges remained, including working with families who were disinclined to engage. There was a perception that some families said 'yes' at the time with limited intention of taking part, perhaps because of previous negative experiences/poor outcomes of family support or as a result of a lack of understanding of the assessment or support being offered. There were also some instances where inappropriate referrals were made, which resulted in disengagement.  This highlights the importance of training for practitioners making referrals.

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[56] The family case studies shown later in this report provide examples of this point
[57] Stakeholder survey, 2014.
[58] Stakeholder survey, 2014.
[59] Stakeholder survey, 2014.

Practitioners also mentioned that some parents who were agoraphobic were not always willing to make a change and engage with Families First. By and large, the case studies highlighted that such issues were able to be resolved where they did arise without cases being closed. Where cases were escalated or 'stepped down', this has often been underpinned by effective communication and processes in place between services. Here Families First has in some cases played a role in identifying family needs earlier than they might have been otherwise.

Process results

A further indicator against which process change can be measured is the proportion of strategic staff and practitioners reporting that delivery of the JAFF and TAF makes an effective contribution in a) addressing families' immediate presenting needs in practice, b) addressing the issues underlying the immediately presenting needs in practice, and c) achieving long term positive change in families' circumstances in practice. Together these indicators present a means of assessing the degree to which the overall objectives of the JAFF/TAF model are being achieved.

In particular, evidence from local authority staff interviews highlighted that TAF has had a high level of effectiveness to date in terms of the support given to families, both in terms of the quality and consistency of interventions. It is also generally felt to present a robust mechanism for the assessment of needs in that it forms the basis for the collection of common information across different agencies.

Practitioners and senior staff are most positive about the success of JAFF/ TAF in addressing families' immediate presenting needs in practice (84%). Almost three quarters (73%) also thought that JAFF/ TAF are an effective means of achieving long term positive change in families' circumstances. However, around one-fifth of staff identified that it was neither effective nor ineffective in this respect. This likely reflects the limited time against which long term change can be ascertained, and that for a number of families, their presenting needs are deeply entrenched.

The staff interviewed as part of case studies suggest that the programme has not yet has been implemented for long enough a period for positive changes in family circumstances to have emerged to date (a finding echoed when analysing family outcomes – see Chapter 6). Indeed, some interviewees were of the view that impacts on family circumstances might in some cases manifest beyond the life of the programme. Subsequent evaluation activities will help review the long-term impact of TAF, including a second wave of the stakeholder survey in February 2015, and a follow-up visit in November 2014 to those who took part in the family case studies.

Table 5.5 – Effectiveness of TAF in addressing need

| Contribution | Effective | Neither effective nor ineffective | Ineffective |
|---|---|---|---|
| Addressing families' immediate presenting needs in practice | 84% | 9% | 6% |
| Addressing the issues underlying the immediately presenting needs in practice | 76% | 14% | 9% |
| Achieving long term positive change in families' circumstances in practice | 73% | 22% | 6% |

*Source: Stakeholder survey, 2014.*

The perceived success in addressing family need and achieving long-term change is down to the implementation of several new ways of working, in particular:

- The TAF model has prompted a shift to supporting whole family needs; this was not a specific focus of service delivery prior to the introduction of Families First and has *'reinforced the direction of travel'* for local authorities where this focus preceded the introduction of the programme.

- There is evidence that the multi-agency approach has been effective in ensuring that the family is at the heart of the intervention, primarily through strengthening communication between agencies on the specific needs of individual families and the sort of support that would potentially be effective.  For instance, Families First has strengthened the development of fora to facilitate multi-agency discussions and review of cases, resulting in more creative thinking around 'what works' in supporting families.  Where local authorities have a TAF Panel for the review of cases (such as in Methyr Tydfil), this has often provided an effective forum for brokering multi-agency discussion to identify the most appropriate sort of support that 'would work' for particular families.

- Families First has facilitated improvements in the co-ordination and integration of various agencies in providing support to families. A high proportion of  staff interviewed as part of the case studies referred to the benefits of working alongside different services in ensuring that families *'do not fall through the net'.*  There was a strong sense amongst the staff interviewed that TAF has strengthened the level of information sharing between practitioners and contributed to the development of common approaches between services.  In turn, the visibility and awareness of the range of early intervention services has increased amongst practitioners.

- Families First has also led to improved mechanisms for ensuring that services are delivered to families consistently across rural and isolated areas.

- In Cardiff, co-ordination of the TAF approach has been supported through the introduction of a new telephone service to help practitioners and act as a signposting service for Families. The key worker/ lead professional is also a key means by which the support offered to families can be co-ordinated. Staff and family interviews in Merthyr Tydfil and Gwynedd especially highlight that the consistency of a key worker's contact often helps a family to engage and be empowered to make their own decisions about which support they would value.

- Staff interviews highlight that the workforce development delivered through the programme has had a positive impact in helping them to 'stay on top of' key issues relating to the  early intervention and family support agenda, whilst also increasing skill and capacity levels within the sector.

Workforce development, in providing training and development opportunities for all staff and stakeholders involved in delivering support through the programme, was seen by staff as an integral element of the Families First programme. There was a common appreciation that the Workforce Development intervention was effective in ensuring that staff delivering support through the programme were appropriately skilled, and also had a good understanding of the processes and aims of the programme itself. Staff now have a much greater awareness of other services that are available for families in their local areas.  This greater awareness has been engendered through multi-agency meetings, as well as better communications in the local area.  In one local authority, a directory of services has been developed to speed up the process of identifying and contacting relevant organisations.  Relationships between agencies appear to be increasingly formalised, in that links are now part of standard working systems and less reliant on individual relationships between staff in different teams.

### 5.3.3 Summary of JAFF and TAF process outcomes

The development and adoption of JAFF and TAF have brought about some overarching changes in terms of improvements to the overall referral process, the family assessment process and in the provision of family support services.

The below table offers a summary of indicative process changes to date,. For the various process outcomes that we might expect to result from the programme, a judgement has been made as to the general level of progress against each at this stage in the delivery of the programme, on the basis of the stakeholder survey, case study interviews and family interviews. Whilst this by no means offers a definitive assertion, it highlights whether the evidence suggests marked progress across all/ the vast majority of local authorities ('very good'), the majority of local authorities ( 'good'), whether progress has varied considerably between areas ('mixed') or whether there is limited or no evidence of process outcomes being achieved in this area to date ('poor').

The main changes include improvements to systems (such as increased levels of consistency in assessment and information sharing, more streamlined referral processes) and staff (including increased levels of capacity, skills, integration and communication between agencies and buy-in to TAF/ whole family approaches).

The review of the stakeholder survey and local authority interviews provide an indication around the current progress against process outcomes at this stage in the delivery of the programme. Initial indications are that the main impacts emerging are the degree to which JAFF and TAF have increased the extent to which the needs of the whole family are identified and the focus for provision. Though some improvements in multi-agency working are to be expected, staff interviews in particular highlight that the significant process changes in addition have been achieved around improvements in the ways that services communicate and operate together in partnership. Overall, whilst there is evidence to suggest that the process of referral has become more streamlined, there is more limited evidence to suggest that support is consistently being offered to families more quickly than it would have been otherwise.

Table 5.6 – Overview of process change for JAFF/TAF

| Process outcome | Progress (very good / good / mixed / poor / very poor) |
|---|---|
| **Systems** | |
| More effective identification of  those needing JAFF/ TAF | Good |
| Involvement of children and families in assessments | Mixed |
| More comprehensive assessment of strengths and needs | Very good |
| Earlier identification of strengths and needs | Mixed |
| Immediate needs of families more effectively addressed | Good |
| More effective review of family outcomes through local distance travelled tools and Results Based Accountability. | Good |
| **Staff** | |
| Improved awareness amongst practitioners of the existence of the early intervention, whole family approach and understanding of the principles that underpin it. | Very good |
| Increased skills and capacity within the sector through workforce development. | Good |
| Improved understanding amongst staff within the sector of the range of services and activities performed by other services, and how they can work together more effectively. | Good |
| Increased sense amongst practitioners within the sector that they are working collectively toward common goals e.g. poverty alleviation. | Mixed |

## 5.4   Strategically Commissioned Projects

### 5.4.1  Delivering a new approach

The Families First programme has allowed local authorities the flexibility to assess local needs and to consider how those needs will best be met. The programme guidance outlined that the services, projects and interventions commissioned must reflect local need through linking with local need assessments. It is expected that the commissioning process should be strategically led and that appropriate consideration should be given to decommissioning, joint commissioning and the views of families and young people.

It is also expected that the projects funded through Families First demonstrate that local authorities are moving away from managing a large number of small projects towards a smaller number of projects, albeit with a higher value.

### The commissioning process

The case study interviews and stakeholder surveys highlighted that all parties acknowledged that the commissioning process had been challenging in some respects. Though there is broad support for the commissioning process overall, there remains room for improvement in communication of decommissioning and the involvement of children and families.

Table 5.7 – Satisfaction with commissioning process

| The way in which strategically commissioned projects… | Satisfied | Neither satisfied not unsatisfied | Dissatisfied |
|---|---|---|---|
| …have been commissioned overall. | 70% | 14% | 17% |
| …are based on an effective assessment of local needs. | 68% | 15% | 17% |
| …have involved appropriate consideration of families in poverty. | 72% | 17% | 12% |
| …have had appropriate input from a range of agencies. | 68% | 14% | 19% |
| …have involved appropriate consideration of decommissioning. | 55% | 21% | 23% |
| …have had appropriate input from children and young people. | 54% | 24% | 22% |

*Source: Stakeholder survey, 2014[60].*

Interviewees' reflections in some of the case study areas were also encouraging about the success of the commissioning process. For instance, in Wrexham, the introduction of more rigorous commissioning processes was believed to have improved the commissioning process. More intensive selection procedures and contracting (e.g. incorporation of standard clauses to promote the participation of providers in workforce development and learning activities where appropriate) has reportedly bettered the quality of provision. Cardiff, on the other hand, has undertaken commissioning across several stages, which has offered the opportunity for tenders to be refined across the process, thus improving the quality and appropriateness of the overall 'offer'.

Notwithstanding these successes, those local authorities that decommissioned existing provision in order to commission new projects under Families First have in some cases received criticism on account of the impact of disruption to delivery staff, the services delivered, and families supported. Carmarthenshire are acutely aware of this challenge, given that they are in the middle of a commissioning process which aims to have new projects in place for Autumn 2014. The awarding of new contracts to new service providers will require a period of training and acclimatisation, which is likely to momentarily reduce capacity and cause delays in delivering support to families. Whilst staff and stakeholders have a good appreciation of the programme's rationale for projects to be commissioned/ re-commissioned in line with local need in terms of the type of support offered, there is also a sense that delays and reduced capacity have affected the availability and quality of support that families have received in the short term.

Practitioners in some cases expressed that the re-commissioning of services has acted to exclude some previously involved providers (often smaller third sector organisations) with extensive knowledge of 'what works' in supporting families and track record of delivering services in an area. Key to success in a second wave of commissioning will be brokering a more positive relationship between senior staff and smaller agencies from the third sector. Some Families First team/ strategic staff report that the sector was 'not ready' in capacity terms to ensure that services could have a high level of consistency in their coverage and responsiveness across a whole geographical area of the local authority. Such reservations linked mainly to the limited infrastructure of some smaller third sector organisations for delivering support across a wide area, rather than the focus or quality of support that they could offer. In contrast smaller third sector agencies feel their chances of being commissioned to deliver are limited because they are not

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[60] Note that percentages have been rounded to the nearest 1%.

well positioned to 'compete' with larger agencies or mainstream providers, and because there is limited opportunity for them to lead consortia.

Specifically reviewing progress relating to strategically commissioned projects, there is mixed evidence of success in relation to the engagement of children and young people. The survey highlighted that only 54% of respondents were satisfied with the way in which strategically commissioned projects had gathered input from children and young people. Some of the case study research demonstrated greater emphasis on gathering the input of families/ children as part of the initial assessment and delivery of an individual TAF intervention; there was less emphasis on securing the views of children and young people at the initial wider programme design stage.

Despite this, the case studies pointed to a number of good practices in children's involvement in strategic decision making. In Powys for example, young people fed views into the decision making process through a selection panel for particular projects; Cardiff has a specific young commissioners group. In Gwynedd, research was undertaken with parents and families in order to feed into the design of the commissioning specification, whilst in Merthyr Tydfil, children and young people had input into the needs assessment.

## The newly commissioned landscape

There is evidence among all local authorities that the projects funded through Families First have been commissioned in line with the programme's population outcomes and the presenting needs of the local area. This affirms that the delivery of the programme has followed the programme guidance in ensuring that provision has been designed and commissioned to closely reflect local need. However, as expected, there is also some continuity of provision across many local authorities. For example, in Cardiff, although Families First projects were commissioned afresh (with Cymorth provision first decommissioned), specific Early Years, family support, youth mentoring programmes and post natal depression services were continued. RCT undertook a similar 'mapping' process and re-design service delivery specifications to ensure that the most suitable and most successful Cymorth projects were aligned to the aims of Families First.

However, there is also evidence to suggest that the commissioning of projects is based primarily around a desire to show an impact on relevant local population outcomes rather than focusing specifically on early intervention/prevention: while these two aspirations sometimes align, this may not always be the case.

Overall, it is also clear that compared to Cymorth, the number of projects commissioned has reduced, and that the average cost per project has increased; yet there is also evidence among the case study areas that strategically grouped 'projects' contain a large number of delivery partners. Some local authorities opted to conduct a 'clean slate' approach and decommission all services before undertaking a new commissioning process. For others this shift continues to be an iterative process; for example in one authority a total of 50 projects were commissioned in 2011/12 at an average of £70,000 per project, in 2012/13 40 projects were commissioned (average of £94,000), and that in 2013/14 the number had fallen again to 32 projects with an average spend of £121,419.

Thus most projects contain a partnership between two or more agencies. To date, the delivery of multi-agency projects appears to be working well. For example in Cardiff, regular meetings with Lead Providers (the organisations with designated responsibility for coordinating multi-agency projects) allows for a pragmatic and flexible approach to continually seek improvements in ways of working, monitoring progress and identifying gaps in delivery. However, the full flexibility and sustainability of these relationships have yet to be tested fully and as such it is too early to assess their effectiveness compared to previous arrangements.

## 5.4.2  Process results

Progress here is to be measured through the effectiveness of the commissioning processes in identifying unmet local needs; procuring projects that are best able to meet need; delivering a range of comprehensive provision; avoiding duplication; and delivering progress in family outcomes as per their specification.

### Identifying unmet needs

Positively, Families First encouraged local authorities to increase their strategic planning in project design and review consideration of needs through new or updated needs assessments.  Supporting this, the survey highlighted that the majority of strategic staff (68%[61]) reported that the needs assessment processes undertaken under the programme were effective; with the interviews reinforcing that these often formed a solid basis for then designing appropriate provision.  Importantly, the programme presented an opportunity to design projects from first principles, and think creatively around whether needs could best be met through the introduction of a new, or continuation of existing provision.  In making design and selection decisions, Families First has also effectively involved practitioners, including the Community and Voluntary sector (68% were satisfied));

*'the range of services were more inclusive. We had a more direct say in what exactly was needed on the ground, Families First Managers were asking us what exactly we needed and then providing that service'[62].*

### Meeting needs

Staff interviewed generally felt that the commissioned projects had contributed to a higher level of relevance to the needs of the local area.  This was reinforced in the stakeholder survey, which identified that 90%[63] of strategic staff and practitioners felt that the projects and services available in their local authority meet the needs of local families well. There was the opinion amongst many staff that there were improved processes for ensuring that provision reflects need through links between needs assessment and the design of commissioned projects.  This was supported by greater levels of practitioner input during the design stages.  However, others regarded there to have been mixed progress in terms of identification of need and reflecting this in in the projects commissioned.

