



September 2018

Troubled Families

Qualitative Case Study Research

Phase 2 : Wave 1

Ipsos MORI

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Authors and acknowledgements

The authors of this report are **Isabella Pereira, Claudia Mollidor** and **Kelly Maguire**. All are researchers in Ipsos MORI's Social Research Institute.

Thanks are due to **Eleanor Thompson** and **Olivia Michelmore** who contributed substantially to the chapter on families, and to the interviewing team on this study – **Joe Wheeler, Olivia Lohar-Self, Clarissa White, Colin Wilby, Naomi Day** – as well as **Aquila John-Phillip**, who supported the fieldwork. Thanks also to the wider team involved with interviews and data management, and, not least, to all the research participants and the local authorities who collaborated with us on this study.

The authors also acknowledge the invaluable help and advice in delivering this study of our study partner **Ivana LaValle** and the Ministry of Housing, Communities and Local Government Troubled Families research team: **Elizabeth Johnson, Nicola Simpson, Lan-Ho Man** and **Naomi Knight**.

1 Executive Summary

Background and research scope

- The Troubled Families Programme aims to transform the lives of 400,000 families with multiple, persistent, and often severe problems. These families have usually received a high level of input from various agencies that did not result in positive and sustainable changes
- The qualitative case study research consists of three phases: an initial scoping phase (to inform the development of research materials), followed by two separate but interlinked longitudinal research programmes (Phase 1 and Phase 2). The scoping phase and Phase 1 have now been completed, and this report presents findings from the first wave of the Phase 2 research
- The overall aims of the research are to better understand the delivery of the programme in practice and to provide descriptive accounts of how the programme has been received by families
- Phase 2 of the research consists of two waves of longitudinal face-to-face research with stakeholders, keyworkers and families (depth interviews) in five local authority case study areas. The case study areas were selected to demonstrate key areas of best practice in the programme. Two of these areas also took part in the Phase 1 research. Longitudinal qualitative research with frontline staff (online forums) also forms part of the Phase 2 design to supplement the dataset on frontline experiences of the programme
- The sample of families interviewed during Phase 2 of the evaluation tended to be experiencing fewer complex problems within each family than those interviewed at Phase 1. At Phase 2, more families were experiencing a *single* complex problem, such as child antisocial behaviour, rather than multiple problems being experienced concurrently among several family members as was common at Phase 1. Such characteristics are unlikely to be generalisable to the wider sample of families supported by the Troubled Families programme but are nonetheless stated here for context

Leadership and strategic delivery

- Troubled Families Co-ordinators were a critical factor in successful service transformation. Enthusiasm, ambition, the ability to persuade partners of the value of the approach and willingness to innovate were important qualities for building the right culture for the programme to thrive
- Partnership working was strongly embedded in the five case study areas, supporting the sharing of knowledge to service the needs of local eligible families and providing a range of referral routes to the programme. Keyworkers were working in close collaboration with specialist partners, and multi-agency working was facilitated by physical co-location and harmonising computer systems and data management approaches

- However, barriers persisted regarding physical co-location and implementing systems to support effective data sharing, which were reported to be time-intensive to implement and often costly¹. There was also a tension around the demarcation between social care and Troubled Families eligibility thresholds. Despite significant progress in terms of multi-agency working, case study areas struggled to engage leadworkers from other services

Working with key delivery partners

- There was evidence that partnership working was strengthening in the five case study areas, and that whole-family working was becoming embedded throughout services, for example in areas such as school nursing and joint family visits with Child and Adolescent Mental Health Service (CAMHS) workers. Common outcome frameworks applied across all services helped support this way of working
- Children's social care services were collaborating with Troubled Families teams to reduce the burden on social workers and deliver better outcomes for families, and there was some evidence that social workers were now approaching their practice from a whole family perspective. However, eligibility thresholds to the Troubled Families Programme for families where children had a level of child protection status were a source of debate, with some Troubled Families frontline staff uncomfortable with handling child protection cases
- Troubled Families Employment Advisers (TFEAs) supported keyworkers by ensuring they had sufficient knowledge on aspects of welfare support to advise families and in building the confidence of family members to consider starting to look for work. Stakeholders in the case study areas felt their knowledge, support and collaboration were of a very high standard
- Successful voluntary sector relationships depended on finding an effective way to navigate the numerous relevant organisations, and building good relationships with a range of stakeholders in the sector. The sector provided effective services to address specialised needs, often taking innovative approaches to doing so
- Relationships with schools, health partners and the police and justice services were all improving, with schools notably starting to see the benefits of the programme, and school nursing moving towards a whole family approach. More referrals were starting to come from primary schools. Health partners, in particular Child and Adolescent Mental Health Services and GPs, remained among the most challenging partners to engage with. However, joint home visits and regular partnership meetings were taking place, and the strong links that local authorities had built with the police and justice services were continuing
- Whilst strong communication channels and physical co-location aided partnership working, one persistent barrier was the diverse and sometimes incompatible schedules of local Troubled Families teams and other local services. For example, Jobcentre Plus staff worked ordinary office hours, the police worked shifts and

¹ Note that some funding to support this is provided through the Service Transformation Grant.

schools had long holidays so were not always available at the times needed

Frontline experience

- Keyworkers participating in the research were strongly committed to whole family working, and saw this as an effective way to facilitate multi-agency working (through identifying problems facing family members and bringing in different professionals). In turn, they saw coordinating this support as a good way to build trust with families. Families that were more difficult to engage were those who felt under pressure to agree to the support. However, they reported difficulties in working effectively with various partners, in particular, Child and Adolescent Mental Health Services and wider health services
- Keyworkers liked the flexibility to shape their role, but some felt this made it difficult to be clear on the scope of their work. They reported a misperception amongst other services that keyworkers were there to 'do everything' for families
- The keyworker role was felt to be highly demanding, notably around judging whether their own skills were sufficient to handle a challenging issue and in managing large caseloads, high expectations, and high-need families. Challenges around keyworker capacity to support families were compounded by the lack of capacity within other local authority teams. Mental health and social care services were felt to be particularly overstretched, resulting in some keyworkers feeling they were taking on cases that they had not been trained to support
- Troubled Families Employment Advisers employed several tactics to encourage parents to think about work, including talking about the financial benefits and the benefits to the whole family. There was evidence that Troubled Families Employment Advisers and keyworkers sometimes differed on their approach to addressing returning to work with families. In some cases, where families faced a number of major barriers to working, Troubled Families Employment Advisers nonetheless felt that keyworkers should still be suggesting discussions around the benefits of working from an early stage
- The step-down process typically involved keyworkers revisiting original goals to identify areas of improvement, and then arranging partnership meetings with other agencies to set targets and plan next steps. Keyworkers tended to step-down to universal services such as schools or Jobcentre Plus

Family experiences

- Families were positive about their keyworkers, finding them to be more open and non-judgemental than most other professionals. Those interviewed in the research typically reported a close and productive relationship with their keyworker
- Where parents had a long-term health condition, or were looking after a child with a serious health condition, this had an impact on the rest of the household. Keyworkers helped parents to access support groups and referred them to social workers for an assessment for home adaptations, and also tried to get

additional support for siblings at school

- Child and adult mental-ill health were key concerns for families on the programme. Keyworkers supported families by helping them to access specialist support, encouraging them to attend appointments, and ensuring adequate support at school
- Keyworkers also supported families with housing and financial hardship and debt. They helped families apply for social housing, and provided budgeting and debt advice (either directly or via specialists such as a Citizens Advice Bureau debt worker)
- Parents who talked positively about finding work said that the keyworker had built up their confidence by making them recognise their existing skills and how these could be applied in the workplace. Keyworkers also supported parents through identifying volunteering and training opportunities and CV writing
- The step-down process worked well when support was gradually reduced, and families were made to feel confident that they could manage on their own. However, there were some families who were very concerned about the idea of the support finishing, or had not considered the possibility, of this happening. These families seemed to be very reliant on their keyworkers. In some instances, families felt their keyworker had been pressurised to end their support before they were ready, but keyworkers in this case kept them on for longer

2 Background and policy context

Troubled Families is one of the most ambitious family programmes ever introduced in England with major funding from central government. The programme aims to transform the lives of 400,000 families with multiple, persistent and often severe problems who have usually received a high level of input from other agencies, that did not result in positive and sustainable changes.

The programme aims to work with families in a holistic whole family way which is not constrained by agency boundaries. At its heart is a workforce that coordinates and sequences support for every family member who needs it, and aims to respond to the full range of challenges a family needs to address. The programme was designed to transcend agency boundaries and have a transformative effect on both families and on service delivery. It provides a model of how effective intervention puts the family at the centre, with agencies working in partnership 'around the family'; further it is supported through a funding model that requires regular scrutiny of whether the programme is making a difference.

This report presents findings from qualitative research among staff delivering the Troubled Families Programme, and families receiving services. It represents **one element of the national evaluation of the programme**, alongside a longitudinal quantitative Family Survey, quantitative Staff Surveys that ask questions of delivery staff including Troubled Families Co-ordinators, keyworkers and Troubled Families Employment Advisers and monitoring via data collected as part of the National Impact Study and Family Progress Data. The overarching evaluation aims to explore the **level of service transformation** driven by the programme as well as the **impact of the family intervention approach** on outcomes for families themselves.

The first section of this report presents findings on **how local authorities have delivered the Troubled Families Programme in five case study areas** focusing on the extent to which 'service transformation' is happening. This material draws primarily on interviews with Troubled Families staff.

The second section of the report presents findings on the **experiences of the families accessing local Troubled Families Programmes in the same five case study areas**. It explores how the delivery of relevant services relates to key principles of whole family and integrated working. These findings draw on data from interviews with families, alongside data from interviews with keyworkers.

3 Research objectives and methodology

In this section we outline the research objectives and methodology used in this study.

3.1 Research objectives and overall design

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

Firstly, the study aims **to better understand the delivery of the Troubled Families Programme**, exploring how local authorities have responded to the programme development, the extent to which service transformation has taken place² and, if so, how this has manifested. This includes examining local authorities' roles in delivering a family intervention approach, the skills needed by keyworkers and Troubled Families Employment Advisers to do this successfully, and the lessons that can be learnt in this regard.

It also aims **to provide descriptive accounts of how the Troubled Families Programme has been received by families**. Here, research has been conducted to understand the lives of families participating in the programme, their experiences of the support they have received, their views on whole family working and what the key success factors are. The research has consisted of **three phases**:

- **An initial scoping phase:** To ensure that suitable research materials were developed for this study, a scoping phase (consisting of depth interviews and a workshop with key stakeholders) was conducted. The output of this scoping phase was a report which was used to inform discussion guides and analysis frameworks for the first wave of fieldwork
- **Phase 1 qualitative case study research (2015-16):** Two waves of longitudinal research with stakeholders, keyworkers and families in *9 local authority case study areas* were conducted. At the second wave, discussion guides were supplemented with concepts encapsulated in the 'Early Help Service Transformation Maturity Model'³ (the "maturity model"). The findings from both waves of this research are published and are available online⁴
- **Phase 2 qualitative case study research (2017-18):** Two waves of longitudinal research with stakeholders, keyworkers and families conducted in *5 local authority case study areas*. Two of these case study areas have been retained from Phase 1. In addition, longitudinal research with frontline staff is being conducted online in two waves of fieldwork, to address research questions about frontline experiences

In between the two phases of primary research, a workshop was conducted with MHCLG policy leads to develop the Phase 2 research questions, building on learnings from Phase 1 and to incorporate emerging policy issues. A full outline of the research questions generated at that stage is included in the Appendix, and the "maturity model" was used as the underpinning Theory of Change for the research. The table below presents an outline of the two

² The 'service transformation model' was fully rolled-out in November 2016, meaning that some local authorities were relatively new to it during follow-up fieldwork

³ <https://www.gov.uk/government/publications/troubled-families-early-help-service-transformation-maturity-model>

⁴ Part One: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605349/Service_transformation_-_case_study.pdf

Part Two:

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

strands of the Phase 2 research design in more detail, noting overall numbers achieved at Wave 1 and target numbers for Wave 2.

Table 1: Phase 2 research design

| | | (a) LA case study strand | | (b) Frontline staff strand | |
|-----------------|---|---|---|---|--|
| ACHIEVED | PHASE 2 Wave 1: <i>completed Oct 2017 – Jan 2018</i> | 5 x LA case study areas | | 6 x week-long online forums with frontline staff, each with 8-12 participants (achieved) | 8 x week-long digital qualitative app diaries with staff (achieved) |
| | | 27 x longitudinal family and keyworker case studies (achieved) | 40 x stakeholder depth interviews (achieved) | | |
| PLANNED | PHASE 2 Wave 2: <i>Sept 2018 – Jan 2019 (Sept-Nov 2018)</i> | 20 x longitudinal family and keyworker case studies (follow-up Wave 1) | 35 x stakeholder depth interviews per area (follow-up Wave 1) | 6 x week-long online forums with frontline staff, each with 8-12 participants (follow-up Wave 1) | |
| | | 2 x week-long online forums with key LA stakeholders and partners, each with 8-12 participants | | | |

This report presents the findings from the data from the Phase 2 Wave 1 of the research only.

