Turning around the lives of families with multiple problems - an evaluation of the Family and Young Carer Pathfinders Programme

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CONTENTS

RESEARCH BRIEF

Summary

The Family Pathfinder programme launched in 2007 aimed to develop local responses to the needs of families who face multiple and complex social, economic, health and child problems. Twenty seven local authorities (LAs) took part in the project which was comprehensively evaluated

Results showed **significant improvement in outcomes for nearly a half (46%) of families** supported by the Family Pathfinders and nearly a third (31%) of the families supported by the Young Carer Pathfinders. Areas were also able to demonstrate savings to local partners, so that **for every £1 spent, the Family Pathfinders generated a financial return of £1.90.** Achieving improved and sustainable outcomes for families was dependent on the use of a **key worker** responsible for providing and coordinating effective support for families.

The evidence from this study presents a compelling case for LAs and their partners to develop and implement intensive family intervention with families with multiple and complex needs. Whilst funding for the Pathfinders formally ended in 2010 four fifths of the Family Pathfinder and Young Carer Pathfinders are being sustained in some form.

The current Government is supporting national and local activity to turn around the lives of families with multiple problems. These findings provide persuasive evidence of the value of investment in family intervention services which target these families.

Introduction and Background

1. The Family Pathfinder programme announced in the Children's Plan (2007) **aimed to develop and test the effectiveness of intensive, family focused approaches to addressing the needs of families who face multiple and complex problems.** Typically these might include poor housing, debt, worklessness, disability, poor parenting, harmful family relationships, substance misuse, poor mental health, poor educational outcomes and child protection concerns.

2. The Cabinet Office's *Families at Risk Review* estimated that around **2% of families in England face such difficulties.** The review also found that existing support for many of these families failed to result in improved outcomes because of a lack of coordination between supporting agencies and because services did not always account for the wider problems faced by family members.

3. Between 2007 and 2010, 27 **local authorities (LAs) received additional funding to develop local solutions to the problems these families faced.** In 2008, 15 LAs received funding to test intensive family focused models of support (referred to as 'Family Pathfinders'). Six of these LAs also received additional funding to address the needs of families with young carers. In November 2009, a further 12 LAs received funding to support young carers (referred to as 'Young Carer Pathfinders').

4. In September 2008, York Consulting LLP was commissioned by the Department for Children, Schools and Families, now the Department for

Education, to conduct an evaluation of the programme. This evaluation examined the various models of support, their impact on families and services, and the broader economic implications.

Key Findings

5. **The evidence from this three year study presents a compelling case for LAs and their partners to develop and implement intensive family support for families with multiple and complex needs** (i.e. those already in receipt of statutory support or just below these thresholds). However, it must be noted that this study has not made use of a controlled experiment or comparison group to estimate the net impact of the interventions.

6. The evidence suggests that intensive, **family focused support resulted in a significant improvement in outcomes for nearly a half (46%) of families** supported by the Family Pathfinders and **nearly a third (31%) of the families supported by the Young Carer Pathfinders**. These families had a reduction in their assessed level of need between entry and exit (i.e. from statutory to specialist or targeted level services) and experienced a reduction in both the range and severity of risk factors impacting on family life.

7. **A further half of families (41% of the Family Pathfinder families and 56% of Young Carer families) also experienced a reduction in the range and severity of risk factors experienced,** but were assessed as having the same overall level of service need on entry to, and exit from Pathfinder support (i.e. specialist on entry and exit). For some families there was a lag between positive outcomes being achieved and a change in the assessment of the family's overall level of need. In other cases, the change was not significant enough to result in a change in the level of service intervention required.

8. **It is also important to highlight that the evidence suggests that the support provided was not effective for all families.** The proportion of families who experienced an increase in their assessed level of need was similar across the two types of Pathfinder, with around 13% showing an escalation in need. This was either because additional, previously undiagnosed needs were identified by Pathfinder staff during the course of assessment that required more specialist support (e.g. child protection concerns); or because families did not engage with the support provided.

9. **The research findings revealed that the Pathfinders generated net programme benefits.** A conservative assessment of the return on investment indicates that **for every £1 spent, the Family Pathfinders have generated a financial return of £1.90** from the avoidance of families experiencing negative outcomes. The **comparable figure for the Young Carer Pathfinders was £1.89.**

10. Local areas developed different structural models of delivery which, the evidence suggests, all had the potential to result in improved outcomes for families. **What mattered most was that the Pathfinders effectively established three critical and interrelated components of delivery.** Each element played an equal and vital role in the delivery of improved outcomes:

    - **a persistent and assertive key worker role:** a highly skilled, credible and experienced professional who worked intensively with families and

could provide case leadership and management, both delivering intensive support to the family and brokering specialist support as necessary;

- **a robust framework of support:** including a comprehensive assessment of the needs of all family members and a multi-disciplinary Team Around the Family (TAF) approach, delivered within an effective model of case supervision. This ensured that families' needs were appropriately identified, that the right support was accessed and that progress was regularly and effectively reviewed;

- **an intensive and flexible, family focused response:** which provided a well managed, phased approach to support, addressing multiple family issues and using a wide range of professional expertise, over a sustained period of time. Crucially, the effectiveness of support was measured by outcomes for the family, rather than whether an intervention was delivered or not. The approach was underpinned by the principles of effective family support, i.e. it was supportive and strengths based, but equally challenging to families. Crucially, (and in contrast to previous approaches delivered to many families) the support adopted a whole *family approach* and, where appropriate, included both resident and non-resident parents/carers.

11. Supporting families with multiple and complex needs is an area of expertise that requires specialist skills and knowledge, often crossing existing professional boundaries. Both the findings from this study and the recent Munro Review[i] **highlight the skills and expertise of practitioners as a critical component in delivering improved outcomes for families. This requires investment in a system which recognises, and supports the development of the key worker role.**

Methodology

12. A multi-method approach was adopted, which comprised six strands:

- **Strand 1: Pathfinder consultations** – annual in-depth visits to all Pathfinders, which included interviews with strategic and operational leads, practitioners, key partners (at a strategic and operational level), meeting observations and a desk review of documentation and indicators.

- **Strand 2: Partner online survey -** to capture partners' views of the Pathfinders' impact. Two surveys were administered during the course of the evaluation to both managers and practitioners.

- **Strand 3: Family Pathfinder Information System (FPIS)** - was an online database which gathered information on families supported by the Pathfinders, including: family demographics; areas of concern and strengths; packages of support and related outcomes. This enabled the research to gather evidence of the 'distance travelled' by families between entry to, and exit from, Pathfinder support. A total of 1,408 families were recorded on FPIS (including 711 families who had exited Pathfinder support).

- **Strand 4: Family Assessment Device (FAD)** - this was a validated tool completed by family members on entry to and exit from support. A total of 214 entry and exit FADs were completed.

- **Strand 5: Family follow-up** - in-depth interviews with 64 families across 13 Pathfinder areas. Families were interviewed when they exited from Pathfinder support and again six months post-exit (44 families were interviewed at this point). The purpose was to gain an in-depth understanding of the impact of support on families, how this was sustained over time and what elements of the Pathfinder approach and support were effective in determining positive (and negative) outcomes.

- **Strand 6: Costs and Benefits** – A Social Return on Investment approach generating an economic (Fiscal Return on Investment) assessment.

Findings

Improving Outcomes for Families

13. **Reducing risk and improving resilience is crucial in supporting families to function more effectively**. The research evidence suggests that it was possible to make significant improvements even where there were multiple and complex needs on entry. Whilst the families supported in the Young Carer Pathfinders had, to a large degree, parental mental ill health and substance misuse concerns, their problems were not of the magnitude as were recorded for those families supported by the Family Pathfinders.

14. **A phased, multi-disciplinary approach to support was most effective in improving outcomes.** This involved an initial focus on the underlying causes of family tension and stress, and then moving on to tackle individual issues and problems. Addressing environmental issues, such as poor or unsuitable housing and family debt facilitated family engagement. It also meant that families were in a more stable position and better equipped to address entrenched issues, such as poor mental health and substance misuse. Tackling the causes of parental stress allowed longer term improvements to family functioning through the development of more effective parenting strategies and improved relationships between family members. These changes had a significant impact on children and young people.

15. The evidence suggests that the Family Pathfinders in particular demonstrated **a significant degree of success in removing a whole range of concerns in families with multiple needs.** For almost every concern examined (except for inappropriate caring and child emotional mental health) the prevalence of the concern and the level of progress recorded was greater amongst the Family Pathfinder families.

16. Across all families supported the evidence suggests that the most significant impacts at the family level were related to:

- **domestic violence**: identified as an issue for 46% of families on entry to support. Concerns were almost twice as likely to be identified for families supported by the Family Pathfinders than those supported by the Young Carer Pathfinders (57% compared to 31% of families). **On exit the**

evidence suggests that almost three quarters of families (71%) had concerns removed;

- **housing issues**: identified as an issue for 44% of all families on entry to support. Concerns relating to the security of housing tenure were more than twice as likely to be evident amongst Family Pathfinder families, than Young Carer Pathfinder families; whilst concerns relating to poor living conditions were similar across the two Pathfinder types. **On exit from support, three quarters of families where a concern existed on entry showed an improvement in their housing situation** and for half of the families where a concern was identified on entry the practitioner's concern was completely removed on exit. The extent of change achieved was similar across both types of Pathfinder;

- **parenting issues** (e.g. establishing effective boundaries and behaviour management): identified as an area of concern for more than half of all families (57%) on entry. Parenting issues were more likely to be identified as a concern for Family Pathfinder families, e.g. boundary setting and discipline was identified as a concern for 72% of Family Pathfinder families and 38% of Young Carer Pathfinder families. **On exit, two thirds of these families recorded significant improvements**. Levels of improvement were almost twice as high amongst the Family Pathfinder families than the Young Carer Pathfinder families;

- **relationships between family members** (e.g. lack of secure attachment, lack of affection): identified as an issue for over half (57%) of all families on entry. Concerns were slightly more likely to be identified within Family Pathfinder families than the Young Carer Pathfinder families (62% compared to 51%) and were also more likely to be assessed as having higher level needs. **On exit, nearly three fifths (59%) of families showed improvements in family relationships and for nearly a third (31%), practitioners' concerns were completely addressed.** The extent of change achieved was similar across both types of Pathfinder.

17. The evidence suggest that the support also had a range of positive outcomes for children and young people:

- **child protection concerns:** on entry concerns were identified for more than a quarter (26%) of children and young people (including 13% who were subject to a Child Protection Plan). Children and young people from Family Pathfinder families were almost twice as likely to have a child protection concern identified on entry to support. Nearly a third (30%) of all children and young people from this group had a child protection concern identified on entry, compared to 17% of children and young people from families supported by the Young Carer Pathfinders. **On exit, there was no longer a concern for nearly three fifths (59%) of this group.** A further 32 (2%) children who did not have a concern identified on entry did have a concern identified on exit, reinforcing the view that Pathfinder support was helping to identify otherwise unidentified child protection risks;

- **inappropriate levels of caring** (i.e. caring role has a negative impact on children and young people): practitioners identified this as a concern for

more than a third (37%) of all children and young people within families supported by the Pathfinders. Although inappropriate levels of caring were more than twice (51%) as likely to be identified for children and young people within families supported by the Young Carer Pathfinders, more than a quarter (27%) of children and young people from Family Pathfinder families also had concerns identified. **On exit from support, the evidence suggests that three fifths (60%) of these children and young people showed an overall improvement in their situation and for nearly a third (32%) concerns were removed;**

- **school attendance**: on entry to support, school attendance was identified as an issue for nearly a third (30%) of all children and young people (with an average school attendance of 61%). School attendance was almost twice as likely to be identified as a concern for children and young people from the Family Pathfinder families (41%) than it was for those from the Young Carer Pathfinder families. **On exit from Pathfinder support, school attendance was no longer identified as a concern for half of this cohort;**

- **anti-social behaviour**: identified as a concern for 11% of young people on entry to support (17% of young people from Family Pathfinder families and 4% from Young Carer Pathfinder families). **On exit anti-social behaviour was no longer identified as a concern for almost half (45%) of this cohort**.

18. Families' levels of resilience (i.e. ability to withstand crisis and adversity and avoid adverse outcomes) also improved following Pathfinder support, from an average of five indicators (e.g. financial stability, no domestic violence) on entry, to eight indicators on exit.

Costs and Benefits of Family Pathfinders

19. The average cost of Pathfinder support per family (including support provided by non-Pathfinder services) was £19,233 in the Family Pathfinder areas and £4,331 in the Young Carer Pathfinder areas.

20. Savings per family were calculated using information collected by practitioners on changes in family outcomes as a result of Pathfinder support. Monetary values were obtained for these outcomes from published sources including the DfE negative costing tool[ii]. Using this approach, the average cost saving for families was £34,560 in Family Pathfinder areas and £8,191 in Young Carer Pathfinder areas. The differences in savings were primarily due to the difference in the complexity and severity of need of the families supported and therefore the difference in change that could potentially be achieved. In Family Pathfinder areas, an average of 61% of cost savings were savings accrued in the first year following families exit from Pathfinder support. In the Young Carer Pathfinder areas, an average of 66% of savings were accrued in the first year following exit from support.

21. The net financial benefit per family (cost savings minus the costs of the Pathfinder) was £15,327 in Family Pathfinder areas and £3,860 in Young Carer areas.

22. Combining the costs per family with the benefits per family allowed an estimate of the financial return for every £1 of resource dedicated to supporting families to be calculated. This is known as the SROI ratio. The average SROI ratio for the Family Pathfinders was 1.90 and for the Young Carer Pathfinders was 1.89. **This means that for every £1 spent since inception, the Family Pathfinders generated £1.90 in savings and the Young Carer Pathfinders generated £1.89 in savings from avoided negative outcomes.**

23. There were benefits to families that were identified that were not monetised. These included addressing issues such as parenting, family debt, housing, and improved family relationships, as well as strategic and practice benefits.

Operational and Strategic Impact

24. Alongside the new teams established to deliver the support to families (as was common in most Pathfinder areas), the **majority of areas focused on embedding the family focused approach across all services within the LAs.** Specifically, Pathfinders aimed to **reshape services** to ensure families were able to receive appropriate support; **increase joint working and communication across agencies**; and **increase the early identification of young carers.** To achieve these aims, Pathfinders focused on driving: **systems change** (to increase accountability and overcome systemic barriers, including implementing protocols, assessments and commissioning frameworks); **structural change** (including reshaping multi-agency team structures and creating new support packages); and **cultural change** (increasing practitioners' awareness and understanding of family focused approaches through integrated training and partnership working).

25. The overall progress as a result of this work has been encouraging. **In a third (five out of 15) of the Family Pathfinders the strategic change has had a significant impact** and there has been a marked shift towards delivering family focused services across all agencies. Furthermore, just under a third (four out of 15) of the Family Pathfinders, and just under a quarter (four out of 17) of the Young Carer Pathfinders, progress has moved in the right direction and momentum is gathering, although a full family focused service has yet to be embedded. However, not all areas have been successful and in the remaining (six Family Pathfinders and three quarters [14 out of 17] of the Young Carer Pathfinders) there were no significant strategic developments beyond the direct Pathfinder team and we do not expect developments to occur in the future. **Most Pathfinder areas faced significant barriers embedding family focused approaches within Adult Services.** This needs to be a significant focus at both the national and local level if family focused working is to be fully embedded.

26. There were common factors shared by both areas where progress was strong and those that have struggled to drive strategic change. **In order to fully embed a family focused approach, areas found that they needed:**

- **effective leadership and governance** (including having significant seniority to influence change and an 'outward looking approach' to build partnerships with other local agencies which were in contact with families);

- **clear aims and objectives** (with a strong understanding of what is needed to achieve these aims);

- **political support and strategic backing** (to enable decisive and prompt decision making, particularly where more than one agency was involved;

- **support from middle managers** (who need to understand and advocate family-focused approaches in order to achieve the cultural change for practitioners to work in a family-focused way);

- **strong monitoring and feedback mechanisms** (to engage senior leaders and to evidence impact to justify sustainability); and

- **engagement from other key services.**

27. **Four fifths of the Family Pathfinder and Young Carer Pathfinders are being sustained** in either their current form or are being partially sustained. This is broadly positive considering the current financial climate and reflects a commitment from key stakeholders of the benefits of continuing to work in a family focused way.

Conclusions and Implications

28. The findings showed that for families with multiple and complex needs, **the key worker acted as the 'lynch pin'** in providing and coordinating effective support for families and was vital in achieving improved and sustainable outcomes. **Establishing this intensive support role clearly has cost implications; however, our research found that the return achieved within one year was worth the investment.**

29. Whilst the evidence suggests that the impact of the support for many of the families was clear, **their enduring vulnerability should not be underestimated**. On exit from support, worklessness and mental health issues remained common concerns. **Therefore, it is important that intensive family support is delivered within the context of a continuum of support. Clear support plans need to be in place for families on exit in order to ensure that positive outcomes are maintained.**

30. The evidence indicated that intensive family support was **most effective where it was incorporated into a family support strategy that provided help across the continuum of need.** This suggests that local areas would benefit from developing a service which incorporates the range of family support, removing demarcations between the different funded initiatives and tailored to family need. This should provide a greater level of joined up support to families, rather than families being 'exited' from a particular programme or series of interventions.

Family Pathfinder Local Authority Areas

Family Pathfinder Areas	Young Carer Pathfinder Areas
1. Blackpool	
2. Bolton	Bolton
3. Brighton and Hove	
4. Durham	
5. Gateshead	Gateshead
6. Islington	Islington
7. Leeds	Leeds
8. Salford	
9. Somerset	Somerset
10. Southampton	
11. Southend	
12. Sunderland	Sunderland
13. Walsall	
14. Warrington	
15. Westminster	
	16. Blackburn with Darwen
	17. Cornwall
	18. Hartlepool
	19. Hull
	20. Luton
	21. Manchester
	22. Milton Keynes
	23. Norfolk
	24. Reading
	25. Suffolk
	26. Telford & Wrekin
	27. Wigan

1   INTRODUCTION

1.1   This is the Final Report of the Family Pathfinder Evaluation. It draws together all findings from the evaluation, following a series of papers focused on specific elements[iii].

1.2   The Family Pathfinder programme announced in the Children's Plan (2007) aimed to test and develop the 'Think Family' model, which was set out in *'Think Family: Improving the Life Chances of Families at Risk'.* In September 2008, York Consulting was commissioned by the then Department for Children, Schools and Families (DCSF) to conduct an evaluation of the three-year programme.

1.3   As part of the programme, 15 local authorities (LAs) received funding in 2008 to test family focused models of working to improve outcomes for families at risk (termed 'Family Pathfinders' in this report). Six[iv] of these authorities received additional funding to address the needs of families with young carers, with a further 12 LAs receiving funding to support young carers in November 2009 (termed Young Carer Pathfinders in this report).

1.4   'Families at risk' was a shorthand term for families who faced multiple and complex problems. A key component of the work was bringing together adult, children's and other services to reach the most vulnerable families who were not supported, as well as carry out more preventative work aimed at those whose situation might escalate without preventative support.

1.5   The broad aims of the Pathfinders were to:

- *test family focused models of working to improve outcomes for families at risk;*

- *carry out preventative work with those whose situation might escalate; and*

- *bring together adult, children's and other services to reach the most vulnerable families who were not supported.*

1.6   Each Pathfinder developed their own model of delivery to meet their local circumstances and priorities. However, for those providing direct support to families there were a number of essential key elements including:

- a dedicated key worker supporting families;

- an assessment of how to support the family as a whole, not just individuals;

- an organised package of multi-agency support (providing both practical and emotional support).
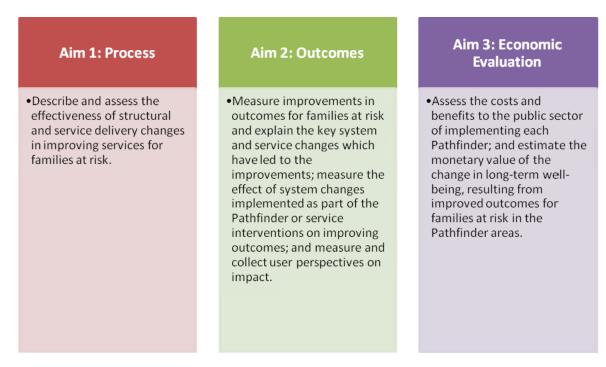
The Policy Context

1.7   The Cabinet Office's *Families at Risk Review*[v] estimated that around 2% of families in England experience multiple and complex difficulties. These difficulties are often intergenerational in nature and are likely to impact significantly on the life chances and outcomes for children. For example, children within these families are ten times more likely to be in trouble with the police and eight times more likely to be excluded from school. The review also found that the existing support for many of these families failed to result in improved outcomes. Two key weaknesses were identified with the support on offer: there was a lack of coordination between supporting agencies, and services did not take into account the wider problems faced by family members.

1.8   In response, local authorities (LAs) were invited to develop local solutions to the problems faced. The aim was to reform the whole system of support for families at risk, bringing adult and children's services together to form an integrated and holistic approach. In this way, families at risk would receive personalised, coordinated, family focused packages of support which, critically, result in improved outcomes. Family Pathfinder support needs to be placed within the context of other family focused programmes delivered during this period, including Family Intervention Projects, Family Nurse Partnerships, and Parenting Early Intervention Programmes.

1.9   The Pathfinders were operating in a period of significant economic and political change, which resulted in a number shifting their focus and structure of delivery. In the three years since the Pathfinders' initial inception there has been: a change in government and a subsequent removal of the ring-fencing of Pathfinder funding; an economic downturn and increasing budget cuts within LAs and restructuring of services; and policy developments, such as the refresh of the Carers' Strategy. Although none of the Pathfinders had their funding cut completely, a number experienced significant cut backs and/or restructuring, whilst others changed their strategic and operational focus.

1.10 Despite these significant changes over the last three years, a family focused approach to support continues to be a core element of the Coalition Government's 'national campaign to turn around the lives of families with multiple problems'[vi].

> *"All the evidence suggests that it's no use offering a range of different services to these families – the help they're offered just falls through the cracks of their chaotic lifestyles. What works is focused, personalised support – someone the family trusts coming into their home to help them improve their lives step-by-step, month-by-month."* (David Cameron, 2010)[vii]

1.11 The recent Munro Review of Child Protection[viii] also highlighted the skills and expertise of practitioners as a critical component in delivering improved outcomes for children and young people and their families.

Evaluation Aims and Objectives

1.12 The evaluation had three aims:

Aim 1: Process	Aim 2: Outcomes	Aim 3: Economic Evaluation
• Describe and assess the effectiveness of structural and service delivery changes in improving services for families at risk.	• Measure improvements in outcomes for families at risk and explain the key system and service changes which have led to the improvements; measure the effect of system changes implemented as part of the Pathfinder or service interventions on improving outcomes; and measure and collect user perspectives on impact.	• Assess the costs and benefits to the public sector of implementing each Pathfinder; and estimate the monetary value of the change in long-term well-being, resulting from improved outcomes for families at risk in the Pathfinder areas.

Evaluation Methodology

1.13 A multi-method approach was adopted. The method comprised of six strands, linked to the three aims:

Aim 1: Process	• Strand 1: Pathfinder consultations (strategic and operational) • Strand 2: Online survey
Aim 2: Outcomes	• Strand 3: Family Pathfinder Information System (FPIS) • Strand 4: Family Assessment Device (FAD) • Strand 5: Family follow-up
Aim 3: Economic Evaluation	• Strand 6: Social Return on Investment (SROI)

1.14 These strands are summarised below. More detail is available in **Annex A**.

Strand 1: Pathfinder Consultations

1.15 The purpose of the Pathfinder consultations was to develop an in-depth understanding of the Pathfinders' aims, progress and effectiveness. This strand comprised in-depth annual visits to all 32 (15 Family Pathfinders and 17 Young Carer Pathfinders) Pathfinders, which included consultations with senior managers, service/area managers and practitioners both working within and beyond the Pathfinder.

Strand 2: Partner Online Survey

1.16 The purpose of the online survey was to capture Pathfinders' impact on influencing strategic change and managerial and practitioner practises in wider services. The first survey was administered in 2009/10 and was sent to 249 managers and 666 practitioners across the Pathfinder areas. We received responses from 100 managers and 210 practitioners. The second survey was sent to 500 managers and 1,760 practitioners. We received responses from 116 managers and 228 practitioners.

Strand 3: Family Pathfinder Information System (FPIS)

1.17 The Family Pathfinder Information System (FPIS) was an online database which gathered information on families supported by the Pathfinders, including: family demographics; areas of concern and strengths; packages of support and related outcomes. This enabled the research to gather evidence of the 'distance travelled' by families between entry to, and exit from, Pathfinder support. A total of 1,408 families were recorded on FPIS (including 711 families who had exited Pathfinder support).

Strand 4: Family Assessment Device (FAD)

1.18 The purpose of the Family Assessment Device (FAD) was to corroborate practitioners' views on the impact of support (inputted on FPIS) with the views of families themselves. This provided validated data on changes in family functioning.

1.19 The FAD was developed at McMaster's University to assess family functioning. The FAD is completed both before and after an intervention in order to measure changes in family functioning over time. York Consulting received 214 completed entry and exit FADs.

Strand 5: Family Follow-Up

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

1.21 The Family Follow-Up strand consisted of in-depth case studies of 64 families across 13 Pathfinder areas. The case studies comprised interviews with the family (adults and children aged over seven), their lead professional/key worker and a review of relevant documents (e.g. family support plans, case notes). Families and key workers were interviewed at two points in time:

- just as the families were exiting from Pathfinder support;

- six months after exiting from Pathfinder support to assess whether changes/ improvements had been sustained. A total of 44 families were interviewed at this point in time.

Strand 6: Social Return on Investment (SROI)

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

- a Theory of Change mapping;

- measurement of costs involved in the Pathfinder;

- an estimation and valuation of benefits;

- a synthesis of findings with an estimation of economic ratios.

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

Structure of the Report

1.24 The remainder of the report is structured as follows:

- **Section 2: Family Impact;** provides an analysis of the family outcomes on those families exited from support;

- **Section 3: Costs and Benefits: A Social Return on Investment Approach;** provides an economic assessment of the activity of the Pathfinders;

- **Section 4: Approaches to Delivering Family Focused Support;** describes the structures and processes established to deliver family focused support and assesses the Pathfinders' effectiveness in implementing the support;

- **Section 5: Effectiveness of Family Focused Approaches;** assesses the effectiveness of delivering family focused support packages and identifies the 'critical success factors' in delivering support;

- **Section 6: Achieving Strategic Change and Embedding Family Focused Approaches;** describes the activities undertaken by Pathfinders to achieve strategic change, the impact of the activities and the facilitators and challenges to driving strategic change. It also describes the Pathfinders' future sustainability;

- **Section 7: Conclusions and Recommendations:** draws together the findings from the previous sections and concludes on the Pathfinders' progress of embedding family focused approaches and their effectiveness as a model to support families with complex needs.

2   FAMILY IMPACT

2.1   This section presents an analysis of the impact of family focused support on outcomes for families with multiple and complex needs[ix]. The key elements of the research method on which the assessment of impact was made were:

- **the Family Pathfinder Information System (FPIS)** – an online tool in which family support practitioners recorded information on all families throughout the support process. The data presented here is based on 711 families who were exited from support by the end of February 2011;

- **Family Assessment Device -** 214 individual family members independently completed a validated tool which assessed family functioning on entry to, and exit from support; and

- **in-depth, qualitative family focused case studies** involving 64 families from 13 Pathfinders on exit from support. A total of 44 families were also interviewed six months after exiting from support.

2.2   **'Overview of the Approach'** (see page 7) provides a summary of the approach, whilst **Annex A: Methodology** provides full details.

Approach to Measuring Family Impact

2.3   Given the complexity of the needs of the families supported and the differences in the issues faced both within and across families, measuring impact posed something of a methodological challenge. The research needed to provide an overall assessment of the impact of the support on families, as well as impact on the individual adults and children that made up the families supported. Three tiers of impact were identified which are considered in turn below. It must be noted that this study has not made use of a controlled experiment or comparison group to estimate the net impact of the interventions.

Overall Impact on Family Need

2.4   Impact on family need provides a single measure of the outcomes achieved. On entry to, and exit from support, practitioners were asked to assess the level of service support that most closely correlated with families' levels of need. The levels of support reflected the common tiers of service provision within children's services: statutory, specialist, targeted and universal. The measure was intended to act as a proxy for the complexity of issues facing the family. It was considered probable that Pathfinder support would lead to families requiring a less intensive level of support (e.g. they might progress from 'specialist' to 'targeted' support) and that this recorded progression would be a quantifiable indicator of success. Once aggregated this data could be used to help assess the impact of the support provided.

2.5   It is important to understand the limitations of this measure to ensure that the effectiveness of the Pathfinders is not judged on this alone. The measure masks the multiple and complex needs of the families. It also has a tendency to under report progress. However, it does provide, in a single measure, an overall sense of the direction of travel of the families supported.

Overview of The Approach

FPIS Data

The FPIS data was collected from 26 Pathfinder areas operating in 21 different LAs (five[x] areas had both a Family Pathfinder and a Young Carer Pathfinder). The data included records for:

- **12 Family Pathfinders - 403 families** (57% of exited families) and 1,771 individuals (60% of exited individuals;
- **14 Young Carer Pathfinders - 308 families** (43% of exited families) and 1,200 individuals (40% of exited individuals).

Practitioners were asked to begin to input family data after their own initial assessments had been undertaken. In all but one area, the data covers all families who were accepted for support. The sample has no information from six of the 32 Pathfinders that used FPIS. This is because in these areas, no families were recorded as 'exited' from support[xi],[xii].

The Family Assessment Device

The FPIS data gathered by practitioners was compared to the evidence from an established and validated tool assessing family functioning which was completed by the family members (the McMaster's Family Assessment Device (FAD)). The purpose was to test whether the levels of progress reported by the practitioners cohered with the levels of progress recorded by the families.

The analysis indicates that 64% of individuals who completed the FAD improved their general functioning following support. This is comparable to the practitioners' assessments which showed that 55% of the families where FADs were completed experienced an improvement in their level of need. As such, the risk of practitioner bias (caused by the fact that the outcomes data was completed by practitioners who may be predisposed towards positive assessments,) did not appear to present, as the findings from the FAD analysis were more favourable than the findings from the FPIS analysis. This therefore consolidates our view that the findings reported here are an accurate reflection of family impact. **Annex C** provides details of the FAD analysis.

In-depth, Qualitative, Family Follow-Up Interviews

The family case studies aimed to provide an in-depth understanding of the types of families supported and the issues they faced; an assessment of the effectiveness and impact of the support received; and an understanding of the extent to which outcomes were sustained following support. This was achieved through undertaking face-to-face interviews with the families on exit from support and again around six months after support had ended. The FPIS data was used to support this research element.

Impact on Family Risk and Resilience

2.6 Each family had their own distinct set of risk factors which affected all or most of the family. On entry and exit, the research captured data on a range of eleven common factors. These included those related to family context and environment, such as housing, debt and employment; as well as those related to issues such as family functioning, i.e. how family members communicated, related, and maintained relationships, and how they made decisions and solved problems, including their parenting approaches.

2.7 The support also aimed to increase the range of protective or resilience factors (withstanding crisis and adversity) that might help families deal with problems that occur in their life. In total, twelve resilience factors were identified, covering a range of themes, including environmental factors, health and well-being, and children's education.

Impact on Child and Adult Risks

2.8 Each member of each family had their own set of risk factors. The research gathered information on a range of 26 factors which were common to children only (i.e. those related to child protection, education, and inappropriate caring), those which affected adults only (i.e. employment), and those which affected both adults and children, such as mental health, offending and anti-social behaviour and, to varying degrees, substance misuse.

2.9 Understanding these factors and the inter-relationship between them was critical to understanding the impact of the support and how key outcomes were, or were not successfully achieved.

2.10 This section now goes on to present analysis under the following themes:
- **Family Characteristics;**
- **Overall Impact on Family Needs;**
- **Impact on Family Risk and Resilience;**
- **Impact on Child Risks;**
- **Impact on Child and Adult Risks.**

Family Characteristics

2.11 In order to understand the effectiveness of the support of the Pathfinders, it is important to gain a sense of the characteristics of the families supported. Here we provide an overview of the key characteristics of the 711 families who were exited from support.

2.12 The family members recorded on FPIS were defined as, "*everyone you are aware of who is living in the household, whether they are a family member or not*". This could also include wider family members who were involved in the network of support, i.e. grandparents, aunts, uncles etc. Detailed analysis of participating families' characteristics are reported in **Annex B**. An overview of the characteristics of the families is presented in **Figure 2.1**.

Figure 2.1: Family Characteristics	
Family Size	The average family included 4.1 family members compared to a national average of 3.9. Family Pathfinder families were larger than the Young Carer families, with an average of 4.5 members, compared to 3.8. Families ranged in size from two to 13 members.
Family Members	The vast majority (95%) of families supported included mothers/step-mothers; more than two-fifths (42%) included fathers/step fathers; and approximately one in ten (11% and 9% respectively) included other family members (such as aunts and uncles) and grandparents. Due to the nature of the support, all families working with the Pathfinders included children.
Lone Parents	Nearly two thirds (63%) of families supported were identified as lone parents. Pathfinder families were 2.5 times more likely to be lone parents than the national average.
Children per Family	On average, there were 2.5 children per family in the Young Carer Pathfinder families and 2.7 children per family in the Family Pathfinder families. This compares to the national average of 1.9 children per family.
Age	Both mothers and fathers were most likely to be aged between 31 and 40. However, on average mothers were typically slightly younger than the fathers. There was a fairly even distribution of children aged from 0 to 18.
Ethnicity	The proportion of participants from ethnic minority groups was greater than the proportion found in the national population: 23% compared to 16%. However, this reflects the fact that a number of families were supported by two London boroughs where there was greater ethnic diversity within the community.
Disability and Mental Health	A total of 43% of families included a family member with a disability (including physical and mental disabilities). This accounted for 16% of individuals involved in Pathfinder support and was more common in the Young Carer Pathfinders. The most common issues related to mental health and chronic health conditions.
Employment (aged 18+)	A total of 82% of adults were not in employment on entry to support.
Child Protection Status	On entry to support, 13% of children and young people were on a Child Protection Plan. A further 9% were recorded as a Child in Need (as defined by Section 17 of the Children's Act) and 3% were subject to a Section 47 Enquiry. Nationally 3% of children are classed as Children in Need and 0.4% are subject to a Child Protection Plan.[xiii]
Young Carer	More than one quarter (26%) of children and young people were identified as young carers, with a further 14% identified as potential young carers[xiv]. Young carers were most likely to be aged 10 to 13 and potential young carers were most likely to be aged 6 to 9.
Special Educational	Overall 5% of children and young people were recorded as having a statement of SEN. This compares to a national average of 2.7%.

Needs (SEN)	Thus, Pathfinder children and young people were almost twice as likely to have a statement of SEN compared to the national average.

Impact on Family Needs

2.13 Within the Family Pathfinders most families had a range of complex needs, and had received a range of support prior to referral that had been unsuccessful in improving outcomes. Key issues affecting these families on referral were[xv] adult mental health (34%), adult substance misuse (25%), domestic violence (27%), child protection concerns (27%) and educational concerns for the children (36%). Other issues included housing, debt and child anti-social behaviour.

2.14 Amongst the Young Carer Pathfinder families, typically families were identified because there was a key gap in the support they were receiving prior to referral, either for adults and/or children within the family. Pathfinder support aimed to address the causes of inappropriate caring and improve outcomes for the whole family (68% of families), specifically focusing on families where the cared for person suffered from mental health (58%) and/or substance misuse issues (23%). The impact of a physical or learning disability within the family was also identified as a common reason for referral (23%). Some of the most severe issues which arose as common issues for the referral of the Family Pathfinder families (i.e. child protection concerns, domestic violence) were not as common amongst this cohort (see 4.34 for further details on the reasons for referral).

Level of Service Support on Entry

2.15 Practitioners were asked to provide an overall assessment of the support required by a family at the following levels:

- **statutory:** family in need of acute services. For example, child protection proceedings, multiple offending incidents, domestic violence, chronic substance misuse;

- **specialist:** family require intensive, specialist assistance. For example, specialist interventions dealing with acute mental health issues, substance misuse, offending, child and adolescent mental health service (CAMHS);

- **targeted:** family needs additional support. Services provided by, for example, Sure Start children's centres, learning and behaviour support, family support, youth services;

- **universal:** family does not require additional support. Only accesses mainstream universal services.

2.16 On entry to support, **two thirds (66%) of families were assessed as in need of either statutory or specialist support**. A further 27% were assessed as in need of targeted services. The remaining 7% of families were assessed as in need of universal services.
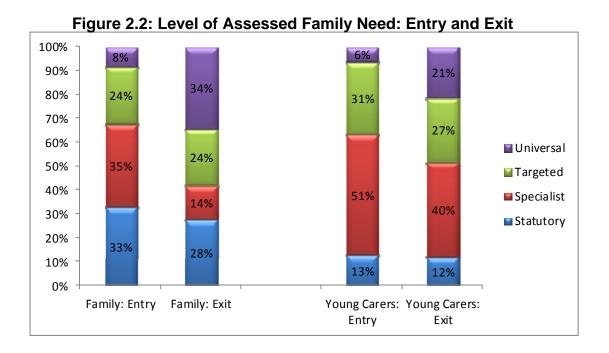
2.17 On entry, families' levels of need and the complexity of issues faced were greater in the Family Pathfinders than they were in the Young Carer Pathfinders. In the Family Pathfinders one in three families were assessed as being in need of statutory support on entry to the Pathfinder, compared to one in eight in the Young Carer Pathfinders (see **Table 2.1**). **Family Pathfinder families were therefore 2.5 times more likely to enter support at the statutory level compared to the Young Carer Pathfinder families.** However on entry, across both types of Pathfinder two thirds of families were assessed as in need of either specialist or statutory support. Therefore, whilst there was a distinction between the level of need of the families across the two types of Pathfinder, the majority of families who were referred for support had complex needs.

Table 2.1: Level of Assessed Need on Entry to Support			
	All	**Family Pathfinder Families**	**Young Carer Pathfinder Families**
Statutory	24% (171)	33% (132)	13% (39)
Specialist	42% (298)	35% (141)	51% (157)
Targeted	27% (192)	24% (98)	31% (94)
Universal	7% (50)	8% (32)	6% (18)
Total	**711**	**403**	**308**

due to rounding percentages may not sum to 100

Changes to Support Need Between Entry and Exit

2.18 Practitioners' assessment on the level of service support required was used to gauge a sense of the direction of travel of the families. Acknowledging the limitations reported earlier in this section, the evidence suggests that family focused support resulted in:

- **46% of Family Pathfinder** and **31% of Young Carer families** showed a reduction in their overall level of assessed service need;

- **41% of Family Pathfinder and 56% of Young Carer families** showed no change in their overall level of assessed service need;

- **13% of Family Pathfinder families and 12% of Young Carer** families showed an increase in their overall level of assessed service need.

2.19 The significance of this degree of change in support need should not be underestimated. As already described, the families had enduring and complex needs that other support had previously been unsuccessful in addressing. **Figure 2.2** illustrates families' level of assessed service need on entry to, and exit from, support.

Figure 2.2: Level of Assessed Family Need: Entry and Exit

2.20 The fact that the evidence suggests that almost half of all families (41% of Family Pathfinder families and 56% of Young Carer Pathfinder families) were judged to be at the same level of support need on entry and exit does not mean there was no absolute change in their circumstances. In some families, there was a lag between positive outcomes being achieved and a change in the family's overall level of need[xvi]. In many of the Young Carer Pathfinders, the issues facing the families (particularly linked to illness and disability) would mean that it would not be possible to reduce the level of need, but nevertheless, that outcome had improved.

Table 2.2: Change in Assessed Level of Need by Pathfinder Type			
	Family Pathfinder	**Young Carer Pathfinder**	**Total**
	N = 403	**N=308**	**N=711**
Group 1: Reduction in assessed level of need on Exit (Lower on EXIT)	46%	31%	40%
Group 2: Stayed the same	41%	56%	48%
Group 3: Increase in assessed level of need on Exit (Higher on EXIT)	13%	12%	13%
	100%	**100%**	**100%**

2.21 However, further analysis (see **Table 2.3**) shows that families who were supported by the Young Carer Pathfinders **and** were assessed as requiring specialist support on entry to the Pathfinder were almost three times more likely to remain at that assessed level of need on exit than those supported by the Family Pathfinders at the same level. Whilst acknowledging the continuing need for specialist support within many young carer families, we also consider that some of the differences in the change in support need across the two Pathfinder types was due to the extent to which some of the Young Carer Pathfinders adopted what we identify as the 'critical success factors' of the family focused approach (key worker approach, robust processes and intensive and flexible support). Where these were absent, support was less effective in moving families on (see **Section 5** for further details).

Table 2.3: Families Whose Levels of Assessed Need Remained the Same on Entry and Exit			
	Family Pathfinders	**Young Carer Pathfinders**	**All Families**
	N=166	**N=174**	**N=340**
Statutory	56%	46%	54%
Specialist	21%	62%	42%
Targeted	36%	48%	42%
Universal	88%	78%	84%
	41%	56%	48%

IImpact on Family Risk and Resilience

2.22 In order to provide a more detailed understanding of the impact of support on families, data was gathered on eleven potential key risk factors that could affect the whole family.

2.23 Whilst each risk factor is considered in turn below, it is important to recognise the inter-relationship between them and the compounding effect they have on outcomes for all family members. It is also interesting to note the inter-relationship between risk factors and level of need. There was a clear correlation between the level of need discussed earlier in this section, and the average number of risk factors experienced by the families. The average number of risk factors experienced by level of need was as follows:

- statutory – families experienced an average of 5.5 out of 11 possible risk factors;
- specialist – families experienced an average of 4.1 out of 11 possible risk factors;
- targeted – families experienced an average of 3.7 out of 11 possible risk factors;
- universal - families experienced an average of 2.3 out of 11 possible risk factors.