*'The main achievements have been the commissioning of a variety of projects to meet the various needs of families'.*

*'I think some of the services are an improvement and some are a deterioration, this is partly because of the remit given to some of the projects and some lack of foresight in planning what is needed'.*

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[63] Stakeholder survey, 2014.

## Comprehensive provision

On the whole, delivery staff and providers were confident that Families First had resulted in a broader range of provision, for example by providing opportunities for new provision to be funded. There were, however, some suggestions from practitioners that there is scope for additional projects on certain themes (e.g. two local authorities in the case study interviews highlighted that there might be increased provision of mental health support services)

## Reduced duplication and improved alignment

An overarching success in the delivery of commissioned projects to date was the efficiencies achieved through the effective alignment, integration and co-ordination of project support delivered. Supporting this, 79% of stakeholders surveyed reported that projects and services do well to avoid duplication, both with other services, and within Families First. In addition, 89%[64] of strategic staff and practitioners surveyed outlined that projects and services available in their local authority area contribute well (as much as they can alongside other services) to ensure a comprehensive range of provision for families is available.

In RCT, the integration of the 'Safety Gates' project with the TAF approach has generated a £20 per family unit saving compared to the previous delivery model, and a saving has been made on the payment of overheads to Public Health by delivering the Mend (obesity support) project as part of the Stars programmes at no extra cost to this programme. Strategic examples of efficiencies in RCT include the shift toward the delivery of ante-natal services rather than early childcare services to reflect the very high level of low birth-weight babies in the local authority relative to the rest of Wales and the UK.

Efficiencies have also been made through the continual review of project provision by Families First teams, and feedback from providers around the degree to which delivery was progressing as planned. Staff interviewed as part of case studies also pointed to the main success of commissioned project delivery as being the level of awareness and visibility of projects amongst providers as well as the public. In turn, this has led to increased communication between practitioners, plus greater coordination as they are working towards a common goal – especially around poverty alleviation. This relatively straightforward process change has seemingly had an important impact, as there seems to have been a more limited awareness of overall provision and projects and how they 'joined up' prior to the introduction of Families First.

## Strengthened monitoring approaches

Projects have become more outcomes focused at design stage which has better equipped them to evidence impact. A change in this respect has been through the introduction of new approaches to measuring outcomes with families (for instance through bespoke Distance Travelled Tools for use with children), whilst across the board providers reported that the main shift prompted by the programme had been the take up of RBA (for instance, in Wrexham and RCT quarterly report cards are used in monitoring). In RCT, the programme team undertakes face to face monitoring but the regularity of this varied depending on how new the project is, and how much experience project staff have. The case study interviews highlighted that overall, Families First has strengthened monitoring procedures and processes. This has been through the introduction of appropriate tools for measuring impact, training support which has helped the adoption of RBA or Distance Travelled Tools.

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[64] Stakeholder survey, 2014.

Improved progress in delivering family outcomes:

Drawing on self-assessments made by local authority staff in the PCPM framework, 162 projects (81%) were showing a great deal/fair amount of progress in delivering to their intended specifications and contributing to agreed family outcomes. Of the remainder:

- 3 projects were reported to have made 'no progress at all' to family outcomes. These comprised of evaluation and development activities, and in Merthyr Tydfil, the coordination of support for NEETs and families which were seen to be strategic projects with no direct family outcomes and thus perceived not to be directly relevant to this measure.

- 16 projects were classed as 'too new to rate'. There were no apparent patterns regarding the types of interventions as the projects covered worklessness, health, early years and youth, among others;

- In 9 project examples there was 'little progress', again with no apparent patterns in terms of types of interventions ranging from health inclusion to sustainable employment, and pre-school assisted places.

The case study evidence and information submitted in local authority quarterly progress updates indicates a number of possible reasons for slower progress. Some non-Pioneer local authorities or second phase Pioneers were slower to progress as were authorities that had undergone service decommissioning and those which had simply been slower to finalise the JAFF/TAF model. And in delivering the specific interventions/projects, often those slower to progress were projects being delivered with partner agencies and experiencing staffing related issues. For example, partners leaving a consortia, a main provider going into administration, or staff recruitment difficulties. Another reason for slower progress was a project review as a result of possible duplication in provision for disabled children (Vale of Glamorgan).

Table 5.8 – Progress of commissioned projects

| Progress | Number of projects | % of projects |
|---|---|---|
| Great deal of progress | 71 | 36% |
| Fair amount of progress | 91 | 46% |
| Little progress | 10 | 5% |
| No progress at all | 3 | 2% |
| Too new to rate | 16 | 8% |
| No assessment provided | 8 | 4% |

*Source: Local authority progress reports, March 2014.*

### 5.4.3 Summary of strategic commissioning process outcomes

There is clear consensus amongst the staff and practitioners that Families First has brought about improvements in the commissioning process. Whilst there have been some clear successes with regard to the reduction of duplication and improved alignment of provision, the programme shows slightly more mixed progress in terms of the effectiveness in identifying unmet need and delivering a comprehensive package of family support. Overall, practitioners feel that the programme has increased the effectiveness of multi-agency working, the integration of services and the range, and relevance, of provision.

The below table provides an indicative overview of process impacts identified to date through the stakeholder survey and case study staff interviews. As with JAFF/ TAF above, for the process outcomes that we would expect to result from the programme, a view has been taken as to the general level of progress against each at this stage in the delivery of the programme, on the basis of the stakeholder

survey, case study interviews and family interviews. Whilst this by no means offers a definitive assertion, it highlights whether the evidence offers a positive or more mixed picture of progress. For instance, where the evidence suggests marked progress across all/ the vast majority of local authorities, progress has been deemed "very good', through to "poor" where there is limited evidence of process outcomes being achieved in this area to date. These initial judgements will be more fully explored as part of the year 3 research.

Table 5.9 – Overview of process change for commissioned projects

| Process Change | Progress: (very good / good / mixed / poor / very poor) |
|---|---|
| **Systems** | |
| More effective in identifying unmet need | Mixed |
| Comprehensive provision that effectively meets needs | Mixed |
| Reduced duplication and improved alignment of provision | Good |
| Move to fewer, larger, more flexible projects | Mixed |
| Strengthened monitoring approaches | Good |
| Improved progress in delivering family outcomes | Good |
| **Staff** | |
| Increased levels of practitioner input at the project design stage | Mixed |
| Increased capacity and skills within workforce (through training opportunities made available to project providers). | Good |
| Increased levels of co-ordination between projects and more effective integration of practitioners. | Good |

## 5.5   Disability element

This section reviews process changes relating to the disability element of the programme.  Successful implementation should demonstrate improved support that meets the specific needs of families affected by disability. As such, progress is judged by an assessment of:

- how well the JAFF and TAF address the needs of those affected by disability;

- the degree to which local services have been procured to meet the needs of those affected by disability,

- the effectiveness of support for families affected by disability in avoiding duplication; and

- the progress of strategically commissioned projects in delivering family outcomes for families affected by disability.

### 5.5.1  Delivering a new approach

Findings relating to the delivery of the disability element of Families First are positive, although staff acknowledged the progress of this strand is behind other elements of the programme.  This reflects that this element of the programme presented the opportunity for local authorities to deliver disability support projects that signalled new approaches and areas of provision for them.  Very broadly, there are two ways that local authorities are meeting the needs of families affected by disability: first, through providing specific support for families with additional needs as a result of disability; second, through ensuring that

mainstream services are able to cater for the needs of families affected by disability.  In general, stakeholders' views are more positive about the latter than the former.

For example, the stakeholder survey found that over two thirds of strategic staff agreed that the needs of families affected by disability were considered in the development of JAFF and TAF and in the commissioning of strategic projects (67%[65] and 68%[66], respectively).

By contrast, stakeholders' views on the vision for and use of ring-fenced funding for disability were less positive (see Table 5.10 below).  Just over half (55%) believed that the funds had been used on the basis of an effective local area needs assessment of families affected by disability.  Similarly, ratings were relatively with regards to developing a clear vision, engaging families in decision making, and ensuring alignment with services.

Staff acknowledge that the disability element of the programme has helped to address previously unmet needs in this area. There are examples of successful progress in several areas. For instance, interviews with local authority staff in several areas highlighted that the introduction of Families First had improved the integration of disability provision with other projects and core provision supporting families. In one area better integration was facilitated by the recruitment of a Disability Service Manager who has worked with JAFF colleagues in health, education and children's social care to align the referral and assessment processes for children and families with disabilities.

*'I am especially impressed by services and opportunities for young people with disability.  There are so many schemes and options out there for young people that never existed before'*
Stakeholder survey respondent

Table 5.10 – Strategic staff views of the use of ring-fenced funding through the disability element

| Use of funds ring-fenced through disability element… | % of strategic staff agreed |
|---|---|
| …have been based on the expertise and knowledge of relevant agencies and suppliers. | 67% |
| …have been based on the views of families affected by disability. | 57% |
| …ensured alignment with other disability-related policies, programmes and initiatives. | 57% |
| …have been based on an effective local area needs assessment of families affected by disability. | 55% |
| …developed a clear vision and set of objectives for this strand. | 52% |

*Source: Stakeholder survey, 2014.*

### 5.5.2  Process results for the disability element

Meeting disability needs through JAFF and TAF

Most staff interviewed as part of the case studies felt TAF working presents an effective means of ensuring that support for families affected by disability is linked to a whole-family model of support. Through TAF, families have the opportunity to disclose disability-related needs.  TAF provides

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[65] Stakeholder survey, 2014.
[66] Stakeholder survey, 2014.

practitioners with a forum for families and staff to share their knowledge of families' needs and provide support for them.

Improved JAFF and TAF referral and assessments has reportedly led to a better identification of disability needs. One local authority identified a much higher rate of needs relating to ADHD, Autism and Aspergers as a result, for example. Across the board, staff reported that assessments for disability are being undertaken more often, or that an increasing number of families affected by a disability are being referred to the programme. There is evidence that new services have been introduced – or existing services adapted – to meet newly-identified needs. For example, an existing play project was adapted in Gwynedd to meet a previously-unmet need for sensory processing.

However, despite staff perceiving the opportunities that TAF working provides, the experiences of families highlighted that families with disability sometimes had unmet needs, or did not experience the seamless and whole-family support that Families First aspires to deliver (see section 5.7 on family experiences of support for more details). This may reflect the limitations or lack of existing disability services to wrap around and align with Families First.

## Commissioning projects to meet disability needs

Local authorities are at varying stages in the implementation of the disability strand of the programme, although many acknowledge the delivery of this strand is behind other elements of the programme. Partly, this reflects the relative difficulties of planning services in this area. Families First teams in case study areas felt that identifying the needs of families and children affected by disability was more problematic than general needs assessments: some felt that the data they required had not been readily available.

The speed of progress in implementing the disability element also depends on whether local authorities are introducing new models and services or adapting existing provision. Introducing new services has taken more time to implement. Examples include a Childcare Brokerage project in Wrexham which aims to increase quality and supply in care for children with disabilities. RCT has consulted with families to establish an appropriate structure for service delivery, which resulted in the formation of a TAF disability team. It comprises three senior practitioners who will work directly with families alongside other family support staff to increase the capacity of staff to support these families. The needs assessment and commissioning of a new team has taken time to see through and therefore implementation has been slow to this point.

By contrast, authorities that have focused on adapting existing provision are further forward in their disability commissioning. There has been a focus on integrating disability provision. For instance, in Cardiff, disability provision is integrated across all programmes, in Powys the focus has been on linking up provision through providing an Integrated Disability Service. In Merthyr Tydfil there is an intention to integrate provision more closely with other Families First provision in the future.

Of the projects that have been commissioned to support families affected by disabilities, 16% have reported a great deal of progress and 58% have reported a fair amount of progress in contributing to family outcomes. However 11% of projects were too new to rate.

## The supply and quality of disability provision

There is evidence to suggest that demand outstrips existing provision for disability services. Less than half (46%)[67] of strategic staff and practitioners agreed that local provision is sufficient to address the needs of families affected by disability in practice.  Reflecting this, staff in one area reported that it was necessary to prioritise cases.  Managers in another case study area highlighted the difficulties they experienced when defining the needs within what they considered to be "such a small pot of funding" [the ring-fenced disability funding].  Like other local authorities, this area decided to spend more than the ring-fenced budget on disability so that some existing projects could continue.

Staff feel that both existing and new mainstream provision for disabled children has improved, providing a more unified offer to families.  This was due to the increased integration of and co-ordination of disability provision, and in particular through the employment of officers to lead and co-ordinate disability services at local level.  In some cases, new services have facilitated this: for example, Cardiff set up an advice line in one area to link to the Disability TAF to help signpost families and support referral decision making processes.   The survey suggests that efforts to integrate and coordinate provision are effective.  A high proportion of stakeholders (74%)[68] report that projects and services available to families affected by disability do well to avoid duplication, both with other services, and within Families First.

Multi-agency working and communication between agencies and services is seen to have improved. However, staff interviews found that information sharing with primary health was challenging, especially when it involved liaising with health colleagues outside of the local authority, and even in England.  These challenges related to slight differences between Wales' and England's health care sector and uncertainties about the level of patient information that could be shared.

## Use of appropriate indicators

A key area of change has been the increased take up of indicators appropriate for use with adults and/or children with disabilities. To build on existing distance travelled tools local authorities have looked at 'Think Family' indicators and the ANGEL Taxonomy from Complex Care Wales, which is regarded as a more sophisticated method of impact assessment for working with families affected by disability[69].

## Staff training and capacity

An aspiration of disability support is that staff delivering mainstream services and projects cater for the needs of children and families affected by disability.  Staff in case study areas acknowledged that there is scope to improve the capacity of staff to meet this requirement.  In some LAs, up-skilling staff was a key priority for the next year of programme delivery.   To address this need, some LAs have introduced disability TAF teams which work alongside regular TAF teams, and provide a resource to help advise and train other members of staff.

### 5.5.3  Summary of disability process outcomes

The changes brought about under Families First to the capacity of local services and staff to deliver services for families affected by disability have been positive overall, albeit less so than other aspects of the programme.  There are many examples of positive progress, including the way JAFF and TAF can identify and meet the needs of families affected by disability, the better coordination and integration of

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[67] Stakeholder survey, 2014.
[68] Stakeholder survey, 2014.
[69] ANGEL Taxonomy is a holistic method of identifying how complex needs are, deciding how best to respond to those needs, and measuring the impact of the responses to the individual, using a simple mathematical matrix.

disability services under Families First, and the adoption in some areas of tools and indicators for use with those with disabilities.  However, staff acknowledge the greater challenges in progressing with this element, including up-skilling mainstream staff to cater for the needs of those with disabilities, and identifying the specific needs of those affected by disability.  Family experiences suggest that there is scope to improve the delivery of services, so that support for disabled families is as seamless and family-oriented as the support received by other families.