3.2 Sampling and recruitment

Case study strand

Given the research requirements outlined above, a case study approach was taken with case studies selected through applying a purposive sampling logic incorporating the following factors:

- Geography/ locality/ type of local authority
- Potential for generating insights into best practice, and
- Potential for generating answers to key research questions (see Appendix for details)

Overall, the qualitative case study work was conducted in **five local authority areas** across England. Our final sample of five local authorities achieved geographical spread and a range of relevant attributes across the sample.

Table 2: Phase 2 case study areas

| Case study area | Region within England | Type of area | Notable features of delivery model |
|-----------------|-----------------------|-----------------|--|
| 1 | North-East | Urban/ suburban | Maturing programme |
| 2 | South-East | Urban/ suburban | Earned Autonomy area |
| 3 | North-West | Urban | Maturing programme |
| 4 | North-West | Suburban/ rural | Maturing programme; Earned Autonomy area |
| 5 | South-East | Suburban | Innovative work with voluntary sector |

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

The fieldwork was conducted **between October 2017 and January 2018**. Within each case study area that participated, we spoke to around six families and six staff members, including those with strategic roles, such as partners and stakeholders, and delivery staff.

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

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

Families were selected with a view to interviewing households who were relatively new to the Troubled Families Programme, so that their experiences could be understood throughout their participation in the programme. As such we asked local authorities to provide sample of **families that had been engaged with the programme for a maximum of six months**. This time-frame was suggested to allow local authorities some flexibility so that other required criteria could be covered, such as a range of intervention type and problems experienced by families. Participating local authorities provided lists of families including those facing a range of different problems, diverse household structures and a range of levels of support needs, reflecting the expansion of the eligibility criteria for the programme to include families requiring early help intervention.⁵ In practice, **many of the families proposed to us by local authorities and therefore eventually interviewed had been on the programme around or longer than six months, and some were close to step-down**. We present a detailed outline of the sample achieved in the Appendix to this report.

Once the sample was received, researchers made a quota-based selection of families with the aim of encompassing the diversity of problems faced by the local participating families. Difficulties experienced by families covered in the

⁵ <http://www.eif.org.uk/what-is-early-intervention/>

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

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

Overall, the sample of families interviewed during Phase 2 of the evaluation tended to be experiencing fewer complex problems within each family than those interviewed at Phase 1. At Phase 2, more families were experiencing a *single* complex problem, such as child antisocial behaviour, rather than multiple problems being experienced concurrently among several family members as was common at Phase 1. Such characteristics are unlikely to be generalisable to the wider sample of families supported by the Troubled Families programme but are nonetheless stated here for context.

Frontline staff strand

Six week-long online forums with frontline staff were conducted: two each with Troubled Families family keyworkers, Troubled Families family 'leadworkers' (i.e. staff based in an agency external to the core Troubled Families team, such as the police), and with Troubled Families Employment Advisers. In total 62 participants were involved in the forums, including a number who were employed by partner voluntary sector organisations.

Participants were recruited through an initial request from Ipsos MORI and Ministry of Housing Communities & Local Government placed through the internal communications network for Troubled Families and shared with them by Troubled Families leads within local authorities. Potential participants put themselves forward, and were screened with a short telephone questionnaire by Ipsos MORI staff and allocated to suitable online forums. Participants employed by charities and local authorities were offered a small voucher incentive; a donation to a charity was made by Ipsos MORI to thank employees of the Department of Work and Pensions for taking part.

3.3 Research materials, fieldwork and analysis

Case study strand

Practitioner and staff data was collected through in-depth interviews conducted face-to-face and by telephone, depending on what was most convenient for participants. Three different discussion guides were developed initially: one for Troubled Families Co-ordinators, one for key/ leadworkers and one for Troubled Families Employment Advisers. Although tailored for each group, the key topics covered included:

- **National programme and local context:** the aims of the Troubled Families Programme in their area, the main referral routes, and key partnerships
- **Service transformation:** progress on the key aspects of the programme (working with the whole family; early intervention; multi-agency approach) and the outcomes they were aiming for
- **The family experience:** how families experience the programme; the support they receive and how the programme looks and feels from their perspective

Data for families in this wave was collected through face to face in-depth interviews designed to collect detailed personal accounts of families' experiences of the scheme and any early impact on them. The discussion guide covered the following key areas:

- Families' background and historic service use
- Families' experience of the Troubled Families Programme and other services that they are accessing: from referral through to assessment, and service delivery; what has worked well and what could be improved
- Initial signs of impact on individual families: have outcomes improved or their needs changed
- Hopes for the future and for the programme's effect on their household

Frontline staff strand

A discussion guide was developed for the online forums which covered:

- Views on the Troubled Families Programme
- Experiences of working with families
- Workforce development and training
- Experience of partnership working

A separate guide, with tailored questions, was developed for the forum with Troubled Families Employment Advisers. All online forums were moderated by Ipsos MORI researchers throughout the week that they were live. Moderators interacted with participants, encouraging debate and discussion. All participants were given online pseudonyms so that they could post their comments anonymously, and were advised not to share any confidential information, or information which could be personally identifiable. The forums were observed by MHCLG staff while in progress; participants were informed and aware of their presence.

A discussion guide was also developed for the week-long app diaries, in which each participant shared their experiences with an Ipsos MORI moderator. Discussion guides for all the online elements of the research are included in the Appendix.

Data analysis

Analysis was underpinned by initial **thematic frameworks** for the study following early (pilot) interviews. Data management was conducted using the Framework approach within the software programme NVivo 10⁶, which supported rigorous and comprehensive within-case and thematic analysis. Final thematic code frames (see Appendix) were used to systematically code and summarise the full dataset which included detailed field notes and/or transcripts for each interview, and automatic transcripts for the online forums and app diaries. Regular team

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

discussions to facilitate data analysis were held throughout the fieldwork period, a crucial component of any qualitative methodology which also supported the data management process.

3.4 Research ethics

The key concern with respect to research ethics in this study related to **avoidance of harm to potentially vulnerable participants**. Conducting in-depth interviews with families taking part in the programme inevitably meant that there would be discussion of sensitive and difficult topics with vulnerable participants. To ensure that participants understood the research process entirely, several steps were taken so that participants gave fully informed consent to take part in the research.

- Families were given an **information sheet** about the study by keyworkers which set out in simple language: the objectives of the research, why they were selected, what taking part would involve and that participation was voluntary
- After this, if they agreed, they were **called by Ipsos MORI interviewers** to talk through the information they had received and check if they had any questions. If consent was given, the participant would then be recruited to take part. Key information about the research was **reiterated at the start of the interview** by Ipsos MORI interviewers
- At the end of each interview interviewers explained next steps and sought consent to re-contact families to take part in the second stage of the research. Information was left with families so that they could get in contact if they had any queries or wanted to opt-out of the research. They were also given a **leaflet signposting them to additional support and advice** should they have needed it

With respect to ethical considerations in **interviewing local authority staff**, care was taken to **ensure their personal anonymity** – and the anonymity of case study areas – in the final presentation of data. This was also the case with the research conducted **online with frontline staff**. All participating local authorities were offered summary reports on their case study areas drafted by the Ipsos MORI team as a thank you for their collaboration in the research process.

3.5 Presentation and findings

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

It is important to note that the research comprises a range of evidence sources, not all of which are longitudinal or case-based. This presents limits to the evidence in some areas – for example, we are unable to present a full context for some of the findings from the frontline staff strand (derived from the online forums). Further, only two of the case study areas are longitudinal across the four years of the research, meaning it is difficult to make robust comparisons from Phase 1 to Phase 2 of the research. Where possible, we have therefore tried to contextualise the evidence and conclusions drawn from the data.

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

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

4 Leadership and strategic delivery

In this chapter, we cover progress on the overarching strategic elements of the Troubled Families maturity model:

- The importance of leadership, and perspectives on how the programme is being led at local authority level
- The role of strategic commissioning of services to deliver the programme
- Progress on embedding multi-agency working and the mechanisms used to do so
- The role of data sharing and monitoring
- Progress in mainstreaming the whole-family working approach

The chapter discusses service delivery changes relating to the implementation of the Troubled Families Programme in the five case study local authorities. Two of these local authorities were also part of the Phase 1 research and comparisons are drawn between delivery in Phase 1 where possible (see Chapter 3.2 for details). For local authorities which were not part of the Phase 1 evaluation, progress is reported based on observations shared by the stakeholders interviewed. The chapter outlines the extent to which and the ways in which local authorities have been able to mainstream the programme.

SUMMARY: Leadership and strategic delivery

- Strong and effective programme leaders were critical to building the right culture for the programme to thrive and for building key relationships. Positivity and enthusiasm from programme leaders were considered key in establishing well-functioning services
- Partnership working was strongly embedded in the five case study areas, with services as a whole, including schools, health, police, domestic violence, youth offending teams, becoming more aware of local families who were potentially eligible for the programme, understanding their needs, and their potential referral routes to the programme if required. Relationships had progressed from being solely between particular individuals and were more embedded within organisations, with keyworkers working in close collaboration with specialist partners and all case study areas holding regular meetings at which key partners met and discussed cases
- Physical co-location and tools to support good communication, such as “locality” meetings and email groups, facilitated effective multi-agency working. Harmonising computer systems and data management approaches were also critical – and despite significant progress, barriers persisted with regard to these costly and time-intensive changes
- Strategic leads valued the input provided by the national Troubled Families Programme team in particular the ‘cost savings calculator’ which was used to demonstrate cost savings based on new, joined-up approaches to service delivery
- There was tension around the demarcation between social care and Troubled Families eligibility thresholds. Some families moved between support from children’s social care teams and support from the Troubled Families keyworkers. At the outset of supporting families, some local authorities faced challenges in deciding on allocations for families on the borderline of relevant eligibility thresholds

- The capacity for all keyworkers to deliver support in line with the values of the Troubled Families Programme was a central tension for the programme. Case study areas were building capacity to do so, but struggled with engaging ‘leadworkers’ from other services to deliver Troubled Families support. Stakeholder noted that this was getting better in some agencies, but was nonetheless challenging
- Regarding commissioning services from the voluntary sector, stakeholders balanced the perceived higher cost against the flexibility, skills, experience, resources and funding sources that engaging the voluntary sector offered

4.1 Leading the programme at local authority level

The service transformation model understands a “mature” level leadership to be marked by:

- services being designed to meet local family needs
- all partners across the statutory, community and voluntary sector commissioning outcome based services for families
- clear current and future demand management with a view to deliver value for money and achieve cost savings
- having clear links between the Troubled Families Programme and other transformation programmes

To achieve these aims, the service transformation model draws attention to the fact that strong and clear leadership is needed, both at the strategic and managerial levels.

Leadership by inspiring individuals was seen as a key component to a successful local programme. This was especially so for operational reasons and keeping the workforce engaged and motivated in potentially difficult times of change and disruption. As noted in Phase 1, leaders needed to make unpopular decisions (especially about staffing changes) to achieve their vision of the programme.⁷

“We’re lucky we’ve got a leader who is entrepreneurial. She’s open to doing things different and trying again. She’s very positive which is good when there are restructures. She can win over an audience quickly, enthusiastic, that helps with keeping the workforce motivated.” Service delivery manager, depth interview

Positivity and enthusiasm were considered key in establishing a well-functioning service, especially if some aspects needed to be re-designed and changed. The importance of inspiring leadership trickled down to the managerial level, where managers were able to make staff feel valued, and therefore engaged in the whole-family multi-agency working practices.

“I have to give huge credit to the locality managers because ... they’re respectful and that really helps people feel valued coming to the table.” Senior mental health nurse, depth interview

⁷ See section 3.4 Making structural changes and embedding Troubled Families Programme values, of Phase 1 Wave 2 report https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665368/Service_transformation_Case_studies_research_Part_2.pdf

Also perceived as positive leaders were those who were aware and interested in knowing about the kinds of families on the programme and their needs. This is in line with the ‘services being designed to meet local family needs’ requirement of the service transformation model.

“My line manager is close to [the local Troubled Families] managerial team as well as very big on getting a grip of the family.” Keyworker, depth interview

Leaders were critical to building the right culture for the local programme to thrive, and for building key relationships. One challenge at Phase 1 was buy-in to multi-agency working from senior representatives of services. This seems to have shifted to some extent in core agencies, with more partners making staff available for keyworker or buddy roles, including police, health services and schools – although engaging leadworkers from other agencies to expand capacity was nonetheless a persistent challenge for all the case study areas.

4.2 Strategic commissioning

A quarter of Troubled Family Coordinators responding to the 2017 Troubled Families Staff Survey, report that they commission the voluntary and community sector for both the provision of whole family keyworkers as well as specialist services⁸. Commissioning is therefore an important component in many local authorities.

As at Phase 1, formal commissioning was most commonly employed to provide auxiliary and specialist support services to families. Stakeholder interviews demonstrated the benefits of commissioning community and voluntary sector organisations. Benefits included their agility to respond to local authority needs as well as cost-effectiveness by using volunteers rather than paid specialist staff for tasks not requiring specialists. Commissioning was also used to receive services from local authority partners⁹, who were otherwise hard to engage, such as Child and Adolescent Mental Health services (CAMHS). For example, one local authority struggled to get their CAMHS team to work with them in an integrated, multi-agency way. To overcome this problem, they are now commissioning a CAMHS worker one day a week to be responsive specifically to requests from the local Troubled Families Programme.

