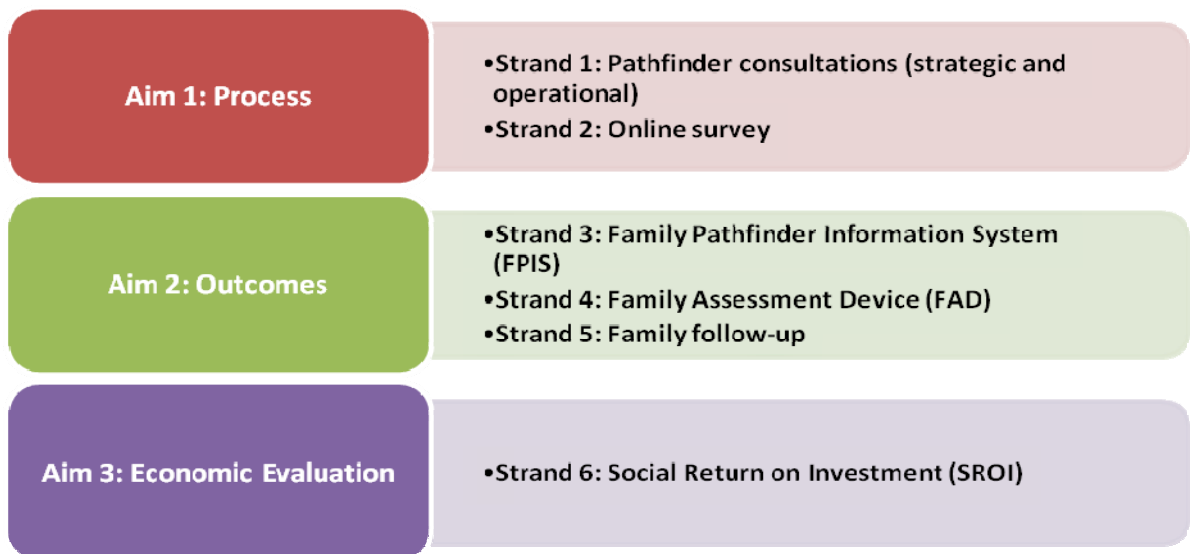## Annex A: Methodology

Overview

1. This Annex provides a detailed description of the method used for the Family Pathfinder Evaluation. The evaluation adopted a multi-method approach comprising six strands, linked to the three aims:

Aim 1: Process
- Strand 1: Pathfinder consultations (strategic and operational)
- Strand 2: Online survey

Aim 2: Outcomes
- Strand 3: Family Pathfinder Information System (FPIS)
- Strand 4: Family Assessment Device (FAD)
- Strand 5: Family follow-up

Aim 3: Economic Evaluation
- Strand 6: Social Return on Investment (SROI)

Strand 1: Pathfinder Consultations

2. The purpose of the Pathfinder consultations was to develop an in-depth understanding of the Pathfinders' aims, progress and effectiveness. Specifically, the consultations aimed to:

- understand the Pathfinders' aims and objectives;

- develop a clear understanding of the model of delivery and how the Pathfinders were trying to change working practice (particularly in relation to integrated working) and outcomes for families at risk;

- assess Pathfinders' progress against their aims and objectives;

- identify lessons learnt and effective practice which could be shared with other local authorities;

- identify challenges and how Pathfinders addressed these challenges;

- gain a clear understanding of impact at a strategic, operational and family level;

- assess how the work undertaken was being embedded/would be sustained post March 2011.

3. This strand comprised in-depth annual visits to all 33 Pathfinders (15 Family Pathfinders and 18[1] Young Carer Pathfinders), which included:

    - in-depth interviews with:

        – strategic leads (typically an Assistant Director or Head of Service);

        – project managers;

        – a member of the Family Delivery Team from the Department for Education (DfE) supporting each Pathfinder;

        – practitioners working in the Pathfinder teams;

        – managers from partner agencies and services;

        – practitioners from partner agencies and services;

    - meeting observations (e.g. Steering/Strategy Group meetings, Team Around the Family (TAF) meetings);

    - a desk review of local documentation and indicators.

Strand 2: Partner Online Survey

4. The purpose of the online survey was to capture Pathfinders' impact on influencing strategic change and managerial and operational practice in wider services and agencies (copies of the questionnaires can be found in **Annex E**).

5. The first survey was administered in 2009/10 and was sent to 249 managers and 666 practitioners across the Pathfinder areas. We received 310 completed questionnaires (100 from managers and 210 from practitioners), which equated to a response rate of 34% (40% for managers and 32% for practitioners).

6. The survey was administered again in 2010/11 to capture partners' views on Pathfinder impact in new and existing Pathfinder areas. Surveys were sent to 500 managers and 1,760 practitioners. We received responses from 116 managers and 228 practitioners, which equated to a response rate of 15% (23% for managers and 13% for practitioners).

7. Most respondents worked for children's social care; education; the voluntary sector; or a health-related service or agency. Most respondents had a children's services remit, reflecting the Pathfinders' strong links with this sector. We ensured that the survey findings were representative by proportionately reducing the number of responses from one area to ensure that these did not skew the overall findings.

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[1] One of the original six Young Carer Pathfinders ceased operating after a year.

Strand 3: Family Pathfinder Information System (FPIS)

Overview

8. The Family Pathfinder Information System (FPIS) was an online database designed to gather key information on families supported by the Pathfinders. FPIS was a bespoke tool used by practitioners to provide data on family demographics; characteristics (including risk and resilience factors); packages of support and related outcomes. Information on families was provided by practitioners whilst families were in receipt of Pathfinder support (see **Figure A.1** for an example of the FPIS home page). This enabled the research to provide evidence of the 'distance travelled' by families between entry to and exit from Pathfinder support.

9. The FPIS data analysis presented in this report is based on the 1,408 families recorded on the system (as at 28th February 2011) and the 711 families who were exited from Pathfinder support at that date.

Figure A.1: FPIS Home Page
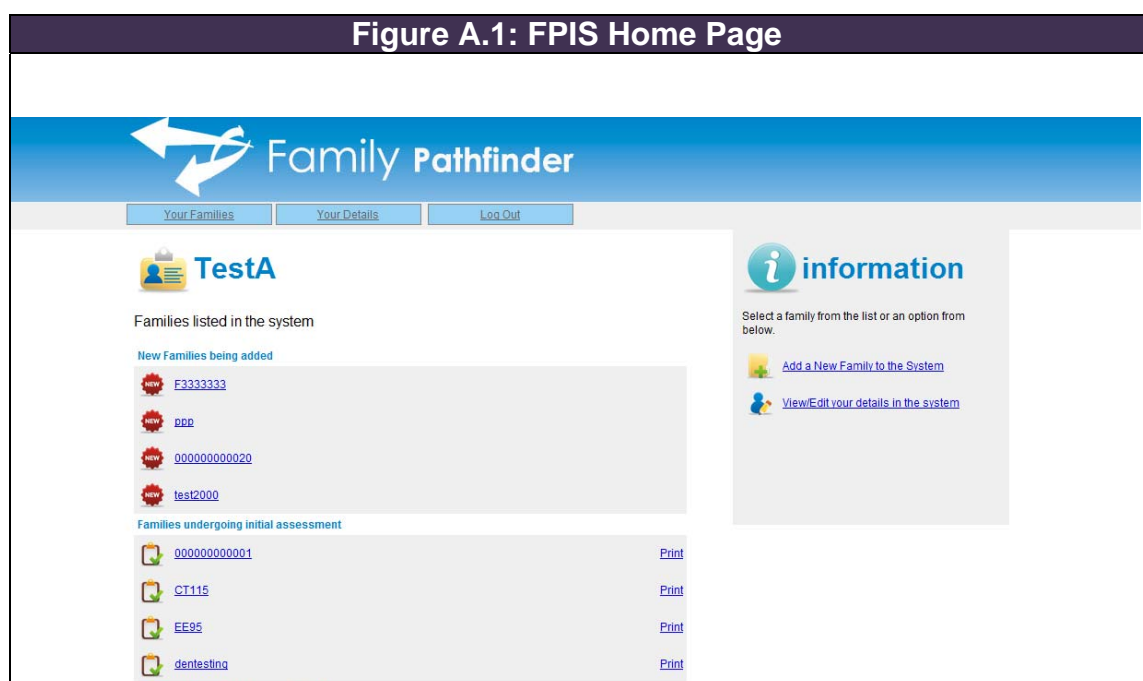
10. FPIS was used within the evaluation, alongside other tools, to:

*   explore how the different models adopted by different Pathfinder areas impacted on effectiveness;

*   analyse multi-agency and partnership working;

*   evaluate the involvement of both adult and children's services in family support;

*   ascertain the length of Family Pathfinder and Young Carer Pathfinder intervention and how this related to the model of implementation and the effectiveness of the intervention;

*   analyse the range of support offered and what kinds of support were seen as most effective.

FPIS Content

11. In negotiation with the DfE, the following themes were identified for inclusion within the database:

- the composition and profile of the families;

- the route to being identified for support;

- the range and nature of concerns experienced by the family on entry to support, as well as any resilience factors;

- the nature, intensity and effectiveness of the interventions delivered to the family;

- the range and nature of concerns experienced by the family on exit;

- the destination of the family on exit from support; and

- the lead professional and supporting agencies involved in support.

Data Entry

12. Wherever possible, family data was entered onto FPIS by, or using information provided by the family's key worker/lead professional. The strengths of taking this approach were that the family's key worker:

- was most likely to hold the relevant factual information on the family;

- would be best placed to make an assessment on the concerns/issues facing the family;

- would have an overview of the range and effectiveness of the interventions being delivered;

- had regular direct contact with the family and would have an established, trusting relationship.

Management and Support

13. Training was delivered to Pathfinder staff on both use of, and analysis of, the data generated by FPIS (Pathfinder managers had access to a data function which allowed them to generate statistics on the families supported). Staff were also provided with a FPIS handbook which outlined the main operational components of the database and also had access to email and telephone support from the Evaluation Team.

Closing the Database

14. 31st March 2011 marked the official end of the Family and Young Carer Pathfinder programmes and at this point Pathfinders were no longer expected to input data into the Family Pathfinder Information System. Data from the families who were exited from FPIS was downloaded on 28th February 2011. The analysis of this data formed the basis of the final Family Pathfinders' Evaluation Report.

Quality Assurance

15. Once Pathfinder staff had been trained on using FPIS, quality assurance and data checks were undertaken on a three monthly basis. However, it should be noted that the data provided was still reliant on staff providing accurate information and that some variation in information will inevitably exist both within and between Pathfinder areas.

Data Security

16. Data entered onto the database had several layers of protection to ensure that it was not compromised:

- the site could only be accessed with passwords exclusively assigned and designated to a specific and individual user. The password was provided to Pathfinder managers by York Consulting, so that passwords met the highest standards of password protection, and that only the correct recipient received the right password;

- entries and edits could only be made with a unique user name and password;

- the website was protected by an encryption protocol similar to the protection provided by web banking. This protected the integrity of the website and the data that was entered through it;

- once the data was submitted it was held on a server at a secure offsite location. The server had several layers of protection against intrusion;

- user name and password protection ensured that only authorised users could access the server and data. No unauthorised users, including York Consulting staff, could access the server where the data is held;

- state of the art firewall protection – the server was protected against intrusion through the internet by the best firewall on the market currently;

- state of the art anti-virus – the integrity and security of the data was protected from intrusion by the most recommended protection system on the market for Enterprises today: McAfee Enterprise Anti-Virus protection;

- the physical infrastructure was held in a permanently manned tier 3 data centre in Leeds. Access to the building was only via an airlock system where one door must be locked before the secondary door can be opened. The building was protected by several intruder alarms which alerts the onsite staff immediately as to any risk. The hardware environment was protected with a Nitrogen Purge system in case of fire and utilised enterprise level cooling, humidity and airflow systems. All servers were protected by Cisco firewall hardware as well as their own antivirus software and fault resilient storage was also used to protect data should any hardware failures occur.

Recognised Issues in Approach and Strategies to Address These Issues

17. Readers should be aware that there were a number of implications associated with the approach to data collection which could affect the potential robustness of findings. Our methodology has sought to minimise these issues, which were:

- **practitioner bias:** the people making the assessments were practitioners who may, to some extent, be predisposed towards positive assessments, having a vested interest in the results. To address this, the FPIS tool asked practitioners to provide quantifiable ratings for the risks identified (and progress made), as well as reasons and evidence for their assessments. In addition, data from the tool was not used in isolation; views on effectiveness were also collected from families (through Family Follow-Ups) and partner agencies within the local areas (through surveys and interviews). In addition, the FPIS data was triangulated with the McMaster's Family Assessment Device (FAD)[2] a validated assessment tool to measure family functioning. This was completed by family members on entry to, and exit from, support;

- **an incomplete picture**: on entry to support practitioners may not be fully aware of the families' needs. This was why we asked practitioners to only begin completing FPIS when they had finished undertaking their own formal assessments of the family. Nevertheless, a practitioner's assessment of family concerns on exit may be a result of working with and getting to know families better, rather than any change in their situation;

- **practitioners providing a different assessment of the same issue**: we sought to minimise the level of subjectivity by providing clear objective parameters to determine what was meant by 'high', 'medium' and 'low' level concerns. Where possible, these parameters provided quantitative measures.

18. The FPIS data provided detailed information on a large number of families supported by the Pathfinders and allowed us to undertake an in-depth and intelligent analysis of the impact of the programme. Therefore, whilst acknowledging the limitations of the approach, the depth of information and understanding drawn from FPIS should not be underestimated.

Strand 4: Family Assessment Device (FAD)

19. The purpose of the Family Assessment Device (FAD) was to corroborate practitioners' views of the impact of support (provided via FPIS) with the views of the families themselves. The FAD provided validated data on changes in family functioning which was completed by family members.

20. The purpose was to test whether the levels of progress reported by the practitioners cohered with the levels of progress recorded by the families. The analysis indicated that 64% of individuals who completed the FAD improved their general functioning following support. This was comparable to the practitioners' assessments which showed that 55% of the families where FADs were completed experienced an improvement in their overall level of need (see Section 2.6 of the main report for an explanation of level of need). As such, the risk of practitioner bias (caused by the fact that

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[2] Epstein, N. B., Baldwin, L. M. and Bishop, D. S. (1983), THE McMASTER FAMILY ASSESSMENT DEVICE. Journal of Marital and Family Therapy, 9: 171–180. doi: 10.1111/j.1752-0606.1983.tb01497.

the outcomes data was completed by practitioners who may be predisposed towards positive assessments,) did not appear to present, as the findings from the FAD analysis were more favourable than the findings from the FPIS analysis. This therefore consolidates our view that the findings reported here are an accurate reflection of family impact. **Annex C** provides details of the FAD analysis.

21.   The FAD was developed at McMaster's University to assess family functioning. The FAD is completed before and after an intervention to measure changes in family functioning over time. The full version of the device measures six specific areas of family functioning (for example communication and involvement). The evaluation used a 12-point scale designed to measure general family functioning, in addition to the subscale used in the full version to assess family roles (which was felt to be particularly useful in relation to young carers)[3]. Parents/carers and children (aged seven and above) were asked to indicate the extent to which they agreed or disagreed with each statement in the scale related to their own family. Scores ranged from 0 to 3, with higher scores indicating more problems in family functioning. A cut-off point of 2 was used to distinguish healthy from unhealthy family functioning.

22.   Pathfinders were asked to administer the FAD when they began working with families (alongside any assessment) and again when they exited families from Pathfinder support. Where possible, the evaluation also collected longer-term FAD data for the families involved in family follow-up interviews six months after exiting Pathfinder support. Pathfinders received training on using the FAD. A total of 214 completed entry and exit FADs were received.

Strand 5: Family Follow-Up

23.   The purpose of the Family Follow-Up strand was to gain an in-depth understanding of the initiatives' impact on families, how this was sustained over time and what elements of the Pathfinder approach and support package were particularly effective in determining positive (and negative) outcomes.

24.   The Family Follow-Up strand consisted of in-depth interviews (typically lasting an hour to an hour and a half) with 64 families across 13 Pathfinder areas and their key workers. Pathfinders were asked to identify families exiting from support within a given time period as potential families for interview. A sample of families for interview was generated through agreement with each of the Pathfinder areas and families. The criteria for selection included the following:

- families who engaged with the support;

- families who received support for a period of three months or more;

- families who were exited from Pathfinder support following a period of intervention (some families were not exited at the time of the first interview but were still included in the sample as they were about to be exited from support);

- families with a range of needs and outcomes.

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[3] Ridenour et al (1999) recommend using this scale as a summary score of family functioning. See: Ridenour, T.A., Daley, J.G. and Reich, W. (1999) 'Factor analyses of the Family Assessment Device', *Family Process*, Vol.38, pp. 497–510.

25. All family members spoken to (adults and children) provided their signed consent to be interviewed. We spoke to both adults and children (aged over seven) usually individually but sometimes together (e.g. some children preferred to speak to researchers together) at two points in time:

- just as the families were exiting from Pathfinder support;

- six months after exiting Pathfinder support, to assess whether changes/improvements had been sustained.

26. A total of 64 families were interviewed as they exited support and 46 of these families were interviewed again six months later (see **Table A.1** for a breakdown across the Family and Young Carer Pathfinders). The topic guides for these interviews can be found in **Annex E**.

27. The lead professional/key worker supporting the family was also interviewed to gain an understanding of the family context and support provided. We also reviewed any written documentation that the Pathfinders held such as family support plans, case notes and any other relevant information. The reasons families were not interviewed in Round 2 of the Family Follow-Ups were: families had moved away and were not contactable; children had been taken into care; and/or families did not respond to requests to speak with them again.

Table A.1: Number of Families Interviewed Across the Family and Young Carer Pathfinders		
Pathfinders	Number of Families at Initial Interview	Number of Families at Second Interview
Family Pathfinder interviews	36	29
Young Carer Pathfinder interviews	28	17
Total interviews	**64**	**46**

Strand 6: Social Return on Investment (SROI)

28. The purpose of the Social Return on Investment (SROI) strand was to provide an economic assessment of the activity of the Family Pathfinders. The SROI investigation comprised of four methodological stages:

- a Theory of Change mapping;

- measurement of costs involved in the Pathfinder;

- estimation and valuation of benefits;

- synthesis of findings with estimation of economic ratios.