Table 5.11 – Overview of process change for the disability element

| Process change | Progress (very good / good / mixed / poor / very poor)[70] |
|---|---|
| **Systems** | |
| JAFF and TAF processes are effective in meeting the needs of families affected by disability in practice | Mixed |
| Local provision is sufficient to address the needs of families affected by disability in practice | Mixed |
| Projects and services available to families affected by disability avoid duplication | Good |
| Increased use of indicators appropriate for use with adults/ children with disabilities leading to better monitoring. | Mixed |
| Projects specifically commissioned to support families affected by disabilities (where relevant) showing significant progress in family outcomes | Good |
| **Staff** | |
| Increased awareness of the value of integrating and co-ordinating disability provision with mainstream and other provision. | Good/ Mixed |
| Increased awareness of available disability services. | Good |

## 5.6 Learning Sets

This section reviews the process changes relating to Learning Sets. The expected outcome of participating in Learning Sets is that staff in local authorities can access and apply information on what has worked well in the delivery of Families First in other authorities, and use this to refine local approaches.  Progress will be assessed in terms of how learning is being utilised and the extent to which programme delivery has been affected as a result of Learning Sets.

### 5.6.1  Delivery of Learning Sets

Stakeholders were generally satisfied with their experiences of both national and – in particular – local Learning Sets.  As shown in Table 5.12, 74% of strategic staff and practitioners were satisfied with the overall experience of participating in national learning sets and a slightly higher proportion, 82%[71], were satisfied with the experience of participating in multi-authority learning activities.  Feedback from the national Learning Set held in January 2013 showed that 70% were satisfied with the event overall.  The

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[70] As for the previous sections of this chapter, for the various process outcomes that we might expect to result from the programme, an initial judgement has been made as to the overall level of progress against each at this stage in the delivery of the programme, on the basis of the stakeholder survey, case study interviews and family interviews. Where progress has been deemed "mixed" evaluation evidence offers some positive examples of progress, but also highlights challenges or a lack of progress for some local authorities, or with particular aspects of this element of the programme. Where progress is deemed "good", the evaluation evidence to date suggests that positive examples of progress have been identified across most local authorities, and/or that the stakeholder survey highlights positive progress overall for this programme element against objectives.
[71] Stakeholder survey, 2014

main strengths of the national Learning Set were considered to be the opportunities to network, learn from others and share good practice. Attendees also found the presentations by families useful[72]. Case study interviews with staff also indicate that, through training and sharing good practice, local Learning Sets have contributed to increased skills and capacity among staff.

Local Authorities offer some positive impacts of Learning Sets to date. For instance, the development of the Employability Learning Set with local authorities in the South East of Wales has offered Merthyr Tydfil the opportunity to consider how worklessness might be addressed through a multi-agency approach. In addition, a review of methods of tackling low rates of school attendance to a range of approaches being adopted in RCT that had proven successful in other authorities.

Table 5.12 – Stakeholders' views of national and multi-authority Learning Sets

| | Satisfied with national learning sets | Satisfied with multi-authority learning sets |
|---|---|---|
| The quality of the discussion | 78% | 89% |
| Attendance from the appropriate range of agencies and departments | 79% | 86% |
| The ability to share good practice | 76% | 85% |
| The format of the session / day | 75% | 85% |
| The overall experience | 74% | 82% |
| Application of learning after the event | 69% | 76% |

*Source: Stakeholder survey 2014*

However, despite positive experiences of taking part in Learning Sets the delivery of this aspect of the programme has not been as successful as other elements (see more detail in Chapter 3). The case study interviews highlighted a number of specific challenges and issues in setting up and taking part in local Learning Sets, which are summarised below:

▪ Local authorities found it hard to drive the Learning Set agenda forward alongside the day-to-day priority of supporting families and cited capacity issues as a barrier to Learning Set engagement. A few case study areas felt that the opportunity being a pioneer gave to plan and test different models before the programme was delivering on a significant scale had been a big advantage for them.

▪ While some staff welcomed the flexibility in the guidance around Learning Sets, other local authorities found the openness of the guidance a challenge. A perceived lack of guidance could be linked to a lack of drive and momentum behind Learning Set development for some case study areas.

▪ Some staff reported negative experiences of Learning Sets. Some events were viewed as being too operational in their content to represent an effective use of time for managerial staff, for example. Some authorities felt that, given the differences in local models, the information they heard from other authorities as part of local Learning Sets was interesting and informative but did not offer directly transferable examples of good practice. Transferability is a particularly challenge where local authorities have adopted considerably different ways of delivering Families First. .

▪ Although some staff expressed a keen interest in the national events and recognised the value of a forum for sharing learning at national level, practitioners often felt that national events were less relevant to them.

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[72] National Learning Set Feedback Form, 2013.

There appears to be scope to increase the use of the Managed Learning Environment (MLE) to address some learning needs. The MLE is an online system, accessible to local Families First teams, that is designed to support the application of learning.[73] To date, 111 user accounts for the MLE have been set up and 53 users have accessed the MLE. Notably, a few case study staff commented that online content would be valued to link practitioners in with the national learning agenda, and to share content from events that they are not able to attend. Similarly, the MLE has the scope to link geographically-dispersed authorities using similar models of delivery. This suggests there is demand for an online learning environment, and that more awareness-raising activity to promote the MLE resource should be helpful.

### 5.6.2 Process results for Learning Sets

In general, the case study interviews highlighted that the translation of learning into local-level improvements to delivery processes and approaches was a challenge. In many ways it is too early to gauge the degree to which learning is being implemented.

The stakeholder survey paints a relatively positive picture of the learning implemented through the Learning Sets, as 78% of strategic staff and practitioners stated that the application of learning from learning activities improved the quality of services delivered in their local authority area[74]. As shown in Table 5.13 below, stakeholders on the whole were positive about the impact of Learning Sets on the design and delivery of each aspect of Families First.

Table 5.13 – The impact of Learning Sets on service design and delivery

|  | A great deal / fair amount | Not very much / not at all |
|---|---|---|
| Development and implementation of JAFF | 78% | 22% |
| Development and implementation of TAF | 80% | 20% |
| Process of commissioning and delivery of strategically commissioned projects | 72% | 28% |
| Allocation and implementation of funds ring-fenced through disability element | 62% | 38% |
| Delivery of Families First overall | 80% | 20% |
| Services to children / families overall | 82% | 18% |

*Source: Stakeholder survey, 2014. Based on responses of strategic staff and practitioners who have attended an event.*

Evidence from the case studies suggests there are examples of the positive impacts of Learning Sets, including:

- Simply by virtue of working with other local authorities to plan Learning Sets, some authorities report better working relationships with neighbouring authorities. Staff are more aware of the challenges and issues encountered by neighbouring authorities, for example.

- The process of taking part in multi-authority discussions has helped authorities to frame their key issues and challenges more effectively internally, and to think more strategically about the direction of their local Families First provision. For example, Cardiff's approach to the strategic management of Families First was guided by how services were aligned in the Vale of Glamorgan. As a result, Cardiff co-located services with Communities First and Flying Start as much as possible to encourage alignment and interaction across services.

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[73] The system has been developed by the Evaluation Team (Ecorys and Ipsos MORI) as part of the evaluation contract to support learning among local authorities.

[74] Stakeholder survey

- There are examples of good practice being shared between authorities which have informed the design of key aspects of the programme. For example, the adoption of 'Needs Cards' to support local practitioners in the scoring element of the JAFF was introduced in Wrexham, drawing on a similar approach used in RCT. The North Wales consortium is monitoring the implemented of TAF on an ongoing basis to identify other opportunities to refine its implementation.

Despite positive examples of where Learning Sets have facilitated the exchange of learning between local authorities, the case studies present limited evidence to suggest that local authorities are implementing good practice from other areas to any considerable degree, at this stage in the delivery of the programme. It is notable that stakeholders' ratings for Learning Sets were lower in relation to the way learning had been applied after the event than any other aspect of Learning Sets. Some authorities felt that the different models and approaches to process change across local authorities meant that Learning Sets would only ever be interesting, rather than equip them to change their own processes. It is also clear that multi-authority learning has generally been limited to neighbouring authorities or those within the same consortium: a few authorities highlighted that they would like to benefit from sharing learning with authorities beyond their immediate neighbours.

Whilst it is recognised that the National Learning Sets should accommodate this in practice, staff across a range of local authorities question the degree to which these have practically underpinned cross local-authority learning at a national level to date. This was echoed by local stakeholders who noted that the last National Learning set for Families First was in January 2013.

## Success factors for Learning Sets

Interviews suggest that a very carefully balanced set of conditions need to be in place in order for learning to be translated into local level changes, which include:

- A mix of local authorities which identify with each other and have common challenges;

- Similar levels of commitment and engagement from all participating local authorities (some stakeholders citied that Consortia members varied in their levels of engagement);

- An understanding and awareness amongst staff that the Learning Sets are more than training opportunities, and aim to support improvements in local level delivery on the basis of cross-authority learning;

- The attendance of key decision makers, or clear mechanisms through which attendees can cascade learning from events up to staff able to review and make changes to delivery and approaches; and,

- Clarity in the topics to the discussed and the expected range of staff attendees in order to make sure that the right group of practitioners/ managerial staff attend to have sufficiently focused discussions.

## 5.6.3 Summary of Learning Set process outcomes

The stakeholder survey and case studies highlight that increasing levels of information exchange between local authorities have informed the development of tools and local approaches, and that the Learning Set co-ordination has increased the level of strategic thinking around the 'direction of travel' for local Families First programmes. In some cases, improvements have been made to the effectiveness and efficiency of programme delivery as a result. Despite the process changes brought about in relation to the Learning Sets, challenges remain in translating shared learning into local level improvements. There

is limited evidence from the case studies that this is happening to a great extent which reflects the limited amount of time over which the Learning Sets have operated to date, the difficulties of implementing specific elements of good practice shared by authorities implementing greatly different models, challenges around attendance (related to capacity), and limitations around the degree to which Learning Sets are able to facilitate the sharing of relevant information to those individuals able to enact change. In the future, it will be important to communicate the value of Learning Sets in refining the ongoing delivery of the programme where authorities are using different delivery models to ensure this strand can achieve its full potential.

Table 5.14 – Overview of process change for Learning Sets

| Process change | Progress (very good / good / mixed / poor / very poor)[75] |
|---|---|
| **Systems** | |
| Learning from Learning Sets has had a positive impact on service design or delivery. | Mixed |
| Application of learning from multi-authority Learning Sets has improved the quality of services delivered. | Mixed |
| Increased degree of cross-working between local authorities at managerial level | Mixed |
| **Staff** | |
| Increased levels of awareness around general approaches to delivery in other Local Authorities | Mixed |
| Increased capacity and skills through participation in Learning Set events. | Mixed |
| Greater thinking around the capacity for local authority challenges to be addressed through a multi-agency approach. | Good |

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[75] As for the previous sections of this chapter, for the various process outcomes that we might expect to result from the programme, an initial judgement has been made as to the overall level of progress against each at this stage in the delivery of the programme, on the basis of the stakeholder survey, case study interviews and family interviews. Whilst this by no means offers a definitive assertion, it highlights whether the evidence suggests marked progress across all/ the vast majority of local authorities ('very good'), the majority of local authorities ('good'), whether progress has varied considerably between areas ('mixed') or whether there is limited or no evidence of process outcomes being achieved in this area to date ('poor').

# 6 Family experiences of support

The aggregate impact of the changes in local authority processes and provision for families that were discussed in Chapter 5 can, to some extent, be reviewed through considering the experiences of families accessing the support offered.   This chapter summarises the experiences of families, as identified through the case study research with families and staff.

The majority of the 23 case study families reported positive experiences of Families First, although a small number had mixed views.  The families that participated in the case studies are unlikely to be representative of all those Families First tries to work with, in that those who disengage from the service are unlikely to agree to take part in research about Families First.  Nevertheless, the case studies are useful in identifying the range of impacts that families feel the service has generated, exploring families' experiences of the service, and in suggesting *why* the service has achieved (or failed to achieve) positive impacts in different circumstances.  The Family Outcomes data does not provide a clear picture on the rate of engagement/ disengagement with the programme.

### 6.1.1  The key principles of Families First

In the following sections we examine the extent to which Families First is delivered according to the principles prescribed for the programme.

### Family-focused

There was evidence that Families First had used a whole-family approach in an attempt to improve family's circumstances in most case study families.  Typical examples involved specific agencies working with individual members of the family to address the issues each faced, as well as working with the family as a group.  Family group activities included family play sessions and organising/leading family outings. Parenting support was a core part of the offer in many cases, and helped the family to function together more smoothly.  A fairly typical example of family support is provided in the box below.

> ### Family support helping to bring a family back together
>
> This single mother had two children, one of whom was exhibiting behavioural problems at school following the breakdown of her parents' marriage.  Following a referral into Families First by the children's school, the key worker offered full family support.  Key elements of the support included individual counselling for each family member; parenting support for the mother; and key worker-led activities with the family, such as family discussions and family play.  Following the support the daughter's behaviour improved quickly at school.  The mother felt more confident in dealing with her family, and communicating with her children about her relationship with her ex-husband.  The mother also reporting using the parenting strategies she had been taught once the intervention had finished. The mother reported that, following the intervention, she felt like the family was a team again rather than pulling against each other, and blaming each other when tensions had occurred.  Key to achieving this was using more effective parenting strategies, and family activities that helped to bond them together.

In contrast however, in one of the case study local authorities there was evidence that services were sometimes targeted at individual family members, particularly when disability services were being provided. For example, in one case a disabled child was the sole recipient of support, despite the fact parents had expressed a need for support and advice on dealing with their child's disability. In another local authority, there were a few cases where all family members except those with disabilities were receiving support: the intention was to deliver specialist disability TAF provision to disabled family members, but at the point of the interview this had not started. In other local authorities broader support was provided for families affected by disability, and this was welcomed as a huge benefit to parents and the siblings of disabled children.

There was evidence of variation across the case study local authorities in the way that "family" was defined, particularly in respect to adult children and absent parents. Some authorities worked on the basis of 'team around the household', working with those resident, while in some authorities there was evidence that workers encompassed the wider family network. In some cases, adult children were not considered to be part of the family unit: this had obviously limited the impact that Families First was able to achieve in one case where the rest of the family was experiencing problems as a direct result of an adult sibling. In another authority, Families First workers covered adult children: however, the sustainability of this way of working was unclear because it effectively entails key workers taking on several cases at once (especially where adult children have their own families). There was also variation in terms of the focal point of support within families: for example, in Gwynedd the parent/s was the focal point of support – the intention was to generate change in the family through empowering or supporting parents – while in Powys the child was the focal point as teams worked towards generating change in the family.

### Bespoke

Most case study families felt that the support they received was targeted to help them address their specific needs.

In part, this was because families felt they had been **genuinely listened to** when relaying their problems. Several families contrasted this with previous experiences of having short visits from key workers/ social services where they told their stories, after which they were told they had no need for support.

Families also welcomed the **active role they had played in determining the services they received**, and the collaborative nature of the intervention. In several cases, families had been informed about the options available to them and guided about which to select, rather than having choices imposed on them by social services. One case study family in Cardiff praised the way the Families First worker helped them to select services that would allow them to achieve the maximum impact in the shortest available time, rather than simply refer them to a plethora of services that might not fit their needs. The way that families could input into the way TAF meetings were set up and run was also important: the meetings can be a daunting prospect, but allowing families to input into aspects such as the location of the meetings, and where individuals sit, can help to soften the prospect.

For some families, **the TAF action plan helped to formulate a programme of support that targeted their needs effectively**.[76] However, several case study families did not have, or were unaware of having, a plan. Those with a plan found it helpful as a way of organising their thoughts, allowing them to target priority areas to improve, and providing a form of contract that told them what services they were

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[76] The TAF action plan is often known by different names to families, and the terminology varies by local authority.

entitled to receive and what their responsibilities were in return.  Families contrasted the plan with "scattergun" experiences of receiving support from multiple agencies in the past.