Cost was a contentious issue when it came to commissioning. Some local authorities saw commissioning external services, including the voluntary sector, as a barrier rather than a facilitator to using the whole family approach. Voluntary sector organisations were seen by some stakeholders as not equally well equipped to deliver keyworker support to families, others felt they could not justify the cost for outsourcing.

The voluntary sector was a highly diverse source of potential support to local programmes, including large charities which provided broad, wide-ranging services and smaller organisations which provided tailored and niche services for specific audiences or needs. Despite the perceived higher cost and lower levels of specialised expertise in some charities, many stakeholders saw benefits in commissioning services to the voluntary sector, including:

- flexibility
- a diverse base of potentially relevant skills and experience
- resources and systems
- infrastructure; and

⁸ See Troubled Families Co-ordinators staff survey report

⁹ mentioned by a minority of 6% of Troubled Families Co-ordinators in the staff survey

- being able to access additional funding sources

“A commissioned service can be flexible and reactive when you get a ... large national organisation [with] resources that they can tap into, they have established systems that they can tap into, they’ve got skills and experience that they can draw from other contracts that they’re delivering, they can access funding that we may not necessarily be able to do.” Commissioning manager, depth interview

Keyworkers from large voluntary sector organisations were seen as being able to achieve family outcomes more quickly than those in partner agencies. Comparisons were drawn with keyworkers in agencies such as the police or youth services, who were generally found to take longer, if at all able, to claim an outcome fee for their families. This may be both to do with smaller caseloads and the work of voluntary sector organisations being singularly focused on meeting Troubled Families goals, rather than the keyworker role being one of many other responsibilities and the challenge of navigating conflicting priorities.

“Some smaller agencies have had more success than larger agencies. Takes larger agencies longer to hit outcomes sometimes.” Troubled Families Co-ordinator, depth interview

The third sector was also seen as ‘another pair of eyes’ in the community, generating a wider base of support within the community for families, as well as a resource for families who were not eligible for support from Troubled Families. Further information on the progress of engaging the voluntary sector is included in Chapter 5.4.

4.3 Mainstreaming the multi-agency working

The goal of the service transformation model for local authorities is to:

- transform the way that public services work with families with multiple problems to take an integrated whole family approach
- help reduce demand for reactive services¹⁰

Multi-agency working, therefore – or indeed moving towards integrated working with key delivery partners – is a core component of the service transformation model. For public services to take a whole family working approach, local authority agencies and partners need to work in a joined-up way to understand and support the needs of each individual family member. The way and extent to which multi-agency working has been implemented to date reflects the local ability to design the Troubled Families Programme with local priorities and needs in mind.

Although none of the local authorities included in the Phase 2 research could be considered fully ‘mature’¹¹, most are in a place where strong partnership working has been embedded. This has taken time as partners needed to be convinced that this new way of working had benefits to them as well as being practically achievable. Often it required difficult and unpopular decisions, as already noted at Phase 1¹² or undertaking ambitious change programmes such as those aiming to harmonise data across agencies and hence improve intelligence sharing.

“Bolder and innovative ways of working have brought in partnership commitment and helped to ‘win the hearts and minds’ because people are invested and willing to support the partnership working and work in a

¹⁰ Service Transformation Maturity Model, MHCLG, July 2016

¹¹ See Background chapter of this report for an outline of the maturity model

¹² With regard to re-structuring / renewing the workforce to ensure staff were fully on board with whole family working.

more family focused way and not just concentrate on their particular budget and focus.”

Troubled Families Co-ordinator, depth interview

The challenges of ‘winning hearts and minds’ was nonetheless acknowledged by members of Troubled Families core teams – and the importance of leadership in achieving this was emphasised.

“Trying to get people to think differently is an ongoing barrier. Other local authorities tell us we’re leading the way, being streets ahead. Part of that is our Troubled Families Co-ordinator, trying lots of different things.”

Service delivery manager, depth interview

As at Phase 1, local authorities continued adhering to using their locally adapted Troubled Families Outcomes Plans (TFOP). These guided the implementation and development of the programme based on a local needs analysis with regard to the service needs of its population.

Despite much local self-sufficiency and relative autonomy, strategic leads valued the input provided by the national Troubled Families Programme team in particular the ‘cost savings calculator’ which was used to demonstrate cost savings based on new, joined-up approaches to service delivery. The use of the cost savings calculator was still considered to be difficult by some local authorities at Phase 1, particularly with regard to providing ‘hard facts’ on cost savings in order to engage partners. This had somewhat shifted at Phase 2:

“Pilot [projects by local charities] helped to test the theory with the projects and analyse the costs and benefits of doing this and used the Troubled Families cost savings calculator to do this and build the case for the approach.” *Troubled Families Co-ordinator, depth interview*

With regard to reducing demand for reactive services, at Phase 1 there was a sense that services were still seeing too many families in crisis. Early intervention, to avoid families getting to crisis point, was not fully integrated into local programmes.¹³ There was a notable shift at Phase 2 in the areas where relevant longitudinal work was conducted towards services as a whole, including schools, health, police, domestic violence, and youth offending teams knowing which local families were potentially eligible. These services also tended to have a better picture of families’ needs with regard to the programme criteria and referral routes to the programme if necessary.

“We are now getting some referrals from early intervention staff and we are usually able to do the first joint visit together (something we’ve always done, although this now happens more due to more referrals) which is very helpful in terms of information sharing, assessment and gaining the trust of the family. There are at least ten families [with disabled children] that we might not have been aware of without Troubled Families.”

Disability Service Partner, depth interview

One challenge at Phase 1 was relationships for multi-agency working being formed solely between particular individuals rather than being embedded within organisations, which would be potentially more sustainable. There was evidence that some of these difficulties persisted, especially in the case of collaborations with social workers – for example, participants in this study noted the detrimental effect on continuity of relationships with children’s social care teams of the high turnover of social work staff, especially those joining the profession in the past five

¹³ See 3.1 Changes in family eligibility for the programme in Phase 1 report

years.¹⁴ This meant that relationships with Troubled Families teams and social work delivery partners could be vulnerable to fluctuation and did not benefit from continuity.

A further challenge around engaging partner agencies and organisations in the frontline delivery of the programme was the diverse working hours and shift patterns of partners. Keyworkers had flexible work patterns based on families' needs, including early morning home routines or bedtime routines. Troubled Families Employment Advisers on the other hand had a 9-5 working day, which did not always fit with the schedules of families. Police officers often worked shift patterns, meaning they might not be on shift during allocation or Team Around the Family (TAF) meetings, or could be called away without notice. Working hours thus had implications on how and when partners could work together; especially if there was little willingness for collaboration.

Co-location was a key mechanism used to facilitate multi-agency working. Some local authorities had previously established co-location arrangements, which mainly due to funding, ceased at a later stage. Others were still operating in a co-located setting. Where this was the case, this benefitted both practitioners working with families as well as families themselves. Practically, however, it was sometimes difficult to co-locate staff due to different 'locality team' operating in geographically dispersed parts of larger local authorities.

Mechanisms for communication were also vital. All case study areas held regular meetings, sometimes called 'locality meetings'.



Best Practice: Locality meetings

In many local authorities 'locality meetings' take place at the beginning of the week. These meetings include representatives from key partners such as health, police / youth offending teams, schools, Child and Adolescent Mental Health Services, data analysts and keyworker managers.

Families identified as meeting the programmes criteria are discussed, and intelligence from all services gathered, as families are often known to several services. Depending on the level and type of need, families are allocated a keyworker whose skills, experience and caseload allows them to work best with the family.

Engaging all the relevant agencies was critical. In one local authority, the Troubled Families Co-ordinator made a point of moving social work cases to the end in locality meetings so that social workers had to stay throughout the meeting and engage with wider problems rather than leaving after their relevant case had been discussed. However, striking a balance between engagement and burden on professional partners was important. From some partners' perspectives, for example the police in some case study areas, it was felt to be preferable to send family information via secure email rather than sitting through a long meeting providing only a brief contribution. Nonetheless, in all case study areas keyworkers worked in close collaboration with specialist partners to deliver the programme and there were innovative approaches taken to getting the balance right in terms of burden on partners, and ensuring the needs of families were met.

¹⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681546/SFR09-2018_Main_Text.pdf



Best Practice: sharing knowledge and expertise

Buddying teams: In one local authority, each keyworker is paired with a ‘buddy’ from a specialist service such as a health worker, police, school or another keyworker, depending on the need of the family. The family would meet the keyworker and the buddy when starting on the programme. This system ensures that support continues even if the keyworkers are unavailable due to sickness or holiday. It also meant that keyworkers have a specialist to draw upon immediately for subject matter related queries.

‘Claims clinic’: At a set time once a week, keyworkers, their managers and Troubled Families Employment Advisers are invited to get together to discuss families they are struggling to make progress with. This forum allows keyworkers to get another perspective on the families they are working with and gain new ideas or suggestions from others’ experiences.

Further detail on partnership working with specific services and providers engaged by Troubled Families core teams is provided in Chapter 5.

4.4 Data sharing and monitoring

Harmonising of the computer systems and data management approaches of many local authorities was as important as physical co-location and communication. Many practitioners at Phase 1 mentioned lack of access to other agencies’ systems as a barrier to effective whole-family working. One example was that of agency staff who previously needed to access three different IT systems, on two different computers to get the full picture of a family’s situation. At Phase 2, there was evidence of sustained good practice with relation to data-sharing in the case study areas, resulting in meaningful progress in identifying eligible families and allocating support.

“Social care data is held with the Council so it’s a given that we would get that information ... Workers within the Troubled Families Programme can access this so they can look up information. You have to have clearance to access but it’s in a central location.” Data manager, depth interview

In this respect, the case studies demonstrated that the programme culture has engendered a whole family focus in the ways in which data is recorded and shared (within the bounds of data sharing agreements). This has been achieved through encouraging partners to collect and share data relevant to the needs of the whole family, meaning that partner services are able to offer the correct support, and in some cases going further than their own statutory requirements for data provision to do so, or by adopting new ways of working.

“Troubled Families has helped partners to change the culture to ‘think family’, to provide the data for the Troubled Families Programme in the format that the programme needs it. Some of this may be additional to their own data returns for national and governing bodies and some partners have provided support to develop practice.” Troubled Families Coordinator, depth interview

For those local authorities able to progress such aims, this kind of change represented a shift towards a more collaborative culture around data sharing among partners. A common example of this given at Phase 2 was that of

Troubled Families Employment Advisers encouraging Jobcentre Plus to share lists of individuals in receipt of benefits. At Phase 1, barriers caused by not having data sharing agreements in place were circumvented by sharing information verbally rather than in writing at locality meetings (see above). At Phase 2, this was still taking place, however, many local authorities had improved IT systems and common access points supporting the application of a 'single front door' to the service. This helped both improve data access as well as data entry problems, including ease in monitoring family progress and outcomes.

“Before we were not on the IT system. We could access it, but we could not work with it, typing [information in] and all that. We could only read certain documents up to a point. Now we all have access. That allows us to update it with what is going on with a case, either historically or with joint work with the social worker, they can type [information] in, and I can type [information] in.” Keyworker, depth interview

Despite significant progress, barriers persisted especially in regard to funding costly and time-intensive changes such as the requirement for harmonised IT systems. Also, barriers caused by the lack of key data sharing agreements persisted - for example, where children were going to a school in a different local authority to their home address, data sharing and monitoring was difficult due to data sharing agreements not being in place. More broadly, stakeholders reported that many schools were still reluctant to share data with outside agencies; similar challenges applied to GP surgeries regarding sharing data.

4.5 Mainstreaming whole family working

Alongside multi-agency working, whole family working is another core value of the programme. This means that keyworkers delivering the programme carry out assessments and develop plans which consider the needs of the whole family. In the 2017 staff survey 88% of keyworkers said that the Troubled Families Programme is fairly or very effective at achieving whole family working.¹⁵ At Phase 2 of the research, it was evident that strong partnership/multi-agency working, especially through mechanisms such as 'locality meetings'¹⁶, meant that partners who traditionally would have worked separately with different members of the family on specific problems, were able to get a sense of all of the family's interrelated problems.

“[The Troubled Families Programme] may have opened people's eyes to there being other issues [for families]: drug, alcohol, risk of eviction. You have to dig deeper to find out what is happening in the family and you can't take things at face value. Some people have tunnel vision. Now we have the six criteria, its pushed it to the forefront of people's minds.” Troubled Families Co-ordinator, depth interview

In all the case study areas, the programme was adapted to the needs of the local population. Whole family support was delivered by local authority or voluntary sector-based keyworkers as well as practitioners based in other specialist services, such as police, health or schools. The level and type of support allocated at the outset of the programme defined the type of support families ultimately received, and by extension, their experiences of the programme. This was a tension in the delivery of the programme in many of the case study areas, given potential differences in emphasis between that of social work, which aims primarily to minimise risks to children, and that of Troubled Families, where holistic support to the family is the key focus.