29. The Theory of Change process identified all the costs and potential benefits associated with each Pathfinder. Identified costs of each Pathfinder were measured by collecting information from the Pathfinder on expenditure and resource use. The Pathfinder benefits that could be monetised were the

changes in 12 specific family outcomes that were collected via the FPIS database. These 12 outcomes were chosen as there were robust estimates from the published literature on the cost of families experiencing these outcomes to the public purse.

30. A total of 11 of the 33 Pathfinders (seven Family Pathfinders and four Young Carer Pathfinders) were included in the SROI analysis.

Annex B: Family Characteristics

1.   This section presents an analysis of the characteristics of the 711 families who were exited from FPIS as of the 28th February 2011. It also provides an overview of the key characteristics of the 1408 families who were recorded on FPIS on that date. This demonstrates that the 711 exited families had similar characteristics to the 1408 families recorded on FPIS.

Family Structure

2.   The family members recorded on FPIS were defined as: *"everyone you are aware of who is living in the household, whether they are family member or not".* It could also include wider family members who were involved in the network of support, e.g. grandparents, aunts and uncles etc.

3.   Family structure was considered in terms of:

- family size;
- family members;
- family member characteristics.

Family Size

4.   Practitioners were asked to record the number of members in the family. Across all families, the **mean family size was 4.1**, with the most common size recorded at three members.

5.   Families ranged in size from two to 13 family members, with 90% of families recorded on FPIS having between two and seven family members. **Figure B.1: Family Size** shows family size by frequency for the Family Pathfinders and the Young Carer Pathfinders.

Figure B1: Family Size
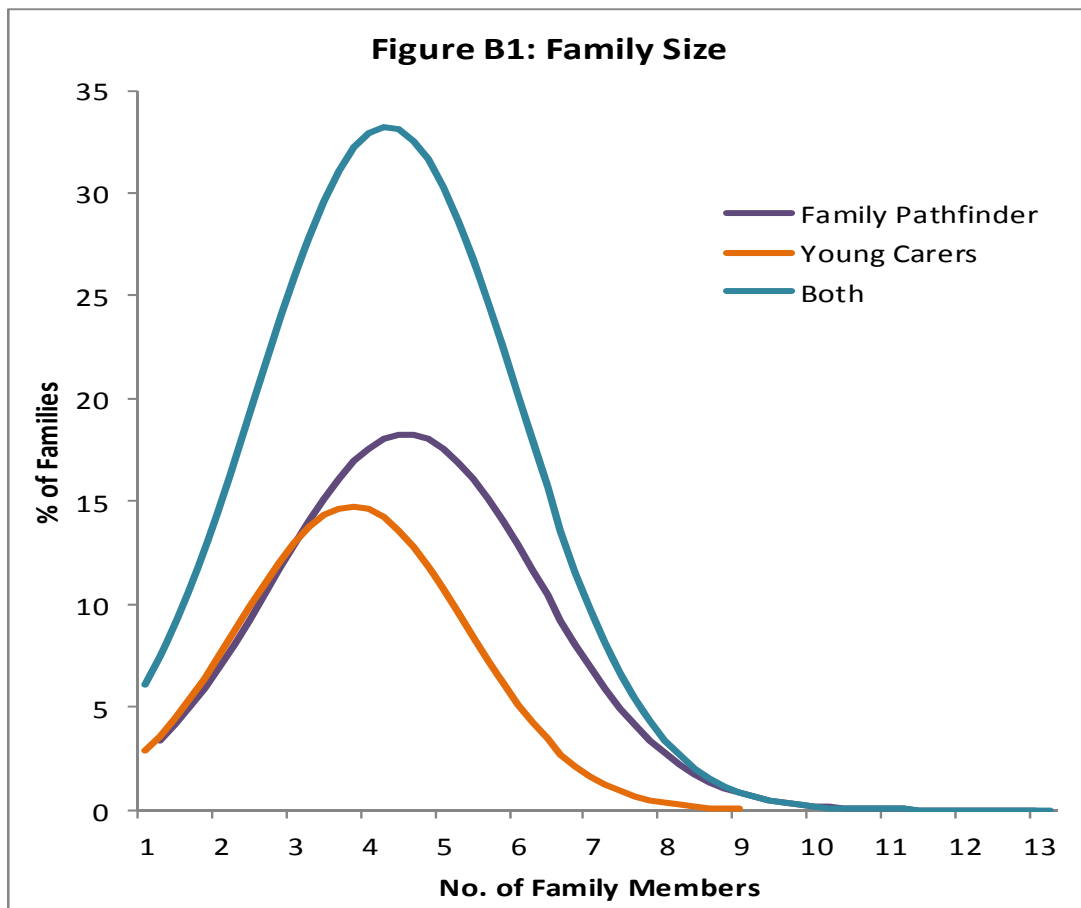
N =711 families

6. There was a difference in family size between the Family Pathfinders and the Young Carer Pathfinders: the mean family size in the Family Pathfinder families was **4.5** (a 'within area' mean ranging from 3.9 to 5.2), whilst in the Young Carer Pathfinder families the mean family size was **3.8** (a 'within area' mean ranging from 2.6 to 5.2).

Family Members

7. The 'role' of family members in receipt of support is set out in **Table B.1a**. It shows the percentage of each role relative to the overall sample. It also shows the percentage of families in which that family member role was involved in support, i.e. mothers made up 23% of all 2917 family members, and were involved in 95% of the families supported. Fathers made up 11% of the overall sample and were involved in 42% of the families supported.

Table B.1a: Family Members Involved in Support		
Family Member	**% of All Individuals in the Sample**	**% of Role in all Families**
Children	61%	100%
Mothers/ stepmothers	23%	95%
Fathers/stepfathers	11%	42%
Grandparents	2%	9%
Others	3%	11%

8. **Table B.1b** shows the different types of family unit and the proportion of all families supported. This shows that over half of all families only had one parent involved in support, whilst 44.5% had two parents involved in support. The latter may have included a family member that did not reside in the family home.

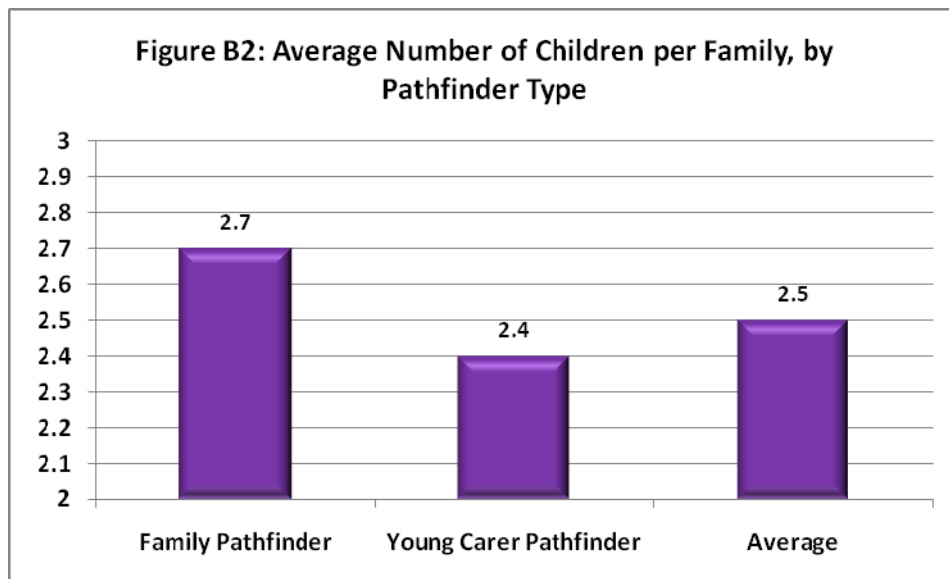| Table B.1b: Family Members Involved in Support	
Two parents involved in support	**44.5%**
Mothers and fathers	38% (267)
Mother and stepfather	5% (36)
Fathers and stepmothers	0.5% (2)
One parent involved in support	**56%**
Mothers only	52% (367)
Fathers only	4% (25)
No parents involved in support	**1.5%**
Grandparents only	1.5% (11)
Other family member only	0% (1)
Other family make up	0.5% (2)

Lone Parent Status

9. A total of 63% of all families were classified as lone parent families, compared to a UK average of 25%[4]. The families in this sample were therefore **2.5 times more likely to be lone parents compared to the national average**. There was no significant difference in lone parent status between the Family Pathfinder and the Young Carer Pathfinder areas.

10. A key hypothesis relating to young carers is that the caring role is more likely to be inappropriate where they live in a lone parent household. The assumption is that, in the absence of two parents, the burden of responsibility falls more heavily on the children, in particular older siblings. The fact that the Pathfinder families have such a high proportion of lone parent families compared to the national average does suggest that young carers with complex needs are more likely to come from lone parent families.

Children per Family

11. There was an average of 2.5 children per family in the Young Carer Pathfinders and 2.7 children per family in the Family Pathfinders (see **Figure B2**). This compares to an average of 2.28 children per household in the lowest income decile group, compared to 1.46 in the highest decile group[5].

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[4] Labour Market Review (2006), Office for National Statistics

[5] Source: ONS http://www.statistics.gov.uk/cci/nugget.asp?id=2198

Figure B2: Average Number of Children per Family, by Pathfinder Type

N =711 families

Involvement of Grandparents and 'Other' Family Members

12. In 14% of all families supported, family members such as grandparents, aunts, and uncles were included in support. Grandparents were more likely to be included in families within the Family Pathfinders (making up 3% of all family members), than the Young Carer Pathfinders (making up 1% of all family members). **For the Young Carer Pathfinders in particular, this reinforces the view that the absence of extended family members could be related to the existence of inappropriate levels of caring**.

Level of Support Required

13. The Pathfinders aimed to support families with multiple and complex needs. On entry to support, **66% of families** were assessed as in need of either **acute services/statutory or specialist services**. A further 27% were assessed as requiring targeted services. A total of 7% of families were assessed as in need of universal services.

14. The levels of need, and therefore the complexity of the family issues experienced, were more significant in the Family Pathfinder families than the Young Carer Pathfinder families. In the Family Pathfinders, **one in three families entered support at statutory level, compared to one in eight in the Young Carer Pathfinders**. However, across both types of Pathfinder, two in three families entered support at either specialist or statutory level (see **Figure B3**). Whilst the overall level of need within young carer families was lower, **the majority of families supported by both types of Pathfinder had multiple and complex needs**.

Figure B3: Level of Need on Entry to Support
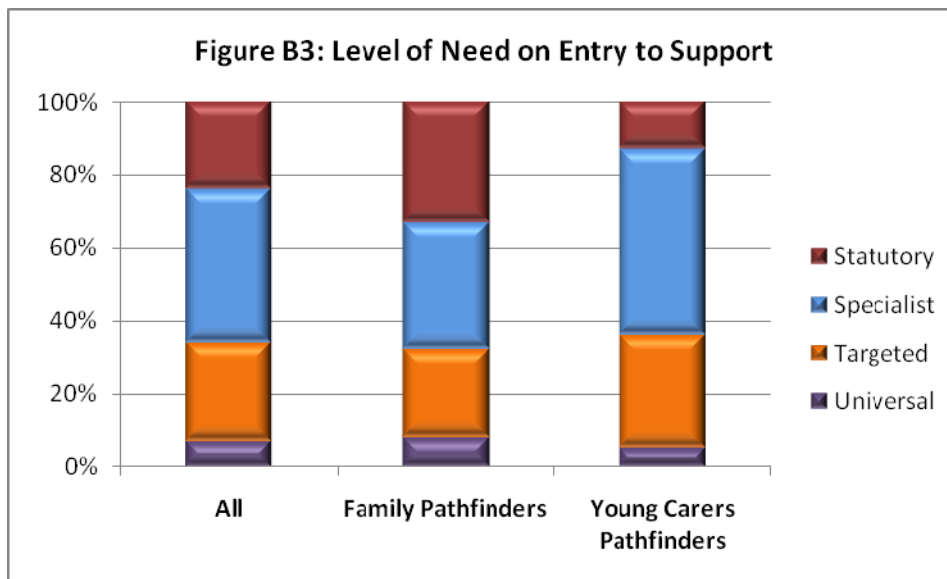
N =711 families

15. Given that the focus of the Pathfinders was to support families with multiple and complex needs, it was perhaps surprising that one in three families (35%) were assessed as either in need of targeted or universal services, particularly within the Family Pathfinder families. The reason for this was that some Pathfinders also provided 'early intervention' support for families whose needs were likely to escalate. The box below provides an overview of where these families were supported.

> All but two Pathfinder areas supported families in need of targeted or universal support. However, some Pathfinders placed a greater emphasis on supporting families with lower level needs than others.
>
> **Family Pathfinders:** more than four fifths (57/67) of the families supported in **Pathfinder 1** were assessed as either in need of targeted or universal services on entry to support. Similarly, in **Pathfinder 2** three quarters (13/17) of families were assessed at this level. Collectively, these account for more than half of all families (53%) assessed at this level. Excluding these areas, around one in five families supported were assessed as requiring targeted support on entry. Only two Family Pathfinder areas supported families assessed as requiring universal support.
>
> **Young Carer Pathfinders:** support for families requiring targeted or universal support was more evenly spread across the Young Carer Pathfinders. Only three Pathfinders placed a greater emphasis on supporting families with higher level needs (fewer than one in five families were at targeted/universal level in these areas), whilst seven areas supported families with universal levels of need. This reflects the greater strategic emphasis of the Young Carer Pathfinders on supporting families with needs which could be supported at the targeted level.

Family Member Characteristics

16. Key characteristics of the families were considered in terms of:

- age;

- gender;
- ethnicity;
- disability;
- adults looked after status;
- children at risk of statutory intervention;
- young carer status;
- special educational needs (SEN).

Age

17. **Figure B4** shows the family members within each age range. **Two thirds of mothers (64%) supported by the Pathfinders were aged between 18 to 40** and 42% were aged 31 to 40 years of age, making this the most common category amongst this cohort. **Overall, mothers were slightly younger than fathers**. A total of **46% of fathers were aged between 18 and 40. A total of 93% of children were aged 17 or under and 7% were aged 18 to 25**. The most common age bracket for children was 10 to 13 years.
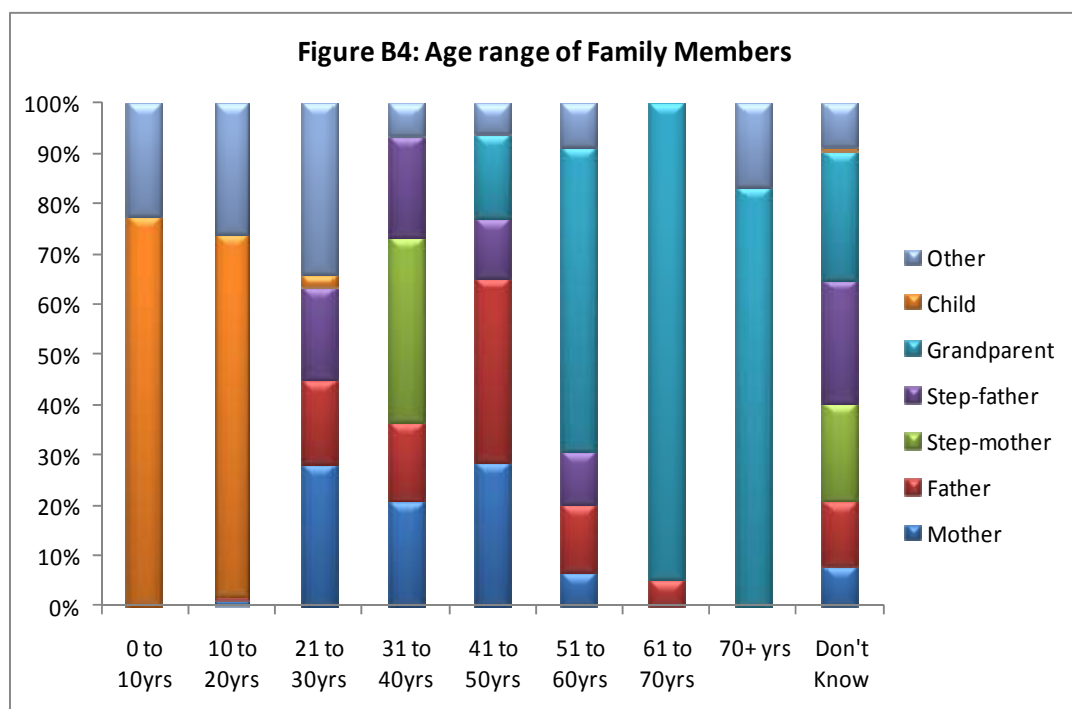
N=2917

Gender

18. A total of 47% of family members supported by the Pathfinders were male, compared to 53% who were female. There were differences between the gender split of adults and children: in the 0-17 age range 47% of family members were male, compared to 53% of females; whereas in the 18-50 age category 39% of family members were male, compared to 61% were female.

This reflects the propensity of mothers to be supported over fathers (see **Table B.1a**).

Ethnicity

19. The majority of family members (77%) were classified as White British. The next most common ethnic group was African (3.2%). The ethnicity of individuals supported within the Pathfinder families and the overall minority ethnic population of England is presented in **Table B2**.