2.24 The evidence suggests that Pathfinder support was successful in addressing both **environmental risk factors** (such as poor or unsuitable housing and family debt) and **family functioning** (such as relationships between family members and parenting). The most significant impacts at the family level were related to:

- **domestic violence**: identified as an issue for 46% of families on entry to support. On exit almost three quarters of families (71%) had concerns removed;
- **housing issues**: were identified as an issue for 44% of all families on entry. On exit, three quarters of these families had concerns removed or recorded significant improvements;
- **relationships between family members** (e.g. lack of secure attachments, lack of affection): were identified as an issue for over half (57%) of all families on entry. On exit, nearly three fifths (59%) of families showed improvements in family relationships and for nearly a third (31%), practitioners' concerns were completely addressed;
- **parenting issues** (e.g. establishing effective boundaries and behaviour management): were identified as an area of concern for more than half of all families (57%) on entry. On exit, one third of these families recorded significant improvements.

Environmental Factors

2.25 Research has established a clear relationship between the environmental context in which families live and their outcomes. A key focus of the Pathfinder support was on establishing a stable family environment and addressing practical issues such as:

- housing issues;
- family debt;
- lack of family support networks;

- unemployment and worklessness.

Housing Issues

Research Evidence: Housing
Poor housing or homelessness can contribute to mental ill health or can make an episode of mental distress more difficult to manage. This may also be compounded by the fact that poor housing and homelessness are often linked to other forms of social exclusion, such as poverty[xvii].

2.26 Poor living conditions (both within the home and the immediate environment) were identified by practitioners as having a negative impact on the health and wellbeing of almost one third of the families supported (31%). In addition, insecure housing tenure was identified as a concern for a quarter (25%) of families. A total of 44% of families had concerns identified related to housing issues.

2.27 Concerns relating to the security of housing tenure were more than twice as likely to be evident amongst the Family Pathfinder families compared to the Young Carer Pathfinder families (33% compared to 14% with an identified issue on entry). Concerns related to poor living conditions were fairly similar across the two Pathfinder types (35% amongst the Family Pathfinder families, compared to 26% of Young Carer Pathfinder families).

2.28 On exit from support, **the evidence suggests that three quarters of families, where a housing concern was identified on entry, experienced an improvement in their housing situation**. For half of the families where a concern was identified on entry, the practitioner's concern was completely removed on exit. The extent of change achieved was very similar in both the Family Pathfinder and the Young Carer Pathfinder families.

2.29 Key issues related to living conditions included:

- the home being in need of repair, lacking furniture and/or chaotic living conditions;
- poor hygiene, health and safety concerns, and/or damp;
- the house being unsuitable for the family due to physical disabilities, illness and/or mental health;
- anti-social behaviour and/or substance misuse present within or nearby the home;
- unsuitable people living in /or present in the house.

Figure 2.3: Addressing Poor Living Conditions
Practitioners reported children going to school in unwashed clothes or suffering from skin complaints due to a lack of clean clothing because of poor living conditions. Children not having beds (or suitable beds), or a bedroom to sleep in due to issues of overcrowding, or because rooms were unsuitable to sleep in, were common concerns identified. This had a negative impact on family routines, relationships and sleeping patterns. In turn, this could impact on children's attendance at, and engagement with school (e.g. children were arriving late because of a lack of sleep, not engaged in the learning process because they were tired). Pathfinder staff supported families to address these issues by, for example, bidding for new properties or accessing funding and grants available to purchase room dividers, storage units, doors, bunk beds, carpets and washing machines. Practitioners played a key role in helping families improve their living conditions by, for example arranging for a skip to clear away rubbish, and spending time with the family tidying the house, clearing the garden and painting rooms. This practical assistance and partnership approach to providing support was valued by families. Particularly during the early phases of support, such support facilitated family engagement and helped develop trusting relationships between Pathfinder staff and families.

Figure 2.4: Addressing Issues of Housing Tenure		
Issue	**Entry**	**Exit**
Eviction due to anti-social behaviour (ASB), property damage or fraud	*Children causing ASB on the estate, in rent arrears, not responded to communication received to become a secure tenant.*	*No further reports of ASB , no longer in rent arrears, and made a secure tenant.*
Risk of repossession/ eviction due to rent arrears	*A high level of rent arrears - risk of eviction.*	*Secured property and mother now paying off rent arrears. Received financial support to clear some arrears.*
Live in temporary homeless accommodation /hostel/B&B	*Mother and father were homeless at the start of the involvement due to high level of anti-social behaviour e.g. using the home for drug dealing, prostitution.*	*Mother now has a stable home next door to grandparents and there have been no complaints of anti-social behaviour since they moved in.*
Unsafe and unsuitable housing	*Family in extremely poor accommodation which is unsafe, unheated unsecured and in a drug user's area.*	*Family now have permanent social housing.*

2.30 Insecurity of housing tenure was also a common concern addressed by Pathfinder staff. Families' tenancies were insecure for a range of reasons including: rent arrears, anti-social behaviour, and mental health issues (which meant some families found it difficult to complete the process of applying for a secure tenancy). **Figures 2.4 and 2.5** highlight some of the issues faced, as well as the support Pathfinder staff were able to provide for families in addressing these issues.

Figure 2.5: Supporting Families to Access Housing

Background: This family consisted of a mother and her three sons. The mother had previously left two violent and abusive relationships. She was unable to have contact with her immediate family due to fears of violence and retribution because she left her first arranged marriage and her subsequent relationship with the father of her youngest son. Despite the problems with her family she really missed them and felt extremely isolated. The mother's mental health deteriorated because she had no support networks and was living in temporary accommodation with no stability.

Support: The family were referred to the Pathfinder by the Community Mental Health Team (CMHT) because the mother was depressed (and had been hospitalised at one point) but did not meet the threshold for ongoing support from the CMHT. There were also concerns that the eldest son (17) was taking on inappropriate levels of care for his younger brothers (aged 14 and 6). The family had lived in temporary accommodation for 6.5 years because the mother would bid for, but not accept, the properties offered to her. She was told by the local authority that she would be evicted within four weeks if she did not accept a property and this additional stress was having an extremely detrimental impact on the mother's mental health. The mother said at that point she thought she was going to have a nervous breakdown and "*wanted the hospital to take me.*" (Mother)

Impact: The Family Pathfinder became involved at this point. The first thing that the Pathfinder practitioner did was to support the mother to secure a tenancy. The key worker provided intensive support so that the mother was able to accept the tenancy. She accompanied her to the signing of the tenancy agreement, and supported her through the process of moving home. When the mother had doubts about moving she talked her through the process and her fears and worries. The key worker also helped the mother apply for a community care grant and a budget loan to buy furniture and carpets for their new home. The mother acknowledged that without the key worker's support she would not have been able to secure the tenancy "*before if I'd viewed this house I would have said no to it, even though it's a really good location and I really nice house. I would have got to the point of being evicted and taking what they offered me*". (Mother)

2.31 In around one quarter of families where housing was identified as an issue, no improvement in the situation was achieved. Examples of the reasons why support was not effective are provided in **Figure 2.6**. In most cases, they were a result of a lack of engagement of the family or deterioration in other circumstances.

Figure 2.6: Support Not Effective in Improving Housing
Fraud charges for both parents have been dropped. Mother now able to bid for permanent accommodation. However she and her six children continue to live in B&B as no suitable property found yet.
Concerns around hygiene and cleanliness heightened during involvement with family. Family since moved out, leaving accommodation in a despicable state.
Family was served with Notice Of Seeking Possession (NOSP) in March 2010. Landlord has informed the family that they are taking them to court to get an injunction to remove the 50 fish tanks.
Anti-social behaviour during the support has meant the family face eviction.
Mother has done nothing to secure any tenancy and has failed to pay the rent owing to the hostel. She will face eviction.
Currently all seven children are staying with immediate family members. Current housing is not suitable. The mother is not well enough to remain in her property with her children and is being supported by her own mother, the children's grandmother.

Family Debt

2.32 Debt was identified as a concern for just under a third (32%) of all families on entry to Pathfinder support. Debt was more than twice as likely to be identified as a concern amongst the Family Pathfinder families compared to the Young Carer Pathfinder families (43% of families compared to 19% of families respectively). There was a strong correlation between debt and both family violence and harmful family relationships.

2.33 Practitioners noted that addressing families' practical issues, particularly in relation to debt management, also had a positive impact on other concerns such as parenting: "*once we started talking and sorting out the bills and all the practical stuff, issues round her parenting disappeared*".

Figure 2.7: Addressing Family Debt	
ENTRY TO PATHFINDER SUPPORT	**EXIT FROM PATHFINDER SUPPORT**
Rent arrears owing on the property and family facing eviction.	Mental health worker signposted the mother to a financial advisor who supported her to put in place a payment plan.
Owes over £600 rent.	Mother reduced debts and responded well to budgeting work.

Both parents struggle to afford everything that they need and seem to be reliant on loans.	The mother is engaging positively with housing provider and financial advisor to support her with all the issues regarding her finances and her tenancy. The father has visited the Citizen's Advice Bureau and has sorted his benefits out and so there is no longer a problem.
Debts of over £7000 with credit and bank overdrafts. Will require assistance to reduce debts and debt management.	Referred to CAB and financial advice centre. Debt issues have been addressed and debts are being reduced. A payment plan and debt management plan have now successfully been introduced and maintained.

2.34 **The evidence suggests that debt issues were successfully addressed for 40% of families** where a practitioner identified a concern on entry. Greater levels of improvement were observed amongst the Family Pathfinder families compared to the Young Carer Pathfinder families (43% reduction compared to a 28% reduction respectively). Examples of the debt issues experienced and how they were resolved are presented in **Figure 2.7**.

2.35 On exit, practitioners continued to have concerns about debt issues for one in five families (19%). However, in most cases concerns were reduced and were now being addressed, rather than ignored, as had previously been the case.

Lack of Family Support Networks

2.36 A lack family support networks is known to be a key factor in increasing feelings of isolation and reducing the ability to cope with challenging circumstances. It can also compound the caring roles taken on by young people as there is no wider family support network to share and/or take on responsibility for the caring role.

Research Evidence: Family Support Networks
Research conducted by Barnardo's[xviii], found that *"The ability to make and sustain intimate friendships, and the availability of support networks of friends, siblings and other important social ties have been associated with resilience, both in childhood and later life".*

2.37 **In 41% of the families supported, a lack of family support networks was identified by practitioners' as a concern**. Concerns were slightly more evident amongst the Family Pathfinder families (45% had a recorded concern) than the Young Carer Pathfinder families (35% had a recorded concern).

2.38 The evidence suggest that in almost half (47%) of these families the issue was addressed following support, and for more than a third (35%) support networks were identified as a resilience factor on exit. Levels of impact were similar across both types of Pathfinder families. This was a key area of impact of Pathfinder support.

2.39 Key concerns identified on entry included:

- poor relationships with extended family networks;
- an absence of family networks because parents spent their childhood in the looked after system;
- support accessed from inappropriate peer networks;
- parents inappropriately relying on children for support;
- parental disability making access to support networks problematic;
- rural/language barriers preventing access to support.

2.40 In many cases, positive engagement with the intensive support provided by Pathfinder staff helped highlight awareness of the family's support needs within the wider family and helped re-form relationships which had previously broken down. In particular, family mediation was a key strategy used to help develop or re-establish family support networks. **Figure 2.8** provides an example of where this strategy was successful in developing support networks for one family. Pathfinder staff also played an important role in signposting families to community support networks and/or volunteer support to help develop family support networks.

Figure 2.8: Using Family Mediation to Resolve Caring Roles

Background: When this family (mother and daughter aged 15) were referred to the Pathfinder they were assessed as requiring specialist support. When they exited from the Pathfinder they were assessed as requiring universal services. The mother had suffered a number of serious illnesses which meant she had restricted mobility. The illnesses were a concern for the mother and her daughter, who, as she become older undertook an increased caring role for her mother. This included washing and dressing her mother, cooking and cleaning the house and, general daily care. In addition, the family also had debt concerns. The situation reached a crisis point when the daughter ran away from home for two weeks as the tension and stress within the family became too much for her. The referral to the Pathfinder for support was made by the Young Carers' Service.

Support: The support began with mediation between the mother and daughter to discuss how they were both feeling about the situation. *"It had got really bad for me, I was concerned about my Mum's health but I had no-one to talk to ... I wasn't able to get out and do what I wanted and I couldn't concentrate at school ... it got really bad"* (Daughter). The mother was receptive to what her daughter was saying and wanted things to change: *"This was so unlike* [name of daughter]*; I couldn't believe she felt like this as we had always been so close. I was really frightened by it all"* (Mother). The relationship between mother and daughter had been very strong, but it was the intensity of their relationship which led to the family reaching a crisis point. The Pathfinder assisted the family in applying for a Disability Living Allowance (DLA). This was initially rejected but the key worker helped the family appeal against the decision and accompanied the family to the hearing, which was successful. Since then, the mother has been able to purchase care on a daily basis through her living allowance, which has significantly reduced the impact of the caring role on the daughter.

Impact and sustainability: At the first interview it was clear that the family had needed additional support for the mother's disability and that without the DLA the daughter's caring role would have remained inappropriate. The mediation role played by Pathfinder staff was extremely beneficial and resulted in both the mother and daughter acknowledging how they felt and ensuring they communicated more effectively with one another. At our second interview [six months after they had exited from support], the positive outcomes had been sustained and the family acknowledged the role played by Pathfinder staff in achieving those outcomes: *"Without the support from* [name of key worker] *I'm really not sure where we would have been, but things are definitely much better"* (Mother). At the second interview the mother's carer was present doing some gardening and general maintenance in the house and the daughter was there with her boyfriend and was studying at the local building college.

Unemployment and Worklessness

2.41 A total of 82% of adults were not in employment on entry[xix]. On exit from Pathfinder support there was a small net improvement in employment of 4% (6% of adults secured employment during the period of support and 2% became unemployed during the period of support) meaning that 78% of adults were not in employment on exit.

2.42 Practitioners identified **unemployment/worklessness** as a concern for **42% of all families supported**. At the lowest level of concern, this meant that the main carer had been unemployed for six months or less; at the highest level of concern, this meant that all adult family members had a history of long-term unemployment/worklessness. One in four of all families supported were assessed as having a long term history of unemployment and worklessness.

2.43 The issue of unemployment/worklessness was more likely to be identified as a concern for Family Pathfinder families. Unemployment was identified as an issue for more than half (52%) of the Family Pathfinder families, compared to 30% of the Young Carer Pathfinder families. This perhaps reflects the fact that for many young carer families, employment was not an option (or therefore a concern), owing to the existence of long-term disability. **Figure 2.9** outlines the concerns identified by practitioners regarding families' employment status.

Figure 2.9. Practitioners' Concerns about Families' Employment Status

Common issues identified that prevented family members working were: mental health, substance misuse, disability, ill health, and learning difficulties.

- *Mum has had to give up work due to emotional difficulties, the effect of her family's dysfunction. This has affected her feelings of self-worth.*
- *Mother is long term unemployed due to mental health.*
- *Mum has been unable to work since 2002 due to depression/anxiety.*
- *Father would benefit from work but is unable to do so whilst misusing alcohol.*

Other reasons related to issues with childcare and the impact of a caring role.

- *Step parent has a chronic health problem and mother is his carer.*
- *Mum is unemployed as she provides care for her three children. Father is unemployed and engaged in criminal activities.*
- *Dad has not worked for the past five years. He gave up employment to become a full-time carer for his wife.*
- *Mum is not employed. With the current family situation employment would not be possible.*
- *Mother is unemployed but is a full time carer for her youngest child and in full receipt of benefits.*

Some family members had recently been made redundant or faced problems with their employment.

- *Father was recently made redundant.*
- *Mother lost her job recently and has admitted that she sometimes has trouble paying for things e.g. heating.*

In a small number of cases, practitioners reported that families were not willing to work.

- *Mum is long-term unemployed with no apparent skills or inclination to find work.*
- *Father is in custody but has no work prospects upon release.*
- *Neither parents are employed and have been unemployed for some time. Neither are currently considering returning to work.*

2.44 A total of 43% of families where a concern was identified on entry experienced an improvement in their situation on exit, for example practitioners helped family members' access training and development opportunities.

2.45 A small number of Pathfinders focused on providing both pre-employment support opportunities (e.g. developing work ready skills) and supporting adults moving into employment. Where concerns about worklessness were reduced, the evidence suggest this was a combined result of tackling the barriers to employment (e.g. substance misuse) and a specific focus on pre-employment support (i.e. developing work ready skills) and supporting adults moving into employment.

2.46 There were examples of Pathfinders providing a range of support to help family members develop skills to access training and employment opportunities. This included signposting and supporting families' access to training and learning opportunities and, in some instances, providing funding for training courses (see **Figures 2.10** and **2.11**). Pathfinders built on links with training providers to refer family members onto basic IT, literacy and numeracy courses provided through voluntary agencies such as Action for Children and 'Together Women' (an organisation that provides a range of support for female offenders and ex-offenders). Courses often also focused on developing life skills such as self confidence and self esteem, as well as ICT and literacy.

2.47 Additional examples of positive progress are provided below:

Figure 2.10: Examples of Positive Progress with Employment Position

"[Name of key worker] *dug me out of a big hole: I was halfway out six or seven months ago, now I'm right out. I never dreamt of getting a job, but now I've got one. A year ago I couldn't control my life and now they are wanting me to be a steward – I couldn't sort out my home life, now I have a lead role in caring for other people. I never thought I would be here. It's down to* [names of Pathfinder staff], *they weren't just there for sorting out my debt, and they were there to talk to. I walked into a job and didn't have to explain my issues. I wouldn't have been in work this time a year ago.* [Name of staff member] *gave me the confidence to do it; they said 'you're strong'".* (Mother)

"They [Pathfinder staff] *showed me how to get the things I needed like the therapist and the computer course. I wanted to do a computer class before but I couldn't find one right for me.* [Name of practitioner] *helped me get the course I was looking for as a lot of classes you have to do a specific thing whereas I wanted a course where I could do lots of things and help me prepare for work".* (Mother)

- The Pathfinder funded the mother in this family to take the European Computer Driving Licence which she successfully passed and was then supported in gaining a place on an Access to Science course.
- The father is now in permanent employment and enjoys work. Responsibilities in the family home are shared more and this has had a positive impact on the couple's relationship and the family overall.
- The son's school attendance has improved; the mother has been able to seek work and is now working part time.
- The mother in this family is unable to work due to childcare commitments. However, the father now works as a window cleaner and has applied to the local council to become a refuse collector.
- MIND Employment Project found the mother in this family a part-time volunteering opportunity which she attended regularly for some weeks, then stopped and has now returned to it. The mother is receiving ongoing support from MIND.
- Is not yet in employment but has attended training.

2.48 One Pathfinder provided employment support for families through the secondment of an Employability Worker for two days each week. The role of the Employability Worker was to support Pathfinder family members of working age in improving their job prospects. The Employment Worker role linked in with the Pathfinder support package and was fully informed of the support needs and interventions provided to families so that an integrated package of support could be provided. One particular case demonstrates the power of providing support in this way (see **Figure 2.11**).

Figure 2.11: Employability Support from Pathfinders
Background: this family was referred to the Pathfinder by social services because of concerns regarding the impact of domestic violence on the mother and children. A number of related concerns were also identified, including poor mental health and the misuse of alcohol. The children were on a Child Protection Plan because of the domestic violence within the family. Both parents were long term unemployed. The mother was highly motivated to return to training and work as both her children had started school and she was keen to access training to enter the nursing profession.
Employability Support: Alongside a range of support provided for the family by the Pathfinder and key partner agencies (including parenting support, domestic violence support for the mother and father , and emotional/mental health support), the mother was referred to the employability worker linked to the Pathfinder for training and employment support.
Outcomes: The employability worker supported the mother to access a range of IT and literacy and numeracy courses as the mother had not had a chance to complete her education because of having her family. The mother achieved competency certificates in all the courses she attended and acknowledged the positive impact it had on her: *"This class is the first ever thing I've done for myself and this is the first place I can feel I am learning and can take things forward in my life"* (Mother).
The employability worker also supported the mother to access a Community "Recruitment Works" Programme. She passed all the entry requirements and went on to attend an "NHS Learning for Work Programme" and gained a BTEC qualification. She is now focusing her aspirations on clinical administration or nursing assistant roles.
Positive steps have also been made in addressing the domestic violence within the family. Prior to working with the Pathfinder, social services were unaware of the extent of domestic violence within the family. Due to this, the mother's anger and frustrations had not been effectively supported which was a significant barrier to her making positive progress. *"Just taking mum out for a coffee and talking to her* [about things] *made a huge difference"* (Key Worker). The father is successfully addressing his anger and violence, but the children remain on a Child Protection Plan due to social services requiring evidence of longer-term positive impact.

2.49 Concerns about worklessness continued to be identified as an issue for more than **one third (35%) of all families supported on exit**. Therefore, whilst there was some positive progress, worklessness was the family concern which improved the least. In the majority of cases, support for families was moving them closer to the labour market, but due to the complexity of family issues, it was not a main priority in support.

Family Relationships

2.50 Concerns about relationships between family members and/or issues with secure attachments were identified in 57% of families on entry to support. The evidence suggests that where a concern was identified on entry, 59% of families achieved positive progress. Concerns were completely removed in 31% of cases.

Research Evidence: Family Relationships
The link between positive outcomes and strong functional family relationships is reported consistently in research. De Wolf and Ijzendoorn 1997[xx] found that a positive responsive parenting style facilitates a secure attachment, which makes positive behavioural outcomes for children more likely. They also found that secure attachment increases the likelihood of positive peer interaction and good behavioural outcomes in preschool and early school years. Zick, Bryant and Oesterback (2001)[xxi] report that better behavioural and cognitive outcomes for children is associated with more parental time spent on stimulating child-centred activities whilst Golombok (2000)[xxii] concludes that healthy relationship stability rather than family type has a causal effect on positive parenting and better outcomes for children. Conversely, research suggests that weak or disorganised attachment is associated with poorer behaviour, worse outcomes and sometimes violence for children[xxiii],[xxiv]. In addition, parental conflict has been associated with a range of adjustment problems in children, for instance; poor peer interaction, conduct problems, ill health, depression and anxiety, low self esteem, eating disorders, substance misuse and poor attachment[xxv].

2.51 Common issues identified by the practitioners and the families included:

- difficult relationships between parents and children, issues with attachment and a lack of affection;
- abuse and anger, including domestic violence;
- inappropriate boundaries;
- impact of parental issues, e.g. substance misuse, mental health;
- impact of child level issues, e.g. behaviour or learning issues;
- impact of the environment – housing/finances;
- not enough time interacting/not providing a stimulating environment;

- impact of caring responsibilities.

2.52 **Figure 2.12** provides an overview of issues reported linked to both low and high level concerns. They highlight the prevalence of issues related to secure attachments, in particular between parents and children.

Figure 2.12: Concerns about Relationships between Family Members

Low level concerns:

- *Mother's mental health issues and substance misuse are impacting upon her relationships with her children.*

- *There is little emotional warmth between mother and son.*

- *Children are spending an increased amount of time at the father's house as mum is not feeling well. Children are unsure about their length of stay. There are concerns that this increases feelings of instability and uncertainty.*

- *Mother felt professionals judged her relationship with her daughter negatively.*

High level concerns:

- *Complex chronology and case history result in high level of concern regarding parents' ability to meet children's needs, including need for secure attachment.*

- *Parents' lifestyles are chaotic due to substance misuse, resulting in a high level of unpredictability and chaos in their parenting of their child.*

- *Child has an insecure attachment with mother, which is displayed in aggressive and violent behaviour towards his mother.*

- *Children dislike stepdad and each other. They bite and fight. The eldest are violent towards the younger children. The stepdad is verbally abusive and disrespectful to mum.*

2.53 Concerns were slightly more likely to be evident in the Family Pathfinder families than the Young Carer Pathfinder families (62% compared to 51%) and were also more likely to be assessed as having higher level needs (29% of those where an issue was identified were at the highest level in the Family Pathfinders, compared to 13% in the Young Carer Pathfinders).

2.54 Positive progress was achieved through:

- **Parents successfully addressing alcohol or substance misuse**: "*Parents now able to meet children's needs. Parents now abstaining from alcohol and beginning to stick to boundaries and build trust. Mother making adult choices and is at home when she feels she needs family support.*"

- **Family group conferencing/parenting courses/family mediation**: "*Following family mediation, a positive family plan and parenting support, family relationships are stronger with a calmer atmosphere around the home.*"

- **One to one support from the Pathfinder team on family relationships**: "*Worked with the police and probation to support contact with father via prison visits. Supported the father to move into suitable accommodation following release from prison. Used rewards and sanctions around transport and contact to improve behaviour and build a solid family.*"

- **Children removed from harmful situation**: "*Child currently in local authority care and accommodated out of the area, thus does not have contact with parents.*"

2.55 Where limited progress or an escalation of need was evident, typically this was because parents did not engage in support; issues escalated; and/or more serious and complex issues were uncovered during the process of support. In many cases the result of the escalation was that the family was referred to safeguarding services.

Family Violence

2.56 **Concerns about family violence were identified for nearly half (46%) of the families supported.** Concerns were almost twice as likely to be identified for families supported by the Family Pathfinders than those supported by the Young Carer Pathfinders (57% compared to 31% of families). The evidence suggests that f**or almost three quarters (73%) of Family Pathfinder families and almost two thirds (65%) of Young Carer Pathfinder families where a concern was identified, the concerns were removed on exit from support.** Overall, for 71% of families where a concern was identified on entry, the concern was removed on exit.

2.57 In around two thirds of the families where a concern was identified on entry, family violence or abusive behaviour was regarded to be a current issue. In the remaining third, the concern related to previous experiences of domestic violence or abusive behaviour, which had a lasting impact on the family but did not present an immediate threat, but might have the potential to resurface.

2.58 The severity of issues ranged from: abusive language or aggressive behaviour, through to regular and significant episodes of violence, which had resulted in significant injury and imprisonment. The perpetrators of violence also varied. Where domestic violence was identified:

- **in around half of the families, the main perpetrator of the violence was one or more male, adult figures**, typically involving either the children's father or one or more of the mother's previous partners;

- **in around one in ten cases the mother was involved as a key perpetrator of violence**. In the vast majority of cases this was towards the children. In around 1-2%, the violence was from the mother to the father/male adult figure;

- **in around one in ten cases both parents were involved in violent or abusive behaviour**, often towards each other and sometimes also towards their children;

- **in around one in five families, the violence originated from the child/children and was directed towards the parents**, typically the mother, and sometimes involving other siblings;

- **in around one in 20 families there was significant violence between siblings;**

- **in a further one in 20 families there was evidence of all family members being involved in violence** towards each other.

2.59 **Figure 2.13** outlines how a positive outcome in relation to domestic violence was achieved.

Figure 2.13: Addressing Domestic Violence

Background: This family (mother and three children) were referred to the Pathfinder by Social Services and the courts because of domestic violence and a very serious episode in which the husband carried out an attack on his wife with a knife. The husband had been arrested and was due in court shortly before referral to the Pathfinder. Despite the seriousness of the violence, the mother was still reluctant to testify against him. She had already received support from a social worker, but agreed to additional support from the Pathfinder because they said they would support her to deal with the impact of the abuse: *"They talked of recovery from the abuse...I thought that was scary but she explained it was to help me...to understand what abuse is and to understand more how it had impacted on my kids".* (Mother)

Support: the key worker focused on supporting the mother to testify in court against her husband. She met with the mother three days consecutively, talking to her about why she should testify and the benefits for her in showing him that she was not prepared to take it any more: *"that it was not about him being punished, it was about her showing him she was not prepared to put up with him anymore"* (Key Worker). The mother and her children were also referred to a course called '*Talking Without Fear*', where they were given opportunities to share their experiences: "*We talk about our relationships and if you feel upset what you need to do and if you feel angry what you need to do – the strategies to use. When you have something like this* [domestic violence] *you feel ashamed to talk to people, but there you can say whatever you want and nobody is going to criticise you, if you want to cry you can cry it's very relieving – rather than keep it all in.*" (Mother). The father was also violent towards the eldest daughter, so the key worker offered support to her and to the mother to help encourage them to talk about it and support each other.

Outcome: The mother testified in court and the husband was convicted: "*When I thought about what you* (the Key Worker) *said I realised you were right, I needed to do it for me*" (Mother). Before the support from the Pathfinder, the mother's relationship with her children, particularly her youngest daughter, was difficult (particularly because the daughter wanted to maintain contact with her father). "*But now maybe because she saw other children with similar problems* [at the support group] *she's really changed a lot, our relationship is so fantastic*" (Mother).

In the second interview, improvements were more evident and the Mother was confident that the changes would be sustained. She had had no direct contact with the father in six months. Staff felt that support from the Pathfinder had given the mother "*the space to talk about things, not just her current situation but her family history and understanding that relationships generally are difficult for her – she has difficulties in developing trusting relationships. It was an opportunity to talk about her needs not just the kids. It also showed that she needed individual, as well as family therapy, and space to talk about anything at all ... the positive things as well*" (Key Worker). The key worker also noted that the mother now had a much "*better relationship with her children and no longer wants to put them in care ... she's not afraid to ask for*

Figure 2.13: Addressing Domestic Violence
help. She has the skills to know what to do if problems arise."
As a result of Pathfinder support the mother had also been referred for individual psychotherapy.

2.60 Domestic violence continued to be a concern in one third (32%) of families, in some cases due to the long term impact and continuing involvement with the perpetrators.

Parenting

2.61 There is a growing body of evidence in relation to the importance and impact of positive parent/child relationships on outcomes for children and young people.

Research Evidence: Parenting
Lansford[xxvi] *et al.* **report that "Parents serve an important socialisation function in the lives of children and adolescents. When parenting practices are neglectful, inconsistent, or harsh, child outcomes are often problematic". For instance, Steinberg** *et al.* **(1994)[xxvii] found that an authoritarian parenting style was associated with adolescents' having low levels of self-confidence and other internalising problems. Rueter and Conger (1998)[xxviii] found negative, inconsistent parenting to be linked to poor adolescent problem solving.**
Furthermore, Pettit *et al.*[xxix] **(2001) found low monitoring of youths' activities to be significantly associated with higher levels of 'adolescent delinquent behaviour'. Thus, young people who are recipients of negative parenting are at elevated risk for a range of maladaptive behavioural outcomes. However, the risk is far from total—many with this risk are normally adjusted". In addition, Amato and Fowler[xxx] (2002) found that with a few exceptions, parenting practices did not interact with parents' race, ethnicity, family structure, education, income, or gender in predicting child outcomes, and concluded that a core of common parenting practices appears to be linked with positive outcomes for children across diverse family contexts.**

2.62 Establishing routines and boundaries, developing parenting skills, and ensuring parents took responsibility for their children's education, was a core focus of much of the work of the intensive family support provided by the Pathfinders, particularly within the Family Pathfinders.

2.63 Practitioners were asked to indicate their concerns in relation to four key components associated with effective parenting. For each aspect, there were a greater proportion of families where a concern existed on entry amongst the Family Pathfinder families compared to the Young Carer Pathfinder families. These (and the proportion of families in which a concern was identified on entry) were as follows:

- **boundary setting and discipline** – 57% (72% of Family Pathfinder families and 38% of Young Carer families);

- **supervision of children** – 34% (38% of Family Pathfinder families and 29% of Young Carer families);

- **parents'/carers' engagement in children's education** – 28% (32% of Family Pathfinder families and 24% of Young Carer families); and

- **provision of a stimulating environment within the family** – 26% (30% of Family Pathfinder families and 21% of Young Carer families).

2.64 **Figure 2.14** shows the proportion of families where a concern was identified on entry to, and exit from support. **In relation to boundary setting and supervision of children, the evidence suggests that for over one third of the families where a concern was identified as an issue on entry, no concern was identified on exit.** Levels of improvement were almost twice as high amongst the Family Pathfinder families compared to the Young Carer Pathfinder families (i.e. boundary setting improved by 41% within Family Pathfinder families compared to 22% of Young Carer Pathfinder families). In total, 63% of this cohort experienced a positive improvement (although this is not depicted in the graph).

2.65 In around 60% of the families where practitioners identified concerns regarding parents' engagement in their children's education and the provision of a stimulating environment on entry to support, these concerns were addressed on exit from Pathfinder support, i.e. parents were engaged in their children's education and were able to provide a stimulating environment for their children within the family home.
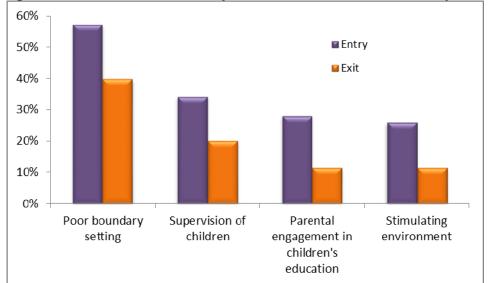
Figure 2.14: Number of Family Concerns Identified on Entry and Exit

2.66 All of the Family Pathfinders involved in direct delivery provided parenting support as a feature of their offer. In addition to intensive one-to-one support, this also included the provision of parenting programmes such as: *Strengthening Families, Triple P, Family Nurturing, and Let's Talk Challenging Behaviour*. Parents were provided with a range of strategies and techniques to manage their children's behaviour, as well as addressing their own behaviour. (See **Figure 2.15**)The use of rewards and consequences, as well as praise and behaviour management strategies, was evident. Parents valued the opportunity (via the parenting programmes) to engage in group work to share common issues and concerns, but also to share solutions. The *Strengthening Families Programme* was identified as particularly effective in supporting families because it included delivery to both parents and children.

2.67 Parenting Programmes also provided networks of support for families and there was evidence that parents continued to meet each other after the programmes finished. There were many examples of how strategies to help establish routines and boundary setting assisted parents, not only in managing their children's behaviour but also in forming stronger and more positive relationships between family members .

Figure 2.15: Pathfinders Providing Parenting Support to Address Behavioural Issues

Background: The family (two adults and three children) was referred to the Pathfinder due to the father's drinking and anti-social behaviour. They were evicted from their home because of the father's behaviour and were living in the mother's one bedroomed flat. These issues were causing stress and anxiety for all members of the family and the children's behaviour had deteriorated significantly, both at home and school.

Family Targets: Pathfinder staff and the family agreed the following targets/actions:

• introducing 'family rules', which the children were actively involved in

developing. Using rewards and consequences;

- the parents to introduce routines within the family;
- the parents to manage the children's behaviour to improve family relationships and improve school attendance;
- the mother to be consistent in parenting the children.

Parenting work: a great deal of parenting work was delivered by the key worker involving both parents. This included work focused on: boundary setting, managing the children's behaviour and how to respond to them when they were fighting:

"*We used some of the Triple P exercises. For example, if they were fighting, we used the fighting one, what to do to calm them down ... talking quietly to them, rather than shouting and reinforcing that if you speak to them quietly, you get a better response and things get better .... those exercises really help".* (Mother)

The key worker undertook work with the mother on how she responded to the children's behaviour and gave her strategies to manage their behaviour, e.g. praising the children which the mother acknowledged she had not done before, but also praising them instantly and specifically. By doing this the mother saw a totally different response from the children, which helped to calm them down "*they got that attention and feedback they wanted but in a positive way. It was all about getting the parents to realise how children respond to, and want praise, and getting mum to ignore their negative behaviour*" (Key Worker). The key worker also encouraged both parents to spend individual time with the children, particularly the middle child.

Outcomes from the parenting support: the mother said that Pathfinder staff provided her with useful strategies to use to manage the children's behaviour, for example: *"showing me different ways how to handle them ... Making sure they get up and have their breakfast before school instead of lying in bed and walking out of the house without any breakfast. Just getting them into routines and more activities"* (Mother).

The mother reported a significant improvement in her relationship with her children as a result of the support provided: *"They've calmed down a lot now ... are much better ... you wouldn't believe it".* The key worker also felt that their work had a positive impact on the father *"our intervention made the difference ... providing dad with the opportunity to talk about his feelings – dad was very angry about what people said about him and said it was all lies. Whether or not they were lies, dad felt that he had the opportunity to talk about it to someone who was not judging him".*

Resilience

2.68 The support provided to families aimed to reduce the risk of them experiencing negative outcomes. It also aimed to increase the range of protective or resilience factors (withstanding crisis and adversity) that might help them deal with problems that occur in their life. In total, twelve resilience factors were identified, covering a range of themes, including environmental factors, health and well-being, and children's education.

2.69 Developing resilience within vulnerable families, and in particular within children in those families, is critical to achieving sustainable outcomes[xxxi]. It was a key focus underpinning much of the support provided by key workers within the Pathfinders (see **Section 5** for further details). Practitioners were asked to record the number of resilience factors present within the family, both on entry to, and exit from, support. Analysis of families' resilience factors between entry and exit shows that, on entry, families had on average five resilience factors. On exit, the average number of resilience factors had increased to eight.

2.70 The evidence indicates that there was also a correlation between the prevalence of resilience factors and a lower level of family need. Families assessed on entry as having a higher level of need had fewer resilience factors than families with lower levels of need. The average number of resilience factors experienced by families at each level of need was:

- Statutory: 4.2 out of 12 possible resilience factors;
- Specialist: 5.2 out of 12 possible resilience factors;
- Targeted: 6.2 out of 12 possible resilience factors;
- Universal: 7.2 out of 12 possible resilience factors.

2.71 The three most common resilience factors present within families on entry are listed below (along with the percentage of families with these resilience factors on entry and exit):

- not engaged in offending or ASB (58% of families on entry and 70% on exit);
- health and wellbeing of children (55% on entry and 68% on exit);
- parent/carer engaging positively with agencies (53% on entry and 65% on exit).

2.72 The resilience factors that improved the most were:

- children's involvement in leisure activities;
- financial stability; and
- appropriate peer relationships.

2.73 **Figure 2.16** shows how the proportion of families with each resilience factor increased between entry and exit.
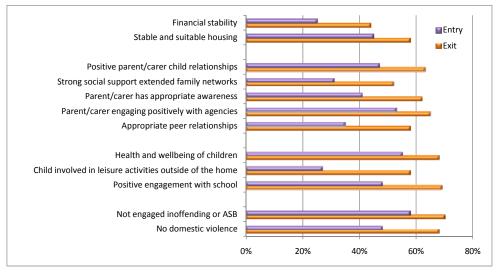
Figure 2.16: Resilience Factors on Entry and Exit from Support

Impact on Child Level Risks

2.74 Pathfinder support played a key role in addressing issues for individual family members. In this section we explore the impact of support in relation to outcomes for children and young people, including: child protection issues, levels of caring, and educational outcomes. The evidence suggests that the following key impacts identified were:

- **child protection concerns**: on entry concerns were identified for more than a quarter (26%) of children and young people (including 13% who were subject to a Child Protection Plan). On exit, there was no longer a concern for nearly three fifths (59%) of this group;

- **inappropriate levels of caring**: practitioners identified this as a concern for more than one third (37%) of all children and young people within families supported by the Pathfinders. On exit, three fifths (60%) of these children and young people showed an overall improvement in their situation and for nearly a third (32%) concerns had been addressed;

- **school attendance:** on entry to Pathfinder support, school attendance was identified as an issue for nearly a third (30%) of all children and young people (with an average school attendance of 61%). On exit from Pathfinder support, concerns about school attendance had been removed for half of this cohort.

Child Protection

2.75 Pathfinder staff were asked to identify child protection concerns, both on entry to, and exit from, support. They were also asked to indicate the level of child protection concern terms of:

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

- subject to a Section 47 Enquiry (Children Act 1989)/assessed as a child at risk of harm[xxxiii]; or

- subject to a Child Protection Plan[xxxiv].

2.76 **On entry to Pathfinder support, one quarter (25%) of children and young people were identified as having a child protection concern.** This included 13% of children and young people who were subject to a Child Protection Plan (see **Table 2.4**).

2.77 Children and young people within the Family Pathfinder families were almost twice as likely to have child protection concerns identified. Nearly a third (30%) of all children and young people from this group had a child protection concern identified on entry, compared to 17% of children and young people supported by the Young Carer Pathfinders. The children and young people were fairly evenly spread across the different age groups.

2.78 Where practitioners were able to provide additional information of the type of child protection concerns identified:

- more than a half (52%) were subject to a Child Protection Pan;

- more than a third (35%) were registered as a Child in Need;

- 14% were subject to a Section 47 Enquiry/assessed as a child at risk of harm (see **Table 2.4**).

Table 2.4: Percentage of Under 18s with Child Protection Concerns		
	Children subject to a Child Protection Concern	**Total No. of Under 18s**
	N=417	**N=1668**
Assessed as a Child in Need (as defined by Section 17 of the Children Act 1989)	35%	9%
Subject to a Section 47 (Children Act 1989) Enquiry/ Assessed as a child at risk of harm	14%	3%
Subject to a Child Protection Plan	52%	13%
	100%	25%

2.79 On exit from Pathfinder support, 59% of children and young people who had a concern identified on entry, no longer had the concern on exit[xxxv]. For those children and young people where a child protection concern was identified on entry but where this was removed on exit:

- 50% had been subject to a Child Protection Plan;

- 10% were subject to a Section 47 Enquiry/assessed as a child at risk of harm; and

- 40% were assessed as a Child in Need**.**

2.80 A total of 52% of children and young people who were on a Child Protection Plan on entry were no longer on a plan on exit from the Pathfinder. The intensive support provided by Pathfinder staff was seen as a significant contributory factor to these improved outcomes by staff, families and partner agencies. **Figure 5.13** provides an example of how this was achieved.

2.81 For the majority of children and young people where child protection concerns remained, the level of concern had not changed (see below):

- 70% stayed at the same level as on entry;

- 18% saw an escalation in concern;

- 12% saw an improvement (i.e. moved from a Child Protection Plan to being a Child in Need.).

2.82 A further 32 (2%) children and young people who did not have a child protection concern on entry to Pathfinder support, did have a concern identified on exit. Proportionally, these were slightly more likely to come from the Young Carer Pathfinders (17), than from the Family Pathfinders (15). In terms of level of risk, six (one in five) became subject to a Child Protection Plan, whilst the remaining were assessed as a Child in Need, or were subject to a Section 47 Enquiry.