Several families felt **there were gaps in the support** they received.  This was often due to specific agencies not engaging in family meetings (in a few LAs CAMHS was mentioned), and was sometimes because support targeted individual family members rather than the whole family's needs.

**The key worker relationship was vital,** but there is a challenge in balancing the need to support with the risk of over-dependency.  The attitude of workers was frequently noted as a major benefit: in contrast to other key workers, families reported that staff were approachable, non-judgemental, supportive, and proactive.  Many key workers had a "nothing is too much trouble" approach to helping their families.  In a small number of cases, it was clear that families were entirely reliant on key workers and felt they could not cope without them: in contrast, other key workers were taking steps to encourage families to gradually become more self-sufficient.

*"[The key worker is] someone on their side they can talk to and not be judged...it definitely helped him."*
Powys family case study

There were a small number of reports from families of key workers missing appointments because they were on holiday, or volunteers not honouring commitments: although rare, these incidents had an impact on the progress made by families, and undermined their trust in the programme and their willingness to engage with support.

## The key worker relationship

This mother has previously been a victim of domestic abuse, and has moved homes several times to escape violence. She is also involved in a protracted custody battle for her children. At the point of accessing support, she was feeling isolated and depressed, and had just received notice on her house.

The Families First key worker provided practical and emotional support. She arranged new housing on the mother's behalf, and dealt with a previous landlord threatening legal action over rent arrears. The key worker also helped the mother apply to college, arranged access to a food bank, helped the mother to keep medical appointments to look after her own health, and helped the mother to take her children swimming. The key worker also organised parenting classes, as well as transport and childcare so the mother could attend and meet other parents.

Working with FF has improved the mother's emotional wellbeing and resilience. At first 'when I'd phone her I'd be crying, an emotional wreck, when I got off the phone I would be laughing… she calmed me down". The mother explained that the key worker had reassured her, and pointed out lots of positives in her life that she did not recognise previously, as well as giving her confidence in her parenting skills. 'She gives me lots of positives… I'm a negative person and had a lot of bad luck … she reassures me all the time.' At the same time, the Families First worker is open and honest and 'tells it like it is'.

There are challenges in organising how to end support when families have met their goals. The mother explained she considered her key worker to be 'like a mum' and was distraught when she learnt that the support would soon come to an end.

### Integrated

Case study families were generally positive that services had been well co-ordinated across organisations involved, in direct contrast to services they had received prior to Families First. In some cases, services were coordinated via informal communications across the agencies dealing with a family. Across the case study areas, families reported that **regular TAF meetings helped to pull together all the agencies that were working to help them**, and kept them all abreast of progress. As noted above, the lack of engagement of some agencies (CAMHS was noted on a few occasions) limited the effectiveness of TAF meetings in some cases. The family plan was also noted by families as significant in terms of joining-up the efforts of the multiple agencies they work with: the plan ensures that all agencies are aware of their role and the other support provided.

*"[Before Families First it was] backwards and forwards…hustle and bustle… appointments here and there… told different things…a big mess".*
Gwynedd family case study

*"Because everyone is in the same room at the same time a lot is achieved and things get done."*

Powys family case study

Families reported **some instances where services were duplicated, or where services had not communicated well** with each other or with families.  For example, one family noted that, once they had completed TAF but continued to use Families First, the coordination felt apart and they had to contact individual agencies themselves again.  Another mother explained that she had only learnt of her son's suicide attempt during a TAF meeting in front of a large audience of services.

**Key workers played a key role in organising and coordinating a targeted plan of support**: one parent described them as 'the main chairman' who coordinated efforts across the several agencies involved and communicated only key information to the parent. One of the main advantages of a key worker was seen to be their knowledge of the services that would help families.  Where families perceived that workers lacked knowledge of the local service landscape, they were sceptical about how the workers could help them at all, this was most notable in cases about the support available to families with a child affected by disability.

*"She writes it all down and where everyone is at so I know where it's at.  [The FF key worker] cuts it down to who can do what 'cause she knows I get confused and stressed if too many people are working with me".*
Gwynedd family case study

Practitioners in one authority highlighted how tools as simple as a written directory of the services available in the area were helping them to integrate support.  The directory meant staff could review the types of support available in the area, quickly locate and contact staff in other agencies to check whether they were already working with families and/or refer families to appropriate support.  Regular email updates and cascading meetings were also helping in updating practitioners about the services available locally.

## Proactive

Families First seeks early identification and appropriate intervention for families.  In several cases, families were frustrated that they had not been referred into or told about Families First at an earlier point.  Some had serious needs, and some had experienced complete disruption to their lives before being told about Families First.  A few felt that families that are not on the social services radar slipped through the net, and that mainstream services were unaware that Families First exists and therefore did not refer at an early enough point.

Families first working across the spectrum of need

The case studies showed that Families First is working with families across the spectrum of need. In some cases, families had reached crisis point before being referred to Families First. For example, in one Cardiff family the mother was suffering serious depression alongside a number of medical conditions; the mother acted as a full-time carer for her son who had autism. The father is a recovering alcoholic and currently out of work. Their daughter has serious depression, and had attempted suicide on a number of occasions before they accessed support. Prior to Families First, the support the family received appeared to be very limited, and had mainly been organised by the mother herself.

At the other end of the spectrum, another Cardiff family was referred into Families First when their disabled son exhibited symptoms of anxiety. His symptoms, and the focus given to him by his parents, has left other children in the family feeling somewhat neglected. The family is primarily hoping that Families First can help to support the son to stay in school, by arranging access to appropriate support services that can help to alleviate his anxiety.

Families also commented on how proactive the delivery of the intervention had been. In most cases, families reported that the time from referral to assessment was short. However, there were challenges associated with how timely referrals into Families First were, and the speed of being able to access services after the assessments.

In some cases, families reported being placed on long waiting lists before they could access projects they had been referred to. In one instance, a family was awaiting a CAHMS assessment before their key worker could devise a support plan; the assessment was delayed, and there was no sign that the key worker had proactively pushed for the assessment to be complete. In another case, a family was awaiting a child counsellor; although other family members were receiving support in the meantime, the impact of their support was limited because key issues relating to their child were not yet being addressed.

### Intensive

Families expressed mixed views relating to the intensity of the help they had received. While some felt it was appropriate, and praised their key workers for being available as and when they required help, several families felt that the low-level help they were receiving in some areas was insufficient to address the scale of the issue they were experiencing (e.g. one parent felt that more one-to-one support for her son was necessary to counter-balance the negative impact of his peer group on his behaviour, and a few felt that limited amounts of counselling had been inadequate).

In some areas help is time-limited, and families have been told up-front that their support from Families First will last a set period without stating whether this is dependent on the amount of progress they have or have not made. Families themselves did not always find this helpful or appropriate: some found it frustrating that support is due to be withdrawn after 20 weeks when they had not yet made progress, and another family reported disengaging from the service early because she did not want to start depending on something that would later be withdrawn. In other areas families were unaware of any time limits on the support they received, and felt they were being supported until their goals were met.

Many of the interventions offered through Families First projects are time-limited, for example a parenting course. However in several cases families asked for more support in sustaining the progress they had made once the intervention had come to an end. This is particularly relevant to sustaining peer networks, for example one family was very positive about a project they had accessed for siblings of disabled children to meet and associate with those in a similar position, but was critical that no provision was made to arrange for semi-regular catch-up events to sustain these friendships.

## Local

There was some evidence through the case studies of families receiving support from both Families First and other local programmes such as Flying Start and Communities First. However, in most cases families were unaware of the funding for the particular support they were accessing. Staff praised the fact that they were more aware of the range of local services available as a result of Families First, and better communications systems across local teams.

## Disability

Although disability does not form one of the key principles of delivering Families First, it is one of the key elements of the programme and there are some differences in families' experiences of services in this area which are worthy of note.

The experiences of those accessing disability services were mixed, with some local authorities appearing to perform better than others. In some authorities support was offered only to the disabled child, and not to the wider family. There were also some complaints in one authority that services were focused on children with severe needs, and there was less opportunity for those with mild/moderate needs to get the help they needed. In other areas, families reported not being able to access the support they wanted for their disabled children.

One aspect of disability services that was praised was the chance for parents and siblings of disabled children to network with others in their circumstances. This had a practical benefit, in sharing ideas and tips, but also helped to alleviate the sense of isolation that some experienced.

Variable experiences of disability support

This family of five has three children, two of whom are severely disabled. The family was referred into Families First by their health worker and, although the family does not have a key worker, they treat the health visitor as their main contact if they need support. TAF meetings were set up in the family home because the youngest child finds it easier to cope in a familiar location. At the first meeting representatives from 12 organisations attended the meeting. The mother has been impressed by the TAF meetings: 'to have all those people round the table at the same time to see how hard they are working for your children is a wonderful thing, I feel very confident in the team we have around us'.

Regular support includes the health visitor, a speech and language therapist, and parenting support. The children also receive help through school, including through the SEN coordinator – who is arranging funding for equipment that will enable the children to attend school – as well as monthly visits from an educational psychologist, and support through the school nurse. The eldest child is supported through a siblings group, which pulls together children who have disabled siblings.

The parents feel it is 'wonderful that there are so many people out there to help'. There have been some gaps in the support – the youngest child will have a delay in starting school because the funding for her place is not yet available, the parents would like more time to support their children with specific disability support issues, and the parents would like a support group to network with others in their position – but the family is very positive about the support they have received.

Other families with needs arising from disability report mixed experiences. For example, one family that has recently been referred report that – to date – Families First has concentrated only on one of their children who has mental health problems, but has not worked with the wider family, including their physically disabled son. The family expressed a lack of confidence in their key worker, who did not seem to know about the services on offer locally that could help them, beyond services they were already aware of. The family was unsure what to expect from Families First.

## 6.2   Key areas for investigation

Overall, Families First has performed well in terms of delivering process changes related to JAFF/TAF and strategically commissioned projects. The development and roll out of JAFF and TAF has brought about overarching changes in terms of improvements to referral processes, family assessment processes and in the provision of family support services. Key changes include greater levels of consistency in assessment and information- sharing, more streamlined referral processes, and changes among staff including greater capacity, buy-in to TAF and communication between agencies. Information sharing remains a challenge, although there are some indications that Families First is having a positive impact on levels of co-operation and communication between services.

Staff and stakeholders consider that strategically commissioned projects have broadened provision, and that Families First has brought about improvements in the commissioning process and multi-agency working.  There is also general agreement that provision better reflects need than the provision delivered prior to Families First. Whilst there have been some clear successes with regard to the reduction of duplication and improved alignment of provision, the programme shows more mixed progress in terms of the effectiveness in identifying unmet need and delivering a comprehensive package of family support.

Change in relation to disability and Learning Sets has also been positive, but slightly less so than other aspects of the programme.

Services for families affected by disability have improved as a direct result of Families First.  Families First has funded new services, and led to better integration and co-ordination of existing services. Practitioners are now more aware of the range of disability provision and the value of integrating disability services with mainstream and other provision. However, key challenges remain: in particular the need for mainstream providers to be up-skilled to better understand the needs of families affected by a disability, and of the ways in which support can be integrated across mainstream services. These are key areas for the year 3 evaluation to explore.

Learning Sets are generally viewed positively by practitioners, and can be seen as having led to good areas of joint practice and co-operation between local authorities. In some cases, improvements have been made to the effectiveness and efficiency of programme delivery approaches through the learning. However, as yet, evidence that learning is being effectively implemented by being translated into local level service improvements is limited. This issue will form a particular focus for the year 3 evaluation.

# Family Outcomes

# 7 Family Outcomes

## 7.1 Introduction

This chapter reports on the outcomes of families supported through Families First, including families affected by disability. Outcomes are monitored under four areas:

- working age people in low income families gain, and progress within, employment
- children, young people and families in or at risk of poverty achieve their potential
- children, young people and families are healthy and enjoy well-being
- families are confident, nurturing, resilient and safe

The evidence presented here is primarily drawn from Family Outcomes Tool data for families who have benefitted from local authority TAF processes, case study interviews with 23 families who have benefitted from either TAF and/or project(s) commissioned through Families First, and interviews with practitioners working with families in case study areas. Please see Appendix 7.4 for more information about the strengths and limitations of these evidence sources.[77] It is worth noting that, for this report, baseline interviews have been conducted with families; the intention is to re-visit families later in autumn 2014 to gauge the longer-term impact of Families First. As such, the third year evaluation report will include more detail about the programme's impact than we are able to detect at present, although we comment on early evidence of impact where appropriate

Families First practitioners who were interviewed as part of the case studies stressed that it is not always easy to measure the soft outcomes that the programme achieves, and that it is not always appropriate for them to capture evaluative data about families' progress (for example, where families are in crisis, or perhaps do not realise they have received an intervention). Nevertheless, the data available includes statistics and qualitative feedback from families about the way the programme has worked, and helps to build a picture of how and why the programme is/ is not effective in different circumstances.

## 7.2 Sources of data available for tracking family outcomes

At the inception of the evaluation, the evaluation team proposed that all local authorities adopt a common monitoring system to measure the baseline situation and progress of families. This would provide a consistent means of monitoring the progress and outcomes of those families benefitting from Families First, so that data could be aggregated across all local authorities. However, establishing a common monitoring system was not possible, because at the point the evaluation started most authorities had already set up bespoke monitoring systems that were intrinsically linked to the family assessment tools they had developed.

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[77] Family Outcomes data is based on 567 cases provided across 15 local authorities. The data is based on TAF cases, and only on those that closed in 2013. The data are reported by LAs using a common reporting template, with data derived from the Distance Travelled Tools they use locally to track individual families' progress against the goals they establish. Local authorities use a variety of Distance Travelled Tools, and each local authority mapped the indicators on their own tools to a common set of domains, as presented in the first column of Table 5.2

A series of task and finish groups were established to explore with local authority Families First teams alternative methods of capturing data on family outcomes and progress. The result of these meetings was the establishment of the Family Outcomes Tool framework. Each local authority uses a Distance Travelled Tool in their assessments of families to record families' baseline situation and progress during the intervention. The Family Outcomes Tool framework asks each local authority to map the indicators they measure on their local Distance Travelled Tool onto a common set of domains. Local authorities will be asked to submit data in the Family Outcomes Tool framework each year.

Because of the way the data are aggregated, some local authorities will not contribute data towards particular domains because their distance travelled tools do not measure indicators that are relevant under some of the domains. The specific indicators used under each domain will also vary from one local authority to another. For example, the 'Emotional health/ wellbeing' measure in some authorities is based on a whole-family assessment of mental health, while in other authorities it focuses on children's self-esteem and development. Table 7.1 below gives some examples of the indicators which contribute to each domain across LAs. The Family Outcomes Tool only captures data for families who are helped by TAF only, and not those who only benefit from Families First projects.[78]

At the time of drafting this report, the first set of data was available from the Family Outcomes Tool: 15 local authorities had provided data. In this section of the report, we complement these data through local authority progress reports which contain data for a larger number of families, but do not provide detail on each of the domains and outcomes areas. We also draw upon qualitative in-depth interviews with 23 families (see Annex for more description of the case study methodology).

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[78] While some local authorities collect distance travelled data for families using projects, many do not. In order to provide a consistent measure, only families benefitting from TAF are included in the Family Outcomes Tool data.