Table B2: Ethnicity of Family Members and Population of England		
Ethnicity	**Completed Family Members % (n=2917)**	**England %**
White British	76.7	83.6
African	3.2	1.4
Caribbean	1.9	1.2
Bangladeshi	1.9	0.7
Any other White background	1.5	3.5
Any other Black background	1.5	0.2
Any other mixed background	1.4	0.4
Any other Asian background	1.3	0.7
White & Black Caribbean	1.2	0.6
Pakistani	1.2	1.8
White and Asian	1.2	0.5
Indian	0.8	2.6
White & Black	0.7	0.2
White Irish	0.5	1.1
Gypsy/Roma	0.4	-
Chinese	0.1	3
Traveller of Irish Heritage	0.1	-
Any other ethnic group	4.2	

20. In five areas, between 40% and 82% of the families came from backgrounds other than White British. In these areas, the proportion of the non-White British population and the three most common ethnic groups supported in each area were as follows:

- **Pathfinder 13 (82%)**: any other Black background – 29%, Indian – 18%, Black and White – 14%;

- **Pathfinder 23 (69%):** any other Black background - 17%, any other Asian background – 8%, any other mixed background – 8%;

- **Pathfinder 15 (64%)**: African – 18%; Black and White – 18%, Asian and White – 14%;

- **Pathfinder 16 (59%)**: African – 12%, Pakistani – 10%, Caribbean/White and Black Caribbean – 10%;

- **Pathfinder 14 (48%):** African – 17%; Black and White Caribbean – 6%, any other Black background – 6%;

- **Pathfinder 17 (40%)**: Caribbean – 10%, any other Black background – 8%, African – 7%.

Disability

21. The disability status of 90% of all individuals supported was known by practitioners. A total of 16% (414) of individuals were reported as having a disability across 43% of families (306). In the Young Carer Pathfinders, 25% of individuals were reported to have a disability; in the Family Pathfinders, the corresponding figure was 9%. Of those recorded as disabled, the proportions by family role and age were (see **Table B3**):

Table B3: Disability Status	
	% of Registered Disabled
Family Role	
Mother	51
Father	10
Children	33
Other	6
Age Range	
18 or over	63
17 or under	31
Unknown	7

22. Looking at it a different way, 31% of mothers, 15% of fathers, 7% of children, 20% of grandparents and 9% of other family members had a recorded disability. The disabilities affecting the individuals were as follows (see **Figure B5**):

Figure B5: Type of Disability

- Mental health condition — 28%
- Chronic health conditions / syndrome — 26%
- Learning/behavioural conditions — 20%
- Physical disability — 13%
- Alcohol/drug misuse — 5%
- Sensory impairment — 4%
- Undiagnosed condition — 1%
- Other — 1%
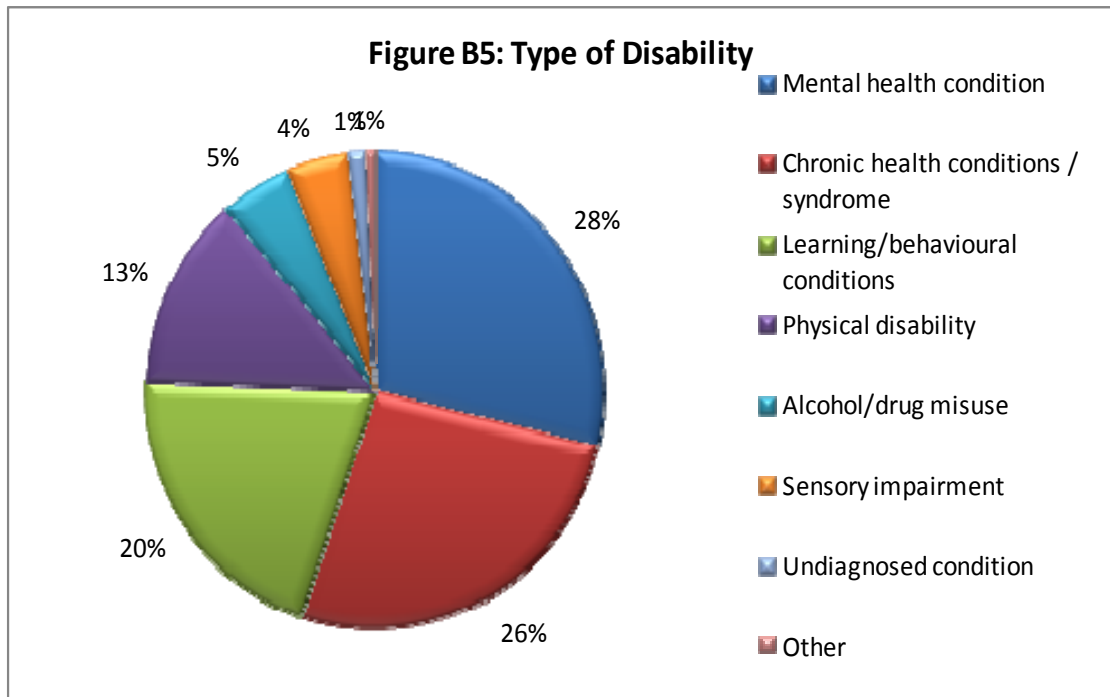
23. The most common type of disability identified was in relation to **mental health issues** affecting more than a quarter of those identified with a

disability (92 out of 324 identified disabilities). These were significant mental health conditions including:

- depression and panic attacks;

- eating disorders;

- social phobia/agoraphobia;

- post-traumatic stress disorder;

- paranoid personality disorder;

- bi-polar;

- schizophrenia.

24. Just over a quarter of those identified with a disability had a chronic health condition/syndrome including:

- diabetes, epilepsy, asthma;

- rheumatoid arthritis;

- respiratory/heart disease;

- syndromes (including dandy walker, down's, foetal alcohol spectrum, Huntington's, kabuki, Smith-Magenis, marfhan's, angelman's);

- cerebral palsy, multiple sclerosis, cystic fibrosis, spina bifida, neurofibromatosis.

25. Learning/behavioural disabilities affected around one in six of those identified with a disability. These included:

- ADHD;

- autism;

- global development delay;

- Tourette's;

- dyspraxia/dyslexia.

26. One in eight (42) had a physical/mobility disability. Issues included:

- chronic back/joint pain;

- reduced physical mobility due to strokes, amputations or accidents.

27. One in 20 (16) had a disability related to alcohol or drug misuse. One in 20 (14) had a sensory impairment.

Adults Looked After Status

28. Practitioners were asked to record the looked after status of parents (ie if they had been looked after as a child) within the family because of the link between parental looked after status and outcomes for children.

29.	In 40% of the families supported it was reported that the looked after status of the parents was unknown. This was more likely to be the case within young carer families (61% of families) than within families supported by the Family Pathfinders (25%).

30.	Where looked after status was known, 16% of Young Carer families and 19% of the Family Pathfinder families came from families where one or more parents had been looked after as a child.

Children at Risk of Statutory Intervention

31. On entry to support, 25% of children and young people were identified as having a concern relating to child protection. The children in Family Pathfinder families were more likely to have a child protection concern identified, representing nearly a third (30%) of all children and young people from these families, compared to 17% of children and young people within young carer families.

32. The categories of child protection that could be recorded were as follows:

   - assessed as a Child in Need (as defined by Section 17 of the Children Act 1989);

   - subject to a Section 47 Enquiry/assessed as a child at risk of harm;

   - subject to a Child Protection Plan.

33. Of those where there was a concern and the status was known, 35% were registered as a Child in Need, 14% were subject to a Section 47 Enquiry, and 52% were subject to a Child Protection Plan (see **Table B4**).

Table B4: Child Protection Status of Children		
		Proportion of All Children
	N=417	**N=1688**
Assessed as a Child in Need (as defined by Section 17 of the Children Act 1989)	35%	9%
Subject to a Section 47 Enquiry/ Assessed as a child at risk of harm	14%	3%
Subject to a Child Protection Plan	52%	13%
	100%	25%

34. **The highest category of level of need is when a child is subject to a child protection plan. In total, 13% of all children and young people were on a child protection plan**.

35. Overall, two thirds of the (264) children and young people who had a child protection concern recorded were from nearly a quarter (six) of the 26 Pathfinder areas.

   - Family Pathfinder 18 – three quarters of the children and young people supported in this area;

   - Family Pathfinder 19 – two thirds of the children and young people supported;

   - Family Pathfinder 13 – half of the children and young people supported;

   - Pathfinders 4 and 17 (Young Carer Pathfinders) and Pathfinder 5 (Family Pathfinder) – one in three children and young people supported in these areas.

Young Carer Status

36. **A total of 42% of children and young people aged under 18 were either young carers or potential young carers.** There was a significant difference between the two different Pathfinder types, with 75% of under 18s in the Young Carer Pathfinders identified as either carers or potential young carers, compared to 20% in the Family Pathfinders.

37. A total of 26% of young people aged under 18 were identified as young carers (52% in the Young Carer Pathfinders, compared to 9% in the Family Pathfinders) with a further 16% identified as potential young carers (23% in the Young Carer Pathfinder compared to 11% in the Family Pathfinders) (see **Table B5.1**). In the 18 to 20 year old category, only 1% of young adults were identified as young carers.

38. Young carers were most likely to be aged 10 to 17 years of age. In this age bracket, 42% of young people were identified as being a young carer (see **Table B5.2**). Potential young carers were most likely to aged between six and nine years old; with 26% of children identified as a potential young carer in this age category.

Table B5.1: Young Carer and Potential Young Carer Status of Under 18s			
	Yes	Potential	Total
Family Pathfinder (n=985)	9%	11%	20%
Young Carer Pathfinders (n=683)	52%	23%	75%
Total (n=1668)	26%	16%	42%

Table B5.2: Young Carer and Potential Young Carer Status of Under 18s						
	Young Carer		Potential Young Carer		Total	
	No.	% of age group	No.	% of age group	No.	% of age group
Unborn to 2yrs	3	2%	7	4%	10	5%
3 to 5yrs	5	2%	43	19%	48	21%
6 to 9yrs	57	16%	91	26%	148	42%
10 to 13yrs	216	42%	71	14%	287	56%
14 to 17yrs	161	41%	51	13%	212	54%
Total	442	26%	263	16%	705	42%

39. It might be expected that all of the children and young people within the young carer families would be classified as either a young carer or potential young carer. However, in some families not all children would be classified as a young carer or a potential young carer either due to their own personal circumstances or because of the role played by older/other siblings. The majority of children and young people from the Young Carer Pathfinders who were not identified as either a young carer or a potential young carer were from the younger age categories.

Special Educational Needs (SEN)

40. A total of 5% of children and young people were recorded as having a statement of SEN. This compares to a national average of 2.7%. This means that the **Pathfinder children and young people were almost twice as likely to have a statement of SEN, compared to the national average.**

Profile of Sample Compared to Overall Cohort

41. The Family Pathfinder Information System (FPIS) provided data on **1408 families** from 32[6] Pathfinder areas operating in 26 different LAs (six LAs had both a Family and a Young Carer Pathfinder) and comprised:

    - 14 Family Pathfinders – 772 families (55% of families); and

    - 18 Young Carer Pathfinders - 636 families (45% of families).

42. In most areas, the data collected was a census of all the families supported in these areas. In one area, there was an agreement that only a sample of families would be recorded on the system. One area chose not to use FPIS after funding was de-ringfenced.

43. The Family Pathfinders and original six Young Carer Pathfinders commenced data collection in August 2009. The remaining Young Carer Pathfinders commenced data collection in November 2010. For all Pathfinders, the data was extracted from the FPIS system on 28th February 2011, one month before delivery came to an end. The data collection period for Family Pathfinders and the original Young Carer Pathfinders was therefore 31 months and for the new Young Carer Pathfinders it was 15 months.

Overview of the Sample

44. The data analysed in this report represents the 711 families exited from support (as recorded on FPIS) by the 28th of February 2011. The data represents:

    - **12 Family Pathfinders** - **403 families** (57% of exited families) **and 1771 individuals** (60% of exited individuals) which is an average of 34 families/148 individuals per area (ranging from eight to 78 families);

    - **14 Young Carer Pathfinders** - **308 families** (43% of exited families) **and 1200 individuals** (40% of exited individuals) which is an average of 22 families/86 individuals per area (ranging from five to 81 families).

45. The sample does not include data from six of the Pathfinders that used FPIS. This is because in these areas, no families were recorded as having 'exited' from support. These were:
    - two Family Pathfinders (Pathfinder 7 and Pathfinder 8); and
    - four Young Carer Pathfinder sites (Pathfinder 9, Pathfinder 10, Pathfinder 11 and Pathfinder 12).

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[6] In total there were 33 funded Pathfinder sites. The data does not include evidence from one Pathfinder area as they were already recording family data on an internal system when FPIS was set up, and they did not wish to place an additional burden on practitioners supporting families.

Comparison of Characteristics

46. Key family/individual characteristics of the exited 711 families were compared to the full cohort of 1408 families recorded on FPIS[7]. Characteristics compared were:

- **Family** - level of need, family size, ethnicity, key referral criteria;

- **Individual** – role, age, employment status, child protections status.

47. Analysis of the characteristics of families and individuals in the exited sample and the full cohort were closely matched. This suggests that the findings from the exited sample should be an accurate reflection of all families supported by the Pathfinder areas.

Family Level Characteristics

Level of Need

48. Level of need data was recorded for 1243 of the 1408 families on FPIS. **Table B6** shows that the level of need recorded by practitioners broadly reflected the full cohort. The key difference was that the exited sample included a slightly greater proportion of families at the specialist level of need (5% more) and a slightly smaller number of families at the targeted level of need (5% fewer), when compared to the overall cohort. This suggests that taken as a whole, the exited families have slightly more complex needs than the full cohort.

Table B6: Family Level of Need on Entry: Samples Compared to Full Cohort		
Level Of Need on ENTRY	% of Families in Sample	% of Families in Full Cohort
Statutory	24%	24%
Specialist	42%	37%
Targeted	27%	32%
Universal	7%	6%

Family Size

49. Comparison between the exited sample and the full cohort shows that, the average number of individuals per family was marginally greater in the exited sample (at 4.2 members per family), compared to the full sample (4.0 family members per family). There were a total of 5,628 family members on FPIS across 1,408 families. Within the exited families there were 2,971 family

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[7] For some characteristics no data has been recorded against a small number of families because they were in the very early stages of support.

members across 711 families. This difference does not have any implications for the overall findings.

50. Referral criteria was recorded for 1,345 (96%) of the 1,408 families on FPIS. **Table B7** shows that the referral criteria for the exited sample closely reflected that of the full cohort. In both samples the three most common referral criteria were:

- **mental health concerns for adults:** 44% of sample, compared to 43% of the full cohort;

- **concerns regarding caring roles**: 34% of sample, compared to 36% of the full cohort;

- **educational concerns for children in the family:** 28% of both the sample and the full cohort.

Table B7: Percentage of Families Referred for Each Criteria		
Referral Criteria	**Exited families**	**Full cohort**
Mental health concerns (adults)	44	43
Concerns regarding caring roles (children)	34	36
Educational concerns for children in the family	28	28
Alcohol or drug misuse (adults)	24	22
Child protection concerns	21	21
Issues of domestic violence in the family	18	17
Physical or learning disability affecting the family	15	19
Housing issues	12	11
Issues of offending or anti-social behaviour (children)	12	10
Mental health concerns (children)	7	8
Debt issues	7	6
Lack of family engagement with previous services or interventions	6	6
Other	6	6
Alcohol or drugs misuse (children)	4	4
Issues of offending or anti-social behaviour (adults)	4	4
Previous interventions unsuccessful	3	3
Family fall below existing thresholds for intervention	3	2
Worklessness or NEET	2	3
Total Number of Families included:	**711**	**1345**

Individual Level Characteristics

Ethnicity

51. **Table B8** shows that the ethnicity of the individuals recorded by practitioners broadly reflected the full cohort. The key differences were:

- 3.1% more White British people in the full cohort compared to the exited sample;

- 1.1% more African people in the exited cohort compared the full sample.

Table B8: Ethnicity of Family Members (Percentages)		
Ethnicity	Exited Family Members	Full Cohort
White British	76.7	79.8
Any other ethnic group	4.2	3.4
African	3.2	2.1
Caribbean	1.9	1.5
Bangladeshi	1.9	1.4
Any other White background	1.5	2.1
Any other Black background	1.5	1.1
Any other Asian background	1.3	0.9
Any other mixed background	1.4	1.2
Pakistani	1.2	1.4
Asian and White	1.2	1.0
Black & White Caribbean	1.2	1.3
Indian	0.8	0.8
Black & White	0.7	0.7
White Irish	0.5	0.6
Gypsy/Roma	0.4	0.4
Chinese	0.1	0.4
Traveller of Irish Heritage	0.1	0.1
Total	**100**	**100**

<u>Roles and Age Breakdown</u>

52. The breakdown of family member roles was the same for both the full cohort and the exited sample:

- children: 61%;

- mothers: 23%;

- fathers: 10%.

53. The remaining 6% included: grandparents (2%), stepfathers (1%) and 'other' family members (3%).

54. The proportions of family members within each were also very similar:

- unborn to 17 years - 56% of the sample compared to 57% of the full cohort;

- aged 18 or older – 38% of both data sets;

- unknowns – 6% of both data sets.

55. For both datasets children and young people were most likely to be aged 10-13 years and adults were most likely to be aged between 31 and 40.

Characteristics of the Family Follow-Up Sample

Aims of the Family Follow-Up Interviews

56. The families involved in the in-depth family follow-up interviews were identified in agreement with the Pathfinders, based on specific selection criteria. The criteria for selection are outlined in **Annex A: Methodology**.

57. Families were interviewed on exit from Pathfinder support and again approximately six months after exit. Some of the newer Young Carer Pathfinders struggled to supply families who met the criteria because they had not worked with families long enough before the cut off date for completion of the interviews (determined by the six month follow-up and reporting deadlines).

The Sample of Families Included in the Research

Total Number of Families Interviewed

58. A total of 64 families were interviewed, which consisted of 36 families from the Family Pathfinders and 28 families from the Young Carer Pathfinders. Of these 64, seven families (all young carer families) had not exited support at the time of the first exit interview. This was due to challenges in identifying families who had exited from Pathfinder support because of the later start of many of the Young Carer Pathfinders.

59. The evidence from these seven interviews has been used in our analysis related to understanding the effectiveness of support, but excluded from the analysis on whether outcomes were maintained post exit.

60. Of the 57 families who were interviewed on exited from support, over three quarters (44) were interviewed again six months later. This comprised 28 from the Family Pathfinders and 16 from the Young Carer Pathfinders. Those it was not possible to interview were contacted on repeated occasions, and efforts were made via the team that had previously supported them. However, they either declined to be interviewed or did not respond to contact or had moved out of the area.