Inappropriate Levels of Caring Responsibility

2.83 Helping to care for a family member is something that many young people are happy and proud to do. It helps them develop a sense of responsibility and skills they will use later in life. Taking on a caring role can strengthen family ties and build maturity and independence[xxxvi]. However, inappropriate or excessive levels of caring by young people can put their education, training or health at risk and may prevent them from enjoying their childhood in the same way as other children.

Research Evidence: Impact of Inappropriate Levels of Caring Responsibility
Young carers are particularly vulnerable to educational underachievement. It has been estimated that 27% of all young carers of secondary school age are missing school or experiencing educational difficulties. This figure rises to 40% for young carers specifically caring for someone who misuses drugs or alcohol[xxxvii].
Many young carers and young adult carers also experience difficult transitions to adulthood, work, and in their own personal lives. Research[xxxviii] has highlighted the particular issues faced by young carers in transition (aged 16 and 17 and young adult carers aged 18-24), in terms of the support available to prepare them for their 'next steps', their ability to access the same opportunities, and achieve the same outcomes as their peers.

2.84 **More than a third (37%) of children and young people supported by the Pathfinders had a caring concern identified on entry to support**. Although caring concerns were more than twice (51%) as likely to be identified for children and young people within families supported by the Young Carer Pathfinders, more than a quarter (27%) of the children and young people within the Family Pathfinder families also had caring concerns identified. Concerns about children and young people's caring role were most likely to be identified for the 10 to 17 age group. At this age, nearly half (47%) of all children and young people supported by the Pathfinders were identified as having a caring role that was having a negative impact.

2.85 The evidence suggest that on exit, 60% of those children and young people who had a caring concern identified on entry showed an overall improvement in their situation. Nearly a third (32%) of children and young people who had a concern identified on entry no longer had a concern on exit. By exit, only 3% of all children and young people were considered to have a caring role that continued to have a significant negative impact on them (high level concern).

Table 2.5: Levels of Inappropriate Caring		Entry: % of caring cohort (605)	Entry: % of U18 (1648)
Level of Concern	Description		
Low	Caring responsibilities have the potential to have a negative impact on a child or young person now or in the future	41%	15%
Medium	Caring responsibilities are impacting negatively on this child or young person e.g. limited in their free time compared to their peers	40%	15%
High	Caring responsibilities having a significant negative impact on this child or young person and may deteriorate further. E.g. children are completely isolated from peer groups, are persistently absent etc.	19%	7%
		100%	37%

2.86 Young Carer Pathfinders focused on reducing inappropriate levels of care by improving the support available to parents from both family members and support agencies, and by increasing resilience in parents and reducing need. **Figures 2.8 and Figure 5.11** provide examples of where caring roles were reduced because of whole family support provided by a Pathfinder. The main issues for which young carer families received support focused on:

- parental or sometimes sibling disabilities;
- mental health concerns in parents and young carers;
- substance misuse by parents.

2.87 Support from most of the Young Carer Pathfinders focused on:

- raising parental awareness of the impact of caring on the young carer and mediating between parents, young carers and other siblings as necessary;
- reducing the need for inappropriate and excessive levels of care being undertaken by children and young people by engaging appropriate support;
- providing support and positive activities for young carers and their families.

Educational Outcomes

2.88 Across both types of Pathfinder, a significant focus was placed on addressing educational outcomes. Schools were a key partner in the delivery of a Team Around the Family (TAF) approach. Intensive family support provided by Pathfinder staff played a significant role in building or re-establishing relationships between schools and parents. There was a key focus on tackling behaviour and attendance within school, developing understanding of factors influencing schools' view of children and helping to put in place strategies which were more appropriate for their needs, i.e. alternative curriculum, additional support, help for statements etc.

Research Evidence: Educational Outcomes
Research indicates that educational outcomes are correlated with improved attendance[xxxix], and that parental involvement in education is of crucial importance to behaviour and outcomes at school. Desforges (2003)[xl] identified a large body of evidence which points to the link between a parent's involvement in a child's learning and a child's subsequent achievement, and Sandberg and Hofferth (2001)[xli] found that parental engagement with children on playing, reading or homework has a positive effect on children's behavioural and school outcomes.
Pupils with persistent absence are often those unlikely to attain at school and stay in education after the age of 16 years. They are also significantly more likely to engage in anti-social behaviour and youth crime and are more at risk of other negative outcomes (including teenage pregnancy and drug and alcohol abuse)[xlii].

Attendance at School

2.89 On entry to Pathfinder support, school attendance was identified as an issue for nearly one third (30%) of all children aged six to 17 years. The average school attendance of this group of children and young people was 61%. On exit from Pathfinder support, concerns about school attendance had been addressed for half of the cohort. The attendance of those 15% of children and young people where concerns remained had increased to 67% on exit.

2.90 School attendance was almost twice as likely to be identified as a concern for children and young people from the Family Pathfinder families (41%) than it was for those from the Young Carer families (22%). The proportion of children and young people classed as persistent absentees was also greater within the Family Pathfinder families (25% compared to 14%). 'Persistent absence' refers to a pupil who is absent for more than 20% of all possible half days (sessions), whether authorised or unauthorised.

2.91 The evidence suggests that persistent absence appeared to be correlated with inappropriate levels of caring. A total of eight out of ten children where practitioners indicated they had high level concerns about caring responsibilities also reported that their school attendance was below 75%.

2.92 Issues within families impacting on children and young people's school attendance. The following example provides an overview of the types of support provided by one Pathfinder to ensure children and young people were supported to attend school and engage with learning.

<table>
<tr><td>Figure 2.17: Addressing Issues of School Attendance and Behaviour</td></tr>
<tr><td>

The Education Worker employed by the Pathfinder has developed links with schools who will contact him to address issues with families e.g. phoning a parent in the morning to check the children are up for school. The education worker checks children and young people's school attendance and lateness on a weekly basis and will address issues as they arise. Pathfinder staff also provide support to ensure that children are ready to engage in education e.g. prepared for school, have slept the night before etc. The key workers providing intensive support for families also played an important role in monitoring school attendance and engagement. "*It's about empowering parents to give them those skills and sometimes you have to go in and model it for them e.g. about how get the children out of the door.*" (Key Worker)

A key worker provided the following example of family she worked with where she provided support for the parent and another key worker provided support for the young person. In the previous academic year the young person's school attendance was 24% and "*between us* [key workers] *we got his attendance to more than 90% and he achieved GCSEs. He was the first person in his family to do that. Without that input he would not have had that outcome. In September he started college which he is sticking at. That is something a year ago none of us would have thought possible.*" (Key Worker)

What made the difference? "*It was about realising that no matter what we did and how much we supported mum she didn't have the skills to support her son, so it was about giving him the skills to support himself".* The key worker supporting the mother provided parenting support for her, getting her to set rewards for school attendance and positive behaviour at school so that the young person was not getting excluded all the time – although he did still have some exclusions, they were for a shorter period of time and for less serious issues. They also worked on developing a more positive relationship between the mother and the school and got the mother to attend meetings in the school as well as holding TAF meetings in the school, *"which helped mum and the head of year develop a really good relationship and the head of year took the young person under his wing and developed an interest in him. Having that significant adult involved also really helped the young person and his anti-social behaviour reduced and the* [name of *young person] has not reoffended for 15/16 months.*" (Key Worker)

</td></tr>
</table>

Exclusion from School

2.93 The impact of repeated or extended periods of exclusion from school, possibly with little alternative educational provision, is very damaging to any pupil's education and long-term life prospects[xliii].

2.94 On entry practitioner's concerns in relation to exclusion were identified for 17% of children aged six to seventeen. This comprised:

- 11% of children and young people that had previously been excluded; and

- 6% of children and young people were either in danger of being or were currently excluded from school.

2.95 On exit from support concerns in relation to exclusion were identified for 8% of children aged six to seventeen, comprising 5% that had remaining concerns linked to a previous exclusion and 3% of children and young people who were still in danger of being, or were currently excluded from school. This represents a 49% reduction in concerns relating to exclusion.

2.96 The example in **Figure 2.18** below outlines how the Intensive Family Worker tackled a concern in relation to exclusion.

Figure 2.18: Dealing with the Effects of Exclusion
Background: This young carer was excluded from school following an escalation in challenging behaviour, repeated engagement in fights and alcohol misuse on the school site. The school had limited understanding of the young person's home environment and the family felt that the school did not explore the possible causes of her behavioural issues. The father of the young person was a lone parent, and in the terminal stages of MS. The escalation of his illness coincided with a deterioration in the young person's behaviour. The family support worker started working with the family following the young person's exclusion and shortly before she was due to sit her GCSEs.
Support: The family support worker worked with the school to identify key subject areas to focus on and secure curriculum materials to support preparation for GCSEs. She obtained past papers and engaged in delivering intensive revision sessions and supporting the completion of course work. The family support worker also negotiated with the school to allow her to sit her exams.
Outcome: The young person passed four GCSEs and the key worker helped her to access a place at the local college, initially on a childcare course. Her challenging behaviour has significantly improved following one to one work with the key workers and engagement in positive activities with other family members, including her sister. Her attendance at college was over 90%, there had been a marked reduction in alcohol misuse and relationships within the family had significantly improved.

NEET

2.97 On entry 11% of all young people aged 14 to 17 were not in education, training or employment (NEET). On exit this had reduced to 6% of young people aged 14 to 17, a 48% reduction overall. Official statistics record NEET status on 16 to 18 year olds, whereas this data was collected on 14 to 17 year olds. Therefore it was not possible to compare this data to national statistics. We know that many Pathfinders supported children and young people to access education and training opportunities (see the example below). For many young people who may have not completed school it was about giving them the opportunity to access taster courses giving them opportunities to "*try different things and find something they are interested in, trying to encourage a spark in them*" (Education Worker).

Figure 2.19: Dealing with the Effects of NEET
Background: This young carer was aged 17 and came from a Lithuanian family. He was caring for his younger brother (aged 14) and took responsibility for him whilst their parents were at work. The mother suffered from depression and provided little care in the home. The young person's caring role became inappropriate when his younger brother's behaviour deteriorated at school and he also became involved in offending behaviour. The eldest son was repeatedly asked by his parents to translate for them when they were required to attend meetings with the school and the police.
Support: The Young Carer Pathfinder became involved with the family when the youngest son's behavioural issues escalated. Significant tensions already existed within the family and the relationships between all family members deteriorated, resulting in a fight between the eldest son and the father. This resulted in the young person being thrown out of the family home and made homeless. At the same time, he left school with no GCSEs.
The parents separated and the youngest son was sent to a secure unit out of the area as a result of his offending behaviour. The young person was left with no means of supporting himself, and due to his resident status/age was not entitled to any financial support, unless he was able to access an Apprenticeship.
Outcome: The young carer practitioner supported the eldest son to access a £5 daily allowance from children's services. She also intervened when it was suggested he move into a house known for its links with male prostitution. The young carer practitioner also supported the young person to make college applications, prepare for interviews and develop independent living skills. On exit from Pathfinder support, the young person secured a retail Apprenticeship, was working in a retail outlet and also working towards accessing a course in animal care. He had also re-established contact with his mother and had moved back to live with her. The young carer practitioner was the sole source of support for this young person when they were in an extremely vulnerable situation.

Impact on Child and Adult Risks

2.98 There were a number of risks that applied to both adults and children and young people. Mental health, substance misuse, offending and anti-social behaviour were key concerns that practitioners had for both adults and children.

Mental Health

2.99 Practitioners could identify two categories of mental health concern: emotional or psychological mental health concerns. Emotional mental health and wellbeing included depression and anxiety (see **Figure 2.20** for categories) and psychological mental health included manic depression, schizophrenia etc.

2.100 Concerns related to **emotional mental health** were identified for more than a third (**37%) of adults** (aged 18 and over) **and almost a third (30%) of children and young people aged 10 to 17 years**. Emotional mental health concerns were also identified for 12% of children under ten years old. The concerns were more likely to be low/medium risk for the children and young people and high/medium risk for the adults (see **Annex B** for further details on types of mental health issues experienced).

2.101 Concerns related to adult emotional mental health were similar across both the Family Pathfinder family members and the Young Carer Pathfinder family members (37% compared to 38% respectively). Concerns related to the emotional mental health of children were more commonly identified amongst Young Carer Pathfinder children aged 10 to 17 (34%) than they were amongst Family Pathfinder children aged 10 to 17 (26%).

Figure 2.20: Categories of Emotional Mental Health and Wellbeing Concern
Low level concern: Low levels of concern in relation to emotional and mental health, such as short term depression, low level anxiety.
"*Child is insecure – to be addressed through parenting support.*"
"*Child's ability to understand her fathers' illness and the impact of this on her future appears to cause her anxiety.*"
"*Mother is low in mood – she has been prescribed antidepressants but stopped taking them. She struggles to get motivated.*"
Medium level concern: Significant emotional experiences such as depression, anxiety or panic attacks.
"*Mother has anger management issues, history of self-harm and depression. Post natal depression after both children.*"
"*Mother has suffered episodically from depression, self-harm, anxiety and panic attacks. Mother has previously attempted suicide.*"
"*Concerns related to impact that caring is having on child. She is going to*

> *school anxious, texting and ringing mother, has little contact with peers outside school, taking time off school.*
>
> **High level concern: Serious and enduring emotional mental health issues.**
>
> *"Mother has serious and enduring emotional and mental health issues in part related to her substance misuse. She has frequent panic attacks, anxiety and paranoia when leaving the house."*
>
> *"Child suffering from extreme mood and behaviour changes. Unable to accept parental guidance and boundaries. Sought emotional comfort from grandfather who died last month."*
>
> *"Mother is anxious and impotent to effect change or take a parental role within this family. Suffering accusations and hostility from the father's brothers".*

2.102 **The evidence suggests that for more than half (53%) of those family members where a concern related to emotional health was identified on entry, there was an improvement in the level of concern on exit**. Concerns were removed for just over a quarter (26%) of those where a concern existed on entry. The Family Pathfinders appeared to be more effective in addressing the emotional mental health concerns of adults than the Young Carer Pathfinders. A total of 28% of Family Pathfinder adults had the concern removed, compared to 14% of Young Carer Pathfinder adults. Both types of Pathfinder saw similar levels of improvement amongst the children (28% had the concern removed).

2.103 Improvements in emotional mental health were attributed to a collective range of factors. These included: improved relations between family members; improved ability to deal with family tensions; family members accessing support via the family workers where previous referrals had been refused; and improvements in home environment and increased motivation to undertake daily tasks.

2.104 However, it should be noted that for 43% of family members there was no change in the level of concern about their emotional mental health between entry to, and exit from, the Pathfinder.

2.105 Psychological mental health (see Figure 2.21 for categories) was also identified as a concern for 17% of adults (aged 18 and over) and 8% of the 10-17 age group. Concerns were more common amongst the Young Carer Pathfinder adults (22% compared to 14% of Family Pathfinder adults) but more common amongst the Family Pathfinder children (12% of 10 to 17 year olds, compared to 4% of Young Carer Pathfinder children). Less than 1% of children aged under 10 were identified as having a psychological mental health concern. A total of 65% of people with a concern identified related to psychological mental health, also had a concern in relation to emotional mental health.

Figure 2.21: Categories of Psychological Mental Health (including Manic Depression, Schizophrenia, ADHD, Personality Disorder)
Low level concern: managed approach to psychological conditions or overcome previous problems
Medium level concern: escalating concerns in relation to psychological mental health
High level concern: severe forms of psychological mental health problem evident

2.106 On exit, concerns related to psychological mental health reduced for 50% of family members identified as having a concern on entry, and for 17% there was no longer a concern on exit. Levels of improvements were similar across the two different Pathfinder types. The evidence suggests that the reduction in the level of concern typically related to support being provided where previously there had been a gap. **Figures 2.19 and 2.20** outline how mental health issues were addressed for one family.

2.107 Overall, whilst Pathfinders have made progress in relation to addressing mental health issues, the level of improvement is less than for other areas of concern. The focus of support was to assist family members in coping with their mental health concerns more effectively and thus reducing the wider impact on other family members, in particular children and young people. These issues are explored in more detail in **Section 5**.

2.108 Other key concerns linked to emotional mental health included the ability to manage daily tasks, engagement with health professionals and personal hygiene[xliv]. For each of these, the level of concern and percentage change is presented below.

Table 2.6: Change in Other Indicators			
Concern	% of all family members with the concern on entry	% of all family members with the concern on exit	% reduction (i.e. no longer any concern on exit)
Management of daily tasks	21%	14%	31%
Engagement with health professionals	12%	6%	45%
Personal hygiene	10%	5%	44%
Activities outside the home	23%	11%	54%

Substance Misuse

2.109 Substance misuse was another common concern and was identified as a reason for referral of nearly a quarter (24%) of families across the Pathfinders. On entry:

- alcohol misuse was identified as a concern for 16% of adults and an additional 6% of 10 to 17 year olds;
- drugs misuse was identified as a concern for 11% of adults and a further 6% of 10 to 17 year olds.

2.110 Levels of concern in relation to alcohol misuse in adults were equally common across both the Family and Young Carer Pathfinders (16%). Concerns related to child alcohol misuse were greater amongst children aged 10 to 17 years old in the Family Pathfinders (9%) than they were for Young Carer Pathfinder children (2%). There was a similar pattern in relation to concerns over drugs misuse (10% of Family Pathfinder children compared to 2% of Young Carer Pathfinder children). Drugs misuse amongst adults was a concern for 13% of Family Pathfinder adults and 8% of Young Carer Pathfinder adults.

2.111 **Figure 2.21** below provides an overview of the concerns related to substance misuse.

Figure 2.21: Examples of Concerns Related to Substance Misuse
Low level concern: Low level concern: 'hazardous drinking/drug use' – no specific disorder, but regular excessive consumption/binge drinking /recreational drug taking
"*Mother admitted to giving child a drink at home to prevent her from drinking outside of the home.*"
"Mother has told me that she did use to turn to drink when she was feeling low, and has had a few drinks lately to help with the pain."
"Known use of cannabis by mother and children."

> *"Mother is on a drug treatment programme. She has always provided negative samples and states she is drugs free."*
>
> *"Children binge drink at the weekends."*
>
> **Medium level concerns: Harmful drinking/drug taking – patterns of use which are causing damage to physical or mental health**
>
> *"Father has a long standing alcohol misuse issue"*
>
> *"Mother is a recovering drug user currently reducing her dependence on Methadone."*
>
> *"Father acknowledges other people may see him as an alcoholic due to the amount he drinks, but states he is not an alcoholic."*
>
> *"Long term cannabis use - being addressed by Community Practice Nurse."*
>
> *"Mother drinks on a regular basis both when caring for children and when children at nursery. Believes drinking is social activity. Impacts on medication and physical movement."*
>
> **High level concerns: dependent drinker/drug user – psychological dependence, difficulty controlling its use despite negative consequences. Physical withdrawal likely on cessation.**
>
> "*Mum has long history of alcohol abuse. Her GP is concerned for her future life span.*"
>
> *"Child has stated she has a problem with alcohol and cannot stop once she starts drinking. She also advises her parents are both alcoholics."*
>
> *"Father is currently receiving treatment for alcohol misuse."*
>
> *"Young person possibly uses recreational drugs such as cannabis. Use of prescription drugs to take several attempted overdoses with a group of young people."*
>
> *"Father is dependent drug user with psychological dependence, difficulty controlling its use despite negative consequences. Has a prescription but does not engage and will buy off streets."*

2.112 **On exit, 58% of individuals who had experienced a concern related to alcohol on entry had seen some improvement, and a third (33%) no longer had a concern identified on exit.** The Family Pathfinders appeared to make an impact on a greater proportion of families than the Young Carer Pathfinders. For example, 39% of Family Pathfinder adults had the concern removed compared to 26% of Young Carer Pathfinder adults. The pattern was similar amongst children. The evidence suggests that improvements were typically identified to be a result of the following changes:

- **improved understanding of the impact of alcohol on the family** – "*mother is now fully aware of the impact that her alcohol use has on the children and can identify safe drinking habits*";

- **general reduction in alcohol consumption** – "*father addressed his alcohol consumption and was able to find alternate ways to relieve stress levels*";

- **reduced alcohol consumption by children following reduced family stress**– "*child drinks occasionally but not on a regular basis*";

- **individuals engaged in support/detoxification programmes** – "*father is now six months alcohol free. He has had support from the Think Family Alcohol Social Worker and has spent time in rehab. He has recently begun taking Antabuse, which shows his high level of commitment to abstaining from alcohol*".

2.113 One quarter of individuals who had a concern identified in relation to alcohol misuse also had a concern identified related to drug misuse. The issues of substance misuse were equally common across the Young Carer and Family Pathfinder areas.

2.114 In relation to drug misuse, nearly half (49%) of the family members with a concern identified showed some level of improvement and for 31% the concern had been removed. Effective strategies for reducing the level of concern included:

- **reduction in alcohol misuse supporting reduction in cannabis misuse –** "*mother has reduced her cannabis use significantly as she used alongside her alcohol use.*"

- **impact of improved understanding of the impact of drug taking** – "*mother has accessed support services but states is happy with level of use and states will not smoke cannabis around the children.*"

- **involvement in drug treatment programmes combined with strategies to maintain motivation -** "*father has given clean tests for over four months. Crime Reduction Initiative's drugs service have agreed to test father on agreed contact days via Pathfinder review meeting, and he will be aloud contact with son if clean. This has proved a very good tool and has given father a focus on what is important.*"

2.115 For many of the individuals, concerns still remained on exit albeit a lower level. This reflects the enduring impact of substance misuse and the challenge in tackling addition. However, there appeared to be greater understanding of the impact on other family members and in many cases, clear efforts to make positive changes. Maintaining these improvements will be important in ensuring other family impacts are maintained.

Offending and Anti-Social Behaviour (ASB)

2.116 On entry to support, concerns relating to offending and ASB existed for 7% and 6% of all family members respectively. For 3.5% where there was a concern about offending, there was also a concern about anti-social behaviour. Concerns about these two factors were around three times as likely to be evident in the Family Pathfinder families, than the Young Carer Pathfinder families (e.g. concerns about adult offending existed for 11% of Family Pathfinder adults and 4% of Young Carer Pathfinder adults). Concerns related to ASB amongst 10 to 17 year olds existed for 17% of Family Pathfinder children and 4% of Young Carer Pathfinder children.

2.117 Offending concerns were slightly more likely to be identified amongst the adults than the 10 to 17 year olds (8% compared to 7%) and concerns relating to ASB were slightly more likely to be identified amongst the young people (7% compared to 5%). This is likely to reflect differences in the terminology and classifications of offending for the different age groups.

2.118 **The evidence suggest that concerns in relation to offending and ASB were reduced by 41% and 48% respectively on exit from Pathfinder support**. **Figure 2.22** provides an overview of ASB concerns that existed on entry and how these were addressed through the support.

Figure 2.22: Concerns related to Offending and ASB			
Concern on entry	Concerns regarding anti-social behaviour involving home being used for drug dealing, prostitution and using	Reason improved	Mother now settled in her neighbourhood, no longer using substances and no complaints for six months regarding anti-social behaviour.
Concern on entry	Daughter engages in risk taking behaviour. Mother feels she is easily led, School feels she leads	Reason not improved	Daughter will still drink alcohol to excess and then place herself in danger as she is away from home. She can be verbally abusive when drunk

2.119 Concerns in relation to offending were varied and included offences for substance misuse, violence and assault, a history of offending with concerns about re-offending, family members currently engaged in court proceeding/serving community sentences/tagged or had previously served prison sentences and or the impact of criminal behaviour on other members of the family in particular in relation to fathers and sons.

2.120 Where concerns about offending improved, this was a result of variously: family members receiving treatment for mental illness, family members complying with probation or community orders, improved motivation to change, the impact of rehabilitation work or the offending family member being removed from the household. Where concerns had not improved or indeed escalated, this was a result of the continuing presence of offending behaviour and a lack of engagement with offers of support. In a small number of cases this resulted in prosecutions, convictions and children being taken into care.

Sustaining Impact

2.121 A total of 44 families were interviewed, both at exit from support and six months after support had ended. This included 28 families from the Family Pathfinder areas and 16 families from Young Carer Pathfinder areas.

2.122 Of the 44 families who were interviewed on exit and six months later, the evidence suggests that:

- six out of ten families (27) experienced significant improved outcomes and maintained these for at least six months;
- one in five families (9) experienced significant improved outcomes on exit but mental health issues, combined with a lack of appropriate support post-exit, resulted in re-emergence of significant issues;
- one in six families (7) only had limited improvement on exit and issues escalated further following exit, including two families where children entered the care system following exit;
- one family had children who entered the care system on exit and were still in care six months later.

2.123 Families who either did not have a positive outcome on exit or whose circumstances deteriorated post-exit were more likely to have been supported by the Young Carer Pathfinders.

Overview of the Families Interviewed

2.124 The level of need of the group of 44 families interviewed broadly reflected those reported in the analysis of 711 exited families recorded on the FPIS, reported earlier in this section (see **Annex B: Family Characteristics** for further details of the sample of all 64 families interviewed).

2.125 Seven out of ten of the families interviewed who were supported by the Family Pathfinders entered Pathfinder support requiring either statutory or specialist levels of support, compared to 68% of the exited FPIS families. The cohort of young carer families interviewed was slightly skewed to families with lower level needs (i.e. targeted rather than specialist/statutory). Almost half of the families in the sample of young carer families interviewed entered support at statutory or specialist level, compared to 62% of young carer families in the FPIS sample.

2.126 Overall the family follow-up families included slightly more families who experienced positive outcomes than those families 711 families recorded on FPIS. In total, six out of ten families interviewed had a reduced level of need on exit from support, compared to 40% of all exited families reported through the FPIS data. Reflecting the FPIS data, a reduced level of need was more likely to be achieved by the Family Pathfinders compared to the Young Carer Pathfinders.

2.127 There were some differences in the sample of families interviewed compared to all those who were exited from support. As such we consider the following findings provide a slightly more positive view of what could have reasonably be expected had we followed up all families post exit. Nevertheless, we consider it provides interesting information on potential success rates in relation to maintaining positive outcomes.

Outcomes on Exit from Support

Changes to Level of Need

2.128 Of the 44 families who were interviewed on exit and six months later, the evidence suggests that:

- six out of ten families (27) showed an improvement in their level of assessed need;
- three in ten families (14) remained at the same level of need;
- under one in ten (3) had an escalation in the level of support need required.

Improvement in Outcomes

2.129 However, the evidence indicates that a total of eight out of ten families (36) reported significant improved outcomes on exit from support, even though their overall level of assessed need might not necessarily have changed. This comprised:

- 25 that reduced their level of need;
- nine that stayed at the same level of need; and
- two that had a deterioration in level of need[xlv].

2.130 A total of one in six families (7) only experienced a limited improvement in their outcomes on exit from support. In these families, there appeared to be an improvement in general functioning (i.e. routines, relationships, attendance at school) but more enduring issues, such as substance misuse or mental health had not sufficiently improved.

2.131 One family had the children taken into care on exit from support.

Six Months after Exit

2.132 Of the 36 families who showed a significant improvement in outcomes on exit, the evidence indicates that the outcomes six months later were:

- three quarters (27) fully maintained the outcomes and continued on a positive trajectory post exit;
- one quarter (9) maintained some of the outcomes; however, significant issues were starting to emerge. Typically, this was due to the impact of mental health issues coupled with a lack of sufficient exit support.

2.133 For the seven families where only a limited improvement in outcomes was seen on exit from support, the issues had escalated significantly six months later. This included two families where children had entered the looked after system. The majority (five out of seven) of these families were supported by the Young Carer Pathfinders. The reasons for this are considered further in Section 5.

2.134 Whilst this is only a small sample, if the trends reported materialise in practice, it suggests that whole family support could be effective for over half of all families accepted for support, and potentially more if the support delivered effectively meets all family needs and sufficient post exit support is established. Given the complexity of the issues facing the families on entry to support, we consider the evidence suggests that the support delivered by the Pathfinders had a significant positive impact on families. In the next section, we go on to consider the economic benefits of the Pathfinders.

3   COSTS AND BENEFITS: A SOCIAL RETURN ON INVESTMENT APPROACH

INTRODUCTION

3.1   As part of the overall Family Pathfinder evaluation, York Consulting undertook an economic assessment of the activity of the Family Pathfinders.

3.2   The methodology chosen to conduct the assessment was based upon a Social Return on Investment[xlvi] (SROI) approach. This methodology was chosen for three reasons:

   (i)   the language and methodology of SROI was, in our opinion, likely to elicit engagement and understanding from the Family Pathfinders;

   (ii)   the methodology provides a means to capture the full benefits and costs of projects and our *a priori* belief was that, especially for costs, there may be elements that were not accounted for simply by the Family Pathfinders individual budgets. However in practice, to maintain a conservative and rigorous position on the benefits, many of the softer societal benefits where not monetised or quantified. It therefore essentially presents a 'Fiscal Return on Investment';

   (iii)   a SROI analysis incorporates a more formal evaluation framework. We believed that this would be beneficial to Pathfinders who were looking to have some form of individual evaluation.

3.3   The analysis presented in this section is an aggregation of the individual assessments generated for eleven of the Family Pathfinders and the Young Carer Pathfinders[xlvii].

3.4   There is uncertainty around the monetary value of some of the costs of the Pathfinders and also in the benefits the Pathfinders have achieved, including how long these are maintained. In order to account for this, three scenarios were generated to explore the likely range of plausible costs and benefits:

   (i)   the *optimistic scenario* uses the lowest plausible estimates of resource use and costs and the highest plausible estimates for the benefits achieved;

   (ii)   the *pessimistic scenario* uses the highest plausible estimates of resource use and costs and the lowest plausible estimates for the benefits achieved;

   (iii)   the *base scenario* uses either the mid-point of plausible estimates for both costs and benefits or the value for which there is the strongest evidence to support. Where only a high and low estimate was available with no evidence to support one or other value then that value which produced the most conservative estimate was chosen.

3.5   Whilst the actual costs, benefits and subsequently calculated returns on investment can with confidence be said to lie between the pessimistic and optimistic scenarios, given how the base case is generated it can be interpreted as our conservative 'best guess' of the actual costs, benefits and returns.

A Social Return Approach

3.6 A Social Return on Investment investigation has the following methodological stages:

- **a Theory of Change mapping;**
- **measurement of costs involved in the Pathfinder;**
- **estimation and valuation of benefits;**
- **synthesis of findings with estimation of economic ratios.**

Theory of Change

3.7 The Theory of Change is a process to understand the changes required for a project to achieve its objectives. It seeks to challenge a project on whether the changes required for the project to meet its objectives are sufficient and likely to happen. It also specifies:

- **assumptions underlying why the changes are required** and what they are expected to achieve;
- **'interventions' required to achieve a change** and the resources required for interventions;
- **indicators to show whether, and to what level, the changes have occurred**.

3.8 The Theory of Change is a useful evaluation tool, allowing criteria for success to be identified and synthesising available evidence to understand why a project has been successful or unsuccessful. In the absence of a control group, it is a useful means to build a testable logic model to underpin a narrative of why success evidenced can be attributed to a project.

3.9 As part of a Social Return on Investment analysis, the Theory of Change establishes a basis to fully understand the resources deployed in a project, as well as the project's direct and indirect benefits.

3.10 During the summer of 2009, workshops were held with all the Pathfinder areas engaged in this part of the evaluation. 'Change maps' (i.e. a diagrammatic representation of the linkages between the changes required to achieve the desired outcome) were produced for all areas, as well as indicators of change, details of interventions and their potential costs. An anonymised example of a change map is presented in **Figure 3.1**.
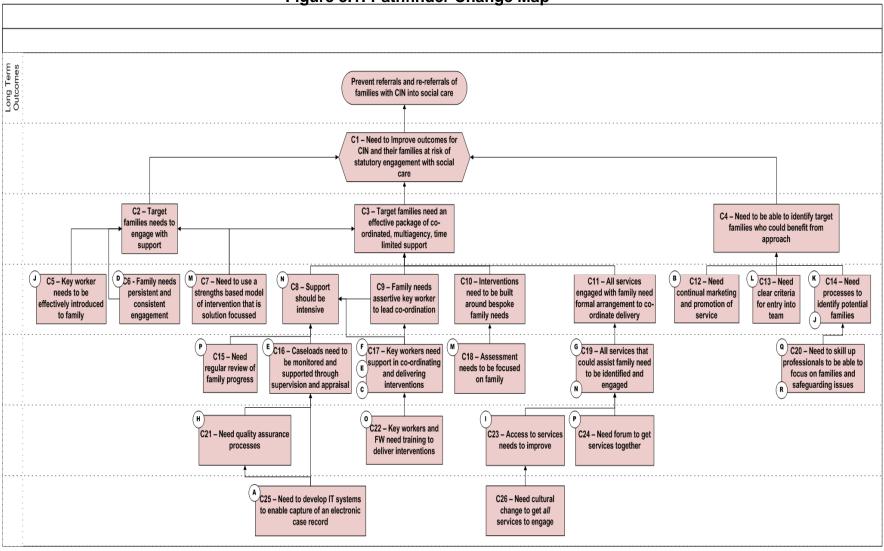
Figure 3.1: Pathfinder Change Map

3.11 Individual SROI reports were produced for each of the Pathfinder areas and set out in detail the change maps, the narrative explaining why the identified changes were required, and the evidence found in the evaluation as to whether the changes were achieved. Specific themes emerging from these reports are addressed elsewhere in this final evaluation report and so, to avoid repetition, are not discussed in this section.

Measurement of Pathfinder Costs

3.12 Following the Theory of Change exercise, a range of interventions (e.g. the introduction of a new assessment, marketing or the establishment of a new team) were specified as necessary to deliver the changes identified for each Pathfinder. It is from these interventions that the costs of the Pathfinder were generated. A summary of the total costs in each Pathfinder and an estimation of the cost per family supported are set out in **Table 3.5** for each of the three cost scenarios.

Estimation and Valuation of Benefits with SROI Ratios

3.13 Specific benefits linked to the Pathfinders' models of delivery identified through the Theory of Change exercise can be split into:

- **those that can be quantified monetarily**;
- **those that can be measured but have no monetary value**; and
- **those that can only be described**.

3.14 Details of the monetary benefits associated with the Pathfinders are discussed later in this section. Our analysis deviates from a typical SROI framework in that we have focused on the fiscal or public purse benefits of the Pathfinder. This 'Fiscal Return on Investment' approach was taken as we believe that the evidence is strongest for public purse savings for the outcomes for which we had evidence. Also, as we believe that potential fiscal savings – whilst not necessarily 'cashable' - are the savings that are most relevant for local decision makers at times of fiscal pressure.

3.15 We then go on to discuss the ratios which combine the costs and monetised benefits of the Pathfinders' work. SROI ratios are a means of describing a project's potential monetised return for every £1 of resource spent on the project.

3.16 The non-monetary benefits of the Pathfinders (to the families, agencies and LAs involved) are discussed elsewhere in the remainder of this evaluation report.

3.17 In estimating both costs and benefits the assumptions adopted we feel are conservative. As such, we hope that our findings, especially where positive, are robust and will stand up to scrutiny and challenge.

Measurement of Costs

3.18 The Theory of Change exercise revealed that the majority of costs for each Pathfinder were based on accounting or direct costs. These include:

- **staff costs;**

- **training costs;**
- **costs to develop assessments;**
- **management costs;**
- **costs to promote the service.**

3.19 These costs were included in the accounted budgets that areas had allocated to each of the Pathfinders and were gathered through contact with finance departments in LAs. The value of each individual cost item was not disaggregated as this was not required for the SROI analysis.

3.20 A summary of the total direct costs in each Pathfinder area is shown in **Table 3.1**.

| Table 3.1: Total Direct Costs ||
Family Pathfinders	Direct Expenditure
Area A	£1,592,998
Area B	£2,525,282
Area C	£1,233,343
Area D	£1,720,000
Area E	£779,647
Area F	£708,240
Area G	£2,550,000
Total	*£11,109,510*
Young Carer Pathfinders	
Area H	£223,000
Area I	£155,350
Area J	£399,000
Area K	£119,500
Total	*£896,850*

3.21 A significant additional cost in all Family Pathfinder areas and in one of the Young Carer's Pathfinders was the cost of supplementary support provided for families by external agencies as part of a coordinated package of support. This cost was lower where the Pathfinder team was multidisciplinary in nature.

3.22 A statistical mapping exercise was undertaken to identify which external agencies were working with the Pathfinders; the number of families external agencies provided support to (including work that commenced prior to the Pathfinder); and the number of hours of external agency support provided whilst the Pathfinder supported a family.

3.23 The 'Unit Costs for Health and Social Care 2010' produced by the Personal Social Services Research Unit (PSSRU) at the University of Kent[xlviii] were applied to estimate the costs of external agency support.

3.24 For some professions and/or agencies an estimate from the PSSRU was not available. In these cases, the unit costs of a similar profession were used. Where a similar profession could not be found, a flat rate of £30 an hour was used to cover all scenarios. This is the rate of an hour's clinic time for a range of community based therapists, such as speech and language, or occupational therapists.

3.25 The PSSRU provide estimates of unit costs for staff within health and social care by dividing the total costs of employing a member of staff for a year by the total number of hours they worked in that year. The total number of hours worked in a year is a function of three different cost assumptions:

(i) *Total contracted hours***:** the total number of hours a member of staff is contracted to work, which provides the lowest unit cost;

(ii) *Total hours in client related wor*k**:** the total number of hours allocated to undertaking work which is directly client focused. This is an individual's total contracted hours minus the hours they spend on non-client focused work, such as in training, supervision and meetings. This provides a unit cost which is higher than if all the individual's contracted hours are included in the calculation;

(iii) *Total hours of client facing work***:** the total number of hours a member of staff spends working directly, face to face, with clients. This is likely to be substantially fewer hours than both 'contracted hours' and 'hours in client related work', which means that the unit cost can be substantially higher than the other two unit costs.

3.26 Given there are three potential cost per hour options for each member of Pathfinder staff, there must also be three potential costs for the external agencies that have provided support.

3.27 The mapping also generated two different estimates for the additional support provided:

- **support that pre-dated Pathfinder involvement** and continued whilst the Pathfinder was working with the family (providing the largest estimate of support);

- and **support that was only provided when the Pathfinder became involved** with a family (providing the smallest estimate of support).

3.28 These two estimates are incorporated into the scenario analysis mentioned at the start of this chapter with the different estimates of unit costs from the PSSRU as follows:

- *Optimistic scenario***:** additional support that was provided only when the Pathfinder started working with the family. Unit costs for external support were based on total contracted hours (the lowest estimate of unit costs);

  *Base scenario***:** all additional support provided whilst the Pathfinder was working with the family, regardless of whether that support predated Pathfinder involvement. This was chosen for the base case as we believe that all coordinated support provided to a family was provided to families to achieve change and so should be included. Unit costs for external support were based on total hours of client related work (the mid estimate of unit cost) where available, and total contracted hours where this was unavailable.

- **_Pessimistic scenario_:** all additional support provided whilst the Pathfinder was working with a family regardless of whether that support pre-dated Pathfinder involvement. Unit costs based on total hours of client facing work (the highest estimate of unit costs) where available and cost of client related work or contracted hours where this was unavailable.

3.29 As an illustration, **Table 3.2** presents an overview of the information collected and associated costs for the three cost base scenarios for Area E Family Pathfinder based on the 90 families they estimated they supported until the end of March 2011.

Table 3.2: Estimates of the Cost of Additional Agency Support to Pathfinder Families (Area E)					
Agency/Professional	Total Hours Provided Optimistic Scenario	Total Hours Provided Base & Pessimistic Scenario	Optimistic Cost	Base Cost	Pessimistic Cost
Adult Social Worker	0	0	£0	£0	£0
ASB (Anti-Social Behaviour)	0	128	£0	£3,840	£3,840
CAB (Citizens Advice Bureau)	0	0	£0	£0	£0
CAMHS (Child and Adolescent Mental Health Services)	164	204	£5,236	£11,016	£13,668
Children's Social Worker	1066	2366	£31,992	£92,276	£338,346
Clinical Psychologist	80	93	£2,720	£7,187	£7,187
Connexions	56	93	£1,736	£2,877	£2,877
Councillor	18	21	£693	£809	£809
Debt Councillor	30	36	£930	£1,116	£1,116
Domestic Violence	122	209	£3,655	£6,277	£6,277
EWS (Education Welfare Service)	236	237	£7,082	£7,097	£7,097
Family Worker	48	136	£1,104	£5,304	£5,304
Family Group Conferencing Service	36	156	£828	£6,084	£6,084
Health Visitor	8	27	£252	£2,288	£2,766
Housing	4	4	£112	£124	£124
Job Centre	140	131	£4,352	£4,074	£4,074
Mental Health (other)	45	58	£1,716	£2,228	£2,228
Police	333	720	£9,990	£21,600	£21,600
Probation/YOT (Youth Offending Team)	0	24	£0	£720	£720
Substance Misuse/DAAT (Drug and Alcohol Action Team)	9	12	£293	£372	£372
Voluntary Sector Engagement	0	0	£0	£0	£0
YISP (Youth Inclusion Support Panel)	0	0	£0	£0	£0
Youth Service	0	0	£0	£0	£0
TOTAL	2,395	4,655	£72,691	£175,288	£424,488

3.30 Pathfinders were also asked whether staff worked beyond their contracted hours. However, only one Young Carer Pathfinder stated that this occurred. Two areas also included costs of Pathfinder management attending steering group meetings, but this accounted for less than 1% of all costs.

3.31 **Table 3.3** summarises the indirect costs of each Pathfinder (from commencement, to the end of March 2011) for each of the three cost scenarios. For three of the Young Carer Pathfinders there was no additional support coordinated in any way by the Pathfinder and as such the indirect costs were the same for all three scenarios (in two of these cases the indirect costs were zero).

