



Ipsos MORI
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Troubled Families Programme

Qualitative case study report

Phase 2: Wave 2

Ipsos MORI

Contents

Acknowledgements	1
Executive summary	2
a. Methods	2
b. Service transformation	2
c. Supporting families with children at risk	4
d. Addressing worklessness and debt	4
e. Addressing family problems	5
f. Earned autonomy	5
g. Preparing for Troubled Families Programme funding to end	6
1. Background	7
1.1 Programme background	7
1.2 Research objectives	7
1.3 About the case study research	8
1.4 Research methodology	9
1.5 About this research report	11
2. Service transformation	13
2.1 Leadership	13
2.2 Communication and collaboration	16
2.3 Engaging the voluntary sector	19
2.4 Workforce development	22
2.5 Family experience	23
2.5 Conclusions	27
3. Enabling data sharing across agencies	28
3.1 Progress on data sharing in the case study areas	28
3.2 Case management software for data sharing	28
3.3 Engaging partners in data sharing	31
3.4 Addressing the challenges posed by GDPR	32
3.5 The importance of funding	32
3.6 Conclusions	33
4. Supporting families with children at risk	34
4.1 Co-location of services	34
4.2 Single front door for allocation and standardised assessment	35
4.3 Clear delineation between social workers and keyworkers, with key contact points and common practice models	36
4.4 Burden on children’s social care: what has been achieved and what may be lost after 2020	39

4.5 Conclusions	42
5. Addressing worklessness and debt	43
5.1 The Troubled Families Employment Adviser role	43
5.2 Fostering collaboration between agencies.....	45
5.3 Working towards ‘work-readiness’ as well as employment.....	47
5.5 Offering support on benefits and debt.....	50
5.6 Young people not in education, employment or training (NEET)	52
5.7 Conclusions	53
6. Addressing family problems.....	54
6.1 Addressing adult and child mental health problems.....	54
6.2 Addressing parental conflict and domestic abuse	56
6.3 Addressing gang and knife crime.....	58
6.4 Conclusions	60
7. Earned autonomy	61
7.1 Moving to earned autonomy.....	61
7.2 Use of earned autonomy funds.....	62
7.3 Measuring the impact of earned autonomy	63
7.3 Earned autonomy and the future of the Troubled Families Programme	64
7.4 Conclusions	65
8. Preparing for funding to end	66
8.1 The Troubled Families Programme legacy	66
8.2 What may be lost when funding ends	68
8.3 Conclusion	69
Appendix 1: Case study stakeholders discussion guide.....	71
Appendix 3: Case study keyworkers discussion guide.....	82
Appendix 3: Case study families discussion guide	90
Appendix 4 : Online forums keyworkers discussion guide	101
Appendix 5: Online forums Troubled Families Employment Adviser discussion guide	107
Appendix 6: Online forum earned autonomy discussion guide.....	113

List of tables

Table 1: Phase 2 research design	9
Table 2: Phase 2 case study areas	9

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Executive summary

a. Methods

- This is the fourth and final case study research report (Phase 2 Wave 2) of two longitudinal phases of qualitative research.
- It looks at service transformation and impact on families. This year at MHCLG's request it has a particular focus on data sharing, families with children at risk, worklessness and debt, the earned autonomy funding model and preparations for withdrawal of funding in 2020. It identifies good practice.
- It is based on in-depth interviews with a range of staff and families in five local authority areas and supplemented by three online forums including two with frontline staff and one specifically on earned autonomy.
- The findings of case study research provide an in-depth and contextually-based insight into how the programme is working in five diverse local authority areas. The report presents detailed evidence on barriers and enablers to progress in the programme which may be applicable in other areas. They are not intended to be statistically representative or directly generalisable to other local authority areas.

b. Service transformation

Leadership

- The research finds that service transformation has been widely achieved, albeit in different models, across case study areas.
- Strong and effective programme leaders were critical to building the right culture for the programme to thrive and for building key relationships.
- To enable a culture of joint working local areas used common communications protocols and channels, co-located 'hubs' for frontline staff, common approaches to training, common assessment tools and increased data sharing.
- In several areas, the programme's approach underpinned changes in strategic plans for family services with the programme's way of working becoming 'business as usual' rather than a separate distinct programme.
- Flexibility to set local outcomes was important to build local partner buy-in.
- The approach is being used to support families who do not meet the programme's criteria and keyworkers and specialist services are working together to provide holistic support.
- Building relationships was seen as crucial for collaborative working at different levels. Senior leads reported the importance of investing time and building strong personal relationships with key staff in partner agencies.

Communication and collaboration

- Good communication was crucial to partnership working. In the local authority areas researched in this report, communication approaches have matured. Good practice included face-to-face meetings, systematic approaches to email communications including shared programme email addresses, and partner engagement in developing new processes.
- The Troubled Families agenda gave frontline staff a clear rationale to collaborate with each other and supported a culture of doing so.
- Co-location of staff led to a huge improvement in effective partnership working. It allowed them to share information more easily and broke down cultural and professional barriers.

Engaging the voluntary sector

- Troubled Families Coordinators reported that engaging the voluntary sector primarily helped them address the growing complexity in needs of their families by deploying the specialist expertise and knowledge of practitioners in this sector.
- In one area a voluntary sector partner was leading cases, but it was more common for the voluntary sector to be involved in multi-agency initiatives or offer support at particular stages, such as at step-down.
- A lack of capacity from local authority teams to engage with and commission the right services was one of the main barriers to engaging more support from the voluntary sector. Other barriers included the need to train the workforce to deliver whole family working, the need to provide quality assurance, procurement rules and the uncertainty created for charities by the Payment by Results funding system.

Workforce development

- Training and development of staff was seen as a key component to delivering outcomes and supporting staff retention. This recognises the complex range of issues staff worked to address.
- Training included sharing Troubled Families principles and values widely across partners, skills exchanges across teams including by the Troubled Families Employment Adviser, training specific to local and possibly emerging needs such as gang violence, keeping up to date on the latest safeguarding practices and key systems and processes.

Experience for families

- Effective multi-agency working, supported by the continued presence of family keyworkers has ensured a more holistic and supportive service to families.
- Families' views of keyworkers as trusted, supportive professionals who help families build the skills they need to overcome challenges and meet their goals have been consistent over the four years of the evaluation. They remain consistent at this final wave.
- Keyworkers highlighted the need to build relationships with the families, to foster a sense of ownership over the initiative, to show empathy and act consistently in line with what has been agreed with families.
- Waiting lists for specialist services particularly CAMHS is a barrier to achieving outcomes with families.

Data sharing

- There was wide recognition of the value of sharing data to facilitate whole family working. Data was used in three ways:
 - Identification and targeting: identifying eligible families and targeting families for earlier intervention and working towards predictive analytics;
 - Supporting effective practice: providing frontline workers with access to the latest information to support their practice; and
 - Monitoring outcomes: recording family outcomes to support making payment by results claims and understanding the impact of the programme.
- Practitioners in our case study areas have sought to make improvements to data sharing between different agencies and partners since the first year of the evaluation, 2015. Since then, data sharing has led to progress in identifying families that require support, and aided partners to coordinate the services they provide to families.
- Software-based case management systems provided a platform and system for services and partners to share data, and supported good practice. They required sufficient resource and expertise to manage them.
- A further example of good practice was the creation of data sharing agreements to establish pathways for data to travel and helped local authorities adhere to GDPR.
- However, there were still barriers to data sharing that persisted across the case study areas in this final year of research.

- Culture/engagement barriers: partners, such as schools and GPs, were still reluctant to share data with outside agencies, and sometimes between themselves.
- Information governance barriers: partners did not always have data sharing agreements in place with key agencies and had concerns around the implementation of GDPR.
- Technical barriers: harmonisation of IT systems was costly and time intensive.
- Health partners were particularly reluctant to share information. There is high sensitivity around health data.
- Local authorities stressed the need for sufficient funding to support information sharing.

c. Supporting families with children at risk

- Overall, case study areas had made positive structural and delivery-level changes in Troubled Families keyworkers working alongside social workers between the initial visits in autumn 2017 and follow-up visits in autumn 2018.
- Integration of the Troubled Families Programme with children's social care services worked well in case study areas where children's social care services were already functioning well. Where children's social care services were in a disruptive transition period, collaboration with the Troubled Families Programme was also disrupted.
- Three elements contributed to positive practices and outcomes, which we will outline in detail below:
 - Co-location of services;
 - Single front door for allocation and standardised assessment; and
 - Clear delineation between social workers and Troubled Families keyworkers, with key contact points and common practice models.
- There is more of a common practice between early help services and children's social care than previously: both are using 'strength-based approaches' such as 'Signs of Safety' which means a broader move away from a focus on problems to concentrate on what works well in families.
- In the context of austerity, stakeholders and keyworkers lamented the reduction of universal services to refer families to which could provide a safety net. With fewer universal services which families can go to for very low-level support, there is elevated risk of escalation.

d. Addressing worklessness and debt

- Troubled Families Employment Advisers' contribution was widely acknowledged to have had a major impact on both families and the skills of frontline staff even at the last wave of fieldwork.
- Troubled Families Employment Advisers have moved from focusing only on welfare entitlement to looking at options to support families towards employment, seeing the benefits of this approach and how it relates to other aspects of families' lives.
- A potential barrier to success was the volume of cases advisers undertook. This was a common concern, with frontline staff sharing concerns about whether families were receiving the support they needed given TFEA workloads.
- Support on Universal Credit was particularly welcomed by frontline staff for whom this was a new area, and one which was felt to be complex and challenging.
- Troubled Families Employment Advisers emphasised that their focus with families was moving individuals towards 'work-readiness' with the longer-term aim of helping them find sustainable employment.
- Families on the programme typically faced challenging practical barriers to working. Advisers acknowledged the length of time which might be required to bring a family towards effective 'work readiness'.

e. Addressing family problems

- Participants in the research acknowledged that the shift to earlier intervention with families in the Troubled Families Programme had led to greater identification of need for specialist family problems such as domestic abuse or gang involvement.
- Service transformation and strong partnership working supported by the Troubled Families Programme is driving innovation to address emerging needs among local cohorts of families as they are identified by local authority Troubled Families teams.

Mental health

- One of the major challenges faced by frontline staff was the reported lack of capacity for services to meet the need identified. It is hard for individuals to progress with goals such as improved parenting or attending training when underlying mental health issues, such as anxiety and depression, have not been addressed.
- Key partners in Troubled Families Programmes saw a growing need for early intervention on mental health support for families.
- There was evidence of progress in achieving greater engagement from CAMHS among the case study areas.
- Good practice included identifying need early, educating parents on things like social media use, encouraging confidence building activities, co-locating mental health workers with other services, and schools providing counselling services.

Parental conflict and domestic abuse

- Stakeholders in this final wave reported a sense that domestic abuse is becoming a more prevalent problem within families. However, this may be due to greater awareness and reporting.
- Information sharing and rapid response to issues were seen as critical in responding to domestic abuse.
- To address parental conflict, keyworkers reported conducting separate meetings with both parents to ensure both have the information and feel they are being listened to. Other good practice included showing parents how their relationship is affecting their child, being solution-focused, and empowering parents to see what needs to change.

Gang and knife crime

- In some areas gang and knife crime was seen as a growing problem, with, for example, one senior stakeholder linking knife crime locally with 'county lines' drug-dealing and also feeling that the closure of local youth clubs following funding reductions within the local authority had diminished the resources to address the problems.
- Keyworkers are engaging with police and youth services to address youth crime. They are looking at underlying reasons for the criminal behaviour; working with the young person to increase their confidence and help plan their future; and also conducting gang and knife crime safety-related work with the young person and their parents.
- Training for staff on both spotting the signs and helping individuals to stay safe was felt to be crucial across the relevant case study areas. This required widespread training.
- Issues of criminal exploitation, sexual exploitation and extremism were noted to be connected to gang and knife crime.

f. Earned autonomy

- Earned autonomy leads taking part in the online forum felt that the new funding model provided them with a better platform to support plans for service transformation.
- Earned autonomy offered up front funding which then catalysed existing plans and support the development of specific initiatives, structural changes or investment in infrastructure.

- The tight deadlines for submission of applications meant that several earned autonomy leads felt they had rushed their applications and would have benefited from additional time to produce more rigorous indicators for earned autonomy, despite the extension of the deadline.
- Earned autonomy enabled areas to plan their budget and resources better.
- Changes funded by earned autonomy included initiatives to support further multi-agency working, whole family working and early help across partnerships. This included investment in staff training, which in one area was reportedly resulting in good staff retention.

g. Preparing for Troubled Families Programme funding to end

- The programme leaves a strong legacy, including:
 - Changing the culture in local authorities and across partner agencies;
 - Establishing a model of working with families based on well co-ordinated, multi-agency support;
 - Setting up the structures required to support effective delivery of early help services; and
 - Focusing minds on “making a difference”.
- Despite the strong legacy, there was a consensus that the end of the programme will leave a big gap in the early help budget. While there was a strong belief that the Troubled Families Programme provides an effective way of supporting families, with some evidence of the return on investment from the programme, after a decade of austerity, participants did not think it would be feasible for local authorities nor their partner agencies to fill this funding gap.
- From the frontline perspective, the end of Troubled Families funding combined with cuts to local authority budgets generally made the future feel very uncertain for frontline practitioners. Frontline staff who were participants in the online forum reported that they did not know what roles they would be working in post-2020.
- Planning for 2020 seemed to focus on two areas: securing other sources of government funding and considerations for reducing the early help offer, despite the widespread buy-in and achievements of the Troubled Families Programme.

1. Background

1.1 Programme background

The Troubled Families Programme is one of the most ambitious family programmes ever introduced in England supported by major funding from central government. The programme aims to achieve significant and sustained progress, with up to 400,000 families with multiple complex needs and transform the way local services are delivered. Key principles of the programme include:

Early intervention – The programme aims to address problems earlier rather than waiting for high-cost and reactive services to be required. Families at risk should be identified more proactively. Local services can then provide appropriate support to resolve problems and prevent escalation.

Focus on outcomes and data – The programme encourages the development of effective data systems and case management systems to identify the right families, share information, monitor progress and inform commissioning. The programme has a relentless focus on outcomes. This is demonstrated through the Payment by Results system which operates for the majority of local authorities taking part in the programme.

Whole family working - The programme aims to work with families in a holistic whole family way which is not constrained by agency boundaries. At its heart is a workforce that coordinates and sequences support for every family member who needs it and aims to respond to the full range of challenges a family needs to address.

Multi-agency working - The programme was designed to transcend agency boundaries and have a transformative effect on both families and on service delivery.

Troubled Families Coordinators (TFCs) manage the programme in an area. The key worker or lead worker manages the relationship with the family and the single plan and Troubled Families Employment Advisers (TFEAs) are seconded from Jobcentre Plus to work closely with local services.

This report presents findings from the **final year of qualitative research with staff delivering the programme and families receiving services**. It represents one element of the national evaluation of the programme, alongside a longitudinal quantitative Family Survey, quantitative Staff Surveys and analysis of national and local datasets. The overarching evaluation aims to explore the level of service transformation driven by the programme as well as the impact of the family intervention approach on outcomes for families themselves.

1.2 Research objectives

The overall aims of the qualitative element of the research study are twofold.

1. The study aims to **better understand the delivery of the programme**, exploring how local authorities have responded to the course of the programme, the extent to which service transformation has taken place¹ and, if so, how this has been manifest. This includes examining local authorities' roles:

1 The 'early help service transformation maturity model' provides expectations around service transformation. It was fully rolled-out in November 2016

- in **identifying the needs** of (potentially) vulnerable families in communities;
 - in **delivering a family intervention approach** and the skills needed by keyworkers and Troubled Families Employment Advisers to do this successfully;
 - in **effective partnership working**, and embedding the approach of working across agencies; and
 - the lessons that can be learned about good practice across these areas.
2. It also aimed **to provide descriptive accounts of how the approach has been received by families**. Here, research has been conducted to understand the lives of families participating in the programme, their experiences of the support they have received, their views on whole family working and what the key success factors are.

The research also aimed to capture **‘what works’ and examples of good practice** to inform policy and practice, especially with regards to the prospect of programme funding ending in 2020. At the time of fieldwork, funding decisions post 2020 had not yet been taken. In the 2019 spending round, the government extended the programme until March 2021.

1.3 About the case study research

The research has consisted of **two main phases**:

- **Phase 1 qualitative case study research (2015-16)**: Two waves of longitudinal research with stakeholders, keyworkers and families in **9 local authority case study areas** were conducted. At the second wave, discussion guides were supplemented with concepts encapsulated in the ‘Early help Service Transformation Maturity Model’² (the “maturity model”). The findings from both waves of this research are published and are available online³
- **Phase 2 qualitative case study research (2017-18)**: Two waves of longitudinal research with stakeholders, keyworkers and families conducted in **5 local authority case study areas**, purposively selected to generate example of good practice and for their focus on engaging the voluntary sector. Two of these case study areas have been retained from Phase 1. In addition, longitudinal research with frontline staff was conducted online in two waves of fieldwork, to address research questions about frontline experiences

In between the two phases of primary research, a workshop was conducted with MHCLG policy leads to develop the Phase 2 research questions, building on learnings from Phase 1 and to incorporate emerging policy issues, notably a focus on good practice/‘what works’, on the perspectives of frontline staff and on engagement of the voluntary sector. The table below presents an outline of the two strands of the Phase 2 research design in more detail, noting overall numbers achieved at Wave 1 and target numbers for Wave 2.

² <https://www.gov.uk/government/publications/troubled-families-early-help-service-transformation-maturity-model>

³ Part One: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605349/Service_transformation_-_case_study.pdf

Part Two:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665368/Service_transformation_Case_studies_research_Part_2.pdf

Table 1: Phase 2 overall research design

	(a) Local authority case study strand		(b) Frontline staff strand	
Wave 1: <i>Oct 2017 – Jan 2018</i>	5 x local authority case studies		6 x week-long online forums with frontline staff, each with 8-12 participants (achieved)	8 x week-long digital qualitative app diaries with staff (achieved)
	27 x longitudinal family and keyworker case studies	40 x stakeholder depth interviews		
Wave 2: <i>Sept 2018 – Jan 2019</i>	13 x longitudinal family and keyworker case studies (follow-up Wave 1)	35 x stakeholder depth interviews per area (follow-up Wave 1)	3 x week-long online forums with frontline staff, each with 8-12 participants (follow-up Wave 1)	
	1 x week-long online forum with key LA stakeholders and partners on earned autonomy			

1.4 Research methodology

1.4.1. Case study strand

Overall, the qualitative case study work was conducted in **five local authority areas** across England. This achieved geographical spread and a range of relevant attributes across the sample: geography/ locality, potential for generating insights into best practice, and potential for generating answers to key research questions (see Appendix for details).

Table 2: Phase 2 case study areas

Case study area	Region within England	Type of area	Earned autonomy or payment by results
1	North-East	Urban/ suburban	Payment by results
2	South-East	Urban/ suburban	Earned autonomy
3	North-West	Urban	Earned autonomy
4	North-West	Suburban/ rural	Earned autonomy
5	South-East	Suburban	Payment by results

Consideration was given to sustaining longitudinal insights over the full period of the evaluation (2015-19), and on this basis, two of the original Phase 1 case study areas were retained in Phase 2. Convenience was also a factor in the sampling: given the burden involved, it was necessary that local authorities were willing and had capacity to participate in the study.

Within each participating case study area, we spoke to around six families and their keyworkers, and six staff members, including those with strategic roles, such as partners and stakeholders. The fieldwork for this final wave was conducted **between October 2018 and January 2019**.

Participating **staff members and practitioners** were selected through initial discussions with Troubled Families Coordinators (TFCs) on the basis of who would be well-placed to contribute to the study, guided by suggestions from Ipsos MORI as to the inclusion of a mix of strategic and delivery staff. Staff/ practitioners interviewed in the study included:

- Troubled Families Coordinators;
- Troubled Families team leaders, data managers and service managers;
- Troubled Families Employment Advisers (Jobcentre Plus staff who are co-located within local authority teams); and
- Programme partners from other agencies (e.g. from within early help, schools, housing, social care, voluntary sector partners, health and policing services).

Families were selected at Wave 1 with a view to interviewing households who were relatively new to the Troubled Families Programme, so that their experiences could be followed up at Wave 2 to build a picture of their participation in the programme. As such, at Wave 1, local authorities were asked to provide samples of **families that had been engaged with the programme for a maximum of six months**. This time-frame was suggested to allow local authorities some flexibility so that other required criteria could be covered, such as a range of intervention type and problems experienced by families. Participating local authorities provided lists of families including those facing a range of different problems, diverse household structures and a range of levels of support needs, reflecting the expansion of the eligibility criteria for the programme to include families requiring early help intervention.⁴ In practice, many of the families proposed to us by local authorities and therefore eventually interviewed had been on the programme around or longer than six months, and some were close to coming off the programme.

Once the sample was received, researchers made a quota-based selection of families with the aim of encompassing the diversity of problems faced by the local participating families. Difficulties experienced by families covered in the sample were wide-ranging and diverse, and included problems such as crime or antisocial behaviour, children not attending school, children in need of help or protection (those supported by a Child in Need or Protection Plan), adults out of work, young people at risk of financial exclusion, families affected by domestic violence or abuse, and parents and children with a range of health problems, notably mental health support needs. The sampling aimed to cover a range of problems in order to understand the processes and support relevant to these situations. Further, it was important to include a range of intervention levels and types to explore whether there were differences in experiences depending on the extent of support received. In practice, most of the families interviewed were working with dedicated family keyworkers rather than lead professionals based in partner services.

Once families were selected, Ipsos MORI asked families' keyworkers to ask families to take part in the research. Keyworkers were briefed on the study and sent information leaflets for themselves and for the families. Once initial consent to participate had been obtained by keyworkers, Ipsos MORI interviewers contacted families. Families were provided with a cash incentive to thank them for their time and to cover any costs incurred in participating. **Keyworkers** were typically interviewed in a separate telephone or face to face interview, either before or after the family had been interviewed.

⁴ <http://www.eif.org.uk/what-is-early-intervention/>

1.4.2. Frontline staff strand

Alongside the case study research, **three week-long online forums** with frontline staff were conducted: two with keyworkers and lead professionals (i.e. staff based in an agency external to the core Troubled Families team, such as the police), and one with Troubled Families Employment Advisers. Participants in these forums at wave two had also taken part at wave one of the study. In total 25 participants were involved in the final wave of the forums, including a number who were employed by partner voluntary sector organisations.

Participants were initially recruited at wave one through a request placed through the internal communications network for the Troubled Families Programme shared with them by troubled families leads within local authorities. Potential participants put themselves forward and were screened with a short telephone questionnaire by Ipsos MORI staff and allocated to an online forum alongside other participants with similar job roles. Participants employed by charities and local authorities were offered a small voucher incentive; a donation to a charity was made by Ipsos MORI to thank employees of the Department of Work and Pensions for taking part.

A further additional online forum was conducted with senior staff in earned autonomy⁵ areas to generate evidence about how this approach to funding was received by local authorities.

Research materials for all audiences are included in the appendix to this report.

1.4.3. Data analysis

Analysis was underpinned by **thematic frameworks** for the study which were developed following early (pilot) interviews. Data management was conducted using the Framework approach within the software programme NVivo10⁶, supporting comprehensive within-case and thematic analysis. Thematic code frames were used to systematically summarise the full dataset which included detailed field notes and/ or transcripts for each interview, and transcripts for the online forums. Regular team discussions to facilitate data analysis were held throughout the fieldwork period, a crucial component of any qualitative methodology which also supported the data management process.

1.5 About this research report

This report presents findings predominantly from Phase 2 Wave 2 fieldwork, while drawing on relevant examples from previous waves and quantitative findings to further illustrate the context.

Drawing on the systematic and comprehensive approach to data management outlined earlier in this chapter, the findings in this report present the **widest possible range of experiences, views, and responses** from participating families and keyworkers / lead workers.

It is important to note that the research findings are drawn from a range of evidence sources, not all of which are longitudinal or case-based. This presents some **limitations in the evidence base, with implications for the generalisability of the research findings**:

⁵ Earned autonomy areas receive all funding up front rather than via payment by results. The upfront funding was to accelerate service transformation. Areas were granted earned autonomy status following a competitive bidding process.

⁶ <http://www.qsrinternational.com/nvivo-support/faqs/how-does-nvivo-support-the-framework-method>

- The five case study areas were purposively selected, primarily to generate evidence on good practice. This means that the evidence is weighted towards data from high-performing / 'mature' local authority areas in terms of service transformation (as considered in the Service Transformation Maturity Model self-assessments).
- Only two of the case study areas are longitudinal across the four years of the research, meaning it is difficult to make robust comparisons from Phase 1 to Phase 2 of the qualitative research about change over time. Where possible, we have therefore tried to contextualise the evidence and conclusions drawn from the data.

Family case studies have been **anonymised** throughout to protect the identity of families and staff/practitioners, and quotes from staff interviews are attributed to a relevant generic job title to ensure anonymity for participating staff. Given the diverse ways in which the programme was delivered in local authorities, for ease, all family workers are attributed as keyworkers.

Findings reflect the **perceptions of research participants**; the data has not been triangulated to evaluate the factual content of statements, and rather aims to present a **range of perspectives** on the problems described.

The report comprises the following chapters:

- Chapter 2 on **service transformation**, covering the role of leadership, communication and collaboration, engaging the voluntary sector, workforce development and how service transformation has impacted families;
- Chapter 3 on **enabling data sharing across agencies**, how this has been achieved and barriers to progress;
- Chapter 4 on **supporting families where there are children at risk**, focusing on collaboration with children's social care and the role of early help teams;
- Chapter 5 on **addressing worklessness and debt**, covering the activities of Troubled Families Employment Advisers;
- Chapter 6 on **addressing family problems**, discussing interventions and approaches to address mental health problems, domestic abuse, parental conflict and gang and knife crime;
- Chapter 7 on **earned autonomy**, describing the views and experiences of earned autonomy key stakeholders; and
- Chapter 8 on **preparing for 2020**, in which the legacy of the programme and the implications of funding ending are discussed.

2. Service transformation

The Troubled Families Programme aims to improve support for families by transforming local services. The programme provides guidance, support and funding to local areas to transform their services to achieve the programme's principles of early intervention, a focus on data and outcomes, whole family working and multi-agency working. MHCLG has set out a model of service transformation and self-assessment known as the early help Service Transformation Maturity Model or simply 'maturity model'. Transforming services means there should no longer be a host of unconnected services and professionals circling a family with their own assessments, thresholds, appointments and measures, rather a single point of contact and a seamless approach.

Service transformation has been widely achieved, albeit in different models, across the case study areas. The following chapter will outline good practice and, where applicable, barriers to success in the areas of:

- Leadership;
- Communication and collaboration between partners;
- Engaging the voluntary sector;
- Workforce development; and
- Family experience

The chapter includes a section focusing on the voluntary sector reflecting MHCLG's interest in learning more about this area of partnership working in the final phase of the evaluation.

2.1 Leadership

Since Phase 1 of the programme, the qualitative case study research has highlighted the importance of effective leadership in driving service transformation. In this section we outline the importance and relevance of senior staff in embedding a culture supportive to the programme's principles across different agencies, their role in developing strategy and the personal qualities required of strong leaders in the programme.

2.1.1. Establishing the culture, strategy and structures

Previous research reports on the qualitative case study work identified that, 'strong and effective programme leaders were critical to building the right culture for the programme to thrive and for building key relationships. In this context, leadership encompassed both providing strategic direction and leveraging the necessary relationships to make behaviour and systems change happen. For the Troubled Families Programme, the role of the Troubled Families Coordinator was critical in establishing the culture, expectations and relationships in a core team and partners to achieve the goals of the programme. Positivity and enthusiasm from these programme leaders were considered key in establishing well-functioning services'.⁷ This finding held true at a time where the culture had become more embedded and 'business as usual' in most case study local authorities, supported by having a manager in each agency who shared and was committed to the programme's principles.

7

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784611/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_Case_studies_research_part_3.pdf, p17

“Joined-up thinking, and people participating in the meetings to recognise that early help is everybody’s business ... That’s not just personality-based now, but an expected way of how we all work.” *Troubled Families Coordinator, depth interview*

When senior leaders changed, the continuity of the programme’s way of working was tested. Nonetheless, where this happened in one case study area, staff noted that the momentum towards service transformation continued despite the senior-level changes. This demonstrated that changes were embedded across all levels and could withstand a change of senior staff.

Several mechanisms were instrumental in these changes – communications protocols and channels, co-located ‘hubs’ for frontline staff (discussed in Chapter 2.2.), common approaches to training (see Chapter 2.4), common assessment tools and increased data sharing (see Chapter 3). These mechanisms had been successfully adopted in many of the case study areas – supported not only by strong leadership, but also, in some of the case study areas, by up front funding through earned autonomy (see Chapter 7). This encouraged Troubled Families Programmes in these areas to work with new agencies to extend the work of the programme, as exemplified in the quote below.