Entry Levels of Need and Outcomes on Exit

61. Analysis of both families' levels of need on entry to, and exit from support, were undertaken. The analysis was based on the overall cohort of 64 families; the 57 who had exited support at the time of first interview, and the 44 families who were followed up six months after exiting from support.

62. This analysis shows that at each stage of the research the sample of families interviewed was a fairly close match in terms of level of need on entry (see **Tables B9, B10 and B12**). In both samples almost two thirds of families entered support at statutory or specialist level and around one quarter to one third entered at targeted level. A greater proportion of the families who had

the higher level needs were supported by the Family Pathfinders than the Young Carer Pathfinders.

63. With regards to change in overall level of need between entry and exit, the sample of families interviewed at exit and six months later was skewed towards those who experienced more positive outcomes (see **Tables B11 and B13**). Overall, 40% of the 711 families who exited from support showed a reduction in their assessed level of need. This compared to 60% of the family follow-up families. **As such, this indicates that the family follow up findings present a more positive view of impact than is the case for all exited families. This should be considered when interpreting the findings on sustained outcomes**.

Types of Family Concern

64. We have identified where the particular needs were significant in each of the family interviews from case study notes and FPIS records. The most pressing issues identified across the families were as follows (note that some families are counted twice across the different areas of concern):

- 12 families (19%) reported alcohol or substance misuse;

- 30 families (48%) had mental health issues;

- 4 families (6%) had ASB as a key factor;

- 11 families cited violence as a key factor (17%);

- 14 families (22%) had illness or disability impacting on the family.

65. These concerns were consistent with the key concerns reported in the analysis of the total number of exited families and consolidates our view that the families interviewed were a robust sub-set of all those supported.

Table B9: Entry Level of Need of Families Interviewed: All 64 families Interviewed									
	Family Pathfinder		Young Carer Pathfinder		Total		FPIS (Family Pathfinder)	FPIS (Young Carer Pathfinder)	FPIS Total
	No.	%	No.	%	No.	%			
Statutory	15	42%	1	4%	16	25%	33%	13%	24%
Specialist	10	28%	11	39%	21	33%	35%	51%	42%
Targeted	10	28%	14	50%	24	38%	24%	31%	27%
Universal	1	3%	2	7%	3	5%	8%	6%	7%
Total	36	100%	28	100%	64	100%	100%	101%	100%

Table B10: Entry Level of Need of Families Interviewed: Sample of 57 Interviewed on Exit

	Family Pathfinder		Young Carer Pathfinder		Total		FPIS (Family Pathfinder)	FPIS (Young Carer Pathfinder)	FPIS Total
	No.	%	No.	%	No.	%			
Statutory	15	42%	1	4%	16	28%	33%	13%	24%
Specialist	10	28%	7	25%	17	30%	35%	51%	42%
Targeted	10	28%	12	43%	22	39%	24%	31%	27%
Universal	1	3%	1	4%	2	4%	8%	6%	7%
Total	36	100%	21	75%	57	100%	100%	101%	100%

Table B11: Change in Level of Need on Exit from Support: 57 Families Interviewed on Exit

	Family Pathfinder		Young Carer Pathfinder		Total		FPIS (Family Pathfinder)	FPIS (Young Carer Pathfinder)	FPIS Total
	No.	%	No.	%	No.	%			
Improved	23	64%	10	48%	33	58%	46%	31%	40%
Stayed the same	10	28%	11	52%	21	37%	41%	56%	48%
Declined	3	8%			3	5%	13%	12%	13%
Total	36	100%	21	100%	57	100%	100%	99%	101%

Table B12: Entry Level of Need of Families Interviews: Sample of 44 families interviewed at exit and six months later

	Family Pathfinder		Young Carer Pathfinder		Total		FPIS (Family Pathfinder)	FPIS (Young Carer Pathfinder)	FPIS Total
	No.	%	No.	%	No.	%			

	Family Pathfinder		Young Carer Pathfinder		Total		FPIS (Family Pathfinder)	FPIS (Young Carer Pathfinder)	FPIS Total
Statutory	12	43%	1	6%	13	30%	33%	13%	24%
Specialist	8	29%	6	38%	14	32%	35%	51%	42%
Targeted	7	25%	8	50%	15	34%	24%	31%	27%
Universal	1	4%	1	6%	2	5%	8%	6%	7%
Total	28	100%	16	100%	44	100%	100%	101%	100%

Table B13: Change in Level of Need on Exit from Support: 44 Families interviewed on Exit and Six Months Later									
	Family Pathfinder		Young Carer Pathfinder		Total		FPIS (Family Pathfinder)	FPIS (Young Carer Pathfinder)	FPIS Total
	No.	%	No.	%	No.	%			
Improved	19	68%	8	50%	27	61%	46%	31%	40%
Stayed the same	6	21%	8	50%	14	32%	41%	56%	48%
Declined	3	11%		0%	3	7%	13%	12%	13%
Total	28	100%	16	100%	44	100%	100%	99%	101%

*due to rounding percentages may not sum to 100

Annex C: The McMaster Family Functioning Device Analysis

Introduction

1. This section provides a detailed analysis of the data obtained from the Family Assessment Device (FAD).

2. The overall aim of using the Family Assessment Device (FAD) was to provide an assessment of change in family functioning by comparing a robust and complete set of FAD data with the Family Pathfinder Information System (FPIS) data. A number of steps were taken to ensure a robust and complete set of data was available for analysis:

    - only FADs where there was a completed 'Entry' and 'Exit' FAD were included in the analysis;

    - missing data was accounted for when calculating the averages (so average scores for FADs with missing data were not artificially low);

    - the reciprocal score for any missing data on Entry was removed on Exit, and vice versa;

    - as the FAD contains 'Healthy' and 'Unhealthy' functioning items, scores were normalised to ensure consistency of measurement (subtracting Unhealthy Functioning item scores from five);

    - as the FAD is compared with FPIS data, only FADs where there was a corresponding FPIS record have been included (12 family members where we had both Entry and Exit FAD forms but no FPIS scores were excluded from the analysis);

    - in accordance with 'The McMaster Approach'[8], one family member has been excluded from the analysis as only five items were completed.

3. The cleansed data contained **214 records**.

Analysis

Key Findings

- The mean FAD score reduced from entry to exit by 0.26, from a mean score of 2.48 on entry, to 2.22 on exit. This level of change was to a statistically viable level. Therefore, the level of functionality within the cohort has improved.

- The number of dysfunctional families on Exit was six percentage points less than on Entry. This level of change is to a statistically viable level. This is as a result of improvements in General Functioning scores.

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[8] *Evaluating and Treating Families: The McMaster Approach*; C.E. Ryan, N.B. Epstein, G.I. Keitner, I.W. Miller and D.S. Bishop; Routledge: Hove; 2005.

- A total of 64% of families were less dysfunctional on Exit than they were on Entry; 52 families (24%) were more dysfunctional; and 24 (11%) families stayed the same. Comparable FPIS data[9] showed that 118 (55%) of these same families were less dysfunctional on Exit than they were on Entry; 25 (12%) families were more dysfunctional; and 71 (33%) families stayed the same. These figures are similar and therefore we can conclude that the FAD findings corroborate with the findings from FPIS.

Average Score on Entry and Exit[10]

4. The mean FAD score on Entry was 2.48 and the mean FAD score on Exit was 2.22, resulting in an average value of change of -0.26[11].

5. The standard deviation of the mean scores on Entry and Exit were 0.52 and 0.42 respectively.

General Functioning

6. The mean FAD score on Entry was 2.31 and the mean FAD score on Exit was 2.04; so on average the value of change was -0.28.

7. The standard deviation of the mean scores on Entry and Exit were 0.62 and 0.50 respectively.

Roles

8. The mean FAD score on Entry was 2.74 and the mean FAD score on Exit was 2.49, so on average the value of change was -0.25.

9. The standard deviation of the mean scores on Entry and Exit were 0.47 and 0.42 respectively.

Number of Dysfunctional[12] Families

10. The number of dysfunctional families on Exit was six percentage points less than on Entry. There were 34 (16%) non-dysfunctional families on Entry and 180 (84%) dysfunctional ones; on Exit these figures were 48 (22%) and 166 (78%) respectively.

11. In terms of General Functioning scores only, there were 58 (27%) non-dysfunctional families on Entry and 156 (73%) dysfunctional ones; on Exit these figures were 84 (39%) and 130 (61%) respectively.

12. In terms of Roles scores only, there were 14 (7%) non-dysfunctional families on Entry and 200 (93%) dysfunctional ones; on Exit these figures were 19 (9%) and 195 (91%) respectively.

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[9] Using 'Level on Need change' value, where 1=more dysfunctional; 2 = no change; 3=less dysfunctional.
[10] Where appropriate all numbers are rounded to 2 decimal places.
[11] A negative figure represents an improvement in FAD score.
[12] Dysfunction is classified as a FAD score of 2 or over.

13. This suggests that the decrease in the number of dysfunctional families occurred as a result of improvements in General Functioning scores.

Level of Dysfunction

14. The level of dysfunction is greater on Entry than on Exit. On Entry 36 FADs scored 3 or over; on Exit only 9 FADs scored of 3 or over.

15. The spectrum of dysfunction (**Figure C1**) is shown graphically over the page (mean on Entry = 2.48; mean on Exit = 2.22):

Figure C1: Spectrum of Dysfunction
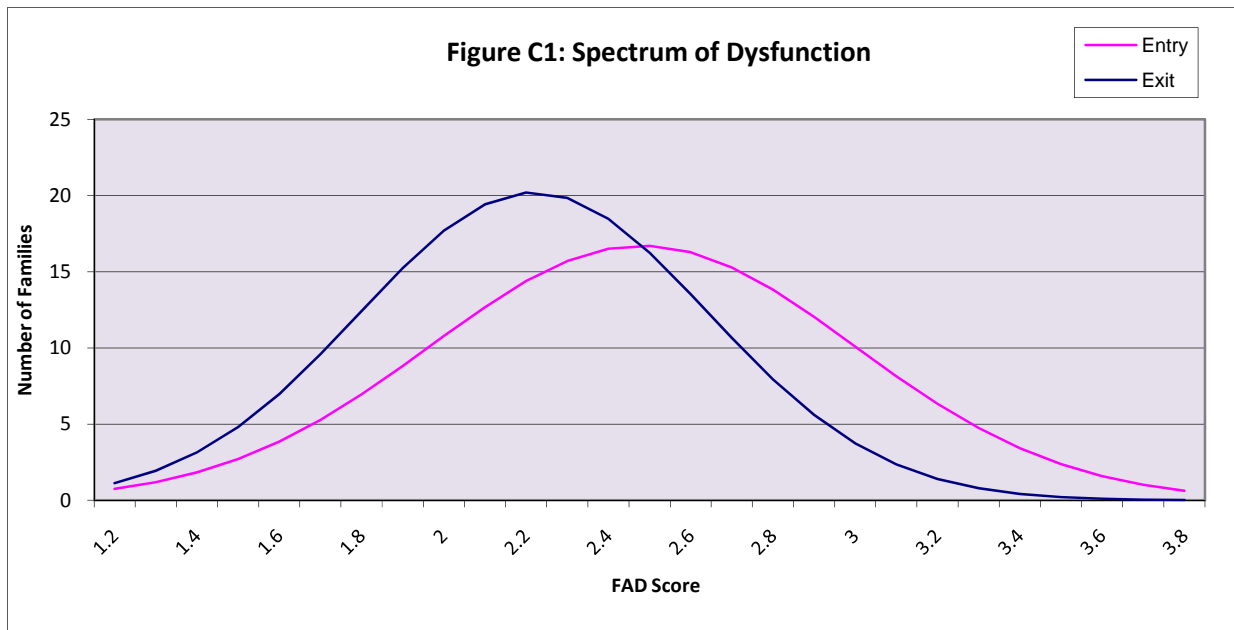
Level of Change in Dysfunction

16. A total of 151 families (71%) were less dysfunctional on Exit than on Entry; 51 families (24%) were more dysfunctional; and 12 (6%) families have stayed the same.

17. A paired t-test[13] on the Entry and Exit FAD averages data showed that the mean value of change (M = -0.26; SD = 0.53; N = 214) was significantly greater than zero (as the two-tail p value is very small [4.70×10^{-12}]; t = 7.33). Therefore, on average, we can say with significance that families were less dysfunctional on Exit than on Entry. A 95% confidence interval about the mean value of change (-0.26) is (-0.33, -0.19).

General Functioning

18. In terms of General Functioning scores only, 138 (64%) families were less dysfunctional on Exit than on Entry; 52 families (24%) were more dysfunctional; and 24 (11%) families have stayed the same. The FPIS data showed that 118 families (55%) were less dysfunctional on Exit than on Entry; 25 families (12%) were more dysfunctional; and 71 (33%) families stayed the same. These figures were similar to the FAD findings and therefore **we can conclude that the FAD findings corroborate with the findings from FPIS** (See **Figure C2**). Furthermore, due to the potential bias present in FPIS, you would expect to see findings from FPIS to be more favourable than the FAD findings. As the opposite is the case, and FAD findings were more favourable than FPIS findings, we can conclude that the potential bias in FPIS was not present.

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[13] http://www.stattutorials.com/EXCEL/EXCEL_TTEST2.html

Figure C2: Changes in Family Functioning from Entry to Exit, from both FAD and FPIS Findings

■ Less Dysfunctional   ■ Stayed the Same   ■ More Dysfunctional

FAD Findings: 24%, 11%, 64%
FPIS Findings: 12%, 33%, 55%
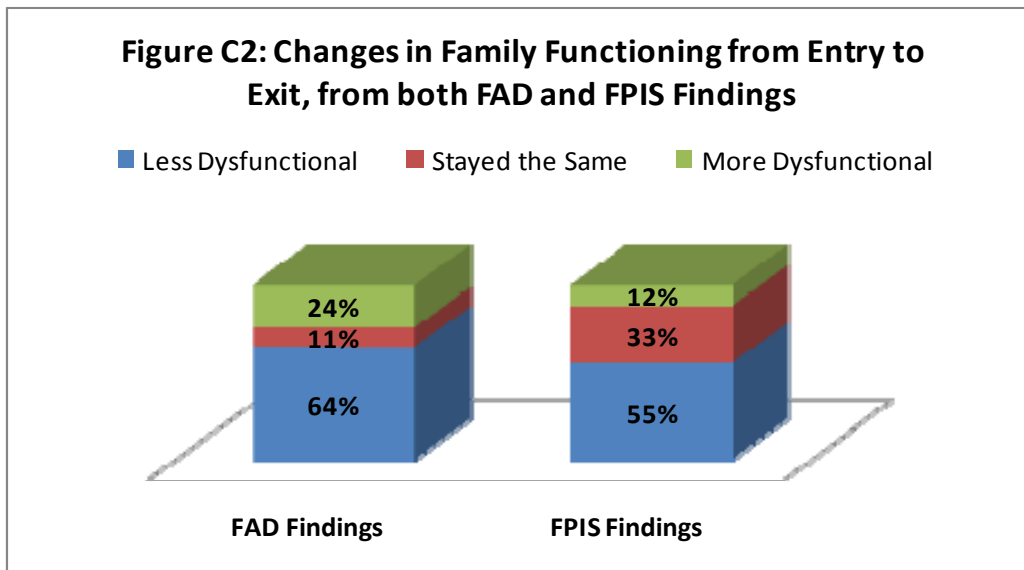
19. In terms of General Functioning scores only, the mean value of change (M = -0.28; SD = 0.63; N = 214) was significantly greater than zero (as the two-tail p value is very small [8.49×10^{-10}]; t = 6.42). Therefore, on average we can say with significance that families were less dysfunctional on Exit than on Entry. A 95% confidence interval about the mean value of change (-0.28) is (-0.36, -0.19).

Roles

20. In terms of Roles scores only, 132 families (62%) were less dysfunctional on Exit than on Entry; 52 families (24%) were more dysfunctional; 30 (14%) families have stayed the same.

21. In terms of Roles scores only, the mean value of change (M = -0.25; SD = 0.51; N = 214) was significantly greater than zero (as the two-tail p value is very small [1.69×10^{-11}]; t = 7.11). Therefore, on average we can say with significance that families were less dysfunctional on Exit than on Entry. A 95% confidence interval about the mean value of change (-0.25) is (-32, -0.18)

Crosstabs

By Pathfinder Area

22. Families in Young Carer Pathfinder 15 showed the greatest improvement in their FAD score across all Pathfinder areas (-0.69). Family Pathfinders 20, 1 and 19 families showed improved FAD scores on Exit, by -0.5 points on average (See **Figure C3**). Young Carer Pathfinders 22, 3 and 23 and Family Pathfinders 14, 26 and 18 also improved their FAD score by greater than the average (-0.26). Only two Pathfinders' FAD scores were, on average, more dysfunctional on Exit than on Entry (Family Pathfinder 2 and Young Carer Pathfinder 24).