Table 7.1: The domains measured in the Family Outcomes Tool and examples of specific indicators used by LAs under each domain.

| Outcome area/ Domain | Examples of Distance Travelled Tool indicators contributing to each domain |
|---|---|
| **Outcome #1: working age people in low income families gain, and progress within, employment** | |
| Training, skills employment and income | In temporary/ casual employment; access to training; access basic skills; income, employment and finance |
| **Outcome #2: children, young people and families in or at risk of poverty achieve their potential** | |
| Engagement with school / formal education | Attendance and participation in learning, education or work; access to extra-curricular activities at school |
| Achievement and development | Child developmental age; child communications development; speech, language and communication. |
| **Outcome #3: Children, young people and families are healthy and enjoy well-being** | |
| Emotional health / wellbeing | Parent and child emotional/ mental health; child emotional and social development; identify, self-esteem, self-image and presentation |
| Physical health (child) | Accessing health appointment; child disability; physical development; general health |
| Relationships and social lives | Access to local community services; family network; social and community links; access to play/ sport |
| Behaviour | Behaviour; support challenging behaviour needs |
| **Outcome #4: Families are confident, nurturing, resilient and safe** | |
| Parenting skills | Setting routines and boundaries; emotional warmth and stability; access parenting groups; cared for and free from abuse and neglect |
| Parenting capacity | Substance misuse; parent physical health; parent disability or learning needs |
| Home environment | Appropriate and secure accommodation; housing; providing home and money; young people having independent living skills |

*Source: Local authority mapping of Distance Travelled Tools to Family Outcomes Tool domains*

## 7.3  Family outcomes

As shown in Table 7.2, according to local authority progress reports 53% of families starting a TAF action plan had their cases closed with a successful outcome in relation to the TAF plan. Over a fifth of families had either opted out or did not engage with the programme.

Table 7.2 – Outcomes of families that have started a TAF action plan

| Outcome | Number of families | % of families |
|---|---|---|
| Closed with a successful outcome in relation to the TAF action plan | 852 | 53% |
| Closed due to family opt-out | 190 | 12% |
| Closed due to non-engagement | 186 | 11% |
| Closed as family moved out of LA area and referred to another LA | 22 | 1% |
| Escalated to a statutory service | 201 | 12% |
| Stepped down to single agency intervention | 108 | 7% |
| Closed due to other reasons | 61 | 4% |
| **TOTAL** | **1,620** | |

*Source: Local authority progress reports, March 2014.*

Analysis of the Family Outcomes Tool data makes it clear that 'forward movement' does not necessarily equate to a 'successful' case outcome: families can exhibit forward movement without recording a successful outcome.  Furthermore, the direction of travel against individual domains paints a mixed picture (see Table 7.3- note that the number of families for which Family Outcomes data are available is smaller than the number of families covered in local authority progress reports, and as such the total number of families noted in Tables 7.2 and 7.3 differs).  For all but one domain area, the majority of families exhibited no movement on the domains they had identified to work on.  The 'no movement' category accounted for between 46% and 70% of families on each domain.[79]

The Family Outcomes Tool data and case studies both suggest that Families First is more likely to impact on soft outcomes than hard outcomes.  To some extent, this may reflect that it will not be possible to record forward movement against hard outcomes in some circumstances.  For example, the rate of forward movement is lower in relation to children's physical health than any other domain (27%) and in some cases at least, this may relate to intractable physical health problems or physical disabilities.  The fact that forward movement is less likely on hard outcomes also highlights that Families First is working on entrenched issues with some families that will take a significant period of time to address.  Nevertheless, this finding highlights how challenging it will be to demonstrate population-level changes as a result of Families First.

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[79] It is worth noting that local authorities were typically able to measure families' distance travelled only where families stayed engaged in the programme for a period of time, and their progress could be tracked over at least two timepoints.  As such, the non-engagement of around a fifth of families reported in local authority progress reports is unlikely to have a great impact on the family outcomes data shown in Table 6.3 (i.e. there are unlikely to be large numbers of non-engaged families in the 'no movement' category).

Table 7.3 – Direction of travel by outcome area and domain[80].  *Hard outcomes showing relatively small forwards movement are shaded pink; softer outcomes showing relatively large forwards movement are shaded green.*

| Outcome area/ Domain | % forwards | % no movement | % backwards |
|---|---|---|---|
| **Outcome #1: working age people in low income families gain, and progress within, employment** | **29%** | **67%** | **4%** |
| Training, skills employment and income | 29% | 67% | 4% |
| **Outcome #2: children, young people and families in or at risk of poverty achieve their potential** | **48%** | **47%** | **5%** |
| Engagement with school / formal education | 36% | 59% | 4% |
| Achievement and development | 30% | 67% | 4% |
| **Outcome #3: Children, young people and families are healthy and enjoy well-being** | **59%** | **34%** | **7%** |
| Emotional health / wellbeing | 45% | 47% | 8% |
| Physical health (child) | 27% | 70% | 3% |
| Relationships and social lives | 49% | 46% | 5% |
| Behaviour | 52% | 42% | 6% |
| **Outcome #4: Families are confident, nurturing, resilient and safe** | **54%** | **42%** | **4%** |
| Parenting skills | 40% | 56% | 4% |
| Parenting capacity | 36% | 60% | 4% |
| Home environment | 34% | 63% | 2% |

*Source: Based on 562 families where Family Outcomes Tool data available, 2014*

To date, there is no evidence about the length of time taken to achieve forwards movement on hard and soft outcomes because there are relatively small numbers of families involved for 6+ months for whom data are available.  The relationship between forwards movement and duration of cases will be reviewed in the Year 3 evaluation report.

## 7.4   Outcomes for families affected by disability

The outcomes for families affected by disability are relatively positive compared with overall TAF figures, with successful outcomes recorded for 71% of families starting a TAF action plan.  To some extent, this reflects much lower levels of family opt-outs and non-engagement compared with families in general (8% compared with 23%).

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[80] Table based on 562 TAF families across 15 LAs providing Family Outcomes data.

Table 7.4 – Outcomes of families with additional needs relating to disability that have started a TAF action plan

| Outcome | Number of families with needs relating to disability | % of families with needs relating to disability |
|---|---|---|
| Closed with a successful outcome in relation to the TAF action plan | 87 | 71% |
| Closed due to family opt-out | 5 | 4% |
| Closed due to non-engagement | 5 | 4% |
| Closed as family moved out of LA area and referred to another LA | 2 | 2% |
| Escalated to a statutory service | 14 | 11% |
| Stepped down to single agency intervention | 7 | 6% |
| Closed due to other reasons | 2 | 2% |
| TOTAL | 122 | |

*Source: Local Authority progress reports, March 2014.*

## 7.5   How is Families First achieving positive outcomes?

The family case studies give an indication of the types of short-term outcomes families have experienced as a result of working with Families First teams, and the types of interventions that have helped some of these families achieve positive outcomes.  The case studies, like the Family Outcomes Tool data, suggests the rate of forwards movement is higher for domains relating to 'soft' outcomes such as emotional health and wellbeing, relationships and social lives and behaviour, at least in the short-medium term.  Typical examples of positive impacts reported by families include:

▪ Improved confidence and resilience as a result of emotional support through counselling. For example, the mother of one family reported feeling more in control of her family, and more confident in both addressing long-term emotional problems and dealing with her children following counselling.  A few parents mentioned that they appreciated having the guidance of a counsellor, and/or someone to reassure them that their decisions and approach were sound.  These parents reported feeling that they were better able to cope with their lives and families.  Parents often mentioned feeling 'empowered' to take back control of their own lives following Families First support (see case study box below for an example).

▪ Improved confidence in parenting as a result of parenting courses that taught parents practical tips around setting boundaries and routines.  Parents reported that strategies had helped to settle children, ease family relationships, and improve children's behaviour at school.  Parents also reported using the strategies after their involvement with Families First projects had ended.   One mother reported that she had a greater respect for family life, and a better understanding of her role as a mother following a parenting course.  As a result, relationships within the family have improved: the mother and her partner are more open with each other and have matured as parents, while communications with their children have improved.

▪ The resolution of practical issues.  Key workers intervened to resolve issues such as payment plans to pay off debts, intervening to move children to new schools, resolving

bullying problems, applying for access to benefits.  In many cases, resolving these issues gave parents the space to concentrate on other issues.   For example, one mother reported that the Families First worker had arranged for her son to move to a new school from a school where he was unhappy, and had advocated on her behalf to resolve long-term debt issues.  As a result, the mother was no longer in fear of debt collectors approaching her, giving her the physical and mental space to focus on other areas of family life.  In another family, a key worker had helped to resolve an overcrowding problem caused by multiple generations of a family living in the same household: tensions within the family had eased considerably and quickly as a result of the key worker organising new housing for the family.

- Improved family relationships as a result of family counselling and family activities.  Family relationships had been smoothed through participation in fun family activities and play sessions.  For instance, some families reported that stressful events in the family had disrupted their relationships and that their key worker organising family activities made family members feel 'part of a team' again.  In other cases, taking part in low-cost or no-cost family activities, such as visiting local parks or family games, acted as good examples of ways that parents could continue to engage in family activities on their own.

Empowering families

This family had already hit crisis point prior to engaging with Families First: the children had previously been taken into care following a judgement they were being neglected, the mother had lost her work during a period of mental health problems, and the house and garden were in a state of neglect.

Previous experiences of support were not positive: services were not targeted, and there was no delineation of responsibilities across the organisations involved. Services either listed the family's problems rather than trying to help resolve them, or did everything for the mother so that she felt helpless when they were not there to support her.

The Families First key worker listened to each member of the family and put together a plan 'without spin' or judgement. The plan focused on a few priority issues to address, with strict time limits and responsibilities for each. While the family was nervous before the first TAF meeting, they found it a positive experience because they could tell each service provider what they needed. The key worker was 'amazing' because she was a great communicator, was aware of the services available in the area, and helped the family focus on priority issues that would quickly make a big difference.

There were lots of immediate practical impacts from working with Families First. The mother received help with managing debt, and now has a payment plan she can manage and no longer receives phone calls from debt collectors. The daughter has received help with bullying and has returned to school, and the son is happier after moving schools. Family relationships have improved, particularly as the key worker taught them no-cost ways of having fun together such as going to the park.

Plans for the future include the mother's aspiration to return to work, and continuing to support her children to get the support they need.

*(Cardiff Family 1)*

> ### Long-term support starting to make an impact
>
> This family's teenage daughter had extreme anxiety issues that were preventing her from attending school or leaving the house, and causing friction among the rest of the family when the parents' attention was focused on one child at the expense of her siblings. The school's approach was punitive: Education Welfare Officers were concerned with the legality of their daughter attending school, assumed that non-attendance was due to apathy, and provided no support to the family to resolve the underlying issues.
>
> The parents paid privately for counselling which was unsuccessful before being referred to Families First by her daughter's school. The parents felt they were left on their own to cope and that neither the school nor Welfare Officers understood the problem. The family now attend regular TAF meetings at the school, although they perceive that meetings can be swayed to the school's preferences rather than their own needs. The mother does not think the family had an initial assessment and the options setting out what support was available were not set out for them at the initial TAF meeting. The family would also have liked a key worker to guide them through the process: at times the mother felt like she was on her own and very uncertain about how to 'do the right thing' for her family.
>
> Through Families First the daughter accessed CBT for 10 months which has been 'brilliant… we called [the CBT counsellor] Nanny McPhee'. The daughter is now able to attend school three days per week and has started going out socially. The mother has accessed parenting courses, and now feels supported in how to deal with the issues her daughter faces. Other members of the family feel that relationships have improved now that their parents' attention isn't so focused on one child.
>
> *(Powys, Family 3)*

## 7.6 Summary of findings and key areas for investigation

In the short-medium term at least, Families First seems to be most likely to demonstrate positive impacts on soft outcomes, such as emotional health, relationships and behaviour, and less likely to impact on harder measures such as training/skills, children's health and the home environment. In line with this, the case study families described huge increases in confidence and many reported feeling empowered. However, it was evident that movement on entrenched problems was less likely, at least in the short-medium term. These findings highlight the challenge of demonstrating the impact of Families First – especially at the level of population indicators.

Outcomes appear to be slightly more positive for families affected by disability, where 71% recorded successful outcomes in relation to the TAF action plan, compared with 53% families across Families First as a whole. This appears to be due in part to lower rates of non-engagement and opt outs among disabled families: across the whole programme 23% of families opted out or disengaged from Families First, compared with only 8% of families affected by disability. The reasons for this need to be explored in the next phase of the evaluation, but the difference may be due to families affected by disability being more receptive to the need for support, and having a greater practical need to engage with support in the short-term.

The following areas will be investigated in further depth in the final (year 3) evaluation report:

- There is currently limited data on the outcomes of families engaged in the programme for longer periods of time.  It will be valuable to explore the longer-term outcomes for families, and in particular to explore whether there is greater impact on hard outcomes/ entrenched issues where families are engaged over a longer time period.

- At this point, Family Outcomes data is available for a limited number of families.  It will be valuable to review these data among a larger pool of families across more authorities.  This will give the scope for more analysis of the typical duration of support, the relationship between the duration of support and family outcomes, as well as a clearer picture on the typical rates of forward/no movement across the needs with which families present.

- A significant minority of families disengage from the programme.  The evaluation will look to investigate the factors underlying family non-engagement with the programme, and practices that appear to be helpful in engaging with families.

- Investigate the support provided for families affected by disability in greater depth, and in particular whether services are sufficiently coordinated and family-focused

# Conclusions and recommendations on 'what works best'

# 8 Conclusions and recommendations on 'what works best'

This chapter sets out our conclusions based on the evidence provided throughout this report. The first section assesses the progress made in implementing key elements of the programme. The later sections explore key lessons learned, and provide a summary of what works best in achieving positive family outcomes.

## 8.1 Conclusions: progress in implementation

In this section, we review progress in implementing Families First against the key objectives of each strand of the programme. Table 8.1 below highlights key areas of progress.

- Stakeholders' and families' views paint a positive picture about the impact of Families First on both local service organisation and families' experiences of services. Stakeholders perceive that Families First has prompted an improvement across all the key aspects of service delivery that the programme aspired to change. In general, families who had received support from other agencies in the past felt there was a tangible difference in the nature and coordination of support they received from Families First.

- The experiences of stakeholders and families endorse the design principles of Families First. Whole-family assessments and support, TAF working, and the co-ordination of services, are widely viewed as being more effective than previous ways of working in identifying families' needs and providing family support. There is evidence that the programme is targeted across the spectrum of need, rather than focusing on early intervention, although the targeting varies by local authority. In some authorities, thresholds for TAF support are set fairly high, and in some cases Families First works in tandem with social services.

- JAFF/TAF and commissioning processes have taken longer to establish than originally anticipated. Local authorities are still refining JAFF/TAF processes. This reflects that Families First involves significant changes in the way authorities work, and requires cultural change, for example in redrawing roles and contracts, and engaging more broadly across sectors. This is particularly the case where everybody's business TAF models are used, which take a significant amount of work to implement, and require much greater levels of engagement across the workforce. The area of slowest progress is learning sets, with six authorities reporting no spending in this area in 2013/14. There are issues around the clarity of the guidance on learning sets, and uncertainty among staff about how to progress this element.