¹⁵ Ipsos MORI, Troubled Families Programme staff survey 2017

¹⁶ Where key stakeholders come together to discuss families in the area and allocate keyworkers to them

Here, the differences *across* the types of Troubled Families support allocations offered to families were important. Families with lower level needs were typically allocated to delivery partners (i.e. to “leadworkers” working from within a partner agency) rather than specialised family keyworkers. For example, in one local authority, allocation was based on whether there was social work involvement with the family. Families with a child designated as a Child in Need or on a Child Protection Plan were allocated a specialist Edge of Care keyworker who carried out the plan on behalf of the social worker, with the social worker still holding the case. Families with lower level needs were allocated an Early Help keyworker. Allocation to the programme and the implications for relationships with children’s social care are discussed in more detail in Chapter 5.2.

Aside from the allocation of services, a further key issue in ensuring that whole family working was effectively mainstreamed was in developing the skills of keyworkers themselves. This was because frontline staff delivering the programme were at the heart of the success of whole-family working, as evidence on the programme to date suggests¹⁷. The capacity for all keyworkers to deliver support in line with the values of Troubled Families – to deliver ‘fidelity to the model’ – was a central tension for the programme. These frontline experiences of delivering whole family working are discussed in detail in Chapter 6.1.



Engaging specialist support vs upskilling keyworkers: a tension in service delivery

Through training programmes, keyworkers have provided a range of support which would previously been out of their remit. One local authority worked to upskill keyworkers to help families with problems such as drug and alcohol misuse (which other local authorities have been finding difficult to embed within the Troubled Families culture). According to a senior stakeholder, “partners are starting to see the benefits” of this, such as the fact that keyworkers become more versatile and able to identify and address most, if not all, of a given family’s problems independently.

The flipside of keyworkers providing a wider range of support to families and young people is the loss of specialism among frontline staff. This, for example, led to reports that drug and alcohol support services were now being provided in a more generic, rather than tailored, way to support families. Keyworkers themselves also reported that they did not feel comfortable or well-placed to provide certain help, such as mental health support, even if they had been formally trained for example in cognitive behavioural therapy (CBT). A wider remit puts greater pressure on keyworkers, rather than being able to draw on specialist staff to deliver support to families.

In practice, whilst upskilling keyworkers allowed them to address more of a family’s problems independently, limitations of the generalist approach meant that keyworkers sometimes felt under greater pressure to deliver support to families without having the specialist expertise to address, for example, drug misuse or mental health problems.

¹⁷ See chapters 10-12 of the previous Troubled Families case study research report: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665368/Service_transformation_Case_studies_research_Part_2.pdf

A final challenge in the delivery of whole-family working was the engagement of partner agencies. Progress on relationships with the diverse partners involved in the delivery of Troubled Families is outlined in detail in the following chapter.

5 Working with key delivery partners

5.1 Introduction and summary

In this chapter we present findings on aspects of working with key delivery partners, describing progress from Phase 1 where possible. Key partnerships discussed here are with:

- Children's social care
- Jobcentre Plus/ Department for Work and Pensions
- The voluntary sector
- Schools
- Health services
- The police and justice services
- Specialist services

Data in this chapter is drawn from depth interviews in the five case study areas with key stakeholders (see Chapter 3.2 for details).

SUMMARY: Working with key delivery partners

- Stakeholders across a range of sectors reported strong support for the whole family working approach. There was evidence of progress in terms of this approach being embedded in a range of services across the five case study areas
- Children's social care were collaborating actively with Troubled Families teams in the case study areas to reduce the burden on social workers and deliver better outcomes for families
- Nonetheless, stakeholders reported that it was hard to get the balance right between caseloads in social care and caseloads in early intervention. Allocation thresholds to the programme and how they were applied was a key tension in the programme
- Stakeholders reported that their most positive working relationships across delivery partners was with Jobcentre Plus due to Troubled Families Employment Advisers providing a strong and effective link between the relevant organisations and individuals
- Troubled Families Employment Advisers also had an important role to play in supporting Troubled Families keyworkers, ensuring they had sufficient skills and knowledge on aspects of the welfare support system to advise families appropriately through, for example, briefings on Universal Credit
- In all case study areas stakeholders reported that the knowledge and support offered by Troubled Families Employment Advisers was of a very high standard, as was their capacity to collaborate with keyworkers to build the confidence of family members in relation to accessing work, and, in working with the core Troubled Families team. In particular, the role of Troubled Families Employment Advisers in collaborating positively with work coaches was noted

- Success in engaging the voluntary sector was dependent on finding an effective way to navigate the numerous relevant organisations, and building good relationships with a range of stakeholders in the sector. Many such organisations were in competition with each other, hence effective capacity-building could, in some cases, be achieved by identifying how such organisations could work together
- The use of common outcome frameworks meant that different stakeholders' objectives in working with families could be aligned to meet the requirements of the Troubled Families Programme. This approach was particularly useful for the voluntary sector
- Voluntary sector services were being harnessed by Troubled Families teams to address the needs of niche groups and to drive innovative ways of addressing unusual needs. However, stakeholders noted that administrative requirements and the challenges of building capacity could present issues if more was required from the voluntary sector in the delivery of the programme
- Stakeholders in the case study areas felt that schools were starting to see the benefits in engaging with the programme and its keyworkers, with, for example, school nursing provision moving towards a 'whole family' approach and effective collaboration with Troubled Families keyworkers being more common. Good relationships had started to be established with more referrals to the programme now coming from primary schools, who often understood the needs of their families
- Case study areas had made progress with health partners, but reported that Child and Adolescent Mental Health Services (CAMHS) and GPs remained among the most challenging partners to engage with. Nonetheless, progress was manifest in joint home visits being conducted with Troubled Families and CAMHS staff and their attendance of health professionals at regular partnership meetings
- At Phase 1 local authorities had built strong links with the police and justice services. These productive collaborations were continuing and in some cases deepening
- One persistent barrier to effective partnership working was the varying schedules of local Troubled Families teams and other local services. For example; Jobcentre Plus staff worked ordinary office hours, the police worked shifts and schools had long holidays so were not always available at the times needed

5.2 Working with children's social care

Effective working with children's social care teams was important to the success of local Troubled Families Programmes. Stakeholders identified three key ways of working with children's social care:

- supporting families before their problems escalated to the point that they require a social work intervention (hence reducing the future workload of social workers)
- working with social workers to support those families who are already receiving social care intervention (hence reducing the existing workload of social workers)

- supporting families so they can keep living together or reuniting them safely (hence stopping families circling in and out of the social care system)

Children in need of help were considered the priority for the programme, according to Troubled Families Co-ordinators in the 2017 staff survey.¹⁸ Given the importance of children on the edge of care¹⁹ as a problem faced by families, keyworkers felt particular pressure to stop families from escalating to social care intervention, both for the sake of ‘the system’ as well as for the sake of families.

“The best part of the job is when you see families really improve their life circumstances and situations and no longer need support and the most difficult parts are when intensive support does not seem to be having the impact that was hoped for.” Keyworker, online forum

Navigating partnership working with children’s social care was one of the most challenging areas of the programme both from the perspective of stakeholders as well as keyworkers. Some Troubled Families Coordinators and managers of keyworker teams were highly knowledgeable on social work practice and how this differed from the Troubled Families approach. A few keyworkers interviewed also had a social work background, and therefore a thorough understanding of the different tasks and requirements of social workers compared with keyworkers. Many keyworkers, however, did not have a social work background or detailed prior knowledge of social work.

Nevertheless, both strategic staff and keyworkers, especially in less mature case study areas, expressed some concerns with social work practice as they saw it, feeling that addressing only the issues faced by the ‘problem child’ was inadequate to bring about sustained change in the whole family. Stakeholders’ and keyworkers’ conviction of ‘whole family working’ being the best approach made it difficult for some to appreciate the value of social work.

“[The] natural progression [for a keyworker] would be a social work masters but my experience in this role has put me off taking that route as it rarely involves actually providing the families with support and is more focussed on assessing or taking action against families which is not why I chose to do this job on the whole.” Keyworker, online forum

The Troubled Families Programme aims to reduce demand on children’s social care services through early intervention and mainstreaming whole family working to help families overcome their problems soon after they arise. In theory, this should prevent cases escalating to costly children’s social care services. Where clear lines of collaboration and communication between children’s social care and Troubled Families teams have been established, this appears to be working well from the perspective of keyworkers and stakeholders in the case study areas. In such cases, the Troubled Families Programme is felt to enhance children’s social care both in terms of capacity and quality of delivery with regard to reducing the future workload of social workers.

Reducing current workload of social workers through the Troubled Families approach was more difficult as families had, by then, moved beyond early intervention. In one case study area, stakeholders reported that over a third of their referrals originated in the children’s social care team, including many families with complex needs. Here, the Troubled Families team collaborated with children’s social care through joint-working to reduce the burden of cases

¹⁸ Ipsos MORI 2017 staff survey of Troubled Families Co-ordinators

¹⁹ Edge of care refers to families where children are likely to be taken into care if circumstances in the family do not improve, as well as families where young people have recently returned home after a period of being looked after by the local authority.

on children's social care. In the opinion of one stakeholder, this led to better accountability, monitoring and quality of work from all those supporting families, as well as greater retention of social workers.

“Troubled Families keyworkers also carry out the work of social workers under their direction, reducing demand on social workers. There is lots of collaboration between the two.” *Troubled Families Co-ordinator, depth interview*

In another case study area, trained social workers were migrating to work in the new Early Help services which employed the Troubled Families approach, hence both skillsets were brought together. However, given that structural changes underpinned these developments, progress tended to be slow and incremental – and far from universal.

“[In our area], social workers are still focusing on the child rather than the family. Nationally social work focuses still on compliance, not on outcomes.” *Service manager, depth interview*

Re-structuring teams was a key driver for change in approaches to children at risk. In some case study areas, Child in Need and Child Protection cases now fell under the Early Help offer (covering Tier 1 to Tier 4 support²⁰), meaning that supporting families with children at risk was a continuation of the Troubled Families approach. In other areas, active joint-working on cases with children's social care was the key to success, with social care remaining as the statutory leads but keyworkers sometimes staying involved when cases were stepped up to social care to support adults in the family in understanding and meeting the obligations of the Child Protection Plan (CPP). This was particularly important given the general negative view of social workers held by families (see chapter on family experience and Phase 1 report)²¹. Families had often established a positive relationship with keyworkers, which in turn helped keyworkers support families when their cases needed to be stepped up.

“We thought we should stay involved and it's actually had really good outcomes: we go to Child in Need meetings, make recommendations, speak to the chair, work very closely with children's services and do joint meetings with the social worker.” *Housing officer, depth interview*

However, in a more mature case study area there was evidence that social workers were approaching their practice from a whole family perspective. In this area, the 'edge of care' support was re-configured and supported by the Troubled Families Programme.

“Social workers have changed from focusing only on the child to approaching the whole family issues with the early intervention workers. This is new to social care – previously they were not interested, didn't understand very well the whole family approach, but they now see the benefit of it.” *Troubled Families Co-ordinator, depth interview*

Some keyworkers reported that social workers thought that families should not have a social worker as well as a keyworker. However, these keyworkers felt that families with CiN or CPP could very much benefit from having a keyworker (as well as their social worker), especially through whole family working, rather than only receiving

²⁰ <https://www.scie.org.uk/publications/introductionto/childrensocialcare/furtherinformation.asp>

²¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605349/Service_transformation_-_case_study.pdf

intervention through a social worker. Families who were eligible for Troubled Families support and who also had a social worker, shared this view:

“The goals were housing, help with the kids and [my son] going to school, but [the keyworker] isn’t really involved with [my son], cos he’s got a social worker. You’re not meant to have a keyworker and a social worker.” Mother, depth interview

Nevertheless, keyworkers often supported families in ways that families expected social workers to do (see also section 7.7g). Indeed, in one area there was an unwritten rule (perceived by keyworkers) that a family should not have a social worker and a keyworker. Practically, however, lines were often blurred with keyworkers and social workers collaborating unofficially to ensure both statutory requirements and pastoral needs of families were met. Collaboration was often based on positive relationships between keyworkers and social workers, and mutual respect for the other’s professional remit.

“[The keyworker] is a lot more useful than the social worker. [The keyworker] basically does the social workers’ job. She came to a meeting at the school with me and my mum. Without her I wouldn’t have gotten my point across. If it wasn’t for [the keyworker] I wouldn’t be doing my GCSEs.” Young person, depth interview

Keyworkers who were supporting social workers in carrying out Child in Need/ Child Protection Plans, felt there were challenges in terms of meeting both the requirements for statutory intervention as well as the goals of the Troubled Families Programme. This was particularly so in terms of being able to claim the outcome fee. For example, helping parents/ carers into work may be part of the Troubled Families goals and one approach to claiming the outcome fee, but would unlikely to be part of the Child Protection Plan. Therefore, keyworkers were sometimes unsure where to focus their efforts, in their limited time with families; experiencing pressure to help families meet both the Troubled Families goals as well as Child in Need / Child Protection Plan objectives. This was especially the case for Troubled Families goals concerning adults (such as work or adult mental health), as their problems would not be part of a Child in Need / Child Protection Plan.