Figure C3:Change in Average Entry and Exit Score per Pathfinder Area
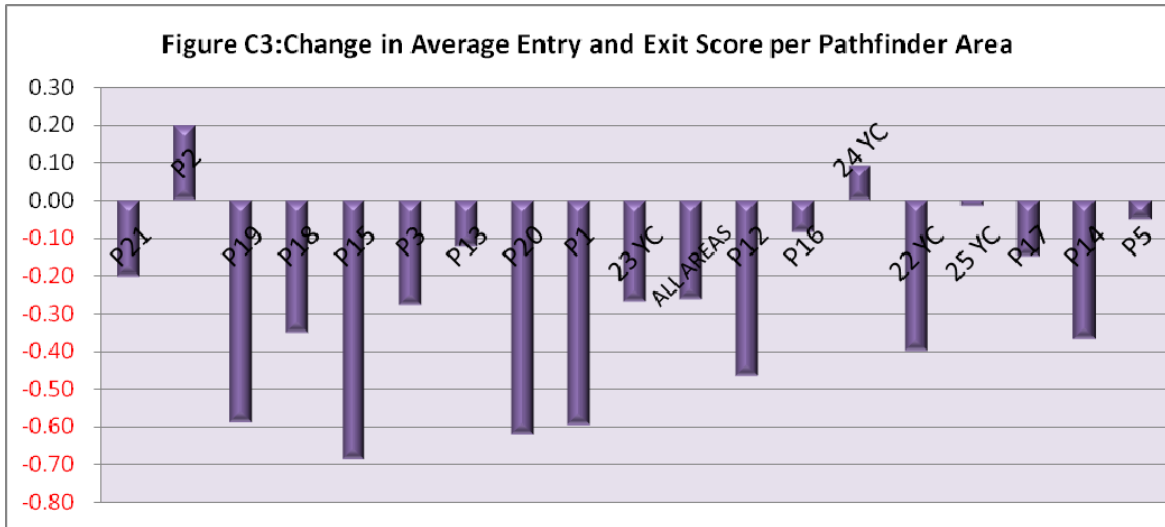
Table C.1: Change in Average FAD Scores by Pathfinder				
Pathfinder Area	Average Entry FAD	Average Exit FAD	No.	Value of Change
15	2.80	2.11	4	-0.69
20	2.77	2.15	9	-0.62
1	2.75	2.16	11	-0.59
19	2.61	2.02	18	-0.59
26	2.77	2.31	17	-0.46
22	2.80	2.40	1	-0.40
14	2.82	2.45	8	-0.37
18	2.43	2.08	12	-0.35
3	2.39	2.11	22	-0.28
23	2.48	2.21	9	-0.27
ALL AREAS	**2.48**	**2.22**	**214**	**-0.26**
21	2.12	1.92	2	-0.20
17	2.60	2.45	1	-0.15
13	2.26	2.13	46	-0.12
16	2.40	2.32	14	-0.09
5	2.96	2.91	2	-0.05
25	2.47	2.45	27	-0.02
24	2.27	2.37	10	0.09
2	1.80	2.00	1	0.20

23. The average Exit score in Young Carer Pathfinder 21 was the lowest amongst the Pathfinder areas (1.92). Pathfinders 2, 19, 18, 15, 3, 13, 20, 1 and 23 all had average Exit scores below the overall average (2.22).

24. Pathfinder 5 had the highest average Entry score (2.96) and Family Pathfinders 14, 20, 1 and 19 and Young Carer Pathfinders 15, 22, 12, and 17 all had Entry scores higher than the average (2.48).

Figure C4: Average Score per Pathfinder Area (sorted by average exit score)
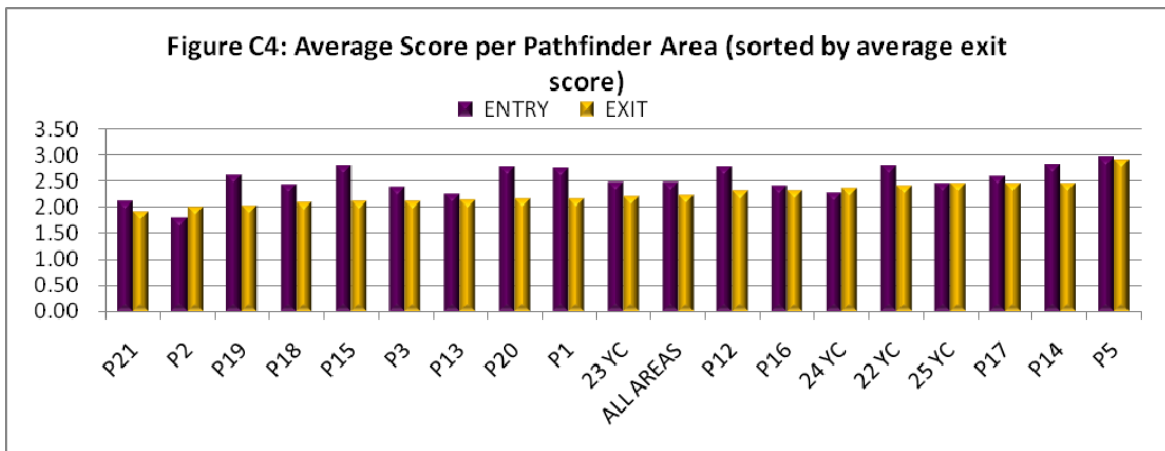
Family (FPIS) Level of Need

<u>Family Level of Need on Entry</u>

25. Families identified as in need of specialist support had the highest Entry FAD score (2.59) and improved their FAD score between Entry and Exit the most of all categories (-0.33). Families requiring a universal level of support were the only category not to improve between Entry and Exit, though they did have the lowest FAD score on Entry (2.28) (and only five families with universal levels of need were included in the analysis).

26. Families requiring statutory support on entry had on average the lowest FAD score on Exit (2.18), followed by families requiring targeted support (2.19).

<u>Family Level of Need on Exit</u>

27. Conversely, families identified as requiring universal levels of support on exit improved their FAD score between Entry and Exit the most of all categories (-0.49), having the highest FAD scores on Entry (2.56) and the lowest on Exit (2.07). Families in need of statutory support on exit were the only category not to improve between Entry and Exit. It should be noted however, that there were less than half the number of families requiring statutory support on exit than there were on entry (36 and 77 respectively). Conversely, the number of families requiring universal support increased from five to 61.

Figure C5:Change in Average FAD Entry and Exit Score by Level of Need on Entry on FPIS

Figure C6: Change in Average FAD Entry and Exit Score by Level of Need on Exit on FPIS
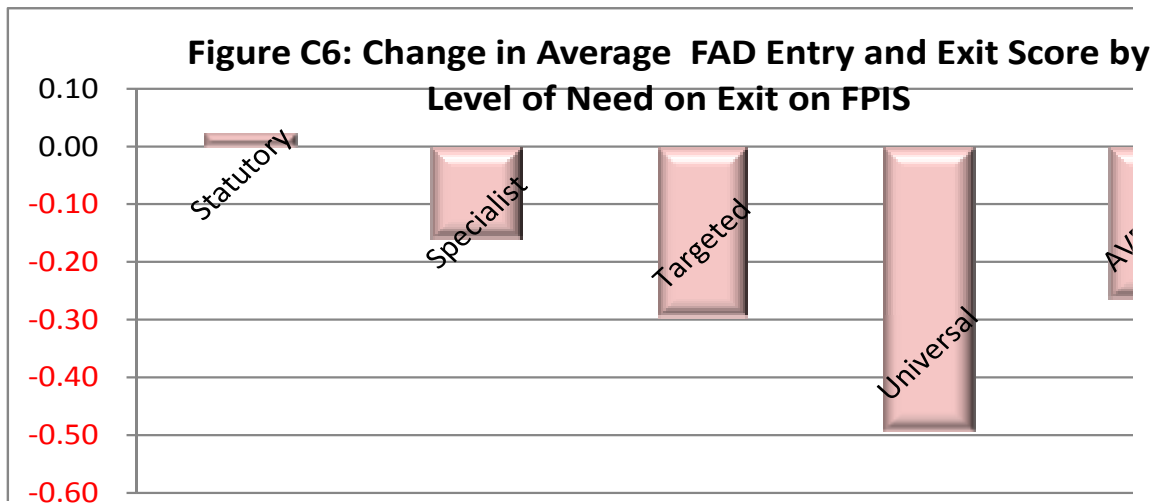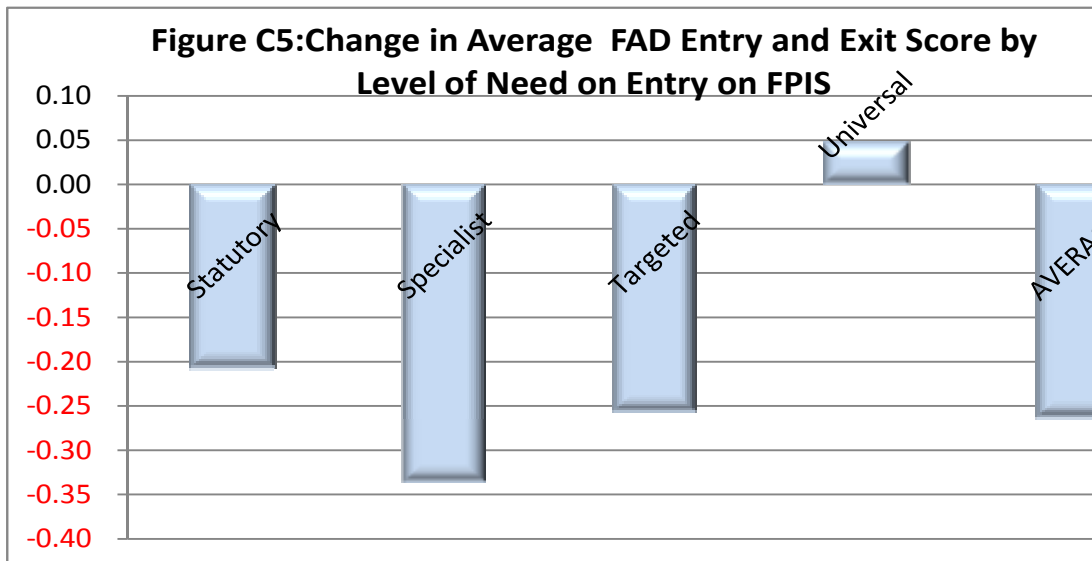
Level of Need on FPIS	Average Entry FAD	Average Exit FAD	No.	Value of Change
Statutory on Entry	2.39	2.18	77	-0.21
Specialist on Entry	2.59	2.26	89	-0.33
Targeted on Entry	2.44	2.19	43	-0.26
Universal on Entry	2.28	2.33	5	0.05
Statutory on Exit	2.36	2.38	36	0.02
Specialist on Exit	2.51	2.35	51	-0.16
Targeted on Exit	2.46	2.16	66	-0.29
Universal on Exit	2.56	2.07	61	-0.49
ALL	2.48	2.22	214	-0.26

Role

28. Grandparents improved their FAD score the most of all family roles (-0.97), and on average recorded the highest Entry and lowest Exit scores (2.99 and 2.03 respectively). It should be noted that only three grandparents were included in the analysis. On average, fathers recorded the smallest improvement between their Entry and Exit FAD scores (-0.18). Children recorded the highest Exit score (apart from one 'Other') (2.28) and reported the second lowest improvement between Entry and Exit score (-0.21). Mothers recorded the second lowest FAD score on Exit (2.19).

Figure C7: Change in Average Entry and Exit Score per Pathfinder Area
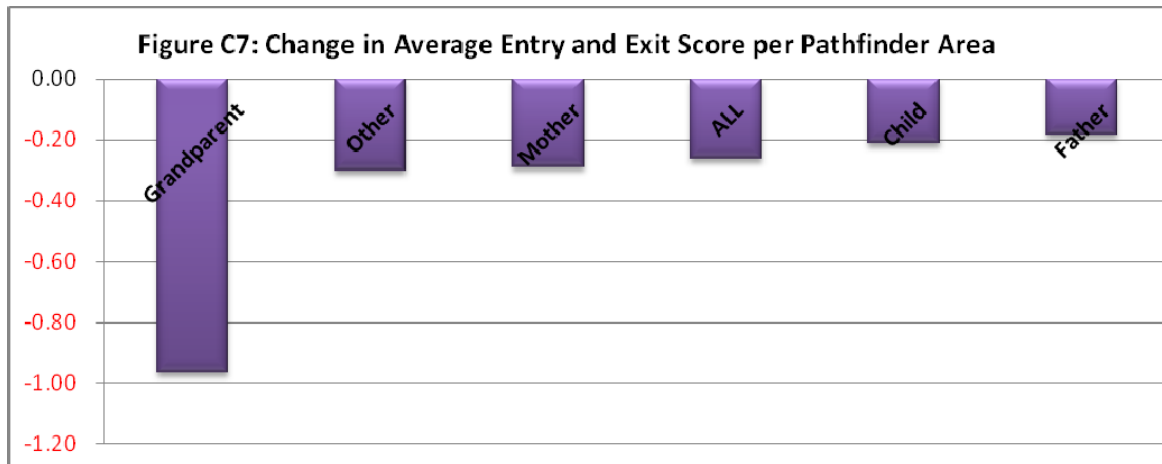
	Average Entry FAD	Average Exit FAD	No.	Value of Change
Grandparent	2.99	2.03	3	-0.97
Other	2.65	2.35	1	-0.30
Mother	2.48	2.19	117	-0.29
ALL	2.48	2.22	214	-0.26
Child	2.49	2.28	70	-0.21
Father	2.39	2.21	23	-0.18

Figure C8: Average Scores per Role (sorted by Average Exit score)
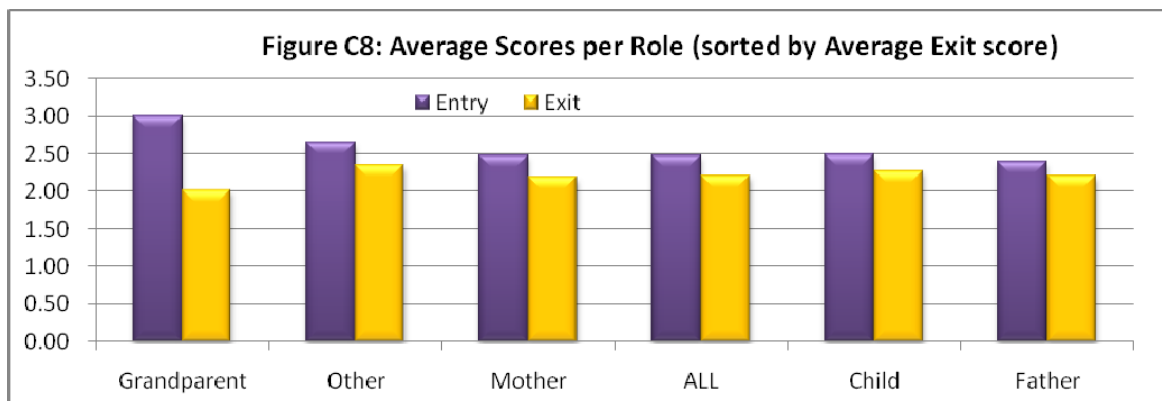
Annex D: SROI: Definition of Outcomes

SROI: Definition of Outcomes

Outcome: Truancy

- Meaning of high/medium risk in FPIS: school attendance 74% or less

- Meaning of low/no risk in FPIS: school attendance 75% or more

- Source of outcome cost: New Philanthropy Capital report *'Misspent Youth'* and DfE Negative Costing Tool: www.c4eo.org.uk/costeffectiveness/files/negative_outcomes_costing_tool_template.xls

Outcome: NEET

- Meaning of high/medium risk in FPIS at entry: YES to "Are there any young people in the family who are NEET?"

- Meaning of low/no risk in FPIS at exit: NO to "Are there any young people in the family who are NEET?"

- Source of outcome cost: Lifetime cost taken from study by York University at: http://www.york.ac.uk/depts/spsw/research/neet/NEET_Executive_Summary_July_2010_York.pdf

Outcome: Teenage Pregnancy

- Meaning of high/medium risk in FPIS at entry: YES to "Are there any young people in the family who are at risk of becoming a teenage parent?"

- Meaning of low/no risk in FPIS at exit: NO to "Are there any young people in the family who are at risk of becoming a teenage parent?"

- Source of outcome cost: Costs taken to be 12 months of benefits and delivery costs. Estimate of Benefits taken from DfES (2006) '*Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies'*. This suggested the benefits cost is £19,000 to £25,000 over 3 years for teen mothers; the annual cost calculated is taken from the lower of these estimates (£19,000). Costs of birth are taken from NHS 2008-09 reference costs, which states the average unit costs for all births is £1,606. Approximately 50% of under 18s have an abortion with a cost which is circa £600. However, the cost of abortion does not take into account complications and the birth cost does not include ante- and post-discharge support. As such, £1,606 is likely to be an underestimate of the average cost to the NHS related to teen pregnancy.

Outcome: Youth Offending

- Meaning of high/medium risk in FPIS at entry: Young person (<21) had received final warnings/referral order or final caution or has received a sentence in the last year or is under probation services.

- Meaning of low/no risk in FPIS at exit: Is known to the police but none of the factors for high/medium risk is present.

- Source of outcome cost: From various sources, such as *'NEF - Punishing Costs'* (2010), which suggests £100,000 is likely to be an underestimate. The NAO report *'The youth justice system in England and Wales: Reducing offending by young people'* (2010) was also used, which suggests a total cost of £8.5 billion per year to the public purse and society for 90,000 offenders.

Outcome: Adult Offending

- Meaning of high/medium risk in FPIS at entry: Adult (>20) had received final warnings/referral order or final caution or has received a sentence in the last year or is under probation services.

- Meaning of low/no risk in FPIS at exit: Is known to the police but none of the factors for high/medium risk is present.

- Source of outcome cost: Taken from report by Philanthropy Capital: http://www.philanthropycapital.org/downloads/pdf/Investing%20in%20family%20ties.pdf. These are incarceration costs only so ignore other Criminal Justice Costs. The average length of incarceration from reoffending is 8 months at a cost of £25,500.

Outcome: Entry into Care System

- Meaning of high/medium risk in FPIS at entry: On a Child Protection Plan

- Meaning of low/no risk in FPIS at exit: Not on a Child Protection Plan and not been taken into care.

- Source of outcome cost: National unit cost for all placements is £774 per week. See: http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/111/111i.pdf.

Outcome: Mental Health

- Meaning of high/medium risk in FPIS at entry: Escalating or severe forms of psychological mental health evident.

- Meaning of low/no risk in FPIS at exit: No evident problems or managed approach to psychological conditions.

- Source of outcome cost: We have focused on acute care only. The average length of stay in acute care for a depressive episode is 31.1 days[14]. The average cost per day of inpatient care is £211[15]. This gives an average cost per stay of £6,562. We have assumed one stay per year.

Outcome: Unemployment

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[14] Hospital Episode Statistics: www.hes-online.nhs.uk
[15] *Unit Costs of Health and Social Care 2010,* PSSRU. See: http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf

- Meaning of high/medium risk in FPIS at entry: Family member unemployed in household where main carer is unemployed for six months or more, or no one in the household is in paid employment.