Table 8.1 – Progress in the implementation of Families First against key policy objectives: a summary of key points from earlier chapters

| Element | Policy objectives | Progress toward objectives |
|---|---|---|
| **JAFF** | JAFF is designed to encourage agencies to work together to assess whether a family needs support, and if so, the nature of the support required. The new framework should demonstrate innovation; take account of the family and support engagement with the family; and ensure that information is accessible, meaningful and useful. | ▪ **Progress:** All JAFF models are operational, but a few LAs are yet to roll out the framework to the whole authority.<br><br>▪ **Engagement in design of JAFF:** JAFFs have been designed in consultation with a wide range of agencies, and through multi-agency steering groups. There is a significant amount of ongoing work to refine the JAFF across authorities.<br><br>▪ **Adherence to design principles:** Findings from the research suggested a wide range of local stakeholders felt that the JAFF has been developed in alignment with the anticipated design principles (throughout Wales), including engaging the whole family in the assessment process. These views were echoed by families benefitting from support through the programme, who suggested that the assessment process allowed them to actively plan a package of support tailored to their needs.<br><br>▪ **Effectiveness:** The evidence to date has suggested there is a widespread perception amongst stakeholders that Families First has led to or contributed to substantial improvements in processes for family assessment, particularly through securing more comprehensive assessments of strengths and needs. Staff also praised the workforce development agenda under Families First as helping them to improve skills and capacity in the sector, as well as raising awareness of the early intervention and family support agenda. |
| **TAF** | TAF working typically involves:<br><br>▪ Professionals from different agencies meeting regularly to discuss a family's needs.<br><br>▪ Typically a key worker acting as the main contact for the family, and coordinating agencies' support.<br><br>▪ Ensuring that support meets the needs of the family, and not solely the child's, circumstances and needs. | ▪ **Awareness and engagement:** Awareness of Families First is more widespread among staff based in local authorities than those based in other public service organisations or voluntary sector agencies. Local authorities are investing in awareness-raising activities to address this. Lower levels of awareness and lower levels of engagement in some sectors may be a factor in the delayed referrals into Families First that some case study families reported. Findings across the stakeholder survey and case studies suggest there are particular challenges in engaging health service staff, while referrals data suggest a lack of engagement with adult support services.<br><br>▪ **Referrals to JAFF/TAF:** Across all LAs, 2,187 families have completed a JAFF, of whom close to two thirds moved on to TAF support. A wide range of organisations have been involved both in referring individuals for JAFF/TAF and in delivering JAFF assessments. There is also evidence that local authorities have made substantial investments in training staff outside the Families First team to enable them to refer into and deliver JAFF assessments. However, despite these efforts, there were a significant number of inappropriate referrals into |

| | | |
|---|---|---|
| | | JAFF, suggesting that more awareness-raising work is needed to refine the referral process.. |
| | | ▪ **Key worker:** Families benefitting from TAF indicated that the key worker role was well specified, with staff being approachable, non-judgemental, and supportive. However, there have been some issues with over-dependency, as some families have become overly reliant on the key worker and feel unable to cope without them. |
| | | ▪ **Multi-agency working:** Strategic staff and practitioners surveyed generally agreed that the local TAF models include effective input from key workers/lead professionals (90%). Most agreed that the TAF models include effective input from all agencies relevant to the case (88%). However, there was some suggestion from families that on occasions there have been gaps in the support package where other agencies have not attended family meetings. Particular challenges have been faced in engaging health workers in this process (owing to differences in culture, workloads, and misaligned incentives). |
| | | ▪ **Information sharing:** There has been progress in encouraging information-sharing across agencies, which is a critical underpinning to the success of JAFF. However, evidence from the survey and case studies suggests there is room for improvement: for example, some agencies have not signed up to information-sharing protocols which limits what can be achieved at TAF meetings. |
| | | ▪ **Addressing needs:** Staff are positive about the way TAF addresses families' immediate presenting needs (84% consider it effective in this regard) and underlying needs (76% rated it effective). Staff interviewed as part of the case studies felt that the comprehensive assessments were effective in identifying broad needs across the whole family. |
| **Strategic Commissioning** | LAs should commission: <br> ▪ a coherent and structured set of projects, that in turn contribute to population outcomes; <br> ▪ based on a local assessment of the needs of children and families; <br> ▪ with a focus on delivery through prevention and early intervention; <br> ▪ consider joint commissioning – both across agencies and across multiple authorities, <br> ▪ a smaller number of large-scale strategic projects rather than a large number of small-scale | ▪ **Progress:** 199 projects had been commissioned in Q1-3 2013 compared with 159 projects across the first year of Families First. Commissioning projects to deliver family support accounts for the bulk (73%) of authorities' spend on Families First. The process was challenging but 70% of stakeholders were satisfied with the way projects have been commissioned overall. <br><br> ▪ **Strategic approach:** While stakeholders were relatively satisfied that commissioning strategies were based on effective assessments of local need (68% satisfied), a smaller proportion was satisfied that children and young people had had an input (54%). However, where needs assessments have led to decommissioning existing projects (and re-commissioning), there has been some disruption (stakeholders were relatively dissatisfied with the process of decommissioning). Through the case studies, examples of joint commissioning with Communities First, and Flying Start emerged – these were particularly in evidence where Families First and other programme staff were based in the same teams. |

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| | bespoke projects;<br>▪ a set of time-limited projects, with a clear exit strategy; and<br>▪ include the voice of children and families in the commissioning process. | ▪ **Strategic projects:** There is clear evidence from case study areas that the number of projects and number of delivery partners has fallen and that the average cost per project has risen under Families First commissioning compared to Cymorth; however, there remains a significant number of agencies in the delivery of Families First and there is some evidence that efficiencies can be found. There is evidence of good practice in the ways of working together as consortia, including significant efficiencies being achieved through respecifying projects, and close monitoring of each member of the consortium's roles. However consortium relationships have yet to be fully tested in flexibility and sustainability.<br><br>▪ **Involvement of children and families in commissioning:** a significant minority of stakeholders (22%) did not consider that children and families had been effectively consulted in the commissioning of projects.<br><br>▪ **Prevention and early intervention:** in commissioning projects, authorities appear mainly to be population outcome focused rather than focusing on early intervention / prevention. This is largely due to pressures to show impact at the population level, both in terms of reporting to Welsh Government and (in some cases) in convincing staff locally of new models of working.<br><br>▪ **Strategic alignment and joint commissioning:** There are examples of strong alignments between Families First, Communities First and Flying Start, including jointly-funded posts, common assessments, and match funding of projects. However, a quarter of staff who were surveyed considered the strategic alignment of these programmes to be poor. Thirty eight of these projects involved joint commissioning.<br><br>▪ **Project progress:** Projects were generally considered to be performing well by Families First staff, with 81% rated as showing a 'great deal' or 'fair amount' of progress.<br><br>▪ **Accountability:** There has been a shift in the culture of commissioning and monitoring of projects. Compared with arrangements in place under Cymorth, projects are held more accountable and more closely monitored. |
| **Disability** | The guidance encourages LAs to focus on:<br><br>▪ improved co-ordination and integration of services;<br>▪ income maximisation and awareness of welfare rights;<br>▪ improved access to employment, education and training; | ▪ **Progress:** Staff acknowledged this element had been slower to progress than other elements of the programme. In some cases, staff felt they lacked the necessary data to identify the needs of disabled families and children. The number of disability projects being delivered has increased from 49 in 2012 to 87 in Q1-3 2013. Disability projects were considered to be progressing well, with 71% rated as showing a great deal/ fair amount of progress. In eight authorities, all the disability projects run in 2013 were new. There was evidence of more authorities offering disability training as part of their workforce development in 2013 than in 2012.<br><br>▪ **Mode of engagement:** Families with additional needs relating to disability were most |

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| | <ul><li>supplementary provision of short breaks and respite;</li><li>training for specific child care provision;</li><li>training and other support opportunities for parents; and</li><li>increased access to play and leisure, including pre-school play provision.</li></ul> | commonly referred only to a commissioned project (75% of 1,824 families with disability needs), while a significant minority were supported through TAF (16%).<br><br>• **Effectiveness:** Stakeholders' ratings of the design of disability services were relatively poor compared with other elements of the programme. For example, only half (52%) felt there was a clear vision and set of objectives around disability in their area. A smaller proportion perceived Families First had led to an improvement in disability services than any other areas of family support. Ratings were also relatively poor as to whether local needs assessments, and the needs of families, had formed the basis of the local disability strategy.<br><br>• Although local authorities considered that progress in setting up the disability element had been relatively slow, outcomes data for families affected by disability were relatively positive when compared with all families on the programme. This is largely because families affected by disability are less likely to disengage from the programme. Whether the better engagement rates are due to family circumstances, or the quality of support received, will be explored further in the next evaluation report. |
| **Learning sets** | The guidance states that LAs should participate in local and multi-authority learning sets. These should:<br><ul><li>have a 'broad membership' of both managers and practitioners, with all members taking an active role to support a participatory approach to delivery;</li><li>be focused on particular activities or work-plans;</li><li>meet regularly;</li><li>promote reflection and learning as well as challenge and support; and,</li><li>improve the delivery and quality of services.</li></ul> | • **Progress:** Progress on learning sets appears to be relatively slow compared with other elements of Families First. Three authorities reported spending nothing on learning sets in 2013. Local authority reports show a greater degree of underspend among a larger number of authorities, than any other element of Families First.<br><br>• Reasons for the slower progress relate to a lack of understanding of the goals of learning sets, and – for some issues – a feeling that multi-authority sets have limited value when authorities are using such different models, and working with different populations. Staff also cited capacity issues in driving forward the learning set agenda alongside day-to-day delivery of the programme.<br><br>• **Membership:** Local authority reports show that 120 local or multi-authority learning sets have/are being delivered in 2013. Families First core team members were likely to be involved in learning sets, but wider membership appears to be less common.<br><br>• **Focus of learning sets:** The focus of learning activity has shifted from design and development, to reviewing 'what works best' in 2013. Learning sets focused on workforce development and commissioning were significant in both 2012 and 2013.<br><br>• **Promoting learning and improving delivery:** The impact of learning sets appears to be mixed. Most (76%) stakeholders were satisfied with the way learning had been applied after participating in multi-authority learning sets. However, the case studies presented limited evidence to suggest that local authorities are implementing good practice from other areas to |

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| | | any considerable degree. |
| **National management and governance** | National arrangements will incorporate:<br><br>▪ good communication between the Welsh Government, local authorities and the third sector in order to achieve a coherent set of aims and objectives, and to promote multi-agency and multi-authority working;<br><br>▪ an appropriate monitoring framework with which to assess progress against key objectives; and,<br><br>▪ sound risk management in understanding the factors and influences (from both within and outside of Families First) that will shape whether the programme meets its intended objectives. | ▪ **Communication and support:** Stakeholders were positive about the support provided by the Welsh Government to those delivering the programme, with 72% considering this to have been successful. However, views about the Welsh Government's leadership of Families First were mixed. Many stakeholders (44%) perceive a lack of coherence between Families First and other family support programmes at the national level.<br><br>▪ **Promoting multi-agency and multi-authority working:** feedback from the national learning set in 2013 was positive. A second national learning event will take place in autumn 2014. More continuity in account management should help to promote greater levels of multi-agency and multi-authority working in future.<br><br>▪ **Monitoring framework:** there were relatively high levels of dissatisfaction among stakeholders (39%) about this aspect of the national programme management. Findings from the case studies suggests this is down to the framework being established after authorities had designed local approaches (and in some cases necessitating changes to local reporting and monitoring), and the time taken to establish a monitoring framework.<br><br>▪ **Risk management:** in view of forthcoming challenges around reduced local authority budgets and mergers, this element of national governance is likely to assume great significance in the coming year. |
| **Family outcomes** | Outcomes are monitored under four areas:<br><br>▪ working age people in low income families gain, and progress within, employment<br><br>▪ children, young people and families in or at risk of poverty achieve their potential<br><br>▪ children, young people and families are healthy and enjoy well-being<br><br>▪ families are confident, nurturing, | ▪ 53% of TAF cases which closed in Q1-3 2013 had a successful outcome in relation to the TAF outcome plan. Of 122 families with needs relating to disability, 71% of cases closed with a successful outcome in relation to the TAF plan. However, the case studies suggest that families affected by disability were less likely to be happy with their family goals and the support provided.<br><br>▪ In general, the delivery of support to families adheres to the principles set out in the guidance.<br><br>▪ TAF targets families with multiple and complex needs. Projects commissioned through Families First work with a broader spectrum of families, from early intervention through to remedial support. During the life of Families First there is evidence that thresholds for statutory support have risen in several local authorities. In some cases this has meant Families First is working with higher-need families who are no longer eligible for statutory support. |

| | resilient and safe | • Evidence from the Family Outcomes Tool and case studies suggests the programme has a greater impact on soft than hard outcomes: observing change at the level of population indicators is likely to be a challenge. |

## 8.2   Lessons learned

The following table provides a summary of key lessons learned, and the advantages and disadvantages of the way in which key aspects of the programme have been implemented.

Table 8.2 – Lessons learned

| Aspect | Comments / advantages / disadvantages |
|---|---|
| Alignment of Families First and other programmes | Some staff perceive there are conflicts or a lack of alignment of the needs/ requirements of individual programmes. For example, alignment in national policy guidance around the assessments required for different programmes might help with local alignment (for example, Flying Start guidance does not reference JAFF assessments).  Other staff explained that national auditing requirements for individual programmes inhibits the extent to which they can readily co-fund or co-staff projects. |
| Governance | The links between Families First and other areas of the authority vary depending on the location of the Families First team.  Where Families First sits within social services, there appear to be smoother step up/step down transitions with Families First; where the team sits within education, relationships and referral routes through schools are stronger; where the team is based in teams with Communities First and Flying Start those programmes are better linked.  However, no single authority seems to have succeeded in making strong links across all areas. |
| JAFF/TAFF delivery models | Decentralised "everybody's business" models are likely to be more sustainable if Families First funding is reduced in future, and give scope for early intervention principles to be embedded across children's and adult services.  However, the model involves greater investments of time and money to set up and work efficiently, and requires wide-reaching and significant cultural change across all organisations involved to be effective.<br><br>Centralised models are likely to be less sustainable, but have the advantage of being relatively straightforward to coordinate.  Centralised models also allow for clearer accountability and monitoring. |
| The balance of spend across the elements of Families First | In most authorities, commissioned projects account for the bulk of Families First spending, although JAFF/TAF accounts for the largest part of the budget in a few authorities.  The variation in JAFF/TAF spending reflects the delivery models used (see above).  There is no evidence to date to suggest that ring-fencing is required to protect the focus on JAFF/TAF, which are core elements of all authorities' offer.  However, it may be worth revisiting this issue in the context of any budgetary restraints that may be introduced in the future.  Any ring-fencing that was introduced would run the risk of disrupting the programme's delivery by being incompatible with the models authorities have developed. |
| Targeting of families | Local authorities are able to define the thresholds for family support, and there are wide variations in how this is defined: in some authorities Families First is exclusively an early intervention programme while in others Families First |

| | works across the spectrum of need. Case study evidence suggests that practitioners consider TAF to be better able to engage families than social services, even where families qualify for statutory support; in some areas, social services team use the relationships built by Families First teams as a route to gain access to families. |
|---|---|
| Engaging agencies | It is relatively straightforward to engage commissioned projects in all the requirements for Families First. It is more challenging to engage mainstream agencies so that they are aware of the services available, refer into Families First where appropriate and in a timely way, and take on the key worker role (where local models require this). There are promising examples of peer-to-peer support to support those unfamiliar with conducting JAFF assessments in one LA. |
| Commissioning/ decommissioning | It is too early to conclude whether the lead provider model – whereby one agency leads a consortium of smaller agencies to deliver a project – works effectively and cost-efficiently. The model has the potential to ensure smaller agencies can continue to play a role in family support services. This may be particularly important since smaller agencies are often believed to be particularly skilled in understanding families' needs.<br><br>However, partnership working has the potential for inefficiencies and conflicts, particularly where the relative size of the elements delivered by different agencies needs to be adjusted to meet demand.<br><br>There is a wealth of evidence available on what works in commissioning that may help to smooth the process of commissioning in future. (See for example the Welsh Government-commissioned 'Best Practice in Families First Commissioning'.) |
| Disability | There are challenges around how best to cater for the particular needs of families affected by disability. Authorities are using a range of approaches. Disability TAF services have the potential to provide specialist services and up-skill mainstream workers. However, it is important to coordinate the services provided through Disability TAF teams and regular TAF teams, and to ensure these teams work together to provide whole-family support. |
| Learning sets | Learning sets appear to be most useful where they include a mix of authorities that face common challenges; where authorities approach learning sets with the aim of supporting improvements in local delivery rather than as a training opportunity; where they are attended by key decision makers, so that changes can be made to delivery as a result; careful planning of the topics and attendees to make sure that the right group of practitioners/ management staff attend to allow sufficiently focused discussions. |

## 8.3   What works best in supporting families

The case studies suggested how the types of support provided to families (Table 7.3) and the specific ways in which support is delivered (Table 7.4) can help Families First to be effective, in those instances where it works well. The tables show common ways of working with families that were used across the case study local authorities, and which staff and/or families highlighted as being effective. The key worker relationship underpins the effectiveness of Families First, and a strong, trusting and collaborative relationship is vital. Practitioners highlight that the different style of working compared with a more punitive social services approach – informal, collaborative, and building on families' strengths – is key to the impact of the programme on families.