Similarly, keyworkers were sometimes called upon by social workers if families were about to step down from social work intervention. However, there was also the view that families eventually needed to be able to cope by themselves and demonstrate ‘they can do it’ without agency support in order to retain the custody of their children.

Case study: sharing the workload effectively with Children’s Social Care

This case study illustrates the way in which one local authority alleviates strain on social workers by employing specialist keyworkers who execute the Child in Need or Child Protection Plan with the family. Families with lower level needs were allocated to less specialised family workers, who have a larger case load than specialist keyworkers.

The Troubled Families Programme within this local authority is delivered by family workers and specialist keyworkers, two separate teams located in different buildings.

Families with children on a Child in Need or Child Protection Plan are allocated to a keyworker, who is part of the Edge of Care team. The role of the keyworker is to execute the Child in Need or Child Protection Plan with the family. Social workers are too time pressured to regularly see the family and work with them on their plan. Keyworkers on the other hand only have a workload of maximum five families at a time and are able to see each family several times a week. The caseload of family workers is larger, as they only work with families with lower level needs who do not require as intensive support as families with a Child in Need Plan or a Child Protection Plan.

Edge of Care team managers go to the initial Child Protection Plan meeting to see whether their team can help the family in question. If the family is taken on by the Edge of Care team, they get allocated to one of eight keyworkers. Each keyworker has a different specialism, including substance abuse, Youth Offending Service, housing, behaviour, etc.

Keyworkers are co-located with some social workers. Usually, social workers attend only the first Child Protection Plan meeting, three months after the plan is put in place, as well as six-weekly case review meetings and six monthly meetings to decide whether a family can be stepped down or a child needs to be taken into care. Social worker involvement with the family and the keyworker varies:

“Some [social workers] are very involved with the family and will liaise with you really well, some others are a little more hands off and they say what they want done and they leave you to it. It depends on the social worker” Keyworker, depth interview

Another central barrier to effective collaboration reported by stakeholders was the high rate of staff turnover in social work.²² This hindered staff building long-term relationships with each other. Stakeholders acknowledged that social workers were under a lot of pressure, often working with higher caseloads than they perceived manageable, limiting their capacity to offer tailored support to families.

“Children’s services have safeguarding pressures and time pressures that limit their time to think creatively”
Troubled Families Co-ordinator, depth interview

Agreeing the appropriate support to allocate to families could also be challenging. There was evidence from stakeholders that keyworkers felt that some families would meet social work thresholds, but were not receiving social work input. There was also perceived to be resistance from frontline social workers about involvement in such cases.

“You still get ‘[whole family working] is not my job’ from social workers. Troubled Families now hold some high-risk cases which helps social care; but they [social care] fill that gap with other high-risk cases.”
Troubled Families Co-ordinator, depth interview

Keyworkers who were feeling out of their depth, who did not receive the support they were expecting from social work and who may not have been aware of the pressures on social workers were more likely to perceive this. In one

²² “During the year ending the 30 September 2017, 63% (FTE) of children and family social workers leaving in the year had been in service for less than 5 years, compared to 60% in 2016.”

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/681546/SFR09-2018_Main_Text.pdf

local area the lack of clear understanding by some frontline staff around social work thresholds was addressed through training:

“The application of threshold – all staff in children’s services, voluntary sector and health services need to attend this training. The training is about teaching the basics around a safeguarding document - different tiers of needs for children. This is key for workers to be able to make a referral and understand where children should be referred to.” *Troubled Families Co-ordinator, depth interview*

The success of the programme and its approach with families also created unexpected problems. In one case study area, the whole family working approach and parenting skills interventions were considered to work so well that social workers relied heavily on keyworkers to work with families who met social work thresholds. Keyworkers sometimes resented being asked to deliver support to families, in circumstances perceived to be beyond their remit and skill-set.

“Social work now send too many cases to Early Help which are inappropriate because they need statutory involvement. Social workers refer cases to Troubled Families, which get risk-assessed by keyworkers to see if they can take it on. ... but caseloads are too high.” *Troubled Families Co-ordinator, depth interview*

In this case, Troubled Families keyworkers were carrying out the Child In Need/ Child Protection Plan (with the social worker still having statutory responsibility and oversight), working with the whole family and deciding which other partners should be involved. Keyworkers very much appreciate that they can adopt the whole family approach, a practice they felt was not possible for social workers given the time pressures on them. In this local authority, it was also felt that providing families with the appropriate services in the appropriate order has improved through joint-working with children’s social care as allocations had become more straightforward. However, capacity from social workers to stay involved with cases when passed on to Troubled Families keyworkers was nonetheless required for this approach to joint working to be successful.

“The ideal is the family managed by keyworker with some support in the background from social care if needed as a supervisory role. [But] we would need the social care capacity to do this and prove it’s beneficial.” *Troubled Families Co-ordinator, depth interview*

5.3 Working with Jobcentre Plus

From the perspective of many key stakeholders, Troubled Families Employment Advisers were the great success story of the programme where effective partnership working was concerned. Stakeholders reported, by far, their most positive working relationships with JobCentre Plus because of the ‘bridging’ role of the Troubled Families Employment Advisers. In the two longitudinal case studies, it was evident that Troubled Families Employment Advisers had become fully embedded in frontline delivery, influencing the overall approach to ensuring the consideration of work from the outset of working with families.

“Wouldn’t recognise them [Troubled Families Employment Advisers] as a separate programme now. It was the best thing ever done at a national level introducing them” *Troubled Families Co-ordinator, depth interview*

The role of Troubled Families Employment Advisers had remained the same since Phase 1 of the research – they continued to build families' confidence and skills in getting ready for work, taking a tailored approach with individuals, and also bridging the gap between the programme and Jobcentre Plus staff.

“Troubled Families Employment Advisers improve family members' confidence, help them to build skills, and this can have a knock-on effect with other family members, as they see the development.” Service manager, depth interview

“Troubled Families Employment Advisers encourage Jobcentre Plus to identify families they are working with, who should be on the programme.” Troubled Families Employment Adviser, depth interview

In practice, stakeholders reported that Troubled Families Employment Advisers worked in tandem with keyworkers, in some cases stepping in more intensively with an individual in a family where helpful to do so. As at Phase 1, Troubled Families Employment Advisers also had an important role to play in supporting Troubled Families keyworkers, ensuring they had sufficient skills and knowledge on aspects of the welfare support system to advise families appropriately. For example, briefings on Universal Credit were noted to be helpful.

“We have a better understating of the benefit system now, and of the steps to be taken when somebody in the family is unemployed. We have also had a much better understanding of the timescales.” Keyworker, depth interview

Additional aspects of the experiences of keyworkers in working with Troubled Families Employment Advisers are covered in Chapter 6.2.

In all case study areas stakeholders reported that the knowledge and support offered by Troubled Families Employment Advisers was of a very high standard, as was their capacity to collaborate with keyworkers and the core Troubled Families team. In particular, the role of Troubled Families Employment Advisers in collaborating positively with work coaches was noted. Stakeholders reported that work coaches were very receptive to Troubled Families Employment Advisers, seeing them as an additional resource to help the client. When working with Troubled Families Employment Advisers, work coaches were encouraged to mark clients assigned to Troubled Families in their system, so that they were alerted to take a different approach with them. They were also encouraged to let the Troubled Families Employment Adviser know about clients who could benefit from Troubled Families interventions and make referrals. The constructive nature of this collaboration was important given that work coaches are typically assigned to individuals not only to support them in finding work but also to exert the conditional aspects of claiming welfare support. The involvement of a Troubled Families Employment Adviser helped create more understanding of the full picture of challenges faced by families.

“We have close local links to Jobcentre Plus. They come to our team meetings and update our staff. We explain to them that worklessness often isn't a choice, it's something that is forced upon them. There have been improvements in the understanding of this.” Troubled Families Employment Adviser, depth interview

Troubled Families Employment Advisers also worked hard to develop creative approaches to overcoming the practical limitations of Jobcentre Plus, notably their capacity to engage with other services.

“It’s difficult because they have time constraints but we want organisations to come into job centres ... For example, if they have a mental health problem there is a day where an expert could just talk to them and engage them in some of the services that they deliver.” Keyworker, online forum



Combining keyworker support and on the job training

One local authority has taken an innovative approach in commissioning a hairdressing academy to provide support to families. As part of their offer, the academy offers training and support for young women to become hairdressers, but also provides holistic support with the wider family (outside of the hairdressing salon) to help make substantial and sustained changes.

For example, a single mother who is not working and whose children are not regularly attending school would enlist on a hairdressing course. The trainer would work with the mother as well as the children to achieve the family goals. At the end of the academy’s work, the mother would have a hairdressing qualification and full-time job, and the children would be attending school.

The collaboration with the hairdressing academy is considered one of the most successful contracts the local authority has in delivering the Troubled Families Programme.

Troubled Families Employment Advisers were also working with community colleges to deliver drop-in “work clubs” to improve job applications, and with “local economic wellbeing teams” to address problems of financial exclusion. Some innovations were less successful, however. In one case study area, a drop-in service in the local children’s centre ended because Jobcentre Plus advisers felt uncomfortable working in a less protected and secure environment than their usual offices.

Capacity was also considered to be a problem. In some case study areas, stakeholders noted that Troubled Families Employment Advisers were stretched between operational and frontline work, and were only able to serve a proportion of those eligible for Troubled Families who were also out of work. Others felt that the remit of Troubled Families Employment Advisers should be extended, and that they should continue to work with families after step-down if family members were undergoing vocational training or volunteering.

5.4 Working with the voluntary sector

At Phase 1 stakeholders noted that a key challenge in engaging with the voluntary sector was its enormous diversity, and the number of potential stakeholders to assess. This presented a challenge for Troubled Families teams in terms of capacity, with Troubled Families Co-ordinators noting that although working with the sector had considerable potential, they struggled to find the time to explore these opportunities.

At Phase 2, some of the case study areas were selected for the progress they were making in engagement with the voluntary sector (see section 3.2). In these case study areas, the opportunities the voluntary sector presented to build capacity for the programme were emphasised by stakeholders – as was the interest of these local authorities

in expanding the role of voluntary agencies in delivering the programme. This was because it was relatively straightforward to engage the sector due to the funding the Troubled Families Programme could offer, and the current approach to Payment by Results also facilitated and incentivised their involvement. The Troubled Families ethos also engendered consistency in the approach to commissioning services, meaning that the services had clear guidelines on what they were aiming for.

“Troubled Families outcomes and frameworks have enabled some of this to be easier... The outcomes we want for the families: nobody can disagree with them. You start from the same position; you have a common purpose.” *Children’s centre manager, depth interview*

Success was also dependent on building good relationships with a range of stakeholders in the sector. Many such organisations were in competition with each other, hence effective capacity-building could, in some cases, be achieved by identifying how such organisations could work together.

“There was initially a pushback from charity, voluntary and faith groups that felt they had been offering help but the door had been shut on them. So, it meant [we had to] ensure that the door was open to them and to a wider partnership involvement.” *Chair of Troubled Families oversight board, depth interview*

Across the case studies, the voluntary sector was drawn upon to both deliver and establish some key support services. One faith-based charity provided considerable support at Christmas through the provision of food to families; other such offers of food and basic provisions, which were typically co-ordinated by faith groups, were a source of support to families. Advice services run by the voluntary sector were drawn upon by keyworkers, and charities also provided children’s programmes for families where parents were victims of domestic abuse, offering support to affected adults alongside their children. In one area, voluntary support was the engine behind setting up work ‘clinics’ in children’s centres for parents to visit, and in developing a ‘community hub’ for support within a branch of Jobcentre Plus. In another area, an aspiration to establish a youth service with the support of the voluntary sector was not realised, but demonstrated the potential for innovation and addressing niche service requirements.

However, given the diversity of the sector, a key challenge was for keyworkers to be sufficiently aware of what was on offer to make suitable referrals. Stakeholders reported that keyworkers often conducted their own research to achieve this, but systematic approaches to the problem were more successful.



Using a co-ordinating service to engage with diverse voluntary and community sector providers

In one local authority there were over 90 voluntary organisations, meaning that it was difficult for the core team to keep in touch with them all. To link their Early Help Teams and Children’s Services with the diverse voluntary sector, a voluntary sector ‘co-ordinating body’ was established to identify a number of key organisations to involve in the triaging process of families, generating referrals to the local Troubled Families Programme.

Further, to support frontline workers in identifying suitable support, a paper form was developed which keyworkers could submit to the voluntary sector co-ordinating body, outlining the needs of the family they supported. The co-ordinating body, which kept records of the services of all the local voluntary organisations, then suggested organisations which could provide support. The co-ordinating body also ran an ‘innovations project’ which explored options for adding additional support where no suitable support was already available.

The evidence from this wave of research suggested that the challenges of engaging the voluntary sector and making the most of its potential were still ongoing – and an area in which support from central government may be welcome given the opportunities for building capacity to deliver the approach with funding coming to an end in 2020.