- Meaning of low/no risk in FPIS at exit: Family member employed

- Source of outcome cost: We have focused on benefits (JSA only) and loss in tax income. JSA for over 25s is £65.45 per week. Loss in tax revenue is taken from the assumption of a wage when a person moves into employment at the bottom decile (£14,352 per year) with tax/NI on this wage of £2,524 (see: http://www.statistics.gov.uk/cci/nugget.asp?id=285).

Outcome: Alcohol Misuse

- Meaning of high/medium risk in FPIS at entry: 'Harmful' or 'Dependent' drinker

- Meaning of low/no risk in FPIS at exit: 'Hazardous' drinking or no practitioner concern.

- Source of outcome cost: York University report on costs of alcohol misuse in Scotland for Scottish Government. This is estimated from the £2.196 billion annual cost of alcohol misuse and approximately 1 million problem drinkers.

Outcome: Drugs Misuse

- Meaning of high/medium risk in FPIS at entry: 'Harmful' or 'Dependent' drug user

- Meaning of low/no risk in FPIS at exit: 'Hazardous' drug user or no practitioner concern.

- Source of outcome cost: Home Office report on drug users http://rds.homeoffice.gov.uk/rds/pdfs2/hors249.pdf. This estimates the figure of reactive Government expenditure (health, social care, police) of £10,402, increased by 31% with RPI to £13,626.

Outcome: Anti Social Behaviour (ASB)

- Meaning of high/medium risk in FPIS at entry: Engaged in ASB, which has resulted in formal actions being taken, or is at risk of formal actions being taken.

- Meaning of low/no risk in FPIS at exit: Not engaging in ASB, or may be engaged in ASB but no formal actions are imminent.

- Source of outcome cost: The cost of an ASBO taken from the DfE Negative Costing Tool

Outcome: Domestic Violence

- Meaning of high/medium risk in FPIS at entry: YES to "Are there concerns about family violence or abusive behaviour".

- Meaning of low/no risk in FPIS at exit: NO to "Are there concerns about family violence or abusive behaviour".

- Source of outcome cost: Cost to public services of domestic violence estimated in 2008 to be £3.856billion (from *'Cost of Domestic Violence -*

Update 2009', Walby, at http://webcache.googleusercontent.com/search?q=cache:zTMvqg4xccUJ:www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc+cost+of+domestic+violence&cd=5&hl=en&ct=clnk&gl=uk). The number of incidents in 2005/06 from the British Crime Survey was 357,000, which equates to £10,801 per incident. We have assumed one incident per year.

Annex E: Research Tools

Family Pathfinder Evaluation: Managers' Survey

Introduction

In 2008, 15 local authorities received funding to develop family-focused working, with six of these authorities receiving additional funding to work with young carers and their families. In 2009, an additional 12 areas received funding to develop their work with young carers and their families. The work focuses on:

- providing tailored packages of intensive support for families with complex needs; and

- initiating systems reform to provide a whole family response, bringing together adult, children's and other services.

This survey aims to explore your agency's engagement with the Family Pathfinder/Young Carer Pathfinder. Therefore, please respond as a representative of your agency. The survey is designed to gather evidence of:

- changes to practice, at both a strategic and operational level;

- joint commissioning;

- information sharing amongst agencies and services;

- improved outcomes for families;

- facilitators and barriers to implementing family-focused models of working.

The survey should take no longer than **20 minutes** to complete. Your views will provide important learning for the Pathfinder and we hope, identify areas of good practice, as well as areas for development.

We have asked you to provide us with your name so that we can contact you if we have any additional queries. We will not pass on your details to any third party and your responses will only be used for the purposes of this research. We would like to emphasise that all the information you provide will be kept and used in the strictest confidence and that your details will remain anonymous.

Background

i.   Name

---

ii.   Your agency/service:
1. Health inc. mental health &substance misuse
2. Multi-agency team
3. Adult social care
4. Children's social care
5. Education
6. Connexions
7. Youth offending service
8. Police/Probation service
9. Housing
10. Voluntary sector agency
11. Youth Service
12. Employment services
13. Commissioning services
14. Other (*please specify*)………………...

iii.   Remit (*please tick one box only*)

      a. Adult services

      b. Children's services

      c. Other (*please specify*)

iv.   Team (if applicable):

---

v.   Job title:

---

vi.   Which Family Pathfinder(s) and/or Young Carers' Pathfinder(s) does your agency/service have links with? (*Please tick all that apply*):

Blackpool	Somerset	Hartlepool Young Carers
Bolton	Somerset Young Carers	Hull Young Carers
Bolton Young Carers	Southampton	Luton Young Carers
Brighton & Hove	Southend	Manchester Young Carers
Durham	Sunderland	Milton Keynes Young Carers
Gateshead	Sunderland Young Carers	Norfolk Young Carers
Gateshead Young Carers	Walsall	Reading Young Carers
Islington	Warrington	Suffolk Young Carers
Islington Young Carers	Westminster	Telford & Wrekin Young
Leeds	Blackburn Young Carers	Carers
Salford	Cornwall Young Carers	Wigan Young Carers

Strategic links and networks

1.   Was your agency/service involved in developing the original Pathfinder bid for the DCSF?

    a.   Yes

        a1.   What role did your agency/service play? (*Please tick all that apply*):

      i.   Contributed to shaping the Family Pathfinder / Young Carer Pathfinder approach

      ii.   Writing the bid

      iii.   Attended strategic meetings to develop the family-focused approach

      iv.   Other *(please specify)* ....

b. No

c. Don't know

2. Does your service/agency participate in strategic meetings (e.g. steering groups, management groups or governance meetings) linked to the Family Pathfinder/Young Carer Pathfinder/the development of family focused approaches e.g. 'Think Family' steering groups etc?

  a. Yes

    a1. How effective are these meetings in terms of: (effective/ partly effective/ not at all effective/ don't know)

      i.   Developing sustainable working relationships across agencies supporting adults, children and young people

      ii.   Supporting the joint commissioning of services

      iii.   Supporting the pooling of resources

      iv.   Supporting the planning of services across agencies

      v.   Supporting the delivery of services across agencies

      vi.   Aligning support for adults, children and young people through existing and/or new strategies

      vii. Ensuring appropriate support and resources for families in need

  b. No

    b1. Why does your service/agency not participate in strategic meetings linked to the Family Pathfinder/Young Carer Pathfinder? (*Please tick all that apply*):

      i.   It does not directly relate to our work

      ii.   We are represented by another agency

      iii.   We do not have the capacity to attend meetings

      iv.   We are not aware of any strategic meetings linked to the Family Pathfinder / Young Carer Pathfinder or have not been invited to attend any meetings

      v.   We do not work directly with families

      vi.   Other *(please specify)*...

3. Do you feel that the development of family-focused models of working are being effectively managed and coordinated within your local authority?

    a. Yes

        a1. What do you see as the most effective aspects? (*Please tick all that apply*)

            i.   The leadership driving the policy

            ii.   The degree of support across all agencies

            iii.   The development of family-focused approaches to ensure joined-up delivery

            iv.   The sharing of good practice

            v.   The use of evidence-based approaches

            vi.   The delivery of integrated approaches to training and development

            vii.   Other (*please specify*)..

    b. No

        b1. What needs to be done to increase the effectiveness of a family-focused approach within your local authority? (*Please tick all that apply*)

            i.   A greater commitment from adult services

            ii.   A greater commitment from children's services

            iii.   A greater commitment from other services

            iv.   Senior leadership across all agencies need to have a greater commitment to driving the work forward

            v.   Models of good practice need to be shared more widely

            vi.   Evidence of impact needs to be provided

            vii.   An overarching family-focused approach strategy needs to be developed to ensure joined-up delivery

            viii.   Development of joint protocols between key agencies

            ix.   Identification of training needs within adult and children's services on the family-focused approach

            x.   Other (*please specify*)..

    c. Don't know

Joint working arrangements

4. As a result of the Family Pathfinder/Young Carer Pathfinder, has your agency/service developed any new joint working arrangements (e.g. in terms of staff from different services/agencies working together to undertake family assessments, deliver packages of support to families, and/or review progress; or developing cross agency training opportunities)

    a. Yes

a1. Which agencies/services have you developed joint working arrangements with? (*Please tick all that apply*):

1. Health inc. mental health & substance misuse
2. Multi-agency team
3. Adult social care
4. Children's social care
5. Education
6. Connexions
7. Youth offending service
8. Police/Probation service
9. Housing
10. Voluntary sector agency
11. Youth Service
12. Employment services
13. Commissioning services ………………
14. Other (*please specify*)…………………………………………

a2. What do these joint working relationships focus on? *(please tick all that apply):*

i. Staff from your service/agency are employed within the Family Pathfinder/Young Carer Pathfinder team/service (e.g. via secondments)

ii. Staff are engaged in joint assessments of families' needs

iii. Staff are engaged in joint delivery/support to families

iv. Staff are involved in joint agency reviews to assess families' progress

v. Staff from your agency/service are engaged in Family Pathfinder/Young Carer Pathfinder meetings (e.g. Team Around the Family/Child meetings)

vi. Staff from your service/agency have been involved in joint training

vii. Clear information sharing

viii. Establishment of clear referral pathways

ix. Protocols to cement joint working

x. Other (*please specify*) …………………………………………………………..

a3. How sustainable do you feel these joint working arrangements will be once Family Pathfinder/Young Carer Pathfinder funding ceases in March 2011? (*Please tick one box only*):

i. Fully sustainable in the long term (i.e. post-March 2011)

ii. Somewhat sustainable, i.e. certain aspects are likely to continue post-March 2011

iii. Not at all sustainable post-March 2011

iv. Do not know (*please provide the reasons for your response below*):

....
....

a4. Are there any services or agencies that you have tried to engage but have been unable to develop joint working relationships with?

i. Yes *(please tick all that apply)*:

1. Health inc. mental health & substance misuse

2. Multi-agency team

3. Adult social care

4. Children's social care

5. Education

6. Connexions

7. Youth offending service

8. Police/Probation service

9. Housing

10. Voluntary sector agency

11. Youth Service

12. Employment services

13. Commissioning services

14. Other   (*please specify*)…………………………………………………

ii. No

b. **No**

b1. Why have you not developed joint working arrangements?

i. We do not work together

ii. We do work together but do not have formalised arrangements

iii. We have not had the time to develop joint working relations

iv. We are not sure how to develop joint working relations

v. We are not sure of the benefits of establishing joint working arrangements

vi. Lack of strategic buy-in from agencies

vii. Capacity issues within our own service

viii. We have not needed to develop joint working arrangements

ix. Other (*please specify*) ....

c. **Don't know**

5. What are the challenges in developing sustainable joint working relationships with other agencies/services? *(Please tick all that apply)*

    i.   Different aims and objectives of professions makes it difficult to align support

    ii.   Lack of trust between agencies

    iii.   Lack of awareness of each other's services

    iv.   Lack of time

    v.   Poor communication between different agencies

    vi.   Lack of a multi-agency working culture within the local authority

    vii.   Funding/resource constraints

    viii.   Lack of clear information protocols

    ix.   Lack of clear referral pathways between agencies

    x.   Other (*please specify*) ....

Information sharing

6. Has your agency/service developed information sharing arrangements the Family Pathfinder/Young Carer Pathfinder?

a. Yes

    a1. What has helped this process? *(Please tick all that apply)*

        i.   Strong multi-agency cooperation

        ii.   Strategic managers buy in to family-focused working

        iii.   Shared targets and common goals

        iv.   Face-to-face meetings to determine what can be shared

        v.   Understanding the range of information agencies gather

        vi.   Developing agreed protocols

        vii.   Gaining trust between agencies

        viii.   Other (*please specify*)...

b. No

    b1. What have been the barriers to sharing information? (*Please tick all that apply*)

        i.   Services/agencies' confidentiality policies prevent the sharing of information

        ii.   Lack of trust between agencies/services

        iii.   Lack of an appropriately secure system to transfer information

        iv.   Lack of awareness of how to share information securely

        v.   Not knowing what information we can share

     vi. Lack of commitment to sharing information from some services/agencies

     vii. Lack of commitment from senior managers to information sharing

     viii. Lack of strategic support to sharing information

     ix. Lack of protocols to establish what can be shared

     x. Families are reluctant for agencies to share information

     xi. Other *(please specify)* ....

c. Not applicable

d. Don't know

Impact on delivery

7. Has the Family Pathfinder/Young Carer Pathfinder helped fill a gap in service delivery/support for families in need within your local authority?

  a. Yes

    a1. What gap(s) has it filled? (*Please tick all that apply*)

     i. It has addressed the needs of families who do not meet existing service thresholds

     ii. It has addressed the needs of families who require greater intensity of support

     iii. It has met the needs of families who have refused to engage with services in the past

     iv. It has provided a model of working with families that we did not have previously

     v. It has provided families with better coordinated and individualised packages of support

     vi. Adult, children's and other services are working closer together to implement and deliver family-focused support

     vii. It has led to the establishment of clear referral pathways between agencies

     viii. It has met the need to carry out whole family assessments

     ix. It has provided support focusing on the needs of the family as a whole

     x. It has provided intensive support when families need it

     xi. Other *(please specify)* ……………………………...........................

  b. No

    b1. Please provide reasons for your response below:

....

8. Do you believe that the Family Pathfinder/Young Carer Pathfinder has impacted on how agencies/services work with vulnerable families within your local authority?

    a. Yes

        a1. In what ways has the Family Pathfinder/Young Carer Pathfinder influenced the work of your agency/service? (*Please tick all that apply)*

            i.   We have a greater recognition of the importance of family dynamics on individual's health and well being

            ii.   The number of assessments undertaken with families are reducing

            iii.   We are providing a more coordinated response with other agencies to supporting families' needs

            iv.   Family members are receiving more appropriate support

            v.   Family members are receiving more individualised support

            vi.   It has improved our working relationship with staff from children's services

            vii.   It has improved our working relationship with staff from adult services

            viii.   It has improved our working relationship with staff from other services

            ix.   It provides a model for working with families within the local authority

            x.   Assessing the family as a whole

            xi.   It has led to more joint commissioning arrangements

            xii.   It has led to increased confidence about sharing information

            xiii.   We are more confident about referrals

            xiv.   Other   (*please   specify*) …………………………………………..............

    b. No

        b1. Why has the Family Pathfinder/Young Carer Pathfinder NOT influenced the work of your agency/service? (*Please tick all that apply*)

            i.   We have very little involvement with the Family Pathfinder / Young Carer Pathfinder

            ii.   Agencies largely operate independently

            iii.   We already work across services effectively

             iv.   We were fully aware of the needs of families prior to the Family Pathfinder/Young Carer Pathfinder

            v.   Other (*please specify*) ....

    c. Don't know

9. Have staff from your agency/service referred families to the Family Pathfinder/Young Carer Pathfinder?

    a. **Yes**

        a1. What have been the reasons for referring families to the Family Pathfinder/Young Carer Pathfinder? (*Please tick all that apply*)

            i.   The families we have referred do not meet our thresholds, therefore we cannot support them

            ii.   We cannot provide the intensity of support that families require and which the Family Pathfinder/Young Carer Pathfinder can provide

            iii.   We cannot provide the specialist support that families require (e.g. support for young carers and their families, mental health services, parenting support, substance misuse, etc)

            iv.   We cannot provide the range of support that can be provided by the Family Pathfinder/Young Carer Pathfinder (e.g. family support, debt and housing advice, mental health support, educational support, domestic violence support, etc)

            v.   We have capacity issues which means that referring to the Family Pathfinder/Young Carer Pathfinder can help alleviate these

            vi.   The Family Pathfinder/Young Carer Pathfinder can more easily coordinate support for the wider needs of the families, in addition to the support our agency provides

            vii.   We have agreed protocols in place which are clear as to when we can refer

            viii.   Other (*please specify*)...

    b. **No**

        b1. Why have staff from your agency/service not referred any families to the Family Pathfinder/Young Carer Pathfinder? (*Please tick all that apply*)

            i.   We are not aware of the work that the Family Pathfinder/Young Carer Pathfinder is undertaking or that we can make referrals

            ii.   We can manage the needs of families without their support

            iii.   The families we work with do not need their support

            iv.   The families we work with do not meet the criteria set by the Family Pathfinder/Young Carer Pathfinder (e.g. mental health services, parenting support, substance misuse, support for young carers and their families)

            v.   Too many agencies are already working with these families

<ol type="i" start="6">
The Family Pathfinder/Young Carer Pathfinder cannot work with the high level needs of the families we work with
Because the Family Pathfinder/Young Carer Pathfinder is already at full capacity
We do not work directly with families
It is not part of my agency's role to make such referrals
Other (*please specify*) ....

c. Don't know

Impact on families

10. Is there any evidence that family-focused support developed by the Family Pathfinder/Young Carer Pathfinder has impacted on outcomes for the families your service/agency works with?

a. Yes

a1. What is the impact on families? (*Please tick all that apply*)

<ol type="i">
Families are receiving support earlier, helping to prevent issues from escalating
Families are receiving more effective support
Families' risk levels are reducing
There has been a reduction in inappropriate levels of caring amongst young carers
Reduced safeguarding concerns
Families are engaging better with services/agencies
Families are functioning more effectively
The number of enforcement actions the family is subject to has reduced
Families are no longer facing any enforcement action
Families are engaging in substance misuse treatment/ counselling
Families are receiving support from Child and Adolescent Mental Health Services (CAMHS)
Families are receiving support from adult mental health services
Families are engaging in parenting programmes
Levels of anti-social behaviour are reducing
Children's attendance at school is improving
Family members have engaged in employment or training
There are fewer complaints from neighbours
Families are no longer facing eviction
Families have developed stronger networks of support through extended family/friends

<div style="margin-left: 2em">

xx. Families are managing their debt

xxi. Domestic violence issues within families are being addressed now, or are being addressed more effectively

xxii. It has improved the life chances for children

xxiii. It has supported families to reduce the need for a child protection plan

xxiv. Other (*please* *specify*)

………………………………..........................

</div>

ai). What are the reasons why Pathfinder support/models of delivery are impacting on the families your staff work with *(please provide details below)*

....

……………

b. No

bi) Why do you feel the support /models of delivery developed by the Family Pathfinder/Young Carer Pathfinder has NOT impacted on outcomes for the families your agency/service work with?

c. Don't know

ci) Why are you unable to say?