“Housing are going through a culture change at the moment [thinking about] how to be more preventative. So we’re doing development work with the homeless team ... explaining that when a family present as homeless, you need to start doing the early help assessment ... otherwise we’re just re-housing people without having learnt anything.” *Troubled Families Coordinator, depth interview*

In a number of case study areas, Troubled Families Coordinators had been successful in influencing the strategic direction of family services in the area. This was achieved not just through ‘mainstreaming’ the approach throughout services, but through placing Troubled Families at the heart of a strategic restructure. For example, in one case study area, a new Director of Children’s Services’ led a restructure of all frontline family services around the Troubled Families approach. Senior staff across all delivery partners in this case study area saw the opportunities to create a more impactful and efficient service, identifying opportunities for collaboration and bringing services together, as detailed in the case illustration below.

Frontline impact: #1: Restructuring services around ‘Troubled Families’ principles

One local authority has restructured, uniting all front facing services in the borough under one new department. The department brings together teams across different disciplines, including children’s social workers, housing options, youth workers and libraries. Underpinning the restructure is the idea of a ‘single front door’, designed so that need can be identified through any of the front-facing services.

Frontline staff across all services are offered training consistent with the Troubled Families approach, with a focus on identifying the needs of families and delivering effective support for vulnerable households. Support for families is delivered by a range of local authority and third sector partners, collaborating to deliver services through working directly with families or in co-located frontline ‘hubs’.

In contrast to the case study area above where the Troubled Families approach had been ‘mainstreamed’, in another case study area, there was greater uncertainty about the role of the programme’s way of working within a new strategy. In this area, Children’s Services had faced a number of challenges, leading to the development of an entirely new strategy on

supporting vulnerable families and child safeguarding, and a new delivery model for this support to be delivered by an external agency.

2.1.2 Flexibility of approach in applying the programme's model

Participants in 'mature' areas noted that there had been progression over time in delivery partners' receptiveness to collaborating with the local Troubled Families team and applying Troubled Families approaches in their work. At the start of the programme, partner agencies typically felt that the programme was driven by the local child protection agenda alone. Stakeholders noted that this had changed over time, building towards an understanding that collaborative working was at the heart of the model, where flexing the approach where necessary contributed to success.

"Learnings in the last year [have been that it's] not a just children's services mindset. Allowing flexibility in how the programme is rolled out based on the needs of the specific service and its users." Specialist delivery partner, depth interview

Flexibility to meet local needs was a key component of a successful programme strategy. In one local authority case study area, the leadership team ensured that Troubled Families outcomes were relevant to all local partners in order to help sustain engagement. This included reviewing the local Troubled Families Outcomes Plan regularly to ensure it was aligned with changing local needs over and above national priorities for the programme. This approach demonstrated progress from the Phase 1 research where some local authorities were at the early stages of adapting their Outcomes Plans to local needs. Earned autonomy areas were able to go further by sharing outcomes payments from payment by results funding with partners earlier (see Chapter 7.3 for details).

Flexibility at the frontline delivery level was also encouraged by senior leaders in successful case study areas. There was evidence of specialist services and keyworkers working effectively together. For example, in one area where schools or drug and alcohol services led on supporting families, keyworkers would also support the family. This reduced pressure on schools and specialist service lead professionals to deliver outcomes outside their remit. In another case study area, place-based approaches were actively encouraged, as was the practice of deploying practitioners directly into locations where there was a clear and identified need – such as in Pupil Referral Units (PRUs), educational establishments for children who have been excluded from schools.

"We thought 'why are we waiting for referrals if you have 90 kids in a PRU who could all do with some sort of preventative measure or early help?' ... So we now have 3 workers who are co-located in a primary PRU, dedicated to supporting those families." Troubled Families Coordinator, depth interview

2.1.3 Personal qualities of senior staff and relationship-building

At Phase 2 Wave 1 of the research 'relationships had progressed from being solely between particular individuals and were more embedded within organisations,'⁸, which continued to be the case at Wave 2. In this final phase of research, it was evident that a success in making structural changes was underpinned by a strong culture of feedback and communication. Staff in the case study areas were open to constructive criticism as well as encouragement and praise.

"If I'm not happy about something I can be very vocal. And equally if something goes well, I'll get a 'congratulations' from them... that's really motivational for my staff." Voluntary sector delivery partner, depth interview

⁸

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784611/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_Case_studies_research_part_3.pdf, p17

Senior programme leads (such as senior Troubled Families Coordinators and senior Troubled Families Employment Advisers) across Troubled Families core teams reported the importance of building strong personal relationships through face-to-face contact. This was important not just with lead partners but at all levels, for example through meeting frontline staff in presentations and workshops. Building relationships and trust quickly was also considered important to overcome the challenges of working with staff who were used to working ‘in silos’ and in encouraging them to work collaboratively.

“It’s about breaking down cliques ... and positivity. You need to be driven and be that kind of person ... prepared to ... build relationships.” Senior Troubled Families Employment Adviser, depth interview

2.2 Communication and collaboration

Strong partnership working was at the heart of service transformation, and the importance of communication was understood by senior Troubled Families core team members from early in the programme.

“Improving communication between multi-agencies [generates] the most benefit for the families.” Troubled Families Coordinator, depth interview (Phase 1 research)

At earlier stages of the programme, leaders tried different approaches to support communications across agencies and partners. These approaches have matured in the case study areas and some key best practice is presented below.

2.2.1 Communications between key stakeholders

At the Phase 2 Wave 1 research, the importance of strong communication and relationships between partners was highlighted. The importance of this was also evident at this final wave, and both core Troubled Families teams and partners reported that the mechanisms they were using were successful. These included monthly meetings with the core Troubled Families team in the local authority and all partners. In one local authority area this included Jobcentre Plus and relevant voluntary sector providers, although they noted that difficulties in engaging health providers persisted. Face-to-face meetings were supported with systematic approaches to email communications (such as generic email addresses for the programme) which partners reported were working well in supporting conversations and activities in the programme. In one case study area, participants described the positive effects of a strong culture among senior leaders of presenting and sharing information about the programme at key team meetings.

In addition, leaders included a wide range of stakeholders in the development and review of core processes, engendering buy-in across the programme. For example, in one of the case study areas, partner agencies reviewed and commented on the assessment tool and outcomes guide to ensure it remains accurate and relevant.

“You need to agree a vision and shared approach with others – it shouldn’t be one agency imposing on others.” Troubled Families Coordinator, depth interview

2.2.2 Communication at frontline level

At this final phase of the research, there was evidence that the Troubled Families agenda provided frontline staff a clear rationale to collaborate with each other and supported a culture of doing so. It gave them permission to make relationships which would help the families they were supporting and was widely welcomed by those participating in the research.

“Troubled Families has allowed us to make more contact with partners.” Troubled Families Employment Adviser, depth interview

Good communication at the frontline level encouraged a strong shared vision for the programme locally (see Chapter 2.1). It also ensured that the programme of work progressed, although it was widely acknowledged that this was not always easy. Strong leadership (see Chapter 2.1) helped, and in some cases a senior team member was designated as a facilitator to help progress difficult decisions and conversations. One stakeholder noted that reporting lines often presented a barrier within the public sector, as often it was hard to persuade staff to be involved without agreement from their line managers.

“It can be difficult to provide a full holistic picture of the family when agencies don’t attend meetings or arrive late or need to leave early as they have something else to do” Family keyworker, online forum

The following case illustration presents an example of effective multi-agency meetings.

Frontline impact #2: Refining multi-agency family referral meetings

One local authority case study changed its approach to its locally-based multi-agency meetings, initially established five years ago to bring practitioners together to discuss family cases and agree how they would be handled.

Cases were initially referred to the group through the relevant early help or social worker staff member who attended the meetings. This process caused a delay for families, especially those needing immediate help and on the cusp of needing child protection support. Today, in line with the Troubled Families ethos, cases are considered based on the ‘single assessment’ used by all participating agencies, meaning that a wide range of agencies can put families forward for support. A review is conducted of any Child in Need/Protection being stepped down to identify families within this group who may need support from the programme.

According to practitioners, this process has meant that meetings are receiving fewer cases and have a more predictable and manageable caseload. To support constructive conversations in the meetings, the team have introduced a new process to review monitoring data on whether families referred have already received any relevant interventions (such as a Team Around the Family). This data informs the discussion and the decisions made about the family’s next steps.

2.2.3 Co-location of staff

Although training sessions (see Chapter 2.4) and multi-agency meetings (as discussed earlier in this chapter) were considered a good way of engaging with other partner agencies, perhaps the most impactful approach for enhancing communication was that of co-locating key frontline staff within the same offices. Across several of the case study areas, co-location made a huge difference to effective frontline partnership working, helping break down cliques and catalyse the development of professional networks across frontline teams. Staff reported that simply sitting together created a more informal setting for sharing information which made discussions between relevant staff much more regular. Cultural and professional barriers were also broken down through physical proximity.

“It makes it much easier because we’re physically sat together, there’s much more of an open engagement in terms of sharing information...we can communicate more freely” Early Help Manager, depth interview

For example, in one area, family keyworkers (employed by a partner agency) and Troubled Families Employment Advisers were co-located with the Children’s Social care team. The proximity of staff helped good conversations happen in case conferencing (when discussing and debating how to support specific families) and in delivering that support.

“[Children’s Social Care] spend a lot more time running down to my desk ... now we do more joint visits and it’s more of a personal relationship” *Troubled Families Employment Adviser, depth interview*

Reducing the burden on Children’s Social Care was also a focus, as demonstrated in the case illustration below.

Frontline impact #3: Co-locating staff in frontline ‘hubs’

In one local authority case study area, a multi-agency hub which addressed safeguarding issues was established three years ago. The hub consists of social workers handling child protection and family casework, supported by a team of co-located partners. Partners included staff from the local authority agencies for housing, probation, the police, health visitors, youth services, a charity which provides support on domestic abuse and a full-time Early Help manager. Over time the hub has grown, building links in recent months with local Clinical Commissioning Groups, CAHMS (child and adolescent mental health services) and adult mental health. The council has also brought school nurses and health visiting in-house to support the initiative. Additional needs schools and the council’s education department are also now involved through recent relationship-building.

“[Partners] sit literally in our office next to the social work team, so they ... can walk across the floor have a chat with each other.” *Early Help Manager, depth interview*

The team works collaboratively, employing whole family, multi-agency and evidenced-based approaches to work with families. Social workers triage incoming cases, allocating them to the most suitable lead professionals within the team and sharing information about families to reduce duplication of work and increase contextual understanding of the families’ situations. Reducing case escalation is an aim, achieved through greater deployment of Early Help to lead on cases.

“On a daily basis [we] encourage social workers to think differently, to manage risk differently, to look at early help as opposed to statutory services far more. [Our] figures ... reflect that we now recommend more early help assessments than we ever did before as a council.” *Early Help Manager, depth interview*

Co-location also enhanced the ability of frontline staff to identify families who might potentially be helped by the programme, thereby increasing referrals to the programme. Through working with professionals who had the most opportunity to encounter vulnerable families, such as “locality workers”, other frontline staff were better positioned to build relationships with potentially eligible families and engage them.

“Locality workers ... understand different communities. We’ve got agencies down at street level getting to know different families. Those agencies know those families.” *Early help manager, depth interview*

Co-location was also considered to be an effective tool in working with families on the frontline. For example, in one area, early intervention workers, midwives and home visit teams were co-located in Children’s Centres. This was proved productive for both staff and families. And in one case study area, housing, debt advice and family support services were all brought together in a frontline ‘hub’ (see Chapter 5.5 for a case illustration). Physically bringing together services, both behind the scenes and on the frontline, was hugely valued by staff and viewed as a key success factor in the programme achieving effective multi-agency working.

“I had no knowledge of housing but sitting with the guys downstairs I’m getting a bit more insight ... plus the voluntary sector... having them sit in the same room as well because we’re always bouncing off each other... We’re all so different but we’ve got that one common goal” *Troubled Families Employment Adviser, depth interview*

2.3 Engaging the voluntary sector

At the previous wave of the research, case study areas had developed relationships with voluntary sector providers, which were felt likely to have considerable potential in meeting the emerging needs of local families. In this section the opportunities and challenges in commissioning voluntary sector services are discussed in detail.

2.3.1 Voluntary sector deployment in the programme

Troubled Families Coordinators reported that engaging the voluntary sector primarily helped them address the growing complexity in needs of their families through using the specialist expertise of practitioners in this sector. They also noted that voluntary sector staff often had a different perspective and approach to working with families in comparison to local authority staff, which they valued.

“Sometimes the voluntary sector actually have key information and see those young people in a very different context, and see them behave in a very different way.” Early help strategic lead, depth interview

Troubled Families senior staff in the case study areas typically held the voluntary sector providers they worked with in high esteem, particularly in respect of supporting families who need specialist help or during step-down. They believed that voluntary sector frontline staff could draw on specialist knowledge in supporting families, addressing challenging problems in the right way. For example, in the case of specialist domestic abuse voluntary sector providers.

“If you have domestic violence [in the family] and that’s had significant impact you need specialist knowledge. You can’t just put a sticking plaster on that.” Early Help manager, depth interview

Decisions were typically made at a strategic level about how voluntary sector providers would be employed in the delivery of local programmes, with a wide range of approaches being taken. In one of the case study areas, a single voluntary sector provider was a major source of frontline keyworker support, with the charity providing both specialist skills and capacity to deliver at the core of the programme. More commonly, voluntary sector provision was either integrated into particular multi-agency initiatives, employed at specific points of family experience (e.g. stepdown) or deployed to address specific family needs using a co-ordinated (strategic) approach. For many of the case study areas, delivering core services through the local authority and supporting their work with commissioned bespoke voluntary sector provision was the most suitable and sustainable approach. An example of commissioned voluntary provision employed to complement core services delivered by the local authority is described in the case illustration below.

Frontline impact #4: Volunteer services building capacity on the frontline

One charity commissioned by a local authority case study area delivered light-touch support to families identified who are otherwise not engaging with specialist services. Using the 'barefoot professional model', the charity trained parents who had relevant lived experiences to develop skills in family support. On completion of the training, these individuals worked as volunteers for the charity to support families and act as a link to professional services.

"[The local charity support workers] are the bridge between the families and the more specialist help they require, whether that be counselling, financial advice, psychiatrists ... they support them in accessing those services they wouldn't normally access." *Voluntary sector delivery partner, depth interview*

Volunteers had more varied, local and informal opportunities to engage families than local authority staff. Further, where families had not engaged with specialist services, the support workers built up trust with them and acted as neutral figures to help them engage with the services they needed.

"If somebody from the council knocks on their door they're going to hide behind the settee, whereas our lot can engage them, just in the street or just because they know them ... a member of my staff might have a child at the same school as a family does, so they may engage them in the morning in the school playground while they're waiting to go into school."

After initial doubts relating to the charity volunteers' lack of professional experience, family keyworkers in the local authority have come to see the value of involving trained volunteers to support their practice. Families who had once been resistant have become engaged in services. However, there are also challenges in the relationship, with charity volunteers struggling to understand how some service provision works (e.g. youth and health services) and accepting the thresholds employed by the council to allocate support (e.g. in social care).

Ensuring sufficient capacity from the core Troubled Families team to engage with and commission the right services was one of the main barriers to employing more support from the voluntary sector. To address this, one local authority case study area engaged a voluntary provider with relevant networks and knowledge to direct families to other suitable voluntary service providers. This service has helped the core Troubled Families team better understand what is on offer across the different voluntary services locally. It also led to closer working with relevant voluntary services, with keyworkers seeking out suitable support and directing families to it.

"In our role it's about finding out what's available. We share information with each other. We don't have a list of people that we work with as such." *Troubled Families keyworker, depth interview*

More broadly, Troubled Families senior staff in the case study areas felt that there was further potential for commissioning voluntary sector providers to address both emerging (specific and complex) family needs and also increase capacity. They welcomed the possibility of additional funds to support this.

"We've got commissioned services, but the issue we've got is that you'll always be limited by the funding" *Troubled Families Coordinator, depth interview*

Engagement with the voluntary sector needed to be supported with training and development of staff to support fidelity to the programme's way of working. For example, in one case study area, the Troubled Families Coordinator reported that

although voluntary sector support was being used, staff were not yet ready to take lead professional role as they did not have the skills to work in a whole family way. Encouragement in this direction took the form of training and sharing assessment tools that supported Troubled Families principles – and indeed senior staff were keen to invest in training that would bring frontline staff in charities up to speed with the Troubled Families approach.

“If they want to work with us, it’s about upskilling them. Although they might be able to do some work on a particular topic, we want them to come into our training.” Early help manager, depth interview

Senior Troubled Families staff also expressed concerns around the voluntary sector’s capacity to deliver effectively on services required. This was seen as one of the biggest challenges, particularly when the relevant workforce were volunteers. One case study area gave the example of charities delivering youth services, where a large proportion of the workforce were volunteers, and which struggled to fulfil their requirements to the programme.

“They are willing [to work using the whole family approach] but [there is] no consistency of staffing so you are constantly changing who you are engaging with, and because they are volunteers there is limited leadership.” Early Help manager, depth interview

2.3.2 Strategic commissioning

In case study areas where there was an existing strategic approach to voluntary sector commissioning, refinements were being considered. For example, in one case study area, voluntary sector commissions had been reviewed and a new strategy was being developed working with an engaged strategic board comprised of key partners. In others, those providers which performed poorly were removed from the programme following review.

“Previously the third sector hadn’t had the support they have now. [Our] new strategy board supports quality assurance, participation. [This is] to go out and work with third sector, get them to work in a partnership, engage better.” Clinical service manager, depth interview

Senior stakeholders also noted the important role of appropriate tendering in this process. They reported that it was important that the tender process helped voluntary sector providers be well-informed about the potential challenges of involvement in the programme, and about emerging needs for skills and expertise to enhance the programme.

Having a strong overview of all services to inform commissioning decisions was also important. As an example, in one area the Troubled Families Coordinator reported that they now had responsibility for commissioning across early help and prevention or Children’s Social Care – meaning they were better positioned to develop the right services for families. This extended, for example, to commissioning services for children with Special Educational Needs (SEN).

“Within [the SEN] contract management, I have an understanding of which families cross over ... a variety of services ... I have a better understanding of where services are commissioned, and I have a more joined-up approach.” Troubled Families Coordinator, depth interview

Troubled Families senior staff worked closely with commissioned voluntary services to develop an approach which was viable for third sector providers. For example, in one local authority area, the annual contract for delivery with each voluntary agency was set at under thirty families, as this means that the value of outcomes payments remained below the threshold for a requirement for complex and bureaucratic tender arrangements. This was sufficient to provide funding for

one or two staff from specialist charities, a model employed with smaller charities providing tailored support, for example for young carers and home support. The case illustration below demonstrates how a commissioned voluntary sector

Frontline impact #5: Integrating a commissioned service into the core programme

One local authority area commissioned a charity providing young people's services to support frontline professionals across many of their Troubled Families initiatives. They work with young people directly as lead professionals with families, and in understanding which young people in communities may need more targeted interventions or engagement with the programme.

“Services work in partnership to ensure they work together. They might do some work in schools and carry out assemblies. Then they have regular meetings with police so they understand behaviours that are happening within communities. They can understand which young people are displaying those behaviours.” *Troubled Families Coordinator, depth interview*

Targeted outreach is also conducted: for example, within communities suffering from anti-social behaviour, or at particular times such as Halloween.

Since commissioning, the programme has been reviewed and the charity is now more integrated with the youth service. They stay involved with the young person after a referral. This approach means that young people feel that their whole family is being supported through the continued involvement of a lead professional with specialist knowledge. The charity's work is monitored carefully. They need to demonstrate how they are working with other agencies and professionals and prove outcomes for young people. Contracts are reviewed quarterly to ensure value for money.

service has been integrated into core delivery.

There was also concern among senior Troubled Families staff that the Payment by Results model was a deterrent to voluntary sector involvement due to the financial uncertainties it created. Under Payment by Results, charities needed to invest resources in staff training and development (to comply with the Troubled Families model) without any guarantees about the level of funding the programme would generate for them. This presented risks which were off-putting for charities. There were also concerns about the fragility of small charities and their susceptibility to folding. The financial difficulties faced by many small charities created potential risks for the supply of support to families. The national Troubled Families Team has been piloting new funding arrangements for some local areas. These earned autonomy areas receiving funding up front rather than via payment by results (see Chapter 7).

2.4 Workforce development

Training and development of Troubled Families frontline staff was a key component of the Troubled Families approach – staff needed to be familiar not only with the programme's way of working and values, but have the skills to identify and secure support for a range of complex issues presented by families. The case study areas had invested in developing effective training, notably in one of the earned autonomy areas – although there were concerns for whether the levels of investment were sustainable. Senior staff noted the value of training initiatives, not only in improving the quality of interactions and outcomes with families, but in supporting staff retention.

“There's always something on offer from the Troubled Families team, whether it's training for those of us who are supporting families or the families themselves” *Troubled Families Employment Adviser, depth interview*

Training for partners and frontline staff on the Troubled Families values was central to service transformation. It was widely agreed that inclusion in training for all partners was important, and in one case study area, this was done through dedicated partnership briefing sessions which helped embed the key ideas and concepts. In another case study area, the focus was on a consistent approach across all frontline workers, ensuring, for example, that all staff from key workers to Troubled Families Employment Advisers understood the nuances of working with families experiencing domestic abuse. Face to face training was supported by access to written guidance and e-learning modules.

Supporting this, in ‘mature’ areas where multi-agency working was fully embedded, skills exchanges across teams happened naturally – through co-locating key staff together – and also by design. Troubled Families Employment Advisers were particularly instrumental in driving change across agencies, responsible not only for improving the skills of staff within Jobcentres regarding barriers to employers, but also for building the skills of all frontline staff, most notably family keyworkers. In one area, training across agencies was actively promoted, with, for example, substance misuse workers providing training for social workers.

It was also important that training flexed to local needs – for example, in one area where social integration was a concern, staff received specific training on gangs, radicalisation and involvement with terrorism to help them spot emerging signs. The local authority was also developing tailored training on housing and adult social care to address relevant emerging needs, and focusing on capacity in key areas of need, such as ensuring that frontline staff were equipped to address domestic abuse issues. Upfront funding through earned autonomy allowed this local authority to become more proactive in commissioning training, and they noted the difference this made to the quality of frontline interactions with families in comparison to when training had not addressed specific local needs.

Keeping up-to-date with safeguarding training was considered important in several of the case study areas. This was tackled through ensuring staff received a mix of core training, such as direct work training, safeguarding, domestic abuse and addressing mental health issues, and more tailored training based on individual staff needs and workloads. Training offered on key systems and processes was also valued.

2.5 Family experience

Participants in this final wave of research noted that effective multi-agency working, supported by the continued presence of family keyworkers, has ensured a more holistic and supportive services to families in those case study areas that had made progress. Previous waves of this research have noted that families have welcomed having a single keyworker co-ordinating the services they need to access and directing them to other relevant support.

2.5.1 Enabling success on the frontline

Views of keyworkers as trusted, supportive professionals, ensuring that families build the skills they need to help them overcome challenges and meet their goals have been consistent over the four years of the evaluation, and remain consistent at this final wave.

“[Keyworkers] have a good relationship with the families; even if families are resistant initially you get very positive feedback. Families may come in again ... and they’ll say oh yes they were really helpful could I have that service again.” Social worker, depth interview

Strong partnership working at all levels and across a range of areas (as described in sections 2.1 – 2.4 of this chapter) provided keyworkers and lead professionals with the resources to deliver strong frontline support to families. Keyworkers

described the value of experience, training and the opportunity to discuss cases with peers in delivering support, as demonstrated in the case illustration below.

Frontline impact #6: bringing together a 'Team Around the Family'

The Team Around the Family (TAF) is a meeting which gives professionals the opportunity to co-ordinate their skills and work together alongside the family directly. Following the meeting, lead or associated professionals find it straightforward to call partners who know the relevant family well when there are any issues, and have built the confidence in contacting relevant partners. Troubled Families has supported the relationship-building between services which have facilitated this, enabling stronger partnership working as TAFs are held regularly.

"I think we are all on the same wavelength ... there's a real holistic approach ... having all of us there in that team, all of the different agencies, we're all working to the same ends really" Education partner, depth interview

A shared language for issues, reference points and assessment tools also supported effective collaboration.

"We're all using the 'Signs of Safety' approach ... so that kind of commonality and the language we're using around families is really helping. Everybody seems to be more on the same page." Education partner, depth interview

The TAF mechanism, supported by local meetings of lead professionals, has meant that frontline professionals are continually reflecting on how best to support families and improve their practice.

"The whole agency working is brilliant because we're having a live, ongoing discussions all the time about cases that are coming up." Education partner, depth interview

Frontline Troubled Families staff participating in the research (family keyworkers and Troubled Families Employment Advisers) reported that good practice centred on ensuring a consistent approach throughout the relationship, from starting out to step-down. In engaging families, keyworkers reported the importance of prioritising relationship-building, but also focusing on co-producing SMART⁹ support plans to foster a sense of ownership over the initiative. They noted that meetings with families needed clear aims, with the focus on encouraging families to lead on implementing their plan. The discussions should give families opportunities to think about the consequences their decisions and actions, consider future challenges and also plan for contingencies.

"Don't expect families to do what you think is best: this can make someone feel pushed and this doesn't create foundations for sustainable change. This approach is more likely to encourage disguised compliance and 'quick fixing'" Family keyworker, online forum

When supporting families, keyworkers acted as the single point of contact, building trust and enabling them to draw on multi-agency support. In their dealing with families they emphasised the need to be empathetic and also consistent in their role to ensure that families had a realistic sense of how support would work.

⁹ SMART stands for Specific, measurable, achievable, relevant and time bound

“I am friendly, but not a friend – and keep the boundary line in place, especially after working with a family for more than 6 months.” Family keyworker, online forum

In successful cases, families were actively involved in case closure, so they could see how far they had come since the start of the intervention, with support being gradually phased out and universal services engaged. One senior stakeholder noted that a focus throughout on a ‘strength-based approach’ made a big difference for families.

“I think there has been a cultural change for families who have been through the system ... it facilitates them to be more resourceful ... so they are thinking in a different way about what they need to do and having ambitions.” Early help manager, depth interview

Family impact #1: Troubled Families keyworkers making a difference

Anne is a lone parent, caring for her three children and facing a number of challenges. The behaviour of her two boys at home and at school was starting to verge on being criminal, while her daughter suffered from severe low self-esteem. Anne found it increasingly difficult to cope with the demands of her children as well as her part-time job. When initially referred to the Troubled Families Programme by her eldest son's school, Anne felt embarrassment and shame. But through the care taken by the keyworker to build a relationship with her, she came to appreciate and make full use of the help on offer. Eventually, the whole family came to trust the keyworker as a confidante and ally:

“When [the keyworker] first phoned I felt judged. I thought: what have I done? Why is she coming here? I felt like a terrible mother. Now I don't feel like that at all. I feel that I can speak to [her] – she doesn't judge, she isn't biased, she hasn't got an opinion, whereas if I had spoken to my parents or my sister or a friend, they all would have an opinion.” Mother, depth interview

A key success factor was the keyworker's support for Anne in advocating with her eldest son's school for specialised support, and then managing that help with multiple agencies. By attending the son's Team Around the Family (TAF) meetings with Anne, her son's headteacher and other relevant parties such as a child psychologist, the keyworker ensured that objectives and a structured plan were put in place to address the child's behaviour. An Educational Health Care Plan (EHCP) was subsequently drawn up, outlining his needs, the required funding, how many hours of support he would receive, and the milestones he would ideally meet. Anne's son was also referred to a paediatrician, who eventually diagnosed him as having ADHD and prescribed him medication which, according to one teacher, made his concentration 'ten times better'. These measures, along with a new teaching assistant appointed specifically for the child, meant that he settled into school and began to actively enjoy it, even once being named 'Star of the Week'. Moreover, amid ongoing health assessments, he nevertheless started to improve his relationships and interactions with others, attending his first ever sleepover with a friend, much to his mother's delight.

“She's been brilliant – she really has. ... I think I would still be in the same position... All the networks which have been set up – [she] has been the instigator of it all. I would not have known where to start” Mother, depth interview

As such, and despite ongoing issues with the younger son, Anne was sad but not worried about support from the programme ending. She felt that she had greater confidence, capability, and, importantly, the relevant contacts, to be able to deal with any future challenges, and was actively optimistic about the future:

“It will be sad not to have [the keyworker] involved. She's been a great help and lovely to talk to. But I can manage because everything is flowing there. We have the paediatrician, the EHCP, and the other agencies” Mother, depth interview

2.5.2 Barriers to successful family working

A consistent barrier to successful frontline work on the Troubled Families programme since the evaluation began has been the reported lack of capacity in some key agencies to address emerging need. Waiting lists for both adult and child and adolescent mental health services (CAMHS) were a notable concern, and still felt by keyworkers to constrain the effectiveness of the keyworker role. As an example, one keyworker reported the case of a troubled adolescent who had

run away from home, damaged property, injured siblings and threatened suicide – but did not meet the threshold to access specialist support from CAMHS.