Table 3.3: Indirect Cost Scenarios			
Family Pathfinders	**Pessimistic**	**Base**	**Optimistic**
Area A	£316,896	£255,902	£97,335
Area B	£392,700	£339,415	£152,553
Area C	£421,950	£164,970	£26,184
Area D	£245,227	£126,925	£44,509
Area E	£424,488	£175,287	£72,691
Area F	£92,155	£57,921	£16,675
Area G	£363,360	£98,280	£75,600
Total	*£2,256,776*	*£1,218,700*	*£485,547*
Young Carer Pathfinders			
Area H	£0		
Area I	£0		
Area J	£56,000		
Area K	£205,902	£122,652	£47,948
Total	*£259,902*	*£176,652*	*£101,948*

Number of Families Supported and Costs per Family

3.32 Combining the indirect and the direct costs provides an estimate of the total costs of the Pathfinders. What is of interest for the SROI analysis is the cost per family, and for this, an estimate of the number of '**completed**' families each Pathfinder supported was required. In some cases this was straightforward because the Pathfinder had stopped supporting families or planned to complete supporting all families before the end of March 2011. However, in most cases an estimate of the number of 'completed' families had to be made. This was calculated based on the number of open families and the average length of time the Pathfinder supported families.

3.33 For example, assume a Pathfinder had completed supporting 50 families and had 12 open cases at the end of December 2010. The 12 open cases had been supported for an average of six months. If the Pathfinder supported families for an average of 12 months then 75% of the support for these families would be completed by the end of March 2011. The support provided to these families will be the equivalent to the support provided to nine families to completion. Thus, the number of complete 'equivalent' families the Pathfinder will have supported to the end of March 2011 would be estimated to be 59.

3.34 The number of complete 'equivalent' families each Pathfinder was estimated to have supported until the end of March 2011, along with the unit cost per family (based on the three possible cost scenarios), is summarised in **Table 3.4**.

Table 3.4: Total Cost Per Family				
Family Pathfinders	**Total 'Equivalent' Families**	**Pessimistic**	**Base**	**Optimistic**
Area A	36	£53,053	£51,358	£46,954
Area B	208	£14,029	£13,773	£12,874
Area C	63	£26,274	£22,195	£19,992
Area D	59	£33,309	£31,304	£29,907
Area E	90	£13,379	£10,610	£9,470
Area F	45	£17,787	£17,026	£16,109
Area G	140	£20,810	£18,916	£18,754
Total	*641*	*£20,852*	*£19,233*	*£18,089*
Young Carer Pathfinders				
Area H	54	£4,130		
Area I	46	£3,107		
Area J	100	£4,530		
Area K	45	£7,231	£5,381	£3,721
Total	*245*	*£4,671*	*£4,331*	*£4,026*

3.35 As three of the Young Carer Pathfinders had no indirect costs or indirect costs that did not vary by scenario, the total costs per family are the same across the three scenarios.

3.36 It is noteworthy that the unit cost per family for the Family Pathfinders was almost five times higher, in the base scenario, than for the Young Carer Pathfinders. This is a reflection of the different nature of the models of support employed by the Young Carer Pathfinders discussed elsewhere in this evaluation report.

3.37 It should also be noted that the direct cost values we have used incorporate a range of activities, such as training, that relate to direct expenditure for the Pathfinder but do not necessarily reflect direct expenditure on families. However, we have taken the view that any activities funded by the Pathfinder were directly relevant to the support they were able to offer families, even if the cost of the activity cannot be linked to an individual family.

3.38 Thus, our estimate of direct cost can be regarded as a '**top down**', rather than a '**bottom up**' estimation. The latter would have measured the specific time spent by practitioners on different activities and then applied a cost to this time. The top down estimation includes expenditure on all activities relating to families supported, even those that cannot be attributed to a specific family such as training, so is likely to be higher than a bottom up estimation. As such our cost per family is potentially an overestimate. We accepted this as it fits into the 'realistic' and robust approach to the analysis that we have adopted.

Ongoing Costs

3.39 The costs that we have discussed so far are the total costs incurred by each Pathfinder since inception. As a result these costs also include '**set up**' or '**fixed**' costs. Only one area was able to begin working with families immediately (as part of an existing team that was already working with families in a 'Think Family' way).

3.40 The unit costs per family based upon the total costs since inception are useful in understanding the total scale of investment within a family and therefore the social return on the total investment made. However, for decisions to be made about the continuation of funding it is more useful to consider the ongoing unit cost and to treat the start-up costs as sunk costs that can be excluded from the analysis. In this case the unit cost can be calculated by dividing the total number of families supported in a year by the annual costs incurred by the Pathfinder.

3.41 For each area we calculated the number of '**equivalent**' families the Pathfinders supported or were predicted to support in their last full year of activity. The ongoing cost was taken to be the costs incurred (direct and indirect) in either: the 12 months to the end of March 2011, or expenditure in the last 12 months when operating at full capacity, if the Pathfinder was no longer operational.

3.42 There are two Pathfinders where the ongoing per family cost was slightly higher than the total per family cost. This is because they supported fewer families in the last year than in previous years.

3.43 The ongoing cost per family, for the three cost scenarios, is shown in **Table 3.5**.

Table 3.5: Ongoing Cost Per Family				
Family Pathfinder	**Annual 'Equivalent' Families**	**Pessimistic**	**Base**	**Optimistic**
Area A	25	£37,045	£35,351	£30,947
Area B	100	£14,089	£13,833	£12,935
Area C	32	£20,877	£16,798	£14,595
Area D	20	£33,309	£31,304	£29,907
Area E	40	£12,219	£9,450	£8,310
Area F	20	£14,298	£13,537	£12,621
Area G	50	£23,895	£22,002	£21,840
Total	*287*	*£19,647*	*£18,047*	*£16,757*
Young Carer Pathfinder				
Area H	50		£3,560	
Area I	40		£2,094	
Area J	50		£3,760	
Area K	40	£6,625	£4,775	£3,115
'Total	*180*	*£3,971*	*£3,560*	*£3,191*

Estimation of Monetary Benefits

3.44 As part of the wider evaluation, practitioners were asked to provide data on families when they began support with the Pathfinder ('entry'); during support with the family; and when the Pathfinder stopped supporting the family ('exit'). The 'entry' and 'exit' data included an assessment by practitioners on family outcomes and behaviours and whether the practitioner had a concern that these were/were not being achieved or exhibited at entry and exit. This information was recorded on York Consulting's online Family Pathfinder Information System (FPIS) database.

3.45 For a number of outcomes the concern was recorded as 'low', 'medium' or 'high' against defined, largely objective criteria; whilst for others practitioners were simply asked whether a concern existed or not. These questions allowed change and improvement in family outcomes during the time the Pathfinder supported the family to be observed and measured.

3.46 For 12 of the outcomes considered there were cost savings to the public purse that could be readily identified in the published literature.

3.47 It is accepted that without a counterfactual there is limited evidence whether the changes observed would have occurred without Pathfinder support. However, some evidence on causality is available as practitioners were asked whether they thought the change in outcome observed was wholly or partly due to Pathfinder activity.

3.48 In order to translate the change in concern practitioners had observed into avoided, costed negative outcomes, a number of assumptions had to be employed. A major consideration in making these assumptions was that the analysis should produce results that are as 'cautious' as is plausible. Where criticism is levelled at the analysis, it should be that we have underestimated the potential benefits rather than produced an over estimate. The following assumptions were employed:

- **only those families on entry who were considered by practitioners to be 'high' or 'medium' risk of experiencing a specific outcome, and who were then considered to be at 'low' or 'no risk' at exit were included in the analysis**;

- **outcomes were only considered for inclusion where there was robust, preferably peer reviewed, evidence of their costs to the tax payer**. All cost estimates were therefore taken from literature or derived from the **DfE Negative Costing Tool**[xlix] with only costs that have a direct impact on public finances being included. This shifts from a standard SROI analysis, as the wider costs to the individual and society are not considered, but it ensures the analysis is as conservative as possible and the results are as relevant as they can be to budget holders and commissioners;

- **only include in the analysis changes in outcomes where the practitioner reported they were wholly or partially due to the Pathfinder**;

- **avoided outcomes and associated costs avoided are independent of each other**. For example, whilst avoiding becoming a teenage parent has associated cost savings linked to a reduction in likelihood of being NEET, only those costs directly attributable to teenage pregnancy are considered;

- **in all but one area the FPIS data covers all families who were accepted for support. In this area, data was provided on every third family accepted for support.**

3.49 A separate overarching assumption required to make the analysis feasible was that any deterioration in outcome or concerns observed at exit and not at entry are considered to be independent of Pathfinder activity. This assumption is strong and could be challenged, specifically for an outcome such as domestic violence where it is plausible that inappropriate or insensitive support could exacerbate a situation. However, it is a matter for debate whether it is the support which 'causes' such deterioration in behaviour and in any case there was no evidence found in the wider evaluation that this had occurred in any of the Pathfinders.

3.50 There are two broad types of avoided cost considered in the analysis:

- **the first** is the associated cost saving for avoiding outcomes that can be observed to have an immediate cost or a cost that could be expected to be realised within a year ("one year public purse savings"). This covers ten of the 12 outcomes in our analysis and with the exception of teenage pregnancy – which is a risk of an outcome – the outcomes can be interpreted as being observed by practitioners and experienced by families;

    These costs can be regarded as those most likely to generate a saving to a specific organisation that could potentially be **cashable**. If the negative outcome continues to be avoided for more than one year then costs avoided would also increase. However, to keep our analysis conservative we assume that only one year's costs are avoided, i.e. the Pathfinder intervention when successful has a persistence of only one year;

- the **second type of cost** saving is that associated with the removal of a negative outcome for children when they reach adulthood and over the course of their life from that point and would not be observed potentially for some time. This saving, whilst still to the taxpayer or public purse, is the Net Present Value[I] of the costs over a lifetime and therefore it is more difficult to see how these savings could be realised, particularly in the short run ("**lifetime savings**"). They could however still be relevant for 'cashability' for those with a longer run central government perspective.

3.51 Estimates of total potential cost savings from the Pathfinder based on practitioners' reported reduction in concern derived from the FPIS database are presented in **Tables 3.6 and 3.7**. Table 3.6 considers findings for the seven Family Pathfinders and Table 3.7 for the four Young Carer Pathfinders.

3.52 Data were available on 283 of the 641 completed or 'equivalent' families supported by the Family Pathfinders; and 160 of the 245 completed or 'equivalent' families supported by the Young Carer Pathfinders. The estimated cost savings in these tables should not be interpreted as the savings generated by the Pathfinder and cannot be quoted as such. Rather, the tables are a step in the analysis required to generate the actual financial return per family and also highlights where potential savings are produced. The meanings of different levels of risk for different outcomes and the sources of the different costs for each outcome are provided in **Annex D**.

3.53 **Table 3.6** shows that for the 283 Family Pathfinder families recorded on FPIS the maximum financial benefit, assuming all high or medium concerns lowered or removed resulted in outcomes averted, was **£13,768,691**. Of this, **39% of the savings are generated from lifetime savings and 61% are annual public purse savings**.

Table 3.6: Total Potential Monetary Benefits for the 283 Families in FPIS from the Family Pathfinder Sites					
Adverse Outcome	Number with high or medium concern at entry	Numbers with change to low or no longer a concern at exit	Associated Cost Savings per Individual (£)	Associated cost savings assuming all concerns removed result in outcomes averted (£)	Primary Beneficiary
Lifetime Savings					
Truancy (<18)	138	94	44,468	4,179,992	-
NEET (14-20)	23	11	104,000	1,144,000	-
Total lifetime savings	-	-	-	*5,323,992*	-
One Year Public Purse Savings					
Teenage pregnancy (<18)	27	12	7,939	95,268	NHS/Benefits agency
Youth offending (<21)	48	34	100,000	3,400,000	Prison service, criminal justice system
Adult offending (>20)	34	12	25,500	306,000	Prison service
Entry into care system (<18)	119	54	40,248	2,173,392	Children's services
Mental health (all ages)	110	58	6,562	380,596	NHS
Unemployment (>17)	349	29	5,934	172,086	DWP/Benefits Agency
Alcohol misuse (all ages)	55	34	2,196	74,664	NHS/Police
Drugs misuse (all ages)	55	26	13,626	354,276	NHS/Local authority/Police
Anti-social behaviour (all ages)	63	42	5,350	224,700	Local authority/Police
Domestic violence (families)	174	117	10,801	1,263,717	Criminal justice system/Police/NHS
Total one year public purse savings				*8,444,699*	

Lifetime plus one year public purse savings	13,768,691

Adverse outcome	Number with high or medium concern at entry	Numbers with change to low or no longer a concern at exit	Associated Cost Savings per Individual (£)	Associated cost savings assuming all concerns removed result in outcomes averted (£)	Primary Beneficiary
Table 3.7: Total Potential Monetary Benefits for the 160 Families in FPIS from the Young Carer Pathfinder Sites					
Lifetime Savings					
Truancy (<18)	33	13	44,468	578,084	-
NEET (14-20)	4	0	104,000	0	-
Total lifetime savings	-	-	-	**578,084**	-
One Year Public Purse Savings					
Teenage pregnancy (<18)	5	0	7,939	0	NHS/Benefits agency
Youth offending (<21)	13	6	100,000	600,000	Prison service, criminal justice system
Adult offending (>20)	6	0	25,500	0	Prison service
Entry into care system (<18)	30	6	40,248	241,488	Children's services
Mental health (all ages)	36	13	6,562	85,306	NHS
Unemployment (>17)	175	8	5,934	47,472	DWP/Benefits Agency
Alcohol misuse (all ages)	30	4	2,196	8,784	NHS/Police
Drugs misuse (all ages)	12	1	13,626	13,626	NHS/Local authority/Police
Anti-social behaviour (all ages)	11	4	5,350	21,400	Local authority/Police
Domestic violence (families)	34	14	10,801	151,214	Criminal justice system/Police/NHS
Total one year public purse savings				*1,169,290*	
Lifetime plus one year public purse savings				**1,747,374**	

3.54 **Table 3.7** shows that for the 160 Young Carer Pathfinder families recorded on FPIS the maximum financial benefit, assuming all high or medium concerns lowered or removed resulted in outcomes averted, was **£1,747,374**. Reflecting the findings for the Family Pathfinder areas, **33% of the savings are generated from lifetime savings and 67% are annual public purse savings**.

3.55 The above findings relate to the total benefits for families in FPIS, assuming that all concerns removed resulted in outcomes being averted for at least a year. Without tracking families through for the year following exit from the Pathfinder it is not possible to know whether the removal of a concern resulted in the outcome not being experienced ("conversion of effect"). The family follow-up interviews undertaken as part of the evaluation provide some evidence in this area. The number of completed interviews was too small to provide a reliable estimate of conversion of effect, but did suggest that not all families were maintaining improved change on exit at six months after exit. This is mitigated to some degree by only focusing on cost savings in the first instance for one year.

3.56 In order to further account for the uncertainty around conversion of effect, scenario analysis was used. Conversion rates for the optimistic, base and pessimistic scenarios were as follows:
- *Optimistic scenario: 100%;*
- *Base scenario: 75%;*
- *Pessimistic scenario: 50%.*

3.57 A 75% conversion ratio in the base case was chosen as the preferred option, reflecting the findings from the family follow-up interviews that showed that around 40% may not have been maintaining all the improvements in outcomes observed six months after exit. Improvements in outcomes recorded whilst the Pathfinder was working with a family have been excluded from our analysis. Given this, a base conversion of 75% was concluded to be conservative estimate.

3.58 The optimistic scenario conversion rate of 100% is justified as it produces a natural upper boundary. Evidence from family follow-up is that conversion rates of 100% are rarely seen. However, it is plausible that some families maintain outcomes for longer than one year past exit and generate savings that we have ignored. As such, the optimistic scenario conversion rate of 100% is in our opinion justified.

3.59 Given the conservative bounding of benefits at one year and evidence from the family follow up, a realistic conversion rate for the pessimistic scenario was set at 50%.

3.60 As illustration, an example of what this means in practice is provided. Assuming a Pathfinder had 100 children where the concern for offending had moved from high or medium on entry to low or no concern on exit. In the optimistic scenario it is assumed that all 100 of these children did not offend. In the base scenario 75 of these children did not offend and in the pessimistic scenario only 50 of the 100 did not offend.

3.61 The estimated cost savings per family under the three scenarios and for each type of Pathfinder is presented in **Table 3.8. This shows that for the Family Pathfinders the financial benefits per family ranges from £24,326 to £48,653 and for the Young Carer Pathfinders is between £5,461 and £10,921**.

Table 3.8 Potential Cost Savings from Avoided Negative Outcomes Under Three Scenarios		
Scenario	**Costs avoided per family – Family Pathfinders**	**Costs avoided per family – Young Carer Pathfinders**
Optimistic	£48,653	£10,921
Base	£36,489	£8,191
Pessimistic	£24,326	£5,461

3.62 **Table 3.9** shows the potential savings per family across the 11 areas included in the analysis. This reveals the marked variation there is between areas in terms of the potential savings generated. In the base scenario, for the Family Pathfinder areas the cost saving per family for six areas was over £20,000, but it ranged from £10,043 to £78,553. For the Young Carer Pathfinders, in the base scenario the savings per family ranged from a little over £3,500 but for one area was over £15,000.

3.63 As will be discussed in the next section, these differences in savings are primarily due to the difference in complexity and severity of need of families supported and therefore the difference in change that could potentially be achieved.

Table 3.9: Cost Saving Per Family			
Area	**Optimistic Scenario**	**Base Scenario**	**Pessimistic Scenario**
Family Pathfinders			
Area A	£69,323	£51,992	£34,662
Area B	£29,044	£21,783	£14,522
Area C	£13,390	£10,043	£6,695
Area D	£89,156	£66,867	£44,578
Area E	£41,628	£31,221	£20,814
Area F	£104,737	£78,553	£52,369
Area G	£50,307	£37,730	£25,153
Young Carer Pathfinders			
Area H	£4,772	£3,579	£2,386
Area I	£20,641	£15,481	£10,320
Area J	£10,240	£7,680	£5,120
Area K	£4,843	£3,633	£2,422

Social Return on Investment Ratios

3.64 Combining the costs per family estimated in Table 3.7 with the benefits per family estimated in Table 3.8 allows us to estimate the financial return for every £1 of resource dedicated to supporting families. This is known as the Social Return on Investment ratio.

3.65 **Table 3.10** shows the SROI ratios for expenditure since inception against the cost and benefit scenarios**.** The pessimistic scenario therefore has the highest estimated total costs and the lowest estimated benefits, whilst the optimistic scenario has the lowest estimated costs and highest estimated benefits. The base scenario adopts the base costs and benefits.

Table 3.10: SROI Ratios for Total Expenditure on Pathfinders Since Inception			
	SROI ratios		
Area	**Optimistic Scenario**	**Base Scenario**	**Pessimistic Scenario**
Family Pathfinders			
Area A	1.48	1.01	0.65
Area B	2.26	1.58	1.04
Area C	0.67	0.45	0.25
Area D	2.98	2.14	1.34
Area E	4.40	2.94	1.56
Area F	6.50	4.61	2.94
Area G	2.68	1.99	1.21
Total	*2.69*	*1.90*	*1.17*
Young Carer Pathfinders			
Area H	1.16	0.87	0.58
Area I	6.11	4.58	3.06
Area J	2.26	1.70	1.13
Area K	1.30	0.68	0.33
Total	*2.71*	*1.89*	*1.17*

3.66 Table 3.10 indicates that taking total expenditure, the SROI ratio for the Family Pathfinders in the base scenario is **1.90** and for the Young Carer Pathfinders is **1.89**. **This means that for every £1 spent since inception the Family Pathfinders have generated £1.90 in savings from avoided negative outcomes, and the Young Carer Pathfinders have generated £1.89 in savings**.

3.67 In the base scenario six of the seven Family Pathfinders had SROI ratios greater than one, indicating that they were generating a return from avoided negative outcomes that more than offset their costs. Two of the four Young Carer Pathfinders had SROI ratios greater than one in the base scenario.

3.68 The scenarios analysed suggest that, depending on the cost and outcome assumptions adopted, the SROI ratio for the Family Pathfinders could be as low as 1.17 or as high as 2.69. For the Young Carer Pathfinders the ratio could be as low as 1.17 or as high as 2.71.

3.69 **Table 3.11** shows the estimates of the SROI ratios in the three scenarios considering the ongoing costs per family rather than the total costs per family since inception.

Table 3.11: SROI Ratios for Ongoing Expenditure			
	SROI Ratios		
Area	Optimistic Scenario	Base Scenario	Pessimistic Scenario
Family Pathfinder			
Area A	2.24	1.47	0.94
Area B	2.25	1.57	1.03
Area C	0.92	0.60	0.32
Area D	2.98	2.14	1.34
Area E	4.35	2.87	1.48
Area F	8.30	5.80	3.66
Area G	2.30	1.71	1.05
Family Pathfinder Average	*2.90*	*2.02*	*1.24*
Young Carer Pathfinders			
Area H	1.34	1.01	0.67
Area I	9.86	7.39	4.93
Area J	2.72	2.04	1.36
Area K	1.55	0.76	0.37
Young Carer Pathfinder Average	*3.42*	*2.30*	*1.38*

3.70 Table 3.11 indicates that in terms of annual expenditure moving forwards, the SROI ratio that the Family Pathfinders potentially will produce is 2.02, or for every £1 spent on the Pathfinders they could generate £2.02 in savings from averted negative outcomes. The analysis suggests that this ratio could range from a low of 1.24 to a high of 2.90.

3.71 For the Young Carer Pathfinders the base scenario SROI ratio is 2.30, ranging from 1.38 to 3.42.

Discussion

3.72 The SROI analysis shows that eight of the 11 Pathfinders at baseline assessed on total expenditure had SROI ratios greater than one, so in theory, generated savings that exceeded their costs.

3.73 It must be kept in mind that only three of the Pathfinders stated that the primary outcome of the Pathfinder was to reduce the demand on the public purse and all of these areas achieved SROI ratios of more than one. The three areas with SROI ratios below one (assessed on total expenditure since inception) did not have saving money as their primary objective and the fact that savings have been observed have to be considered in this context. The findings for all areas should be assessed against the other non-monetary benefits reported elsewhere in the evaluation.

3.74 The two Young Carer Pathfinder areas with SROI ratios below one were also two of the newer Pathfinders and the ratios may in part be a reflection of the fixed set-up costs inflating their cost per family. It may also be that staff need time to identify the families that can most benefit and also develop their approach with families. There is evidence of this hypothesis in one of these areas as it has a SROI of greater than one if ongoing costs are considered.

3.75 SROI ratios in individual areas varied markedly. This was driven by variation in both cost and benefit per family which to explain requires an understanding of how each Pathfinder was operating and also of the drivers in our analysis.

3.76 The outcomes we considered were dominated from a cost perspective by youth offending, entry into care, NEET and truancy. Where areas were able to impact on these outcomes they only had to impact on a small number of individuals to make a big impact on their total financial benefits. This in turn means that those areas that focused on more problematic families with high level needs had greater scope to affect change in a way that would be picked up by the analysis. Benefits generated per family are in part explained by effectiveness but also by the difficulties families faced on entry.

3.77 Our analysis necessarily therefore favours areas that were working with families with high level need over those areas that were trying to undertake earlier intervention. The exception to this is areas that had very low unit costs through a combination of low overall expenditure and high volume of families. These areas were able to generate favourable SROIs even though the majority of families did not have significant high level needs.

3.78 Conversely, we could conclude that areas where the SROI ratios were below or close to one were areas where they were taking an early intervention approach and working with families with relatively low level needs but still providing relatively intensive (and expensive) support. Over time these Pathfinders could be generating significantly higher savings than suggested by our analysis. It remains a theoretical and practical challenge to show how early intervention programmes working with families before problem behaviours and outcomes become entrenched can be shown to be cost effective. Considering the costs of the outcomes that can be avoided it is clear that there is significant scope for them to be cost effective even if it is very difficult to evidence without a rigorous control methodology.

Conclusions

3.79 The evidence indicates that the SROI analysis of the expenditure on the Pathfinder programme overall has generated potential savings to the tax payer that more than offset the costs of the programme.

3.80 There was variation in cost/benefit for individual Pathfinders that can be explained at least in part by the level of development of each Pathfinder and how complex and entrenched problems are for the families each Pathfinder is targeting. However, considering the Pathfinder programme as a whole, in the base case analysis, Family Pathfinders returned £1.90 for every £1 of expenditure and the Young Carer Pathfinders £1.89 for every £1 of expenditure.

3.81 The return is still positive even if the cost savings from avoided truancy and NEET are excluded from the analysis and only savings accruing to the public purse one year after families exit support are included. In this scenario, the return for Family Pathfinders is £1.17 for every £1 of expenditure and for Young Carer Pathfinders is £1.27.

3.82 The total Family and Young Carer Pathfinder SROI ratios for total expenditure are almost identical. In our opinion, given the differences in approach and outcomes achieved, as well as the differences in individual Pathfinder SROIs and total SROIs for ongoing expenditure, there is nothing systematic driving this convergence and is purely a statistical coincidence.

3.83 With SROI ratios greater than one, expenditure on the Family and Young Carer Pathfinder programmes can be fairly concluded to have been cost effective or value for money. No assessment was made or was ever intended to be made of comparing spending money intensively on families using the Pathfinder model against any other model of support.

3.84 As was stated previously, assumptions and values within the analysis were chosen to produce a robust estimation that could withstand a challenge of over optimism. The base case can itself be considered to be a pessimistic estimation of the SROI. However, under the most pessimistic set of assumptions and values that we believe are 'realistic', the return on investment from both Family and Young Carer Pathfinders was still positive. This in our opinion makes the conclusion that expenditure on the Pathfinders generated positive financial return to be robust.

3.85 Potentially, the SROI ratios may well have been significantly higher than those presented, had the following restrictions not been in place:

- the majority of negative outcomes were only assumed to be averted for a year;
- wider societal and individual cost savings were not considered;
- a 'top down' approach to estimating direct costs was employed.

4   APPROACHES TO DELIVERING FAMILY FOCUSED SUPPORT

Introduction

4.1   This section describes the structures and processes established to deliver family focused support. The analysis draws some clear distinctions between the Family Pathfinders and the Young Carer Pathfinders.

4.2   All of the Family Pathfinders were operational for three years, received higher levels of funding and were run by LAs. Many of the Family Pathfinder areas established new teams to deliver a new service, which filled a gap in existing provision. In the main, the Family Pathfinder model of delivery focused on providing support for families who previously were likely to have been in receipt of support, but this had not proved effective. This was a new approach to addressing complex needs by looking at all the issues faced by the family and getting the whole family engaged in resolving those issues. The Family Pathfinder models of delivery also included a number of areas that focused on embedding systems change, i.e. not setting up or extending a new service or team, but looking to embed family focused approaches to support within existing service provision.

4.3   The Young Carer Pathfinders also concentrated on delivering family focused support, but with the following distinctions:

- **most (12 out of 17) were run by the voluntary sector**;
- **they focused on providing support which had not previously been delivered, i.e. addressing previously unmet need**;
- **most (12 out of 17) had only been operational for just over a year**.

4.4   These distinctions impacted on the extent to which the Young Carer Pathfinders were able to deliver a truly 'whole family' focused approach and resulted in differences, both in terms of the breadth and effectiveness of the support provided by the Young Carer Pathfinders.

4.5   This section seeks to explore in further detail Pathfinder models of delivery and key components of delivering family focused support, in terms of:

- **identification and referral**;
- **approaches to assessing families' needs**;
- **the key worker approach and role**;
- **partnership working with external agencies**;
- **packages of support**;
- **managing family support on exit from the Pathfinder**.

4.6   We also explore some of the main challenges to delivering support and the extent to which Pathfinders have been able to address them.

Models of Delivery

4.7 A variety of models of delivery were adopted by the Family Pathfinders and the Young Carer Pathfinders.

Family Pathfinders

4.8 There were distinct models of delivery employed by the Family Pathfinders:

- using a team to deliver family focused support (establishing a new team or expanding an existing team);
- implementing systems change to embed family focused working (with or without a 'team' modelling the approach and working with families).

4.9 Most Family Pathfinders (11/15) adopted a team approach to delivering family focused work, with nearly half setting up new teams and four areas expanding existing teams. The nature of these teams also varied:

- six of the teams were largely made up of intensive family support workers who, along with providing direct support themselves, drew in more specialist family support from a wide range of agencies;
- five were multi-disciplinary teams, which were able to provide a significant amount of family support (including specialist support) from within the team.

4.10 A third (four) of Family Pathfinder areas adopted a predominantly systems change approach, with two of them using a team to model the approach with families. The systems change model of delivery is discussed in further detail in **Section 6**, but where relevant is also referenced here. **Figure 4.1** provides an overview of the models of delivery within the Family Pathfinders.

Figure 4.1 Family Pathfinders: Models of Delivery
1a) Using a Team Approach: Family Support Worker Model
Model: team of practitioners delivering intensive family focused support, e.g. parenting support. Practitioners delivered much of the support themselves but would refer to other agencies for more specialist support. They adopted an intensive key worker style approach.
Staff: Typically included specialist family support workers and social workers
Experience: A wide range of experience in providing family focused support, with more experienced staff taking responsibility for coordinating family support and managing cases.
Providers: LA providers and one voluntary sector provider
Average Size of Team: smaller in size than the multi-disciplinary teams averaging 10 members of staff if (this included one very large team of 40 members of staff. If that team not included average size of the teams was 6)
Caseload: generally 6-7 families at any one time but may work with as many as 10
Average Length of Support: slightly shorter than the multi-disciplinary teams

Figure 4.1 Family Pathfinders: Models of Delivery
10-12 months **Family Level of Need:** Targeted to statutory
1b) Using a Team Approach: Multi-disciplinary Team Model **Model:** Multi-disciplinary co-located teams of practitioners provide both intensive family support and specialist support linked to families' needs e.g. domestic violence, adult mental health concerns, debt issues and substance misuse. Opportunities for shared learning as practitioners taking back family focused working to 'home' agencies. Providing a swift response to families' needs as many of the skills were based within the team so they did not have to refer out to other agencies. Key worker style approach. **Staff:** Specialists from a wide range of disciplines including: adult mental health practitioners, specialist children's social workers, employment advisors, debt advisors, housing advisors, health visitors, drugs/substance misuse workers, domestic violence workers, psychiatrists, family therapists, family support workers and education workers (the range of specialisms represented varied considerably across the areas). **Experience:** Very experienced staff and wide range of experience within the team to meet families' needs, as well as accessing support from other services. **Providers:** All LA providers **Average Size of Team:** 13 **Caseload:** 6-7 families **Average Length of Support:** 12-18 months **Family Level of Need:** specialist and statutory
2. Systems Change Model **Model:** development and delivery of integrated multi agency training programmes and support programmes to embed family focused working across agencies e.g. CAF coordinators/mentors providing support for agencies to take on the Lead Professional role, use of CAF and 'Family CAF' processes and taking a Team Around the Family approach. There was some modelling of the approach with families. **Staff:** wide range of experience from LA managers to practitioners with experience of delivering family focused support. **Experience:** experienced staff developing training and providing support to use family focused models of delivery. **Providers:** all LA providers **Average Size of Team:** average staffing of 6 **Caseload:** N/A **Average Length of Support:** N/A **Family Level of Need:** mainly focused on embedding family support systems at targeted and specialist levels of support.

Young Carer Pathfinders

4.11 There were also two distinct models of delivery employed by the Young Carer Pathfinders:

- using a team to deliver family focused support (13 out of 17 areas). Most (10/13) of them had expanded an existing Young Carers' Service to deliver family focused support. The remaining (three) Pathfinder areas established a new team specifically to work with families with complex needs;

- appointing practitioner(s) to work within an existing team focusing on supporting families with complex needs (in four Pathfinder areas).

4.12 **Figure 4.2** provides an overview of the models of delivery within the Young Carer Pathfinders.

Figure 4.2: Young Carer Pathfinders: Models of Delivery
1. Distinct Young Carer Pathfinder Team
Model: Most of these Pathfinders have expanded an existing Young Carers' Service to work with families with complex needs. A small number of areas have established new teams to work with families with complex needs.
Staff: Generally the teams are made up of youth workers or family support workers. However, three Pathfinders recruited experienced social workers or practitioners received specific training for working with families with complex needs e.g. Triple P, working with substance misusing families.
Experience: Practitioners had significant experience in supporting young carers. There was a wide range of experience within the teams including: education, youth work, substance misuse, mental health, offending, family support and anti-social behaviour, although practitioners were not necessarily trained specialists in a particular field of expertise.
Providers: Predominantly the voluntary sector (9 out of 13)
Average Size of Team: 3
Caseload: 12
Average length of support: 8 months.
Family Level of Need: universal to statutory
2. Integrated 'Family Service'
Model: Rather than expanding a pre-existing Young Carers' Service, these Pathfinders have integrated young carer workers into wider 'family support' teams. Most (three) of these were pre-existing teams (two were Family Intervention Projects, and one was a locality based Child Action Team). Thus, families were referred to the pre-existing team and the package of family focused support included support from the young carers' practitioner. The remaining Pathfinder was a multi-disciplinary team integrated with the Family Pathfinder.
Staff: In general, one practitioner was recruited as a young carer

Figure 4.2: Young Carer Pathfinders: Models of Delivery

practitioner, whilst other members of the team would include social workers, trained specialists (e.g. psychologists, substance misuse workers), and/or family support workers. The young carer practitioners recruited to the teams were either seconded from a local young carers' service or recruited specifically for the team.

Experience: Practitioners were generally more senior than those in the Distinct Young Carer Pathfinder Teams and were more experienced in supporting family needs.

Providers: a combination of LA and/or voluntary services (one was a LA-only service, one was a single voluntary organisation and two were made up of both LA and voluntary services).

Average Size of Team: 9

Caseload: 13

Average length of support: 10 months.

Family Level of Need: targeted to statutory

4.13 An overview of the key elements of family focused delivery are summarised in **Table 4.1.**

Table 4.1: Key Elements of Family Focused Delivery

Assessment: whole family assessments were developed by three quarters of Pathfinder areas (12 out of the 17 Young Carer Pathfinders and 12 out of the 15 Family Pathfinders) to provide a better understanding of families' needs and interrelationships, as well as identifying unmet needs. Within the Young Carer Pathfinders staff were also raising awareness of young carers' needs within community care assessments.

Planning and review: just under three quarters of the Pathfinder areas (11 out of the 17 Young Carer Pathfinders and 12 out of the 15 Family Pathfinders) used a Team Around the Family (TAF) approach to bring practitioners supporting the family together to provide a coordinated and integrated response to meeting families' needs. This was reflected in the development of integrated care plans and joint delivery across services. The aim was to bring services together and increase joint working and information sharing in order to improve support for families.

Delivery: Key workers provided (where appropriate) intensive, one-to-one support for family members in the majority of Pathfinder areas (in 15 of the 17 Young Carer Pathfinders and 13 of the 15 Family Pathfinders). The key worker acted as a consistent, single point of contact for the family, co-ordinating support from other agencies and acting as an advocate for the family with other agencies. Key workers also ensured that families were engaged in developing packages of support. Within the Young Carer Pathfinders young carers were involved in the design of local care provision and in planning individual care packages.

Support: packages of family focused support were designed to address

> the issues faced by families. Components of a typical package of support included: practical support; emotional support; focus on family functioning and parenting support; specialist support; one-to-one support for adults and children; positive activities; and building families' support networks.

4.14 The key difference across the areas was the extent to which this approach was adopted and embedded into practitioners' working practices. In some areas all four aspects of this approach were fully embedded within the model of delivery. However, in some Pathfinder areas, either not all aspects were adopted, or their use was inconsistent. The whole family approach can therefore be described as a spectrum of activity, with full and robust use of the characteristics described at one end, and more 'ad hoc' or informal use of different elements at the other.

4.15 **Figure 4.3** provides further detail of the spectrum of activity and clearly shows that the main elements of the whole family approach were more firmly embedded within the Family Pathfinder areas. This reflected the fact that these areas had been operational for longer than most of the Young Carer Pathfinders. The one Young Carer Pathfinder that had implemented all elements of the approach was one of the original six Young Carer Pathfinders that received funding at the same time as the Family Pathfinders.

4.16 Nearly two-thirds of Pathfinders had successfully adopted some, but not all, elements of the whole family approach. This was generally due to difficulties in drawing in other agencies to support families and processes which did not fully address the needs of all family members.

Figure 4.3: The Family Focused Approach Spectrum			
Category	**All Elements of Family Focused Approach Fully Embedded**	**Some but not all Elements of Family Focused Approach Embedded**	**Limited Elements of Family Focused Approach Embedded**
Description	Assessments focus on the whole family and are robust; TAFs are regularly convened; practitioners act as the key worker and either take on the Lead Professional role or play a strong role in coordinating and delivering support with both children's and adult services; support is focused on the whole family and addressing interrelated needs within the family.	Most elements exist, but one or two may be missing or are not fully embedded. The main challenges focused on drawing in other agency support and ensuring that TAF processes were fully embedded and effectively monitored and reviewed. Processes did not fully address the needs of all family members e.g. still quite children's services focused	Use of a family focused approach is limited, informal and/or inconsistent. Robust assessment processes and family support plans were not evident; work with other agencies was limited; the support focused on addressing immediate needs or needs of individual family members but did take a whole family approach. There was limited evidence that underlying family issues such as adult mental health and substance misuse were being addressed.
Young Carer Pathfinders	1	2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	14, 15, 16, 17
Family Pathfinders *	1, 2, 3, 4,	5, 6, 7, 8, 9, 10, 11, 12	13

*2 were systems change only

4.17 In five Pathfinders there was limited evidence of a family focused approach being embedded within models of delivery and key elements of family focused support were not being addressed. There was limited evidence of the Pathfinders drawing in wider support from across a range of services for families and assessments of need tended to be one dimensional and did not account for the wider family context.

4.18 We now go on to explore the different elements of Pathfinder support in further detail by reviewing Pathfinders' progress in implementing the following aspects of support:

- identification and referral;

- approaches to assessing families' needs;
- the key worker approach and role;
- partnership working with external agencies;
- packages of support;
- managing family support on exit from the Pathfinder.

4.19 We also explore some of the main challenges to delivering support and the extent to which Pathfinders have been able to address them.

Identification and Referral

4.20 The Pathfinders adopted a consent based approach to delivering family focused support. Therefore, although Pathfinders were working with families with complex needs they were families who were willing to engage with support.

4.21 In most areas, access to family support was via a referral by a partner agency working with the family. Typically a referral would then be assessed by the manager/senior practitioner in partnership with the family to assess the extent to which it was appropriate for the type of support the Pathfinder team delivered. In the early stages of delivery, there was an expectation that most referrals would be instigated by children's services, for example inappropriate referrals to social care, or where the CAF process (focused on an individual child) was not leading to improved outcomes. Over time, it was hoped that referrals would come from a wider range of services, in particular from adult services, such as adult mental health or adult social care.

Approaches to Identification and Referral

4.22 Approaches to identification and referral varied according to Pathfinder type. Reflecting their broader remit, the Family Pathfinders had a wider range of referral criteria than the Young Carer Pathfinders. All the Family Pathfinders were providing support for families with complex needs, requiring an integrated approach to service delivery, which was not addressed effectively by existing support. The main Family Pathfinder criteria, identified by approximately a quarter of areas, focused on a range of issues, including:

- **families in crisis**, e.g. at risk of referral to child protection or children going into care, families with children on child protection plans, and families in danger of losing their home, liberty or children;
- **parental mental health concerns** where the mental health issues were impacting on the children;
- **families where a number of specialist/targeted services were already working** with the family but there had been no impact, or the family displayed a number of key risk factors;
- **substance misuse**;
- **issues of 'compromised' parenting**/significant parenting concerns.

4.23 Additional criteria identified in one or two Family Pathfinder areas focused on:

- domestic violence;
- learning difficulties/disability;
- neglect.

4.24 The Family Pathfinders refined their identification and referral criteria over time (given most have been in existence longer than the Young Carer Pathfinders) to reflect changing priorities and the families referred to them. Examples included:

- **the Pathfinder changing its remit to work with families with lower levels of need** because families in crisis were already well supported within the LA;
- **broadening the initial risk criteria** to increase the number of referrals and/or more accurately reflect the needs of the families they were working with, e.g. including neglect as a new criteria for referral;
- **working with families with children at risk of going into care** because they are the most costly to the LA.

4.25 Referral criteria within the Young Carer Pathfinders was more focused:

- in approximately two-thirds criteria focused on families with a young carer and where there were substance misuse and/or mental health concerns;
- for one third of areas the referral criteria was more generic and included any type of young carer family;
- two projects focused specifically on 'early intervention' and supporting young people just beginning to show the signs of taking on caring roles.

4.26 Within the systems change models of delivery, Pathfinders were used to embed family focused models of working, often with the aim of reducing referrals, particularly inappropriate referrals, to social care. This meant that there was an expectation that certain approaches (for example the use of a family CAF) had to be adopted prior to a referral to social care, or prior to accessing funding for family support.

The Referral Process

4.27 The referral process was more formalised within the Family Pathfinders, particularly the larger teams, but in the main referrers were asked to provide information to identify the main presenting issues and why it was felt Pathfinder support was required. Some Pathfinders initially used the Common Assessment Framework (CAF) form as their sole mechanism for referral, but found this could create a barrier to securing referrals from practitioners (especially from adult services) who were not CAF trained. They overcame this challenge by accepting other methods of referral, such as a pre-CAF form.

4.28 Within the Family Pathfinders, referrals were often brought to weekly allocation meetings for senior gatekeepers to make decisions on whether the family were a suitable Pathfinder case. There was also evidence of Family Pathfinders reviewing the cases referred to them to ensure that they continued to work with families who met their criteria/reflected their aims and objectives. In addition, one of the Family Pathfinder areas received its referrals via a multi-agency panel. Within the Young Carer Pathfinders, where the Pathfinder was operated by a wider Young Carers' Service, referrals were made to the wider service and would then be allocated by the head of service either to the Pathfinder or the universal Young Carers Service. The decision was determined either by the information provided by the referral agency or through a whole family assessment undertaken by the Pathfinder. For the Integrated Family Service Teams, referrals were made to the integrated team and allocated to the specific young carer practitioner in the team.