Table 8.3 – What works best and why: the types of help provided

| What works best | Why |
|---|---|
| **Advocacy** – for example, helping families resolve problems relating to debts, housing, school bullying, benefits | Families lack knowledge of 'the system', the services available locally, and their entitlements. Many also lack confidence to deal with issues on their own. In many cases, key workers advocating on behalf of families was a 'quick win' for the key worker, and the resolution of this type of problem appeared to give the family the space/ capacity to start to tackle other issues they faced. |
| **Networks** and groups – for example parents groups; children's groups; siblings of disabled children | Helped individuals to feel less isolated, and allowed them to learn from others' experiences. In a few cases, parents reported that social networks developed as part of Families First courses had outlived the formal part of the process as parents themselves now organised groups, and a few felt that the support they derived from these informal networks was as good as, or better, than the formal support they had received. |
| **Role models** | Where young teenagers and adults were experiencing behavioural problems, the key worker could act as a positive adult role model outside the family who could engage them in activities. Some families felt they counter-balanced the negative effects of peer groups. |
| **Family activities** | Family play sessions and trips organised by key workers had the potential to bring families back together, where they had been 'pulling apart' under pressure. |
| **Emotional support** – parenting support classes; one-to-one coaching; mentoring; family counselling and play sessions to build family relationships | Emotional support was successful in helping families who had reached a point where they were unable to tackle problems on their own, and needed advice – or sometimes just reassurance that their own judgements were sound. This support often appeared to be most effective and sustained where key workers taught parents and children strategies to cope with issues: in several cases, families noted that they had continued to use these strategies since completing Families First. Families felt that the emotional support they had received had empowered them, built their resilience to deal with problems in the future, and several felt that it had helped to keep their family together. |
| **Practical help** – form-filling, | Parents noted that other services might identify a problem, and perhaps 'tell you what to do', but Families First is effective because it provides the practical |

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| managing health appointments, transportation | and emotional support to enable them actually to achieve it. In rural areas, transportation is a significant issue in terms of accessing services. |

Table 8.4 – What works best and why: ways of working with families

| What works best | Why |
|---|---|
| Eligibility not defined by geography | Other services, such as Flying Start and Communities First, are often restricted to particular postcode areas. The great advantage of Families First is that it allows support to be targeted at families in need of support, and allows workers to be flexible in the service offer. |
| Family plan / TAF meetings | Family plans help families to organise their thoughts, and prioritise areas to focus on. They provide a contract of what families, and agencies, have agreed to do. They enable integration of services across agencies. They provide a sense of progress for families that is motivating.<br><br>TAF meetings were helpful to both families and practitioners, although families sometimes found the prospect of meetings daunting. |
| Broader conception of practitioner roles | Practitioners say an advantage of Families First is that it gives them license to help families with wide-ranging issues, whereas previously they were challenged if offering support outside their specific area of work. |
| Strong key worker relationships | Practitioners highlighted the fact they are 'not social services' as being critical: a more informal way of working, emphasising positives rather than negatives, helps to gain families' trust.<br><br>The best key workers were praised for having a friendly, welcoming attitude. Families perceived that 'nothing was too much trouble' for them, and that workers were 'on their side' in dealing with issues. Key workers listened without judgement, and recognised the real problems families faced. Families felt that they collaborated with key workers, rather than being dictated to by them. The continuity in relationships was significant: other services were characterised by a high turnover of staff. On a more practical level, key workers need to be aware of the services available in the area.<br><br>Families unable to cope need to trust their key worker to resolve the problems they face. A strong relationship provides a route for families to access the services they need: once a key worker has gained a family's trust, other agencies are able to gain access to families where they might otherwise be unable to do so. |
| Sustainable strategies (routines, coping strategies) | Families felt 'empowered' by techniques and coping strategies they had learnt through Families First that they could apply on their own. A combination of practical and emotional support, and teaching long-term strategies, helped them to feel that they could cope on their own after Families First ended. |

| Evidenced-based approaches (CBT, motivational interviewing) | Several families cited examples of specific approaches within the counselling and parenting support they had received that worked particularly well. Using evidence-based approaches as part of the wider package of support appears to work well. |

## 8.4 Areas to improve in supporting families

The case study research highlighted some areas where families and/or workers felt that Families First could be improved.

Table 8.5 – Areas to improve in supporting families

| Areas to improve | Why |
|---|---|
| Time-limited interventions | Can lead to frustration when parents reach the end of the time period without feeling any further forward than when they started the intervention. It can also lead to disengagement (because parents know the service is coming to an end). Local authorities seem to vary in their approach: some work towards goals, regardless of the length of interventions, while others work to a schedule, regardless of outcomes. |
| Dependency on key workers | The relationship with key workers is all-important to the effectiveness of the programme, but there is an inherent risk that families become dependent on workers. Workers were described in a few cases as a 'surrogate mum' or 'surrogate uncle' and a few conveyed that they would feel unable to cope without their worker's ongoing support. |
| Variable quality of services | Families with mixed views about Families First typically reported positive experiences and relationships with some members of staff, but negative experiences with others. Families differentiated between the quality of service they received between different organisations they had accessed. |
| Assessment without alienation | Staff felt that the JAFF assessment form was sometimes a barrier to engaging with families, and was not always appropriate for families in severe crisis, or those requiring a relatively low-level intervention. Staff had different ways of dealing with this, such as working with families for a short period of time before completing the forms, or completing forms incrementally across several meetings. |
| Timely referrals | Practitioners in some LAs highlighted that some agencies were unaware of Families First and therefore did not refer suitable families at an early enough point. Similarly, a frequent complaint among families was that they had been 'fighting the system on their own' and/or had not received the help they needed for a protracted period before they found out about Families First. In some cases families felt that the programme had come along too late to be useful or to avert negative outcomes (such as children going into prison). |

| Engaging all relevant agencies | The outcomes that could be achieved by Families First were limited in some cases by the limited engagement of some agencies.  For the service to genuinely offer holistic support, all relevant agencies need to be engaged, both in information-sharing, attending TAF meetings, and providing support.  It was clear that Families First teams were already working towards achieving this, |
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# 9 Appendices

## 9.1 Summary of Families First Programme elements

| **Introduction to management and governance** |
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| The Families First programme is managed at two levels: i) national management and coordination across 22 local authorities; ii) local management within each area, including coordination of multiple agencies and projects.<br><br>The Families First guidance describes the programme as essentially 'an innovation programme' that requires local authorities to develop their own models of working to address the needs identified in their area. The management and governance of the programme therefore necessitates a balance between specified requirements that are core to all local authorities and 'principles' that promote variation in the way the programme is implemented locally.<br><br>**Local management and governance**<br><br>Whilst allowing for local variation, guidance for Families First asked all local authorities to consider the following when designing management and governance structures for the programme:<br><br><ul><li>to consider the merits of building on existing governance structures;</li><li>to ensure representation of multiple agencies, families and young people in delivery groups;</li><li>to regularly review plans to assess whether management structures are fit for purpose; and,</li><li>to consider the contribution and opportunities developed through expansion of Flying Start and continuation of Communities First programmes.</li></ul><br>Local authorities are also expected to consider developing multi-authority working through sub-regional delivery groups.<br><br>**National management and governance**<br><br>The national management of Families First sits within the Children, Young People and Families division in the Welsh Government. It is expected that national arrangements will consist of:<br><ul><li>good communication between the Welsh Government, local authorities and the third sector in order to achieve a coherent set of aims and objectives, and to promote multi-agency and multi-authority working;</li><li>an appropriate monitoring framework with which to assess progress against key objectives; and,</li><li>sound risk management in understanding the factors and influences (from both within and outside of Families First) that will shape whether the programme meets its intended objectives.</li></ul> |

## Introduction to JAFF and TAF

Families First aims to work with the whole family in order to support children, particularly those living in poverty. It also aims to offer early support in order to reduce the likelihood of families developing more complicated and costly needs. In addition, the programme recognises that supporting a family often involves many different teams and services. In order to ensure these services work well together, as part of Families First, teams are required to develop a **Joint Assessment Family Framework (JAFF)** and a **Team Around the Family (TAF) model.** These are described in more detail below.

### JAFF

JAFF is designed to encourage agencies to work together to assess whether a family needs support, and if so, the nature of the support required. They are designed to be used by lead professionals across a range of different services and aim to provide greater consistency in terms of referring families to agencies for support, plus ensuring that the most appropriate agencies are involved at the earliest opportunity.

The majority of local authorities previously had protocols for joint assessment, with many using the Common Assessment Framework (CAF) or variants of the CAF. As a result, Families First could involve developing new systems or further aligning existing systems to Families First principles. In particular, the new framework should demonstrate innovation; take account of the family and support engagement with the family; and ensure that information is accessible, meaningful and useful.

### TAF

The information gathered through a JAFF is used to assess whether a family requires additional support. If further multiple forms of support are required, a TAF is established. The team comprises a number of professionals from different agencies who meet regularly to discuss the family's needs (either face to face or virtually). There is typically a key worker who is the main point of contact for the family and is responsible for co-ordinating the inputs and support from other professionals. A TAF aims to pull together the right people, from the right agencies to ensure that a family receives the right advice, help and support in a timely manner.

Many authorities previously operated a Team Around the Child model so Families First aims to ensure that a broad range of support can be delivered in ways that suit family, and not solely the child's, circumstances and needs. Accordingly, the composition of the TAF model, possibly based around existing structures, should reflect the breadth of need and should include a range of appropriate partners[81].

### Roll out

Though all local authorities are required to establish JAFF and TAF models, Families First allows for innovation in the local design and delivery of these elements. As a result, local authorities are using a wide range of different models for JAFF and TAF and a key question for later stages of this evaluation will be the effectiveness of these models.

JAFF and TAF was initially developed in six 'Phase One' Pioneer authorities[82]. It was intended that these areas would provide learning on how to transform services so that families are supported through an integrated, whole family approach. In March 2011, a further eight 'Phase Two' Pioneer authorities were announced[83] and then in April 2012, the programme was rolled out to include all Local Authorities.

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[81] Families First Programme Guidance, July 2011, Welsh Government
[82] Phase One Pioneer areas were Wrexham, Denbighshire, Flintshire, Rhondda Cynon Taf, Blaenau Gwent and Merthyr Tydfil.
[83] Phase Two Pioneer areas were Pembrokeshire, Ceredigion, Carmarthenshire, Gwynedd, Conwy, Anglesey, Cardiff and Newport.

## Introduction to strategic commissioning

In addition to a new approach to assessing need (JAFF) and coordination of family intervention (TAF), Families First also asks local authorities to consider a new approach to the commissioning of family support services. Thus a large share of the resources available for Families First is used to fund 'strategically commissioned projects'.

Such projects are based on local need and are aimed at supporting a broader spectrum of local families than might be reached through JAFF and TAF processes and models. The process of strategic commissioning represents a new way of commissioning family support services. Although the specific nature of projects has not been specified by the Welsh Government, it is expected that commissioning under Families First should demonstrate 'strategic management' through:

- a coherent and structured set of projects, that in turn contribute to population outcomes;
- commissioning based on a local assessment of the needs of children and families;
- a focus on delivery through prevention and early intervention;
- consideration of joint commissioning – both across agencies and across multiple authorities,
- a smaller number of large-scale strategic projects rather than a large number of small-scale bespoke projects;
- a set of time-limited projects, with a clear exit strategy; and
- inclusion of the voice of children and families in the commissioning process.

## Introduction to the Families First disability element

Families First aims to improve the support available to families with disabled children and young people, and in particular families that are not eligible for statutory provision to support their needs. Each local authority's Families First funding includes a ring-fenced amount that should be spent on improving provision for families with disabled children and young carers.

The Families First guidance specifies that the needs of families with disabled children and young carers 'should be taken into account when designing or commissioning *all* services' under Families First, the additional funding is provided to 'ensure that the specific needs of these families are provided for'[84]. As with other elements of the programme, services should be designed in response to local need. The intention is that families with disabled children and young carers are able to access mainstream services alongside other families, as well as having the specialist support they need.

Areas that the guidance highlights as being appropriate for local authorities to focus on through the disability element of the programme are:

- improved co-ordination and integration of services;
- income maximisation and awareness of welfare rights;
- improved access to employment, education and training;
- supplementary provision of short breaks and respite;

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[84] Families First guidance: our emphasis.
http://wales.gov.uk/docs/dhss/publications/111219ffguideen.pdf

## Introduction to the Families First disability element

- training for specific child care provision;
- training and other support opportunities for parents; and
- increased access to play and leisure, including pre-school play provision.

## Introduction to Learning Sets

The Families First programme requires local authorities to demonstrate a commitment to shared learning at local, regional (multi-authority) and national levels.

The expected outcome of participating in learning sets is the ability to access, apply and contribute to shared learning. This involves sharing knowledge about practice, challenges, solutions and tools and using this to develop local delivery approaches. It is anticipated that the application of action learning will lead to improved outcomes in terms of the quality of services delivered through Families First. [85]

**Local and regional multi-authority learning**

The planned activities for the local and regional learning sets are outlined within each of the local Families First Action Plans, with information provided about the intended partners, focus of activities, objectives and funding arrangements.

A set of core principles were proposed for the rollout of learning sets as part of the main implementation phase of Families First[86]. These were subsequently included within the Families First programme guidance issued by the Welsh Government. They include:

- having a 'broad membership' of both managers and practitioners, with all members taking an active role to support a participatory approach to delivery;
- being focused on particular activities or work-plans;
- meeting regularly; and,
- promoting reflection and learning as well as challenge and support.[87]

In subsequent guidance issued in 2013, the requirement was reiterated for all local authorities to commit to participating in multi-authority learning sets, and to document their frequency, focus and outcomes. This guidance further differentiated the role of local learning sets from those at a national level, which focus on issues of national (policy) relevance. Performance with regard to multi-regional learning is being measured against metrics including expenditure of learning, percentage of strategic staff engaged in learning, progress against activities in action plans and the number of multi-authority learning partnerships. Outputs are being measured with reference to the proportion of strategic staff and practitioners reporting positively on the experience of participating in learning and with reference to views on whether learning has had an impact on and

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[85] The Families First guidance built upon the findings from the Pioneer phase of Families First, during which time 14 of the 22 Welsh local authorities received funding to trail-blaze the programme through two phases of delivery and four consortia. Based on a review of learning sets in the North-East Phase 1 Pioneer, an independent evaluation by GHK and Arad Consulting concluded that the arrangements for sharing learning across local authorities were beneficial at both formal and informal levels[85]. Even at this early stage, the evaluation identified benefits from cross-authority working, which were reported to include: "*…the formation of new links between colleagues in neighbouring authorities, enabling individuals to learn from the experiences of others and share effective practice*".