“I felt it was completely off the mark for early help as this had been a problem for over 5 years ... Eventually I got a third sector organisation to support with counselling in the short term whilst we looked at other things ... But again, I had to fight to keep this case open.” Family keyworker, online forum

A fuller discussion of support for families where mental health was an issue is presented in Chapter 6.1.

A further constraint to successful frontline family working also related to capacity, but among participating frontline delivery teams. In Section 2.3 the challenges in making the most of potential within the voluntary sector to support Troubled Families initiatives. Participants in this final wave of fieldwork noted that although much progress had been made in their case study area to embed shared values and strategic understanding, working in a Troubled Families way could present an additional burden to frontline workers.

“We are asking people to do an early help assessment and speak to numerous people and that is very time consuming and their capacity to do that sometimes in their jobs is very limited. You have to drop something to do all that work with one family.” Early Help Manager, depth interview

2.5 Conclusions

At the end of Phase 2 of the Troubled Families programme, service transformation towards integrated working in delivering the programme had been realised in the more mature case study areas. Troubled Families had become a core element of strategic planning. The programme’s way of working had even been mainstreamed into frontline services through restructuring and systematic training programmes in one of the local authority areas. Barriers to service transformation were more evident in the one case study area where there was uncertainty about the future of the strategy on supporting vulnerable families and child protection.

Partnership working had deepened in many of the areas: the voluntary sector was commissioned effectively with their work quality assured, and relevant communication mechanisms across agencies had been refined. Resilient relationships between agencies that reached from senior level down to the frontline. This was achieved through active stakeholder involvement – engaging partners and making them part of working groups and project teams. This was driven by leaders with a clear sense of strategic purpose and good skills in building relationships and ensuring continued engagement through good communications. Frontline staff were equipped with right information, the right skills and endorsed the relevant working practices. In the view of key stakeholders, participants in this research, this was translating into a greater number of referrals to the programme and better outcomes for families too.

3. Enabling data sharing across agencies

In this chapter we discuss the role of data sharing in supporting effective partnership working, service transformation and ensuring families get the right support at the right time. It focuses on the barriers and enablers to effective data sharing, discussing:

- Progress on data sharing in the case study areas;
- Case management systems for data sharing;
- Engaging partners in data sharing;
- Addressing the challenges of GDPR; and
- The importance of funding.

All sharing of data described in this chapter was appropriate and proportionate under the law and conducted in accordance with guidance provided by the information commissioner.

3.1 Progress on data sharing in the case study areas

Stakeholders across local authorities recognised the value of sharing data to facilitate a whole family way of working. Data sharing supported effective partnership working, family support and delivery in the programme in three ways:

1. **Identification and targeting** - identifying eligible families and targeting families for earlier intervention and in some cases using predictive analytics;
2. **Supporting effective practice** - providing frontline workers with access to the latest information to support their practice; and
3. **Monitoring outcomes** - recording family outcomes to support making payment by results claims and understanding the impact of the programme.

Practitioners in our case study areas sought to make improvements to data sharing between different agencies and partners since the first year of the evaluation, 2015. Since then, data sharing has led to progress in identifying families that require support, and has helped partners coordinate the services they provide to families.

Partners shared data manually (i.e. not directly through a single case management system) once data sharing agreements were made (see section 3.3), and typically used their own separate case management systems. In some case study areas, the use of casework management software, notably Liquid Logic, allowed for direct data sharing via the software – for example, in one case study area, early help shared family data with Children’s Social Care using Liquid Logic, allowing them to agree and set up joint visits. In areas where dedicated case management software had been invested in, alongside a suitable staff member to co-ordinate the system, data sharing between agencies had progressed more quickly.

3.2 Case management software for data sharing

In the second year of the evaluation (Phase 1 Wave 2) in one local authority, practitioners reported a lack of access to other agencies’ systems. They required a harmonised IT system but this was perceived to be too costly and time-intensive to implement. Nonetheless, in the face of these barriers, a number of the case study local authorities invested in the case management platforms, Mosaic and Liquid Logic, to facilitate data-sharing and encourage buy-in from partners. Partners

and services on these systems included schools, health, police, early help, children's services, Jobcentre Plus, DWP, specialist services such as drug and alcohol services, and voluntary organisations.

In one local authority, the Troubled Families Programme supported the development of a case management system, Mosaic, which they hoped more partners could access. This led to children's services and early help data being brought together in a single case management system. Its introduction meant partners could work closer together, keep track of where referrals have come from and share important information about families.

“When we [early help] first started the Troubled Families Programme, we weren't on the same database as children's social care. And then at the end of June 2017 we moved on to the same database, so we could see how theirs worked and see how ours could work better. All of that work has been put onto Mosaic.” Early Help lead, depth interview

Mosaic also meant that paper files were no longer shared between partners, saving time and resource. One manager within Children's Social Care reported that previously, data had been stored in different parts of social care and early help, but using Mosaic these partners could now share files directly, and add to them.

“In the past we've always had to print things off. Social care had to come to our office to see what we've done ... we've cut down on that now.” Children's Social Care Manager, depth interview

A further example where the introduction of a case management system has harmonised data sharing is the introduction of Liquid Logic, a purpose-designed case management software for social care teams. Those working with Liquid Logic were positive about its introduction. The software was felt to simplify internal data sharing by moving away from previous systems that were based on spreadsheets and paper-based sharing, which was time consuming. Liquid Logic was also felt to facilitate data sharing with a wider group of partners. For example, a home-school support contractor in the local authority accessing the system could see which of their families had been involved in social services. This was not the case before they used Liquid Logic. Now they could discuss cases with other agencies, and set up joint visits with social services, tier two services and schools. An example of the difference made by the introduction of case management software is detailed below.

Frontline impact #7: Improving referrals and information on families through data sharing

For one voluntary sector partner managing referrals, the new software-based case management system, Liquid Logic, allows them to see if families are currently or have in the past been involved with social services and other family support services. This is helpful information which they did not previously have access to, and allows partners to work together more productively.

Now every time they have a new family referral, frontline staff check on the system if the family is involved with social services, and contact the social worker to discuss the case. This often leads to joint visits, which are very helpful for families.

However, consent in sharing case notes varies across agencies the charity works with. When working with a family where there is a Child Protection Plan, case notes must be requested from social workers. These then need to be printed and sent to the charity – a process which has to be repeated when case notes are updated. This seems time-consuming to staff, who would prefer to have direct access to the notes.

A similar information exchange has been possible with services supporting families where child protection is not an issue. Some schools are using the system too and, when the family has given consent, case notes in the system can be shared.

There were barriers, however, in the implementation of new case management systems. In one area, not all data sets were compatible with the casework system, meaning that staff had to enter some data manually, and staff could not always run reports straight from the system.

“Data can’t be imported into [the system]. Instead it has to be entered by hand which is nuts and any information that relates to us we aren’t able to run a report from it.” Data manager, depth interview

Further, not all staff had access to the system, for example, junior staff at a charity for disabled children. This meant that these staff did their paperwork manually, which was difficult to share with partners involved in their caseloads. The head of the charity did not feel the team had the support to get the relevant staff onto the system, even though management at the local authority agreed it should happen.

“The senior management (from the local authority) have been very vocal in supporting us to be part of that [system] but in reality, the delivery of it has not worked. We have found it incredibly difficult to get hold of people to help us log on ... and we’re still not at that stage where we can access [the system].” VCS delivery partner, depth interview

Local authorities attempting a more ambitious programme of integrating partner data into their software noted the practical barriers of implementation. The location of data potentially presented difficulties around access, and there were typically issues to be resolved around the how partner data could be incorporated in existing systems.

“The big challenge is where the data is held, and how.” Troubled Families data lead, depth interview

3.3 Engaging partners in data sharing

A barrier to data sharing was services and partners not willing to share data. From the outset of the evaluation, research participants reported that schools and health services were typically reluctant to share data with outside agencies. In the final year of the case study research, there was little evidence of improvement on this in the case study areas. For example, in one case study area, domestic abuse services felt that health was “protective” about sharing data related to families using their service. GPs were reluctant to communicate further detail or confirm that they had evidence to provide.

“It was awkward to get information from the doctor. He wanted a letter. Getting things out of doctors seems quite hard.” Domestic abuse services lead, depth interview

Schools, health services and voluntary agencies were uncertain about who they could share data with, how they should share it and what could and could not be done with that data. Stakeholders were frustrated by the lack of information they had about these questions.

“There is a lot of confusion at the moment. It’s not pretty, it’s a really messy scenario. I’m not comfortable everyone has a grip on it – we’d like to do some simple messages around what we should and shouldn’t do.” Troubled Families Coordinator, depth interview

The lack of data sharing agreements and protocols in place between partners and the core Troubled Families services presented a further barrier to effective data sharing. Services, such as GPs, required different data sharing agreements to other services, and these were not always in place.

“They [health partners] have always been quite distant and they have been very, very strict in terms of data sharing and I think that is just their policy.” Troubled Families Coordinator, depth interview

At the first wave of Phase 2 fieldwork, it was found that families’ data was not being shared when they moved between local authorities due to a lack of data sharing agreements between the areas. For example, children going to school in one local authority but having a home address in another would not have their data shared across the two areas. A solution to this issue was to set up data sharing initiatives and protocols, such as one which was established in one of the case study areas in 2016. These have meant that partners are more inclined to share data, and, with time, agreements and processes have been established between partners as they meet regularly and find solutions to problems. For example, in one area, partners, such as schools and domestic abuse services, agreed to be put on the same case management system. This enabled them to be notified in relevant circumstances – such as in the case of the police receiving a domestic abuse report with a child present, leading to children’s services and schools being alerted. The initiative also led to schools being better informed about vulnerable children’s circumstances, as well as uncovering hidden domestic abuse cases in more affluent areas and helping increase the breadth of families reached by the programme.

“This way [with the initiative], we’re not just waiting around for a safeguarding crisis.” Troubled Families Coordinator, depth interview

In another area, agreement on data sharing protocols enabled systems which supported different partners having access to data for wider context about families, such as why children were behaving in certain ways in school, what financial guidance or support families may need from Troubled Families Employment Advisers, or ensuring families were keeping up with agreed plans.

3.4 Addressing the challenges posed by GDPR

Local authorities were concerned what impact General Data Protection Regulation (GDPR) would have on their ability to share data. Having been introduced in May 2018 – several months before the fieldwork – stakeholders in case study areas were in process of making sure they were complying with these regulations.

GDPR presented local authority partners with a set of new challenges and concerns to overcome if they were to continue to share families' data:

1. gaining consent from families to share their data;
2. data on mobile devices could be leaked when outside of the office environment;
3. partners responsible for sharing data were not always trained in GDPR compliance; and
4. voluntary sector partners were not confident handling sensitive data due to their limited capacity to train their staff, and put data sharing systems in place

Such challenges were being tackled by local authorities through building data sharing agreements into existing protocols, and developing and communicating transparent approaches to data sharing – see the case illustration below for a detailed example.

Frontline impact #8: Addressing challenges posed by GDPR

In one local authority area, the probation services were not willing to share data due to GDPR concerns. To overcome this, the local authority sought to create a cross-region data sharing agreement with the relevant services to create a consistent approach to engagement across the area. They found that data sharing agreements worked best when they were agreed and incorporated in contracts with partners at the outset.

The local authority also had a transparent data sharing process. Families and partners were more likely to buy-in to data sharing, and provide their consent, if the process was transparent. This included making it clear to families what information would be shared and with whom, and a clear protocol for doing so. The local authority also ensured families knew why they were signing consent forms. For example, the Drugs and Alcohol Service explained to families that they needed to speak to other agencies when their service did not have the necessary expertise and information, explaining that data would be shared.

3.5 The importance of funding

Several local authorities have automated data sharing processes to save staff time and better monitor family outcomes. Stakeholders define automation as having families' data updated in one place through an electronic recording system, having data from early help and Children's Services automatically interlinked and having the ability to monitor family outcomes using these systems.

“The big difference is when you can automate the data extraction – now we run reports and send them through, but for some partners it's a manual process and that creates barriers.” *Troubled Families data lead, depth interview*

Local authorities stress the need for sufficient funding to support these changes. The earned autonomy funding model meant that those local authorities received more upfront funding. This had been used to invest in data systems in both of the earned autonomy case study areas, as a lump sum of up-front investment was required to improve the relevant infrastructure. In one, earned autonomy funding was used to upgrade the IT system to allow partner agencies to use Liquid Logic. This began initially with key partners such as the police and registered social landlords but has expanded to include schools and drugs and alcohol services. There was evidence that incorporating additional partners into the main system was impactful – a stakeholder reported that not only were they in a better position to uncover unmet need, but also that the outcomes data collected was informing service delivery. There were downsides though – a better understanding of unmet need meant more demand for services to be fulfilled.

“What is problematic is the sheer volume of work created by the number of families [in scope].” Troubled Families data lead, depth interview

Up-front investment could also help put in place systems to help mitigate the challenges raised by increased identification of unmet need. For example, in one case study area, analytical tools that helped predict which families might meet relevant criteria/ thresholds were being employed, helping the local authority target these families rather than waiting until ‘they hit the system’. The data used for predictive modelling was drawn from a wide range of services (including social services, housing, debt, employment and domestic abuse) demonstrating the huge potential of data sharing not just for improving referrals and outcome monitoring, but also for anticipating and responding to need.

3.6 Conclusions

Effective data-sharing across agencies underpinned service transformation in the case study areas. It was facilitated by strong partnership working and relationships (see Chapter 2.2) but, alongside this, a software-based case management system in place to provide a platform and system for services and partners to share data was also essential, as was the resource and expertise to manage this. In addition, data sharing agreements have established pathways for data to travel and helped local authorities adhere to GDPR.

However, there were still barriers to data sharing that persisted across the case study areas in this final year of research.

1. **Culture/engagement barriers** - Partners, such as schools and GPs, were still reluctant to share data with outside agencies, and sometimes between themselves.
2. **Information governance barriers** - Partners did not always have data sharing agreements in place with key agencies and had concerns around the implementation of GDPR.
3. **Technical barriers** - Harmonisation of IT systems was costly and time intensive.

Nonetheless, key partners were typically enthusiastic about what could be gained from broadening data-sharing to include a greater range of agencies. Up front funding through earned autonomy made a big difference in this regard.

4. Supporting families with children at risk

Case study local authorities are at different stages in the ways in which the Troubled Families and children's social care (CSC) teams work alongside each other. Local authority portraits in the appendix provides further detail. Here we focus on good practice examples and 'what works' in terms of Troubled Families teams and children's social care services working together to reduce demand on children's social care and improve outcomes for children and families. Where applicable, we also highlight specific barriers that impede 'what works'.

Integration of the Troubled Families Programme with children's social care services worked well in case study areas where children's social care services were functioning well. Where children's social care services were in a disruptive transition period, collaboration with the Troubled Families Programme was also disrupted. In addition to this prerequisite, three elements contributed to positive practices and outcomes, which we will outline in detail below:

- Co-location of services
- Single front door for allocation and standardised assessment
- Clear delineation between social workers and Troubled Families keyworkers, with key contact points and common practice models

These elements are inter-related, they build on each other and there needs to be a combination of approaches to integrate practices well. Local authorities need to create the structural conditions to foster collaboration and the culture which supports this integration. Overall, case study areas had made positive structural and delivery-level changes in Troubled Families keyworkers working alongside social workers between the initial visits in autumn 2017 and follow-up visits in autumn 2018.

4.1 Co-location of services

Since the expansion of the programme in 2015, case study local authorities have made efforts to co-locate early help and children's social care services where possible. As might be expected, co-location often took some time to be realised, with planning and execution being reliant on external factors such as availability of adequate space.

In case study areas where this had been or was soon going to be realised, stakeholders highlighted the importance of seeing colleagues face-to-face to build relationships. In turn, seeing colleagues in person was said to improve timeliness around decision-making and reduce the burden of paperwork:

"We're all [children's social care and early help and prevention] going to be in the same office. It saves us going through the front door and filling out a form." Family keyworker, depth interview

"It all works together – you can't define what is Troubled Families and what is early help." Troubled Families Coordinator, depth interview

Where, despite co-location, services are not yet well integrated, this may be symptomatic of other structural and service delivery issues. For example, high turnover in social work teams meant that relationships between delivery partners could not be developed and embedded despite co-location.

Frontline workers in particular mentioned the importance of spaces where practitioners from different backgrounds, notably social workers, keyworkers and other partners, were able to share information. They believed this had an impact on their day-to-day frontline practices, and ultimately outcomes for families:

“[Partners] sit literally in our office next to the social work team, so they’re very visible and more often than not they’ll be invited to strategy meetings and can walk across the floor have a chat with each other” Team Manager, depth interview

The importance of co-location expanded to voluntary sector organisations who deliver auxiliary support to the core Troubled Families offer, such as support for young carers:

“[The voluntary sector organisation is] required to be visible in our offices, be integrated. ... They need to demonstrate how they are working with other agencies and professionals and prove outcomes for young people.” Commissioning manager, depth interview

4.2 Single front door for allocation and standardised assessment

A key contribution of the Troubled Families Programme has been the way in which multi-agency allocation meetings are taking place. All case study local authorities now operate through a ‘single front door’ to which families are either referred from partner agencies (including police, health, schools, social care) or self-referred. There are variations across local authorities as to how the single front door functions. Some approaches include office-based teams solely responsible for collecting additional data to enable decision-making processes around allocations. There has been a substantial shift in information sharing at multi-agency meetings¹⁰: in Phase 1 of the research (2015-2016) confidential information was shared verbally to bypass the lack of formal information sharing agreements between partners. Now, with data sharing agreements in place, partners are able to share written information in advance, or after meetings to help decision making around allocations.

Apart from having a more holistic picture of a family’s circumstances, stakeholders reported that families benefitted from better systems, faster allocation decisions, and therefore faster – and more appropriate – support received. There was also more effective joined-up working which resulted in a seamless service when families moved between keyworkers and social workers.

“We’ve aligned our systems so it’s really easy for that child to go across the two [keyworker and social work support] without it impacting on families. The information is there, the plan is there.” Senior Children’s Services Manager, depth interview

This is also aided by the culture shift in the attitude towards allocation meetings and their attendance. At Phase 1, there was a perceived reluctance of social care staff to engage¹¹ and attend allocation meetings. In one example, the chair of such meetings strategically discussed social care cases at the end of the meeting so that social workers were required to

¹⁰ See also Chapter 3 on data sharing

¹¹ “...in all cases health and social care agencies were noted as being most challenging [partners] to engage,” p.38

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605349/Service_transformation_-_case_study.pdf

sit through the entire meeting, rather than leaving after their case had been discussed. Now, allocation meetings are used for strategic decision-making to ensure families do not need to be moved between services later on.

“When you have a Child in Need case, [we ask] what is a social worker doing that an early help keyworker isn’t – probably not much – so it’s about ... starting to ask a question around ‘can these Child in Need cases be managed effectively through early help, and how can we keep demand out of Children’s Social Care’s front door?’” Troubled Families Coordinator, depth interview

The establishment of a standardised assessment approach in some case study areas has also meant that agencies are collecting and using the same data, without duplicating efforts. In allocation meetings the decision is made about who is best placed to carry out the assessment based on whether social services or Troubled Families teams are most likely to take the case forward.

“That is helping to reduce the amount of assessments that are needed and to support families and turn things around and provide intervention when it’s needed.” Social worker, depth interview

Technological solutions which allow the sharing of these systems were important here – in some case study areas, participants noted that although practitioners were using the assessment tools, they did always not have the software to share them, which hindered their adoption.

4.3 Clear delineation between social workers and keyworkers, with key contact points and common practice models

Alongside the above outlined new systems at the strategic and allocation level, new practices at the front-line are also necessary to implement sustainable change.

In the Wave 4 staff survey, we found a significant increase in Troubled Families Coordinators’ views that staff in children’s social care services have the skills to deliver whole family working (now at 90% agreement). Also, 7 in 10 Troubled Families Coordinators thought that ‘all’ or ‘most’ families known to children’s social care are receiving whole family intervention. This finding might point to Troubled Families keyworkers working more closely with social workers, and thereby offering whole family working. Findings from qualitative case studies explain the survey findings further, and can offer further insights into good practice of Troubled Families and children’s social care teams collaborating.

4.3.1 Progress on delineation between social workers and keyworkers’ roles

In the case study local authorities, there is now a clearer division between the roles and responsibilities of social workers vs. keyworkers. When we spoke to keyworkers and stakeholders in 2017, in most case study areas there was some confusion about practices when families’ problems escalated, and a social worker had to step in to protect the child/ren at risk. Similar concerns were noted when families were stepped-down from social care and still required lower-level support

from keyworkers. The case illustration below demonstrates how a clear delineation of roles between social worker and keyworker has been applied to ensure effective support to families at the edge of care.

Frontline impact #9: Professional collaboration to provide seamless family support

In one local authority, a new approach is being taken if families need to be stepped up to Child in Need / Child Protection Plan. This approach makes it clear that the keyworker steps back in this situation, which wasn't fully clear before. The local authority developed a solution with the need of whole family at its core: the keyworker stays in the background and acts as 'translator' of what is going on and 'mediator' to support the family during this time of change – especially when a social worker first takes over. Both frontline staff remain involved: this ensures continuity of support for families and helps with buy-in to social care if introduced by a trusted keyworker.

"If the single assessment finds a need ... to step up, the keyworker 'formally backs out'. If not, the keyworkers continues ... The families keeps receiving keyworker support ... when they are most likely to be needing it." Keyworker, depth interview

Similarly, for step-down from social care now social workers meet with the Early Help team to assess if a family meets the Troubled Families threshold. If this is the case, the social worker and keyworker meet with the family together to facilitate the hand-over.

For another local authority, embedding social workers in the early intervention team has been shown to work well. In this area qualified social workers are working with families stepped down from tier 3 to tier 2 to help prevent escalation back to tier 3. This is said to work well as these social workers are fully aware of thresholds and requirements.

"Because we are qualified social workers, we can run with the case and continue with the plan that has been agreed. It will no longer be a Child in Need case, it will have turned into a Team Around the Family, but I will still execute the same plan. We are aware of the expectation when it comes to children services and children. It does work well." Early intervention social worker, depth interview

Yet another area established a clear sequence of tasks to be in place for the step-down process, which was not in place beforehand. This plan also focuses on sustained support for families once stepped down.

"We've managed to develop a much more coherent step up step down process, needs to have a chronology around when you step down, what exactly it is you want the keyworker to do ... yes, we can put in place support, but there has to be a specific plan in place for what we can do to get the family off that social care plan." Troubled Families Coordinator, depth interview

The importance of sustained, ongoing support was noted not only from a keyworker perspective, also in terms of the progress made in terms of moving towards work and the established relationship with Troubled Families Employment Advisers.

"If [a family becomes] escalated to Level 4 we stay with them, and if stepped down I remain with them until [they are] in work for 3 or 4 months." Troubled Families Employment Adviser, depth interview

There are different models in different local authorities, however, it was evident that across the case study areas, there was a clearer understanding and responsibilities between keyworkers and social workers. There is now a smoother process for families, social workers and Troubled Families keyworker for both step-up to social care and step down from social care. This view from keyworkers and social workers chimes with survey findings from Troubled Families Coordinators, indicating that there is agreement on this finding from children's social services as well as Troubled Families Programme staff.

As mentioned above, the establishment of a multi-agency safeguarding hub (MASH), fully attended by children’s social care representatives improves relationships and means locality managers speak to keyworkers. This in turn helps with better knowledge-sharing and provides more clarity in roles and avoids duplication in work. Alongside the attitude towards attending allocation meetings, the culture of collaboration has also changed where in the previous wave staff were said to be more siloed and less flexible than has been found in the latest wave.

Indeed, there has been a broader culture change in the way in which early help and Troubled Families support is seen. Stakeholders report a positive development in how early help and Troubled Families now sit alongside each other. In the past, “early help and Troubled Families were two different things” in the words of one frontline lead for early help and prevention. The Troubled Families support was seen as a responsive approach to existing problems in a household with older children, whereas early help was seen as tackling barriers to appropriate parenting of younger children. Now, the programme has come a long way in bringing about a culture change which, rather than looking at ‘early help’ or ‘Troubled Families’ support services individually, both bring staff together and work consistently in a more strength-based way with families.

“People have been more amenable to working together because it is a model and a culture. What we have been trying to do over the last few years is introduce the model, assessment and Team Around the Family model, but we are now trying to focus on a culture of asking families ‘What do you need?’, ‘What are the gaps in your life?’ ‘What works well?’, ‘How can we address the things that are not working so well?’” Early Help Manager, depth interview

Senior stakeholders acknowledge that there is greater link between the family assessment and the intervention that follows, and a greater sense of accountability from all frontline staff for getting family support right. This is a balance that was continuing to shift and was felt to need further work in becoming embedded.

“Those two cultures will come together that maybe have drifted apart in the past, so it’s how we move forward with those.” Troubled Families Coordinator, depth interview

4.3.2 Mutual respect and common practice models for social workers and keyworkers

The 2017 report highlighted that “an inherent tension between a focus on the child and the focus on the family still existed”¹², referring to the perceived child-focused work of social workers as opposed to the whole family focused work of keyworkers. This tension has been eased in the past 2 years in most case study areas based on better understanding of each other’s roles among these frontline staff. We found there now to be more mutual respect for different skillsets – both from the side of social workers as well as keyworkers in terms of what each can bring to the table.

“Social workers respect that keyworkers are better at hands-on support in terms of their capabilities, networks, parenting support, finance, home routines. Informal communication between social workers and keyworkers is very consistent.” Family keyworker, depth interview

Local authorities have further achieved the creation of an environment where common practices and models of working are expected from keyworkers and social workers. These are mainly ‘strength-based approaches’ such as ‘Signs of Safety’

¹²P. 19:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665368/Service_transformation_Case_studies_research_Part_2.pdf

which means a broader move away from a deficit model (focusing on weaknesses) to concentrate on what works well in families. Joint training between social workers and keyworkers is a good practice example with the double benefit of:

- Forming and embedding relationships between the two groups; and
- Making practice more uniform (including online training modules on key assessment tools – see Chapter 2.4 for details).

The above examples of good practice are steps towards the broader aim of avoiding the need for expensive and potentially traumatic statutory interventions, such as Child Protection Plans and taking children into care.

4.4 Burden on children’s social care: what has been achieved and what may be lost after

2020

4.4.1 Progress since the evaluation began

In the latest wave of the staff survey we asked keyworkers to what extent they thought the programme has been effective or ineffective in preventing families from stepping into children’s services. The findings are overall positive, with 8 in 10 keyworkers saying the programme is very or fairly effective in preventing children becoming a Child in Need, three-quarters saying the programme is very or fairly effective in preventing step-up to a Child Protection Plan and two-thirds saying it has been very or fairly effective in preventing children becoming looked after. These findings were also reflected in the qualitative case study work.

“A drop from Level 4 is good – even if we find them moving in and out of Level 3.” *Troubled Families Employment Adviser, depth interview*

Although some case study local authorities continue to encounter difficulties in evidencing reduction on demand of children’s services, others have developed sophisticated methods to estimate demand and escalation avoided.

“We were successful with around 50% of those families (i.e. those individuals didn’t go back into Child in Need) and others that are in children’s services 85% of those don’t end up in children’s safeguarding – this suggests to me that our early help offer is quite strong.” *Troubled Families Coordinator, depth interview*

Further, where assessment data was collected and used in a way to identify and impact and plan future service needs, positive outcomes were evident. This was especially so in the school environment and in collaboration with pastoral care support in schools in terms of preventing escalation to children’s social care.

“The early help assessment ... is acting as more of a buffer to prevent families from getting to that point which they would have done previously. I think we’re definitely seeing the benefits on our school.” *School liaison officer, depth interview*

The case illustration below provides an example of how schools and early help teams were able to work together to reduce the burden on social care.

Frontline impact #10: Bringing schools and early help together in partnership

One area developed a post bridging the gap between schools and the early help team. The role is split between spending 1.5 days a week in schools, the other 3.5 days with the multi-agency safeguarding team. An important prerequisite for this role is seen to be having a thorough understanding of the school system and roles of different staff as well as spotting triggers of concern in the way children present at school.

“A number of schools have put in referrals and put in concerns about families – I think it’s really important to have somebody with an educational background there who knows the education system and the questions to ask about how a child is presenting in school, to have that conversation with other school professionals.” School liaison officer, depth interview

This early detection of potential concern in families and children is seen to be having a positive impact in terms of fewer referrals to children’s social care, as well as time savings in social care services with early help assessments being carried out in schools directly.