“There might be challenges as we move towards higher expectation for the charity sector to become key and leadworkers ... there might be some resistance, due to capacity and red tape.” Chair of local Troubled Families oversight board, depth interview

5.5 Working with schools

Generally, stakeholders reported having good relationships and effective partnership working with schools. Stakeholders perceived that schools were starting to see the benefits in engaging with the programme and keyworkers, and that school nursing provision was moving towards a whole family approach. Good relationships had started to be established with more referrals to the programme now coming from primary schools, which were typically closer to families. There was an appetite to increase partnership working between schools too. In one area a partnership with seven schools had been formed to share best practice, supported by a dedicated family worker to signpost families to key services. Notably, Troubled Families presented a major opportunity for schools to address problems created by other resource constraints. Secondary schools (more so than primary schools) had major struggles with funding, so Troubled Families allowed them to continue providing support to students and their families by passing cases on to relevant services.

“Early Help is used as a way of batting away issues they should take on, or would have in the past.” Troubled Families Co-ordinator, depth interview

Information sharing was an area in which stakeholders have seen improvements. Working closely with schools, keyworkers were able to leverage information on families which schools had easy access to, such as information about absences and exclusions. They were also able to develop relationships with key school staff, such as safeguarding officers, and provide relevant training on the Troubled Families Programme within schools. Conversely, keyworkers could share information with schools about incidents of domestic violence, which schools might not know about otherwise, helping them establish a safeguarding plan for the child, and helping schools to engage with parents they might struggle to engage themselves.

“Say a school would ring us and say Mum doesn’t come to school but we want to work with her, can we help her engage. So everyone is starting to work like this, where they are the lead. It’s evolved from working in silos so people seeing that as their responsibility. It’s evolving all the time.” Homelessness Programme Manager, depth interview

Schools also provided diverse kinds of practical support to the local programmes, at their best, providing a ‘hub’ for whole family working. School premises were used for ‘Team Around the Child’ meetings, and in some areas health visiting school nurses had whole family working written into their job specification and links at schools were made with Child and Adolescent Mental Health Services. In one area, all local schools’ designated safeguarding leads were linked to the Troubled Families Programme through regular face-to-face forums, as were their dedicated schools’ family workers, meaning that schools were fully involved with the programme. Specialist interventions (typically delivered by voluntary sector organisations) were also located within schools, such as young carers programmes, support for mental health (through informal face-to-face clinics) and early intervention more broadly.

“We have set up mental health champions in schools who come together to think about children’s mental health. We have launched a pilot programme to prevent at risk children from reaching breaking point.” Frontline staff member in mental health, depth interview

School staff also sometimes took on the lead professional role with families if appropriate and especially if they did not have a teaching workload. This was viewed positively by stakeholders, although capacity was an issue because support could not be offered to families during school holidays.

The fragmented landscape of the education sector also presented challenges. At Phase 1, academies were noted to be harder to engage than local authority maintained schools²³. At Phase 2, these problems persisted, with some stakeholders reporting that local authority maintained schools were more straightforward to work with than academies – although others reported some success in engaging individual academies (rather than multi academy trusts) in conversations about their specific capacity and resources to work with Troubled Families teams.

Secondary schools were much larger than primary schools, meaning in practice that they had less capacity to engage with the Troubled Families Programme as there were fewer staff without teaching responsibilities available to offer such support. Stakeholders reported their concerns that because of this, potential cases were being missed and that the support was slow to start – as well as only available in term time.

²³ See section 4.4.2 of the Troubled Families Phase 1 case study report: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/665368/Service_transformation_Case_studies_research_Part_2.pdf

“Working with high schools is trickier; they’re bigger, at primary level you have that overview of everyone. But when you go to high school some people can get lost.” *Keyworker, depth interview*

Overall, schools were reported to be helpful, but less hands on in their engagement with Troubled Families than other partners. Success in working with schools typically depended on having a strong single point of contact. Strategic partners in local authorities reported instances of schools (as well as police and social workers) only attending locality meetings when families they were familiar with were being discussed. Schools also sometimes struggled to understand their role alongside children’s social care (social workers) and the support offered by Troubled Families teams. Troubled Families leads could facilitate better understanding between parties in these situations.

“We have done ‘Bridging the Gaps’ meetings every month with local primary schools where I meet head teachers along with the Early Help team, where they have opportunity to discuss a case at the early stage, identifying if this is a good one for Early Help or if they do need to step it up for social care.” *Social care lead, depth interview*

5.6 Working with health services

At Phase 1 stakeholders raised major concerns with mental health provision, mainly relating to capacity. Keyworkers struggled to engage sufficient support for families they were working with. At Phase 2, this was still a problem, with stakeholders reporting that Child and Adolescent Mental Health Services (CAMHS) remained the most difficult service to engage consistently²⁴, which participants felt was because they were the most time-pressed service and short of capacity.

Nonetheless, there was evidence of progress towards better relationships with CAMHS and stronger partnership working which aimed to address these problems. As an example, stakeholders in one of the longitudinal case study areas reported an improving relationship with CAMHS, joint home visits being conducted and CAMHS attendance at regular partnership (or ‘locality’) meetings. In one area CAMHS were brought in to address the shortfall in available support (see Chapter 4.3). Evidence of GPs beginning to consider whole family working approaches and engaging Early Help teams was also reported in this area.

“There’s some ironing out to be done, but it’s better than it was.” *Locality Manager, depth interview*

There were other examples of good practice too, aimed at overcoming the pressure on CAMHS. In one local authority, counselling services had been established within schools to support young people in improving their mental health. In another area, Troubled Families teams were working with a mental health hospital and building relationships with other major providers of health services within the local authority. Across all areas, partnership working with health services was reported to be less developed than with other partners, such as the police – and one of the key reasons for this was the range and diversity of health provision.

²⁴ This is also reflected in the staff survey: 57% of keyworkers would like more support from ‘mental health services for children’ and 54% would like more support from ‘mental health services for adults’

“The challenge is that health is so vast it is hard to know if they have joined up appropriately with all parts and to know what the health landscape looks like – how many GP practices they have and who would the link person be and how could it work.” *Troubled Families Co-ordinator, depth interview*

Nonetheless, supporting health teams to deliver consistently on whole family working has remained a core goal for Troubled Families teams to work towards, for example around encouraging CAMHS nurses to do whole family assessments. Certain barriers persisted however, including challenges around accessing health data described at Phase 1, but also poor attendance at multiagency meetings due to the number of high-level cases frontline health workers were handling which needed to be prioritised.

“Sometimes it’s tricky if you’re working on a lower level that you’re trying to stop from escalating, but professionals are so busy with the higher-level work that they can’t attend. It’s like a vicious circle.” *Keyworker, depth interview*

5.7 Working with the police and specialist services

At Phase 1 local authorities had built strong links with the police and justice services and these productive collaborations were continuing and, in some cases, deepening. In one of the longitudinal case study areas, the youth offending services had been embedded within the Early Help team, supporting frontline staff to take a whole family approach. The police were also working closely with the Troubled Families core team in this area. Other case study areas also reported that the police were adopting Troubled Families principles and changing the way they worked in partnership with other services, such as CAMHS and schools, in how they addressed domestic abuse cases, and in expanding the capacity of the programme through contributing staff who were leadworkers with families, being paid a salary by the Troubled Families budget.



Partnership working to reduce the burden on services

In one case study area, the police developed a tailored information-sharing scheme, working in collaboration with the local Troubled Families team to support families for whom there were regular callouts from the police. This approach was taken as these callouts typically related to antisocial behaviour, and drug or alcohol abuse. The police were able to share up-to-date information with the Troubled Families team through the scheme, meaning that families who could benefit from additional support could be targeted more directly.

Challenges in working with the police typically related to capacity – it was noted that police services were stretched and representatives struggled to attend meetings. This made it hard for them to offer support as family leadworkers.

“It’s not something we’re given time to do... the role of a keyworker is just not compatible with police work” *Police Constable, depth interview*

Regarding specialist services, supporting families with problems such as substance abuse and domestic abuse, stakeholders reported that the diversity of this support was an issue – in one area, for example, it was typically provided by a number of small charities locally, not all of which were engaged with Troubled Families. This meant that some opportunities to support eligible families were lost.

6 Frontline experience

6.1 Introduction

This chapter presents evidence from keyworkers on their experiences of frontline delivery, multi-agency working, and the skills and training required for effective delivery of the Troubled Families Programme. In this chapter, the following issues are covered:

- Adopting the Troubled Families model
- Collaboration and applying the Troubled Families way of working
- Working with families
- Workforce development
- Capacity to deliver the programme

Data in this chapter is drawn from the online forums with frontline staff (see Chapter 3.2 for details). This evidence has a wider geographical scope than that of the case study evidence as frontline workers in the online forums were drawn from all over England. The evidence therefore includes comments from frontline staff working in areas which are less 'mature' in terms of the Troubled Families maturity model.

SUMMARY: Frontline experience

- Keyworkers were highly committed to whole family working, aiming to include all family members in support, even if some did not present or experience any headline problems. This was particularly the case where one child was experiencing a problem, for example, at school, but a sibling did not face equivalent difficulties. Keyworkers were mindful of the impact felt on the whole family of one individual's difficulties
- Whole family working was also seen to facilitate multi-agency working. As keyworkers were identifying problems facing family members, they needed to bring in different professionals (such as schools, social workers or work coaches), and information sharing allowed these professionals to see a wider picture of family complexities. They saw their role in the effective coordination of other professionals as a good way in which to build trust with families
- While keyworkers liked having the flexibility to shape their role, some felt that this could also make it difficult to be clear on their remit. Keyworkers reported two problems with this: firstly, a misconception amongst other services (such as mental and physical health professionals, the police, and schools) that keyworkers were there to 'do everything'. Keyworkers reported difficulties in working effectively with the police, housing teams, schools, Child and Adolescent Mental Health Services (CAMHS), and health services, with the latter two mentioned as particularly challenging

- Support and encouragement were at the heart of a successful relationship focusing on progress to work. Troubled Families Employment Advisers employed several tactics to encourage parents to think about work, including talking about work in terms of financial gain and how it would benefit the whole family
- Troubled Families Employment Advisers and keyworkers sometimes differed on their approach to addressing returning to work with families. In some cases, where families were seen as very far from the labour market, Troubled Families Employment Advisers nonetheless felt that keyworkers should still be suggesting discussions around the benefits of working from an early stage
- The step-down process typically involved keyworkers revisiting original goals to identify areas of improvement, and then arranging partnership meetings with other agencies to set targets and plan next steps. Keyworkers tended to step-down to universal services such as schools or Jobcentre Plus
- Successful step-downs involved ensuring families had access to support once their time on the programme ended
- Keyworkers, leadworkers and Troubled Families Employment Advisers were broadly positive about the training they had received. Training was felt to be most useful where it provided frontline staff with practical skills on how to work with families and other professionals
- Keyworkers felt that the combination of large caseloads, high expectations (from families and other services), and high-need families in the single keyworker setting was both emotionally and physically draining
- Problems of keyworker capacity were compounded by, or related to, the lack of capacity within other teams. Mental health and social care services were felt to be particularly overstretched, resulting in some keyworkers feeling they were taking on cases that they had not been trained to do

6.2 Adopting the Troubled Families model

Whole-family working

The whole-family working model was seen by frontline practitioners as pivotal to working well with families. The holistic approach enabled keyworkers to build a comprehensive understanding of a family's situation, and the dynamics within the family. Participants commented on the importance of including the whole family in discussions and support where possible, as an individual's problems could be linked to, caused by, or exacerbated by another's. Therefore, the whole-family approach was felt to enable keyworkers to support individuals to tackle the root cause of problems that families faced.

At Phase 1 of the evaluation, some keyworkers with a specific background, such as youth work, at times only worked with the person in the household who was of most concern rather than the entire family. At Phase 2,

keyworkers aimed to include all family members, even if some did not present or experience any headline problems. This was particularly the case where one child was troublesome or had problems at school, but a sibling did fine. Keyworkers made sure to regularly speak to all family members – to ensure they didn't have any underlying problems that needed addressing, and to not make them feel left out from a whole-family working perspective.

Whole family working was also seen to facilitate multi-agency working. As keyworkers were identifying problems facing family members, they needed to bring in different professionals (such as schools, social workers, or work coaches), and information sharing allowed these professionals to see a wider picture of family complexities.²⁵

However, keyworkers identified some challenging aspects of whole-family working, including in large families, with multiple, complex problems, or families dealing with domestic abuse. In large complex families, such as those with multi-generational siblings, keyworkers felt that assessing family dynamics and coordinating support for the whole family could be difficult – particularly when there were differences in opinions (between family members, and between family members and the keyworker) on how to move forward. Though managing differences in opinion also featured in working with more average-sized families, keyworkers felt this to be particularly challenging in larger, complex families. Keyworkers felt it was important to have input from all family members within the assessment and plan, so that they all bought into the change needed for the whole family. For example, one keyworker explained how part of their role involved mediation within the family unit, and that, without agreement from the whole family, it could be difficult to bring about change. As a result, this keyworker often found it better to focus on the areas of agreement, and then move on to other areas of support.