4.29 The following discussion provides an overview and commentary on the quantitative data relating to identification and referral provided via FPIS on the families Pathfinders worked with.

Agencies Referring Families

4.30 Across the Pathfinders, referrals were made by **39 different agencies**. Although more than one agency could be involved in the referral, in most cases a single agency was recorded. The most common service referring to the Pathfinders was **children's social care.** Social care was responsible for 45% of all families referred, accounting for more than half of the referrals to the Family Pathfinders and nearly a third of referrals to the Young Carer Pathfinders (see **Table 4.2**).

4.31 The large proportion of referrals from social care (within the Family Pathfinders in particular) reflected the high level needs of Pathfinder families. Other agencies may well have been involved, but because of their high level needs many families were initially referred to social care (e.g. Duty and Assessment or Initial Assessment Teams) prior to referral to the Pathfinder. Thus, in some areas social care could be seen as acting as a referral pathway to the Pathfinder. The lower level of referrals from social care to the Young Carer Pathfinders reflected the lower level of need for acute services within this group. Health professionals were the next most common referral agency, which, including mental health services, were involved in 21% of referrals. Schools were involved in 19% of referrals and the voluntary sector in 10% of referrals.

4.32 The voluntary sector (reflecting the make-up of the Pathfinders) played a much greater role in referring families to the Young Carer Pathfinders, accounting for 17% of referrals, compared to 9% in the Family Pathfinders. Key services involved included young carers' services, domestic violence teams and family support services.

Table 4.2: Main Referral Agencies			
Referring Agency	Overall	Family Pathfinders	Young Carers
Children's social care	45%	55%	32%
Health: - Health professional, i.e. school nurse, midwife - Mental Health (adult and children)	22% 12% 10%	21% 14% 7%	22% 10% 12%
Schools	19%	20%	18%
Voluntary and community	11%	5%	17%

4.33 An overview of referring agencies is set out in **Table 4.2**. However, this summary to some extent masks the broad range of services making referrals. **Figure 4.4** provides more detail on the types of services involved in referrals, including adult services such as the police, housing and substance misuse. This demonstrates that the Pathfinders made good progress in raising awareness of the service and building partnerships with a wide range of organisations.

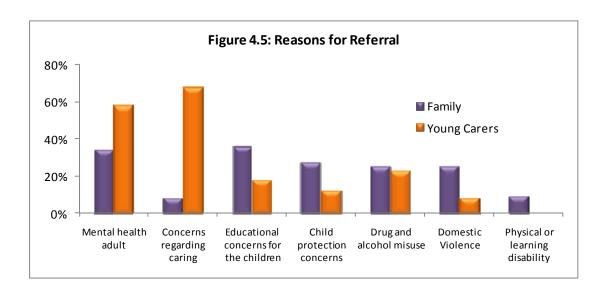| Figure 4.4: Additional Services Referring Families |
|---|
| **Criminal Justice** (8% of referrals) – youth offending, ASB teams, police, Youth Inclusion and Support Panels, probation |
| **Other education services** (5% of referrals) – education welfare, Connexions, counsellor, home-school links |
| **Substance misuse services** (4% of referrals) – drug and alcohol support services |
| **Housing** (4% of referrals) |
| **Integrated support** (4% of referrals) - children and family centre, Family Intervention Projects, locality based referral panels (MARAC etc.) |
| **Other social care services** – adult social care, disabilities teams, plus teams such as after adoption, fostering teams |
| **Family teams** – including Child and Family Units, Family Workers, Family Centres, Challenge and Support |

Reasons for Referral

4.34 Practitioners were asked to identify on FPIS up to three reasons for referring a family to the Pathfinder. Reflecting the focus of the Pathfinders, **adult mental health and substance misuse** were key referral criteria (see **Figure 4.5**) for both the Family Pathfinders and the Young Carer Pathfinders. Adult mental health in particular was a significant concern for young carer families and was a reason for referral in well over half (58%) of all young carer families, compared to just over a third (34%) of the main Pathfinder families.

Figure 4.5: Reasons for Referral

4.35 In the case of for the Young Carer Pathfinders, concerns regarding young people's caring role (68% of referrals) was the most common reason for referral. The impact of a physical or learning disability was also greater within the Young Carer Pathfinders; this was identified as a reason for referral for 23% of young carer families, compared to 9% for Family Pathfinder families. In the Family Pathfinders, the reasons for referral were more diverse (reflecting their broader remit), with educational concerns for children and young people, child protection and issues of domestic violence all provided as common reasons for referral. These issues were much less evident reasons for referral within the Young Carer Pathfinders, which in the case of educational concerns for children and young people, was perhaps surprising given the link between caring and the impact on education.

4.36 Other common reasons for referral identified were housing, children's anti-social behaviour and compromised parenting; these featured as a key issue in over one in ten of the families referred.

Services Involved at Referral

4.37 The three main services involved with the family at the time of referral were: social care and schools (involved in half of all referrals); and health professionals (involved in 40% of referrals). In around one in ten families there was involvement from community mental health teams, CAMHS, drug or alcohol agencies or a voluntary or community organisation. This suggests that in the majority of families there was some level of support at the time of the referral but that it was not sufficient to address the needs of the family.

4.38 Once a referral to the Pathfinder was agreed and family consent had been obtained, then an assessment of need would be undertaken.
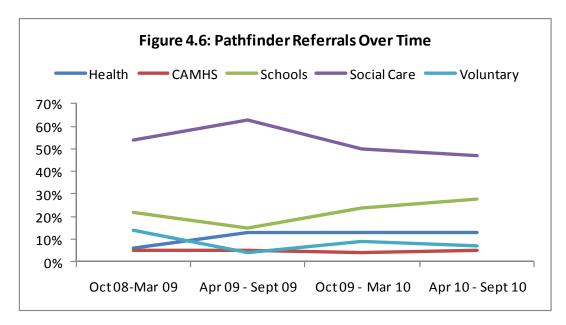
Change in Referrals Over Time

Change in Number of Referrals

4.39 Improving identification and referral processes was a key focus for the Young Carer Pathfinders and they undertook significant work to ensure young carers were identified earlier, particularly by services where levels of referral were historically low (see **Section 6** for further detail on activities to improve identification and referral processes). They therefore aimed to increase the number and appropriateness of referrals to their service.

4.40 Evidence from interviews and the partner survey suggest that, the Young Carer Pathfinders have raised agencies' awareness and understanding of young carers. Specifically, the survey highlights that 52% (50 out of 96) of practitioners from the Young Carer Pathfinders stated their awareness of the needs of young carers and their families had increased. Generally, referrals have improved in both number and appropriateness as a result. In particular, some areas are experience young carers being identified earlier (in one area their average referral age dropped from 12 to 9) and others are making breakthroughs with services that had provided limited referrals before, particularly adult services. For example, one area had not received any referrals from adult services in the last four and a half years; but in the six months since the Pathfinder had been operational they had received ten referrals. Additionally, we expect referrals to continue to increase over the next few years as changes at the strategic level begin to impact on operational practices.

> *"Young carers are definitely on the agenda much more now as a result of our partnership working than they ever were…"* (Strategic Lead)

Change in Referral Agencies

4.41 It might be expected that as the Pathfinders became more established, over time there would be an increase in referrals from services outside of key children's services, particularly for the Young Carer Pathfinders that were targeting adult services for referrals.

4.42 Data on 577 referrals was analysed across the five key referring service areas. The Young Carer Pathfinders commenced delivery in November 2009 meaning there was a significant increase in referrals in that particular time period. **Figure 4.6** shows that the balance of referrals from the different service areas was fairly consistent over the four time periods analysed. In the latter 12 months, there was a slight increase in the proportion of referrals from schools, and a decline in the proportion of referrals from social care, coinciding with the point at which the Young Carer Pathfinders commenced delivery.

Figure 4.6: Pathfinder Referrals Over Time

Legend: Health — CAMHS — Schools — Social Care — Voluntary

Chart showing referral percentages (0%–70%) across four time periods: Oct 08-Mar 09, Apr 09 - Sept 09, Oct 09 - Mar 10, Apr 10 - Sept 10.

4.43 Despite a strong focus on increasing referrals from adult services, therefore, referrals continued to come predominantly from children's services. Whilst some breakthroughs were made, the number of referrals was still small and, whilst Pathfinders were successful in increasing referrals from adult services, referrals from other services also increased. There was still a concern within the Young Carer Pathfinders that significant numbers of young carers continued to remain 'hidden' within adult services. The key challenges to increasing referrals from adult services are:

- **cultural barriers;** practitioners are not considering wider family members; have limited understanding of young carers; do not see it as their remit, and are uncomfortable with discussing young carers with the cared for person;

- **structural barriers**; practitioners' operating practises mean they are less likely to notice young carers. Specifically, they tend to visit families during the day when children are at school so do not see young carers and their assessments do not ask questions about young carers.

4.44 Therefore, there is still more work to be done at both the national and local level. LAs must continue to focus on embedding family focused approaches beyond the life of the Pathfinders in order to see increased referrals.

Assessment of Need

4.45 In order to provide a holistic package of family focused support that meets the needs of all family members, it is important to have an understanding of the needs of the family as a whole.

> *"A whole family approach in assessment, enabling both the individuals who need support and those who will support them to identify their own needs and desired outcomes, is much more likely to result in individual care packages that can be sustained effectively." (Department for Education, 2010[li])*

4.46 The approaches to family assessment adopted by the Family Pathfinders and the first cohort of Young Carer Pathfinders were explored previously and therefore are not discussed in detail in this report[lii]. Most of the initial Pathfinder areas based their family assessment processes on the Common Assessment Framework (CAF), or existing social care/service level assessments of family need.

4.47 The assessment processes adopted by the 12 new Young Carer Pathfinders reflected those used by the initial Pathfinder areas. All have developed approaches to assess the needs of all family members. Most (eight out of 12) developed some sort of whole family assessment based on:

- **the CAF form with additional family focused questions**;
- **the Family Intervention Project assessment**;
- **assessment forms developed by the Pathfinder based on the 'Framework for the Assessment of Children in Need and their Families (Department of Health, 2000)**.

4.48 A further four areas used the CAF form, with or without additional assessments, to undertake their assessment of need. Additional assessments used by the Young Carer Pathfinders included:

- **young carer assessments**, such as those developed by Joseph *et al.* (2009)[liii] and the Princess Royal Trust for Carers ('My Life Now')[liv] to assess levels of caring responsibility and plan support;
- **parental assessments**; such as assessments designed by services to capture parents' views on their children's caring roles and what support the parent needs;
- **genograms** to look at relationships within families and sources of support /stress.

4.49 Following assessment, family action/support plans were generally developed in conjunction with the family (and other relevant agencies), which was signed by all key stakeholders. The robustness and use of whole family assessments across the new Young Carer Pathfinders was variable and reflected the culture and relatively informal approaches of the Young Carers' Services within the voluntary sector.

4.50 Practitioners felt that the assessment processes used were helpful in prompting discussion of wider issues within the family, and the family action/support plans were useful in developing a 'solution focused' approach and addressing the causes of children and young people's caring roles. Some concerns were expressed by practitioners regarding the relative formality of whole family assessment processes and fears that it may discourage families from engaging with the service. This was particularly so for some of the voluntary sector providers who felt that the formality of the assessment did not fit with the informal, voluntary nature of their approach. Despite these reservations, staff reported that, on the whole, families engaged well with the process, as long as a flexible approach was taken and that it was appropriate for the family.

4.51 In order to be fully effective, assessment processes have to be embedded within local processes and agreements. If not, there is a danger that the assessment process adds another layer of complexity to working with other services and agencies. For example, practitioners from one Pathfinder preferred to use the CAF form because it meant that additional support could be drawn in from other services and that support could be maintained, for example via schools, post-Pathfinder intervention.

> *"I think more work should have been done before rolling out the Think Family Pathfinder to make sure that existing developmental process (such as CAF) were embedded."* (Survey Respondent, Integrated Working Team)

4.52 There is also a learning point regarding sharing learning within Pathfinder programmes. Whilst a number of the Young Carer Pathfinders based their assessment forms and processes on existing tools and methods developed by other family focused projects, many also developed them in isolation, leading to a significant level of 're-invention of the wheel' and duplication.

Intensive Key Worker Approach and Role

4.53 As previously identified (see **Figure 4.1**) the majority of Pathfinders adopted an intensive 'key worker approach' to delivery. Generally, the key worker acted as a 'family lead professional' coordinating support for the family, but critically, they also provided intensive support for families. The intensity of the support reflected families' levels of need and those with complex needs were likely to require very intensive support, especially in the initial stages of support when the family might require daily support. However, where families' needs were less complex and families were more willing to engage, the support provided could be less intensive.

4.54 In two Family Pathfinder areas the key worker role was split between two professionals:

- **in one, each family had an adult key worker and a children's key worker**;
- **in the other, each family had an 'assertive' key worker and a family worker**. The key worker was social work qualified and led the case management (assessment, planning and review), whilst the family worker delivered the bulk of the intensive support work and coordinated and accessed support from other services.

4.55 Within the systems change models of delivery, funding was not available to deliver very intensive support and there was recognition that the support available might not be sufficient to meet the needs of families with the most complex needs and that needed to be provided by other services.

4.56 The main components of the key worker role are outlined in **Figures 4.7** to **4.9**. An overview of the key worker role is provided in Figure 4.7, whilst Figures 4.8 and 4.9 provide further detail on the approaches adopted and the key skills required of individual workers. The key worker approach and key worker core skills were not mutually exclusive, reflecting a dynamic relationship, which was interlinked and interdependent.

Figure 4.7 Key Worker: Components of the Approach

Design, facilitate and deliver packages of family support: Responsible for the development and delivery of intensive support for the whole family. They were also responsible for reviewing progress in conjunction with key stakeholders, e.g. via the TAF and the support of senior managers. In order to develop effective packages of support, key workers need to be aware of specialist family support available and have the skills to access that support.

Single point of contact: Providing a single point of contact for the family and acting as a 'constant' during the delivery of different elements of the support.

Coordinate support: Responsible for co-ordinating other agency support and ensuring key stakeholders meet the aims and objectives of the agreed family support/action plan. This may include challenging other agencies to ensure they deliver appropriate support.

4.57 The following components of the key worker approach were identified across the Pathfinder areas:

- **providing advocacy for families**;
- **providing a balance of support and challenge**;
- **providing a flexible and reflexive response**.

Figure 4.8 Key Worker: Components of the Approach

Providing advocacy for families: with other agencies. This included raising other agencies' awareness of issues within the family, challenging other agencies' decisions over eligibility for support and when to withdraw support. The role also focused on facilitating families' engagement with other agencies, such as social care, and ensuring that they had the skills to meet the expectations and requirements of those agencies.

"The first thing I did was to support [name of family member] *to take an injunction out on [name of family member]. I helped her with the statement for the injunction and ensured it read well and attended court with her. I also had to speak up in court on her behalf as she wasn't able to articulate the severity of the issues, so I had to jump in as i was worried they wouldn't give the injunction."* (Key Worker)

"I've worked with the [family's] *social worker to get them to break the action plan down into meaningful chunks and work on priorities for the family. We've had to work as an advocate for the families and challenge social workers - they're not used to that."* (Key Worker)

Providing a balance of support and challenge: taking an assertive, solution focused and strengths based approach, which was outcomes-focused and goal-orientated. Key workers focused on overcoming problems by concentrating on families' strengths and empowering them to build on the positive behaviours within the family and develop their own solutions to difficulties. However, key workers also challenged families where this was necessary. Their ability to do this successfully was linked to the trusting relationships developed with families:

"If there is any drift backwards, the family worker is immediately asking why and supporting the individual to take mini-steps to achieve the bigger goal." (Pathfinder Manager)

"Some of it is about challenging families… get them to look at the situation and… showing them consequences for actions… 'What could you have done differently?'" (Practitioner)

The key worker role also meant that they were slightly detached from the consequences (i.e. enforcement action) of families' behaviour, which helped facilitate families' engagement and develop more trusting relationships

"Pathfinder workers can reinforce to families what the consequences of their actions might be, e.g. housing enforcement, anti-social behaviour enforcement, or child protection, because workers are separate from that enforcement action families are more receptive to the messages being given because it is not coming from the host agency who are going to take the enforcement action against them." (Housing Manager)

Key workers also challenged other professionals' approaches to working with families:

"I've had to take professionals aside to ask them to put their concerns in a different way. For example one of my dad's wouldn't attend any meetings with the school because he felt he was being victimised. My approach was to start the meeting on a positive note and highlight the progress that had been made. This helped set a more constructive tone to the meeting. It's been much more constructive since then." (Key Worker)

"I worked with a family where the dad was on a methadone programme. Initially he refused to come into the school for TAFs because he'd had such a poor relationship with the teachers and he felt judged and undermined. I worked with both the dad and the school to develop a relationship so that when we got to the TAF some of the issues had been resolved and the dad agreed to attend. The school have been completely different with him since." (Family Worker)

Providing a flexible and reflexive response: meant that key workers adapted their approach to the situation presented to them and what they were told.

"We don't go in with an agenda, we can play it by ear, see how the family respond, be creative, approach issues from a different angle, which is also something that comes from experience and essential when working with families with complex needs." (Pathfinder Operational Manager)

Practitioners were also flexible in working outside of office hours in order to respond to families' needs:

"On New Year's Eve I had a phone call at 8pm from one of my young carers. I answered the phone and had a long discussion with them. If I had not, then the situation would have been much worse and being able to take that call really did make the difference." (Practitioner)

Figure 4.9 Key Worker: Skills and Knowledge

Building relationships: with the family in order to develop trust and facilitate engagement. Focusing on families' priorities, as well as those of other agencies and services, and how the key worker can help the family achieve those goals:

"… I think about what I can do to make a relationship with them. I spent one day mending a fence with a young carer who had smashed the fence in a rage. We were proud that we'd mended it and so was his mum." (Practitioner)

Being persistent, consistent and transparent: when working with families and having **realistic expectations** when working with families and other agencies. Key workers provided families with clarity about what they could and could not achieve. They ensured that professional boundaries were maintained, they shared life skills and experiences, but in a professional way.

"You need to be persistent and respectful, in terms of keeping to your promises and appointments. If you can't attend, inform them and rearrange because otherwise it will have a detrimental impact on your relationship, as many of our families have had negative relationships with services previously. Say clearly what you can do and what's achievable and what's not and don't make promises you can't keep as that can ruin a relationship. They have to know that if you become aware of something you are going to have to report it – it's not friendship – you're there to protect families and children." (Practitioner)

Professional knowledge and skills: key workers were generally experienced staff with a range of specialist skills, either linked to family support/parenting skills, or their own specialist area of expertise. They needed to have their own professional knowledge but were also:

"Open to what other information and knowledge was available to form their own assessment and create the right intervention/support". (Pathfinder Manager)

They were able to analyse families' behaviour to identify appropriate support and trigger points within the family. They were also able and willing to work with the whole family and had the skills to work independently, as well as part of a team.

"We find other ways. We don't give up on them … we will persist so the family know we're there to support them." (Practitioner)

4.59 The vast majority of Pathfinders had implemented an effective key worker approach by recruiting skilled and experienced staff and/or training up existing staff and therefore building capacity within the organisation:

> *"The skills and life experience of the individual worker are key."*
> (Pathfinder Manager)

4.60 This was reinforced by effective supervision and the provision of learning opportunities (both formal and informal) for staff, which helped create a 'solution focused' ethos within the team (see **Section 5** for further discussion). However, it was also evident that some practitioners did not have the necessary skills or experience to identify issues within families or effectively draw in and coordinate a wide range of other agency support. Furthermore, a number of the Young Carer Pathfinders were still focused on providing positive activities for the family, rather than addressing the underlying causes of the caring role, such as adult mental health issues.

4.61 Taking a key worker approach to supporting the whole family was a different way of working for many practitioners and, whilst achievable, required considerable resource and commitment to implement. Practitioners needed to be skilled at identifying family issues, understanding what support was needed to resolve the issues and be aware of what services were available to provide this support. They also needed the confidence and skills to adopt an assertive approach with both families and other agencies and be committed to supporting families, in order to work so intensively, persistently and flexibly.

4.62 To be successful, adoption of the key worker approach required careful planning and ongoing support and development, i.e. evolving the approach, embedding the approach, and ongoing capacity building, via effective recruitment, training, supervision and workforce development.

Partnership Working

4.63 This section focuses on Pathfinders' approaches to partnership working: what they did, what worked and the challenges experienced. In order to meet the complex needs of Pathfinder families, partnership working was a core element of the family focused approach. The majority of Pathfinders focused on implementing joint working processes with a range of agencies in order to address families' needs. These included:

- **information requests to other agencies working with families to fully understand the needs within the family**;
- **referrals to other agencies for support**;
- **engaging agencies in a Team Around the Family (TAF) approach in order to effectively coordinate and deliver support for the family**.

4.64 The extent to which partnership working was embedded varied across the Pathfinders and appeared more effectively embedded within the Family Pathfinder areas. Overall, approximately two-thirds of the Pathfinders had relatively robust processes, including regular information requests, frequent referrals (which were supported where necessary) and regular, structured and monitored TAF approaches. In the remaining third of Pathfinders these processes were less formal and consistent, for example Pathfinders communicated with other agencies in isolation rather than bringing all key agencies together to focus on families' needs.

4.65 Where Pathfinders successfully embedded joint working there was strong support at the strategic level to overcome barriers and a level of expectation and accountability that services would engage with the Pathfinder and/or Pathfinder processes (e.g. an expectation that a family CAF was completed prior to a referral to children's social care):

> *"The project has spread [crossed over] adult and children's services well. It's been seen as a way to pull these services together."* (Pathfinder Manager)

4.66 Successful partnership working involved taking a tenacious approach:

> *"You basically need three interactions to engage services that don't traditionally support families. The first, they tend to say 'we work with adults'. At the next meeting they accept the concept that working with the family would help deliver improved outcomes for their client and on the third they see that the approach makes sense for the whole family."* (Pathfinder Manager)

4.67 At the operational level, successful partnership working entailed modelling the approach and showing practitioners the benefits of working in this way. It was noted that co-working cases helped other practitioners see the benefits of the approach and also gave them practical solutions to working with families. Practitioners from partner agencies felt that working in this way had impacted positively on their own professional development and their confidence to deal with issues outside their own professional remit (prior to referral to specialists) (see **Figure 4.10**).

Figure 4.10: Joint Working: Impact on Practitioners
from Other Agencies
"*You learn so much from sitting on TAF meetings and hearing the work they've* [Pathfinder team] *done, e.g. how they work with parents. That can only make me a better social worker*" (Social Worker). She went on to provide the following examples:
"[Name of key worker] *talking to mum to help her understand about her daughter's behaviour and about her being an adolescent and that she's 'kicking off' because she's got needs and helping her understand that it's the same as a young baby when they cry. And hearing* [name of another key worker] *talk about the parenting strategies she's doing with mum it's really helpful. You learn from who you work with and I've learnt so much, as well as seeing difference they are making to my families and that they are benefitting from the support.*"
"*It's helped me develop relationships with other professionals and communicate better with people so I am clear what everyone is doing and understanding their roles better. It's also helped me learn about benefits and immigration, which I didn't have a clue about before. Whereas now I feel I can offer information myself before referring on to* [name of benefits advisor]. *Those are the things you don't get taught and only pick them up by doing the joint visits with* [name of benefits advisor]. *I tried to get benefits sorted for a family and supported mum to make applications but I could spend days doing that work. Whereas* [name of benefits advisor] *has the time and expertise to sort it out much quicker and he knows the system and how to complete forms so they don't get sent back.*"

4.68 Joint working also facilitated partners' work with other agencies and raised their awareness and understanding of the issues faced by families, as well as helping to change professional cultures and attitudes (see **Figure 4.11**).

Figure 4.11: Joint Working: Raising Awareness and Understanding of Family Issues amongst Partner Agencies

Raising other agencies' awareness of particular family issues, such as crime and anti-social behaviour: "*Most social work staff wouldn't have any contact with people who work in areas like street management or the crime and disorder reduction service. The Pathfinder has helped developed good working relationships with them through attendance at panel meetings and anti-social behaviour case conferences and they've been making referrals to* [name of Pathfinder] *for quite a long time. We are seeing genuine partnership working there, that haven't had between social workers and those services before.*" (Pathfinder Manager).

Changing cultures and attitudes: "*The feedback I'm getting from partners* [housing providers] *- is that we are seeing a culture shift and change in attitude. They want Pathfinder involvement and are more willing to be lenient about not taking action against a family because they want that intensive support and are actively asking for it and saying 'we won't take possession but we want the intensive support the Pathfinder can provide'. Because ultimately possession is very expensive so it saves them money in the long run if they don't have to do it. There's been a marked increase in temporary housing providers saying that's the kind of work they like and what they want is someone actively being involved, providing intensive support for the family, which is stopping them having to take possession procedures.*" (Housing Manager)

4.69 Within the multi-disciplinary Pathfinder teams, practitioners also noted the benefits of working in a multi-disciplinary way and the learning and professional development opportunities it provided for them (see **Figure 4.12**). In particular this included how it was helping them develop knowledge, skills and awareness beyond their existing expertise, for example in relation to benefits and debt advice and substance misuse.

Figure 4.12: Joint Working: Professional Development Opportunities Within a Multi-Disciplinary Team

Practitioners within the multi-disciplinary teams highlighted how working within the team had developed their own professional practice and provided an opportunity to learn from other professionals within the team. For example, an education worker within one of the teams noted that he had never worked with families before, so the team provided him with opportunities to "*see different approaches and how different practitioners approach a problem. It provides an opportunity to bounce ideas off one another and develop new skills and new approaches in dealing with an issue or problem which you suddenly find works*". A colleague noted that "*sitting in*

Figure 4.12: Joint Working: Professional Development Opportunities Within a Multi-Disciplinary Team

a TAF you learn so much and pick up skills from colleagues".

"You pick up knowledge from people you work with e.g. [name of benefits advisor]. *I'm not an expert but I have picked up useful information, so instead of now going straight to him and saying 'they've got debts'. I now know the questions to ask to find out how difficult the problem is, what issues they've got and undertake a mini assessment so that I can then go to* [name of benefits advisor] *with the bits I can't do and need help with. It's the same working with* [name of substance misuse worker], *you learn the questions you need to ask to get a better assessment, rather than saying to him 'they've got a problem with drink' I can now ask mum about it and then go back to the worker and say 'this is how much and how often she's drinking'. So we pick up skills from everybody we've worked with, so we can do a little bit of the work first."* (Practitioner)

4.70 Within the 'systems change' Pathfinders there was also evidence that agencies outside children's services were changing their practice and embedding family focused approaches to delivery (see **Figure 4.13**).

Figure 4.13: Changes to Working Practice

Probation

The Probation service has a key role in managing the risk of offenders on release from prison. They already had a safeguarding responsibility but previously managed this through their own operational processes. The Probation Service introduced a process whereby in the period coming up to release, the Probation Team will submit a CAF enquiry form to see if a CAF has been established for the family. If appropriate, they will then join the TAF. At the time of consultation, this process had resulted in 17 enquiries from probation to the CAF team.

Substance misuse

Within their assessment process, adult substance misuse services have embedded a question which considered the impact of substance misuse on parenting capacity. Previously this would have resulted in a referral to Child Protection. Now, this would be likely to trigger the offer of a Family CAF. This is being embedded into their performance monitoring framework.

YMCA

"*We work with young people and families in a range of different ways and have in place a significant piece of family focused working through 'On Track'. However, we're looking to extend the approach to service areas which traditionally would not work with the wider family. A good example is within tenancy support and hostels for young people. Currently, we would only really work with the young person but we're changing that to dig more deeply into family circumstance and see if there is potential to develop whole family*

working. Alternatively, we need to look at the young person's view of who they class their family is now ... perhaps a trusted uncle or friend, and consider if the support we provide would be more effective if they were enlisted too".

4.71 Progress in developing partnership working was more variable within the Young Carer Pathfinders than within the Family Pathfinder areas, but there were pockets of progress. In most areas, the Young Carer Pathfinders forged strong partnerships with one or two key (often voluntary) sector agencies. Practitioners in these services were considering the needs of the whole family and communication and planning between services was much stronger. For example in one area, the Young Carer Pathfinder and the Adult Disability Service established and now use integrated support plans for adults and children. However, for many of the Young Carer Pathfinders in particular, achieving this 'foot in the door' was challenging and developing joint working with external agencies was the biggest barrier to delivering family focused support.

4.72 Key challenges for all Pathfinders included:

- **Pathfinders unable to access the information on families they required**;
- **Pathfinders struggled to access other agency support (because families did not meet agencies support thresholds)**;
- **other agencies not attending TAF meetings**.

4.73 Accessing support from adult services, particularly statutory adult mental health services, has been the biggest challenge. The barriers to partnership working were cultural, structural and financial (see **Figure 4.14**). Pathfinder staff felt that the main issue was at a cultural level.

Figure 4.14: Challenges to Partnership Working

Cultural Barriers

Some practitioners were unwilling to work with the whole family because: they did not see it as being within their professional remit; they were uncomfortable with the concept; they did not feel they had the right skills to work in this way; they felt they did not have sufficient time to work in this way; or they did not see the value of taking a family focused approach.

"*TAFs are useful; it's useful to know what everyone is doing, but so long as there aren't too many of them. They can be quite long-winded and repetitive – I mean what I do, I do. At the meetings I just report what I do. It isn't really affected by what everyone else does.*" (Practitioner from partner agency)

"*We feel we have to drag* [some agencies] *to the table kicking and screaming.*" (Practitioner)

"*The audits* [of joint working] *show that there are still issues amongst practitioners who feel that they trained as either an adult or a child*

Figure 4.14: Challenges to Partnership Working

professional and have the view that 'I can't possibly assess one or the other'. There is also the fear [within children's services] of mental illness; and the fear [within adult services] of doing something wrong with a child, therefore they don't see the child, as if they don't see the child, they don't know." (Pathfinder Manager)

"I'm not sure I feel comfortable taking on the leadership of complex cases. Whilst we've always worked with complex families, social care ultimately takes the lead. Some of these families are only a few steps from child protection and it's a big risk we're being asked to take on." (Partner Agency representative)

Structural Barriers

In some areas, Pathfinders struggled to bring in support for the whole family because agencies did not have formal agreements /training for their staff to work in this way and practitioners were not registered to work with both adults and children:

"*Some adult social workers have said they can't support the children in families because the social care services they'd bring don't have full registrations to work with all family members*".

Financial Barriers

There was still uncertainty within some Pathfinder areas about which agency/service funded whole family support. This was particularly the case when 'adult issues' impacted on children within the family, or vice versa. In these circumstances children's services might see it as the responsibility of adult services because the issue lay with the adult, however adult services may see it as the responsibility of children's services because it was the child who was suffering and required support.

For example, in one Young Carer Pathfinder area an adult disability worker agreed to support a family because although the adult was coping well with their disability, it had a significant impact on their child. The adult social worker accessed care services for the adult, but her manager wanted to limit the length of support as she felt adult services should not be funding this support because it was the child, not the adult, who required the support. The adult social worker had to provide a case to her manager to convince her to agree to longer term funding. This included consulting with the LA's legal department to demonstrate that they had a 'duty of care' that included young carers.

"There is a conflict over who pays for it." (Practitioner from partner agency)

4.74 The consequences of such barriers were that families did not receive the support they required, or practitioners within the Pathfinders tried to address the issues themselves, even though they might not have had the necessary skills. Strategies for overcoming challenges to partnership working are explored in further detail in **Section 6**.

Packages of Support

4.75 As already identified in the discussion of models of delivery, the Pathfinders provided a wide range of family focused support. This included both intensive family support and specialist support linked to families' specific needs, such as domestic violence, adult mental health concerns, debt issues and substance misuse. Although the Young Carer Pathfinders have shifted the emphasis from respite support for the young carer, to delivering support that meets the needs of the whole family, the Family Pathfinders were more likely to be able to provide specialist support from within the Pathfinder team.

4.76 Pathfinders also took a phased approach to support. The initial phase typically focused on engaging the family and 'crises management' (especially within Family Pathfinders) and addressing urgent issues such as housing conditions and tenure, ensuring children and other family members were safe. The second phase focused on addressing entrenched issues such as adult mental health, substance misuse and the third phase was about embedding resilience within the family and preparing for exit (see **Figure 4.15**). It should be noted that these phases of support were not necessarily sequential and that in some instances it was appropriate to start addressing entrenched issues at the same time as undertaking crisis management. The time periods are provided to show indicative timings of delivery.

Figure 4.15: A Phased Approach to Delivery		
Phase 1	Engagement and crisis management	Months 1 - 5
Phase 2	Addressing entrenched issues	Months 6 - 9
Phase 3	Embedding resilience and preparation for exit	Months 10-12

4.77 The support provided for families varied significantly depending on the needs and issues faced by families. It was very much about developing a personalised approach to support and there were clear distinctions across the different types of Pathfinder and the different models of delivery, which also reflected the skills and expertise of the Pathfinder teams. **Figure 4.16** provides an overview of the main components that may constitute a 'typical package of support'.

Figure 4.16: Components of a 'Typical' Package of Support
Practical support (often delivered in Phase 1): such as support in undertaking daily tasks, improving the families' living conditions, e.g. addressing overcrowding by providing practical solutions such as storage, room dividers etc., checking benefits entitlements, reviewing and addressing debt issues, support in accessing appointments e.g. health appointments, accessing grants to provide basics for the home e.g. carpets, beds etc. *"The key workers are very good. They work intensively with families and provide sustainable solutions for their practical*

Figure 4.16: Components of a 'Typical' Package of Support

problems" (Social Worker). Providing families with 'life skills' and strategies for establishing routines within the home; they provided support which other professionals would not have the time to. Filling a gap in existing support e.g. supporting young people's attendance at school, chasing them and ringing them up.

Specialist support (often delivered in Phase 2 when initial crises resolved): to address specific issues within the family, either accessing specialists within the team or drawing in support from external agencies. Specialist support included: substance misuse, adult mental health, disability services, education, domestic violence, housing, debt and benefits advice, family therapy, health visitor, adult psychologist, and specialist children's social worker.

Focus on family functioning and parenting support (delivered through all phases of support): such as improving relationships between family members and the tensions caused by the issues faced within the family. Much of the intensive family focused support has focused on providing parenting support. For those families with high level needs, Pathfinder staff provided one to one parenting support, usually in the home, focused on: addressing issues in family relationships; establishing routines and boundaries; introducing concepts of rewards and consequences; ensuring parents understand the impact of the family issues (e.g. mental health/substance misuse/domestic violence) on their children, as well as working with children to understand the impact these issues have on their parents; and engaging absent parents /addressing attachment issues etc. Formal parenting/family support was also provided via Family Group Conferencing and structured parenting courses such as Mellow Parenting and Triple P.

"Developing parenting skills is one of the main impacts of [name of Pathfinder's] *work. It's work that social workers don't have time to do."* (Pathfinder Manager)

One-to-one support (delivered through all phases of support) for adults and children within the family, for example specific support for adult family members when existing support had been primarily focused on the needs of the children, e.g. because of child protection concerns:

"*The children saw what she* [name of key worker] *was doing for me, which made them feel happier."* (Mother)

*"[*Name of key worker] *was on my side ... she didn't push me .... She never said 'you must do this or that' but always there for me. She would come and talk about family issues but she would also talk about other things."* (Mother)

"The thing I really needed [from the key worker] *was the 'social'* [aspect], *talking to me and for me to be able to talk about my problems.*" (Mother)

For many young carers it was having someone to help build their resilience to cope with their caring role (e.g. increasing carers' understanding of the cared for person's illness through drop-in sessions run by specialists, building caring skills, ensuring they know what to do in an emergency) and addressing the problems caused by the inappropriate caring (e.g. liaising with schools to address school attendance or attainment and supporting young adult carers into further education or employment).

Figure 4.16: Components of a 'Typical' Package of Support
Positive activities (delivered through all phases of support): this was a particular focus of the Young Carer Pathfinders but was also evident within the Family Pathfinder areas and included the provision of positive activities for the young people, but also for the family as a whole. Within the Young Carer Pathfinders this included regular support groups and activity sessions, family trips and funding short breaks.
Emotional support (delivered through all phases of support): for example in the Young Carer Pathfinders, helping the family to cope with the emotional anxieties caused by the caring role. This included direct emotional support provided by the young carer practitioners, providing either the young carer or the family with a volunteer mentor and drawing in counselling services.
Building families' support networks (often delivered as part of the exit strategy in Phase 3): such as linking families into support groups provided by the local community or universal services, drawing in wider family members, e.g. via family group conferencing and linking families into volunteering opportunities.

4.78 Although there were some challenges engaging specific services, in the main, the Family Pathfinder areas did not report any challenges in devising appropriate packages of support for the families they worked with. The Young Carer Pathfinders were generally successful in implementing the elements of support delivered by the team (e.g. providing the practical support, emotional support, family functioning and building families' independence), but found drawing in support from partner agencies more challenging (see previous discussion).

4.79 Particular aspects of Pathfinder support proved more challenging to deliver and Pathfinders have struggled to establish them within the given timeframes. This was particularly the case in relation to the establishment of volunteer support and mentoring schemes. Pathfinders underestimated the time necessary to recruit, undertake CRB checks, and train the volunteers and mentors. In addition, issues regarding family engagement in volunteer and mentoring opportunities and family group conferencing meant that the expected levels of take up were not achieved.

> *"The work's been slow to get off the ground – in the end we only had five matches of volunteers and families. The volunteer work within the Pathfinder didn't work as well as it could have done and lessons have been learnt regarding how voluntary sector work should have been integrated. We should have taken an 'opt out' approach, where all families were matched with a volunteer unless they really didn't want to – the main problem was that families were not interested or didn't engage... More should have been done on needs analysis at the beginning of the project on what volunteers could do and there should have been more consultation with service users and professionals."*
> (Volunteer Manager)

Support on Exit from the Pathfinder

4.80 There were differences in the exit strategies for the Young Carer Pathfinders and the Family Pathfinders. In the Family Pathfinders the exit plans were more formalised and once the aims of the family support plan were achieved, then families would be exited from Pathfinder support. Reflecting families' continuing levels of need, there was usually an expectation that support should be 'stepped down', rather than withdrawn completely. There was recognition that families still had specialist needs and concerns that required support, but that the concerns were at a lower level and more manageable. Therefore, there was an expectation for many families that they would be exited to targeted, or specialist services, and that they would continue to be supported by TAF or Team around the Child processes. Thus, the Pathfinders were involved in identifying other agencies and services that could take on that continuing support role.

> *"It's crucial that we plan for when the Pathfinder pulls out. E.g.* [name of family] *are receiving a high level of support, so we are looking at other agencies, e.g. Home Start, 'Befriend a Family' who could take on a role. It's about scaling down support and the gradual reduction of who's involved so we don't all withdraw at the same time and preparing family for that. A number of families are accessing* [name of Family Centre] *because of the employability/education and training support they offer."* (Pathfinder Manager)

4.81 Procedures for exiting families from the Young Carer Pathfinders were less formal. When families were exited from the intensive family focused support, most provided young carers with opportunities to continue to access respite support and positive activities from either a universal Young Carers' Service or universal services within the community, such as youth clubs or after-school clubs. This was in recognition that, whilst inappropriate levels of care might have been successfully addressed, many young people were still likely to undertake a caring role and benefit from such opportunities. The respite support provided them with a break from caring and was also seen as an effective way of continuing to informally monitor families' needs.

4.82 A small number of Pathfinders exited families to community based support which, as already highlighted, had variable success. One of the Family Pathfinders facilitated a weekly parents' networking group which provided an opportunity for parents previously supported by the Pathfinder to discuss issues and problems informally.

4.83 The existence of robust exit strategies appeared to be a significant gap in Pathfinder support. Only a small number (five) of Pathfinder areas had formal procedures for monitoring families once they were exited from the Pathfinder (e.g. 3, 6, or 12 months after exit) to ascertain whether improvements were sustained over the longer term.

4.84 The family follow-up interviews revealed that for a number of families there was insufficient support to meet their continuing needs on exit or families were not in a position to access the services they were signposted to. This appeared to have been a particular issue for families with mental health concerns (see **Section 2**). Evidence from the family follow-up interviews also suggested that those families exited to universal services were not always in a position to access this support independently. For example, within young carer families the nature of the cared for person's difficulties meant children were unable to access activities because of transport difficulties and there was still a need for families to be supported in accessing services once they were exited from the Pathfinder.

Conclusion

4.85 Considering the timescales, the Pathfinders' level of progress in implementing family focused approaches has been impressive, particularly for the 12 Young Carer Pathfinders that received funding in 2009. The majority of Pathfinders recruited new teams, developed new assessments and processes, forged new or stronger partnerships with other agencies, and delivered new packages of support. The Family Pathfinders were clearly filling a gap in existing service provision for families who were likely to be known to services and in receipt of support but that support had not brought improved outcomes for families. The Young Carer Pathfinders were providing support that previously was not delivered i.e. to address unmet need by extending their existing young carers' work to work with families. However, given the shorter timeframes and challenges in engaging other agencies experienced by some of the Young Carer Pathfinders the extent to which they were able to implement a truly whole family approach was more limited.

5 WHAT WORKED IN DELIVERING CHANGE?

5.1 This section explores the effectiveness of the support to families and identifies the elements which were critical to delivering positive and sustained change. The section consolidates evidence from:

- **interviews with key stakeholders** (strategic leads, project managers, practitioners, families and partner representatives);

- **evidence from FPIS** of the impact of support on families (**see Figure 5.1**);

- **the family follow-up interviews** which highlighted the difference that taking a family focused approach could make to families with complex needs and, in particular, what aspects led to sustained change.