“If you use our school as a case study, fewer families get to that social care point... we have a number of families with [keyworkers], but we also have a lot of Early Help Assessments that we’re running from within school.” School liaison officer, depth interview

There has also been a substantial culture shift in views around funding allocation between the Troubled Families Programme and children’s social care. There was strong opposition to the Troubled Families Programme subsidising children’s social care (rather than focusing on prevention) at the beginning of the programme:

“Ninety-nine percent of our work has been social care cases rather than genuine early help services. The demand for our Family Intervention Programme keyworkers ... has been driven by social care feasting on the doughnut.” Troubled Families Coordinator (Phase 1 research)

Now, as outlined above, early help and social care services are working closely together to achieve better outcomes for families before, during and after episodes in children’s social care. Nevertheless, barriers remain to ensuring family problems are contained in a sustainable manner. Local areas need to make the case for spending on preventative services as they are not a statutory duty.

Evidence had been gathered in one of the case study areas which demonstrated the impact of early help on school attendance. This case study area had conducted an evaluation of early help which demonstrated that it had “some of the best impacts on school attendance” and was using the evidence to persuade schools that, despite potential funding cuts, the role of school staff working with Troubled Families should be protected.

“The problem is that early help isn’t a statutory duty – [which is] only to provide education and to safeguard. When budgets are cut the first thing to go is pastoral staff etc. so we’re trying to say don’t do that.” Troubled Families Coordinator, depth interview

4.4.2 Factors pushing families (back) to needing support

In the context of austerity, stakeholders and keyworkers lament the reduction of universal services to refer families to which could provide a safety net. With fewer universal services which families can go to for very low-level support, there is elevated risk of escalation.¹³

“Children’s Centres used to deliver a lot of programmes... within the community where families could just walk in and get whatever they needed. Now it is more difficult for vulnerable families to find the support.”
Early intervention social worker, depth interview

In parallel, in areas where the voluntary sector has not been engaged as much as might be possible to help alleviate the burden on Troubled Families keyworkers, it has been difficult to alleviate any burden from children’s social care teams:

“I think this year there was talk about using voluntary organisations a lot more around tier 1 and tier 2 families, and them case holding, but that hasn’t really happened.” *Senior family keyworker, depth interview*

The case illustration below demonstrates one of the gaps in service provision that presents a challenge for a continuous service to families.

Family impact #2: The risks around summer holiday support provision

The change of school holidays can pose a risk for regression of progress made by families. In one case, a keyworker reported that a family was doing really well last year. At a review in the late autumn of last year it was agreed that keyworker involvement would go down to telephone contact. At another review early the following year keyworker support ended. Until spring when the keyworker received a police notification in for one of the teenagers. They had been found by police drunk. Mum had agreed for them to go to a party ... but the teenager didn’t text when she got there, so mum didn’t know what had happened.

After conversations, the keyworker decided not to open the family case again. However, in the summer the keyworker received a call about another teenager in the household who had returned home from a party and was so intoxicated there was an accident and they had to go to hospital. At this stage the keyworker opened the case again as “[the family] were going through a bit of a blip” and associated this with there being less structure in the teenagers’ lives over the summer holidays.

In the meantime, the family’s welfare eligibility had changed, they were in serious rent arrears and another child moved back to the home from a relationship involving domestic abuse. The keyworker felt the family “just need[ed] a pad around the sides” – a little extra support to help them stay resilient. The keyworker conducted a session with the two teenagers on staying safe and supported the parent in getting rent and benefits back on track.

Step-down from the programme happened around a year later. The parent was anxious about it, so regular telephone contact was maintained for some months before full step-down.

¹³ This is in contrast to the National Audit Office’s analysis showing “that local authorities which have closed children’s centres have not had any consequential increases in child protection plans. Indeed, for those local authorities which had closed centres there was a slight fall in the number of child protection plans in future years. Local authorities have reduced spending on preventative children’s services.”

<https://publications.parliament.uk/pa/cm201719/cmselect/cmpubacc/1741-publication/1741.pdf>

Contextual factors in the social and service environment are not to be underestimated when it comes to risk factors potentially de-stabilising family lives and relationships. Key socio-environmental factors are listed below and illustrated in family case studies:

- Transition points e.g. between schools or summer holidays (see case illustration above)
- Availability of health services for children, especially support around ADHD, autism and mental health (see case illustration in Chapter 6.1)
- Availability of adult mental health services (see Chapter 6.1)
- Debt and rent arrears sometimes triggered by changes to benefits (see Chapter 5.5)
- Criminal acts within the family, especially around domestic abuse and youth offending (see Chapters 6.2 and 6.3).

4.5 Conclusions

Much progress has been made in terms of embedding the work of Troubled Families keyworkers alongside that of children's social care social workers for the benefit of staff, parents and young people. There are main structures and practices that lead to positive outcomes in terms of allocation, communication between staff and between staff and families, and working practices that meet the needs of families. These are summarised below.

1. Case study areas which were able to set up a 'single front door' for referrals and ideally had children's social care and Troubled Families teams co-located were well-equipped to provide timely and appropriately targeted support to families. Practitioners were more readily equipped with the information they needed from various statutory agencies to establish a whole family picture than in areas where this was not the case.

2. In areas where there was a focus on commonalities and common practice, however with clear understanding of different roles and responsibilities, social workers and keyworkers were able to work alongside each other well. This meant both less duplication for staff and families in terms of paperwork or needing to repeat their stories to different agencies, as well as avoiding the risk that a family would be in a void where neither social care nor keyworkers felt responsible. There was evidence that case study areas had progressed in terms of mutual respect and trust between staff in different agencies, valuing each other's' skillsets rather than working against each other. In the most advanced collaboration between services keyworkers and social workers were seen as a 'united front'.

3. In line with the above, a challenge at the beginning of the Troubled Families Programme was the delineation between the programme's focus on 1. 'early intervention' in terms of preventing family problems escalating and 2. a perceived demand from children's social care that keyworkers would be able to support families stepping down from Child in Need or Child Protection Plans. In local authorities where leaders were able to see beyond individual budgets for agencies and could work together towards a common goal, they ensured that the whole family's needs as well as individual children's needs were met appropriately. Clear messages from MHCLG on the importance of early intervention have also supported this.

5. Addressing worklessness and debt

In this chapter we discuss how family problems relating to worklessness and debt in households are addressed through Troubled Families in the case study areas. The chapter will cover:

- The Troubled Families Employment Adviser role;
- Fostering collaboration between agencies;
- Working towards ‘work-readiness’ rather than employment for families;
- Offering support on benefits and debt; and
- Supporting young people not in education, employment or training.

5.1 The Troubled Families Employment Adviser role

Since the outset of the evaluation, Troubled Families Employment Advisers spoke enthusiastically of working in a family setting, which allowed them to have conversations in more informal settings outside of the Job Centre, and understand the full context of barriers to employment for the individuals they were working with. Their contribution was widely acknowledged to have had a major impact on both families and the skills of frontline staff even at the last wave of fieldwork:

“Wouldn’t recognise them [Troubled Families Employment Advisers] as a separate programme now. It was the best thing ever done at a national level introducing them” Troubled Families Coordinator, depth interview (Phase 2, Wave 1 fieldwork)

At this final wave, for senior Troubled Families staff, advisers’ effectiveness was evident not just in their outputs (work with families, training for keyworkers, building relationships) but in the local authority outcomes too, with increased employment in areas being attributed partly to the work of Troubled Families Employment Advisers.

“Our claims for continuous employment are good, and while this might be partly because there’s a buoyant economy [locally] ... our Troubled Families Employment Adviser is really effective ... and has a really good understanding of the needs of the families” Troubled Families Coordinator, depth interview

Aside from employment, the work of advisers also translated into positive outcomes for families in smaller ways, particularly in the context of welfare reform and increased conditionality.

“Some people are very resistant to engaging with Jobcentre Plus, so I negotiate with them on their behalf – e.g. by adjusting welfare conditionality in a family where the child has been excluded for 1 hour a day” Troubled Families Employment Adviser, online forum

A detailed description of the ways in which Troubled Families Employment Advisers have worked effectively with families and staff is given in the report for the last wave of fieldwork on the case studies¹⁴, and advisers themselves in this final

¹⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665368/Service_transformation_Case_studies_research_Part_2.pdf

wave of fieldwork were articulate on the advantages of the role and the ways in which they were able to work more effectively with certain families than in a Jobcentre setting.

“I’m not under the constraints of sitting behind a desk, with a big diary, saying the same thing 50 times over... I manage my diary and have more time to spend with families” Troubled Families Employment Adviser, depth interview

“As I say to them in the Jobcentre: ‘You see them for a while and you’ve got that barrier. When I see them, it’s open, it’s honest and I’ve got that time so I can learn a bit more to help you’” Troubled Families Employment Adviser, depth interview

5.1.1. Success factors

Advisers were indispensable in ensuring that other frontline staff had access to Jobcentre Plus data, which provided vital insight into the benefits and employment history of family members being supported. In face-to-face work with families this was typically handled through carrying a Jobcentre Plus laptop which gave them access to relevant data. Advisers were therefore a physical bridge between agencies, providing a critical piece of understanding about families.

“[Family keyworkers] rely on us to have the link between DWP and themselves. Without being a DWP person they wouldn’t get that information. I couldn’t think of another way to get [benefits data] to be honest and that information about benefits is vital.” Troubled Families Employment Adviser, depth interview

Just as families often felt social workers were judgemental and not acting in their interests, whereas family keyworkers were more trusted, Troubled Families Employment Advisers also benefited from working with families in a more informal setting and over a longer period of time. Indeed, this was a key success factor – advisers were seen as people helping others getting into work, removing the perceived humiliation for individuals of going to the Job Centre.

“They are not seen as DWP staff, which makes a huge difference. Certain things people don’t want to do themselves – they put it into a different environment” Troubled Families Coordinator, depth interview

A further success factor was the considerable experience and expertise of advisers, and their personal qualities. Staff survey data demonstrates that over half of advisers have more than 15 years’ experience, and this was evident in feedback on their knowledge and professionalism: their experience meant that they were able to both add context to local authority discussions of the Jobcentre Plus experience, and bring Jobcentre Plus support into context for families and frontline staff. Peers noted that advisers’ demeanour was typically passionate, optimistic, ‘can-do’ and motivated: they were highly collaborative and determined to break down cliques among frontline staff, and with families they were “positive, persistent and challenging”.

“[Job Centres and Troubled Families Employment Advisers] have instilled a desire into the parents to make their lives better for themselves, give them confidence...and resilience. And just somebody who believes in them, instead of what they are used to. Sometimes there’s a lot of negativity so it’s about promoting the positive side of things.” Troubled Families Employment Adviser, depth interview

A potential barrier to success was the volume of cases advisers undertook. This was a common concern, with participants sharing concerns about whether families were receiving the support they needed, and also whether catchment areas for advisers to be working across were too large.

“I would like to see more resource in the role, because it would be quite good to have a team that could go out into the larger towns, you could make quite an impression with a team.” Troubled Families Employment Adviser, depth interview

“I don’t count my caseload – but Troubled Families Employment advisers would be in their rights to cap their caseloads” *Troubled Families Employment Adviser, depth interview*

Support in co-ordinating conversations with families was cited as a need – advisers felt that if they were offered administrative support to arrange interviews, they would have much more time to spend with families themselves.

5.2 Fostering collaboration between agencies

In earlier waves of fieldwork, it was evident that Troubled Families Employment Advisers in the case study areas were building effective bridges between the practice of Jobcentre Plus frontline staff and other frontline staff. They had also made a considerable difference to the knowledge of frontline staff on welfare and employment issues – some of the most complex problems to be addressed by the Troubled Families Programme.

At this final wave, senior Troubled Families staff reported that having Jobcentre Plus and Troubled Families Employment Advisers involved in the programme has led to a significant and beneficial culture change in thinking about supporting families among frontline staff. Staff have moved from focusing only on welfare entitlement to looking at options to support families towards employment, seeing the benefits of this approach and it relates to other aspects of families’ lives.

“When I first started the programme five years ago [employability and worklessness] was a massive anxiety for [keyworkers] ... it was a massive culture shift from ‘are they entitled to these benefits’ to changing that philosophy ... we’ve definitely seen a change in terms of our staff confidence levels and competence around the subject of worklessness” *Early Help Manager, depth interview*

However, whereas some staff from some agencies have been receptive to advisers’ messages about employment, others have taken longer to change their views. One participant cited the example of social workers, whom, they felt, could view the concept of ‘worklessness’ differently. However, in their case study area, managers were encouraging social workers to report on the outcomes of employment with families personally, with the aim of ensuring they were more engaged with this issue. Troubled Families Employment Advisers also attended multi-agency meetings in which allocation to keyworkers and lead professionals was discussed and agreed, which meant that employment was part of conversations about families. There were benefits too, to partner relationships with DWP more broadly.

“The relationship with Jobcentre Plus more generally has improved because of the joint work on Troubled Families, e.g. they [the Troubled Families team based within the local authority] have been invited to deliver a debt and a housing benefits programme at Jobcentre Plus. That would have never happened a year ago” *Troubled Families Employment Adviser, online forum*

A further approach to embedding collaboration on this issue of employment was to approach this through strategic restructures of teams. For example, in another of the case study areas, a restructure brought together Jobcentre Plus, different agencies of the criminal justice systems and Pupil Referral Units through the work of Troubled Families Employment Advisers. The new social justice team worked across organisations with the aim of engaging family members in a shared message about the benefits of gaining skills and employment. This example is described in the case illustration below.

Frontline impact #11: Putting employment opportunities first in agency partnerships

One case study area has developed co-ordinated frontline work to address employment support across a number of agencies and sites. Observing that many families were ‘splintered’ across prison (father), Pupil Referral Unit (children) and the community (mother), a senior manager saw the need to create a social justice team that worked across the different organisations to ensure that the whole family received support and consistent messages were shared. Three separate strands of work (in prisons, in PRUs and with families) were therefore brought together in a new social justice team.

“Now we talk together and see the links – we can ask, ‘is he in a local prison?’ and find out if we are working with his family” Team manager, depth interview

Relationships with Troubled Families teams in neighbouring local authorities had been built to facilitate links to local prisons in those neighbouring areas.

Different approaches were taken in different types of prison (there is a Category A, open prison and women’s prison in the area), with employability courses tailored to suit the needs of inmates. These are led by prison-based work coaches and would address the needs of those with convictions directly, for example, how to handle disclosure and local employers who would be receptive. They aimed to motivate people to focus on finding work once they left prison.

“We tell them, ‘it’s not just for you; it’s for the whole family” Team manager, depth interview

Within PRUs a specialist employment adviser offered presentations and workshops which emphasised the value of working using vignettes and other engaging techniques. Young people were receptive to this approach, and to the energy and enthusiasm of the adviser, who was experienced in communicating with marginalised young people.

Collaboration between agencies was also achieved through co-location with other frontline staff (see Chapter 2.2 for details). In one case study area Troubled Families Employment Advisers were located in a team with housing advisers, debt advisers and other third sector providers. They collaborated with these other professionals, working alongside family keyworkers to address interlinked family problems.

Advisers were also well-regarded by colleagues for generating lists of employers and providers (e.g. local businesses, universities), a source of opportunities for families which they shared with agencies and family keyworkers.

“He has built a big network of contacts of employers and providers and people who can help. That has increased in the community he works in over time, which is really good” Troubled Families Coordinator, depth interview

Training of frontline staff was also important. Participants reported that advisers provided day-to-day advice and coaching of staff from other agencies, as well training workshops on specific topics. Support on Universal Credit was particularly welcomed by frontline staff for whom this was a new area, and one which was felt to be complex and challenging. Advisers’ involvement in partnership briefing sessions on Universal Credit were mentioned in a number of case study areas. Advisers briefed early help and social care staff on these issues and in one area it was proposed that family keyworkers could attend Universal Credit meetings to support families.

“When I’m in the Jobcentre... people recognise I’m in [working with] the local authority, and then when I’m [at the local authority] it’s like ‘we need your expertise on benefits’.” Troubled Families Employment Adviser, depth interview

5.2.1. Working with Jobcentre Plus staff

The programme has also made a difference at Jobcentre Plus, with greater awareness of the wider problems families may be facing. Troubled Families Employment Advisers taking part in the online forum felt that awareness on the broader context of family problems amongst Jobcentre Plus staff has increased since their roles were introduced, with more staff going to Troubled Families Employment Advisers for support and being more aware of the issues they needed to look out for. In one of the case study areas, one example of this was advisers working towards sharing information on individuals who are accessing an addiction treatment programme as the reason why they were not applying for jobs. This supported their disclosure of issues to Jobcentre Plus staff and built greater understanding, potentially helping them retain access to welfare support. The initiative aims to support Jobcentre Plus staff in working with families where addiction is an issue on a longer-term basis.

“We haven’t started sharing details but what we have done is started building each other’s understanding. We have gone in and started training job centre staff. Equally we want them to have done some training here.” Troubled Families Employment Adviser, depth interview

However, staff taking part in the online forum also felt that taking Troubled Families considerations into account was not yet widespread among Jobcentre Plus staff. For example, participants reported that staff do not always check the Troubled Families marker to see which families are receiving help or updating Troubled Families Employment Advisers on progress of families. In practice, this means they did not always make an effort to spot cases that could benefit from further support from Troubled Families Employment Advisers.

“It’s hit and miss with my colleagues, some just get it and others don’t! I’m afraid Universal Credit is more of a priority in Jobcentres at the moment” Troubled Families Employment Adviser, online forum

The culture of partnership work on the frontline also changed the advisers’ practice. Participants talked of having a better understanding of family situations and the challenges they faced, and also improved understanding of what partners had to offer.

“Being Jobcentre you always saw [advice services] as your enemy because they’re always counteracting what we do. But now I go over and say ‘I need help!’ and they advise me what to do, or they come to me to ask about something in the Jobcentre. [We can show] we’ve got a common goal for the local residents.” Troubled Families Employment Adviser, depth interview

5.3 Working towards ‘work-readiness’ as well as employment

Getting families into work is a key aim of the Troubled Families Programme. However, Troubled Families Employment Advisers emphasised that due to the complexity of problems their focus with families was often on moving individuals towards ‘work-readiness’ with the longer-term aim of helping them find sustainable employment.

“I think the programme has had a great impact on employment ... Any positive changes are beneficial to society not just moving off benefits including reducing anti-social behaviour, volunteering, any paid work,

etc.” Troubled Families Employment Adviser, online forum

Troubled Families Employment Advisers therefore talked about the success of the programme in terms of laying the stepping stones to full employment, which involved supporting parents to be emotionally ready for work – particularly for those with low confidence or self-esteem.

“The local project we work alongside class ‘work ready’ as when someone is really looking and wanting to get back into employment or education and has the confidence and self-esteem to want to.” *Troubled Families Employment Adviser, online forum*

Advisers acknowledged the length of time which might be required for a family to be ready for work, suggesting that this might take one or two years of progress in small steps, with sustainable employment an option three or four years later down the line.

“I feel that when that family ... [makes enough] progress to say ‘I think I need to get serious and show my kids a better way of life’, that’s my achievement.” *Troubled Families Employment Adviser, depth interview*

Long-term contact was important even for parents in employment in order to make sure they stayed in work. One advisor described an unemployed individual with a young child who was referred due to domestic abuse. Once working and in receipt of Universal Credit, she was no longer seen by Jobcentre Plus – but her Troubled Families Employment Advisor kept in touch with her and offered light touch support which helped her stay in work, for example when there were changes to her childcare support. One advisor noted that once people are in employment they stay in touch with them for at least 6 months, if not longer.

“It can take one little incident to happen and ‘poof’, they’re gone. So it’s just keeping those channels open (is important).” *Troubled Families Employment Adviser, depth interview*

Resilience and independence for the families was a key goal, and advisers hoped that families would be better able to deal with problems they faced in the future through working with them.

“The journey that you have with these families is sometimes so intense that the steps they have made along the way are life changing. It makes such a positive difference that even if something happens for the worse in the future (and they start slipping back to old ways) ... they generally have the skills to cope better and quickly turn this around again”. *Troubled Families Employment Adviser, online forum*

5.3.1 Addressing practical barriers

Families on the programme typically faced challenging practical barriers to working. As described in previous waves of this evaluation, the personal difficulties experienced by families made it very hard to find employment, and often exacerbated by structural barriers. For example, individuals with drug/ alcohol dependency issues needed flexible, part-time work that is local, and may not be able to sustain employment if problems recur. Families also faced challenges at time of school transitions for children, or when children had long periods off school – sickness, exclusions. Families with disabled children faced numerous structural barriers.

“For some, (going back to work) is impossible. Childcare is extortionately expensive... It’s a vicious circle.” *Voluntary sector partner, depth interview*

Advisers shared the diverse ways in which their work and practice supported families. Building personal confidence was vital for many of the families, and where mental health was an issue, the focus was placed on considering volunteering initially rather than thinking about employment immediately.

“Sometimes, people, as much as you give them the information – they need their hand holding” Troubled Families Employment Adviser, depth interview

In tandem with the work of other frontline professionals addressing wider family problems, advisers undertook step-by-step work to help overcome practical barriers to families finding employment later down the line. These were supporting them to:

- Be financially ready for work – through supporting them with debt management and budgeting;
- Build skills – such as CV support, work experience, interview preparation, job-related events, courses or groups, and volunteering; and
- Overcome the barriers to work – often done in conjunction with a keyworker, the most pressing barriers were mental ill-health and childcare.

5.3.2 Addressing attitudinal barriers

Advisers also aimed to break down attitudinal barriers to working among families where these were present, demonstrating the value of being a role model for children through being in employment, and show parents that they would not be financially worse off if they start working.

“Many people /families listen to their peers and make assumptions about DWP, working, etc, some say they cannot work due to the issues of the children ... and many do not see light at end of tunnel, the programme helps them overcome some of these barriers and put aside some of the myths” Troubled Families Employment Adviser, online forum

In addressing attitudinal barriers, the fact that advisers were not based in Jobcentres was an asset in working with families. As an example, one advisor noted that they spent a lot of time reminding people that they are not there to police them, or pass info back to DWP, but instead to upskill and help them.

“Parents have been taking [training workshops] up because we recommended them and there’s that feeling that ‘you’re not the local authority, you’re not checking up on us’” Troubled Families Employment Adviser, depth interview

Fear was also a barrier when family members had not worked for many years, or when they were living in communities or were part of extended families where worklessness was entrenched. Advisers dealt with this by taking small steps with family members and winning their trust. Senior Troubled Families Coordinators reported that their methods were often successful.

“[The adviser] has actually got some people in voluntary work to start with slowly, he’s managed to get others to come into the job centres and he’ll come in with them” Troubled Families Coordinator, depth interview

Advisers felt that conversations and relationship-building with families of this kind, and the growing relationships between advisers and families, may reduce reluctance to engage with Jobcentre Plus in the longer term.

“It’s hopefully breaking down the ideas people have developed about DWP during the [pre-Universal Credit] legacy benefit¹⁵ years and creating a new relationship for the Universal Credit years” Early Help manager, depth interview

The family case illustration below gives an example of how this support for families could be effective in the longer term.

Family impact #3: Moving towards work readiness

Mica is single parent of three, recently escaped from a lengthy abusive relationship. Her second child suffered from a chronic disease which meant that he was often in excruciating pain, so was in and out of hospital and required extensive support from his mother.

Prior to her second child being born, Mica had managed to turn a volunteering job at her eldest child’s school into a full-time position as a teaching assistant, which she loved. But after the birth of her second child and the accompanying uncertainty surrounding his condition, she gave up her work in order to better care for him. When first approached by her keyworker, Mica was pregnant, and the subsequent birth of her third child further reinforced the impracticality of trying to return to paid work.

Given these barriers, following her referral to the Troubled Families Programme, Mica’s keyworker decided to focus on helping Mica deal with the emotional and psychological scars of her past relationship. She was referred to a women’s centre, which provided her with a safe place to talk about the abuse she had experienced and to her local Citizen’s Advice Bureau, where she received support on how to deal with her limiting financial situation, and advice on handling debt.

The keyworker also suggested suitable volunteering opportunities to Mica, to help her ease back into a working environment and maintain her skills. Mica soon began volunteering in the crèche facilities of the women’s centre, following her keyworker’s advice to bridge the gap in her CV between leaving work to care for her son and her next full-time position.

Volunteering in this way made Mica feel optimistic about finding permanent paid work, which she was actively looking forward to pursuing. In her own words:

“I am not sure whether to go back to work yet because of my son...not just because of my son [but] because I have gone through so much, I don’t know if I can even do a normal day-job properly until I fully recover from what I went through with their dad... [But, I] actually see a future, [through] volunteering ... once I get myself healed” Mother, depth interview

5.5 Offering support on benefits and debt

Troubled Families Employment Advisors typically played an important role in helping families with access to benefits, often acting as advocates between families and Jobcentre plus. Common types of support required were:

- Helping with families in the move to Universal Credit – household budgeting and accessing/ managing the UC portal;

¹⁵ Legacy benefit refers to the benefits being replaced by Universal Credit including child tax credit, housing benefit, income-related employment support allowance, income-based jobseeker’s allowance, income support and working tax credit.

- Support for those affected by benefit cap – ‘coaching’ to help them consider ways they could make up the shortfall; and
- Helping families to claim the right benefits.

The complexity of the welfare system was daunting and intimidating to navigate for some families, particularly if they were experiencing stress, trauma or a mental health problem of some kind. Advisers supported these family members and rectified problems and errors, being uniquely placed to do so through their access to DWP systems.

“There was a mum who said she had lost her benefits because the father passed away and all the children’s benefits were under his name so she was relying on foodbanks. I have a DWP email so I could verify a statement from the health visitor to get the child benefits to her.” *Troubled Families Employment Adviser, depth interview*

A common issue was the shift from Income Support when a family’s youngest child turned 5. The current cohort of families will find themselves claiming Universal Credit for the first time – a big change as this new approach to welfare support means that claimants are responsible for the management of rent payment if eligible for Housing Benefit, among other changes. Advisers are addressing this challenge through equipping families to handle the change to the new system themselves.

“We have to give them the confidence and say ‘look, you have to take responsibility. This is your money, you need to ensure you pay your rent, pay your Council Tax...’ and show them how to budget as well.” *Troubled Families Employment Adviser, online forum*

The case study below presents an example of how Troubled Families Employment Advisers supported families in addressing debt problems.

Family impact #4: Overcoming debt

One family faced numerous problems – they were at risk of losing their home due to rent arrears, children not attending school, oldest child Not in Education, Employment or Training (NEET), mother in and out of work. The keyworker worked with the family for eight months, and when she first started working with them, the mother was unemployed and struggling to pay her bills. She had lost confidence in herself and her mental health was suffering.

The keyworker worked with the Troubled Families Employment Adviser to look at her finances, provide her with skills to manage a budget and reduce her debts, and ensure she was on the right benefits, which helped her to feel more in control. The adviser also supported her to find full-time work and with a regular income she ensured she didn’t lose her home and could buy a car to take her children to school, improving their attendance.

Debt was considered to be a common problem among eligible families and was often connected to mental health problems. Advisers typically played a role in referring families to specialised local services to help address these issues. However, in one of the case study areas, employment, housing and debt advice were brought together in a single location to support families holistically on these issues, as illustrated below.

Frontline impact #12: Collaborating to address employment, housing and debt issues

In April 2018 a new team was set up in the case study area to help residents with debt, homelessness, employment and training. Within the delivery team are experts on a range of areas: employment experts drawn from Jobcentre Plus and Housing Benefit and Universal Credit experts who work for a voluntary sector provider. Staff from the local authority are also present, as well as Citizens Advice. The mix of different staff co-located in Homes and Money Hub makes it easier for practitioners to learn from each other.

Driven by Troubled Families, the team was initially set up to support the rollout of Universal Credit but has expanded into something much bigger which supports families with financial difficulties including debt. There was no specific criteria for whom they work with, but they typically support people with rent arrears or debts, those threatened with eviction, and those needing help and support in finding work. Here, financial liability and debt assessments with families are conducted, and the team is also participating in a Treasury pilot to assess how families can repay money owed to central and local government. Around 70% of families using the team's services are beneficiaries of support from the Troubled Families Programme.

Clients vary in their outlook, from those who are reluctant to pay outstanding debt (e.g. Council Tax arrears) but are encouraged to do so, to those who are in a state of resignation and distress. Advisers address their issues with persistence and optimism.

“Sometimes they come in when they feel there is no hope, that they’re so backed up into a corner that they can’t see the light. My philosophy is that when people walk through the door with no hope they walk out with some hope.” *Troubled Families Employment Adviser, depth interview*

The approach is effective. One adviser shared a story about a client who came in with several thousand pounds’ worth of Council Tax arrears, in distress as an enforcement agency were due at his home in a few days’ time. She took his details and asked for someone to be allocated to him, and called and left a message for the enforcement officer. She talked to him about maybe cutting back on smoking so that money could go towards the Council Tax. He came in again the next day still distressed, but she showed him what the next steps could potentially be for him.

“I saw him a week later, he was smiling and he had a little swagger in his step. I said ‘Oh, did (the enforcement officers) come?’ He said, ‘No, no I set up a payment plan, and I quit smoking’. And I thought to myself ‘This is what we do. He came in there thinking he was going to have nothing left... now he’s got some hope, He’s got to stick to that payment plan.” *Troubled Families Employment Adviser, depth interview*

5.6 Young people not in education, employment or training (NEET)

There were a number of initiatives in the case study areas to address the need for support for young people not in education, employment or training. In one case study area, steps were being taken to make childcare more accessible to young people, resulting in some young people in the area accessing an 8-week health and social care course. This local authority also has a NEET adviser (for young people (Not in Education, Employment or Training), co-located with other frontline employment support outside of the Jobcentre.