"I find it quite awkward sometimes seeing the dynamics of the family – I got quite upset the other day with how the mum was talking in front of her son. He was over 18 but he had autism and was getting quite upset, and so personally I try and not see them together." *Troubled Families Employment Adviser, online forum*

The single keyworker model

The single keyworker model was seen by practitioners as a key strength of the Troubled Families approach. Keyworkers felt that the types of families they worked with could become easily overwhelmed when dealing with many different professionals. Therefore, keyworkers stressed the importance of having a single point of contact to ensure clear communication and focused intervention. Keyworkers saw their role in the effective coordination of other professionals as a good way in which to build trust with families. This was because keyworkers were ensuring that other services involved were following through with their commitments to the family. This was particularly important for families who had negative experiences of working with statutory services in the past. It showed families the keyworkers' commitment, which kept families motivated in remaining engaged with their keyworker.

According to keyworkers, the most significant benefit of the single keyworker model was that it allowed them to build sustained and longer-term relationships with families. They said that the single keyworker model allowed them to work on a range of problems with families, spanning mental health, family relationships, education and skills, and debt and financial management. Keyworkers felt that working closely with families in this way increased

²⁵ Multi-agency working will be covered in more detail in Chapter 5 of the full report.

the impact they could have on their lives. Keyworkers reported feeling a sense of reward from having this impact on families, and truly seeing change over the course of working with them.

“I think that having the single keyworker model does offer continuity for the family and that worker has a very good knowledge of the family and what is happening with them. You also have a good knowledge of the agencies and professionals who are involved with the family and the help and support that they provide and where the gaps are.” Keyworker, online forum

Shaping the role and a new way of working

A key change that the Troubled Families model has brought to the structure of support for families, compared with previous models of support, was the change to a more flexible way of working with families. Keyworkers, leadworkers and Troubled Families Employment Advisers appreciated the flexibility and autonomy that their new roles provided. They felt they could tailor support to specific families and individuals and described feeling self-sufficient to manage their cases. Troubled Families Employment Advisers felt they had the autonomy to ‘build’ a new role, distinct from that of a Jobcentre Plus adviser, moving from a list of interviews booked by Jobcentre Plus to building caseloads and relationships themselves. As a key part of their role, Troubled Families Employment Advisers had the freedom to decide when and where they held appointments with families. They felt that being able to meet customers outside of Jobcentre Plus was particularly beneficial for engendering trust and building a more holistic picture of families’ lives. Troubled Families Employment Advisers reported that some families found the Jobcentre Plus intimidating or viewed it negatively (e.g. associating it with welfare sanctions). Furthermore, not being restricted to 20-minute appointments (as in Jobcentre Plus appointments), enabled Troubled Families Employment Advisers to explore more of the problems facing families, to improve understanding of their situation and, in turn, be able to provide better support.

“I meet them usually at Children’s Centres or Community Centres – away from the Jobcentre [Plus] as this helps break down the barriers and engage them. I have even met them in a pub with a provider as this was the nearest place to their home (was the provider’s idea and not mine!)” Troubled Families Employment Adviser, online forum

Similarly, keyworkers also regarded their ability to take a more holistic view positively, when compared with their narrower focus in previous roles. Keyworkers mentioned the following examples:

- Receiving referrals for parenting work, but through meeting the family realising that parents have other, more complex problems (such as substance misuse or mental ill-health), requiring different approaches or longer-term packages of support
- Receiving referrals for a young person’s offending behaviour, seeing that siblings had similar problems, and having the flexibility to work on parenting strategies for parents or carers, alongside work delivered by partner agencies (such as the Youth Offending Service)
- Those who had previous experience with either adults or children enjoyed the transition to working with the whole family, and felt it improved their practice
- Leadworkers who had specialised in a specific area previously (for example, education, substance misuse or domestic violence), felt that broadening the scope of their role was positive

“I feel it changes lots over the years, from a single-family assessment which just looked at the child or person you’re working with. Now though, with the family assessments, you get a whole picture of what’s going on with the family and the impact on the child.” *Keyworker, online forum*

While keyworkers liked the flexibility to shape their role, some felt that this could also make it difficult to be clear on their remit. Keyworkers reported two problems with this: firstly, a misconception amongst other services (such as mental and physical health professionals, the police, and schools) that keyworkers were there to ‘do everything’, with one keyworker describing a perception of the keyworker as *“a Jack of all trades”*. These experiences indicate a lack of understanding of the keyworker’s role as primarily an enabler or Co-ordinator of services around the family, and not as intended to replace services provided by other professionals. Secondly, and related to this, keyworkers reported being referred particularly tricky cases in the beginning as a result of this misunderstanding of their remit.

“The main challenge initially was [...] ensuring we were not only getting cases that no one knew what to do with, which have become ‘stuck’” *Keyworker, online forum*

Frontline experience: moving to a new way of working

As an Education Welfare worker, one keyworker used to undertake family visits to find out why children had been missing from school. Now a keyworker with many of the same cases, she had to change her approach because without the statutory backing of her previous role, she needed to encourage families to engage voluntarily.

“The main challenge was not just focusing on attendance at school, I had to make sure I was more open-minded to all the problems, and be more aware of the underlying issues.” *Keyworker, online forum*

The keyworker discussed family plans with colleagues and has recently set-up a peer group session to discuss cases. She also saw her new, broader focus on whole family issues (rather than her previous focus on purely school attendance) as a positive professional direction for herself.

Others described an adjustment period when they first began working as a Troubled Families keyworker. During this period, keyworkers described taking some time to learn about all the services that were available in their area and to understand the Troubled Families agenda. Keyworkers whose previous roles involved very different ways of working also took time to understand what the expectations were of their role and the service, and the boundaries of their work. For example, a keyworker who had moved from a social care post took some time to get used to a more preventative style of working.²⁶

²⁶ No examples of initial training on the Troubled Families model or approach were discussed



Meeting the challenge of a new role

Frontline workers highlighted several initial complications they faced when first taking on their new roles. Several keyworkers felt that their local authorities lacked structure in embedding the programme initially. In one case, the lead-time it took for processes and paperwork to be agreed meant that every organisation within the local authority that keyworkers worked with was using a different approach to assessments. This impacted on keyworkers' time, which was spent on paperwork rather than with families. Getting used to different IT systems was also mentioned, with one TFEA finding it so disruptive that they no longer took a laptop or tablet with them on home visits.

6.3 Collaboration and applying the Troubled Families model

Working with other frontline service agencies

While there was evidence of a positive shift to more partnership working in the case study areas (see Chapter 5), there was also evidence of ongoing barriers to effective collaboration between keyworkers and other frontline services from the participants in the online forums. Keyworkers reported difficulties in working effectively with the police, housing teams, schools, Child and Adolescent Mental Health Services, and general health services, with the latter two mentioned as particularly challenging. For example, health services were mentioned as a challenging service to engage due to lack of clear lines of communication: one keyworker reported that it was difficult to know who to contact as the keyworkers had no individual email addresses for health service workers and no clear contact numbers. Further material on challenges in engaging health workers is covered in Chapter 5.6. Agencies that were challenging to engage with were, consistently, those who were perceived to be overstretched and unable to dedicate sufficient time to the programme, for example those missing Team Around the Family and other meetings.

There also seemed to be some differences in ways of working between keyworkers and leadworkers drawn from other agencies. Keyworkers felt that some lead professionals would focus their energy on their own areas of expertise with individual family members, rather than committing to the whole-family working agenda. Keyworkers shared examples of police focusing solely on criminal offences or schools being reluctant to engage unless they were already aware of issues affecting pupils. Keyworkers felt that with some lead professionals, once the area of concern relevant to them was 'dealt with', were happy to close support. For keyworkers, this suggested that more work needed to be done to engage other agencies to understand the values of the Troubled Families Programme in order to truly embed a multi-agency working approach.

"We are really trying to get other agencies on board with the whole-family way of working ... I think other agencies agree with the theory, however sometimes question whether they have the capacity to work in this way ... It is really our job on a local level to show other agencies the benefit of this, as we would not be able to support all families in need with just the staff in our team." Keyworker, online forum

However, many keyworkers felt that their relationships with lead professionals had improved dramatically over the last three years, with certain practices facilitating cooperation and embedding of the Troubled Families agenda regarding service reform:

- Locality meetings with all services invited to attend, resulting (where attendance was good) in constructive discussion of issues in the local area (see Chapter 4)
- Co-location and established links with other services: for example, in one keyworker's workplace, they had two police officers, two Child and Adolescent Mental Health Services workers, several tiers of youth justice workers, parent supports, substance misuse workers, and education workers, meaning that keyworkers could walk down the corridor to speak with relevant specialists about issues with families
- In-house Troubled Families specialist practitioners, with experience in probation, substance misuse, or mental health. Where these practitioners were physically integrated within Troubled Families teams (either permanently based in the same building, or working there a few times a week), keyworkers felt that interagency working was much better, as consulting on specific cases, or accompanying on family visits was much easier to instigate

These practices were felt to enable keyworkers to consult with relevant experts, meaning that they could draw on their experience and expertise to think about ways to support the family. And it also meant that keyworkers could build an understanding of other services' roles and capacity.

“Services are definitely communicating a lot more than they used to; there is more sharing of information and discussion taking place. Some agencies are more accepting of accessing [our] resources, however, there is still a preference for 'others doing' the co-ordinating, particularly from health partners.” Keyworker, online forum

Frontline experience: *The importance of multi-agency working for the delivery of the programme*

One Family Support Practitioner felt that relationships with lead professionals were particularly stretched in their local authority – with school nurses being increasingly rare and health visitors in particular having poor attendance at Children in Need or Child Protection Core Group meetings²⁷. The practitioner felt that communication paths were drying up between service areas.

“I am a 'frontline worker' ... I feel that most of the time, I am the one doing the liaising or updating to other agencies, emailing or phoning, asking them what support is going on from their side. Sometimes getting information is time-consuming, and can feel like one-way traffic.” Keyworker, online forum

Several years ago, the local authority was put into a 'trust' with the health services, and multi-agency service areas were introduced across the borough (as recommended by the Munro Review). These support services would work together in one team and office, and communication and understanding of each other's roles were good. Now the 'trusts' have parted, and health, social care and education are separate again, the keyworker is worried that the relationships may be “floundering” once more.

The diary extract below demonstrates how collaborating with partners formed a core part of keyworkers working lives. The data is taken from 'week in the life' app diaries conducted with keyworkers (see Chapter 3.1).

²⁷ A Core Group consists of family members and professionals, who meet regularly when a child is the subject of a Child Protection Plan. The Core Group are concerned with reviewing and implementing the Child Protection Plan, and aim to keep the child safe.

Charity keyworker (Team Leader), South East

Live app diary

Mon Spoke with a dad who is registered blind and recently split from his partner, looked at how he can have contact with his children more often. I will work with him to ensure an Early Help assessment is written and that we hear the children's voices in this situation.

Weds Planning meeting with social care, sexual health, police, council planning and early help coordinators to prepare and plan for the National Child Sexual Exploitation awareness day in March. We'll target young people rather than adults this year and will focus on a local hotspot on a Friday evening with a bus offering food and cold drinks for the opportunity to chat with them.

Thurs I have recently done child exploitation training, focusing on keeping young people safe online. Last week I did the first day of a two day training around sexual violence and rape. I've got training coming up called 'unveiling the psychology that underpins interpersonal trauma and effective professional response'. These two training sessions are booked through our Local Safeguarding Children Board.

Fri Today had a triage meeting with team leads and local council as well as the Department for Work and Pensions worker. This is how referrals come to us and we discuss what support the family needs and who is best placed to work with the family. I then met a walk in parent who was looking for support – a centre worker will visit them to see if a referral to the Troubled Families team would be appropriate.

Families
 Partners
 Training

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The keyworker-TFEA relationship

Keyworkers and Troubled Families Employment Advisers had a broadly positive working relationship, sharing information on family situations and benefits to effectively support families. Link roles, where lead professionals from services including the police, education, and mental health services sat within local authority teams for one or more days per week, and co-location, where these services were located within the same building, were hugely important for facilitating this relationship and whole-family working. One local authority had established seven 'Family Partnerships Zones', consisting of staff from a range of local agencies including schools, health visitors, Police Community Support Officers (PCSOs), drug and alcohol services, social workers, health support workers, local housing, and Children's Centre workers. These agencies would use data to identify families most likely to need help, and to make sure they were being supported by the right services. An individual from the best-placed service would then become the lead professional for a family, and coordinate support needed from across all the services. For Troubled Families Employment Advisers, being in the same Council building as teams including the police, domestic violence teams, or mental health services improved their ability to help families, as they felt that they were able to jointly agree the best way to work with the family.


"As we are part of this team, it helps us to work more closely and have more input on moving families forward ... [and as a result] I feel that we work similarly to the leadworkers." *Troubled Families Employment Adviser, online forum*

Troubled Families Employment Advisers felt that there were similarities between their role and that of keyworkers or lead professionals. Due to families' complex needs, Troubled Families Employment Advisers dealt with many other barriers facing families before they felt the issue of work could be addressed effectively, and through listening to families, they could build effective and trusting relationships. As a result, some Troubled Families Employment

Advisers found that families would approach them for support first, rather than their keyworkers. As these Troubled Families Employment Advisers would then coordinate the support needed, they subsequently felt there wasn't a great difference between how keyworkers worked and how they worked as Troubled Families Employment Advisers. Indeed, one Troubled Families Employment Adviser felt that this should be formalised within Work Coaches' roles in the future.