11. What have been the critical success factors in improving support for families through the Family Pathfinder/Young Carer Pathfinder approach? (*please provide your response below*)

Alternatively, If you feel the Family Pathfinder/Young Carer Pathfinder approach has **not** improved support for families, please outline the reasons why below.

....

....

12. How would you rate the service provided by the Family Pathfinder/Young Carer Pathfinder (effective/ partly effective/not at all effective/don't know) in terms of:

a. The intensity of support they can provide for families

b. The specialist nature of the support they can provide

c. Their ability to work with very challenging families

d. Their ability to coordinate services to meet the needs of families more effectively

e. Their ability to draw in other specialist support

f. Providing support to prevent families being referred to child protection

g. Ensuring that families who do need to be referred to child protection are referred in a timely manner.

13. Which, if any, of the Pathfinder developments will be sustained post-March 2011(*please tick one box only*)? (RESPONSES: *very likely, fairly likely, not at all likely, don't know/not applicable*)

    a.   use of whole family assessments

    b.   use of personalised budgets

    c.   joint working with other agencies/services

    d.   joint training with other agencies/services

    e.   protocols/information sharing arrangements between agencies/services

    f.   use of Team Around The Family approaches

    g.   pooled budgets

    h.   the voluntary sector providing support for families

    i.   use of community-based initiatives to support families (e.g. mentoring, volunteering support)

    j.   strategic-based decision making involving adult, children's and other services

    k.   Other (*please specify*)

13a) Please provide the reasons for your response below:

....

13b) Please provide the reasons why these developments will be sustained below:

....

13c) If you feel that any other aspects of the Pathfinders' work will be sustained post-March 2011, please detail them below and provide reasons why they will be sustained.

....

14. Any other comments

Please use the space below to provide any additional comments regarding your experiences of working with the Family Pathfinder/Young Carer Pathfinder.

Contact details

We would be extremely grateful if you could provide a contact telephone number to enable us to clarify or expand on any points that you have made.

Thank you for taking the time to complete this survey

Family Pathfinder Evaluation: Practitioners' Survey

Introduction

In 2008, 15 local authorities received funding to develop family-focused working, with six of these authorities receiving additional funding to work with young carers and their families. In 2009, an additional 12 areas received funding to develop their work with young carers and their families. The work focuses on:

- providing tailored packages of intensive support for families with complex needs; and

- initiating systems reform to provide a whole family response, bringing together adult, children's and other services.

This survey aims to explore your involvement, as a practitioner, with the Family Pathfinder / Young Carer Pathfinder. The survey is designed to gather evidence of:

- changes to practice, at both a strategic and operational level;

- joint commissioning;

- information sharing amongst agencies and services;

- improved outcomes for families;

- facilitators and barriers to implementing family-focused models of working.

The survey should take no longer than **20 minutes** to complete. Your views will provide important learning for the Pathfinder and we hope, identify areas of good practice, as well as areas for development.

We have asked you to provide us with your name so that we can contact you if we have any additional queries. We will not pass on your details to any third party and your responses will only be used for the purposes of this research. We would like to emphasise that all the information you provide will be kept and used in the strictest confidence and that your details will remain anonymous.

Background

i.   Name

ii.   Agency/service:
1. Health, including mental health and substance misuse
2. Multi-agency team
3. Adult social care
4. Children's social care
5. Education
6. Connexions
7. Youth offending service
8. Police/Probation service
9. Housing
10. Voluntary sector agency
11. Youth Service

12. Employment services

13. Commissioning services ……………….....................

14. Other   (*please   specify*)……………………………………………

2. Remit (*please tick one box only*)

    a. Adult services

    b. Children services

    c. Other (*please specify*)

iii. Team (if applicable):

iv. Job Title:

v. Please provide a brief description of your job role

vi. Please provide a brief description of the types of families you work with in terms of their levels of need and the type of support they require.

vii. Which Family Pathfinder(s) and/or Young Carers' Pathfinder(s) do you work with? (*Please tick all that apply*)

Blackpool	Somerset	Hartlepool Young Carers
Bolton	Somerset Young Carers	Hull Young Carers
Bolton Young Carers	Southampton	Luton Young Carers
Brighton & Hove	Southend	Manchester Young Carers
Durham	Sunderland	Milton Keynes Young Carers
Gateshead	Sunderland Young Carers	Norfolk Young Carers
Gateshead Young Carers	Walsall	Reading Young Carers
Islington	Warrington	Suffolk Young Carers
Islington Young Carers	Westminster	Telford & Wrekin Young
Leeds	Blackburn Young Carers	Carers
Salford	Cornwall Young Carers	Wigan Young Carers

Experience of Working with the Family Pathfinder/Young Carer Pathfinder

1. Have staff from the Family Pathfinder/Young Carer Pathfinder contacted you to discuss a family's needs or possible service requirements? *(Please tick one box only)*

    a. Yes

    b. No

2. Have you contacted the Family Pathfinder/ Young Carer Pathfinder regarding a family's needs or possible service requirements? *(Please tick one box only)*

a. Yes

b. No

3. Have you referred any families to the Family Pathfinder/Young Carer Pathfinder?

a. Yes:

    a1. Why have you referred families to the Family Pathfinder/Young Carer Pathfinder? (*Please tick all that apply*)

        i.   The families we have referred do not meet our thresholds, therefore we cannot support them

        ii.   We cannot provide the intensity of support that families require and which the Family Pathfinder/Young Carer Pathfinder can provide

        iii.   We cannot provide the specialist support that families require (e.g. support for young carers and their families, mental health services, parenting support, substance misuse, etc)

        iv.   We cannot provide the range of support that can be provided by the Family Pathfinder/Young Carer Pathfinder (e.g. family support, debt and housing advice, mental health support, educational support, domestic violence support, etc)

        v.   We have capacity issues which means that referring to the Family Pathfinder/Young Carer Pathfinder can help alleviate these

        vi.   The Family Pathfinder/ Young Carer Pathfinder can more easily coordinate support for the wider needs of the families, in addition to the support my agency/service provides

        vii.   We have agreed protocols and referral pathways in place which are clear as to when we can refer

        viii.   Other (*please specify*) ....

b. No:

    b1. Why have you not referred families to the Family Pathfinder/Young Carer Pathfinder? (*Please tick all that apply*)

        i.   We are not aware of the work that the Family Pathfinder/Young Carer Pathfinder is undertaking or that we can make referrals to them

        ii.   We can manage the needs of families without their support

        iii.   The families we work with do not need their support

        iv.   The families we work with do not meet the criteria set by the Family Pathfinder/Young Carer Pathfinder (e.g. mental health services, parenting support, substance misuse, support for young carers and their families)

        v.   Too many agencies are already working with these families

        vi.   The Family Pathfinder/Young Carer Pathfinder cannot work with the high level needs of the families we work with

        vii.   Because the Family Pathfinder/Young Carer Pathfinder is already at full capacity

        viii.   We do not work directly with families

        ix.   It is not part of my role to make such referrals

        x.   Other (*please specify*) ....

4. Have you attended any formal meetings (e.g. Team Around the Family/Child meetings, core group meetings, Parenting Panels, reviews, risk panels etc.) with Family Pathfinder/Young Carer Pathfinder staff to discuss families' needs and support requirements?

    a. **Yes:**

        a1. How effective do you think these meetings are in identifying families' needs and developing packages of support? (*Please tick one box only)*

            i.   Effective

            ii.   Partly effective

            iii.   Not at all effective

        a2. Please explain your reasons for this response.

    b. **No**

        b.1 Why have you not attended any formal meetings? (*Please tick all that apply*)

            i.   I am not aware of any meetings taking place or have not been invited to any meetings

            ii.   I have been invited to meetings but have been unable to attend

            iii.   I do not have the time to attend these meetings

            iv.   I do not feel it is relevant for me to attend these meetings

            v.   I do not feel the meetings are beneficial for the families I am working with

            vi.   I do not work directly with families

            vii.   Other   (*please   specify*)
               ....

Joint Working Arrangements

We are interested in finding out whether you have been involved in any joint working with Family Pathfinder/Young Carer Pathfinder staff, e.g. undertaking whole family assessments, delivering packages of support to families, and/or undertaking progress reviews.

5. Have you contributed to whole family assessments with Family Pathfinder/Young Carer Pathfinder staff?

    a. **Yes**

        a1. What is your view of the whole family assessment process? (*Please tick all that apply)*

            i.   It improves the level of coordination and accountability between agencies in providing effective support to families

            ii.   It is an effective use of time

            iii.   It increases the amount of information that is shared between agencies

            iv.   It gives a much bigger picture of the whole family and not just our client

            v.   It duplicates resources

vi.   It ensures that the needs of all members of the family are identified

vii.   It is very difficult to come to an agreement on the needs of all family members

viii.   Other (*please specify*) ……………………………………………………

b. **No**

    b1. What are the reasons for not undertaking whole family assessments with Family Pathfinder/Young Carer Pathfinder staff? (*Please tick all that apply)*

        i. We do not carry out joint assessments with any other agencies/services

        ii. We have not developed joint family assessment processes

        iii. It has not been possible to schedule in times to undertake joint assessments with other agencies/services

        iv. There has been no need to undertake joint assessments

        v. We have not been asked to contribute to a whole family assessment

        vi. We do not work directly with families

        vii. This is not part of my role

        viii. Other *(please specify)*..

6. Have you undertaken any joint delivery of work with Family Pathfinder/Young Carer Pathfinder staff as part of a package of support to families?

a. **Yes:**

    a1. What support have you provided? (*Please tick all that apply*)

        i. Delivering specific parenting programmes

        ii. One-to-one work with parents

        iii. One-to-one work with children/young people in the family

        iv. Intensive support for the whole family

        v. Family counselling

        vi. Family group conferencing

        vii. Signposting families to other services

        viii. Substance misuse treatment services

        ix. Child mental health services

        x. Adult mental health services

        xi. Support with housing

        xii. Undertaken a carer's assessment

        xiii. Provided help and support about education/learning/employment opportunities

        xiv. Positive activities

        xv. Information about benefit entitlement

        xvi. A personalised budget to support families

        xvii. Respite care or childcare

        xviii. Other (*please specify*)..

a2. What support have Family Pathfinder / Young Carer Pathfinder staff provided? (*Please tick all that apply*)

    i.   Delivering specific parenting programmes

    ii.   One-to-one support with parents

    iii.   One-to-one work with children/young people in the family

    iv.   Intensive support for the whole family

    v.   Family counselling

    vi.   Family group conferencing

    vii.   Signposting families to other services

    viii.   Substance misuse treatment services

    ix.   Child mental health services

    x.   Adult mental health services

    xi.   Support with housing

    xii.   Undertaken a carer's assessment

    xiii.   Provided help and support about education/ learning/ employment opportunities

    xiv.   Positive activities

    xv.   Information about benefit entitlement

    xvi.   A personalised budget to support families

    xvii.   Respite care or childcare

    xviii.   Other (*please specify*)...

a3. What support has been provided through the Pathfinder that you feel would not have otherwise been provided?

    i.   Delivering specific parenting programmes

    ii.   One-to-one support with parents

    iii.   One-to-one work with children/young people in the family

    iv.   Intensive support for the whole family

    v.   Family counselling

    vi.   Family group conferencing

    vii.   Signposting families to other services

    viii.   Substance misuse treatment services

    ix.   Child mental health services

    x.   Adult mental health services

    xi.   Support with housing

    xii.   Undertaken a carer's assessment

    xiii.   Provided help and support about education/ learning/ employment opportunities

    xiv.   Provided positive activities

    xv.   Provided information about benefit entitlement

    xvi.   A personalised budget to support families

xvii. Respite care or childcare

xviii. Other (*please specify*)...

a4. In your experience, what are the main benefits linked to undertaking joint working with the Family Pathfinder / Young Carer Pathfinder? (*Please tick all that apply):*

i. There is better information sharing between agencies about members of the family

ii. More families receiving tailored support leading to improved outcomes

iii. Improved coordination and accountability in delivering support to families

iv. Families receive help at the most appropriate time

v. It reduces our need to work with the family more intensively

vi. It ensures the needs of the family are met

vii. We are better able to share information on families

viii. Protocols are in place

ix. Budgets are being pooled to meet the needs of the whole family

x. Joint commissioning is taking place to meet the needs of the whole family

xi. Other (*please specify*) ………………………………….

b. No

b1. Why have you not undertaken any joint delivery of support? (*Please tick all that apply):*

i. We have not developed joint working relationships

ii. We have not developed joint working protocols

iii. It is too difficult to work across agencies

iv. There has been no need to work together (due to, for example, duplication)

v. There are no agreed referral criteria in place

vi. An information sharing protocol is not in place/signed off

vii. It is not my role to undertake joint delivery of support

viii. Other (*please specify*) ……………...

7. What needs to be changed to ensure that joint working across agencies is improved/ sustained? (*Please tick all that apply*)

a. Better communication across services/agencies

b. Formalised working protocols

c. Changes to information sharing arrangements between services/agencies

d. A better understanding of different professional remits

e. A better understanding of agencies/service thresholds

f. A better understanding of different professional cultures within the local authority

g. A greater awareness of the support that can be provided by other services

h. Cultural change within the authority

i. Improved leadership and drive from senior managers

j. Greater clarity of the roles of lead professionals

k. Joint commissioning arrangements need to be in place to meet the needs of the whole family

l. Budgets need to be pooled

m. Budgets need to be devolved down to family level

n. Training needs to be always carried out jointly

o. Don't know

p. Nothing needs to be changed

q. Other (*please* *specify*)
....

Impact of the Family Pathfinder/Young Carer Pathfinder on Wider Working Practice

8. How has the work of the Family Pathfinder/Young Carer Pathfinder impacted on your working practice? (*Please tick all that apply*):

a. It has encouraged me to consider the needs of the whole family in my working practice

b. It has made me search for information about other family members before I make decisions for my client

c. It has increased my awareness of the needs of young carers and their families

d. I have been involved in training linked to family-focused working (e.g. integrated training with adult and children's services on Team Around The Family approaches, whole family assessment etc)

e. I feel I have a greater capacity to support the families I work with

f. My service has developed formal procedures/agreements for referring families to the Pathfinder

g. I have referred families for additional support

h. I am more aware about how to access wider support for families who need it

i. It has improved my working relationship with staff from children's services

j. It has improved my working relationship with staff from adult services

k. It has improved my working relationship with staff from other sectors e.g. the voluntary sector

l. It has had no (positive) impact on my working practice

m. It has had a negative impact on my working practice. Why? (*Please provide details below*)

....

9. If you feel your working relationship with staff from other sectors (e.g. the voluntary sector, adult or children's services) has improved, please provide an overview of how it has improved below:

………………………………………………………………………………………
……...

10. If you have been involved in training linked to family-focused working (e.g. Team Around The Family approaches, whole family assessments etc). What impact has the training had, in terms of your working practice and/or delivery of support to families? (If you have not been involved in training, please write N/A)

………………………………………………………………………………………
……...

11. Has the work of the Family Pathfinder / Young Carer Pathfinder helped you share information on families more effectively?

a. **Yes:**

a1. Do you have formal and/or informal information sharing arrangements? (*Please tick one box only*)

i.   Formal e.g. defined protocols, guidance, systems

ii. Informal e.g. via telephone, email, post

iii. Both formal and informal

a2. How effective have these been in keeping you informed of families' progress/needs? (*Please tick one box only*)

i.   Informal (effective, partly effective, not at all effective)

ii. Formal (effective, partly effective, not at all effective)

iii. Both (effective, partly effective, not at all effective).

a3. What has helped this process? *(Please tick all that apply)*
i.   Strong multi-agency cooperation

ii. Strategic managers' buy-in to family-focused working

iii. Shared targets and common goals

iv. Face-to-face meetings to determine what can be shared

v.   Understanding the range of information agencies gather

vi. Developing agreed protocols

vii. Gaining trust between agencies

viii. Other (*please specify*)...

b. **No:**

b.1 What are the barriers to information sharing? (*Please tick all that apply*)

  i. Services/agencies' confidentiality policies prevent the sharing of information

  ii. Lack of trust between agencies/services

  iii. Lack of an appropriately secure system to transfer information

  iv. Lack of awareness of how to share information securely

  v. Not knowing what information we can share

  vi. Lack of commitment to sharing information from some services/agencies

  vii. Lack of commitment from senior managers to information sharing

  viii. Lack of strategic support to sharing information

  ix. Lack of protocols to establish what can be shared

  x. Families are reluctant for agencies to share information

  xi. Other (*please specify*)..

c. Not applicable

d. Don't know

Impact on Families

12. Is there evidence that family-focused support /models of delivery developed by the Family Pathfinder/Young Carer Pathfinder is impacting on outcomes of the families you work with?

a) Yes

  a2. What is the impact on families? (*Please tick all that apply*)

  i. Families are receiving support earlier, helping to prevent issues from escalating

  ii. Families are receiving more effective support

  iii. Families' risk levels are reducing

  iv. There has been a reduction in inappropriate levels of caring amongst young carers

  v. Reduced safeguarding concerns

  vi. Families are engaging better with services/agencies

  vii. Families are functioning more effectively

  viii. The number of enforcement actions the family is subject to has reduced

  ix. Families are no longer facing any enforcement action

  x. Families are engaging in substance misuse treatment/ counselling

  xi. Families are receiving support from Child and Adolescent Mental Health Services (CAMHS)

xii. Families are receiving support from adult mental health services

xiii. Families are engaging in parenting programmes

xiv. Levels of anti-social behaviour are reducing

xv. Children's attendance at school is improving

xvi. Family members have engaged in employment or training

xvii. There are fewer complaints from neighbours

xviii. Families are no longer facing eviction

xix. Families have developed stronger networks of support through extended family/friends

xx. Families are managing their debt

xxi. Domestic violence issues within families are being addressed now, or are being addressed more effectively

xxii. It has improved the life chances for children

xxiii. It has supported families to reduce the need for a child protection plan

xxiv. Other (*please specify*)..

ai) What are the reasons why Pathfinder support/models of delivery are impacting on the families you work with? (*Please provide details below)*

....