Another case study area had put together an employment partnership with employment agencies including one retailer, Jobcentre Plus and external partners with a recovery programme to support young people into work. They had also

obtained funding from another government agency in which participants attend a 4 to 5-week programme to fix a bicycle, after which they can keep it and also receive a qualification. More generally, Troubled Families Employment Advisers attempted to prevent unemployment among school-leavers by providing them with information about options such as apprenticeships.

5.7 Conclusions

The final wave of fieldwork for this evaluation has demonstrated not only the centrality of Troubled Families Employment Advisers to the success of the programme, but also beginning to evidence their success in the case study areas. Troubled Families Employment Advisers have moved from focusing only on welfare entitlement to looking at options to support families towards employment, with a focus on moving individuals towards 'work-readiness' with the longer-term aim of helping them find sustainable employment. They are also offering extensive support on debt and finances, and providing ongoing light-touch support around employment to vulnerable families who may not be eligible for support from Jobcentre Plus.

Senior Troubled Families staff reported their belief that Troubled Families Employment Advisers have contributed directly to improved employment outcomes locally over the time period of the programme. Advisers have also played a major part in shifting the culture around frontline work with vulnerable families from a focus on welfare entitlement to one in which practitioners are thinking about how they can help families take steps towards work.

At the heart of this success was a strong commitment among advisers to collaborate work with a range of agencies, most notably with family keyworkers. Support from advisers on Universal Credit was particularly welcomed by frontline staff. Their role as a link to Jobcentre Plus although operating at a remove from the service and close to families has also been important. However, there are concerns around the case load levels for Troubled Families Employment Advisers.

6. Addressing family problems

This chapter provides evidence from case study areas on how three key family problems are addressed through the Troubled Families Programme. They are:

- Adult and child mental health issue;
- Parental conflict and domestic abuse; and
- Gang and knife crime

The focus on these problems reflects a specific focus from government departments and also relates to the importance of them. Notably, the challenges families face in addressing mental health problems and those relating to parental conflict and domestic abuse have been evident since the first phase of the research and persist as common difficulties among eligible families. The issue of gang and knife crime is a greater priority for the programme given increases in gun and knife crime in many areas in recent years. In 2018, the programme introduced the Supporting Families Against Youth Crime Fund which provided additional funding to some areas to enhance their activity on this issue, hence we present evidence on this problem in this final phase of the evaluation.

6.1 Addressing adult and child mental health problems

As reported at Phase 1 of the research, and at an earlier stage of Phase 2, mental health problems among both adults and children/ adolescents were prevalent among families. And, as highlighted in Chapter 2.5, one of the major challenges faced by frontline staff was the reported lack of capacity for services to meet the need identified by Troubled Families Programmes. Keyworkers reported that failure to address mental health issues causes paralysis for families where progress on their goals is concerned: it is hard for individuals to progress with goals such as improved parenting or attending training when underlying mental health issues, such as anxiety and depression, have not been addressed.

Key partners in Troubled Families Programmes were also encountering a growing need for early intervention on mental health support where families were concerned. In one case study area, schools were active in engaging with early help assessments, leading to greater awareness of the prevalence of mental health issues.

“We have a huge issue with mental health, particularly in our parents, but then that kind of ends up filtering down to the children ... the majority of early help assessments that we do, there’s probably at least one parent with mental health needs that we need to manage.” Education partner, depth interview

Similarly, in another case study area, the police also found they needed mental health support for the families they were seeing, notably where sexual exploitation had occurred. They acknowledged the need for these skills on the frontline.

“It’s a huge increasing demand on the police. We don’t currently have a mental health offer – we need one. Every time we are seeing families where there is exploitation there are mental health needs – both with adults and children.” Senior Police partner, depth interview

Keyworkers participating in the online forum noted that mental ill-health was becoming increasingly common. High demand combined with overstretched services results in long waiting times and difficulties referring, even where cases are

severe but do not meet the threshold for referral. They reported that mental health professionals were typically difficult to get hold of or engage in multi-agency initiatives.

“Adult mental health practitioners rarely or never attend TAF (Team Around the Family) meetings which can make things difficult if you have a parent who has mental health needs.” Family keyworker, online forum

Frontline staff suggested that preventative approaches and services were needed most of all to reduce the engagement of services at crisis point - for example through identifying children and young people with low level needs and offering support early. They also suggested that further good practice would be to offer suitable parenting support, such as encouraging and educating parents to monitor children’s screen time and social media use, and guide them towards activities which would help them build self-esteem and confidence. The case illustration below provides an example.

Family impact #5: Supporting families facing mental health issues

Kerry is a lone parent supporting a 13-year-old child. She suffers from a variety of complex mental health issues, including long-term depression, anxiety, Obsessive Compulsive Disorder (OCD), and Post Traumatic Stress Disorder (PTSD) as a result of a previous physically abusive relationship, which had also caused her to relocate to a new city. She was working full-time in a low-salary job, and often used credit cards to pay for food for her family. She regularly felt too exhausted to engage with her child, who had a physical health problem of her own and whose attendance at school had started to slip, further compounding her mother’s low self-esteem.

The family was initially assigned their keyworker to help them with the transition into their new area and to help Kerry to cope. An important element of the keyworker’s success was linking the mother into services that could support her with mental health issues relating to domestic abuse, specifically the charity Women’s Aid, and therapy for her PTSD. She was also instrumental in raising Kerry’s self-esteem and confidence by providing emotional support and companionship:

“I think that the first person who I came into contact with in my adult life that told me I was good enough to pursue my dreams was my keyworker. She, in a very clear way laid out how intelligent, and how persistent and strong I was. Often I would refer back to times where I couldn’t get through stuff and think to where I am now and feel like I’m managing it.” Mother, depth interview

The keyworker’s efforts, coupled with an employer who was understanding of Kerry’s needs, have meant that her mental health is far less of an obstacle to her getting on with and managing her life. Her PTSD now receives the regular attention and treatment required. As such, she feels more able to address the ongoing issues with her child’s poor school attendance, and more confident about looking for further, better-paid employment.

There was evidence of progress in achieving greater engagement from CAMHS among the case study areas. However, some difficulties endured. In the Phase 2 Wave 1 research, one local authority had reported buying in additional CAMHS services to help meet local needs. CAHMS had been commissioned on this occasion through payment for appointments – but this approach did not incentivise innovation about how best to meet need, with the local authority expressing frustration that CAMHS did not engage with the concept of an integrated model of family support and had a tendency to ‘work in isolation’. The local authority was therefore working with their local CAMHS service to address this problem. They were collaborating with other services to reflect the integrated nature of other aspects of delivery of family support, as well as the move towards integrated health and social care services. This had resulted in a pilot for a local mental health service which was more visible in the community and with a greater focus on outreach.

Furthermore, in those case study areas in which frontline hubs had been established (see Chapter 2.2), Troubled Families co-ordinators were making efforts to bring mental health practitioners into the fold and co-locate them with other practitioners working on Troubled Families-related services. There were also initiatives to bring together early help and health services to deliver a more preventative service.

“Mental health practitioners are doing early help at a non-clinical early stage – it has been really useful for us to have [them] in the hubs and to refer some early help work to them.” *Troubled Families Coordinator, depth interview*

Troubled Families core teams were also engaging with key partners to address the challenges around mental health provision. General Practitioners (GPs), who had been historically difficult to engage, were increasingly involved with the programme in some of the case study areas – for example through conducting early help assessments, and relaxing or revising protocols relating to communication and data sharing.

There was also evidence of good practice emerging in supporting parents on mental health within schools. In one case study area, schools undertook early help assessments for families. Family keyworkers embedded in schools made sure that the mental health of parents was a focus given the effect it had on day-to-day family life and the mental health of children. The school also employed a school counsellor who came in one day a week and was available to both children and parents.

6.2 Addressing parental conflict and domestic abuse

Stakeholders in this final wave reported a sense that domestic abuse is becoming a more prevalent problem in families. In one case study area, one delivery partner noted that around 60% of families they worked with struggle with some kind of domestic conflict. They also reported that frontline staff were more aware of how to spot the signs of domestic abuse meaning that awareness of the issue was heightened. Evidence of good practice in response to this growing awareness is described below.

6.2.1 Improved referrals and allocation of domestic abuse cases

In one case study area, the local authority had focused on addressing domestic abuse problems in families within the broader culture change of improved multi-agency working, changing their approach to referrals and allocations of families identified as needing support. Through this change, frontline staff were able to address family problems much more quickly, for example through piloting a programme to triage cases daily with all partners in their frontline safeguarding ‘hub’. This pilot meant that keyworkers were able to help families much more flexibly and at crucial times, rather than waiting for the initial monthly, then weekly allocation meetings. If an incident was identified, the police, social care, the school and a commissioned domestic abuse charity were notified, as well as health visitors if there was a young child in the household. This approach was particularly helpful for the school if an incident occurred over a weekend. Previously, multiple agencies might be contacting the family separately, whereas now all agencies meet and decide on the most appropriate professional to contact the family while keeping all agencies updated on outcomes.

Data sharing software (as mentioned in Chapter 3) has been especially useful to also understand historic domestic abuse, helping allocations of families to the most appropriate keyworker or external agency specialising in domestic abuse support when historic issues are identified. This practice has led to local authorities being equipped to tackle the problem more efficiently and in a joined-up way.

In the same case study area, there has also been a shift in the way in which assessments are taking place for families facing domestic abuse problems. While previously the general view of multi-agency partners was to undertake a Single Assessment, this now happens less frequently. Instead, partners will opt for an early help assessment with early help having more capacity and freedom to help families and be more hands-on, compared with social workers. This change is seen to have helped people see the value of early help and partnership working, as well as the allocation and assessment process being improved and more streamlined.

“Families are getting more appropriate channels of support rather than everything going from a social care route ... so for instance we’re doing a pilot, which is around domestic violence and families getting the right support at the earliest opportunity and less duplication.” Early Help Manager, depth interview

The case illustration below demonstrates how the programme supports families in case where domestic abuse is an issue.

Family impact #6: Supporting families in addressing domestic abuse

Debbie is a lone parent of two young children who had been with her abusive partner for over seven years. Social workers had been aware of the abuse, and so became involved on behalf of the children, but according to the mother were:

“Very robotic and sometimes [made] you feel like it was your fault for why this happened and [made] you feel really scared and paranoid that everyone is looking at you and judging you as if you have done something bad staying in the relationship. It felt like I was the bad guy.” Mother, depth interview

She felt that social services wanted to ‘pounce’ and take her children away. However, she believed that her keyworker took a much more sympathetic approach, and was particularly helpful in signposting Debbie towards agencies and organisations that could offer her relevant professional support, and reintroduce her into the community. It was through the keyworker’s non-judgemental support that Debbie was confident enough to finally make the decision to leave her partner for good.

“[The keyworker] wasn’t intrusive at all. She didn’t make me feel judged when I did go back to him during our relationship ... she was still there on standby, a phone call or text away to say: ‘Don’t worry, this is something you would be interested in’. She got my mind away from negative thinking into the positive things and that’s what I love about her.” Mother, depth interview

This change in attitude and mindset led to Debbie securing a non-molestation order against her ex-partner, preventing him from coming near her, specifically to ensure the safety and well-being of her children. The keyworker helped her realise that in order to take care of her children to the best of her ability, she herself had to be safe, secure and happy. Then, when that was achieved, she could instead turn her focus to planning her future:

“Getting that non-molestation order was the first new thing I’ve ever done to show myself let alone anyone else that I’m serious, I really don’t want this to happen anymore. So I hope that’s enough to prove ... that I am happy without that in my life and I am just going to get as much support as I can” Mother, depth interview

6.2.2 Working with perpetrators of domestic abuse

One local authority made use of different funding streams coming together to fund a project for boys and single fathers facing issues around custody or access. A local charity works alongside the project to provide mediation between the parents and help them see that by resolving their conflict they can both have a positive impact on the child.

“Early help and prevention are trained in a programme designed to change behaviours of perpetrators of domestic abuse. There are other programs around drug and alcohol misuse. It’s a whole system approach that goes into that family. And because the children are involved, they can see that. They can see that they’re being supported.” Early Help lead, depth interview

A similar programme, with a focus on perpetrators, was also being run in one of the other case study areas.

6.2.3 Handling parental conflict

Keyworkers in the online forums encountered parental conflict often, and felt it had a hugely negative impact on children’s wellbeing and keyworkers’ ability to work in a whole family way. To address the issue, some keyworkers reported conducting separate meetings with both parents to ensure both have the information and feel they are being listened to. Other good practice included involved showing parents how their relationship was affecting their child, being solution-focused, and empowering parents to see what needs to change.

6.3 Addressing gang and knife crime

A number of the case study areas were drawing on support from the Troubled Families Programme to take forward initiatives to address gang and knife crime among young people in local communities. For the relevant areas, this was viewed as a growing problem, with, for example, one senior stakeholder linking knife crime locally with ‘county lines’ drug-dealing and also feeling that the closure of local youth clubs following funding spending reductions within the local authority had diminished the resources to address the problems.

“My fear is that this is only going to get more and more over the years. We don’t have youth workers or outreach street work. They aren’t picking them up early on, but we don’t have resource to deal with it apart from the ones that have been referred.” Early Help Service Manager

Such challenges were echoed in another case study area, in which the local authority acknowledged that gangs and knife crime in the area were a problem. While there were a couple of youth initiatives and programmes to reduce involvement in gangs, with some success, the level of knife crime locally was still high. Youth services, who dealt with instances of gang and knife crime, led on the delivery of local youth initiatives and the Troubled Families Programme more widely. However, the frequency of knife crime incidents was putting pressure on their service. Furthermore, when a violent incident occurred, the number of safeguarding incidents raised with the local Children’s Social Care team tended to spike as incidents that would have previously been unreported were submitted as a precaution, adding further pressure to services. Senior staff in the relevant case study areas noted that, although they were developing interventions and programmes to address these issues, prevention was also important.

6.3.1. Initiatives to address gang and knife crime

In the online forum, family keyworkers reported that they felt confident about engaging with youth services and the police to access support where they were working with families where gang and knife crime were an issue. They felt that good practice in addressing gang and knife crime involved: looking at underlying reasons for the (criminal) behaviour; working with the young person to increase their confidence and help plan their future; and also conducting gang and knife crime safety-related work with the young person and their parents.

“Our young people can be highly influenced from their older peers/ peer pressure and they usually do not have a home life/ do not get on with parents and so work would be completed around relationships.” Family keyworker, online forum

Multi-agency partnerships supported by the Troubled Families Programme were critical in some of the case study areas in addressing gang and knife crime. One case study area had developed a specialist multi-agency unit on gang crime using resources and support drawn from the programme. A collaboration between the police, youth offenders’ services, children’s services and early help representatives, the unit helped the local authority and police identify young people and families involved with violent gang crime at an early stage, rather than waiting for a referral later down the line. It also supported young people who had left gangs in sustaining a life outside of the gang lifestyle.

In another case study area, the local authority responded to the challenge of growing and changing patterns of youth crime by extending its pre-existing and specialised sexual exploitation frontline response group, to also support young people vulnerable to violence and involvement in gang/ knife crime.

Training for staff on both spotting the signs and helping individuals to stay safe was felt to be crucial across the relevant case study areas. As part of an initiative to ‘mainstream’ the Troubled Families Programme approach across local authority services, one of the case study areas prioritised training for frontline staff across a wide range of agencies on identifying the signs of gang involvement and likely child safeguarding problems/ criminal activity. One example of how this was put into practice is described in the case illustration below.

Frontline impact #13: Addressing gang and knife crime in the community

With the introduction of a new strategic plan, one local authority has identified the need to train front line staff to detect safeguarding incidents regardless of where they work. A handful of cases, such as a stabbing that occurred outside a local library, have highlighted the need for librarians to receive training in how to identify and handle safeguarding issues, including those related to gangs and knife crime, where this had not previously happened.

“[Troubled Families] now run the library; it is run by librarians who, maybe have been a librarian for 15 years. They don’t know how to deal with that if they see something escalating, they don’t know how to identify it – and that is one of our weaknesses that we picked up quite quickly” Troubled Families Coordinator

In an effort to combat the trend towards violent crime, the local authority is rolling out training across the department to help staff feel equipped in assessing and identifying the needs of an individual or family. This will include safeguarding concerns, such as recognising signs of gang involvement, and understanding how to deal with escalating situations.

In another case study area, frontline team managers ensured that training on complex emerging problems such as child

sexual exploitation, gangs and extremist radicalisation was a key part of staff development plans. This, they believed, would help ensure they would be better equipped to address these problems in both a service-based and family setting.

“A children’s centre support officer ... they’ll know exactly what a child safeguarding incident looks like, they’ll pick up on that because they’ve been doing it a long time... but they might not be thinking “is this gang-related?” Troubled Families Coordinator, depth interview

Widespread training on the issues for frontline staff translated into better referrals to relevant specialist services. One social worker noted that when a young person is already working with youth services through their involvement with knife crime or gangs, and a younger sibling is seen to be exhibiting negative behaviours such as aggression, the family may be referred to the Troubled Families Programme as a preventative step.

“[Although] the youth offending team will already be attached to the family, we will still make a referral to the Troubled Families Programme. It is about preventing ... These younger children who are 8, 9, 10 might [show] some behaviours ... these are learned behaviours.” Social worker, depth interview

However, practitioners also noted that as there was no statutory imperative for involvement, the success of preventative steps was often dependant on parental agreement that support was needed.

6.4 Conclusions

Participants in the research acknowledged that the shift to earlier intervention with families in the Troubled Families Programme had led to greater identification of need in the area of certain specialist family problems. In the cases of mental health and parental conflict, these problems underpinned many other family problems. Gang and knife crime, however, was a problem which affected a smaller number of families, but one which was growing and had implications for public safety.

In the case of all these problems, innovative approaches had been taken in case study areas to overcome constrained resources. Participants reported engaging with agencies such as CAMHS to deliver mental health services in new ways through pilot projects, embedding specialist training across a wide range of frontline staff to ensure that practitioners were equipped to address the challenges they might face, and developing new multi-agency initiatives with a specific focus. The approach to addressing these family problems in the case study areas provided strong evidence on how the service transformation and strong partnership working supported by the Troubled Families Programme is driving innovation to address emerging needs among local cohorts of families as they are identified by local authority teams delivering the programme.

7. Earned autonomy

Earned autonomy was a new funding model for the Troubled Families Programme whereby 14 local authorities received all of their programme funding up-front. This moved away from the previous payment by results funding model whereunder local authorities received a proportion¹⁶ of their funding once they have achieved significant and sustained progress or continuous employment with a family¹⁷.

The intention of earned autonomy was to “spur faster service transformation and drive high quality support to families both during the lifetime of the programme and beyond”. Local authorities that have been granted earned autonomy put forward a case that up-front investment would help them achieve their service transformation plans.

In this section we present findings from the online forum with Troubled Families Coordinators in earned autonomy areas and from the case study research in two earned autonomy areas covering:

- The process of moving to earned autonomy;
- The use of earned autonomy funding;
- Measuring the impact of earned autonomy; and
- The implications of earned autonomy for the future of Troubled Families.

7.1 Moving to earned autonomy

Troubled Families Coordinators in earned autonomy areas taking part in the online forum felt that the new funding model provided them with a better platform to support plans for service transformation. This was because Payment By Results paid some funding in arrears dependent on outcomes achieved, which limited their ability to fund major initiatives quickly. Earned autonomy offered more up-front funding which then catalysed existing plans, supported the development of specific initiatives, structural changes or investment in infrastructure.

“We were really interested in developing work that would lead to more structural change and it felt as though in the existing Troubled Families structure we were locked into the continuous rounds of Payment by Results audit and claims” Troubled Families Coordinator in earned autonomy area, online forum

However, whilst participants were positive about earned autonomy, they typically found the application form complex, finding that required input and cooperation from partners was difficult to achieve within the timeframes (particularly in large local authorities). The tight deadlines for submission of applications meant that several Troubled Families Coordinators in earned autonomy areas felt they had rushed their applications, and would have benefited from additional time to produce more rigorous development of indicators for earned autonomy, despite the extension of the deadline.

Participants noted that earned autonomy created efficiencies for both local authorities and for partners. Administrative costs were felt to be lower than under Payment by Results because they did not have to submit claims. This meant that staff could spend their time on other projects and find further efficiencies for the local authority. More broadly, the funding model was welcomed and seen as an endorsement of a local programme by MHCLG.

¹⁶ Payment by results areas receive on average a third of their funding via payment by results and 70% via attachment fees and service transformation grant.

¹⁷ Reference with explanation needed here

“Earned autonomy is like a grown-up conversation between the Government and the local authority to say okay we know your programme is effective, you don’t have to jump through so many hoops to prove you have turned this family around, we kind of trust you on that” Troubled Families Coordinator in earned autonomy area, online forum

However, participants did note that the administrative burden in handling the accounting in transition from Payment by Results to earned autonomy could be difficult, requiring a lot of planning to reduce local risks.

“The transition between the two funding models had to be tightly managed, to ensure that the Programme did not overspend. Time spent on this has been quite significant” Troubled Families Coordinator in earned autonomy area, online forum

Under earned autonomy areas felt more able to pay partners funding upfront as they had more initial resources than under Payment by Results. From the perspective of participants in the research, this meant that they could better plan and budget their resources – for example, one partner organisation reported that their outcome payments come in sooner under earned autonomy. In contrast, the Payment by Results system had created financial uncertainty for another charity delivery partner in the same area as many of the families they supported did not meet the criteria for payment under Payment by Results meaning they were not eligible for second payments.

However, there were also barriers to effective partnership working under the new funding mechanism. In some cases, partners had existing transformation plans and were unable to immediately engage with earned autonomy funded transformation plans. Furthermore, engaging new partners in the processes needed to generate evidence for post-2020 delivery and commissioning was time-consuming.

“Barriers for us are around the time it’s taking to engage partners ... the work is happening but there is a real tension with the limited timescale to the end of the programme” Troubled Families Coordinator in an earned autonomy area, online forum

7.2 Use of earned autonomy funds

Changes funded by earned autonomy included initiatives to support further multi-agency working, whole family working and early help across partnerships. This included investment in staff training, which in one area was reportedly resulting in good staff retention. Having earned autonomy funding had allowed the Troubled Families Programme core team in this area to be more proactive in terms of identifying training needs. For example, negotiating access to social care training to support delivery of one of their programmes which was increasingly taking on cases that otherwise become social care cases. Putting resources into partnership working had other benefits too - in one of the case study areas, stakeholders reported that there were opportunities for more informal learning with frontline staff sharing how to work with families. Further, being an earned autonomy area boosted the confidence of, and engagement from, partners.

“Earned autonomy also reflects confidence in the local partnership which has helped with buy-in. Frontline staff are working in a more integrated way with partners ... training will be reaching more frontline workers and providing them with a greater understanding of how to work with and not ‘do’ for families” Troubled Families Coordinator in an earned autonomy area online forum

Greater partnership working also resulted in greater capacity to deliver the programme, in the view of participants. In one case study area, a stakeholder noted that increased partnerships had helped increase the availability, access and quality of

early help support. It also, quite simply, helped areas to be able to hire more staff.

“The money has helped in terms of the number of workers you can afford” *Troubled Families Coordinator, case study area*

Earned autonomy resources were also used to support specific programmes. For example, in one of the case study areas, earned autonomy funds supported a project to address the needs of Gypsy and Traveller families. Another area had invested in a service to support families back into work. This exemplified a general trend that earned autonomy resources were used to help further tailor their outcome plans to local context, rather than national priorities that might be less relevant. The perceived flexibility and lack of conditionality around how this funding could be applied in comparison to Payment by Results in the programme was welcomed. However, Payment by Results areas were also able to spend their funding as they would like as it is not ringfenced.

“Earned autonomy has given local authority the licence to go and develop in whatever area the local authority sees fit and funding will be supplied. You can direct the money in the areas of need” *Delivery partner, case study area*

There was evidence too that earned autonomy was fostering innovation in the programme. One participant noted that their local authority had been able to trial new approaches to step-down in an attempt to ensure smoother transition for families as a result of earned autonomy. And in one of the case study areas, one stakeholder reported that earned autonomy had allowed the local authority to identify the need for more specialised support more quickly than under Payment By Results by carrying out a self-assessment exercise, linking the Early Help Service Transformation Maturity Model to their earned autonomy priorities.

“Earned autonomy enabled us to plan a broader and more targeted range of interventions that focused upon gaps in provision which we would never have achieved through the Payment by Results model, and at pace” *Troubled Families Coordinator in an earned autonomy area, online forum*

Earned autonomy funding was also used to support infrastructure, which typically needed large upfront payments or investment. In one local authority, funds were channelled into further development and roll-out of existing data sharing software. In another area, it supported the launch of a new data sharing system, alongside updating necessary technology for frontline staff.

“Earned autonomy has paid for new Liquid Logic system, training, analytical tools for identifying eligible families to target sooner, the financial planning tool, smart phones for staff” *Troubled Families Coordinator, case study area*

7.3 Measuring the impact of earned autonomy

All those participating in the research reported undertaking activities of some kind to measure the impact of their earned autonomy initiatives. This was typically conducted through monitoring progress and analysing programme outcomes, such as:

- Both quantitative and qualitative benefits of the programme/ outcomes;
- Monitoring of family progress (e.g. towards work, or school attendance);

- Monitoring of earned autonomy-specific indicators; and
- Reviewing return on investment (ROI).

Undertaking such outcome monitoring exercises was felt to be challenging. For example, one participant reported that in order to measure Return on Investment, they used figures on the cost of services, and the number of interventions they will receive at the planning and commissioning stages. However, they felt that Return on Investment was difficult to interpret when multiple interventions are deployed in complex family situations. More broadly there was a sense that, although there were still targets to be met under earned autonomy, these were less burdensome to meet than under Payment by Results. Evidencing outcomes from the programme was also typically felt to be less complicated under earned autonomy than under Payment by Results, although some participants noted that requirements on this changed from the outset and became more challenging to meet.

“We had to go back and retrospectively gather the data sources to evidence which has made it a bit more awkward and taken up some of the time” *Troubled Families Coordinator, depth interview*

Where impact was concerned, participants felt it was difficult to say whether earned autonomy had changed the demand for services as yet. This was due to the number of other initiatives running alongside that could also be responsible for this impact. Typically, Troubled Families Programme leads in earned autonomy areas felt that MHCLG were more engaged with their planning, and suggested that they would welcome more opportunities to share good practice between different earned autonomy areas.

“Under Payment by Results we had a relationship where MHCLG were able to challenge, review and comment on processes, targets and outcomes. Under earned autonomy ... feel we have a robust plan that will outlive Troubled Families and MHCLG are more interested in how this has been achieved and how involved this leadership are in this vision” *Troubled Families Coordinator in an earned autonomy area, online forum*

7.3 Earned autonomy and the future of the Troubled Families Programme

Views on the future of the Troubled Families Programme were mixed. Those who were more confident and optimistic about being able to sustain progress when the programme ended were those who felt they had successfully embedded many of the Troubled Families Programme principles into their services, with additional support from earned autonomy funding. In one local authority case study area, the Troubled Families Coordinator reported that they felt that earned autonomy had meant they were better prepared for the end of the programme compared to other local authorities.

“Each of our earned autonomy workstreams have been built into the sustainability plan ... [and] investment has accelerated the transformation. Our earned autonomy workstreams are all related to locality working and working across the wider partnership” *Troubled Families Coordinator in an earned autonomy area, online forum*

Less confident participants worried about the sustainability of the progress made. This was because they did not believe that there would be enough funding to continue to support initiatives they need to ensure progress is both maintained at the same level and continues.

“I want this level of investment to carry on. We have good evidence that ... only a very small percentage of people are coming back into the system but if that funding goes but can we maintain this?” *Troubled Families*

Coordinator in an earned autonomy area online forum

Related to these concerns, one participant noted that earned autonomy highlighted the tensions between national requirements and local capacity to deliver, which were exacerbated by cuts. They noted that the drive to encourage local authorities to engage and meet targets does drive service transformation, this is ultimately being undermined by budget and service cuts.

“At times it feels as though the programme (in structural terms) is saying ‘la la la not listening’ to the context of austerity which has cut our services to pieces.” *Troubled Families Coordinator in an earned autonomy area, online forum*

7.4 Conclusions

Becoming an earned autonomy area was widely seen as an endorsement of a local programme, and an opportunity not only to build on existing initiatives but to speed up progress on them. The additional funding addressed local strategic needs, ranging from expanding capacity on frontline staffing to improving data sharing software. Participants reported that there was a cultural impact to becoming an earned autonomy area, accelerating progress on integrated working and bringing the Troubled Families Programme to the forefront politically within the local authority. There was a strong feeling that it was a constructive approach to funding which offered the right level of investment to support the programme in meeting its objectives.