[86] GHK and Arad (2011) Families First Learning Sets: key lessons for planning and delivery

[87] Welsh Government (2011), Families First: Programme Guidance

**Introduction to Learning Sets**

improved the quality of services.

**National learning sets**

National Learning Sets provide a mechanism to bring together learning on issues that are common to all those involved in delivering Families First. Topics for the national learning set will be selected based on the findings of the report so it can be focused on disseminating evaluated evidence of practice. As part of the process of facilitating learning at a national level a **Managed Learning Environment (MLE)** was established as part of the national evaluation.

Progress is being measured with reference to WG expenditure on national learning set activity and the number of national learning sets delivered. The outputs of national learning will be measured with reference to the number of events, number of individuals attending events, those using the MLE and those reporting positively about learning. Learning set outcome measures relate to the proportion of participants reporting learning had a positive impact on service design and quality.

## 9.3   Theory of change model

The diagram below sets out an overall logic model for the Families First programme that provides a framework for understanding how the resources absorbed and activities funded through the programme lead on to expected outputs, outcomes and impacts. In summary:

- **Inputs:** Resourcing for Families First is provided to Families First partnerships in the form of a grant paid to local authorities on a quarterly basis. This grant can be used to fund local authority costs as well as to fund local discretionary projects and programmes, and a share of this resource has been ring-fenced for activity directed at supporting families coping with disabilities. However, a wide range of other resources may be leveraged to support the delivery of programme objectives. This would cover any in-kind resources contributed by local authorities to support the Families First team (such as senior management time or overheads), any resources contributed by other agencies engaged by Families First in the delivery of the programme, and any supplementary funding for discrete projects.

- **Activities:** Families First partnerships are given substantial flexibility in how they approach the delivery of the programme. However, local delivery of the programme is expected to incorporate a range of common features:

  - o   strategic planning, based on local audits of need and current provision;
  - o   JAFF development and implementation;
  - o   TAF development and implementation;
  - o   strategically commissioned projects;
  - o   disability element; and,
  - o   learning sets.

The common **outputs, outcomes and impacts** of Families First are set out in detail in the diagram overleaf but can be understood at three levels:

- **Process change:** The programme involves major change and development in the service support landscape, with associated outputs, outcomes and impacts at a system level. In particular, these process changes involve embedding new processes for both strategic planning as well as co-ordinating support for families. These processes are expected to deliver a range of process outcomes, ranging from reduced duplication of local services, accelerated and more comprehensive assessment of the strengths and needs of families, and improved quality of local service provision.

- **Service users:** It is expected that the changes in systems and local processes will contribute to delivering positive outcomes for those families benefitting from the programme including.

- **Population:** It is hoped that benefits experienced among users of the new system and services will translate into impacts at the population level, on four specific population outcomes identified for the programme.  In practice the ability of the programme to achieve change at the population level will be dependent on the scale and reach of Families First across the population and this is something that will need to be reflected upon in the course of the evaluation.

# Figure 1: Theory of Change model for the Families First programme
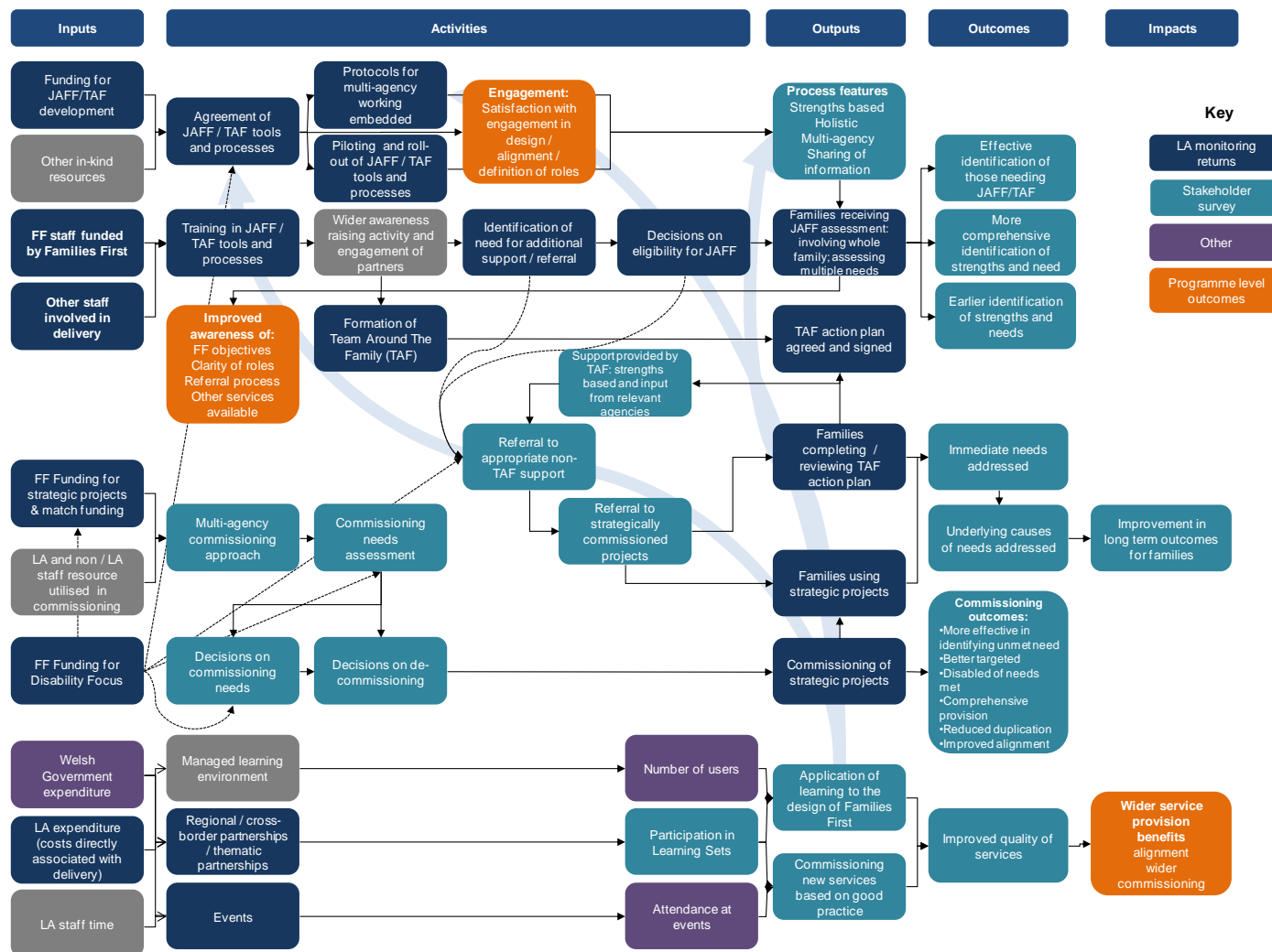
## 9.4   Sources of evidence

This section provides a summary of three of the sources of evidence used in year 2 of the evaluation of Families First: the Performance Change Performance Measures framework, the Stakeholder Survey, and the Case Studies.  A summary of the Family Outcomes Tool method is provided separately in section 8.4.

### 9.4.1  Process Change Performance Measure framework

The **Process Change Performance Measures framework** (PCPM) was discussed and agreed at a number of the Monitoring Framework Task & Finish Group meetings, involving the Welsh Government, a selection of local authority Families First leads, representatives from local health boards and the third sector, and the Evaluation Team.  The framework helps to demonstrate the extent to which processes and systems in the delivery of services for children, young people, and their families have changed and are changing due to the introduction of Families First.  The Framework comprises descriptive measures, such as the staffing levels for Families First teams locally, and evaluative measures, such as staff perceptions of the effectiveness of elements of the programme.  Data for the PCPM framework is provided through local authority quarterly progress reports and the stakeholder survey.

### 9.4.2  Stakeholder survey

Ipsos MORI carried out a **web based survey** with 648 employees for Welsh Local Authorities aged 18+ (main strategic staff, wider stakeholders, practitioners and managers of strategic projects). Interviews were conducted using an email link to an online survey.  The survey was disseminated among staff identified by all 22 local authorities in Wales. Results are based upon all completed interviews between the18th February 2014 and 21st March 2014. Data is weighted by local authority so that all areas are given equal weight. An asterisk indicates a score less than 0.5%, but greater than zero. Unless otherwise indicated, results are based on all respondents. Where results do not sum to 100, this may be due to computer rounding, weighting, multiple responses or the exclusion of "Don't know" and "Not stated" figures.

Please note that 'don't know' responses have been removed from the base to allow for a more robust comparison between questions and sub-groups.  Percentages are therefore based on all those giving a valid response only. However, the original proportion who initially gave a 'don't know' response is still recorded.

Due to the small base sizes and profile of responses among each of the 22 local authorities, it is not possible to compare responses to the survey between local areas; however, where appropriate, differences between larger sub-groups (such as staff group) have been identified.

A large sample of 648 surveys were completed, which represents a high proportion of those involved in FF across Wales; however there is no reliable data on a 'population' against which to weight the data.  Instead, the 22 local authorities have been weighted equally so that each local authority has an equal weight in the aggregate total. This approach means that smaller areas contribute to the total as much as the larger areas do. Taking this approach allows for generalisations to be made about the staff/stakeholders involved in delivering the FF programme, essentially treating respondents as coming from 22 sub-samples.

### 9.4.3  Case studies

Seven local authorities were selected to provide in-depth information about a range of models and practices being used in Families First.  The selection of local authority case study areas was taken in

partnership with Welsh Government and ensured a range of areas by geography, socio-demographic characteristics, and approaches to Families First.  Case study visits were conducted in three stages:

i) analysis of local secondary evidence to give a detailed picture of the local service context;

ii) in-depth interviews and discussion groups with professionals involved in managing and delivering Families First;

iii) (in four of the seven areas) depth interviews with families who have received Families First services locally.

A total of 23 family case study visits were made in February-April 2014.  Recruitment was undertaken by local practitioners in accordance with guidance provided by the evaluation team to ensure that families represented a broad spread of demographics, needs, strengths, levels of engagement and stage of intervention.  Follow up interviews with the same families will take place in November 2014 to review their experience and the longer term impact of engaging with Families First.

## 9.5   Introduction to the Family Outcomes Tool

The **Family Outcomes Tool** (FOT) was discussed and agreed at a number of the Monitoring Framework Task & Finish Group meetings, involving the Welsh Government, a selection of Local Authority Families First leads, representatives from local health boards and the third sector, and the Evaluation Team in Summer-Autumn 2013. The FOT aggregates data captured by local authorities to provide an overall assessment of what proportion of families experiencing Families First have seen improved outcomes. Local authorities use 'distance travelled tools' with the families they work with through the programme, to measure their progress against agreed objectives.  These data have been aggregated under a set of ten domains (such as 'training, skills, employment and income'), so that the evaluation can provide an overall assessment of the proportion of families benefitting from Families First.

### The process of a domains-based approach

The process of collecting the data used in the domains-based approach can be summarised as follows:

- *Step 1*: Local Authorities collect Distance Travelled Tool (DTT) data for each family entering a TAF.

- *Step 2:* This information is collated by LAs to identify a family's journey against locally identified measures (for example 'child mental health'), aggregating the journey of all children and parents together.

- *Step 3:* The measures collected through local distance travelled data are then grouped by LAs to map the family's journey against a number of pre-agreed 'domains' (for example 'emotional wellbeing'), This allows for data to be merged across LAs at stage 5.

- *Step 4:* This information is aggregated by LAs to map the journey of all families against each domain (for example how many families have made an improvement in 'emotional wellbeing').

- *Step 5:* The Evaluation Team aggregates data collected across all 22 LAs to create a programme wide map of families' journeys against each domain.

- *Step 6:* This data is then used to demonstrate how the Families First Programme has contributed to each of the four Programme Outcomes.

### The domains

Based on a review of current Distance Travelled Tools and feedback from local authorities a set of 10 domains have been agreed, each feeding into one of the four Families First programme outcomes. This allows for impact analysis at three levels: i) the domain level 'eg parenting skills'; ii) at the programme outcome level 'eg families are confident, nurturing and safe' and iii) the whole programme level ie 'any progress'.  The domains have been mapped to data collected through local authority distance travelled tools. This allows for aggregation across LAs.

A diagram of how the 10 domains map to the programme outcomes is provided below.
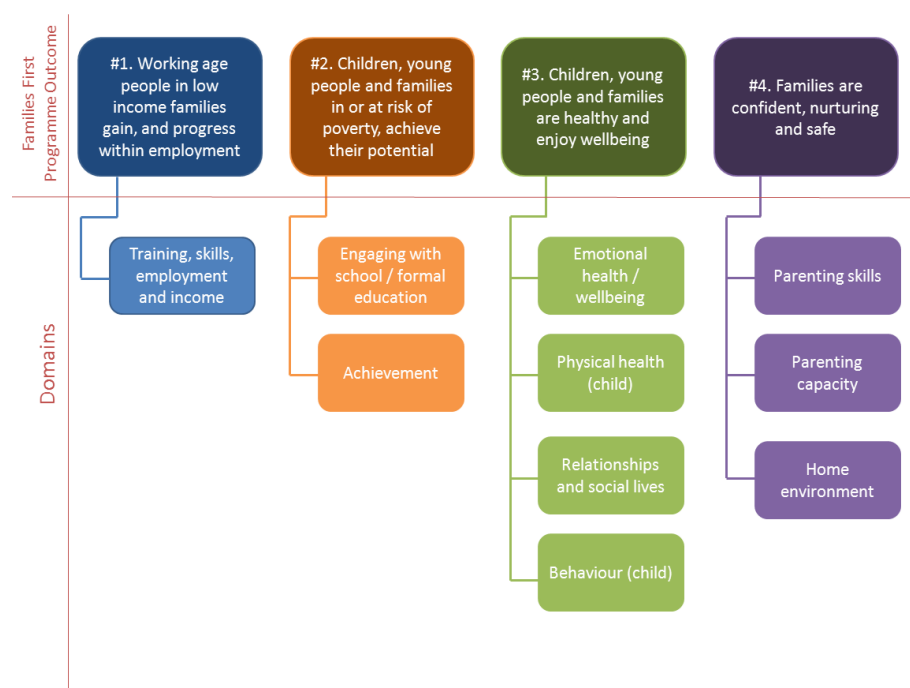


### Using the data

It should be noted that the data presented in the FOT only accounts for families who received a Team Around the Family intervention in 2013.  It does not include open cases, nor does it include families who are only accessing commissioned projects.  Data for this report includes submissions from 15 local authorities; 7 local authorities are still developing local systems to be able to collate distance travelled data centrally.  Despite these caveats, the FOT contains data for 648 families, and provides an invaluable insight into the presenting needs of families and the extent to which Families First has had a positive impact in addressing these.

A second set of FOT data will be submitted to the Welsh Government in February 2015.  This will include data for families completing a TAF intervention in 2014 across all 22 local authorities.