5.2 There were differences in the extent to which Pathfinders delivered whole family working:

- **almost all Family Pathfinder areas and one third of Young Carer Pathfinders focused on providing intensive support** to families with multiple and complex needs;

- **most of the Young Carer Pathfinders were delivering a 'lighter touch' approach**, (albeit intensive compared to the families' previous experience of support), **focused on addressing the cause and impact of inappropriate levels of caring** within the context of the family. Typically, families supported had a narrower range of issues.

5.3 **Analysis of the FPIS quantitative outcomes data did not identify a clear correlation between a specific delivery model and the effectiveness of the support provided**. Each of the models of delivery described in Section 4 had the potential to be effective. However, we have identified three 'critical components' that were necessary for the family focused approach to be effective in supporting families. These, discussed in turn, are:

- **the key worker approach and role**;
- **a robust framework of support**;
- **an intensive and flexible family focused response**, focused on addressing the multiple needs of all family members.

5.4 We then go on to consider:

- tackling specific issues;
- maintaining positive outcomes; and
- what works for young carers?

Figure 5.1: Overview of Family Cohort
The analysis has included an exploration of three specific subgroups to identify whether support has been more effective for some families than others[lv]. The groups are: **Cohort 1a: analysis of families where there was significant improvement in outcomes** (defined as from statutory to targeted/universal or similar) **Cohort 2: analysis of families where there was no aggregate change in support need** (defined as those that stayed at the same level) **Cohort 3a: analysis of families who had an escalation of level of assessed need during support**. (defined as those who moved from universal to specialist or similar)

The Key Worker Approach and Role

5.5 The key worker was an essential element of an effective whole family approach. The key worker acted as the 'lynch pin' that tied the package of family support together and, where necessary, mediated between the family and other services. Key workers needed to be able to provide intensive support when this was required, as well as holding responsibility for case leadership and coordination of family support.

5.6 For the key worker approach to be effective, practitioners taking on this role needed to be highly skilled and experienced, adopting the 'key worker ethos' of being solution focused, persistent, flexible, considering the needs of all family members and focused on building trusting relationships.

5.7 Where these 'critical components' existed, they generated three distinct benefits:

- families were engaged in support;
- wider agency support was identified and accessed;
- appropriate packages of family focused support were developed.

5.8 The skills and challenges associated with the role should not be underestimated. Even for experienced social workers, the role represented a new challenge.

5.9 Many of the Pathfinder families had a history of non-engagement with services. Therefore, in order to work with families successfully it was critical that key workers were able to build up families' trust and confidence. They did this by identifying with families what needed to change and by working with them to help achieve those objectives. This might initially focus on providing practical support and 'quick wins' to show the family that they were prepared to work *with* them, rather than telling them what they *had* to do (see **Figure 5.2**).

Figure 5.2: Engaging Families in Support
"You have to listen to what they're saying ... what's important to you or other services might not be important to them. You need to pick up on what's important to the family first, or do it jointly with something else that is important, to build up the confidence of the family and then they are more willing to work with you on everything else. Once you've built up trust in a relationship you can deal with everything else and it helps break down a lot of barriers." (Key Worker)
"If you go in and say 'I had this meeting and this is what you need to work on' you will get their back up, but if you go in and say: 'this is what the social worker and other professionals want. What do you want?' Then ask them how you as a worker can support them to address the issue they have identified, which in turn builds up trust and then they will work with you on everything else." (Key Worker)
"At the start I needed most help with sorting my housing out because I'd stopped paying my rent and got into rent arrears. My first meeting with [key worker] *I found out there were links in* [name of Pathfinder] *– they have people who deal with housing, with this and that, which is really useful. So I spoke to* [key worker] *first about my rent – she was an 'in between' person if I couldn't get on the phone to somebody e.g. the housing and the rent she would get on the phone for me."* (Mother)

5.10 In order to be effective, the key worker role also had to give practitioners the capacity (i.e. time and flexibility) to develop these relationships and ensure that a package of support was developed/accessed which met families' needs. For many families, the key worker helped them overcome the stigma of engaging with particular services (such as adult mental health and social care) by, for example discussing the issues they faced, explaining what was required of them and accompanying families to appointments. In many instances the key worker had to facilitate families' access to support to ensure that they were able to engage with the support on offer:

> *"We attend the* [social care] *review meetings and work with the family to help them to meet the action plans. One of my families had been under social care for ages but nothing improved. They didn't understand the terminology or the acronyms. They didn't understand that their living conditions were the cause of*

neglect. They didn't know what 'neglect' meant. I physically had to go out and show them what to buy, and over four or five months things started to improve." (Key Worker)

"The approach from [name of Pathfinder] *does not stigmatise the individuals; it allows the families to start again and look to the future. This is something particularly important in my field."*
(Adult Mental Health Practitioner)

5.11 The consistency of having the key worker there throughout the delivery of the package of support and their ability to explain what was happening and for families to ask questions, also facilitated families' engagement. Evidence from the family follow-up interviews clearly highlighted the significance of the key worker role. The evidence around the engagement of families and engendering a commitment to change within families was strong. **Figure 5.3** provides an example of how families were able to respond to the need for change because of the support from their key worker.

Figure 5.3: Engaging Families in Support and Addressing Child Protection Concerns
Background: The family of five [two adults and three children] were referred to the Pathfinder in May 2009, from Social Care. The children had been on the Child Protection Plan for two years for physical neglect. The family had not engaged with the support provided, they felt that social workers were criticising how they parented their children and little progress had been made. The next step was that the children would be placed in care.
Engaging the family: The key worker focused on developing a relationship with the family, which facilitated their engagement. The social worker who participated in family review meetings commented that the family had engaged more with Pathfinder staff than they ever did with social care. The key worker attributed this to the intensity and persistence of her work and the time she was able to give the family, which enabled her and the family to develop a close, trusting relationship. The key worker took a 'softly, softly' approach, getting the family to commit to small, easy, practical tasks, for example half an hour cleaning up the garden (reducing their risk of eviction) and then slowly building up their commitment.
Only when the key worker felt they had developed a close, trusting relationship did she taking a more assertive approach and address issues concerning their parenting. Because that relationship of trust had been developed with the key worker, the family responded much better to her challenging them about their parenting than they had when social workers challenged them.
"It's the relationship and the intensity of support we offer them. The relationship is key." (Key Worker).
The family recognised that the key worker was there to help them provide their own solutions to the problems they faced and responded positively:
"They wanted to know me and [name of mother]. *We got the opportunity*

Figure 5.3: Engaging Families in Support and Addressing Child Protection Concerns
for them to help us both ...They brought me and my family together." (Father)
Outcome: When the family were interviewed for the second time (six months after exiting from Pathfinder support) the children were no longer on a Child Protection Plan and the parents had addressed a number of issues regarding drugs and alcohol dependency that had significantly improved the outcomes for their children.

5.12 The family focused nature of support and the trusting relationships established meant that individual family members felt that they could be open and honest about the issues they were facing:

> *"The [eldest] daughter never told anyone her concerns before – all the children were really wary of social work support and knew the right things to say. But she told us that she was fed up, and that was down to how much they saw us and trusted us."* (Key Worker)

5.13 Key workers recognised the value and potential of their role, particularly given Pathfinders' capacity to support the engagement of challenging families with complex needs. Whilst acknowledging the need to challenge families' behaviour, key workers also expressed a commitment to ensuring that families' experience of working with their service was positive and non-judgemental, which in turn facilitated family engagement (see **Figure 5.4**).

Figure 5.4: Facilitating Family Engagement
"Too many services have failed families because they go in looking at what is wrong and immediately turn the family away from engaging. We go in, and because we have the time, we are able to look at the strengths of the family and spend time getting them on 'our side' ... then we look at what needs to change." (Key Worker)
"We managed to engage her because we had the time and flexibility, and it was not a 'one off' visit. I had the time to keep going round and knocking on the door and to be able to get in there. It was hard at first because she was very closed. It's time consuming, but it's proved to be effective, whereas other people struggled." (Key Worker)
"She knew she could call me and I would be there ... and our low caseload allows us to be so flexible so one morning we spent four or five hours together going for coffee and to the park." (Key Worker)

5.14 The significance of this 'up front' time with families should not be underestimated. Key workers acknowledged that work with families with complex needs can be extremely challenging and practitioners did experience aggressive language and behaviour. Typically this would be the point at which many services would have withdrawn their support, recording families' 'unwillingness to engage'. However, allowing families to display their frustration with the situation was one way of getting them to open up and trust their key worker.

> *"I recognised that this was the point from which we could start*
> *... She had revealed to me how vulnerable she felt and I knew*
> *then that I was going to be able to help her."* (Key Worker)

5.15 Despite the commitment of key workers, there were families who disengaged from Pathfinder support. Where positive outcomes were not achieved the main reason was because the family disengaged, often linked to escalating needs. Analysis of the reasons why support for families ceased, indicates that 17% of families disengaged with Pathfinder support. Some Pathfinders had higher levels of family disengagement than others, with the highest rates of family disengagement recorded in Young Carer Pathfinders. The reasons for disengagement were linked to the complexity of families' needs, particularly where there were continuing issues of drug and alcohol dependency and domestic violence alongside mental health issues, a lack of family support networks and debt issues. Furthermore, within families that showed a significant escalation in need on exit from the Pathfinder (cohort 3), there was evidence that key family members were not engaged in support. For example, the mother was engaged but not the children, who were the source of the offending behaviour.

Identifying and Accessing Wider Agency Support

5.16 In addition to delivering support, key workers played a significant role in identifying and accessing wider agency support for families. Key workers were well placed to take on this role because:

- they had a good understanding of family issues because of the trusting relationships developed with the family and their family focused approach to assessing need;
- their outcomes and solution focused approach to delivery meant that they were focused on addressing the underlying causes of concern, which invariably required multi-disciplinary solutions;
- their family advocacy role meant that they would challenge other services to provide support. Key workers' persistent approach was particularly effective and resulted in families receiving support they would otherwise not have received.

5.17 Key workers' capacity and flexibility to respond to families' changing needs and ability to draw in other agency support to meet those needs was evident. **Figure 5.5** highlights the range and flexibility of the support provided.

Figure 5.5: Key Workers Engaging with Agencies

Background: This family were referred to the Pathfinder because one of the children's behaviour was deteriorating in school. This young person was statemented and had a number of emotional and behavioural problems that were possibly linked to his father's mental ill health. The key worker undertook a whole family assessment which uncovered a number of issues. There were concerns about the emotional mental health and wellbeing of the whole family due to stress and anxiety caused by harassment in the local community and there were concerns about the family's safety due to this harassment.

Support provided: The support required by the family changed significantly following an incident within the local community where the father was assaulted by a neighbour and was threatened with a knife. After this incident the priority for the key worker was to get the family re-housed. This involved contact and negotiation with a wide range of agencies, including the anti-social behaviour unit, the police and a private housing contractor.

Outcome: The key worker was responsible for bringing in the appropriate agencies to get the family re-housed in temporary accommodation and had also drawn in support from victim support to provide a grant so that the family could place their belongings in storage whilst they were in temporary accommodation. The mediation role provided by the key worker meant that the family were successfully re-housed. By facilitating the family's move into more appropriate accommodation, many of the issues impacting on the family were resolved.

5.18 Key workers successfully accessed and coordinated a range of multi-agency support, which, the evidence indicates, led to a reduction in families' overall level of need (see **Figure 5.6)**. Evidence from FPIS supports this finding. Families that appeared to improve the most (Cohort 1a) typically had a broader range of services involved in support than those who disengaged (Cohort 3).

**Figure 5.6: Accessing Multi-agency Support for Families
with Complex Needs**

Background: The main issues within this family were domestic violence, mental health concerns and the mother's use of amphetamines and cannabis. These issues were having a significant impact on the wellbeing of the mother and her children and the children's engagement with school.

Support provided: the key worker supported the mother in addressing the domestic violence issues within the family. The clinical psychologist within the Pathfinder team also undertook some work with the mother as it was suspected that she had ADHD; and support was also accessed from the NHS (consultant psychiatrist) and the family's GP. The key worker also

liaised with the children's schools regarding their support needs.

"Without this diagnosis [of ADHD]*, [name of mother] would never have been in a position to move on."* (Key worker)

"It felt like my hand was being held and everything I needed was coming from [name of key worker]*."* (Mother)

Outcome: the mother received a positive diagnosis of ADHD and received a prescription from the GP which led to her stopping taking all drugs. She eventually left her abusive partner and all this has impacted very positively on the children. The family were taken from statutory to universal level of need in 17 months.

<u>Developing Appropriate Packages of Support</u>

5.19 Evidence from family follow-ups, including interviews with key workers and reviews of case notes, shows that the most effective key workers/Pathfinders were able to develop appropriate, personalised packages of support, which met the needs of the whole family. Pathfinders that have elicited positive changes demonstrated the importance of appropriate support being delivered through key workers who had the knowledge and understanding of families' needs.

5.20 Delivery of appropriate and relevant support typically began with the development of a family action/support plan. The most effective approaches actively engaged the family in developing the plan. This meant that the whole family were aware of the commitment and need for change and took ownership of what needed to change:

> *"I looked at the plan and thought, 'there's nothing on there that I can disagree with'. It included all of us and was for all of us."* (Mother)

> *"It was up to me whether I agreed to stick with it or not and when I read it - it was perfect for our family – it had a list of all the options – housing etc."* (Mother)

> *"I found the plan to my advantage because she asked me what I wanted to get out of it."* (Father)

> *"They thought the Family Plan was very good, because it brought the family together as a team, to tackle their needs collectively ... The kids kept saying 'Dad it's on your plan, you've got to do it'."* (Key Worker)

5.21 There was also evidence to suggest that when the key worker approach was not implemented effectively, either because the right practitioners were not recruited to the key worker role or the 'key worker ethos' was not embedded, the support was less effective. In these instances, Pathfinder staff struggled to engage 'hard to reach' families; worked less with wider agencies (either because they referred less or struggled to engage wider services); were less effective at identifying issues within the family; and were less likely to address the underlying causes of family issues, such as mental health and substance misuse.

Robust Support Framework

5.22 A robust support framework was critical to providing effective family focused support. Given the need to coordinate and draw in a wide range of support for families with complex needs, it was extremely important that the processes supporting Pathfinder models of delivery were effectively managed, regularly reviewed and that staff received appropriate supervision.

5.23 A majority of the families (cohort 1a) who showed a significant improvement in their overall level of assessed need between entry to, and exit from, the Pathfinder were from areas that displayed robust operational processes and a strong key worker approach to delivery.

5.24 Pathfinders commonly used whole family assessments and a team around the family (TAF) approach to assess and access appropriate family support. Effective assessment processes ensured that family issues were identified swiftly and there was a clear understanding of the range and complexity of need within families.

> *"A comprehensive assessment of the needs of all family members resulted in planned work which was more likely to benefit young carers."* (Pathfinder Manager)

5.25 TAF meetings provided an invaluable forum to discuss the support required and were most effective when they were used as a consultative process with key stakeholders (see **Figure 5.7**).

Figure 5.7: TAFs Building Understanding

Background: This family was referred to the Young Carer's Pathfinder by an Education Welfare Officer because the eldest son's school attendance was 63%. The mother was diagnosed with pseudo-epilepsy and was keeping him at home to look after her. The father had disengaged from support because he felt his views were overlooked by services working with the family.

Approach: A TAF meeting was held to ascertain and understand the issues the family was facing. The father attended the TAF meeting and had an opportunity to explain his views. He reported serious concerns about the mother's treatment of the eldest child, including mild strangulation. In

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Figure 5.7: TAFs Building Understanding

response, the young carer key worker was able to access additional mental health support for the mother through the local hospital. The father became the primary carer within the family and the key worker helped him secure more appropriate accommodation for him and the children. The children's primary and secondary schools were engaged in the TAF approach and provided emotional support, therapy and counselling for the children.

The eldest son was engaged in positive activities and started attending a youth club.

Impact: within a month of the initial referral, the eldest son's school attendance increased to 99%. This would not have happened without the integrated and coordinated TAF approach: the father's views would have continued to be unnoticed and the services working with the family would not have a full understanding of the issues faced by the family.

5.26 TAF meetings gave other agencies working with the family the opportunity to see the 'bigger picture', ensure that their aims and objectives were met, and that their work did not conflict with the work of others. If necessary, it also provided an arena where agencies could be challenged about the support they provided (see **Figure 5.8).** The survey found that 80% of practitioners considered formal meetings with the Pathfinders to be effective in identifying families' needs and developing packages of support.

Figure 5.8: The Benefits of a TAF Approach

Seeing the 'bigger picture'

"So it was really useful having the meetings [TAFs] *which I attended to understand more about the background and what's happened previously and what works around the family and how we can use that to ensure they were sticking to the tenancy with us."* (Housing Provider)

Focusing on "The TAF gives a much stronger plan and it's more progressive and feels like it's moving the family forward. I find it really helpful that everyone knows what everyone else is doing and it's very open. Sometimes people know some information and not other information – I don't like to collude with families and it's better and safer to have all the risks discussed at the meeting – it's very useful for that and keeps everybody aware and therefore safe." (Social Worker)

<table>
<tr><td colspan="1">Figure 5.8: The Benefits of a TAF Approach</td></tr>
<tr><td>Challenging Other Services</td></tr>
<tr><td>"TAFs give us the opportunity to ask the right questions of other services: 'Have they had a carers' assessment? It's their entitlement, it's their right. Are they aware that they're allowed this?' So it's given us the opportunity to challenge other services to ensure they are fulfilling their role and, as a consequence, reduce inappropriate levels of caring." (Pathfinder Manager)</td></tr>
<tr><td>An integrated and coordinated response to families' needs</td></tr>
<tr><td>"The TAF brings key agencies together, including the police and we have a frank, open and honest discussion about the needs of the community and the family and come to a collective mind as to what can be put in place to best address the issues. It's beneficial for the family, the community and professionals, as well in terms of understanding the role each other plays in achieving that." (Pathfinder Manager)</td></tr>
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5.27 In order to be effective, the TAF process needed to incorporate regular monitoring and review to ensure that progress was made, outcomes were achieved and to provide accountability for all those involved, including the family themselves. Regular TAF meetings provided an opportunity to review the support in place and ensure that it continued to meet families' needs. They provided an opportunity to identify additional support that may be required, as well as support that may no longer be required, or was not appropriate at that time. They were regarded as particularly effective for coordinating support for families where multiple agencies were involved:

> *"...having the regular meetings keeps you in check."* (Mother)

> *"We have families who have 15-20 professionals involved, so the TAF is useful in clarifying who's going to lead particular aspects of the work and also recognising that sometimes they shouldn't be involved as there's already too many people working with the family."* (Pathfinder Practitioner)

> *"We will discuss these issues [multiple agencies working with the families] at TAF meetings. We need open communication within the TAF meetings so we can decide who visits and when. For example the social worker said she would step back if she knew the family support worker was going in regularly. We try to make it no more than two or three visits a week amongst all the professionals involved."* (Pathfinder Manager)

5.28 Within the most effective approaches, TAF meetings were chaired by a senior member of staff who, due to their level of seniority and experience, were able to challenge both agencies and key workers (e.g. ensuring that families did not become too reliant on key worker support) about the support provided for the family and ensure that progress continued to be made. The skills, experience and capacity to do this effectively should not be underestimated.

5.29 As a result of monitoring and reviewing their TAF processes, a number of Pathfinders revised their approaches to reflect the needs of the stakeholders involved. For example, they made changes to how they structured their meetings, how they sought stakeholders' views, where and how often they were held, and who was invited to the meetings.

> *"We found that we weren't routinely getting the children's views in the TAF meeting. We therefore introduced an approach whereby one week before the meeting the Family Worker would undertake an exercise with the children to get their perceptions on how the family was progressing. This made sure we properly addressed the issue, rather than reverting to, 'that intervention's have been done which means the outcome must have been achieved'".* (Pathfinder Manager)

5.30 Given the intensity of much of the Pathfinders' work and the level and complexity of needs addressed, effective models of delivery also required robust processes for staff supervision. Supervision needed to challenge and support both practitioners and their practice. Effective supervision was critical to ensuring that families did not become too dependent on key workers, that professional boundaries were maintained, and that progress continued to be made.

> *"It can be difficult to maintain objectivity, which is why supervision is very important. Staff need to be able to discuss and retain that objectivity".* (Pathfinder Manager)

> *"We're dealing with cases with significant and multiple risks. You need close supervision to make sure you don't get too close and miss problems that are getting worse, because you want to be positive. It's a fine balance. Working in a team helps to keep a reality check."* (Intensive Family Support Worker)

5.31 Supervision is also important in recognising where the support is not going to make a difference, and when a different tactic is required. Families that had an escalation in need actually had more intensive (i.e. more hours) support.

5.32 Those Pathfinders (mainly Young Carer Pathfinders) that adopted more informal approaches to delivery faced the following challenges:

- informal, 'ad hoc' assessments made it difficult to draw in other agency support as it was harder to evidence need;
- given the complexity of families' needs, informal approaches to managing family support were less effective than a TAF approach because they did not provide a forum where all key stakeholders were able to come together to discuss families' needs. This meant that agencies awareness of families' needs and the support provided was more disjointed;
- there was also a danger of cases 'drifting' because there was no formal monitoring and review of progress made and outcomes achieved.

An Intensive and Flexible Whole Family Response

5.33 Evidence revealed that an intensive and flexible response that addressed the multiple issues faced by families and the interrelated nature of those concerns was key to addressing the entrenched issues faced by Pathfinder families. Practitioners closely monitored the interventions put in place, addressed issues concurrently and responded swiftly and appropriately if outcomes were not achieved or families' needs changed.

> *"One of the real strengths of the Pathfinder's approach is being able to identify all the issues and working out when you need to be doing things and sometimes pulling back and saying 'we can't do that now, we need to do something else now'. Having that flexibility of approach, which you certainly wouldn't be able to do if there were lots of different agencies going in. Some of the interventions are quite subtle."* (Practitioner)

5.34 Evidence from the family follow-up interviews indicated that one of the key factors influencing positive outcomes for the family and an overall reduction in their level of need was the intensity and range of support that could be provided. In particular, staff from the multi-disciplinary teams provided examples of how the team effectively addressed a wide range of family need, including benefits and debt advice, and support to address issues of domestic violence, adult mental health and substance misuse (see **Figure 5.9**). A total of 100% of managers and practitioners rated the specialist nature of the support provided by the Pathfinders as either effective or partially effective and 99% rated the intensity of support as either effective or partially effective.

Figure 5.9: The Benefits of a Multi-disciplinary Approach
"Instead of me spending a lot of hours trying to find out this information [regarding benefits entitlement] *we have someone in the team who can advise me, which meant I could go back to the carer and tell her what she needed to do to claim benefit and what forms to complete and this was all done in-house. We are using the skills of the team to resolve families' problems, rather than spending hours trying to find out this information. Whereas in the past, I would have helped the young person fill out the form for the course and the Education Maintenance Allowance (EMA) form and that would have been it. So it's a lot more comprehensive now because we can put a package of support in, not just for the young person but for the family."* (Education Worker, Pathfinder Team)
"Having such a wide range of professionals, means complex needs can be met and, if they don't know, they can ask somebody who does. They have the time and ability to research the background information needed ... whereas I wouldn't have that time. For example the [name of family] *case was particularly complex as the family moved around different boroughs and the Pathfinder did checks, which was really helpful because they had to contact five different LAs".* (Social Worker)

> *"My team's really benefitted from* [name of domestic violence (DV)] worker on Pathfinder team] *... We often make referrals* [to other DV support] *but they take months whereas* [name of DV worker] *has been able to get in and do the work and it's been fantastic because DV is the main issue within families, so her work's really valuable.*" (Social Worker)

5.35 Those families (cohort 1a) who demonstrated a significant improvement in their level of assessed need between entry to, and exit from support, were more likely to be in receipt of a wider range of interventions than those families (cohort 3a) who showed an escalation in need. The provision of more narrowly focused support meant that Pathfinders were not always able to fully address families' complex needs (see **Figure 5.10).**

Figure 5.10: Example of Poor Family Outcomes when Support Provided is not Intensive

Background: The family is made up of a mother and daughter (aged 14). The mother was an alcoholic and would frequently disappear on drinking binges. Subsequently, the daughter was left to look after herself and also her mother when she returned home drunk. This was resulting in the daughter having low attendance, poor diet, making her unhappy and putting her in unsafe and vulnerable situations.

Support: The aim of the new package of support was to provide a family-based support package, to support the mother in order to remove the caring role. The specific aim was to improve the relationship between the mother and daughter, as the project believed that if this relationship improved, the mother would be more incentivised to reduce her drinking. The support included: Family-based activities; emotional support for the mother; parenting support; employment support; support in accessing an alcohol addiction service and advice concerning the daughter's sexual exploitation. The support was not very intense. The team would ring mum on a fortnightly basis to check everything was 'ok' and they would see the daughter on a weekly basis.

Impact: The team thought the family were making strong progress. They were told by the mother that, despite stopping attending Alcoholics Anonymous, she had not drunk since the referral to the Pathfinder and, as a result, the daughter was no longer taking on a caring role. The daughter was saying similar things. The project therefore decided to exit the family after seven months of support. However, six months after the Pathfinder exited the family the daughter ran away from home. The school convened a child protection meeting and the police attended with records showing mum had continued to drink during the whole time the family received Pathfinder support, and concerns around the daughter's sexual activity were higher than originally thought. Following the meeting, the mother ran away and left the daughter with her grandparents, who now have legal custody over her. The Pathfinder therefore had not fully understood the needs of the family, and had not identified significant child protection concerns within the family.

"There were a lot of issues we didn't know about. We were shocked. We've been left out of the loop in a way. We assumed everything was fine." (Practitioner, Young Carers Pathfinder)
It is York Consulting's view that this is a result of the low intensity of the support and the relative inexperience of the staff in working with families with substance misuse concerns. If the support had been as intense as other Pathfinders (e.g. unannounced visits, seeing the family multiple days/week) and delivered by staff experienced in identifying substance misuse concerns, we believe the Pathfinder would have been able to identify these concerns and fully support the family.

Why the Support Works

5.36 Given the range of family needs, the issues experienced and the interventions provided, it has not been possible to provide a quantitative assessment of the effectiveness of interventions. However, as already identified, there were commonalities in the structure and nature of support. The family follow-up case studies showed that where support was effective in addressing families' needs and achieving sustainable outcomes they:

- **built capacity and improved resilience** within families so that they had the skills to address issues themselves, including improving family support networks, and improving parenting strategies and techniques:

    "*She showed me how to take control with the children*: '*I've spoken, this is what I've said and this is how it's going to be' and it worked!*" (Mother)

- **provided practical solutions and activities**, such as improving the home environment; and improving children and young people's engagement in positive activities:

    "*Before I wouldn't open letters, I wouldn't open the front door, I didn't like being here. Now I like coming home, it's my castle.... I don't dread coming home like I did before.*" (Mother)

- **addressed significant underlying causes of concern** such as domestic violence, alcohol and drugs misuse, and mental health issues:

    "*It took me 17 years of domestic violence before I got help. If they can pull my family out* [of domestic violence] *they can pull anyone out.*" (Mother)

Building Capacity and Resilience

5.37 In order to maintain positive outcomes it was critical that Pathfinders were able to build capacity and resilience within families to address future challenges.

> *"Whenever we did things or she'd* [key worker] *sort something out she'd explain things – she wouldn't just go off and sort it out – she'd come to the house and phone them with me sitting next to her and then she'd hand the phone over to me so she slowly engaged me with them – she gave me guidance. About two weeks before she said she was leaving I'd started doing things myself anyway – she'd seen I was progressing so she knew she could take a step back and let me deal with it."* (Mother)

5.38 **Figure 5.11** provides an overview of the range of support provided by a key worker and a young carer's worker to address mental health issues, housing difficulties and caring roles within a family. This was a family who did not meet existing thresholds for support and thus the Pathfinder was filling a clear gap in service delivery.

Figure 5.11: Addressing Mental Health and Caring Needs
Background: this family (mother and three sons) was referred to the Pathfinder by the Community Mental Health Team (CMHT) as the mother was depressed but did not meet CMHT thresholds and the two oldest boys were identified as young carers. The family had lived in temporary accommodation for 6.5 years as the mother would bid for properties but not accept them. At the time of referral the family were due to be evicted which was having a negative impact on the mother's mental health.
The family had experienced a lot of trauma: the mother had a traumatic childhood which was still impacting on her and had been diagnosed with a 'schizoaffective' disorder. The mother had been ostracised by her family because she left her husband due to domestic violence (which was an arranged marriage) and because of her subsequent relationship with her youngest son's father. She was not in contact with any family members (apart from one sister) because of the threat of violence. This isolation from her family was a source of great sadness for the mother. When she was depressed the mother found it difficult to look after herself or her children and was overwhelmed by the need to make decisions: *"I know I'm big and need to deal with things because I'm an adult but because of mental health issues I feel I can't deal with situations and find it difficult to think for myself and appreciate consequences"* (Mother).
Support: The key worker provided a lot of advocacy support and emotional support for the mother. Initially the support was very intensive – seeing her nearly every day for the first couple of weeks, then once or twice a week. Support focused on:
Practical support: The key worker focused on resolving the family's

Figure 5.11: Addressing Mental Health and Caring Needs

practical issues so the first thing she did was to support the mother to secure a tenancy: accepting the property, signing the tenancy and going through the process of moving house and when the mother had doubts about the move she would talk her through them. She also helped the family apply for a community care grant and budget loan to help furnish the new flat. She encouraged the mother to engage in activities outside the home and accompanied the eldest son to an interview to take up an apprenticeship.

Mental health support: the key worker signposted the mother to solution focused therapy which she found extremely beneficial.

The key worker discussed the mother's mental health issues and got her to realise the impact her stress/depression had on her children: '*I worked with* [mother] *and explained the need for her to take her medication and challenged the stigma that she felt in needing to take medication to change her attitude'.* She also spent time with the children explaining how their mother's illness affected her: '*He* [son] *thought she was lazy – I explained that she was unwell and was not doing it on purpose*'. The key worker mediated sessions between family members which discussed the causes of family difficulties and sought solutions on how things could be improved.

The key worker also supported wider family members: she signposted the older boys' father to CMHT support who provided a care coordinator for his mental health needs: "*I wouldn't have had time to do that if I was in a 'normal team*'" (Key Worker).

Young carer support: the key worker accessed support from the Young Carer Pathfinder for the middle son. This included one to one support and access to positive activities outside the home.

Impact:

Practical support: the family secured a permanent tenancy after a number of years in temporary accommodation. Mental health needs: the key worker's intensive support helped the mother manage and understand her mental health needs better: "[she helped] *me understand things and that it's alright if you suffer from depression – she made me understand stuff and the things I went through*" (Mother). The mother also felt that she was communicating better with her children and had a better understanding of their needs and to realise that "*it's not just about you, it's how he* [son] *feels".* The children also noted the difference: "[Name of young carer's worker] *has helped us a lot in terms of increasing our confidence and making us realise that it's not our fault about our mum"* (Son). One to one support provided by the key worker and the young carer's worker resulted in them gaining a "*better understanding of mental illness and how it relates to their mother and father and impacts on them".*

Accessing mental health support for the older boys' father had a positive impact on the boys as they visited their father to obtain respite from their mother's mental health issues (but he was unable to provide respite when he also had mental health issues).

The mother felt that the solution focused therapy also had a significant

Figure 5.11: Addressing Mental Health and Caring Needs

positive impact as it focused on the positive things in her life "[there are] *so many negative things in my life it's good to focus on the positives.* [Name of key worker] *would say to me 'do one thing today' and going to that man really helped, e.g. getting up in the morning and thinking I am going to doing something positive today and just doing one thing*" (Mother).

Caring responsibilities: as a result of the Pathfinder's support the children's school became aware of their caring responsibilities and the reasons why the middle son was sometimes late for school (because he was taking his younger brother to school). The school was unaware of the children's caring responsibilities as they kept it hidden because they were ashamed of their mother's illness. The key worker's support also made the mother realise that her children were taking on inappropriate levels of care: "[Name of eldest son] *takes care of us and* [name of key worker] m*ade me realise he was doing too much*" (Mother).

The middle son valued the support provided by the Young Carer Pathfinder: "[Name of key worker] is s*omeone to talk to and release my frustration on. I can trust her and tell her about anything that's happening with my mum.* [By key workers talking to] *mum it makes mum happy and makes us happy, as it's relieving pressure off us*".

Exit and sustainability: support was possibly withdrawn too soon as there were still issues with the mother's confidence - as a result the Pathfinder were looking to provide a CSV volunteer to work with the mother. However, on the whole the family was coping better and was more aware of the importance of maintaining a positive outlook. The young carers' service was still working with the children, although there had been a break in support due to changes in staffing.

5.39 **Figure 5.12** provides an overview of a family where Pathfinder support provided both practical support for the family and helped address the mother's social phobia.

Figure 5.12: Addressing Social Phobia

Background: The mother (aged 41) in this family had never worked. The mother had social phobia and problems with parenting and struggled to leave the house. Her phobia was having a negative impact on her children: her youngest son (7 years old) was not socialising because of his mother's phobia although she did realise the importance of him having a social life. The children took on responsibility for domestic tasks outside the home, so the older son had to get his mother's medication and do the food shopping.

Support provided: Pathfinder staff helped her access volunteering work and accessed grants for her to purchase clothes so she was prepared and had the confidence for that work. The key worker also provided practical support and applied to charities to buy a bed for her son and curtains and carpets for the house. The key worker supported the mother to access parenting classes by accompanying her to the classes the first few times and then she was

Figure 5.12: Addressing Social Phobia

confident enough to attend on her own. The key worker also supported the mother to volunteer at MIND (initially for a day a week and then increased to two or three times a week) and again withdrew that support when she was confident enough to attend on her own. The reason the key worker referred the mother to MIND, was that if they move people into employment, MIND will maintain contact with ex-volunteers – it was felt this would be beneficial for this client as she would have that ongoing support. The key worker also referred her to a psychologist and accompanied the mother on those appointments.

The key worker worked fairly intensively with family to start with (visiting twice a week) and would accompany the mother on most appointments. The key worker was helping the mother develop her interest in books and so would accompany her to the library. As the mother's confidence increased the key worker would accompany her to appointments and then would take her halfway back home and get her to do the rest of the journey by herself. The key worker helped the mother develop coping strategies e.g. she always had to have her mobile with her because if she was looking at her mobile she was not worrying about what was happening around her, which helped build her confidence. "*She wanted to change and because she had been shut off for so long, telling her about different things she could do out there made her want to change*" (Key Worker).

After some time working with the family, the key worker referred the mother to solution focused therapy (SFT) as there were still issues about the mother not leaving the house. This had a really positive impact on the mother e.g. after the first session she went out and did the shopping. However, the key worker noted that this therapy would not have worked if it was provided when she first started supporting the mother: "*I needed to do all that work with her before she was ready for SFT. She did the parenting classes and took an IT course at MIND which all built up her self esteem. Everything came in stages; you can't push them to do that at the beginning*". The SFT was provided at a time when the mother was able to engage with the therapy and it really helped her "*because no one was telling her what to do and it helped her talk about what she really wanted. Also, it was so different to psychology because with that she said she'd go home feeling depressed, whereas with the solution focused therapy she went home feeling positive and that she could achieve something, which was amazing as she was someone who had a lot of baggage'*. At the beginning of the support the key worker felt that the mother needed some kind of psychotherapy because of her experiences but the mother said she felt SFT was the therapy she felt most positive after because talking about her past she was "*left with a constant open wound which kept her in depression".*

What made the difference? The key worker identified the following strategies and approaches as being critical to develop a positive and trusting relationship with this mother: "*being honest with her, listening to her and if I couldn't do something telling her - that was really important because of her past to keep her informed, which is all about relationship building".*

Figure 5.12: Addressing Social Phobia

Also having a non-judgmental and solution focused approach was important: *"Her knowing she had someone she could call to discuss and listen to, rather than pass judgement on her. It was obvious that she felt people were judging her which is why she suffered from social phobia. Listening without being judgemental or telling her what to do. I would ask her what she wanted to do. What do you think is the best solution? In the end she would say 'see I do know what to do'."*

Providing Practical Solutions and Activities

5.40 The Pathfinders' ability to address a range of needs concurrently also helped facilitate sustainable outcomes within the family follow-up families. **Figure 5.13** shows how Pathfinders addressed child protection concerns.

Figure 5.13: Sustaining Change: Addressing Child
Protection Concerns

Background: this family was referred to the Pathfinder from social care as a final opportunity for the family to change. All children were subject to a Child Protection Plan due to issues of neglect. The youngest child had a 'failure to thrive' concern recorded by the doctor, whilst the eldest child was engaged in offending and was on an intensive supervision order. The mother had a mild learning disability and the father had been brought up in care, was long term unemployed and had alcohol problems. There were no routines, boundaries or discipline within the household and the house was poorly furnished and dirty. There were no doors on the upstairs rooms and the children did not sleep in their own bedrooms. School attendance for one child was virtually zero and for the other children was below 70%.

Support: Initially, the family were reluctant to engage, so Pathfinder staff focused on providing practical support to address the condition of the house which the family identified as a concern. Carpets were laid, doors were purchased and walls were painted. This work was undertaken with the father as a way of building a relationship and developing trust. One to one sessional work was undertaken with the children to improve their reading levels and to stimulate greater engagement/confidence in learning. The children's schools were contacted to inform them of the support (and the intensity of support) that was being provided and to ensure the effective communication of any issues as they arose.

Parenting strategies were shared and discussed with the mother and the father together to get agreement on how to deal with the children's poor behaviour and to reinforce positive behaviour. The father's alcohol problems were discussed but it was agreed he needed no additional support but a commitment to reduce his drinking. Intensive support was provided: for the first few weeks support was provided on a daily basis, then three times a week for two months, then weekly contact: *"getting all that support has been something that I've never had before, not even from my own Mum ... it was*

Figure 5.13: Sustaining Change: Addressing Child Protection Concerns
absolutely amazing" (Mother). **Impact:** one of the key changes has been in the father and his role in the house. He is now more proactive at setting boundaries and disciplining the children. This has impacted positively on the mother who feels supported in bringing up the children. Learning some simple parenting techniques (morning and sleep routines, discipline and rewards) and the importance of safety and security in the home has really made a difference to the family. The children now sleep better and in their own beds, school attendance has risen to over 80% for three of the four children; strangers are no longer in the house on a regular basis, and the children received more stimulation as a result of less chaos in the home: *"Things seem to be a lot easier now, I don't even know how we've done it, but we have"* (Mother). **Exit and sustainability:** the exit support was focused on setting up a Team Around the Child model of support based in the children's schools to ensure that the children's welfare continued to be reviewed. The family expressed concern regarding the withdrawal of support so additional support has been identified via a charity provider that will provide extra practical help to ensure positive outcomes are maintained. On the second family follow up visit (six months after exit from the Pathfinder) the father was looking for voluntary work: *'I need to find a way of getting a job don't I? So I need to get into the routine of working somehow'* (Father); the children had been removed from the Child Protection Plan and the mother was much more confident and optimistic about the future. Pictures of their children had been put up on their walls and the house was clean and tidy. It is highly likely that the family will need support in the future, but they have made more improvement now than at any other time.

Addressing Underlying Causes of Concern

5.41 Key to achieving and maintaining positive outcomes for the above family was identifying the father as the family member to lead on instigating change within the family, and because this had been done in a supportive way, he said he felt more willing to try: *"This has never happened before, they've been on <u>my</u> side ... and really helped me".*

5.42 Similarly, the father in the family in **Figure 5.14** received support to address issues of domestic violence and related concerns and for the first time he felt that his 'voice' was heard.

Figure 5.14: Addressing Domestic Violence Issues within a Family
Background: The main issue within the family was domestic violence perpetrated by the father. He had a history of violence and offending behaviour (he had been in and out of prison most of his life for theft and assault), and struggled to manage his anger. These issues became more

Figure 5.14: Addressing Domestic Violence Issues within a Family

accentuated during the 12 months prior to referral to the Pathfinder. This was partly due to the father losing his job and a family bereavement, which resulted in increasing substance misuse (alcohol and drugs), and violence towards his partner in front of the children. The children were on a Child Protection Plan for emotional and physical abuse. Their housing was in a very poor condition, with significant damp and disrepair, which meant that the family effectively lived in one room, resulting in overcrowding. The father had a history of aggression towards professionals which meant that practitioners had to conduct family visits with a colleague. Social Care were considering care proceedings.

Support: the support provided by the Pathfinder focused initially on the father: listening to him, helping him address his anger and the issues of domestic violence. *"I took him out and said: 'Well, what do you want out of this support? No-one had really asked him that before"* (Key Worker). The key worker identified and coordinated a range of support, including: referral to an Integrated Domestic Abuse Programme (IDAP), substance misuse support, re-housing and a small furniture grant, CBT counselling sessions, support on addressing the family's debt and finances. The family went from not engaging with any services, to fully engaging independently and making a real difference.

Impact: both partners were able to understand how their stress led to negative behaviour, and the father in particular began to learn to identify when he was getting stressed, and resolve it before it led to negative behaviour: *"I'm just less stressed, and this has changed everything.* [Name of key worker] *taught me how to cope with my stress, and IDAP taught me how to channel my anger"* (Father). The children have been removed from the Child Protection Plan, the family moved house, and father's misuse of alcohol is significantly reduced due to his reduced stress.

Exit and sustainability: the family were assessed as being in need of statutory support on entry to the Pathfinder and as requiring universal support on exit. The family had a "tracker" exit for three months from June to September 2010. During this time the family did not receive any direct support from the Pathfinder but they could contact the key worker whenever they felt they needed additional support. The key worker would telephone the family every 6-7 weeks. The family were given a 'resources kit' to help them engage in positive activities and spend time together productively, which included swimming equipment and a pack on local family activities available. They used these resources and went swimming. At the six month follow up, the positive outcomes continued to be sustained: there have been no major issues with the family and the Pathfinder has not had to get involved again. *"This has been a major success story"* (Key Worker).

Maintaining Change

5.43 The following discussion focuses on those family follow-up families where positive outcomes on exit from the Pathfinder were not sustained and explores the reasons for this.