8. Preparing for funding to end

Preparation for the end of the programme was discussed with participants, including what will continue to have an impact beyond the life of the programme, and what may be lost when funding comes to an end. At the time of fieldwork, funding decisions post 2020 had not yet been taken. In the 2019 spending round, the programme was extended for a further year until 2021.

8.1 The Troubled Families Programme legacy

There was general agreement that the Troubled Families Programme and the funding available through the programme will leave an important legacy. Respondents believed that the Troubled Families Programme has helped to:

- **Change the culture in local authorities and across partner agencies**, with an increased understanding of the crucial importance of early help to families and a commitment to delivering it. As one participant put it, in their local authority: “early help is now everybody’s business”.
- **Establish a model of working with families based on well-coordinated, multi-agency support** delivered to the whole family before problems escalate. Participants reported that early help can prevent the involvement of (expensive) statutory children’s services. Early help can also support the effectiveness of statutory intervention focused on children, for example, by extending support to the rest of the family and by providing ‘step-down support’ once statutory services are no longer involved, to ensure positive outcomes are sustained.
- **Set up the structures required to support effective delivery of early help services**. These comprised protocols and systems to facilitate effective information sharing across local authority teams and with other agencies, but also early help training and staff development.
- **Focus minds on “making a difference”**. Participants believed that a change in attitude was evident at all levels, from the frontline where staff are much more aware of the need to identify and record how a service makes a difference to a family, to senior managers whose service planning and monitoring is now more focused on outcomes for families and on cost-effectiveness.

“We used it as a means to look at public service reform as a whole ... the really big issues are that make our systems and approach less effective ... [as a result] people talk about TF in a much more positive light than they did a few years ago, and they describe it as a catalyst for change” Troubled Families senior stakeholder, depth interview

It was recognised that more work remains to be done to fully embed an effective early help offer within the local authority and across partner agencies. However, participants thought that the principles underpinning the Troubled Families Programme and the changes in attitudes and professional culture that the programme has encouraged are sufficiently integrated in service planning, monitoring and delivery to continue to make a positive difference once the programme has ended. Stakeholders identified having a continued focus on early intervention, prevention and identifying risk as an aspect of this, as well as ensuring a robust programme of work which identified and addressed local needs. As one participant explained,

“The legacy of the [Troubled Families] programme is that you have a good understanding of what early help is, best practice, good understanding of what’s the best approach to mainstreaming support for some of these families, and the grip of what is going on.” *Troubled Families senior stakeholder, depth interview*

From the frontline perspective, strong partnership working had made an enormous difference in the day-to-day practice of supporting families, and addressed one of the major obstructions to progress experienced by families: that of repeating a problem to multiple professionals who were not working with a shared understanding of the families’ difficulties. Partner working has also been integral to the process of identifying families and better identifying what support they need.

“Before we started it was them and us and we hit many brick walls, whereas working together makes life easier and benefits the families. The majority of families believe that agencies talk to each other anyway so when they discover they don’t they are unhappy as have to repeat all their problems again and again.” *Troubled Families Coordinator in earned autonomy area, online forum*

Changes which had been achieved were felt to have been embedded, with the Troubled Families Programme seen to have had purchase with stakeholders because it is both a clear model of practice with families, but also a model of a culture that helps people work together. As one participant described:

“It is a way of delivering services or speaking to people in a way that is cultural rather than just targeted” *Early help Manager, depth interview*

Nonetheless, despite the achievements of the programme in respect of partnership working in the case study areas, there was a still a sense that more progress could be made.

“Some have taken it on more than others and if you look at it as a journey of change of culture, there are some agencies that are further along that journey than others so there is still work to do.” *Troubled Families senior stakeholder, depth interview*

It was also believed that the Troubled Families Programme will leave a strong legacy because the programme’s aims, ethos and principles align well with other key developments in family support and children’s social care. For example, there is now a determination to revert the upward trend in the number of children taken into care and subject to a child protection plan, and a robust early help service is considered necessary to achieve this. Further, participants noted that Troubled Families Programme’s emphasis on monitoring outcomes is also an important legacy, focusing local authorities on achieving measurable changes and improvements in families’ lives and reflecting on how sustainable these are. There was also an acknowledgement that not only had progress in service transformation been achieved through Troubled Families, it had also helped uncover considerable unmet demand. That demand for services was both growing and changing.

“We are seeing generally more and more complexity, welfare, universal credit having a direct impact. People are poorer – poverty is a big issue [and] in terms of vulnerability issues around sexual exploitation, new issues to deal with. Mental health in young people, some of these things suddenly have a spotlight on them” *Troubled Families Coordinator, depth interview*

“We’ve got to factor in that, while we’re managing demand, we’re also identifying a lot of it ...and still having an impact on reducing it.” *Troubled Families Coordinator, depth interview*

8.2 What may be lost when funding ends

Despite the strong legacy, there was a consensus that the end of the programme will leave a big gap in the early help budget. While there was a strong belief that the Troubled Families Programme provides an effective way of supporting families, with some evidence of the return on investment from the programme, after a decade of austerity, participants did not think it would be feasible for local authorities nor their partner agencies to fill this funding gap. As these participants explained:

“You can’t just whip away that service and send these families to social care or expect schools to support them, schools would crumble under the strain of that, as they are already struggling with their budgets.”

VCS delivery partner, depth interview

“We’re at a point now where we are starting to recognise more and more that we need a whole family approach – it would completely be the wrong time to pull the offer ... it would leave a huge gap.”

Senior delivery partner, depth interview

These concerns were widespread, with participants in the online forums also noting that staffing pressures (due to funding cuts) would affect people’s ability to work in a whole family way.

“Time and staffing pressures dictate the sustainable involvement with families. With resources stretched it is mainly only essential urgent action taken with families”

Troubled Families Coordinator in earned autonomy area, online forum

While it was expected that an early help offer will be maintained, and some participants talked about building capacity in universal services and using volunteers to provide some early help support, there was typically an expectation that after 2020 current levels of service provision would not be sustainable without additional funding. For example, in one local authority 60 per cent of the early help budget came from the Troubled Families Programme in 2018, 40 per cent in 2019, and no funding had been secured yet to replace in 2020 the 40 per cent of the early help budget funded by the programme. In another local authority a respondent explained that:

“The legacy is setup on money. [The local authority] pays for about a third of our [early help] services. Take that funding away – without additional funding, you strip out a third of your budget it doesn’t matter how much futureproofing you’re doing.”

Troubled Families Coordinator, depth interview

Participants also believed that when the programme ends, the early help offer may no longer include the kind of employment support that has been developed in the Troubled Families Programme. The Troubled Families Employment Adviser model was seen as very effective in supporting the employability of ‘fragile families’, as Troubled Families Employment Advisers had gained considerable expertise in meeting the specific needs of families in the programme and were well integrated in the local early help offer. The future of Troubled Families Employment Advisers was uncertain as at the time of the fieldwork (autumn 2018), DWP had not committed to maintaining these posts. As this participant explained:

“Beyond 2020 DWP will not commit any kind of money beyond this. [But] if you look at a partnership working well, you can’t get much better examples of the Troubled Families Employment Advisers ... We think [the local authority will] commit to keeping them in place anyway.”

Troubled Families Coordinator, depth interview

“Things have improved – but without the DWP and Local Authority relationship, things would go backwards.”

Troubled Families Employment Adviser, depth interview

From the frontline perspective, the end of Troubled Families Programme funding combined with cuts to local authority budgets generally make the future very uncertain for frontline practitioners. Participants in the online forum reported that they didn't know what roles they would be working in when the programme ends. Troubled Families Employment Advisers in particular were concerned that, with family keyworkers so stretched, that if DWP no longer funds the programme then then work-related progression may not be discussed with families, as they won't have time for this and other conversations will take priority.

“It’s likely that it will go off the boil again as soon as DWP comes out. It’s not [yet] embedded: when [keyworkers] are faced with the employment issue, they call me and pass the work over. It will be hard for them to give it equal footing with, say, domestic violence or substance abuse.” Troubled Families Employment Adviser, online forum

Participants assumed that the Troubled Families Employment Adviser role will disappear in 2020 and that, along with that the benefits built up over time would be lost. As a DWP local manager explained:

“[We’ll] just gain back our member of staff into the office ... He will need to pass on the knowledge that he’s learnt [as Troubled Families Employment Adviser] to the local authority for them to take up this support network, but I think it will be quite difficult.” Senior Jobcentre Plus partner, depth interview

There were also concerns that some families will not have access to the support they need post-2020 and will not be able to rely on other universal services who are already stretched (schools, healthcare).

Planning for 2020 seemed to focus on two areas:

- **Securing other sources of government funding.** Some respondents had already identified possible funding streams they were planning to bid for, others were counting on the fact that additional funding will be made available by central government to replace Troubled Families:

“They will find the money from somewhere and call it something else.” VCS delivery partner, depth interview

There was also discussion in one of the case study areas about building partnerships with neighbouring local authorities to pool resources, perhaps targeting funding for health and wellbeing.

- **Reducing the early help offer** either by working with fewer families and/or reducing the level of support provided to families, as these participants explained:

“It’s incredibly time-intensive to turn the families, with the most difficult problems in several areas, around ... you’re talking about really highly trained intensive work and that costs money. There’s an element that our work will continue but it will not be at the intense level with a real hard outcome that [the Troubled Families Programme with its expanded criteria] has allowed us to do.” VCS delivery partner, depth interview

“I don’t think we can pretend it’s not going to have an impact [the end of Troubled Families funding], local authorities generally will continue to invest, it just won’t be on the same scale.... Specialist family support will have to reduce.” Troubled Families senior stakeholder, depth interview

8.3 Conclusion

The Troubled Families Programme legacy was reported to be well integrated in local service planning, monitoring and delivery. However, the success of that legacy was also seen to be highly dependent on the programme funding. There

was a consensus that additional resources will be required after 2020 to maintain the intensity and quality of early help currently provided to families who qualify for the programme, particularly as there was no expectation that the number of these families will decrease. On the contrary, pressure in some areas to reduce demand for children’s social care services, meant that demand for early help services was increasing. However, at the time of the fieldwork (autumn 2018), plans for identifying the necessary funding and resources to maintain the current early help offer were at a very early stage.

Appendix 1: Case study stakeholders discussion guide

Troubled Families Qualitative Research: Phase 2 wave 2 LA case study strand: discussion guide for stakeholders

Introduction

Troubled Families is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. The programme aims to work in a holistic way which is not constrained by the agency boundaries. Families have one point of contact (a keyworker or leadworker), who is expected to co-ordinate services round the family, as well as provide support and advice to the family themselves. The programme works with every family member who needs support; it deals with the full range of issues a family needs to address, and the level and type of support provided is based on what is most likely to work for a family.

Research scope and objectives:

The aim of the case study research with stakeholders is to better understand the delivery of the TF Programme, focusing on **service transformation and the run up to 2020**. The interviews will therefore explore:

- How local authorities have responded to the programme and the extent to which service transformation has taken place and, if so, how this is manifest;
- The local authority's role in delivering a family intervention approach, workforce development, and what lessons can be learnt and recommendations made in this regard;
- If and how service transformation makes a difference to local authority agencies and families; and
- Understanding the impact of Earned Autonomy (where relevant)
- To what extent local authorities are planning ahead for the programme, potentially beyond 2020 and plans for continuing the programme when funding ends.

The interviews will be conducted with the key stakeholders identified through initial calls / emails with TFCs / strategic leads.

Advice to researchers:

Please note that this is **Phase 2 Wave 2 of the research**, so many of the stakeholders you will speak to will have completed an interview last year on the Troubled Families Programme (or since 2015 for Manchester and North Tyneside).

Please familiarise yourself with the **Service Transformation 'Maturity Model'** and **Early Intervention Foundation functional map** of the keyworker role (provided in briefing materials)

(Where relevant) please **review notes/ findings from Phase 1 and Phase 2 Wave 1** in order to identify which questions in the guide may not be relevant, and to develop additional questions.

The total time for the interview is likely to be **about an hour** – you may need to be selective with questions, choosing those which are most appropriate to the participant if you have only a one-hour slot. Some questions will be focused on particular roles - these are noted clearly in the guide.

1. Introduction and warm up	Timings /notes
<p>Explain purpose / aim of the study: Ipsos MORI is conducting elements of the national evaluation of the Troubled Families Programme in which we are speaking to senior stakeholders, practitioners and families in local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study. If applicable, remind stakeholder that they took part in an interview for Ipsos MORI on the same topic c. one year ago.</p> <p>Explain confidentiality: All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals. Ask if they have any questions before starting interview.</p> <p>Ask for permission to record: This is so that we can review our discussion; we may also transcribe the interview.</p>	<p>5 mins</p>
2. Stakeholder's role	
<p>Can you remind me of your role and background?</p> <ul style="list-style-type: none"> • How long have you been in this role? • What are your main responsibilities in your role? <p>Could you give me a brief overview of the service/ organisation/ department you work in?</p> <ul style="list-style-type: none"> • What are its main aims/ responsibilities? • How long has it been established? • Are you co-located with any other services? • What type of families are served by your team? What are their main characteristics? <p>What in your role has changed since you last spoke to us?</p> <ul style="list-style-type: none"> • And how has the service/ organisation/ department you work in changed? <p><u>TO DELIVERY PARTNERS:</u> Can we recap how your service/ organisation/ department work alongside / with the Troubled Families Programme (/ its local name)?</p> <p>What, if anything, has changed in the way families come to be involved in your service since you last spoke to us?</p> <ul style="list-style-type: none"> • What is the entry criteria? • How are families identified/ referred? • What happens next in terms of engagement? How intensive is the service? / How does the service vary depending on family needs? 	<p>5 mins</p> <p><i>Aim: understand the main elements of the participant's role and the service in which they work</i></p>

3. Moving towards integrated working	
<p>I'd like to start with some general questions about moving towards integrated working.</p> <p>Can you remind us of the main partners that you work with to deliver the Troubled Families Programme? <i>By partners we mean all statutory and voluntary sector agencies which work with you on the delivery.</i></p> <ul style="list-style-type: none"> • What new partners have you started working with in the last year? • How involved are each of these partners? <p>How have your partnerships developed over the last year?</p> <ul style="list-style-type: none"> • What has made the biggest difference to partnership working over the last year? Why? <p>To what extent would you say the Troubled Families approach is 'mainstreamed' into the approach to supporting vulnerable families across services in your LA?</p> <ul style="list-style-type: none"> • Why? • What has made the difference here? <p>What have been the barriers to effective partnership?</p> <ul style="list-style-type: none"> • Which partners do you think are still missing from the picture? • What works well/ less well in terms of communication? <p>Overall, what changes to partnership working (if any) would you attribute to the Troubled Families Programme?</p> <ul style="list-style-type: none"> • Can you describe the difference the programme has made in this respect? <p>I've now got some questions on working with relevant agencies.</p> <p><u>Working with key agencies</u></p> <p>How have things changed working with different types of schools? (e.g. primary vs secondary or maintained schools vs academies)</p> <ul style="list-style-type: none"> • What is working more or less well? <p>What's your experiences of working with (other) health services?</p> <ul style="list-style-type: none"> • How have these relationships developed over the past year? • Are there differences between different types of health services (e.g. GPs vs CAMHS or adult mental health?) <p><u>Voluntary sector</u> (TO VCS PARTICIPANTS, AMEND QUESTION WORDING TO SUIT PARTICIPANT'S ROLE AS RELEVANT)</p> <p>How has your relationship with voluntary and community sector (VCS) partners developed over the last year? (FOR VCS PARTICIPANTS – ASK ABOUT THEIR WORK WITH / UNDER THE TROUBLED FAMILIES PROGRAMME)</p>	<p>15 mins <i>Aim: understand how partnership working is managed in the area</i></p>

- What has changed and why?
- Are there any new or emerging challenges in working with them?

How do you think voluntary services perform in the area?

- What do they do well?
- And what are their limitations?
- Can you give me any examples?

To what extent do you think voluntary sector services are happy and equipped to work with the whole family?

- How is this way of working different from what they are used to?
- How do they react to this?
- What challenges might families have when working with voluntary organisations?

Do you think there is potential to increase the involvement of the voluntary sector in programme delivery?

- In what ways?
- What would you anticipate the effects of this to be?
- Are there any plans to follow up on these ideas – or identify other areas of potential development?

What is working well / less well in engaging voluntary sector organisations? (TO VCS PARTICIPANTS, ASK ABOUT CHALLENGES IN ENGAGING WITH TF PROGRAMME)

- How do you deal with any challenges?
- Are there any plans for the future for more or less collaboration?

Jobcentre Plus and TFEAs

(TO JCP/ DWP PARTICIPANTS, TAILOR QUESTIONS TO SUIT PARTICIPANT'S ROLE AS RELEVANT)

How has your relationship with Jobcentre Plus locally developed, if at all?

- Has anything changed?
- Are there any new or emerging challenges in working with them?
- How are they involved in delivery – can you give examples?

What about the role of TFEAs?

- How would you describe the impact of their work over the last year? What have they achieved?
- Has anything changed in the kinds of responsibilities they have in the last year? Has their role developed?

How effectively do TFEAs work with other teams delivering the Troubled Families Programme? (FOR TFEAs: HOW DO YOU WORK WITH OTHER TEAMS DELIVERING THE TROUBLED FAMILIES PROGRAMME?)

- Has anything changed over the last year or so? Why?

- Have you advised keyworkers on how to offer employment support to families?
- Can you describe what makes the difference in helping these relationships work well – or what causes problems?

How would you describe the impact TFEAs/you have on families in your LA?

- Have you seen their work translated into families moving into work?
- If not, what does their impact look like? What difference do they make?
- What, if anything, is distinctive about what they do – and why is this important?

How do you think the role and skills of TFEAs can be maximised?

- What allows them to thrive and work effectively?
- What barriers in delivering elements of the service do they/ you face?
- What have they / you achieved most effectively in delivery on the programme?

Children’s Services and Youth Offending Services

(TO CHILDREN’S SERVICES PARTICIPANTS, TAILOR QUESTIONS TO SUIT PARTICIPANT’S ROLE AS RELEVANT)

How is the local Troubled Families programme positioned in relation to the work of children’s social care?

- Are there shared approaches to working with families?
- How does the approach to allocating families to support work for both services?

To what extent are keyworkers and social workers collaborating?

- When do these roles work best together? Can you give me some examples?
- What are the positives to come out of this? For families? For the service?
- How do the principles underpinning children’s social care sit with those underpinning the Troubled Families programme?
- What doesn’t work well? Can you give any examples?

Has the TF whole family approach had an impact on the way social workers address issues of Children in Need / Child Protection Plans?

- To what extent has the Troubled Families Programme changed the “ways of working” in delivering Early Help services?

How has Troubled Families impacted on Children’s Services outcomes and delivery?

<ul style="list-style-type: none"> • What role does TF play in supporting families with Children in Need or on a Child Protection Plan? • What happens when a family is stepped up to Children’s Social Care or stepped down from it? <p>How has Troubled Families impacted on Youth Offending Services outcomes and delivery?</p> <p>What role does your TF Programme play in reducing demand on Children’s Social Care and Youth Offending services?</p> <ul style="list-style-type: none"> • To what extent is the TF programme stopping families to be escalated to children’s social care? 	
<p>4. Data sharing</p>	
<p>Thinking across all the organisations that you work with to deliver the programme, how do you use data sharing for identifying and monitoring families and verifying outcomes?</p> <ul style="list-style-type: none"> • What developments have been made in data sharing in the last year? <p>What developments have there been in data sharing between different partners?</p> <ul style="list-style-type: none"> • How effective is data sharing with schools? How effective is data sharing with health services? • What has worked well/less well? And how has this impacted the way in which you work with your partners? <p><i>Explore issues with other organisations mentioned above.</i></p> <p>What goals have been set for data sharing?</p> <ul style="list-style-type: none"> • How have these been achieved? Or not achieved? <p>What are the barriers to effective data sharing?</p> <ul style="list-style-type: none"> • Are these persistent? • What would it take for this to change? <p>Have you used outcomes evidence to change service delivery?</p> <ul style="list-style-type: none"> • How has this been done? • What impact has this had? Can you give me an example? 	<p>5 mins <i>Aim: understand how data sharing impacts service delivery</i></p>
<p>5. Workforce development and culture</p>	
<p>What is the overall approach to workforce development for the Troubled Families Programme in your area?</p> <ul style="list-style-type: none"> • What have been the main challenges in the last year? 	<p>5 mins</p>

<ul style="list-style-type: none"> • What has worked well and less well? • What training programmes have been introduced? • To what extent has your workforce met its aims for last year? How? <p>What have been the main challenges for keyworker training over the last year?</p> <ul style="list-style-type: none"> • Have you had any issues with attendance/participation/engagement? • How would you like to see training developed? • What training would you like to see in the future? Any issues providing this? <p>Thinking of all the support provided around workforce development, what has made the biggest difference for frontline services in the last year?</p> <ul style="list-style-type: none"> • Why was this initiative successful? • How would you describe the difference it has made for staff? And families? <p>How would you describe the keyworker and frontline staff culture in the delivery of the programme?</p> <ul style="list-style-type: none"> • What is important to keyworkers? • Are they proud of what they do? • How professional does the role feel? Why? • Are they advocates of the programme among other agencies? <p>What are the key attributes of a successful keyworker?</p> <ul style="list-style-type: none"> • What key skills do they need to do their work well? • How are these best supported? What resources are needed? <p>What is required in your LA to build keyworker capacity to deliver the programme effectively?</p> <ul style="list-style-type: none"> • Are any stakeholder relationships important here? How must they be nurtured? • What support (if any) is needed from central government? • What other resources are needed? 	<p><i>Aim: understand how management and impacts of workforce development</i></p>
<p>6. Family support and stepdown</p>	
<p>What, if anything, has changed in the support that families receive over the last year?</p> <p>How has decision making changed in the last year?</p> <ul style="list-style-type: none"> • How are levels of support offered decided on? • How is wider support (e.g. CAMHS, courses) decided on? Who makes these decisions? • Is there any flexibility? <p><u>Specific problems/ issues</u></p>	<p>10 mins <i>PLEASE NOTE THAT SOME OF THE ISSUES COVERED IN THIS SECTION MAY HAVE BEEN COVERED IN</i></p>

<p>Is support organised differently where adult and / or child mental health is an issue in the family?</p> <ul style="list-style-type: none"> • How is this typically addressed in the programme? Can you give examples? • How is support coordinated between different services? How do keyworkers deal with issues such as mental health? How confident are they dealing with this issue? <p>IF RELEVANT TO STAKEHOLDER (i.e. IF THEY WORK IN A RELEVANT SERVICE)</p> <p>How much is conflict between parents, both those still together and split apart, an issue for families eligible for the programme?</p> <ul style="list-style-type: none"> • How is this typically addressed in the programme? Can you give examples? • Which services or types of support have been most helpful for dealing with this? • What differences are there in how support is organised between parents that are no longer together and those that are still together? <p>To what extent is gang or knife crime among young people an issue for families eligible for the programme?</p> <ul style="list-style-type: none"> • How is this typically addressed in the programme? Can you give examples? • Which services or types of support have been most helpful for dealing with this? <p>Where families are struggling with debt, how is this approached?</p> <ul style="list-style-type: none"> • How is this typically addressed in the programme? Can you give examples? • What works well/less well? <p><u>Moving into work</u></p> <p>Has anything changed recently in how issues around finding employment are approached with families?</p> <ul style="list-style-type: none"> • At what stage is this tackled? How is this determined? Are there ever disagreements between different professionals involved? • What role do TFEAs play in this? How confident do keyworkers feel about this issue? • What role does the voluntary sector play in helping with this? Do any voluntary organisations help with training/volunteering/preparation for work? <p>What initiatives as part of Troubled Families have had most impact on supporting families towards employment?</p> <ul style="list-style-type: none"> • Can you give some examples? • What is being done to avoid young people finishing their GCSEs becoming NEET (Not in Education, Employment or Training?) 	<p><i>EARLIER DISCUSSIONS.</i></p> <p><i>Aim: understand impact of programme on families</i></p>
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<ul style="list-style-type: none"> • Is there any work being done around improving employment circumstances for those already in work? <p>How sustained is progress for families in moving towards finding and staying in work?</p> <ul style="list-style-type: none"> • What kind of support makes the biggest difference in helping families achieve employment? • Can you give some examples? <p><u>Family stepdown</u></p> <p>Has anything changed in approaches to family stepdown in the last year?</p> <ul style="list-style-type: none"> • At what stage do keyworkers start preparing families for ending support? • What services are involved in the stepdown process? How is support coordinated between them? • What role does the voluntary sector play in this? <p>How well do you feel the stepdown process is working?</p> <ul style="list-style-type: none"> • What are the main challenges? • How do you think it could be improved? <p>To what extent does support now continue after families have come off the programme?</p> <ul style="list-style-type: none"> • Can families still contact their keyworker after they come off the programme? <p>How sustained is families’ progress once they come off the programme?</p> <ul style="list-style-type: none"> • Do you monitor families after their case has been closed? In what ways? • In what ways does the programme help them deal with challenges themselves after support has ended? Are there any issues with this? • How do you handle families who re-enter the system and once again need support? Do you have any thoughts on what might make a difference for these families? 	
<p>7. Leadership, values and strategic direction</p>	
<p>Considering all the things we have discussed today, what are the biggest challenges facing your Troubled Families programme if it is to deliver on its objectives?</p> <p>And what are its biggest achievements to date?</p> <p>Thinking back over all aspects of service transformation and how services have developed during the programme, what role have senior managers and leaders played?</p>	<p>5 mins</p> <p><i>Aim: understand how effective leadership can be systematised</i></p>

<ul style="list-style-type: none"> • Has service transformation been driven at the level of seniority necessary to influence system change? • What impact has leadership had on the different agencies and partnership working? • What qualities and skills would you say make a good leader in your agency? And what qualities and skills make a good TFC? <p>To what extent do strategic partners share the values of the programme?</p> <ul style="list-style-type: none"> • How do they demonstrate this? <p>To what extent are senior leadership in your local authority and children’s services supportive of the objectives of the Troubled Families programme?</p> <ul style="list-style-type: none"> • How do they demonstrate this? • Is there anything more they could be doing to help? <p>How has the local context impacted on your service transformation?</p> <ul style="list-style-type: none"> • Are there geographical challenges or differing boundaries of different organisations? • How have budget constraints impacted on service transformation? <p>What do you feel would help sustain partnership working beyond the Troubled Families Programme?</p>	
<p>8. Earned Autonomy (ONLY ASK Cheshire West & Barking and Dagenham)</p>	
<p>How would you describe Earned Autonomy from your perspective?</p> <ul style="list-style-type: none"> • How has it been understood in the local authority? • How has it been implemented by the local authority? • What are its aims? <p>How will the Troubled Families Programme change as a result of Earned Autonomy?</p> <ul style="list-style-type: none"> • What can you do now that they couldn’t do before? • How has the pace of progress changed under Earned Autonomy? • How has Earned Autonomy changed relationships with partners? • How has it changed your role? <p>What are the benefits of Earned Autonomy?</p> <ul style="list-style-type: none"> • To what extent do you feel these benefits? • How does Earned Autonomy benefit the way you work? • How, if at all, does it benefit families? • What progress can be made now as a result of Earned Autonomy? • How about innovating services? <p>What are the risks of Earned Autonomy?</p> <ul style="list-style-type: none"> • What are the disadvantages of moving to Earned Autonomy? 	<p>5 mins <i>Aim: understand how effective leadership can be systematised</i></p>

<ul style="list-style-type: none"> • What would be the risks of expanding Earned Autonomy to other areas? • What negative effects, if any, does Earned Autonomy have on families? • Are there any parts of the PBR system that you miss? <p>How do you think the money will be used?</p> <ul style="list-style-type: none"> • How do local authorities decide where to invest money and resource? • What difference does having the money up-front make? • How do you think Earned Autonomy will contribute to sustainability post 2020? <p>To what extent are Earned Autonomy areas better prepared for 2020 than others?</p> <ul style="list-style-type: none"> • Why might they be better/worse prepared? • What are the differences in Earned Autonomy areas? 	
<p>9. Looking ahead, preparation for 2020 and final thoughts</p>	
<p>What do you think have been the main impacts of the programme in your LA?</p> <ul style="list-style-type: none"> • For families? Can you describe the change the programme has made? • In terms of service transformation? Can you describe the change the programme has made? <p>Do you think these changes will be sustained? What will it take for this to be successful?</p> <p>How well prepared is the Local Authority for funding for the programme to end in 2020?</p> <ul style="list-style-type: none"> • What plans have been made? • What are your hopes for the legacy of the programme? <p><u>Closing interview</u></p> <p>Is there anything else you would like to mention?</p> <p>EXPLAIN NEXT STEPS: We will be reporting back to DCLG with our findings from across the case study areas. These will be anonymised and reported in aggregate, as mentioned at the start of the interview. We will want to speak to stakeholders again this time next year – would you be happy for us to contact you again regarding this?</p> <p>CHECK IF ANY QUESTIONS ABOUT THE RESEARCH **THANK PARTICIPANT AND CLOSE INTERVIEW**</p>	<p>10 mins</p> <p><i>Aim: collect summary views, look ahead to future of the service and close the interview</i></p>

Appendix 3: Case study keyworkers discussion guide

Troubled Families Qualitative Research: Phase 2 wave 2

LA case study strand: discussion guide for keyworkers

Introduction:

Troubled Families is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. The programme aims to work in a holistic way which is not constrained by the agency boundaries. Families have one point of contact (a keyworker or leadworker), who is expected to co-ordinate services round the family, as well as provide support and advice to the family themselves. The programme works with every family member who needs support; it deals with the full range of issues a family needs to address, and the level and type of support provided is based on what is most likely to work for a family.