....

b) No

bi) Why do you feel the support /models of delivery developed by the Family Pathfinder/Young Carer Pathfinder is NOT impacting on outcomes for the families you work with?

c) Don't know

ci) Why are you unable to say?

13. Do you consider that the Family Pathfinder / Young Carer Pathfinder has helped fill a gap in service delivery/support for families in need within your local authority?

d. Yes

a1. What gap(s) has it filled? (*please tick all that apply*)

i. It has addressed the needs of families who do not meet existing service thresholds

ii. It has addressed the needs of families who require greater intensity of support

iii. It has met the needs of families who have refused to engage with services in the past

> iv. It has provided a model of working with families that we did not have previously
>
> v. It has provided families with better coordinated and individualised packages of support
>
> vi. Adult, children's and other services are working closer together to implement and deliver a family-focused support
>
> vii. It has led to the establishment of clear referral pathways between agencies
>
> viii. It has met the need to carry out whole family assessments
>
> ix. It has provided support focusing on the needs of the family as a whole
>
> x. It has provided intensive support when families need it
>
> xi. Other *(please specify)*
> …………………………….............................

e. No

> **ei)** Please provide reasons for your response below:
> ....
> ....

14. How would you rate the service provided by the Family Pathfinder/Young Carer Pathfinder (RESPONSES: *effective/ partly effective/not at all effective/don't know*) in terms of:

   a. The intensity of support they can provide for families

   b. The specialist nature of the support they can provide

   c. Their ability to work with very challenging families

   d. Their ability to coordinate services to meet the needs of families more effectively

   e. Their ability to draw in other specialist support

   f. Providing support to prevent families being referred to child protection

   g. Ensuring that families who do need to be referred to child protection are referred in a timely manner

15a) Which, if any, of the Pathfinder developments will be sustained post-March 2011? (RESPONSES: *very likely, fairly likely, not at all likely, don't know/not applicable*)

   a. Use of whole family assessments

   b. Use of personalised budgets

   c. Joint working with other agencies/services

   d. Joint training with other agencies/services

   e. Protocols/information sharing arrangements between agencies/services

   f. Use of team around the family approaches

   g. Pooled budgets

   h. The voluntary sector providing support for families

i. Use of community based initiatives to support families e.g. mentoring, volunteering support

   j. Strategic-based decision making involving adult, children's and other services

   k. Other (*please specify*)

15b) Please provide the reasons why these developments will be sustained below:

...
....

15c) If you feel that any other aspects of the Pathfinders' work will be sustained post-March 2011, please detail them below and provide reasons why they will be sustained:

...
....

16. Any other comments

Please use the space below to provide any additional comments regarding your experiences of working with the Family Pathfinder/Young Carer Pathfinder.

Contact details

We would be extremely grateful if you could provide a contact telephone number to enable us to clarify or expand on any points that you have made.

Thank you for taking the time to complete this survey

Family Follow-Up: Pathfinder Exit Stage
Topic Guides for Consultations with Lead Professionals/Key Workers and Families

A. Topic Guide: Lead Professional/Key Worker
Identification and referral
1. How and why were this family identified as a Family Pathfinder family?
Build on evidence from FPIS and probe in terms of: • Overview of family characteristics and circumstances at the point of referral/and now • Why were they referred to the Family Pathfinder? Reasons? ASB, crime, substance misuse, children at risk, mental health issues, extreme poverty, poor educational outcomes for the children etc. • Who referred them to Family Pathfinder (if not clear from FPIS)? • How referral was assessed • How did the family react to the referral • Were they looking at sanctions if the family did not engage or was it voluntary?
2. How and why were the family referred to you?
Probe: • Reasons became LP for this family? Were they the most appropriate person for the role? Did the family have a say in who their LP was? • What information was received by the practitioner on referral e.g. number of complaints from neighbours to the police about the family, consistent negative reports by teachers? Housing officers continually visiting the property due to rent/arrears? Young person in youth offending team? • Quality of information received at the point of referral? Was it appropriate/how helpful was it? • Did the key worker continue to have access to this information/was it updated on a regular basis? • Was there a contract in place to try and manage family members' behaviour? • Initial visits undertaken? With the referring agency? Purpose of those visits? • Differences between this approach to identification and referral and how they would have worked previously. Is the Pathfinder approach more effective and why?
Assessment
3. How effective was the assessment process?
Probe: • Can they describe the assessment process – who was involved (agencies/family members) etc.

A. Topic Guide: Lead Professional/Key Worker

• What was the output of the assessment? E.g. did they have some kind of family support/action plan etc? If so, what did this contain?
 • How they became aware of other agencies' involvement?
 • How they ensured that the needs of **all** family members were appropriately assessed?
 • Did you find it easy to get information on all members of the family from a range of agencies?
 • How were family members involved in the assessment process? Which family members were involved? Effectiveness of that process?
 • Details of assessment tools used and why? Benefits and challenges of using these tools?
 • Benefits of:
    – talking to the family;
    – talking to other agencies;
    – reviewing existing data /assessments (which ones?)?
 • How well did the assessment process work? Did it highlight previously unidentified needs/other family issues? If so, what were they?
 • How is the Pathfinder assessment process different to how they worked previously? What are the strengths and weaknesses of this approach?
 • Did the assessment process lead to the support being provided in a timely manner?
 • Did it reveal any safeguarding concerns?

Support provided
4. Overview of support provided
• When did they start working with the family?   • Can they describe the work they did with the family (probe details)?   • What support/interventions were provided (probe details of these)?   • How much time did the Pathfinder spend with the family? Frequency of visits?   • What was the approach if the family started regressing?   • Looking back are there any changes they would make in how they/Pathfinder worked with the family and reasons for this;   • Which other agencies were involved? How was different agencies' input coordinated etc?
5. What are your views on the support provided for this family?
• What were the barriers and facilitators to ensuring effective integrated working for the professionals working with this family?

A. Topic Guide: Lead Professional/Key Worker
- Were the family aware of the support you were providing? If not, why not? What did it mean to them?   - Did it meet the family's needs? Reasons for response? If not, what was done to provide more appropriate support?   - How well was the support coordinated between difference agencies e.g. between enforcement led and support led agencies?   - What support did you feel the family needed? How did this differ from what the family thought they needed? What they received?   - Was the support provided on a conditional basis? Were the family required to change their behaviour? Was there a contract to support this? How effective do you think it was?
6. How did the support provided differ from that provided previously?
Probe in terms of: - activities family members engaged in /type of support provided;   - intensity of support provided;   - how it was provided /coordination of support;   - who provided the support;   - when it was provided;   - in terms of which family members received support?
7. How well did the family engage with the Pathfinder support provided?
Probe in terms of: - How easy/difficult to engage family members? Factors supporting and hindering family engagement   - Strategies used to engage the family and deal with resistance/disengagement/build up trust. What worked well/ less well and why?   - Approaches used to gaining consent. What worked well/less well?   - How Pathfinder engagement processes different to previous experiences?   - Which activities /support worked well and why?   - Which activities /support worked less well and why? What could have been done to make it better?
8. How well were the family engaged in decision making?
Probe in terms of: - Setting and reviewing targets and goals;   - Prioritising the support provided;   - Being asked their views on the type of support provided;   - Changes to support provided in light of their comments;   - Family engagement in review meetings (TAFs);   - Engaging **all** relevant family members;

A. Topic Guide: Lead Professional/Key Worker
• Challenges and benefits of family-led decision making;
• How involvement of family in decision making different to previous experiences of involving families in decision making.
9. How effective has the support been?
Probe:
• How well has it addressed the issues identified for the family? Are the family aware of those?
• Has some support been better than others? Why?
• In what ways could it have been improved?
• Was there sufficient support to meet the family's needs?
• More effective/less effective than previous support and reasons for this.
Impacts
10. What difference has the support made to the family?
Probe:
• What were the key outcomes for family members?
• Do you think there was a key turning point in terms of the family changing their behaviour? If yes, what was it?
• Changes seen – probe each area in turn: ASB, mental health issues, family relationships, health, caring responsibilities, school attendance, offending, taken up training, employment, reduction in substance misuse, community testifying to improvements
• Evidence of impact
• Would the family have received the same services without the Pathfinder's work?
• What in particular has made the difference and why (e.g. succeeded where previous intervention failed)?
• Where no improvements made - what are the reasons for this?
• Do you think that the family would have benefited from this type of support any earlier? Why?
Exit strategy and support
11. How did you make the decision to exit this family from the Pathfinder?
Probe:
• Risk assessment: how did you assess this risk based on the outcomes identified above?
• Capacity issues
• Involvement of family in making the decision
12. What support structures are in place for this family now they are exiting the Pathfinder?
Probe:
• Which agencies/services will still be working with the family? What support are they providing? Who is responsible for coordinating

A. **Topic Guide: Lead Professional/Key Worker**
that support once you/the Pathfinder has withdrawn? • Views on effectiveness of support provided post-Pathfinder? • Will the support provided continue to meet their needs? • Are the family able to support themselves? • [If relevant] What do they know about the family's progress since they exited the Pathfinder?
13. **How will the positive outcomes be sustained over the longer term?**

Probe:
- Areas of impact identified eg school attendance, improvements in mental health etc.
- Strategies family have to address issues they are likely to face?
- Who would they go to if they felt issues were becoming a problem again?
- Any other keeping in touch/overview activity provided by the Pathfinder?
- Are families encouraged to then become peer mentors for other families receiving support?

B. Topic Guide: Parents/Carers/other adult family members

Overview of family circumstances from the adult's perspective

Identification and referral

1. What did you think of the initial contact/referral process involving [name of LP]?

- How did their initial contact with the Pathfinder come about?
- How aware were they of the Pathfinder before this; why do they think they were put in contact with the Pathfinder? Why were they identified for extra support/help?
- What did they think about working with the Pathfinder; What good /not so good about it?
- Was it voluntary? Did you think that you had a choice whether to work with the Pathfinder?
- From Lead Professional (LP) interview will know whether the family had enforcement actions or sanctions. If this is the case, please ask whether [name of enforcement action/sanction] was the reason they started working with the Pathfinder? If yes, would they have worked with the Pathfinder otherwise?
- Did you want the support when you were initially referred?
- Describe your initial thoughts/expectations/hopes/concerns about engaging with the pathfinder? Did you think it would be something different? What expectations did you have based on your knowledge of it?

Assessment

2. What did you think about the assessment process?

- Did they meet with [name of LP] to talk about their issues? Clarify who met LP (were other family members and/or professionals involved)?
- Did it focus on the needs of **all** family members, not just particular individuals?
- How aware were they that they were being assessed?
- What sort of needs/issues were identified (by family and LP)? Did they agree with the issues identified? [Give examples if necessary.]
- Did you draw up a family plan or contract? What did it say? Did you agree with it?
- Views on whether this assessment process different to other assessments been through? In what ways?
- Views on effectiveness of the assessment process.

Support provided

3. Support provided

- When did the Pathfinder/LP start working with them?
- What support was provided by the Pathfinder (probe details)? Did the type of support provided change over time? Reasons for this?
- What contact did they have with their LP? How did they help you? How often did they see them? Did this change over time?

B. Topic Guide: Parents/Carers/other adult family members
• Who else (which other agencies) was working with you (probe other agency involvement)?   • Were they aware of what support was provided by the Pathfinder/other agencies?   • Was the support provided on a conditional basis? Were the family required to change their behaviour? Was there a contract to support this? How effective do you think it was?
4. What did you think of the support provided?
• What support did you feel you needed as a family? How did this differ from what the LP thought you needed? What you got?   • Did it meet your family's needs? Reasons for response? If not, what was done to provide more appropriate support?   • Was the support provided when you needed it (i.e. timing of support appropriate)?   • Do you think you would have got this support without your LP worker [name]/how did the LP make sure your family got the support they needed?   • Did you feel [name of LP] had enough time to work with you/your family? Could you call them any time (including evenings, weekends)? Did you?   • Views on how well the support was coordinated between different agencies e.g. between enforcement led and support led agencies?
5. How did the support provided differ from that previously provided?
Probe in terms of: • Activities engaged in /type of support provided;   • Intensity of support provided;   • How it has been provided /coordination of support;   • Who is providing it;   • When it was provided;   • Which family members received support?   • What were your reasons for accepting the support from the Pathfinder   • What do you think would have happened if you had not received the support provided?
6. How well did the family engage with the support provided?
Probe in terms of: • Which activities /support worked well and why;   • Which activities /support worked less well and why;   • What could have been done to make them better?   • How easy to engage; what if any difficulties? Whether dropped out or declined any of the service/support provided? Did you want to engage?

B. Topic Guide: Parents/Carers/other adult family members
• Did you feel you had to engage to stop sanctions or enforcements?
• Did all members of the family feel the same about the support?
7. How well were the family engaged in decision making?
Probe in terms of:
• Setting and reviewing targets and goals;
• Prioritising the support provided;
• Being asked their views on the type of support provided;
• Changes to support provided in light of their comments;
• Family engagement in review meetings (TAFs); and which members were engaged, was it whole family or mainly one individual?
• How different to involvement in decision making with previous support provided.
8. How well have LP and other PF staff worked with you?
Probe:
• Difference in how LP worked with the family compared with how agencies/services worked with them in the past (eg involving family in decision making, information provided, type of support provided, coordination of support);
• Awareness that they were working with the Family Pathfinder Team and what that meant to them;
• Any changes they would make in how LP/Pathfinder team worked with the family.
• Would they recommend the FP to friends?
9. How effective has the support been?
Probe:
• How well has it addressed the issues identified for the family? Was it the right support? And did they know that at the time or is it clearer now that they have received the support?
• Has some support been better than others? Why?
• In what ways could it have been improved?
• Was there sufficient support to meet the family's needs?
• Ways of working with the family.
• If they ran services for families in their situation what would they do? Would they do the same?
• What would they change?
Impacts
10. What difference has the support made to you and your family?

B. Topic Guide: Parents/Carers/other adult family members
Probe:
- Are they aware of improvements   - Changes seen (refer to FPIS) e.g. ASB, mental health issues, family relationships, health, caring responsibilities, school attendance, offending etc.   - What in particular has made the difference and why?   - How important is it to have the Pathfinder?   - How would they have managed without the Pathfinder?   - Three best things about working with the Pathfinder/LP?   - Do you think that as a family you would have benefited from this type of support any earlier? Why?   - Where no improvements made - what are the reasons for this?   - What did you/your family agree to do as part of the bargain?
Exit Support
11. What support is available for you and your family now you have stopped working with the Pathfinder?
Probe:
- Views on effectiveness of support provided post-Pathfinder?   - Will the support provided continue to meet their needs?   - Do you feel more able to support your own families' needs?   - Would you know where to go for more support if you needed it in the future?
12. How will the positive outcomes be sustained over the longer term?
Probe:
- Areas of impact identified (refer to FPIS) e.g. school attendance – how will they ensure their child continues to attend school regularly etc.   - What strategies have they learnt to ensure issues do not escalate again? Who would they go to if they felt issues were becoming a problem again?   - What goals do you have for the future – have these changed?

C. Topic Guide: Children and Young People

Overview of family characteristics from child/young person's perspective

Identification and Referral

1. Did you think it would be a good idea to work with LP?

- Why /why not?
- Reasons for response?
- Did you feel that you had a choice?

2. What help did the LP say they could give you /your family?

- How was this different to what you had before?

Assessment

3. How did the LP decide what help your family needed?

- What sort of questions did they ask you/your family?
- Did they ask everyone in the family what sort of help they needed? Did they ask you?
- What did you think of this?
- Had anybody asked you these sorts of questions before?
- How did you decide what help you/your family think you needed? Did you agree?
- What was good /not so good about doing this?

Support provided

4. Overview of support provided

- Describe the types of support you/your family received e.g. engagement in positive activities, mentoring, tuition etc. What did you do when you saw LP?
- Did the support/activities involved in change over time? If so, in what ways?
- What help did other members of your family get e.g. parents/carers, siblings, grandparents etc? Views on this?
- What contact did they have with the LP? How did they help them? How often did they see them? Did this change over time?
- Who else (which other agencies) worked with you (probe other agency involvement)/your family?
- What did you/your family agree to do as part of the bargain?

5. What did you think of the help provided?

- How would they describe their LP – what did you like/not like about them?
- What was good about the help the LP gave / what was not so good?

C. Topic Guide: Children and Young People

- Was it what you needed? Reasons for response?
- How did the LP make sure you got the support you needed?
- Did LP have enough time to work with you/your family?

6. How was the help different to what you had before?

Probe in terms of:

- What you did when you saw LP/other professionals (activities/type of support provided);
- How often you saw them (intensity of support provided);
- How it has been provided /coordination of support;
- Who worked with you /other family members;
- When you saw LP/other professionals;
- Which family members received support?

7. Did you choose what help you received?

Probe:

- Involvement in setting and reviewing targets and goals and views on involvement;
- Were they asked what they would like to do;
- Were they were asked their views on the support provided;
- Changes to support provided because of what you said.

8. How effective has the support been?

Probe:

- What difference has the Pathfinder made to them? Which types of support have made the biggest difference? How has the support provided by LP or accessed by them helped you/your family address your problems?
- Has some of the support provided been better than other support? Why?
- In what ways could it be improved?
- Do you think the amount of support you/your family received was enough? If not, why not?
- If you could change or improve the support provided by LP [or accessed by them] what would you change?

Impacts

9. What difference has the support made to you and your family?

Probe:

- Changes seen (refer to FPIS) e.g. ASB, health issues, family relationships, caring responsibilities, school attendance, offending etc
- What in particular has made the difference and why;

C. Topic Guide: Children and Young People
- If relevant, why has this support made a difference and previous support not;   - How important is it to have a Pathfinder?   - How would they and their family have managed without the service?   - Three best things about working with the Pathfinder/LP;   - Where no positive changes, what are the reasons for this?   - What goals do you have for the future – have these changed?
Exit Support
8. Now LP has finished working with you, what help are you/your family getting?
- How do you feel about LP not working with you anymore?   - Who is still working with you? What help are they giving you?   - How will you make sure that the positive outcomes (list outcomes identified) will continue without the support of the LP?   - Who would they go to if they felt issues were becoming a problem again?