5.44 One fifth (9) of family follow-up families who showed positive outcomes on exit from the Pathfinder had not maintained these positive outcomes six months after exiting Pathfinder support. This reinforces the importance of post-exit monitoring for families (see **Section 4**).

5.45 Although reasons for the deterioration in outcomes varied across the families, there were some commonalities of experience, including:

- families were over reliant on support from key workers;
- inappropriate/or lack of support on exit;
- the underlying causes of concern, such as adult mental health issues, and complexity of issues were not addressed, reducing the likelihood of longer-term positive change.

5.46 The following examples (**Figures 5.15 and 5.16**) provide further detail on how these issues manifested themselves within family follow-up families.

Figure 5.15: Lack of Support on Exit and Over Reliance on Key Worker

Background: This family (grandmother and grandson) were referred to the Pathfinder because the grandmother, who was the sole carer for her grandson (who had foetal alcohol syndrome), was suffering from depression and also had debt issues. The grandmother felt that the withdrawal of one to one support from the key worker was the reason for the deterioration in circumstances post-Pathfinder support. The grandmother felt that she had developed a strong relationship with the key worker during the 11 months she was in receipt of support and that without the key worker's support she was struggling to cope.

"I didn't want to lose her, I still don't want to … I'd rather have [name of key worker] *back ... and some of it is because I'd built up a relationship with her and I was open with her about all my debts. I talked to her about all my problems ... It's easy to talk to someone else outside the family rather than inside the family because you are judged by your family."* (Grandmother).

Exit and sustainability: The family was exited from Pathfinder support because it was felt that the debt issues had been addressed and levels of resilience had improved. However, six months later previous concerns regarding debt had re-surfaced and the grandmother was struggling to cope without the additional support provided by the key worker.

"It's not just about the financial help, it's about the support ... all the bills went to pot, the house has gone to pot because it's been such a hard process trying to get [name of grandson] *well ... So yes, unfortunately, I am back in debt but I suppose it'll get sorted sooner or later."* (Grandmother).

> It was noted by Pathfinder that the grandmother had a number of agencies working with her, but all this support was focused on the health needs of her grandson, rather than the issues faced by the grandmother, i.e. post-Pathfinder, support was not family focused.

5.47 The issue of overreliance on key workers was raised even in those families where positive outcomes were maintained. Due to the intensity of the key worker role and the trusting relationships established, families missed the support of the key worker, especially if they had limited or no other support networks to fulfil that role:

> *"I miss* [name of key worker]*'s authority to get things done and I do struggle to get things done on my own."* (Mother)

5.48 This was why, in order to build sustainability, it was important that Pathfinder support helped families develop those networks. The grandmother in Figure 5.15 was particularly vulnerable because of her circumstances: she was the sole carer for her severely disabled grandson and no additional support was identified on exit.

Figure 5.16: Enduring Mental Health Problems Not Addressed Sufficiently

Background: When this family were referred to the Pathfinder they were assessed as requiring statutory support. On exit from the Pathfinder there were assessed as requiring specialist support**.** The mother suffered from long term mental health problems and was on medication. The family were initially referred to the Pathfinder because of one of the children's poor behavioural issues, which were largely resolved when the child received a special educational needs statement. Initially this had a positive impact on the mother who felt that the family circumstances improved when her son received a statement and moved schools. However, issues with her daughter's behaviour resulted in the mother's mental health deteriorating again. In the six month follow-up interview, the key worker was asked why the mental health needs of the mother had not been prioritised:

"We had to pick our battles at the time, and this wasn't one of them ... she was in a stable enough state for us to work with her around routines and boundaries ... and that has been our priority". (Key Worker)

This Pathfinder specialised in delivering parenting programmes for families who were struggling to cope with the challenging behaviour of their children. There was much less of a focus on addressing more chronic issues within the family, which would require drawing in more specialist support from other agencies and/or challenging the existing support delivered by other agencies.

Exit and sustainability: there was no clear exit strategy and although the family were recorded as requiring specialist support on exit from the Pathfinder this support was not put in place. In the six month follow-up interview, the mother was clearly distressed with the situation: *"I don't want to be on anti-depressants all my life ... I've put on lots of weight... things are*

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getting out of control again and I'm really struggling with my daughter" (Mother).

The Pathfinder felt that there was no further support they could provide: *"we have done all we can for her, it's up to the school now if there are any further problems with the daughter"*.

5.49 There was evidence to suggest that a small number of the Pathfinders considered their support to be another form of 'intervention', from which families, once 'exited', were entitled to no further support or coordination of support. Whilst acknowledging the challenge for Pathfinders with finite resources to provide ongoing support for families, there was evidence to suggest that in some areas family support continued to be delivered in relative isolation and that the availability and coordination of support for those families who were unable to maintain successful outcomes was lacking. This was affecting families' longer term outcomes.

Figure 5.17: Young Carer Pathfinders Not Addressing Whole Family Needs
Background: this family (mother and four children, all with learning disabilities) was referred to a Young Carer Pathfinder. On entry to the Pathfinder they were assessed as requiring targeted services and on exit they were assessed as requiring universal services. The eldest son was experiencing high levels of anxiety and stress due to the near death of his mother. He also undertook high levels of care for his younger siblings and was becoming withdrawn, and not taking part in activities outside of school.
Support: the younger son was the main beneficiary of support: he was engaged in group work and positive activities, which were highly valued by him. The impact of the support was particularly positive on the son and his confidence increased and his anxiety decreased. His mother noted that *"he was a different kid."* However, this support was the extent of the intervention provided and no support was put in place for the mother regarding her parenting skills and coping with her sons' behaviour which had become challenging.
Exit and sustainability: the exit support provided was transport for the son to continue to access to positive activities but this did not materialise and the son stopped attending the activities when the family were exited from Pathfinder support. As a result, on the six month follow-up interview he had reverted to his previous self: his confidence levels had dropped, he had become more reserved again and his mother was concerned that things were deteriorating. Support for the mother through the Pathfinder had been very limited.

5.50 The above Pathfinder in general demonstrated limited whole family support and was focused primarily on providing support to the young carer via its youth club provision.

Conclusion

5.51 The evidence indicates that delivering family focused approaches was effective in addressing the issues faced by families with complex needs. In particular, in the most effective Pathfinders, the key worker role/approach ensured that families were in receipt of appropriate whole family focused packages of support, facilitated families' engagement in support and were able to draw in wider agency support. Robust operational processes and an intensive and flexible response to support allowed Pathfinders to develop a better understanding of families' needs, monitor families' progress more effectively and draw in wider support. Whole family packages of support helped address families' needs by tackling underlying problems and developing families' resilience to cope with future crises.

5.52 However, for many local authorities embedding family focused work was a relatively new way of working and to do this effectively service roles and remits had to change. This required significant levels of commitment and resource at both the strategic and operational level, in order to ensure that:

- **the right referrals were generated**;
- **whole family approaches were fully embedded within local processes**;
- **practitioners were sufficiently skilled, experienced and supported to work with the whole family**;
- **operational and strategic management were able to embed the approach effectively across a range of services and agencies**.

6 ACHIEVING STRATEGIC CHANGE AND EMBEDDING A FAMILY FOCUSED APPROACH

Introduction

6.1 At a strategic level, Family Pathfinders aimed to:

- **establish a team** (or expanded an existing team) **to deliver family focused support to fill a gap in existing service provision**; and/or
- **implement strategic change to embed family focused working** (with or without modelling the approach).

6.2 Specifically, the Pathfinders focused on achieving the following:

- **reshaping services to ensure families were able to receive appropriate support**;
- **increasing partnership working across agencies**;
- **increasing the early identification of young carers**.

6.3 The Pathfinders attempted to achieve change through adjusting formal systems and processes (such as assessments, referral pathways, thresholds and protocols); reshaping how services were delivered (such as changing team structures); and influencing working cultures (through training and partnership working).

6.4 The following sections explore:

- **the Pathfinders' aims and objectives;**
- **activities used to embed family focused working;**
- **the impact of strategic change on delivering family focused support;**
- **facilitators to strategic change;**
- **the challenges faced and how they were overcome**;
- **commentary on the sustainability of individual Pathfinders.**

Strategic Aims and Objectives

6.5 **Figure 6.1** provides an overview of the Pathfinders' broad strategic aims and objectives.

Figure 6.1 Pathfinders' Strategic Aims and Objectives

Reshaping Services to Ensure Families Receive Appropriate Support

6.6   It was widely recognised across the Family and Young Carer Pathfinders that there was a gap in existing support for families with complex needs.

6.7   For a number of the Family Pathfinder areas, this gap was felt to exist between statutory and non-statutory service provision. The LAs used Pathfinder funding to reshape services for families just below statutory thresholds to fill a gap in existing provision with the aim of:

- reducing the numbers of referrals to statutory services; and or
- reducing the number of re-referrals (i.e. those families who historically moved in and out of statutory support) to statutory services.

6.8   LAs either positioned their Family Pathfinder teams at this level in order to fill the gap, or focused on reshaping current services to increase support at this level.

6.9   The Young Carer Pathfinders focused on reshaping services to ensure young carer families received the appropriate support they needed. This reflected concerns that young carer families were isolated from support because services were not aware of their needs; did not have appropriate packages of support, or families did not meet their thresholds for support. The Young Carer Pathfinders achieved this either by using the Pathfinder team to fill the gap, or by reshaping the support provided by other services.
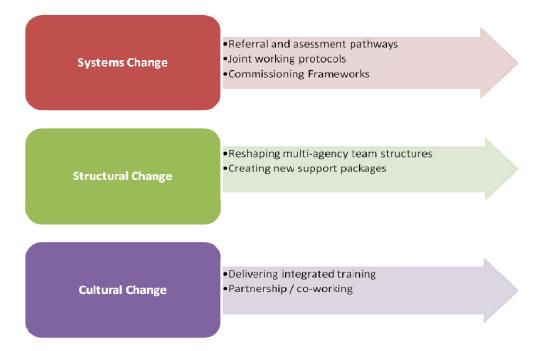
Increasing Partnership Working

6.10   Almost all Pathfinders focused on encouraging partnership working across services, including: improving information sharing; designing and delivering integrated packages of family support; and improving communication, both formally (e.g. through TAF processes) and informally.
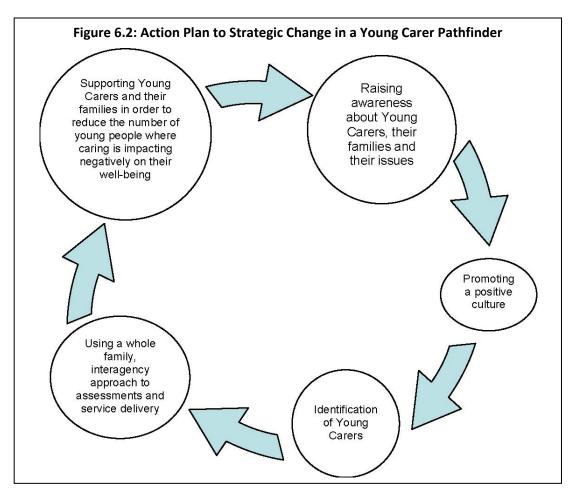
Early Identification of Young Carers

6.11 This aim was specific to the Young Carer Pathfinders. All young carer projects aimed to improve the early identification of young carers. Pathfinders believed that encouraging family focused working would ensure practitioners considered the wider needs of the family and, as a result, identify and refer young carers before they take on inappropriate levels of care. They particularly addressed services that were well placed to identify young carers at an early stage but historically had referred few young carers, specifically adult mental health and substance misuse services.

6.12 The following section focuses on the activities undertaken by the Pathfinders to achieve these strategic aims.

Activities to Embed Family-Focused Approaches

6.13 Pathfinders focused on embedding change at three levels:

Systems Change
- Referral and asessment pathways
- Joint working protocols
- Commissioning Frameworks

Structural Change
- Reshaping multi-agency team structures
- Creating new support packages

Cultural Change
- Delivering integrated training
- Partnership / co-working

6.14 **Figure 6.2** provides an example of an Action Plan developed by one Young Carer Pathfinder to achieve its strategic aims.

Figure 6.2: Action Plan to Strategic Change in a Young Carer Pathfinder

Supporting Young Carers and their families in order to reduce the number of young people where caring is impacting negatively on their well-being

Raising awareness about Young Carers, their families and their issues

Promoting a positive culture

Identification of Young Carers

Using a whole family, interagency approach to assessments and service delivery

6.15 We now go on to provide an overview of the effectiveness of the approaches to embedding change adopted by the Pathfinders.

Systems Change

6.16 The majority of the Family Pathfinders and a little over half of the Young Carer Pathfinders focused on changing existing processes and systems in order to encourage family focused approaches, increase accountability and overcome systemic barriers to working this way. These included:

- **changes to referral and assessment pathways;**
- **the development of joint working protocols;**
- **the development of commissioning frameworks.**

<u>Changing Referral and Assessment Pathways</u>

6.17 Amending referral and assessment pathways was regarded as a strong facilitator to ensuring practitioners identified all the needs within families. In particular, such an approach was seen as having strong potential to identify 'hidden young carers' and for this reason was a particular focus for the Young Carer Pathfinders.

6.18 Some Pathfinders successfully rolled out their whole family assessments within other services, such as drug and alcohol treatment services. A number of the Young Carer Pathfinders also embedded young carer assessments into wider assessment and referral processes. For example including a question on young carers in:

- the CAF form;
- an adult disability service assessment form;
- GPs' IT systems. This means that GPs are prompted to enquire about young carers within the family for patients with certain conditions and illnesses.

6.19 Practitioners from partner agencies welcomed the changes to the assessment forms, recognising their importance in identifying wider family needs:

> *"The assessment form we* [currently] *have doesn't ask questions about the wider family, just the relevant person you're supporting. So unless the parent tells you about the young person, they slip through the net. The new form will jog people's memory and asks questions about wider family members. These are the sort of documents you need….because people are busy, and they often come in with blinkers."* (Adult social worker)

6.20 However, practitioners required support and training to ensure these tools were used effectively and in an appropriate manner. As **Sections 4 and 5** highlighted, it is the skills of practitioners that are paramount in effectively identifying families' needs.

> *"A tool's a tool. It's how you <u>use</u> the assessment to gain the information you need within the family setting."* (Practitioner)

6.21 Finally, to be effective, whole family assessments needed clear referral pathways embedded alongside them, in order to ensure practitioners were clear what course of action they needed to take once additional needs were identified.

6.22 Some Pathfinders developed joint working protocols to facilitate and embed family focused working across adult and children's services. Some of these protocols had a generic focus and were designed for all services to use, for example when working with young carers. Whilst others had a specialist focus and were implemented between specific services, for example adult mental health and children's services (see **Figure 6.3**). The focus was on helping raise awareness of family-focused approaches and specifics for both adult and children's services when working with families, e.g. in terms of referrals, levels of need, thresholds and safeguarding. There was evidence that other LAs saw the benefits of developing joint working protocols and were also looking to develop similar protocols to shape delivery of services.

6.23 Two Young Carer Pathfinders introduced protocols aimed at implementing 'family focused' thresholds for support. These stated that services must consider how issues impact on the wider family (as well as the individual) when assessing whether individuals meet thresholds for support.

> *"It must be recognised that the combination of impairment and parenting responsibility within the overall context of the individual family's circumstances may generate a higher degree of need for support than a personal assessment of the disabled/ill adult alone.*" (Enabling Parents with a Disability or Long Term Illness Joint Policy and Protocol for Practice)

| **Figure 6.3: Mental Health and Children's Services** |
| **Joint Working Protocol** |

The Pathfinder was responsible for developing and launching (with key partners) an Adult Mental Health and Children's Services Joint Working Protocol. The protocol outlined procedures for mental health professionals and children's social care if a mental health professional had concerns about the welfare or safety of a child of any service user, or if a children's social care social worker needed to work jointly with mental health services and to refer parents on for services. The protocol applies to: Community mental health professionals working in community mental health teams, social care staff working in children's social care and NHS Foundation Trust staff based in hospitals and staff working with young carers. The protocol aims to be a guide for practitioners to use whenever they receive a referral for, e.g. a parent with a mental illness. It provided criteria of need and risk in easy access documents.

"When I first started working with children's services there were such strange diagnoses of parents and spurious ones made up on the spot e.g. 'I think this parent's got Munchhausen by proxy'. I found that in the notes with no clinical diagnosis or evidence and people forever getting labelled with a 'personality disorder'. I feel the protocol will get people to review their own conclusions, but it also provides them with impacts on parents e.g. of mental

Figure 6.3: Mental Health and Children's Services Joint Working Protocol
illness." (Adult Mental Health representative)
The protocol provided:
1. an overview of young carers and their needs;
2. guidelines on when and how to refer;
3. information sharing: why it is in the best interests of practitioners; services and families to share information;
4. an overview of the impact of mental illness.
Senior managers felt that as a result of the Pathfinder and the development of partnership working across adult mental health and children's services (including the development of the joint working protocol) that:
"*Strategically there's a lot more understanding between Children's Services and the Mental Health Trust about what each other does and both are represented on each other's safeguarding boards."* (Strategic Manager)

6.24 In some areas, protocols were used as an effective mechanism to draw in support from senior leaders, create tangible action plans for services to work towards, facilitate joint working and establish accountability.

> *"People treat the Memorandum seriously. It's something tangible to which we can hold each other to account."* (Strategic Lead)

6.25 However, protocols and memoranda were viewed as facilitators to change, rather than direct drivers. In many instances they helped reinforce and clarify existing informal partnership agreements, but the willingness to engage had to be already established: a protocol on its own was not seen as effective in driving partnerships or joint working.

6.26 To be effective, protocols needed to be live, working documents, embedded in practice, which facilitate the delivery of integrated working. Evidence regarding the effectiveness of these protocols is still limited as they were relatively new developments. It was recognised that appropriate training and support needed to be in place to ensure services and practitioners made full use of them. However, where protocols were supported/ championed and used as leverage across services, there was potential for them to support and reinforce integrated approaches to family focused working.

6.27 Checks needed to be in place to ensure that such protocols were adhered to. Going forward, they need to be reviewed regularly to ensure that they continue to meet services' needs, that they are being used, and that they are up to date and reflect local and national developments and circumstances.

6.28 The development of operational protocols and common performance frameworks were also used to align family focused working within LAs, thus ensuring an integrated approach to service delivery. Other more recent developments included amending commissioning frameworks to ensure services operated family focused approaches. However, these were not yet fully embedded and therefore it was too early to assess their impact or effectiveness.

Structural Change

6.29 Some Pathfinders restructured teams or support packages in order to integrate services, increase joint working and increase the delivery of family focused support. This included:

- **reshaping multi-agency team structures;**
- **creating new support packages.**

Reshaping Team Structures

6.30 LAs used Pathfinder funding to reshape existing team structures and delivery by integrating staff with family focused expertise. For example, in one Pathfinder area the DAAT (Drug and Alcohol Action Team) funded three family intervention social workers and three family support workers (one of each based in each DAAT locality team) who supported families with substance misuse problems in a whole family way.

6.31 As with the Family Pathfinder multidisciplinary teams, these integrated teams provided significant benefits in delivering whole family support (e.g. increased communication and joint working between agencies), but they also had their challenges (e.g. difficulty in managing practitioners from different agencies and working cultures). They therefore require strong leadership and governance to be effective.

Creating New Support Packages

6.32 Some Pathfinders shaped support packages provided by wider services to deliver additional support for the wider family. For example, one Young Carer Pathfinder worked with a hospital to pilot a 'family room' on a mental health ward. This provided opportunities for family members to talk to a nurse about patient's condition and hear about other services available to support the whole family. This was considered to be an effective way to increase support available for families.

Cultural Change

6.33 Almost all Pathfinders focused on increasing practitioners' awareness and understanding of family focused approaches and tackling cultural barriers to joint working. This was achieved by:

- **delivering integrated training;**
- **partnership/co-working/modelling family focused approaches.**

Delivering Integrated Training

6.34 The development of integrated training programmes was a key component of the systems change model of delivery. The focus was on supporting practitioners to embed both new 'family' focused systems and working practices (for example, CAF, 'family' CAF, whole family assessments, the lead professional role and TAF approach) across adult, children's services and the voluntary sector. The Young Carer Pathfinders also implemented training to raise practitioners' understanding of young carers to improve early identification.

6.35 There is evidence from interviews with practitioners and through the survey that the training has raised awareness of the importance of family focused working and helped embed CAF and TAF approaches:

> *"Everyone knows about the Family CAF in* [name of LA]. *It's the way we work when supporting vulnerable families.*" (Voluntary sector agency manager)

> *"I have been involved in multiagency working long before TAF, but the training has confirmed that this is the best way forward for needy families, as well as providing a clear structure of support and protocols."* (Survey respondent, educational psychologist practitioner)

6.36 Within one Pathfinder, there was some evidence from case file audits that family focused training, along with partnership working, was impacting on information sharing and increased awareness of mental health needs within Children In Need teams.

Figure 6.4: Training to Embed Family Focused Approaches to Delivery
This Pathfinder developed training on family focused approaches. The aim was to increase the focus on preventative approaches at Tier 2 and increase practitioners' ability to support families at this level of need in order to reduce the burden on specialist services. The training focused on: 'effective working with agencies and families, whole family approaches and working in the criminal justice system, professional boundaries and critical features when working with families with multiple problems'. The main agencies attending initial training were mainly from children's services (health, schools and youth service) but adult services, including the police were engaged. More recent training has targeted specific services, including universal services (especially children's centres) and adult community social workers and targeted youth support (TYS). The Pathfinder undertook post-training evaluations regarding the usefulness and what practitioners have learnt, but there was no evidence of longer term follow-up of impact.

6.37 To a degree, it has also increased referrals from the services the Pathfinders were trying to influence, particularly around young carers (See Section 4). However, the evidence of longer term impact and whether the strategies are embedded is more mixed.

> *"We often find an increase in referrals…after there has been some promotion. This increase does not tend to stay over time though – we need to try and keep practitioners thinking about young carers – a change in mindset."* (Young Carers Practitioner)

6.38 What is clear is that if practitioners are going to take on the key worker/lead professional role or undertake whole family working, there is a need for post-training follow-up support, particularly in the current environment of budget cuts and service entrenchment. In the most successful Pathfinders, there were staff with a remit to provide monitoring, review and support for taking on these approaches post training:

> *"The Family CAF Champions working across the city have really helped to get the message out that the approach is workable and delivers a better service to families."* (Pathfinder Manager)

6.39 Furthermore, where the training was linked into current developments regarding early intervention and prevention and integrated into core training programmes, it was more likely to be sustained within the LA.

Partnership /Co-working /Modelling

6.40 Partnership working was regarded by Pathfinder staff and partner agencies as one of the most effective elements of sharing and embedding learning, as well as increasing referrals. For example, in one Pathfinder (although the team was not continuing) there was a strategic commitment across adult and children's services to continue this work because it was seen as so beneficial. Pathfinders took a number of approaches to partnership working, including:

- **co-working cases with partner agencies, such as adult mental health**;
- **Pathfinder staff working in partner agencies to model family focused working and providing surgeries to discuss individual cases and accompany practitioners on home visits**;
- **providing 'expert' advice for practitioners wanting to take a family focused approach, for example Team Around the Family (TAF), taking on the lead professional role (LP), implementing CAF processes and identifying and referring young carers**.

6.41 There was evidence within partner agencies of better information sharing, increased awareness of need (e.g. of adults' needs within children's services) and referrals (e.g. to social care from CMHTs). It was noted by partner agencies that co-working cases helped overcome cultural barriers to family focused approaches by enabling other practitioners see the benefits of taking a family focused approach and give them practical solutions to working with families (see examples in **Figure 6.5**).

Figure 6.5 The Benefits of Taking a Family Focused Approach

Pathfinder 1

Partner agencies were positive about the impact the change in working (brought about by the Pathfinder) had on joint working across adult and children's services and how multi-agency meetings (TAFs) facilitated by the Pathfinder addressed the concerns of those involved:

"The meetings are organised well and are held well. It is only in these 'Think Family' meetings that there is such a good connection between adult and children's services. They have overcome the initial tension with social workers – we were a bit territorial about our cases to begin with." (Social Worker)

Pathfinder 2

A Social Care manager described how a psychologist from the Pathfinder team provided semi-therapeutic sessions on individual cases for social workers, "*which is helping practitioners gain an understanding of where families are in terms of their psychology, of what's going on in the family and helping them gain better insights into the family and how they can take that back and work with the families, e.g. around mental health difficulties. Practitioners liked that they could tailor it to the needs of individual families.*

Figure 6.5 The Benefits of Taking a Family Focused Approach

It's given the Social Care team the space to look at dynamics that affects how they make decisions and analyse a case and how they reach conclusions about cases without a manager being present".
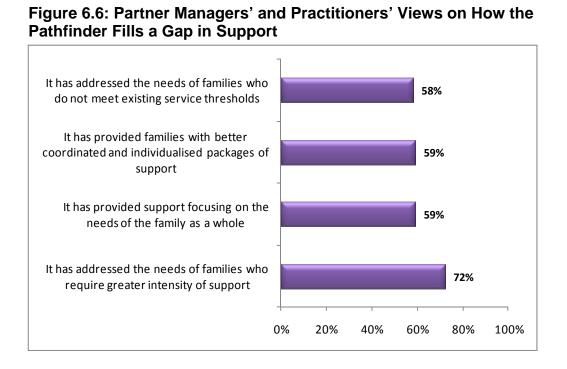
She noted that this was a similar to support they had "years ago where we had a psychiatrist and a psychologist *who we could call for advice on individual cases. That psychological input and opportunity to discuss cases with a specialist no longer exists, you either make a referral or you don't. So this was really beneficial for my staff to have this opportunity. If you are a psychiatrist you are also in therapy, if you are a social worker all you have is supervision. Some social workers will discuss the impact that the case had on them in supervision, e.g. the tensions and conflicts it brings within you, but others are more reticent – they will talk about the case, rather than how they feel, or not sure what to do with this family because worried what manager will think of them. So nice to have this support – where can meet with someone and talk about it and tease out the case and discuss different options/things to consider. In terms of impact on the team it has been very productive and helpful. Staff found it empowering – nice for them to have that and it is needs led – it's not rigid the Pathfinder staff will listen to what they wanted."* (Social Care Manager)

6.42 Critical to the success of partnership working was the experience and skills of the staff engaged in such work. In order to be successful, Pathfinders needed experienced and skilled staff who were able to work independently outside their own agency and who could, where necessary, challenge the views of colleagues in partner agencies. Additionally, partnership working needed to engage middle managers as well as practitioners, as middle managers were very influential in the extent to which new practices were embedded (see 'Facilitators to Strategic Change').

6.43 The following section describes the impact of these activities on embedding family focused approaches across all services by providing evidence from both consultations and the survey of partners.

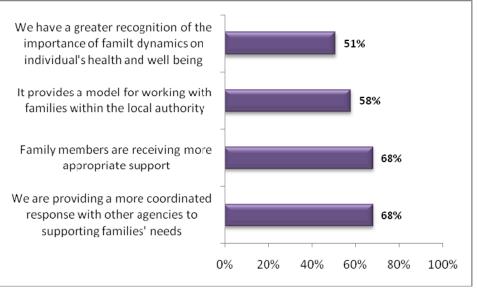**Impact on Family Support and Delivery of Services**

6.44 Evidence from the partner survey indicates that that both managers (88%) and practitioners (90%) felt that Pathfinders were filling a gap in intensive support for families below statutory thresholds (see **Figure 6.6** for further details).

> "[The Pathfinder] *is a valuable resource for families who have complex needs for support but who do not fit the threshold for Social Services."* (Survey respondent, Family Intervention Project manager)

Figure 6.6: Partner Managers' and Practitioners' Views on How the Pathfinder Fills a Gap in Support

6.45 Overall, 89% of manager survey respondents believed that the Pathfinders had impacted on how agencies/services worked with vulnerable families within the local authority. Specifically, support was more coordinated amongst agencies, there was a greater recognition of the role of family dynamics in individuals' health, and families were receiving more appropriate support (see **Figure 6.7**). All managers and 98% of practitioners believed that the Pathfinders were either effective or partly effective in preventing families being referred to child protection.

Figure 6.7: Partner Managers' Views on Ways Pathfinders Have Influenced Work

6.46 Practitioner survey respondents also indicated that the Pathfinders had impacted on their own working practice, with nearly half (46%) stating that the Pathfinder had encouraged them to consider the needs of the whole family.

> *"Even though multi-agency working was preached and practiced when I had this job seven years ago, the institution of these systems and practices has completely changed the face of my work with families, for the better."* (Survey respondent, Community safety team practitioner)

6.47 The survey findings show that evidence of impact of partners' working with adult services was more limited, with only 11% (20 out of 184) of practitioners stating that the Pathfinder had improved their working relationship with staff from adult services.

6.48 Evidence from our consultations would suggest that in one third (five out of 15) of the Family Pathfinder areas, strategic change resulted in a marked shift towards delivering family focused services across all agencies. There was a solid commitment to working in this way at a senior level and necessary protocols were in place. In addition, this had filtered down to the operational level, with new family focused support teams or approaches embedded and practitioners on board with changes. Pathfinders' models of delivery had changed how families were identified, assessed (e.g. through the use of whole family assessments, information sharing systems which meant more accurate assessments were made resulting in more appropriate support being provided), how support was planned, reviewed and delivered (e.g. TAF approach, intensity of support etc.).

6.49 The evidence of impact was less evident within the Young Carer Pathfinders and, as yet, no areas have fully embedded family focused approaches across the LA. However, this was partly due to the fact that this was less of a focus for the Young Carer Pathfinders and that 12 of the 17 projects were only in operation for a year.

6.50 In just under one third (four out of 15) of the Family Pathfinders, and in a quarter (four out of 17) of the Young Carer Pathfinders, progress has moved in the right direction and momentum was gathering, but a full family focused service was not yet embedded across the whole area. In most of these cases, strategic commitments and systems were embedded but these had not yet impacted on working practices on the ground. We expect full family focused services to be embedded in these areas in the next few years, although this will be dependent on a continuation of current developments and levels of resource.

6.51 In just over one third (six out of 15) of Family Pathfinders and three-quarters (14 out of 17) of Young Carer Pathfinders there were no significant strategic developments beyond the direct Pathfinder team and we do not expect developments to occur in the future. For these areas, strategic change was either not a focus or the areas faced particular challenges.

6.52 Critical to their future success will be the provision of support and capacity for practitioners to take on board these approaches, which need to be seen as a new way of working, rather than an as an 'add on' to existing approaches. Even where family focused approaches have been fully embedded, continued developments and support will be needed to ensure they remain.

6.53 Where Pathfinders have been most effective they were shaping how services for families were being delivered at:

- **Tiers 2 and 3 (targeted and specialist) early intervention /prevention**: embedding the use of CAF/family CAF, TAF approach and LP role and linked to locality working;
- **Tiers 3 and 4 (specialist and statutory) support for families with complex needs**, e.g. Children in Need, child protection and children and young people on the edge of care.
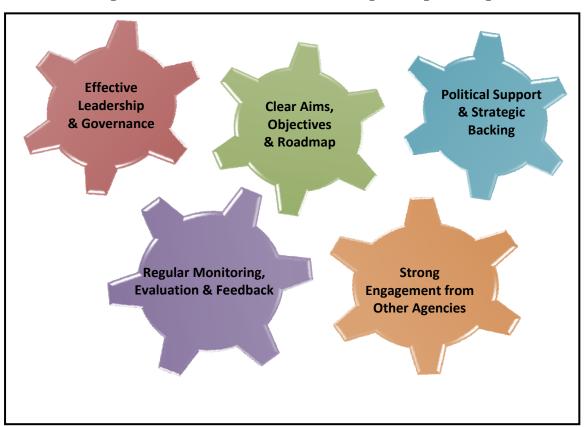
Figure 6.8: Pathfinders Shaping How Services Are Delivered
"In terms of delivering a new model for child protection, we achieved that and we'll never go back to practising any other way and this is a model that you can apply to lots of complex families." (Pathfinder Manager)

6.54 They have been able to shape delivery of services because they have been able to demonstrate impact, i.e. that the Pathfinder model of working was filling a gap in existing service provision, for example stopping or filtering referrals to Duty and Assessment teams, or stopping children and young people going onto child protection plans or into care.

6.55 Where there was clear evidence of impact, other services have been decommissioned to embed and sustain the Pathfinder approach. Those Pathfinders where the joint commissioning of services was a feature of the model of working from the outset, are continuing. Where Pathfinders have been able to show that they are impacting on other agencies' and services' targets and objectives, e.g. health, there is evidence that joint commissioning will continue.

6.56 Within some areas, the joint commissioning of services also enabled Pathfinders to shape the supply of family focused support within the LA. Pathfinders were able to draw in the support that was most needed by families and influence commissioning within the LA. There was also evidence that a small number of Pathfinders were influencing how services, such as domestic violence, will be commissioned in the future because the Pathfinder had been able to model a new way of more integrated working, which was shown to be more effective.

6.57 However, findings from the partners' survey suggested limited impact on joint commissioning and the pooling of budgets with only 15% of managers believing that the work of the Pathfinder had led to more joint commissioning arrangements.

Facilitators to Strategic Change

6.58 There were common factors across all Family and Young Carer Pathfinders that helped individual Pathfinders facilitate strategic change, as demonstrated in **Figure 6.9**.

Figure 6.9: Common Factors Facilitating Strategic Change

Leadership and Governance

6.59 Pathfinders that achieved strategic change had managers at both a strategic and operational level who could drive the model forward and a level of seniority which meant they could 'unblock blockages', for example in relation to securing the engagement of key services. Embedding the model of delivery over a relatively short time period meant that the stability of senior management was also important.

6.60 Pathfinder managers also needed to have an 'outward looking approach' to management and be sufficiently experienced and of sufficient seniority to be in a position to influence others and draw in other agencies and services. Having appropriate forums, such as Steering or Strategy Groups, which allowed managers to draw in and communicate with other agencies, was also crucial.

6.61 In addition, the Pathfinder needed to be 'placed' correctly within the LA so that it was in a position to influence change and establish a clear 'fit' with LA priorities. For example, if the strategic aim was for the Pathfinder to fill a gap in Children in Need (CIN) support, then it needed to be positioned within CIN or clearly linked to that service. Such an approach helped ensure the creation of a clear identity and remit, so both the Pathfinder and key stakeholders knew what they were trying to achieve and the scope of their delivery.

> *"We've given a clear message that what we're aiming for is a single integrated family focused service. All these different projects have had to work together from the outset and that's made it much more clear and simple for services on the outside to understand what each offers, in what circumstances and how to access it."* (Chair of Think Family Board)

Clear Aims, Objectives and Roadmap

6.62 Having a clear understanding of what the Pathfinder was trying to achieve, a realistic 'roadmap' of how this was going to be implemented and sufficient allocated resources to undertake the actions was very important. This enabled the project to focus on the activities that needed doing and allowed senior leadership and other agencies to clearly understand the projects' vision.

Political Support and Strategic Backing

6.63 Whilst evidence of political (i.e. elected member) support was limited, where Pathfinders were able to secure political backing it was felt to have made a difference. This was evident in terms of leverage, the engagement of other services and agencies, and securing funding. Where Pathfinders had political backing it was viewed as a crucial element of their strategic effectiveness.

> *"You can't do cross departmental, let alone cross organisational work, unless you have a* [political] *leader who's going out and saying 'what are you going to put on the table?"* (Pathfinder Lead)

6.64 Strategic backing for organisational change was also critical, i.e. that a range of services and agencies were seen to be supporting the Pathfinder and that senior leaders were saying '*this is the new way of working with families with complex needs'*. For example, one Young Carer Pathfinder had significant support from the Director of Children's and Adult Services. When adult services turned down one of the young carer projects' referrals because the family did not meet their criteria, the Director stepped in to have the case reviewed.

> *"Pilots only work if they come at the right time for the LA. If there isn't already strategic commitment they end up being a bit of a side line."* (Head of Strategic Commissioning)

> *"Senior management buy- in has been very important to engaging services and the Pathfinder's success."* (Strategic Lead)

6.65 Those areas that gained political and/or strategic backing were able to do so through aligning the project with key priorities and strategies within the area. They also adapted the project to enable it to realign with new priorities as they changed over time, such as locality working, worklessness and early intervention and prevention.

Figure 6.10: Alignment with Changing Priorities

Within this Pathfinder there was a growing focus on worklessness, and links with training and employment providers were being developed. In the final year of Pathfinder funding, an employability worker (from a voluntary sector provider) was appointed to work with Pathfinder families, generally as they are exiting from the support. The worker had developed links with local employers and identified local employment opportunities, as well as facilitating families' access to training opportunities.

The Pathfinder was exploring the development of links with a national employment provider to facilitate families' access to employment opportunities. The Pathfinder was looking to develop a 'hub and spoke model' of delivery, with the Pathfinder at the core, providing and coordinating intensive support for families with high level needs who would not be able to access employment without intensive support. It was noted that the employment provider had the "*relationships with employers*" and would be able to scale up the Pathfinders' work on developing employment opportunities "... *but they need our work to ensure families have the chance of employment... This is one of the biggest developments for Pathfinder at the moment: the consequences* [of changes to benefit entitlements] *for families are that they will stop their benefits and we are working with families to ensure that doesn't happen".*

The Pathfinder Manager acknowledged that it had changed her own thinking and now felt there was a place "*talking to people about employment ... It's not about workfare and forcing people to work but it is something about aspirations - most families didn't set out to be poor and not have work for themselves. So when we talk about what their hopes and dreams are, not just what they've got to do to change, they want to build their skills and even if they can't, for their children to have a life that involves work and not poverty ... There's a way of delivering this model that will help link into work and create sustained change and then feed back into less offending, less neglect, less poverty of experience, not just real poverty."*

6.66 Whilst clear 'top down' directives helped embed models of delivery/working, similar commitment needed to be reflected at a practitioner and middle management level and securing middle management buy-in was often key to this. Practitioners and senior management might be engaged, but without middle management on board to facilitate the new approaches to working, e.g. taking on LP role /taking a TAF approach, it was unlikely to be successful. For example, one Young Carer Pathfinder had particular success in increasing referrals from an Adult Disability Service through engaging a middle manager. This made a significant difference: he communicated to his team his expectation that he expected them to refer to the Pathfinder and monitored monthly referrals from his team to the Pathfinder. This accountability increased referrals.

Monitoring, Evaluation and Feedback

6.67 From the outset, ensuring systems were in place for monitoring and evaluating Pathfinders' strategic aims (e.g. reducing referrals or re-referrals to Duty and Assessment Teams) and operational delivery was also critical to success. It was particularly important for engaging and maintaining buy-in from key stakeholders, such as elected members and strategic partners, but also in terms of justifying future sustainability. It also created a level of accountability. For example, one Young Carer Pathfinder monitored their progress against increasing young carer referrals by including an indicator into their JSNA (Joint Strategic Needs Assessment) to monitor the use of young carer assessments.

6.68 Pathfinder staff also emphasised the importance of collecting outcomes data as early as possible in order to take a formative approach to delivery and refine, shape and develop their model of delivery going forward.

> *"Don't wait for the final evaluation. You need to be constantly producing interim data."* (Pathfinder Lead)

6.69 They also highlighted the importance of having someone take on responsibility for monitoring and evaluation and ensuring that the collection of outcomes data at the operational level fed into strategic monitoring and evaluation frameworks. Taking this type of approach helped ensure that operational level work and strategic aims and objectives continued to be aligned and helped practitioners take an outcome focused approach.

Strong Engagement from Other Agencies

6.70 Strong engagement from other agencies at both the strategic and operational level was crucial to driving change within agencies, though this was a challenge for most Pathfinders (see 'Challenges to Strategic Change'). The following discussion focuses on how Pathfinders have engaged key agencies and services, with a particular focus on adult services and the voluntary sector. It explores what has made the difference and why.

6.71 Pathfinders used the following strategies to engage key partners:

- **engaging partners in Pathfinder leadership and governanc**e;
- **meeting partners' aims and objectives (and providing evidence via monitoring and evaluation to show that this has been achieved)**;
- **modelling the approach at an operational level**.

Leadership and Governance

6.72 Pathfinders engaged key partners by bringing them on to strategic boards and decision making forums. For example, 85% of managers responding to the partners' survey felt these meetings were either effective or partly effective in developing sustainable working relationships across agencies[lvi]. This appeared to have been most effective where engagement was part of a wider strategic/Think Family approach and/or where partners were providing joint funding, so they could see a clear investment in the approach from the start.

> *"The Steering Group has been a big influence on the direction of adult services."* (Strategic Lead)

6.73 Other strategies for successful engagement included strategic partners taking on responsibility for aspects of strategic delivery, thus embedding their investment in the approach (and ensuring it was meeting their aims and objectives), for example:

- **chairing Pathfinder or wider Think Family steering groups and work streams;**
- **taking on the role of 'Think Family' Champions.**

6.74 Pathfinders also used the development of joint working protocols with key services (across adult and children's services) to cement and develop strategic and operational links (see previous discussion on protocols).

6.75 Engagement was further facilitated by ensuring that staff delivering the Pathfinder work reflected the services the Pathfinder was trying to influence. For example, ensuring that the Pathfinder team or 'systems change' trainers were drawn from adult and children's services and the voluntary sector. Thus, the commissioning of voluntary sector and adult services to deliver key elements of the Pathfinder approach also helped facilitate engagement. However, in some cases, this in itself was not possible due to a lack of engagement at a strategic level.

> *"Bringing in professionals from a wide range of backgrounds and expertise and opinions is a good way of instilling confidence in services that work with the Pathfinder. If they had created a team that was too children's services or too adult*

services focused it would be a different dynamic and people wouldn't be able to engage with it and it wouldn't be as effective." (ASB Partner)

6.76 Some Pathfinders successfully overcame non-engagement by **modelling the approach** within partner agencies to demonstrate the benefits and effectiveness of taking a family focused approach. Pathfinder leads said that one of the most effective ways of changing views and increasing levels of engagement was to work with families and demonstrate the difference they could make. Furthermore, getting the 'sceptics' within those agencies to endorse the approach with their colleagues was seen as far more effective than Pathfinder staff doing the same:

> *"[How do you convince the detractors?] Do some good work and then take 'biggest knockers' to go out and tell people about you. A social worker who was one of our main detractors - we did some really good work with one of her families - and got her to go and say to other social workers how good we were."* (Pathfinder Lead)

6.77 Using partner agencies to deliver training on family focused approaches was also seen as an effective strategy for engagement, e.g. mental health training delivered to CIN teams by specialist children's social worker and adult mental health professional. Ensuring that an integrated approach to training was taken also helped facilitate the engagement of other agencies and services.