Research scope and objectives:

The aim of the qualitative element with families is to better understand the experiences of families within the TF programme and the impact of the programme. The family case studies have been designed to include all the key parties involved, so that we can triangulate data across cases to answer these questions. For each case study, we will interview one or both of the parents, we will interview a child or young person, and we will interview the keyworker for that family.

These interviews aim to elicit more detail on **how keyworkers work with families and social workers: information on specific activities, support and interventions**. We also want to explore why the key/ leadworker may have taken particular approaches to engaging, supporting (and potentially exiting) the case study family. With this in mind, this guide follows the scope and objectives of the family guide. This interview will also explore **keyworkers' own reflections on their practice, their perceptions of their roles and whether they feel valued and training requirements**.

In addition, the Early Intervention Foundation developed a **functional map of the keyworker role**. This is a detailed breakdown of the practitioner role, and the heart of what TF programme should be delivering. This map has been used to design the research materials, to ensure that data is gathered on each component across the sources. The core tasks of the functional map are listed below, with a tick highlighting where we will seek this data.

	Parent interview	CYP interview	Keyworker interview
a. Using a range of open and innovative approaches to reach families, and planning for positive outcomes using SMART, whole family approach	✓	✓	✓
b. Engaging a range of appropriate services and delivering a co-ordinated multi-agency approach (so families are only telling their story once)	✓	✓	✓
c. Delivering tailored, proactive and empowering family support	✓	✓	✓
d. Recording and reviewing progress, and providing a planned, appropriate exit strategy			

	✓	✓	✓
e. Developing and maintaining safe, ethical, effective and competent professional practice			✓

10. Introduction and warm up	Timings and notes
<p>Explain purpose / aim of the study:</p> <p>Ipsos MORI is conducting elements of the national evaluation of the TF programme in which we are speaking to practitioners and families in local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.</p> <p>If applicable, remind keyworker/leadworker that they took part in an interview for Ipsos MORI on same topic c. one year ago.</p> <p>Explain confidentiality:</p> <p>All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals.</p> <p>Ask if they have any questions before starting interview.</p> <p>Ask for permission to record:</p> <p>This is so that we can review our discussion; we may also transcribe the interview. Three months after the project is completed the recording will be destroyed.</p>	<p>5 mins</p>
11. Practitioner’s own role and background	
<p>ASK ABOUT PRACTITIONER’S ROLE AND SERVICE, ADAPTING THESE QUESTIONS TO FIT THE LOCAL AREA/ MODEL</p> <p>Can you remind me a little about your role and background? PROBE IN DETAIL</p> <ul style="list-style-type: none"> ○ How long have you been doing this kind of work? ○ What did you do previously? <p>Could you please give me a brief overview of the service you work in?</p> <ul style="list-style-type: none"> ○ How long has it been established? <p>What kind of training have you had for your current role in the last year?</p> <ul style="list-style-type: none"> ○ To what extent has this helped you? Do you feel sufficiently equipped yourself to be able to work with this family/other families? ○ Have you received advice from Troubled Families Employment Advisers to enable you to offer employment support to families? 	<p>10 mins</p> <p><i>Aim: understand the context for practice, the nature of the service in which the worker is located and what type of support background they come from.</i></p>

<ul style="list-style-type: none"> ○ If not, which areas do you need more training/support in? ○ Do you receive training on dealing with specialist issues, such as mental health? Can you describe this training? <p>How do families get referred to you, typically?</p> <ul style="list-style-type: none"> ○ What is the entry criteria? <p>WHERE RELEVANT: what distinguishes it from other family services under TF?</p> <ul style="list-style-type: none"> ○ How intensive is the service? 	
<p>12. Family overview and their entry onto the programme</p>	
<p>I'd now like to talk a little about the [NAME] family and your work with them in the last year.</p> <p>But first I'd like us to briefly recap on how they came to be on the programme</p> <ul style="list-style-type: none"> ○ How long have you been working with them now? ○ How did they come to be on the service? ○ What issues/challenges did they present with? ○ What has this last year been like for them? <p><u>Handling child protection issues</u> – PLEASE CAPTURE FOR ALL FAMILIES Does the family you work with have any children that are vulnerable, on a Child Protection Plan or on Child in Need?</p> <ul style="list-style-type: none"> ○ How effective are those services? ○ How do you approach this part of your role? ○ Which other services are involved in this approach? ○ How are those services to work with? ○ How do you communicate with these services? <p><u>Welfare and employment status</u> – PLEASE CAPTURE FOR ALL FAMILIES</p> <ul style="list-style-type: none"> ○ Is anyone working in the family? What do they do? ○ What benefits are the family in receipt of at the moment? <p>How easy or difficult was it to engage the family on the service and build confidence in working with them?</p> <ul style="list-style-type: none"> ○ How did you build your relationship with them? Can you give some examples? <p>What difficulties have been encountered in the last year?</p> <ul style="list-style-type: none"> ○ Any specific examples? 	<p>10 mins</p> <p><i>Aim: understand how which challenges the family presented with; engagement onto the programme; and goal setting</i></p>

<ul style="list-style-type: none"> ○ Were these difficulties experienced by the family as a whole? ○ What impact did this have on them? <p>What have been the key challenges in working with this family in the last year?</p> <ul style="list-style-type: none"> ○ How have you tried to overcome them? <p>And what has gone well over the last year?</p> <ul style="list-style-type: none"> ○ What progress has been made? ○ How have you helped make this happen? <p><u>Setting goals</u></p> <p>To recap briefly, what goals have you set with the family and why?</p> <p>And what goals have you set in the last year?</p> <ul style="list-style-type: none"> ○ Why did you decide on those goals for the year just gone? ○ Can you give me an example of a goal that the family are working towards and the plan that’s been implemented to achieve this goal? <p>How did you sequence the family’s problems and why?</p> <p>How does the sequencing process change as time goes on?</p> <p>To what extent is getting into paid work a priority for this family?</p> <ul style="list-style-type: none"> ○ To what extent is this a priority from your perspective? <p>Which goals do you think might not be met by the family?</p> <ul style="list-style-type: none"> ○ What is your approach to this leading up to 2020? <p>Thinking about your caseload overall, how typical is this family, and the problems or issues they have?</p>	
<p>13. Support given by keyworker and multi-agency support</p>	
<p><u>Keyworker support</u></p> <p>Can you give an overview of the support you have provided to the family in the last year?</p> <ul style="list-style-type: none"> ○ Which types of support have they been more/ less receptive too? <p>The [local programme] is about working with every member of the family. How have you applied ‘whole family working’ with this family?</p> <ul style="list-style-type: none"> ○ Were there family members who were less willing to engage with you? <ul style="list-style-type: none"> ▪ What approaches have you used to engage them? ○ If you have not been supporting certain family members, why is this? ○ How has working with different family members changed over the last year? 	<p>10 mins</p> <p><i>Aim: to understand the support the keyworker has given the family and how they have co-ordinated other support around the family</i></p>

<ul style="list-style-type: none"> ○ Have there been family members willing to engage with you, but not with other family members? <ul style="list-style-type: none"> ▪ How has this affected your work with the family? How have you tried to encourage ‘whole family working’? <p>Have family members been taking any steps to move into work?</p> <ul style="list-style-type: none"> ○ What kind of things have they been doing? ○ What has been your role in supporting the family on this issue? ○ Have you drawn on any other support to help family members move towards work? <p>How do you handle managing confidentiality around issues faced by the family?</p> <ul style="list-style-type: none"> ○ How is data-sharing with other agencies handled? How do you keep track of what you are allowed to share with different agencies? ○ Do data-sharing constraints present any challenges for you? ○ Have you received any training on data management and confidentiality? ○ How are the levels of confidentiality communicated to the family? <p>Is any of the support you offer grounded in evidence-based approaches? Can you give some examples of this?</p> <ul style="list-style-type: none"> ○ Are these approaches useful? Why? ○ To what extent do you use evidence-based approaches to inform your practice more broadly? <ul style="list-style-type: none"> ▪ Are you responsible for reviewing the evidence, or does someone else advise you on best practice? ▪ How is best practice determined? <p><u>Access and co-ordination of multi-agency support</u></p> <p>Which services/agencies, if any, have you co-ordinated around the family?</p> <ul style="list-style-type: none"> ○ Which of these agencies did you refer the family to? Why? <ul style="list-style-type: none"> ▪ What stopped families from being in touch with the agencies before? Was there a lack of awareness or unwillingness on the family’s part? Other reasons? ○ Are any agencies from the voluntary sector? <ul style="list-style-type: none"> ▪ How has this worked? <p>How do you communicate with these agencies about issues affecting the families?</p> <ul style="list-style-type: none"> ○ How well or otherwise does this communication work? Why? ○ How is data shared between agencies? <p>Are there any barriers to engaging other agencies to support this family? Can you describe them?</p>	
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<ul style="list-style-type: none"> ○ Are these barriers and issues specific to this family, or do you experience them more generally? <p>WHERE APPLICABLE – do you think this family would recognise you as coordinating these services around them/ as a lead worker?</p> <ul style="list-style-type: none"> ○ To what extent is this important to them? <p><u>Working with children’s social care</u></p> <p>Can you describe your experiences of working alongside social workers on child protection issues?</p> <ul style="list-style-type: none"> ○ How do you approach this part of your role? ○ Which parts of children’s services do you tend to work with them on? ○ Which parts of the role do they take responsibility for? And which parts do you take responsibility for? ○ How effective is this partnership? ○ What works well? What works less well? <p><u>Handling parental conflict</u></p> <p>Have you come across instances of parental conflict in families? How do you approach this?</p> <ul style="list-style-type: none"> ○ What interventions do you make in the case of parental conflict? ○ Which interventions work well/ less well? ○ How does the family react to these interventions? ○ What impact does this have on children? <p>Do you think a focus on addressing parental conflict in families is important?</p>	
<p>14. Monitoring progress and exiting the TF programme</p>	

<p>Can you describe the family’s current progress?</p> <ul style="list-style-type: none"> ○ What impact has the [local programme] had on the family so far? ○ Specifically, what progress have the family made in the last year? ○ How have you been able to monitor and capture this change? <p>How long do you think the family will be on the programme for?</p> <ul style="list-style-type: none"> ○ Is there a maximum amount of time that you are allowed to work with families? ○ If yes – will this time period be long enough for [family name] family? <p>What plans are in place for step-down for this family?</p> <p>Have you spoken to the family about step-down? Why/why not?</p> <ul style="list-style-type: none"> ○ IF HAVE DISCUSSED STEP-DOWN – how have you communicated step-down to the family? ○ OR, WHERE APPLICABLE – how did you approach step down with this family? <p>Will they have any follow up support after they’ve left the programme?</p>	<p>10 mins</p> <p><i>Aim: To understand what progress the family have made so far and what the plans for step-down are</i></p>
<p>15. Impacts of the support and expectations for the future</p>	
<p>How have the family’s circumstances changed compared to last year?</p> <p>What differences, if any, have you seen in the family since you started working with them?</p> <ul style="list-style-type: none"> ○ What kinds of things have made the difference for them? ○ What have been the barriers, if any, to the family achieving their goals? <p>What do you think is the part you have played in helping things change for this family? ASK PARTICIPANT TO GIVE EXAMPLES AND DESCRIBE ACTIVITIES</p> <ul style="list-style-type: none"> ○ What, in your experience, are the things that make a difference for families like this one? <p>What do you think the family will have achieved in 6-12 months’ time?</p> <ul style="list-style-type: none"> ○ What do you think are the prospects in the family for any members moving into employment? <p>To what extent are you confident that the family will be able to sustain the progress they have made?</p> <ul style="list-style-type: none"> ○ Why? ○ Do you think it is possible that they may ‘fall back into the system’ again and need support? 	<p>10 mins</p> <p><i>Aim: To see what impact TF support has made and what they hope the family will achieve in the next few months.</i></p>

<ul style="list-style-type: none"> ○ Why do some families fall back into the system and others do not? <p><u>Impact on and views of professional role</u></p> <p>What issues or challenges does working with this family raise for your own practice?</p> <ul style="list-style-type: none"> ○ Is there any training or support which would be useful in helping this family? If so, will you be able access it? <p>How do you say the keyworker/leadworker role is perceived by other professionals supporting families?</p> <ul style="list-style-type: none"> ○ Has this changed since the introduction of the Troubled Families programme? <p>How do you see the keyworker/ leadworker role yourself?</p> <ul style="list-style-type: none"> ○ Do you feel valued? Why? ○ Do you feel the role makes a difference? Why? <p>Did you know that the core funding from central government for the Troubled Families programme will end in 2020?</p> <ul style="list-style-type: none"> ○ Do you know what this might mean within your Local Authority? Have you been told about any plans in place? ○ What might it mean for this family in particular? ○ ... and other other families that you work with? 	
<p>16. Summary questions, thank and close</p>	
<p>What do you think the family circumstances will look like in a year’s time? What do you think your own practice will look like in a year’s time?</p> <p>Is there anything else you would like to mention? EXPLAIN NEXT STEPS:</p> <p>We will be reporting back to DCLG with our findings from across the case study areas. These will be anonymised and reported in aggregate, as mentioned at the start of the interview.</p> <p>CHECK IF ANY QUESTIONS ABOUT THE RESEARCH **THANK PARTICIPANT AND CLOSE INTERVIEW**</p>	<p>5 mins</p> <p><i>Aim: collect summary views, look ahead to future of the service and close the interview</i></p>

Appendix 3: Case study families discussion guide

Troubled Families Qualitative Research: Phase 2 Wave 2

LA case study strand: discussion guide for families

Introduction:

Troubled Families is a programme of targeted intervention for families with multiple problems, including crime, anti-social behaviour, truancy, unemployment, mental health problems and domestic abuse. The programme aims to work in a holistic way which is not constrained by the agency boundaries. Families have one point of contact (a keyworker or leadworker), who is expected to co-ordinate services round the family, as well as provide support and advice to the family themselves. The programme works with every family member who needs support; it deals with the full range of issues a family needs to address, and the level and type of support provided is based on what is most likely to work for a family.

Research scope and objectives:

The aim of the qualitative element with families is to better understand the experiences of families within the Troubled Families Programme and the impact of the programme. This wave is the second of two interviews with families. Interviewers must familiarise themselves with the interview notes from Phase2, Wave1, as interviews will build on prior knowledge of the family circumstances and support received. Keyworker support should now be completed in most families. The research with families will cover:

- **How have family circumstances changed since last year?**
- **How were goals agreed and shared with families?**
- **What were the steps taken by families to achieve their goals? What does their journey look like?**
- **How were goals sequenced? In retrospect, was it the best sequencing?**
- **How were the underlying problems facing families addressed? Were there key problems which led to others being solved?**
- **How long did the intervention last and how was this time used?**
- **Are the changes experienced by families sustained? Are they more resilient as a result?**

And with regard to **helping families move into work:**

- **How is this issue handled by keyworker and received by family?**
- **Which interventions make a difference?**

The family case studies have been designed to include all the key parties involved, so that we can triangulate data across cases to answer these questions. For each case study, we will interview one or both of the parents, we will interview a child or young person, and we will interview the keyworker for that family. Interviews across parents and young people will take **around 2 hours**.

The Early Intervention Foundation developed a **functional map of the keyworker role**. This is a detailed breakdown of the practitioner role, and the heart of what TF programme should be delivering. This map has been used to design the research materials, to ensure that data is gathered on each component across the sources. The core tasks of the functional map are listed below, with a tick highlighting where we will seek this data.

	Parent interview	CYP interview	Keyworker interview
a. Using a range of open and innovative approaches to reach families, and planning for positive outcomes using SMART, whole family approach	✓	✓	✓

b. Engaging a range of appropriate services and delivering a co-ordinated multi-agency approach (so families are only telling their story once)	✓	✓	✓
c. Delivering tailored, proactive and empowering family support	✓	✓	✓
d. Recording and reviewing progress, and providing a planned, appropriate exit strategy	✓	✓	✓
e. Developing and maintaining safe, ethical, effective and competent professional practice			✓

1. Introduction and warm up	Timings and notes
<ul style="list-style-type: none"> • Introduce yourself (potentially with keyworker) • Remind participant of Ipsos MORI, MRS code of conduct/ our ethical code of practice • Refresh the family on the research programme (conducted on behalf of LA/ central government) • Remind participant of timetable: when you last spoke to them and why you're speaking to them again now. • Discuss format of interviews: will be talking about family life and how you've found working with [keyworker] since we last spoke. • Emphasise that this interview will focus on the kinds of things that have changed since the last interview and their expectation for the future. • Highlight that: <ul style="list-style-type: none"> ○ There are no right or wrong answers ○ They don't have to answer some questions if they don't want to and they can ask to stop the interview at any time. • Explain confidentiality policy: <ul style="list-style-type: none"> ○ Everything that they tell us is confidential and won't be reported back to [local authority/ keyworker] – unless what they tell us that someone is at risk of serious harm, in which case we have a duty to report it. ○ We will also speak to the keyworker about their support separately. 	<p>10 mins</p> <p>In this section, researchers will ensure the family understands the research process fully.</p> <p>Take care to check that participants understand fully what you are explaining to them.</p> <p>Talk through and sign consent form + get permission to record.</p>

<ul style="list-style-type: none"> • Discuss consent and talk through key points on the participant information sheet and consent form – ensure these are understood: • Establish now or at the end which (if any) of the children would be happy to speak to researchers separately. • Ask permission to record. 	
2. Discussion about family life and key challenges	
<p>To start, it'd be great if you could tell me a little bit about what has changed for you and your family since I / someone else from Ipsos MORI spoke to you about a year ago.</p> <p>Would you be able to tell me about your family/ who lives here? Was anyone else living here last year or has someone else moved in?</p> <p>Probe on children:</p> <ul style="list-style-type: none"> ○ How old are they now? ○ Are they all still living at home? <p>What kinds of things have changed in the neighbourhood since last year?</p> <ul style="list-style-type: none"> ○ Have you moved house in the past year? ○ What do you like/ dislike about this area? ○ How has the area changed in the last year? <p>What kinds of things do you/ your family enjoy doing?</p> <ul style="list-style-type: none"> ○ Are there leisure facilities around here? ○ Do you use a sure start children's centre for any activities? ○ Have these things changed in the last year? ○ [Go back to notes about what family members were doing last year and probe on those activities] <p>Do you have friends or family who live close by?</p> <ul style="list-style-type: none"> ○ What sort of things do you do with your friends and family? ○ How often do you see them? <p>How do you spend your days?</p> <ul style="list-style-type: none"> ○ Are you studying/working? <ul style="list-style-type: none"> ▪ Where do you study/work? ▪ Has this changed at all since last year? ▪ What did you do before you had children? ○ IF DOESN'T WORK: are you looking for work? <p>Does anyone help you with babysitting or childcare? Do you help anyone yourself, such as elderly relatives?</p> <p>I'd now like to ask you a little about your family and some of the challenges or issues you might be experiencing now or have been through in the past.</p> <p>How would you describe family life for you at the moment?</p>	<p>10 mins</p> <p>In this section, try to build a rapport with the family and ask them about their lives and interests.</p> <p>Bear in mind that some families may be sensitive or defensive about these questions and emphasise non-judgement and confidentiality if necessary.</p>

<ul style="list-style-type: none"> ○ What is good about being at home with the family? ○ What is more difficult? ○ Have things always been like this – or have things been different in the past? <p>What are the things you need support with at the moment?</p> <ul style="list-style-type: none"> ○ Have you had any support for these issues? ○ What kind of support have you received? <p>Are you receiving any financial support from the government?</p> <ul style="list-style-type: none"> ○ What kinds of financial support are you receiving? [remind participants that taking part in the research will not affect their entitlements] 	
<p>3. Support received over the last year</p>	
<p>I'd now like to talk to you in more detail about the support you've had from [keyworker] and other people/organisations specifically in the last year.</p> <p>What are the things you've needed help with in the past?</p> <p>Thinking about the last time we spoke, what kinds of things have changed about the support you receive from your keyworker? Probe around:</p> <ul style="list-style-type: none"> ○ Practical things e.g. cleaning/cooking ○ Liaising with agencies or schools ○ Improving soft skills e.g. confidence/parenting skills / children's behaviour ○ Improving hard skills e.g. school attendance, employment/employability or training ○ Relationship issues with ex or current partner ○ Relationships with others (for example with children, other relatives, health staff, school, employment adviser) <p>Have you received support from anyone else or other organisations in the last year? What kinds of support have you received?</p> <ul style="list-style-type: none"> ○ How did this start? ○ What motivated you or your keyworker to turn to them for support? ○ How have they helped you or your family? <p>How have these changes affected you or family life?</p> <ul style="list-style-type: none"> ○ What positive/negative impact have these changes had? ○ What has changed the most/least? ○ How could the support have been better suited to your needs? 	<p>10 mins</p>
<p>4. Setting goals and monitoring progress</p>	

[Go back to notes about setting goals and probe on goals discussed last year]

Thinking back to the goals/plan we talked about last year, are any of these still in place today? What new goals have been introduced?

IF APPROPRIATE, FILL OUT GOAL MAPPING SHEET WHEN GOING THROUGH THE REST OF THIS SECTION.

Probe if they set goals on any of the following areas, and ask what the goal was, what the keyworker/ other agencies were helping with and what progress they have made towards this.

If lots of goals, choose the 3 they feel are most important to them and discuss these in detail.

- Health and wellbeing (include mental health)
- House and home
- Work or training
- Money
- School attendance
- Suitable and affordable nurseries
- Parenting/ child behaviour
- Accessing services/ dealing with other services
- Crime and anti-social behaviour
- Relationships with others
- Parental conflict
- Anything else

What motivated these goals?

How did you/[keyworker] decide which issues or problems were most important?

- What kinds of goals were long term and short term?
- Were there things you agreed to look at first – or was it all at the same time?

How have these goals changed since we last spoke?

Is there a time period set for when you have to complete these goals?

What do you think about the goals?

- How did setting these goals make you feel?

Recording and reviewing progress of family on the programme

Thinking about the goals you mentioned, [remind participant if necessary] how did/do you keep on track with your plan/goals?

- E.g. write them down, have regular meetings to discuss goals, establish milestones.
- Were there any key measures or milestones in place to help you keep track with how you were doing?

10 mins

Participants may be at an early stage of the intervention(s) – tailor the questions as appropriate

N.B. Families may not know which organisation their keyworker comes from, or that they are called a 'keyworker'. Therefore make sure you know the keyworkers' name ahead of the interview so you can reference this.

Note: this assessment may have been a very informal chat about where they feel they are at the moment/ where they want to get to.

<ul style="list-style-type: none"> ○ Do you think you'll use these tools once you stop working with your keyworker? Why? ○ Did [keyworker] give you any feedback on your goals? What feedback did they give? How useful was this? ○ How often did/do you reflect on your goals/plan? Did you ever do this without your keyworker? <p>Have you achieved/are you on your way to achieving any of these goals? Can you explain what happened? How do you think these were achieved?</p> <ul style="list-style-type: none"> ○ (If not on track with goals) Have you discussed with [keyworker] steps you are taking to reach your goals? ○ Is there anything that would help? ○ Which goals were more challenging than others for you and your family and why? ○ What has helped you with achieving some of the more difficult goals? <p>Have there been any setbacks? What kinds of setbacks?</p> <ul style="list-style-type: none"> ○ How did you deal/manage these with your keyworker? ○ What impact did this have on yours or your family's life? ○ How would you have handled this without your keyworker? ○ How confident would you feel about handling something similar in the future without your keyworker? 	
<p>5. Experiences of support received over time</p>	
<p>Now I'd like you to think about the support you've had from the time you started working with your keyworker till now.</p> <p><u>Keyworker support</u></p> <p>Has [keyworker name] been your only keyworker? If keyworker changed, probe:</p> <ul style="list-style-type: none"> ○ Why did your keyworker change? ○ Were you happy with this decision/change? <p>Can you tell me a bit about your meetings with your keyworker? How often are they / where do you have them?</p> <ul style="list-style-type: none"> ○ Do you speak to them over the phone/text them? If so – how often? ○ How frequent are these meetings now compared to when you first started working with your keyworker? If changed, why has this changed? <p>What area has your keyworker helped you with the most? Probe around the below. For each one mentioned, probe what would have happened without they keyworker:</p> <ul style="list-style-type: none"> ○ Practical things e.g. cleaning/cooking ○ Liaising with agencies or schools ○ Improving soft skills e.g. confidence/parenting skills / children's behaviour ○ Improving hard skills e.g. school attendance, employment/employability or training ○ Relationship issues with ex or current partner 	<p>15 mins</p> <p>Keyworkers might help with a whole raft of things: parenting skills, getting kids to school/ nursery/ relations with school/ advocacy role e.g. with landlord/ finding positive things to do for leisure/ work search/ accessing specialist services/ support. See briefing notes for more details.</p>

- Relationships with others (for example with other relatives, health staff etc)

Have they helped you with anything you didn't realise you needed help with before?

How has the way they work with you changed overtime?

- What kinds of things do they do more or less for you now than they used to?
- How has this made you feel? Probe around confidence to do things independently.

Have you received any help around looking for work?

- Who is this from – keyworker/ TFEA/ someone else?
- What kinds of support did you receive?
- How did this support start?
- What did you find the most useful about the support you received?
- Were any other organisations involved in supporting you look for work?
- What do you think of it? Has it been helpful? What did it help you achieve?
- Could it be improved/ more helpful for you?
- Has your keyworker helped you feel more confident about going back to work? If so, how?

IF USING A TF EMPLOYMENT ADVISER/ LOOKING FOR WORK:

What goals did you set around employment?

- What kinds of things did you find challenging about looking for work before the programme?
- How has the support you've received helped you overcome these barriers?
- How did you feel about employment before you started working with your employment adviser compared to now?

Are you attending any regular sessions or courses aimed at helping you achieve your goals/plans?

- Can you tell me when you go? Who do you go with and for how long?
- What do you think of these sessions?
- How have these sessions been helpful?
- Could anything be improved?
- Are they more/or less helpful than other support you've received in the past?

Access and co-ordination of multi-agency support by keyworker

What organisations has [keyworker] put you in touch with?

- What kinds of things have these organisations helped/helping you with? Are any of these related to achieving any of the goals you mentioned?
- How long have you/did you work with these organisations?
- **IF stopped working with organisation**, what made you stop working with [organisation(s)]?
- Would you continue to seek support from these organisations?

How does [keyworker] work with other services that you are using?

Explore whether the keyworker has the right knowledge and skills to help the participant.

<ul style="list-style-type: none"> ○ Do they keep in touch with people from other organisations? ○ Do they help arrange meetings for you? <p>Does [keyworker] speak to these people/ organisations on your behalf?</p> <ul style="list-style-type: none"> ○ How do you feel about this? ○ How do you feel about your keyworkers sharing your information with other organisations to see if they can help you? ○ Do you think that [keyworker] communicates well with these people/organisations? ○ How would you feel about reaching out to organisations yourself? Has your keyworker encouraged you to do this? Have you done this? ○ How would you go about arranging a meeting to speak to these people yourself? ○ What would stop you from contacting organisations yourself? <p>Do you have meetings with other organisations/people, with the keyworker?</p> <ul style="list-style-type: none"> ○ Can you describe what happens in these meetings? ○ Do you talk about any of your goals? ○ How do you feel in these meetings? ○ How have these meetings been helpful? ○ How could they be improved? <p>Do you need to repeat your story to different staff from different organisations?</p>	
<p>6. Exiting the TF programme</p>	
<p><u>Handling of stepdown from TF support</u></p> <p><IF STILL RECEIVING SUPPORT></p> <p>How long do you think the support with [keyworker] will continue for?</p> <ul style="list-style-type: none"> ○ How do you know this? ○ How do you feel about this? ○ Have you and your keyworker spoken about how long they’ll be working with you? If so, what have they said? <p>How do you feel about the prospect of the keyworker support ending?</p> <ul style="list-style-type: none"> ○ Which organisations/people, if any, would you be confident speaking to if [keyworker] wasn’t there? ○ Has [keyworker] put you in touch with any charities or voluntary organisations? ○ If yes, how helpful have they been? ○ Where are you likely to go for support once you stop working with your keyworker and why? <p>How prepared do you feel to manage family life without your keyworker?</p> <ul style="list-style-type: none"> ○ What do you think life without your keyworker is going to be like? ○ Are there still areas you think you need further support from your keyworker with? What support do you need? Why? 	<p>15 mins</p>

<ul style="list-style-type: none"> ○ What kinds of things will help you manage family life after the support ends? ○ What lessons/tools will you continue to use once your keyworker leaves? ○ What kind of support do you need to help prepare you for when the support from the keyworker ends? <p><IF ALREADY EXITED SUPPORT></p> <p>When did [keyworker name] finish their support?</p> <p>How did this come about? Did you expect their support to finish at this time?</p> <p>Did your keyworker do anything to help prepare you for the support to end?</p> <ul style="list-style-type: none"> ○ How far in advance did they tell you that the support was ending? ○ How prepared (or not) did you feel for the keyworker to stop their support? ○ Did the support you were receiving change in any way once you found out it was ending? ○ How involved were you in the decision to end the support? <p>What happened in your final meeting with them?</p> <ul style="list-style-type: none"> ○ Did they give you any information about what to do if you needed support in future? <p>What has family life been like since you stopped receiving support from you worker?</p> <ul style="list-style-type: none"> ○ What lessons/tools have you continued to use? ○ What about the support you received helped you the most when it came to managing family life without your keyworker? ○ Thinking back to the goals/plan you had during the programme, are any of them still in place now? ○ Have you set any new goals/new plan? <p>Have you started or continued receiving support any other organisations since your keyworker left?</p> <ul style="list-style-type: none"> ○ How did this support start? ○ What kinds of things do they help and your family with? <p><u>Summary of experiences of the TF programme</u></p> <p>Is there any other help [keyworker] or another person gives you we haven't mentioned?</p> <p>Overall, what do you like about the support you get?</p> <ul style="list-style-type: none"> ○ Is there anything you dislike? ○ [If relevant:] How does your partner feel about it? ○ How do your children feel about it? What would they say about the keyworker? 	
<p>7. Impacts of the support and expectations for the future</p>	

Do you think things have changed for you or your family since you started seeing your keyworker?

- **Is there anything you do differently?** For example, in your parenting, in your search for jobs, how you go about your day? Probe on morning routine, getting the children to school / picking them up, taking a course or class, seeking support from family, friends or voluntary sector, going to the job centre / looking for work in another way, changes in behaviour with regard to drugs and alcohol.
- Do you **feel** differently about anything?

Can you describe the changes? Has [keyworker] helped you in:

- Overcoming any practical difficulties?
- Looking for work? Probe around readiness for work, long term employment and confidence.
- Relationships with family members? Others?
- Health?
- Doing new things?
- Progress towards any goals you have?
- How much control you feel you have over life?
- How motivated you feel?
- Confidence?
- Resilience / how you respond to challenges
- Feelings about the future?

Do you think you could have made any of these changes without your keyworker? Why's that?

If someone else were to start receiving support from [keyworker], what changes might they expect to see in themselves? USE PROMPTS FROM QUESTION DIRECTLY ABOVE.

What differences, if any, have you noticed for your children? Has anything changed for them? PROMPT:

- Behaviour
- Confidence
- Happiness at home
- Behaviour/ happiness at school
- Health
- Relationships with you/ others

What has helped the most when achieving your family's goals?

What have been the barriers, if any, to achieving your goals?

IF USING A TF EMPLOYMENT ADVISER/ LOOKING FOR WORK:

10-15 mins

This section aims to tease out tangible impacts of the support.

Ask the participant to give examples, and explore the impact on all adult family members.

Refer to the goal mapping exercise so participant can reflect on any changes they've seen in themselves since working towards certain goals.

<p>Has anything changed about your approach to looking for work? Can you give me some examples? PROMPT:</p> <ul style="list-style-type: none"> ○ Has anything changed the way you feel about working? Is this different for full time or part time work? ○ Has the type of work you look for changed? ○ Has the number of hours you work changed? ○ Have you changed jobs or stopped working during the programme? <p>What help do you expect to get from [keyworker] in the next 6-12 months?</p> <ul style="list-style-type: none"> ○ Can you tell me more about why you think that? <p>What help do you expect to get from TFEA in the next 6-12 months if any?</p> <p>What are your hopes for your family in the coming months?</p> <ul style="list-style-type: none"> ○ If I come back to speak to you in a year, what kind of things will have changed? What would you want to be saying about the goals you've described? 	
8. Warm down and close	
<p>Is there anything else that you would like to mention? Is there anything else about the support that you are receiving that you feel is important to mention?</p> <p>Thank participants for all their time.</p> <p>Reiterate how data will be used and that they are happy for data to be used.</p> <p>Gain consent to contact them again ('Would it be ok if we contacted you for any follow-up questions or more research for this or another study?').</p> <p>Confirm contact details. Thank all family members and close interview.</p>	<p>5-10 mins</p> <p>This section discusses next steps for the research.</p> <p>Ensure to sign for incentive</p>

Appendix 4 : Online forums keyworkers discussion guide

Friday: Registration and welcome	Comments/rationale
<p><u>Welcome forum</u></p> <p>Hello and welcome to the Troubled Families Forum. If you took part in last year's forum, welcome back. We hope you're looking forward to taking part in conversations with fellow professionals, and sharing your experiences of the Troubled Families Programme.</p> <p>We'll be launching forums every day, and the first one is a chance for you to get to know each other a little bit better. You can use this forum to introduce yourself (though remember not to reveal your name – otherwise it won't be anonymous) to see who you'll be discussing the Troubled Families Programme with for the next week. It would be good to share:</p> <ul style="list-style-type: none"> ▪ Your role – what's your job title and what kinds of things do you do each day? ▪ Your area – what does your local community look like? ▪ Your experience – how long have you been in the job/the sector more widely? ▪ Perceptions of your role – how would you say the keyworker/lead worker role is perceived by other professionals supporting families? How do you see the role yourself? 	<p><i>Participants get online (last year, it took about a day for everybody to get set up). The 'Welcome' forum will warm-up participants and enable them to get to know each other.</i></p>
<p>Friday: Working with families</p>	
<p><u>Topic 1: Good practice and sustained change</u></p> <p>In this thread, we'd like to hear from you about what works best when working with families. If you had to give someone a guide to doing your role and supporting families, what would be the key do's and don'ts? In your answers, please also think about:</p> <ul style="list-style-type: none"> ▪ How do you adapt your style to different families with different issues? ▪ How can you help families to build resilience? ▪ Do you feel the programme leads to sustained change for families? How? Why/not? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>What makes you confident about the families you don't think will fall back into the system?</i> ▪ <i>What are the signs of families who are likely to fall back into the system?</i> ▪ <i>Why do some families fall back into the system, and others don't?</i> 	
<p><u>Topic 2: Examples of working with families</u></p> <p>In this thread, we'd like you to share examples of working with families:</p>	

<ul style="list-style-type: none"> ▪ A particularly positive outcome: what issues were the family facing? How long were you working with them for? What was so positive about the outcome (and what was it)? Why was this such a success? ▪ A situation where you didn't get the outcome you were hoping for: what issues were the family facing? What was so challenging? How do you think the relationship/situation could have been handled better? 	
Saturday/Sunday: Supporting you to do your role	
<p><u>Topic 1: Multi-agency support</u></p> <p>In this topic, we're interested in hearing about how you work with other services (e.g. schools, police, healthcare professionals, CAMHS, etc.). We'd like you to think about:</p> <ul style="list-style-type: none"> ▪ How you communicate with these agencies about issues affecting families: what makes a good working relationship, and what challenges do you face ▪ Which agencies are particularly good/easy to work with? Which agencies are more difficult to work with and why? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Are there any barriers to engaging agencies to support families? Can you describe them?</i> ▪ <i>What would happen if another agency did not deliver what was agreed – what would you do?</i> 	
<p><u>Topic 2: Training and resources</u></p> <p>We're also interested in hearing about how confident you feel doing your role, and whether there is any more support you would like. Please think about:</p> <ul style="list-style-type: none"> ▪ Are there times where you have felt 'out of your depth'? Please describe the situation, why you felt uncomfortable and what helped/could have helped resolve the situation ▪ Is there any other training/support you would like to receive? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Evidence-based practice is when people use the latest available evidence from research to inform how they do their work. Is evidence-based practice something you use? Can you give an example of this?</i> ▪ <i>What helps you to develop safe, ethical and competent professional practice?</i> 	
Monday: Worklessness	
<p><u>Topic 1: Helping families into work</u></p> <p>We're interested in worklessness and supporting families towards work. We'd like you to think about what works well when it comes to helping families move towards work. Please also think about:</p>	

<ul style="list-style-type: none"> ▪ What are the challenges for you when it comes to getting families into work, on a course or volunteering ▪ What steps do families take to get into work? ▪ What are your experiences of working with Troubled Families Employment Advisers (TFEAs)? What works well? What works less well? <p><i>Additional prompts for moderators:</i></p> <ul style="list-style-type: none"> ▪ <i>What concerns do family members have about working? How can you overcome these?</i> ▪ <i>Are some barriers insurmountable? Which ones?</i> 	
<p><u>Topic 2: Examples of supporting families into work</u></p> <p>We'd like you to think about specific examples that show how families have moved into work, a course, or volunteering (or when they haven't). Please think about:</p> <ul style="list-style-type: none"> ▪ A particularly positive outcome: what issues were the family facing? How long were you working with them for? What was so positive about the outcome (and what was it)? Why was this a success? ▪ A situation where you didn't get the outcome you were hoping for: what problems were the family facing? What was so challenging? How do you think the relationship/situation could have been handled better? ▪ Specific interventions: are there certain interventions that work particularly well when it comes to supporting families with work, training, or volunteering? 	
<p>Tuesday: Children's Social Care</p>	
<p><u>Topic 1: Working with Children's Social Care</u></p> <p>We're particularly interested in your experiences of working with Children's Social Care. Please describe your experiences of working alongside social workers on Child in Need and Child Protection issues. It may also help to think about:</p> <ul style="list-style-type: none"> ▪ Which parts of the role do they take responsibility for, and which parts do you take responsibility for? ▪ What works well about the relationship? What works less well? ▪ Are social workers working in a whole family way in your view? ▪ If you have come across instances of parental conflict in families, how do you approach this? <p><i>Additional prompts for moderators:</i></p> <ul style="list-style-type: none"> ▪ <i>How does the TF programme support families where there is a child in need of help?</i> 	

<ul style="list-style-type: none"> ▪ <i>To what extent do you think social workers have been influenced by the TF programme?</i> ▪ <i>What interventions do you make in the case of parental conflict?</i> ▪ <i>Which interventions work well/less well?</i> ▪ <i>Do you think a focus on addressing parental conflict is important? Why/not?</i> 	
<p><u>Topic 2: Examples of working with Children’s Social Care</u></p> <p>We’re interested to hear in more detail about any specific examples you have of working with Children’s Social Care or children classed as Children in Need or on a Child Protection Plan. Please think about:</p> <ul style="list-style-type: none"> ▪ What does good practice look like in these cases? ▪ Please share (anonymously) any examples you can about working with Children’s Social Care or children classed as Children in Need/on a Child Protection Plan. 	
Wednesday: Specific issues	
<p><u>Topic 1: The Voluntary sector</u></p> <ul style="list-style-type: none"> ▪ How do you work with the voluntary sector? What works well? What could be improved? ▪ How you communicate with these agencies about issues affecting families: what makes a good working relationship, and what challenges do you face? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Are there any barriers to engaging the voluntary sector to support families? Can you describe them?</i> ▪ <i>What would happen if another agency did not deliver what was agreed – what would you do?</i> 	
<p><u>Topic 2: Gang, youth and knife crime</u></p> <p>In this thread, we’re interested in hearing about any experiences you have had with gang, youth and knife crime. It would be good to hear from you about:</p> <ul style="list-style-type: none"> ▪ Is this something you have come across before? ▪ Is this an issue in your local authority? ▪ If you were working with a family where this was an issue, how would you approach it? ▪ How confident would you feel handling these issues? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Who/where would you go to for support or advice?</i> ▪ <i>Have you had any training in this area? What was good about the training? What could have been improved?</i> 	

<p><u>Topic 3: Child, adolescent and adult mental health problems</u></p> <p>In this thread, we're interested in hearing about any experiences you have had with child, adolescent and adult mental health problems. It would be good to hear from you about:</p> <ul style="list-style-type: none"> ▪ What does good practice look like in terms of supporting families with these issues? ▪ What have your experiences of working with CAMHS professionals? What works well, and what could be improved? ▪ Could you share an example of a particularly positive outcome in the area of child, adolescent and adult mental health? ▪ Could you share an example of a situation where you didn't get the outcome you were hoping for? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>How confident do you feel handling these situations?</i> ▪ <i>Have you had any training in this area? What was good about the training? What could have been improved?</i> 	
Thursday: The future/legacy of the Troubled Families Programme	
<p><u>Topic 1: Stepping down families</u></p> <p>In this thread, we're interested in how you bring support to families to a close, and what this process looks like. Please describe this, thinking about:</p> <ul style="list-style-type: none"> ▪ How do you typically approach this with families? When does the process start? Do you have a set time limit to work with them? ▪ Do families have follow-up support after they've left the programme? What does this look like? ▪ Do you feel the programme leads to sustained change for families? How? Why/not? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>How could step-down be improved? What is working well?</i> ▪ <i>How resilient are families as a result of the programme?</i> ▪ <i>Could anything be done to improve sustainability?</i> 	
<p><u>Topic 2: The legacy of the Troubled Families Programme</u></p> <p>In this final thread, we'd like to hear from you on the following:</p> <ul style="list-style-type: none"> ▪ Did you know that the core funding from central government for the Troubled Families Programme will end in 2020? How do you feel about this? ▪ How embedded are the whole-family and whole-system ways of working? ▪ How sustainable do you think your involvement with families and their keyworkers are? 	

Additional prompts for moderators:

- *Do you know what core funding ending in 2020 might mean within your Local Authority? Have you been told about any plans in place?*
- *What might core funding ending in 2020 mean for families and keyworkers that you work with?*

Appendix 5: Online forums Troubled Families Employment Adviser discussion guide

Friday: Registration and welcome	Comments/rationale
<p><u>Welcome forum</u></p> <p>Hello and welcome to the Troubled Families Forum. If you took part in last year's forum, welcome back. We hope you're looking forward to taking part in conversations with fellow professionals, and sharing your experiences of the Troubled Families Programme.</p> <p>We'll be launching forums every day, and the first one is a chance for you to get to know each other a little bit better. You can use this forum to introduce yourself (though remember not to reveal your name – otherwise it won't be anonymous) to see who you'll be discussing the Troubled Families Programme with for the next week. It would be good to share:</p> <ul style="list-style-type: none"> ▪ Your role – what's your job title and what kinds of things do you do each day? ▪ Your area – what does your local community look like? ▪ Your experience – how long have you been in the job/the sector more widely? ▪ Perceptions of your role – how would you say the keyworker/lead worker role is perceived by other professionals supporting families? How do you see the role yourself? 	<p><i>Participants get online (last year, it took about a day for everybody to get set up). The 'Welcome' forum will warm-up participants and enable them to get to know each other.</i></p>
<p>Friday: Working with families</p>	
<p><u>Topic 1: Good practice and sustained change</u></p> <p>In this thread, we'd like to hear from you about what works best when working with families. If you had to give someone a guide to doing your role and supporting families, what would be the key do's and don'ts? In your answers, please also think about:</p> <ul style="list-style-type: none"> ▪ How do you adapt your style to different families with different issues? ▪ How can you help families to build resilience? ▪ Do you feel the programme leads to sustained change for families? How? Why/not? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>What makes you confident about the families you don't think will fall back into the system?</i> ▪ <i>What are the signs of families who are likely to fall back into the system?</i> ▪ <i>Why do some families fall back into the system, and others don't?</i> 	
<p><u>Topic 2: Examples of working with families</u></p> <p>In this thread, we'd like you to share examples of working with families:</p>	

<ul style="list-style-type: none"> ▪ A particularly positive outcome: what issues were the family facing? How long were you working with them for? What was so positive about the outcome (and what was it)? Why was this such a success? ▪ A situation where you didn't get the outcome you were hoping for: what issues were the family facing? What was so challenging? How do you think the relationship/situation could have been handled better? 	
Saturday/Sunday: Supporting you to do your role	
<p><u>Topic 1: Multi-agency support</u></p> <p>In this topic, we're interested in hearing about how you work with other services (e.g. schools, police, healthcare professionals, CAMHS, etc.). We'd like you to think about:</p> <ul style="list-style-type: none"> ▪ How you communicate with these agencies about issues affecting families: what makes a good working relationship, and what challenges do you face ▪ Which agencies are particularly good/easy to work with? Which agencies are more difficult to work with and why? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Are there any barriers to engaging agencies to support families? Can you describe them?</i> ▪ <i>What would happen if another agency did not deliver what was agreed – what would you do?</i> 	
<p><u>Topic 2: Training and resources</u></p> <p>We're also interested in hearing about how confident you feel doing your role, and whether there is any more support you would like. Please think about:</p> <ul style="list-style-type: none"> ▪ Are there times where you have felt 'out of your depth'? Please describe the situation, why you felt uncomfortable and what helped/could have helped resolve the situation ▪ Is there any other training/support you would like to receive? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Evidence-based practice is when people use the latest available evidence from research to inform how they do their work. Is evidence-based practice something you use? Can you give an example of this?</i> ▪ <i>What helps you to develop safe, ethical and competent professional practice?</i> 	
Monday: Worklessness	
<p><u>Topic 1: Helping families into work</u></p> <p>We're interested in worklessness and supporting families towards work. We'd like you to think about what works well when it comes to helping families move towards work. Please also think about:</p>	

<ul style="list-style-type: none"> ▪ What are the challenges for you when it comes to getting families into work, on a course or volunteering ▪ What steps do families take to get into work? ▪ What are your experiences of working with Troubled Families Employment Advisers (TFEAs)? What works well? What works less well? <p><i>Additional prompts for moderators:</i></p> <ul style="list-style-type: none"> ▪ <i>What concerns do family members have about working? How can you overcome these?</i> ▪ <i>Are some barriers insurmountable? Which ones?</i> 	
<p><u>Topic 2: Examples of supporting families into work</u></p> <p>We'd like you to think about specific examples that show how families have moved into work, a course, or volunteering (or when they haven't). Please think about:</p> <ul style="list-style-type: none"> ▪ A particularly positive outcome: what issues were the family facing? How long were you working with them for? What was so positive about the outcome (and what was it)? Why was this a success? ▪ A situation where you didn't get the outcome you were hoping for: what problems were the family facing? What was so challenging? How do you think the relationship/situation could have been handled better? ▪ Specific interventions: are there certain interventions that work particularly well when it comes to supporting families with work, training, or volunteering? 	
Tuesday: Children's Social Care	
<p><u>Topic 1: Working with Children's Social Care</u></p> <p>We're particularly interested in your experiences of working with Children's Social Care. Please describe your experiences of working alongside social workers on Child in Need and Child Protection issues. It may also help to think about:</p> <ul style="list-style-type: none"> ▪ Which parts of the role do they take responsibility for, and which parts do you take responsibility for? ▪ What works well about the relationship? What works less well? ▪ Are social workers working in a whole family way in your view? ▪ If you have come across instances of parental conflict in families, how do you approach this? <p><i>Additional prompts for moderators:</i></p> <ul style="list-style-type: none"> ▪ <i>How does the TF programme support families where there is a child in need of help?</i> 	

<ul style="list-style-type: none"> ▪ <i>To what extent do you think social workers have been influenced by the TF programme?</i> ▪ <i>What interventions do you make in the case of parental conflict?</i> ▪ <i>Which interventions work well/less well?</i> ▪ <i>Do you think a focus on addressing parental conflict is important? Why/not?</i> 	
<p><u>Topic 2: Examples of working with Children’s Social Care</u></p> <p>We’re interested to hear in more detail about any specific examples you have of working with Children’s Social Care or children classed as Children in Need or on a Child Protection Plan. Please think about:</p> <ul style="list-style-type: none"> ▪ What does good practice look like in these cases? ▪ Please share (anonymously) any examples you can about working with Children’s Social Care or children classed as Children in Need/on a Child Protection Plan. 	
Wednesday: Specific issues	
<p><u>Topic 1: The Voluntary sector</u></p> <ul style="list-style-type: none"> ▪ How do you work with the voluntary sector? What works well? What could be improved? ▪ How you communicate with these agencies about issues affecting families: what makes a good working relationship, and what challenges do you face? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Are there any barriers to engaging the voluntary sector to support families? Can you describe them?</i> ▪ <i>What would happen if another agency did not deliver what was agreed – what would you do?</i> 	
<p><u>Topic 2: Gang, youth and knife crime</u></p> <p>In this thread, we’re interested in hearing about any experiences you have had with gang, youth and knife crime. It would be good to hear from you about:</p> <ul style="list-style-type: none"> ▪ Is this something you have come across before? ▪ Is this an issue in your local authority? ▪ If you were working with a family where this was an issue, how would you approach it? ▪ How confident would you feel handling these issues? <p><u>Additional prompts for moderators:</u></p> <ul style="list-style-type: none"> ▪ <i>Who/where would you go to for support or advice?</i> ▪ <i>Have you had any training in this area? What was good about the training? What could have been improved?</i> 	

<p><u>Topic 3: Child, adolescent and adult mental health problems</u></p> <p>In this thread, we're interested in hearing about any experiences you have had with child, adolescent and adult mental health problems. It would be good to hear from you about:</p> <ul style="list-style-type: none"> ▪ What does good practice look like in terms of supporting families with these issues? ▪ What have your experiences of working with CAMHS professionals? What works well, and what could be improved? ▪ Could you share an example of a particularly positive outcome in the area of child, adolescent and adult mental health? ▪ Could you share an example of a situation where you didn't get the outcome you were hoping for? <p><i>Additional prompts for moderators:</i></p> <ul style="list-style-type: none"> ▪ <i>How confident do you feel handling these situations?</i> ▪ <i>Have you had any training in this area? What was good about the training? What could have been improved?</i> 	
Thursday: The future/legacy of the Troubled Families Programme	
<p><u>Topic 1: Stepping down families</u></p> <p>In this thread, we're interested in how you bring support to families to a close, and what this process looks like. Please describe this, thinking about:</p> <ul style="list-style-type: none"> ▪ How do you typically approach this with families? When does the process start? Do you have a set time limit to work with them? ▪ Do families have follow-up support after they've left the programme? What does this look like? ▪ Do you feel the programme leads to sustained change for families? How? Why/not? <p><i>Additional prompts for moderators:</i></p> <ul style="list-style-type: none"> ▪ <i>How could step-down be improved? What is working well?</i> ▪ <i>How resilient are families as a result of the programme?</i> ▪ <i>Could anything be done to improve sustainability?</i> 	
<p><u>Topic 2: The legacy of the Troubled Families Programme</u></p> <p>In this final thread, we'd like to hear from you on the following:</p> <ul style="list-style-type: none"> ▪ Did you know that the core funding from central government for the Troubled Families Programme will end in 2020? How do you feel about this? ▪ How embedded are the whole-family and whole-system ways of working? ▪ How sustainable do you think your involvement with families and their keyworkers are? 	

Additional prompts for moderators:

- *Do you know what core funding ending in 2020 might mean within your Local Authority? Have you been told about any plans in place?*
- *What might core funding ending in 2020 mean for families and keyworkers that you work with?*

Appendix 6: Online forum earned autonomy discussion guide

Monday 26 November: Registration and welcome	Comments/rationale
<p><u>Welcome forum</u></p> <p>Hello and welcome to the Troubled Families Forum. We hope you're looking forward to taking part in conversations with fellow professionals, and sharing your experiences of the Troubled Families Programme.</p> <p>We'll be launching forums every day, and the first one is a chance for you to get to know each other a little bit better. You can use this forum to introduce yourself (though remember not to reveal your name – otherwise it won't be anonymous) to see who you'll be discussing the Troubled Families Programme with for the next week. It would be good to share:</p> <ul style="list-style-type: none"> ▪ Your role – what's your job title and what kinds of things do you do each day? ▪ Your area – what does your local community look like? ▪ Your experience – how long have you been in the job/the sector more widely? 	<p><i>Understand participants' roles and wider working environment</i></p>
Monday 26 November: Implementation of Earned Autonomy in your area	
<ul style="list-style-type: none"> • What were the main drivers for your local area to adopt Earned Autonomy? Prompt where necessary on: <ul style="list-style-type: none"> ○ Internal factors ○ External factors • Based on your experience, what has supported implementation of your earned autonomy plans? Prompt where necessary on: <ul style="list-style-type: none"> ○ Workplace culture ○ Leadership and vision ○ Technology ○ Relationship with MHCLG ○ Timing ○ Resources ○ Data sharing ○ Focus on population outcomes • Based on your experience, what barriers have you experienced when implementing your earned autonomy plans. Use same prompts as above. • What was your experience of the earned autonomy process, agreement and timescales? What would you change? 	<p><i>Understand how EA has been implemented across different areas and participants' understanding of EA</i></p>
Tuesday 27 November: Benefits and risks of Earned Autonomy	
<p><u>Benefits</u></p> <ul style="list-style-type: none"> • What does EA status allow you to do that you couldn't do under PbR? Are there other differences? Prompt where necessary on: <ul style="list-style-type: none"> ○ Investment ○ Speed 	<p><i>Allow participants to identify the most apparent benefits and risks of EA in their view. Direct participants to</i></p>

<ul style="list-style-type: none"> ○ Freedom to innovate ○ Planning ● Is there anything that frontline staff can do that they couldn't do before? ● To what extent your approach to transformation changed under EA? Prompt where necessary on: <ul style="list-style-type: none"> ○ Efficiency compared to PbR ○ Freedom to innovate ○ Local vision ○ Buy-in from partners ○ Connection with local Sustainability and Transformation Plans ○ Connection with Inclusive Economy/Growth strategies (if relevant) ● What are you most proud of? <p><u>Risks</u></p> <ul style="list-style-type: none"> ● Have any budget management challenges emerged since the introduction of EA? ● Is there a change to local risk sharing or cost-shunting? ● Have there been any other challenges? ● What are the 1 or 2 most important learnings to share with other LAs, based on your area's experience? 	<p><i>discussing new ways of working.</i></p>
<p>Wednesday 28 and Thursday 29 November: Impact of Earned Autonomy on Troubled Families Programme</p>	
<p><u>Measuring impact</u></p> <ul style="list-style-type: none"> ● Has measurement of outcomes under the programme changed since introduction of EA? If so, describe this. ● Do you calculate return on investment? If so, describe this process. ● How important will predictive analytics and targeting hidden need be to your future plans? ● What IT platform do you need to underpin this technology? ● To what extent have you retained a focus on family outcomes? <ul style="list-style-type: none"> ○ Prompt where necessary on how they have done this <p><u>Supporting families</u></p> <ul style="list-style-type: none"> ● Has there been any change to frontline staff practice following earned autonomy? ● What will families notice? ● Prompt where necessary on: <ul style="list-style-type: none"> ○ TF workers ○ Lead workers ○ Partner staff, e.g. schools, housing, health visiting, mental health ● Has there been any change in the step-down process since the introduction of EA? If so, how? 	<p><i>Direct participants to discuss the impact new ways of working are having on the families they support and how this is delivered in partnership.</i></p>

<ul style="list-style-type: none"> Has there been any change in demand on services following earned autonomy? Longer-term do you anticipate any change to demand? If fewer, probe on how they have achieved this. <p><u>Partnership working</u></p> <ul style="list-style-type: none"> Has the way you work with other agencies changed since the introduction of EA? Prompt where necessary on relationships between: <ul style="list-style-type: none"> Keyworkers Lead workers Children and Family social workers TFEAs Service manager or AD level Director or CE level How do you influence or support schools and other universal services? How do you influence or support community level services? What helps to get partners on board? To what extent has quality assurance of family outcomes delivered by partners changed under EA? What management information do you need from partners to understand early help and impact on outcomes? <ul style="list-style-type: none"> Describe the data sharing process. <p><u>Relationship with MHCLG</u></p> <ul style="list-style-type: none"> To what extent has your working relationship with MHCLG changed under EA compared to PbR? Is there anything that MHCLG could provide support with that they do not currently provide? Prompt if necessary on: <ul style="list-style-type: none"> Sharing good practice Guidance Workshops to test emerging practice Direct support 	
Friday 30 November: Future of the Troubled Families Programme	
<p><u>Post 2020 funding</u></p> <ul style="list-style-type: none"> To what extent has EA funding been spent on making services ready for post 2020? Are there any services that have been prioritised for upfront funding over others? If so, please describe. To what extent will upfront funding impact on service sustainability post 2020? Are there any services that will no longer have the funding necessary to continue? 	

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The Social Research Institute works closely with national governments, local public services and the not-for-profit sector. Its c.200 research staff focus on public service and policy issues. Each has expertise in a particular part of the public sector, ensuring we have a detailed understanding of specific sectors and policy challenges. This, combined with our methods and communications expertise, helps ensure that our research makes a difference for decision makers and communities.