Meeting Partners' Aims and Objectives

6.78 The engagement of key partners has been secured where Pathfinders have been able to show that they were meeting their targets and objectives, for example stopping referrals to child protection/going into care, and delivering to their agendas. Where they have been successful, Pathfinders showed how they filled a gap, not just in support for individual families, but also in provision for those partner services. This emphasised the importance of monitoring and review:

> *"They* [health] *were convinced [to continue funding] because the Pathfinder targeted the most at risk/in need families and impacted on their duties and obligations regarding child protection and domestic violence, but also the basics for 'herd protection' and things that will cost more in the future, e.g. GP registrations, childhood immunisations and obesity. We weren't necessarily hitting their top level targets for mental health and drugs but ... they could see we were doing preventative work around full blown in-patient treatment or the next generation of mentally ill or drug using family members."* (Pathfinder Lead)
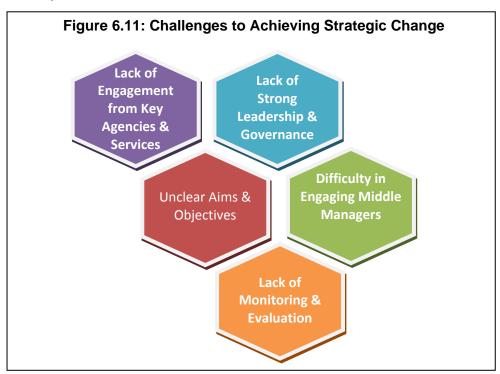
6.79 The expertise of Pathfinder leads was also critical to partner engagement. They needed to be outward looking and have the time, capacity and skills to focus on developing strategic links with key partners and ensure that the Pathfinder approach continues to meet partners' agendas.

6.80 Pathfinders required leaders who were sufficiently senior to be able to bring stakeholders together to say 'we can achieve outcomes if we work together'. They also needed to be able to 'future proof' the model by assessing who their key strategic partners were likely to be going forward, and adapt their approach to meet their aims and objectives.

> *"We are thinking now about what GPs might be interested in, in a year's time, so we are getting ready for when they hold funding."* (Pathfinder Lead)

6.81 In addition to these common factors, the Pathfinders' progress was affected by factors beyond their control. For example, results from Ofsted inspections had the potential to fundamentally shift Local Authorities' strategic aims. In some instances, this acted as a catalyst to accelerate the Think Family agenda.

6.82 Having explored facilitators to embedding strategic change, the following section focuses on the main challenges faced by the Pathfinders and the extent to which they have been able to overcome them.

Challenges to Achieving Strategic Change

6.83 **Figure 6.11** outlines the challenges faced by Pathfinders in achieving strategic change. In the main they reflect the key components discussed previously.
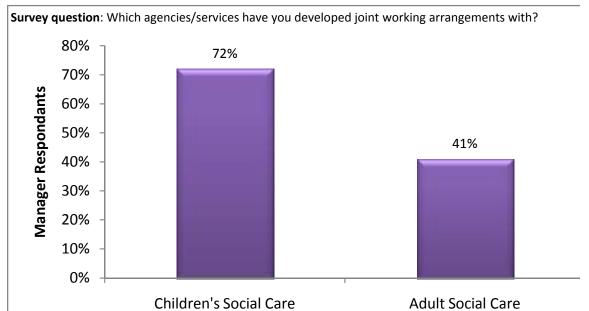

Figure 6.11: Challenges to Achieving Strategic Change

- Lack of Engagement from Key Agencies & Services
- Lack of Strong Leadership & Governance
- Unclear Aims & Objectives
- Difficulty in Engaging Middle Managers
- Lack of Monitoring & Evaluation

Engaging Key Agencies and Services

6.84 Pathfinders struggled to engage some key partners in family focused delivery, particularly in the health arena, e.g. adult mental health and GPs, but also adult learning and disability. This was evidenced by the survey responses, which showed that the number of managers who had developed joint working arrangements with adult social care was almost half the number that had developed such arrangements with children's social care (see **Figure 6.12**), and that 12% and 10% of managers struggled to engage health (including mental health and substance misuse) and adult social care respectively. In one area, the whole Pathfinder was modelled on working with GPs and in another with adult services. These approaches were not successful, which meant both Pathfinders had to change their focus with consequent delays in delivery.

> *"On an individual basis we've made progress but overall you've still got agencies working in their own way."* (Operational Lead)

> *"We [still] need a better way of services working together with adults with mental health issues who have children."* (Pathfinder Lead)

Figure 6.12: The Development of Joint Working Arrangements with Children's Social Care and Adult Social Care

Survey question: Which agencies/services have you developed joint working arrangements with?

6.85 The voluntary sector was relatively well represented in terms of Pathfinder delivery (a voluntary agency delivered one of the Family Pathfinders and three quarters (13 of the 18) of the Young Carer Pathfinders, and were also part of the Pathfinder teams/delivering key elements of support). However, within the Family Pathfinders there was limited evidence of the voluntary sector being engaged at the strategic level, being seen more as a commissioned service rather than a genuine partner (despite some notable exceptions on Pathfinder boards).

6.86 Others struggled to engage services at all levels (e.g. engagement at strategic level but not operational level or vice versa) or with particular groups of support (e.g. they were successful at the targeted but not the statutory level). This was linked to the inappropriate positioning of Pathfinder support from the outset.

6.87 The evidence suggests that the reasons services did not engage was that they could not see the benefits of being involved, so they did not prioritise the work, or felt constrained by funding/resources (particularly in Adult Social Care, who felt constrained by implementing the Personalisation agenda). For example, 56% (58 out of 103) of managers responding to the survey thought that funding/resource constraints was a challenge to developing sustainable joint working relationships. Nearly half of the managers (46%) who responded to the survey also felt that different aims and objectives of professions made it difficult to align support.

6.88 Even where Pathfinders had undertaken significant amounts of awareness raising with key partners this was not always reflected in an increase in referrals. For example, one Pathfinder undertook significant locality based work with the voluntary sector and adult services to promote the work they were doing, but still had relatively few referrals from these agencies. In some areas, this was also because the Pathfinder continued to be seen as a children's services initiative (which was also reflected in the make-up of the Pathfinder team).

6.89 It should also be noted that in the final year of the Pathfinders, along with the de-ring fencing of Pathfinder funding, the engagement of some key agencies and services (especially within health) was severely curtailed by service reorganisation and budget cuts. However, this was not a barrier experienced by all and in some areas this was seen as an opportunity to model new and more effective ways of working.

Leadership and Governance

6.90 Within a number of Pathfinder areas, the work was not prioritised by senior leaders because they did not see the benefits of the approach. Without strong strategic commitment and support to drive the approach, it was unlikely that strategic change would be achieved or that other agencies and services would sign up to the approach. For example, the survey results showed that over half of the total managers who felt the development of family-focused models of working were not being effectively managed and co-ordinated, thought greater commitment from senior leadership was required for them to be more effective.

6.91 This lack of strategic commitment was further compounded by a lack of 'fit' with LA strategic priorities; family focused initiatives (e.g. the Pathfinder and FIP) 'competing' with one another; and a lack of clarity (both within the Pathfinder and beyond) regarding the approach and the benefits it could bring.

"The Pathfinder needs to fit clearly within wider LA structures, for everybody to see how it will work and which families it can support. Without this, it is confusing and messy and people don't understand." (FDT Lead)

"They could have had so much more if they'd had a better plan." (FDT Lead)

6.92 In other areas, Pathfinder leaders were not sufficiently senior to be able to influence other agencies and services, or engage the right services in modelling the approach. This was particularly the case with the Young Carer Pathfinders where the voluntary sector organisation took the lead in influencing strategic change. In some areas the Pathfinder was not located in the right place within the LA to influence key players.

Clarity of Aims and Objectives

6.93 Some Pathfinders' plans were unclear, unrealistic or overly ambitious. For example, some Pathfinders attempted to establish the new family focused teams and embed the approach across services simultaneously, which proved too demanding. Other areas wanted to achieve 'systems change' without developing a clear strategy or clear understanding of what new systems would look like. For example, the survey showed that almost two-thirds of those managers who felt the development of family-focused models of working were not being effectively managed and co-ordinated thought an overarching strategy needed to be developed for it to be more effective. Other Pathfinders knew what they wanted to achieve but lacked the knowledge of how they could affect change within other services.

Engaging Middle Managers

6.94 As identified previously, middle management engagement was critical to successfully embedding family focused approaches. In some Pathfinder areas engaging middle managers had proved problematic. Engaging middle management (both within and outside the Pathfinder) was critical to the success of the Pathfinder approach.

6.95 Issues with middle management buy-in had been overcome in some areas by attending middle-manager working groups and designing a training programme specifically for them.

Monitoring and Evaluation

6.96 Lack of monitoring and evaluation of impact was evident; both within the systems change and team focused approaches to delivery (although it was more apparent in the systems change model). Those areas that had not provided monitoring and evaluation from the outset also recognised that this was a key omission in their approach, which should have been addressed. One of the Pathfinder leads felt that if they had undertaken the following monitoring and evaluation they would have been able to demonstrate outcomes more clearly:

> *"I wished we had monitored re-referrals* [to CIN] *so could evidence impact on number of re-referrals but we didn't have an adequate database that could monitor this. It would also have been good to have an assessment of parent functioning. There was no measurement of long-term outcomes e.g. six or 12 months to see how they are functioning and what is sustained – I would really like to do that."* (Strategic Lead)
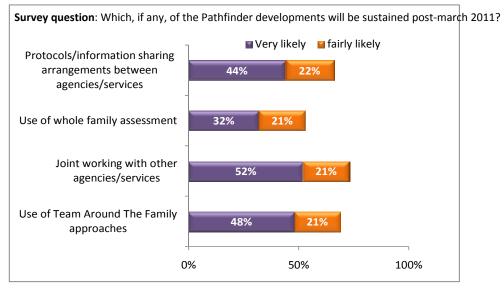
Sustainability of Pathfinder Support

Overall Sustainability

6.97 The systems change model of Pathfinder delivery was more ambitious than the team approach but also had the potential to be more sustainable when Pathfinder funding ceased:

> *"We always knew that going for an authority wide systems change approach was going to be tough. We didn't want to fund a pilot which would just come to end after the funding ceased. We wanted to develop something sustainable."* (Senior Lead)

6.98 Overall, four fifths of the Family Pathfinder and Young Carer Pathfinders were being sustained in either their current form or being partially sustained. This was broadly positive considering the current financial climate and reflected a broad commitment from the Pathfinder areas to continuing to work in a family focused way.

6.99 The elements most likely to be sustained according to survey respondents were the use of TAF approaches; the use of whole family assessments; joint working with other agencies and protocols/information sharing arrangements between agencies/services (see **Figure 6.13**).

Figure 6.13: Partner Managers' Views on Developments Most Likely to be Sustained

Survey question: Which, if any, of the Pathfinder developments will be sustained post-march 2011?

- Very likely ■ fairly likely

Protocols/information sharing arrangements between agencies/services: 44% / 22%

Use of whole family assessment: 32% / 21%

Joint working with other agencies/services: 52% / 21%

Use of Team Around The Family approaches: 48% / 21%

6.100 Survey respondents felt that pooled budgets were least likely to be sustained. This was not surprising considering that little impact was made in pooled budgets and joint commissioning across the areas. There was also a high degree of uncertainty over what will/will not be sustained, reflecting the current uncertainty faced by services due to budget reorganisation. The extent of sustainability across the Pathfinders varied and the section below describes this in more depth.

Sustainability Across the Pathfinders

6.101 Four-fifths of the Family Pathfinder and Young Carer Pathfinders are being sustained in either their current form or being partially sustained. This was broadly positive, considering the current financial climate and reflects a broad commitment from the Pathfinder areas to continuing to work in this way.

6.102 In three of the Family Pathfinders (all taking a team approach) and three of the Young Carer Pathfinders the Pathfinder was not continuing, largely due to lack of evidence of impact, lack of strategic buy-in and no clear fit with LA strategic aims and objectives.

6.103 **Figure 6.14** provides an overview of key elements that led to Pathfinders or elements of the Pathfinder model of delivery being sustained or not being sustained.

Figure 6.14: Elements of Sustainability			
	Fully sustained	**Partially sustained**	**Not sustained**
Leadership	Strong strategic leadership driving model and strong commitment from senior leadership	Elements of strong strategic leadership within some Pathfinders (but not others) and not always consistent throughout lifetime of Pathfinder	Lack of strategic leadership/ commitment. Pathfinder not situated within the right services to impact on strategic thinking
Monitoring & evaluation	Showing impact from the start: evidence of impact key regarding engaging other services in approach and maintaining model	Lack of evidence of monitoring and evaluation	Lack of evidence of monitoring & evaluation. LA not seeing the value of the work undertaken /no evidence of impact / including value for money
Vision	Long term vision that would continue/ looking to see what they could mainstream from the start	Clear focus on mainstreaming elements of the approach that were sustained e.g. training was a new way of working	No focus on mainstreaming approach /influencing other services
Fit	Clear fit with LA priorities and adapting to suit changing priorities [shown to have filled gap]/ or approach shaping development of work with families with complex needs e.g. locality working and early intervention and prevention	Elements of Pathfinder fit with LA priorities going forward	No fit with LA priorities
	Clear fit with LA processes: Pathfinder filling a gap	For elements sustained there was a clear fit with LA processes & the Pathfinder was filling a gap	No fit for Pathfinder within existing LA processes /competing with other family focused interventions
Funding	Other services decommissioned to continue with approach	Other services decommissioned to continue elements of approach	No funding available because not convinced of benefits of delivery model

Conclusion

6.104 The majority of areas focused on embedding the family focused approach across all services within the area. Specifically, Pathfinders aimed to reshape services to ensure families are able to receive appropriate support; increase joint working and communication across agencies and increase the early identification of young carers. To achieve these aims, Pathfinders focused on driving: systems change (to increase accountability and overcome systemic barriers, including implementing protocols, assessments and commissioning frameworks); structural change (including reshaping multi-agency team structures and creating new support packages) and cultural change (increasing practitioners' awareness and understanding of family focused approaches through integrated training and partnership working).

6.105 The overall progress as a result of this work has been encouraging. In almost a third (five out of 15) of the Family Pathfinders, the evidence suggest that the strategic change has had a significant impact and there has been a marked shift towards delivering family focused services across all agencies. Furthermore, in an additional third (four out of 15) of the Family Pathfinders, and in a quarter (four out of 17) of the Young Carer Pathfinders, progress has moved in the right direction and momentum is gathering, though a full family focused service has yet to embedded across the whole area. However, not all areas have been successful and in the final third (six out of 15) of Family Pathfinders and three quarters (14 out of 17) of Young Carer Pathfinders there have been no significant developments beyond the direct Pathfinder team and we do not expect developments to occur in the future. In addition, there has been a strong increase in referrals of young carers across most of the Young Carer Pathfinders.

6.106 Most areas faced significant barriers embedding family focused approaches within Adult Services. This needs to be a significant focus at both the national and local level if family focused working is to be fully embedded.

6.107 The evidence indicates that there are strong common factors shared by both the areas where progress has been strong and those that have struggled to drive strategic change. In order to fully embed a family focused approach, areas need effective leadership and governance (including having significant seniority to influence change and an 'outward looking approach' to engage other agencies); clear aims and objectives (with a strong understanding of what is needed to achieve these aims); political support and strategic backing; support from middle managers; strong monitoring and feedback mechanisms (to engage senior leaders and to evidence impact to justify sustainability); and engagement from other key services. They also focused on both systems change and cultural change simultaneously. Conversely, where these factors were absent, Pathfinders struggled to drive change.

7 CONCLUSIONS AND RECOMMENDATIONS

7.1 The broad aims of the Family Pathfinders and the Young Carer Pathfinders were to:

- *test family focused models of working to improve outcomes for families at risk;*

- *carry out preventative work with those whose situation might escalate; and*

- *bring together adult, children's and other services to reach the most vulnerable families who were not supported.*

Aim 1: Testing Family Focused Working

7.2 Across the 15 Family Pathfinders, two different models of delivery were evident:

- **a team approach**: either a multi-disciplinary or family support worker model;

- **a systems change approach**: i.e. embedding family focused culture and support frameworks across adult, children's and other services.

7.3 All the 17 Young Carer Pathfinders introduced a team approach. These were mainly based on the family support worker model, with the remaining areas integrating young carer support into existing family focused support teams, including Family Intervention Projects.

7.4 Analysis of outcome data did not identify a clear correlation between a specific delivery model and the effectiveness of the support provided. The evidence indicates that each of the models of delivery had the potential to be effective. The key difference relating to impact focused on three 'critical components' that were necessary for the family focused approach to be effective in supporting families. These, were:

- **the key worker approach and role;**

- **a robust framework of support;**

- **an intensive and flexible response** based on addressing multiple needs and focusing on all family members.

7.5 Nearly all of the Pathfinders involved in direct delivery were successful in delivering improved outcomes for families, some to a greater degree than others. Across all Pathfinders the evidence suggests that nearly a half (46%) of families supported by the Family Pathfinders and nearly a third (31%) of the families supported by the Young Carer Pathfinders had positive outcomes on exit, and around six out of ten families maintained these outcomes six months after exiting Pathfinder support. Given the multiple and complex issues faced by the Pathfinder families (including worklessness, mental health issues, substance misuse, housing, debt, anti-social behaviour, inappropriate caring and disengagement with education) these positive outcomes should not be underestimated. The Pathfinders delivered significant reduction in risk where previous support had failed. However, it is important to recognise that not all issues were resolved on exit, or that the support was effective for every family. Where support did not work, it was either a result of disengagement by the family, and/or the absence of one or more of the three critical components mentioned above.

7.6 The SROI analysis shows that the expenditure on the Pathfinder programme overall had generated potential savings to the tax payer that more than off-set the costs of the Pathfinder programme. A conservative estimate is that the Family Pathfinders returned £1.90 for every £1 of expenditure, and the Young Carer Pathfinders returned £1.89 for every £1 spent.

Aim 2: Delivering Preventative Work

7.7 At the time of the referral, most families had multiple and complex needs and significant issues relating to family functioning. On entry to support, 66% of families were assessed as in need of either acute services/statutory intervention or specialist services. The evidence indicates that the complexity of family issues was greater in the Family Pathfinder areas. However, across both types of Pathfinder, families faced significant issues.

7.8 The initial intended focus of the Pathfinders was to include delivery of preventative support for families whose needs might escalate. However, across both types of Pathfinder, families had higher levels of need than were initially anticipated, making 'preventative support', in its truest sense, less of a focus. The Pathfinders filled a gap in provision, working with families just below statutory thresholds who were not receiving support appropriate for their needs.

7.9 The evidence from this evaluation has demonstrated that the family focused approach can plug gaps in support for families including those with young carers. When effective, Pathfinders have been able to identify unmet need; engage families; draw in the right agencies; and develop and deliver appropriate packages of support that address underlying family issues. However, 'where implemented effectively' is a crucial caveat and not all Pathfinders have achieved this. Effective implementation requires: a skilled practitioner that takes on a key worker approach with an outcomes focused outlook; robust processes for working with the family and coordinating work with other agencies; and intensive and flexible support. The Young Carer Pathfinders in particular found this more challenging to achieve.

7.10 The evidence suggests that a family focused approach was an effective model for working with families with complex needs, but it was a new way of working and the challenges of doing this cannot be underestimated.

Aim 3: Integrating Adult, Children's and Other Services

7.11 The majority of areas focused on embedding the family focused approach across all services within the LAs. Specifically, Pathfinders aimed to reshape services to ensure families were able to receive appropriate support; increase joint working and communication across agencies; and increase the early identification of young carers. To achieve these aims, Pathfinders focused on driving: systems change (to increase accountability and overcome systemic barriers, including implementing protocols, assessments and commissioning frameworks); structural change (including reshaping multi-agency team structures and creating new support packages); and cultural change (increasing practitioners' awareness and understanding of family focused approaches through integrated training and partnership working).

7.12 The overall progress as a result of this work has been encouraging. In a third (five out of 15) of the Family Pathfinders the strategic change has had a significant impact and there has been a marked shift towards delivering family focused services across all agencies. Furthermore, just under a third (four out of 15) of the Family Pathfinders, and just under a quarter (four out of 17) of the Young Carer Pathfinders, progress has moved in the right direction and momentum is gathering, although a full family focused service has yet to be embedded. However, not all areas have been successful and in the remaining (six Family Pathfinders and three quarters [14 out of 17] of the Young Carer Pathfinders) there were no significant strategic developments beyond the direct Pathfinder team and we do not expect developments to occur in the future. Most Pathfinder areas faced significant barriers embedding family focused approaches within Adult Services. This needs to be a significant focus at both the national and local level if family focused working is to be fully embedded.

7.13 There were common factors shared by both areas where progress was strong and those that have struggled to drive strategic change. In order to fully embed a family focused approach, areas need:

- **effective leadership and governance** (including having significant seniority to influence change and an 'outward looking approach' to engage other agencies);

- **clear aims and objectives** (with a strong understanding of what is needed to achieve these aims);

- **political support and strategic backing**;

- **support from middle managers**;

- **strong monitoring and feedback mechanisms** (to engage senior leaders and to evidence impact to justify sustainability); and

- **engagement from other key services**.

7.14 Effective Pathfinders also focused on both systems change and cultural change simultaneously. Conversely, where these factors were absent Pathfinders struggled to drive change.

7.15 Four fifths of the Family Pathfinder and Young Carer Pathfinders are being sustained in either their current form or are being partially sustained. This is broadly positive considering the current financial climate and reflects a commitment from key stakeholders of the benefits of continuing to work in a family focused way.

Recommendations

7.16 The following recommendations should be considered by the DfE and the national group of professional bodies and voluntary organisations advising on the development of new approaches to supporting families with multiple and complex needs. These recommendations are equally relevant to local agencies (e.g. local authorities, health service providers, voluntary providers, the criminal justice system etc.), either developing or engaged in family focused working. They are also relevant for developing services to support families with multiple and complex needs and families with young carers.

7.17 The evidence from this three year study presents a compelling case for local authorities and their partners to develop and implement intensive family support for families with multiple and complex needs (i.e. those already in receipt of statutory support or just below these thresholds). The evidence suggests that intensive, family focused support resulted in improved outcomes for nearly a half of families supported by the Family Pathfinders and nearly a third of the families supported by the Young Carer Pathfinders, meaning they experienced a reduction in both the range and severity of risk factors impacting on family life.

Key Features of Effective Intensive Support

<u>Recommendation 1: Adopt the Three Key Components of Effective Delivery</u>

7.18 Local areas developed different structural models of delivery, which all had the potential to result in improved outcomes for families. What mattered most was that the Pathfinders effectively established **three critical and interrelated components of delivery**. Each element played an equal and vital role in the delivery of improved outcomes. We therefore recommend that services providing support to families with multiple and complex needs include the following key elements:

- **a persistent and assertive key worker role:** a highly skilled, credible and experienced professional who works intensively with families and can provide case leadership and management, both delivering intensive support to the family and brokering specialist support as necessary;

- **a robust framework of support:** including a comprehensive assessment of the needs of all family members and a multi-disciplinary Team Around the Family (TAF) approach, delivered within an effective model of case supervision. The approach aims to ensure that families' needs are appropriately identified, that the right support is accessed and that progress is regularly and effectively reviewed;

- **an intensive and flexible family focused response:** which provides a well managed phased approach to support, addressing multiple family issues and using a wide range of professional expertise over a sustained period of time. Crucially, the effectiveness of support should be measured by outcomes for the family, rather than whether an intervention is delivered or not. The approach should be underpinned by the principles of effective family support. It should be supportive and strengths based, but equally challenging to families. Crucially, (and in contrast to previous approaches delivered to many families) the support needs to take a whole *family approach* and, where appropriate, include both resident and non-resident parents/carers.

7.19 A number of Pathfinder areas have withdrawn the intensive key worker role established under the Family Pathfinder programme. Our findings showed that for families with multiple and complex needs, the key worker acted as the 'lynch pin' in providing and coordinating effective support for families and was vital in achieving improved and sustainable outcomes, i.e. the importance of *people*, rather than *procedures* in improving outcomes. Establishing this intensive support role clearly has cost implications; however, our research found that the return achieved within one year was worth the investment.

Recommendation 2: Family Engagement in Support should be Voluntary

7.20 Families engaged in Pathfinder support did so, on a voluntary basis, and we would recommend that this approach be continued. However, it should be acknowledged that support was offered to families where there were existing child protection concerns or where the support was a final opportunity to address entrenched issues, prior to the instigation of statutory proceedings. Close working with statutory agencies is therefore crucial, in order to provide clear and consistent messages to the family. There should also be clarity with families about the potential consequences of non-engagement.

Recommendation 3: Families Should be Engaged in Decisions about Support

7.21 The research found that, where families played an active role in identifying the issues affecting the family and making decisions about the support received, their levels of engagement and consequent improvement in outcomes was greater. The key worker should play a role in helping the family to identify the outcomes they want to address and in developing the skills needed to do so. Services developing family focused support need to give careful consideration to how they involve families in the approach, ensure that their priorities are recognised and reflected in plans, and that they understand the meaning of terminology used by professionals.

Recommendation 4: The Approach to Support should be Phased

7.22 Support should be structured in a logical format so that it addresses the underlying causes of family tension and stress, and then moves on to address individual issues and problems. Addressing environmental issues, such as poor or unsuitable housing and family debt facilitated family engagement. It also meant that families were in a more stable position and better equipped to address entrenched issues such as poor mental health and substance misuse. Tackling the causes of parental stress allowed longer term improvements to family functioning through the development of more effective parenting strategies and improved relationships between family members. These changes had a significant impact on children and young people, evidenced by improvements in educational engagement and school attendance and a reduction in negative behaviours. As a result of this approach, over half of the families where children within the family were subject to a child protection plan on entry to support, were no longer on a child protection plan on exit from the support; whilst almost two thirds had a reduction in the severity of concern on exit.

Recommendation 5: Support must be Delivered by Skilled and Experienced Staff

7.23 Supporting families with multiple and complex needs is an area of expertise that requires specialist skills and knowledge, which often crosses existing professional boundaries. Both the findings from this study and the Munro Review[lvii] highlight the skills and expertise of practitioners as a critical component in delivering improved outcomes for families. A system that values such professional expertise needs to recognise and support the development of the key worker role and as a starting point should draw on existing work in this area such as:

- CWDC's functional map of the role of family intervention key workers[lviii];

- Action for Children's framework for developing effective professional relationships with vulnerable parents to improve outcomes for children and young people[lix].

Recommendation 6: Support must Take Place within a Robust Model of Staff Supervision

7.24 Practitioners working intensively with families with multiple and complex needs require regular supervision, which provides both opportunities for challenge and reflection. Effective supervision ensures that professional boundaries are maintained and that practitioners' responses to family issues remain appropriate, e.g. ensuring that they do not over identify with families. Additionally, providing opportunities for practitioners to come together to share expertise and address issues and concerns, is important in providing effective support, both for staff and families.

Recommendation 7: Partner Commitment and Engagement must be Secured

7.25 Working with families with multiple and complex needs requires a multi-disciplinary response. Involvement in the provision of intensive family support has significant implications for the services involved. All partner agencies must fully understand and be engaged in the process. Senior direction and leadership from all services is paramount to building expectations and accountability. Equally important is the engagement of middle managers to ensure practitioners are supported in the new delivery approach.

Recommendation 8: Effective Exit Strategies for Families should be Embedded in the Support Process

7.26 Whilst the impact of the support for many of the families was clear, their enduring vulnerability should not be underestimated. On exit from support worklessness and mental health issues remained common concerns. Therefore, it is important that intensive family support is delivered within the context of a continuum of support. Clear support plans (identifying continuing support within specialist, targeted and/or universal services) and robust monitoring processes (e.g. follow up at 6, 12 and 24 months) need to be in place for families on exit, in order to ensure that positive outcomes are maintained.

Recommendation 9: Deliver Young Carer Support in Partnership with Other Services

7.27 There needs to be stronger partnership working between young carer projects and organisations that have specialist skills to support other complex issues, such as mental health and substance misuse. Senior leaders and commissioners must provide more support and direction to facilitate this partnership working.

7.28 Young Carer projects have a vital role to play in the delivery of whole family support. However, for many, the move to whole family working was a new and ambitious step, and a number projects underestimated the complexity and challenges associated with working with other services. What they delivered themselves was often very good quality and delivered improved outcomes. Where they struggled was in developing an effective approach to integrated working and delivering sustained change.

Developing Early Intervention Family Focused Support

Recommendation 10: The Principles of the Whole Family Approach can Effectively be used to Support Families with Lower Level Needs

7.29 The three components of effective delivery outlined in Recommendation 1 should also be implemented within early intervention support, although the breadth and intensity of support should be proportionate to need. A number of Pathfinder areas have already integrated their whole family approach into existing support pathways, alongside a programme of professional development to support managers and practitioners likely to be taking on such approaches. The Munro Review underlined the importance of increasing the involvement of social workers in early intervention support within the community and supporting such an approach would be a key vehicle in helping achieve this.

Rolling Out Intensive Family Support

Recommendation 11: Develop a Family Support Strategy

7.30 The evidence indicates that intensive family support is most effective where it is incorporated into a family support strategy at the local level that provides help across the continuum of need.

7.31 The long term goal should be to develop a service which incorporates a range of family interventions, removing demarcations between the different funded initiatives and tailored to family need. This should provide a greater level of joined up support to families, rather than families being 'exited' from a particular programme or series of interventions.

Recommendation 12: Secure Commitment through a Whole Service Performance Framework

7.32 The scale of change required to deliver intensive family focused support cannot be underestimated by local authorities and their partners. Areas wishing to embed a family focused approach must therefore be fully committed to the agenda and must recognise that significant investment in cultural and operational changes are required for it to be fully effective.

7.33 Our research found that gaining political or strategic backing influenced the degree of change. Those areas that acquired this backing were able to do so through aligning the Pathfinder's aims with key targets and priorities (across a range of agencies). They were able to provide evidence of the impact of their family focused support and how it contributed to meeting those targets and priorities. Therefore, it is critical that local areas establish a robust performance framework which demonstrates the impact of their support on achieving partners' targets.

Recommendation 13: Evidence Financial Savings

7.34 Delivery of effective family focused support requires significant investment and therefore commitment from both local authorities and partners. To secure this, it is vital that the potential financial savings can be evidenced. Local areas should ensure that robust approaches to demonstrating outcomes and financial savings are built into delivery plans. From this research a conservative assessment of the return on investment, indicates that for every £1 spent, the Family Pathfinders have generated a financial return of £1.90 from the avoidance of families experiencing negative outcomes. The comparable figure for the Young Carer Pathfinders was £1.89.

Recommendation 14: Explore Long Term Family Outcomes

7.35 The research programme consulted families six months after they exited from support to establish whether positive outcomes were maintained. In order to assess the longer term impact and sustainability of the support, this exercise should be undertaken again at 12 and 24 months after families have exited from support. We therefore recommend that our family cohort is contacted again at 12 and 24 months to assess ongoing progress.

Recommendation 15: Review Thresholds for Support Considering Whole Family Needs

7.36 For support to be effective, services need to ensure that thresholds for support do not serve to exclude some of the most vulnerable families by considering the needs of the whole family (as well as the needs of individuals within the family). Thresholds for support will remain an ongoing and increasing challenge in the face of cuts to service provision, and increasingly targeted resources. Commissioning frameworks and protocols for partnership working need to reflect these ongoing tensions and ensure that services remain outcome focused rather than target driven.

Recommendation 16: Consider the Implications for Voluntary Sector Providers

7.37 Voluntary sector providers played a key role in the delivery of support to families, both as deliverers of a number of the Young Carer Pathfinders and in providing specialist support to address issues of housing, debt, domestic violence, and substance misuse. The voluntary sector also played an important role in identifying families who required Pathfinder support and in providing support for those families exited from Pathfinder support. Given the current funding climate, priority should be placed on ensuring that voluntary sector providers (especially the smaller, local providers) have the skills and capacity to engage effectively in tendering processes and that local authority commissioning processes do not serve to exclude them.

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[i] http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf

[ii] See www.c4eo.org.uk/costeffectiveness/files/negative_outcomes_costing_tool_template.xls

[iii] See: York Consulting (2010a): *Redesigning provision for families with multiple problems – an assessment of the early impact of different local approaches* [online]. Available at: http://www.education.gov.uk/publications/standard/publicationdetail/page1/DFE-RR046.

York Consulting (2010b): *The use of whole family assessment to identify the needs of families with multiple problems* [online]. Available at: http://www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR045

York Consulting (2011): *Improving support for young carers – family focused approaches* [online]. Available at: http://www.education.gov.uk/publications/RSG/AllPublications/Page1/DFE-RR084.

[iv] One of the original six young carer areas ceased operating after a year.

[v] Social Exclusion Taskforce, *Families at Risk: Background on families with multiple disadvantages*, Cabinet Office, 2007

[vi] http://www.number10.gov.uk/news/speeches-and-transcripts/2010/12/speech-on-families-and-relationships-58035

[vii] Ibid.

viii http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf

ix The families in the sample represent 711 families who were recorded on the Family Pathfinder Information System as having exited from support between 1st September 2009 and 28th February 2011. Annex B: Family Characteristics provides an overview of the characteristics of all 1,408 families recorded on the FPIS database, and in-depth information on the characteristics of the sample.

x Originally there were six Young Carer Pathfinders but one area ceased operating after a year.

xi These were two Family Pathfinders and four Young Carer Pathfinders.

xii A further area also delivered a Family Pathfinder but did not use FPIS. We do not have any family data from this area.

xiii DfE (2010). *Referrals Assessments and Children who were the subject of a Child Protection Plan (Children in Need Census Final Year Ending 31 March 2010 OSR24/2010 Statistical Release* [online]. Available at: http://www.education.gov.uk/rsgateway/DB/STR/d000970/index.shtml and ONS (2009) Population estimates for UK, England and Wales, Scotland and Northern Ireland http://www.statistics.gov.uk/statbase/Product.asp?vlnk=15106

xiv A potential young carer is a child who is likely to take on a caring role in the future.

xv Up to three key reasons for the referral could be provided by the practitioners. Therefore, the figures cited on reasons for referral add up to more than 100%.

xvi i.e. there may no longer be statutory level concerns about the family where children were subject to a child protection plan, but they are still classed at this level because they remain on a child protection plan until sufficient time has elapsed and outcomes have been maintained.

xvii Shelter 2007, http://england.shelter.org.uk/policy

xviii Barnardo's (2002). *Transitions in the Lives of Children and Young People: Resilience Factors*. Interchange 78. Scottish Executive Education Department

xix The employment status of 76% of adults (943 of 1270 over 18s) was known on both entry and exit. For the other 327, employment status was not known on entry or exit or both.

xx Families in Britain: an evidence paper, Cabinet Office & DCSF (2008) draws findings from De Wolff, M.S., & van Ijzendoorn, M.H. Sensitivity and attachment: A meta-analysis on parental antecedents of infant attachment. *Child Development*, 68, 571-591 (1997).

xxi Families in Britain: an evidence paper, Cabinet Office & DCSF (2008) draws findings from: Mothers' Employment , Parental Involvement , and the Implications for Intermediate Child Outcomes' (2001), Cathleen D Zick, W Keith Bryant, E Osterback, Social Science Research (2001), **Volume:** 49, Issue: 1, Pages: 25- 49

xxii Families in Britain: an evidence paper, Cabinet Office & DCSF (2008) draws on findings from Golmbok, Parenting: What really counts?, Psychology Press Ltd, (2000)

xxiii Bosmans, G.; Braet, C.; Van Leeuwen, K. and Beyers, W. (2006). Do Parenting Behaviors Predict Externalizing Behavior in Adolescence, or Is Attachment the Neglected 3rd Factor? *Journal of Youth Adolescence*, Volume 35, Number 3, 354-364.

xxiv Randall Grant H. (2007). *Relationship between attachment style and aggressive violent behaviour for referred youth: A study of adolescent attachment formation in the family context.* St Mary's University.

xxv Cummings E. & Davies D. (2006). *State of the nation report, fractured families*. Social policy justice group. From Children and Marital Conflict (1994) The Impact of Family Dispute and Resolution, Guilford Press.

xxvi Lansford, J.; Criss, M.; Pettit, G.; Dodge, K and Bates, J. (2003). *Friendship Quality, Peer Group Affiliation, and Peer Antisocial Behavior as Moderators of the Link Between Negative Parenting and Adolescent Externalizing Behavior.* Duke University, Centre for Child and Family Policy.

xxvii Steinberg L, Lamborn SD, Darling N, Mounts NS, Dornbusch SM. Over-time changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development.* June; 65(3):754-70. Department of Psychology, Temple University

xxviii Rueter and Conger (1998). Reciprocal influences between parenting and adolescent problem solving behavior. *Developmental Psychology,* 34:1470-82.

xxix Pettit, G., Laird, R., Dodge, K., Bates, J., & Criss, M. (2001). Antecedents and behavior-problem outcomes of parental monitoring and psychological control in early adolescence. *Child Development, 72*(583–598).

xxx Amato, P. and Fowler, F. (2002). Parenting Practices, Child Adjustment, and Family Diversity. *Journal of Marriage and Family,* 64: 703–716.

xxxi Aumann, K. and Hart, A. (2009). *Helping Children with Complex Needs Bounce Back: Resilient Therapy for Parents and Professionals*. London: Jessica Kingsley

xxxii See http://www.legislation.gov.uk/ukpga/1989/41/section/17 for definition of child in need

xxxiii A LA has a duty to investigate when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm (Section 47 Children Act 1989). See: http://www.legislation.gov.uk/ukpga/1989/41/section/47.

xxxiv An initial child protection conference is held when, following a Section 47 enquiry, a child is deemed to be at (continued) risk from significant harm. The initial child protection conference is responsible for agreeing an outline **child protection plan**. See http://www.nspcc.org.uk/Inform/research/questions/child_protection_system_wdf76008.pdf for further details.

xxxv The child protection concerns of 94% of the children and young people who had a concern identified on entry were known on exit**.**

xxxvi Aldridge, J. & Becker, S. (1993). *Children Who Care: Inside the World of Young Carers*

xxxvii Dearden, C. & Becker, S. (2004). *Young Carers in the UK: The 2004 Report.*

xxxviii Becker, F. and Becker, S. (2008) Young Adult Carers in the UK: Experiences, Needs and Services for Carers aged 16-24. London: The Princess Royal Trust for Carers [online]. Available at: http://communications.nottingham.ac.uk/SiteData/Root/File/Resources/Young%20Adult%20Carers%20in%20the%20UK%20-%20full%20report.pdf

xxxix Ofsted : Inspecting Attendance Guidance;

xl Deforges and Abouchaar (2003). *The Impact of Parental Involvement, Parental Support and Family Education on Pupil Achievements and Adjustment: A Literature Review.* DfES.

xli As cited in '*Families in Britain: an evidence paper*', Cabinet Office and DCSF, 2008

xlii National Strategies (2011). *'Improving attendance and reducing persistent absence'.*

xliii Munn P., Lloyd, G. and Cullen, M.A. *(2000). Alternatives to Exclusion from School*. London: Sage Publications.

xliv The impact of mental disorders on daily functioning in the Belgian community. Results of the study "European Study on Epidemiology of Mental Disorders" (2005) Bonnewyn A, Bruffaerts R, Van Oyen H, Demarest S, Demyttenaere K.Service de Psychiatrie, UZ Gasthuisberg.

xlv In both these cases the escalation in level of need was due to unmet needs being identified throughout the support process, and subsequently being met.

xlvi Nicholls J.; Lawlor, E.; Neitzert, E. and Goodspeed T. (2009). *A Guide to Social Return on Investment*. The Cabinet Office [online]. Available at: http://www.neweconomics.org/sites/neweconomics.org/files/A_guide_to_Social_Return_on_Investment_1.pdf

xlvii Seven Family Pathfinders and four Young Carer Pathfinders.

xlviii http://www.pssru.ac.uk/pdf/uc/uc2010/uc2010.pdf

xlix See www.c4eo.org.uk/costeffectiveness/files/negative_outcomes_costing_tool_template.xls

l Net Present Value is the amount of money today that is required to cover costs over a specified time period. For example, if you had a bill of £100,000 to be paid in exactly five years' time, assuming an interest rate of 5% p.a. you would only need to put away £78,350 today to cover the cost of the bill. The Net Present Value of £100,000 in five years' time at 5% p.a. interest is therefore £78,350.

li Recognised, valued and supported: Next steps for the Carers Strategy [online]. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122106.pdf

lii For more information on whole family assessments, see '*The Use of Whole Family Assessment to Identify the Needs of Families with Multiple Problems* at: http://www.education.gov.uk/research/data/uploadfiles/DFE-RR045.pdf

liii Joseph, S., Becker, F. and Becker, S. (2009). *Manual for Measures of Caring Activities and Outcomes for Children and Young People*. London: The Princess Royal Trust for Carers, [online]. Available at: http://static.carers.org/files/2248-yc-outcomes-manual-sb-4047.pdf

liv Contact the Princess Royal Trust for Carers

lv Note, for Cohort 1 and 3, these are subgroups of the cohorts identified in Section 2.

lvi 39 respondents thought the meetings were effective; 35 thought they were partly effective.

lvii http://www.education.gov.uk/munroreview/downloads/8875_DfE_Munro_Report_TAGGED.pdf

[lviii] http://www.cwdcouncil.org.uk/working-with-parents-and-families/families-with-multiple-and-complex-needs

[lix] Forthcoming