“Moving forward after 2020 ... I feel the only way a Work Coach in the Jobcentre can get a true picture of their customers' circumstances is to have the autonomy to visit the customer's home and to consider whole-family working. Until the root of the problem is addressed, the customer will find it hard to move into work.”
Troubled Families Employment Adviser, online forum


While the Troubled Families Employment Adviser-keyworker relationship was felt to be working well, some Troubled Families Employment Advisers shared examples of initially having to convince keyworkers that they did have the families' best interests at heart. These Troubled Families Employment Advisers reported a perception among keyworkers and other professionals that their role was to stop people's benefits, rather than to support families into training or work. For example, in some cases the Troubled Families Employment Adviser felt that the local authority staff only changed their mind about the TFEA after seeing the impact of their work, and acknowledging the positive impact of the TFEA on the family. The composite diary extract below presents more detail about the working lives of Troubled Families Employment Advisers, and their interactions with keyworkers and families. The data is taken from 'week in the life' app diaries conducted with keyworkers (see Chapter 3.3)




Troubled Families Employment Adviser, North East


Live app diary


 Families


 Partners

 Training


Mon


 Today I met the attendees of a course I'd organised, as many of them have anxiety and find it hard to be in a new group. I then had a meeting with my manager to discuss cases and decided to organise monthly meetings for other Advisers to case conference. Finally I sent out invites to my caseload to a logistic open day where they can speak to employers and learn more about the sector.







Tues


 I started my Level Four Accreditation on advice and guidance support last year and have been preparing for an exam next month. There are two exams and three assessments. I was told that I will be doing Universal Credit Full Service training in September (for four weeks). That's probably enough for this year!




Thurs


 A customer texted me saying she was very low and couldn't attend a course. She has a history of self-harm and I was worried – she said she didn't want to speak to anyone by phone. I rang Samaritans and they gave me an email which I passed to her. I followed JobCentre's Six Point Plan that we use with customers threatening self-harm or suicide. I also spoke to her keyworker who will contact her.






Fri

 Today I have been at a 12 week trial event, to support families who are residents of a housing association. All the partners (housing associations, training providers, local authorities, charity organisations) are working together to move customers into training or work by informing them of new opportunities and providing benefit advice. I heard about the event from our Partnership Manager who works very closely with our partners to find out what is happening in our area.



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Troubled Families Employment Advisers and keyworkers sometimes differed in their approach to addressing returning to work with families. In some cases, where families were seen as very far from the labour market

Troubled Families Employment Advisers nonetheless felt that keyworkers should still be suggesting discussions around the benefits of working from an early stage. These Troubled Families Employment Advisers felt that they had a significant role to play in showing lead professionals and keyworkers how families who may not be ready to return to work soon can be supported through making small steps to increase their confidence.

Frontline experience: a new approach to progress to employment

One TFEA supported a woman with 12 children whose keyworker felt she was not able to work. At a meeting with the woman's daughter, the TFEA also spoke to the mother, explained her role and found that the woman was bored at home and experiencing low self-esteem. The TFEA arranged for the mother to attend the Neighbourhood Centre and a class to boost her confidence. Neighbourhood Centres are typically managed by and for local communities, and provide a safe space for people to meet, learn new skills or gain information. The TFEA chose the Neighbourhood Centre as a 'neutral venue' (as opposed to meeting in the Job Centre) to help the mother feel more comfortable.

After the TFEA had worked with her around debt and housing issues, the family moved into a new home. The mother is also due to start voluntary work in a local café and is hopeful this will lead to part-time work.

"[Keyworkers] often don't think the family is ready for work or progression towards employment because they have 'too much going on'. I have encouraged them to see that it is not their [the keyworkers'] decision to make, and we have to work together to give families the option to receive my support." Troubled Families Employment Adviser, online forum

6.4 Working with families

Engaging families in the programme

Referrals to the Troubled Families Programme varied across local authorities, with referrals coming from different services, including schools and social services, or through self-referrals. When first engaging the family, the keyworker explained their role to the family, and how they would work with them.

On the whole, keyworkers felt that families tended to respond positively when they explained the service and their role to them. They thought that this worked well when the families had sought support or were open to it. It was most difficult to engage families when they felt under pressure to agree to the support. For example, if a family had been told that the alternative was an assessment by social care. These families were typically wary from past experiences with social care, and distrustful of social workers or family practitioners. Several keyworkers noted that families with little or no prior social work intervention were often more willing to engage.

At the start of engagement, keyworkers ensured they had informed consent from the families for information sharing, outlined safeguarding protocols, and explained their role and remit. While the keyworker's role had, in theory, already been explained to families in advance of the meeting, several keyworkers reported misconceptions that families had at first about what they could and would be doing. Explaining the limitations of the keyworker's role was important to ensure families did not expect too much, or become over-reliant on their keyworkers. For example, some families had the impression that the keyworker would have a large influence over services such as education welfare or housing, and that they could, for example, provide them with a council house.

“I remember my early days: a parent expecting me to take her child to school every day so that would solve his lateness issue. Often I have to make clear my role is to support and not ‘do for you’.”

Keyworker, online forum

Keyworkers found it more challenging to engage families who felt that things did not need to change. Keyworkers who successfully addressed this, employed tactics early on for engaging families and getting them onside. Several keyworkers referred to ‘quick wins’ they used to build trust, including arranging school meetings, getting support on benefits from Troubled Families Employment Advisers and re-booking missed appointments to ensure buy-in from the families. Examples of resistant families included:

- Those where the behaviour (be it substance misuse, domestic abuse, unemployment) was so entrenched that families did not want to, or could not see how to make changes. In these cases, the problems families faced were often multi-generational
- Keyworkers described needing to be particularly persistent and employ many different approaches to engage the most vulnerable families
- Resistance from parents who did not understand why keyworkers needed to focus on other children or family members, when originally brought in to help one specific child
- Difficulties encouraging unemployed parents to look for work, training or volunteering opportunities – particularly those with longstanding benefits claims such as Employment Support Allowance (ESA) or Personal Independence Payments (PIP), and/or those whose children were receiving Disability Living Allowance (DLA). Troubled Families Employment Advisers and keyworkers alike described some families feeling that they did not need to find work, as they had adequate benefit income or felt that they would be worse off in work. Keyworkers explained that the most challenging cases were where benefit claims were multi-generational
- Parents with low mental health who struggled with daily routines could lack motivation to engage with their keyworker’s support

Goal-setting was seen as an important part of managing the relationship with a family, with particular emphasis placed on setting goals in a timely, person-centred and achievable way. Keyworkers identified areas of need in line with the Troubled Families criteria and used them to formulate SMART goals, (Specific, Measurable, Agreed upon, Realistic, Time-based). Another goal setting technique was the Signs of Safety²⁸ assessment – a strengths-based assessment with a focus on worries, strengths and next steps.

“Goal setting can again be dependent on the family, if they are reluctant to engage it can possibly be a good way to engage as they are setting the goals themselves with support from the keyworker, it can put the onus back on the family and empower them to make changes.” *Keyworker, online forum*

To ensure goals were achievable, keyworkers reported breaking them down into small, realistic steps, and reviewed them every four to six weeks. Keyworkers had a particular focus on the problems that could escalate quickly (and had the potential to become safeguarding concerns).

²⁸ <https://www.signsofsafety.net/signs-of-safety/>

Barriers to employment

Keyworkers reported many different challenges in helping families progress to work, training or volunteering. It was common for keyworkers to report multiple challenges facing an individual family, and for these problems to be interlinked. Below are some of the challenges preventing families from moving into work.



Dealing with practical barriers to be work-ready

Where keyworkers felt that conversations around work could take place, they reported families facing other barriers that may prevent work. Childcare and lack of access to jobs in school hours (particularly when children with learning disabilities or behavioural problems were not on full school timetables) was one of the biggest barriers preventing a move into work. Other key barriers were lack of transport and lack of basic skills. In these cases, training or courses were felt to be a good first step to motivating parents to work.

“For one family the parent didn’t know what she wanted to do or where to start. So, we looked at her interests and previous roles, then supported her to do maths and English first, then onto a course which would enable her to do the job she wanted.” Keyworker, online forum

In another family, the keyworker worked closely with the mother and extended family, which allowed the mother to take on more hours at work, while the grandmother picked up the children from school a few times a week.



The importance of addressing complex problems first

Keyworkers and Troubled Families Employment Advisers felt that certain problems needed to be addressed before conversations around moving into work could be broached with the family. These problems included parental mental health (particularly depression and anxiety, where low confidence meant that parents could struggle with daily life and impacted on motivation to work), substance misuse, housing concerns, and domestic violence.

“School attendance, domestic violence, housing issues, financial issues must all be looked at before the family will consider the “W” word.” Troubled Families Employment Adviser, online forum

Helping families move into work

The point at which Troubled Families Employment Advisers became involved with families varied. For some, this was when most of the other problems had been addressed in a way that better prepared families to consider work.

Some Troubled Families Employment Advisers expressed an interest in being involved earlier, feeling that being in work or voluntary positions carried benefits and could help with other underlying problems.

Referrals to Troubled Families Employment Advisers would also come from families where parents had expressed an interest in employment, or where the keyworker wanted to check that the family was receiving the correct benefits. Due to their association with Department for Work and Pensions and Jobcentre Plus, Troubled Families Employment Advisers felt that families' initial reactions to their involvement were tepid at best. They felt that families were often surprised that Department for Work and Pensions wanted to get involved, and initially feared that the Troubled Families Employment Advisers wanted to remove their benefits.

“Once we have explained our role they are often happy to engage as we stress that employment is the long-term goal and we are there to support them through the baby steps needed to make this happen.” *Troubled Families Employment Adviser, online forum*

Troubled Families Employment Advisers supported parents' progress to work in several ways, including examining their previous work history, and identifying appropriate voluntary work or training (such as basic skills training, or English classes for those with English as an additional language). They thought that additional voluntary work or training would help to build parents' confidence in their abilities and would provide them with recent experience to include on their CV. Troubled Families Employment Advisers also supported families with CV writing, job searches, applications and interview skills.

“Using work experience or voluntary work can prove to a customer that they do not have to be at home all the time waiting for a call from school to collect their child.” *Troubled Families Employment Adviser, online forum*

There were also examples of keyworkers supporting young people to find work, such as apprenticeships, or pursue further education. Connexions²⁹ was mentioned positively, with those who had experienced the service feeling that advisers were good at listening to what young people were interested in, and then offering support to prepare for interviews. Keyworkers felt that there were several positive effects from young people securing apprenticeships, jobs or work experience: learning new skills, feeling like they had prospects, and doing something that they otherwise would not be doing if it were not for their Connexions worker.

In some cases, Work Choice, a government programme aimed at supporting those with disabilities to find work and stay in work, had been brought on board by the Troubled Families Employment Adviser. Work Choice helped the Troubled Families Employment Adviser to work with lone parents, people with disabilities, and those with a health condition. The scheme can help these people by, for example, allowing customers to bypass the application process with local employers (such as supermarkets) and go straight to an interview.

Support and encouragement were at the heart of a successful relationship focusing on progress to work. Troubled Families Employment Advisers employed several tactics to encourage parents to think about work, including talking about work in financial terms and how it would benefit the whole family. They also praised achievements (no matter how small), and spent time exploring parents' longer-term ambitions, or what they wanted for their children.

²⁹ Connexions services offer statutory careers information, advice and guidance services to 13-19 year olds (and up to age 25 for young people with special needs).

“I talk about how work isn’t a form of punishment – get the right job and you can have a laugh at work and get a good social life going. When they say ‘I don’t want to a job, I’m going to get bored’, I say nine times out of ten it’s not the job – it’s who you work with that makes it worthwhile!” Troubled Families Employment Adviser, online forum

Frontline experience: Supporting and encouraging progress to work

Several Troubled Families Employment Advisers mentioned that they would accompany clients to courses, interviews or shifts to make them seem less intimidating, and get them into the routine of attending. Troubled Families Employment Advisers explained how clients were more likely to have good attendance once they had made the initial commitment.

“Being able to try different things to support them builds up the trust and the relationship. For example, I helped a very anxious lady secure some voluntary work and attended her induction and first shift, which helped her feel more confident and secure in the workplace.” Troubled Families Employment Adviser, online forum

To support those who were the furthest away from returning to work, Troubled Families Employment Advisers’ focused on building confidence. In cases where people suffered from mental health conditions such as anxiety, Troubled Families Employment Advisers took small steps to work towards conversations around work. For example, Troubled Families Employment Advisers described booking people with anxiety onto courses such as cake-making, arts and crafts, or cooking, just to get them used to leaving the house and mixing with other adults. They thought it was important to take small steps to build their confidence or self-esteem.

Exiting the programme

Keyworkers said that typically, the step-down process involved them closing the case, but ensuring that there was still some support in place with other professionals. Keyworkers stressed the importance of carefully managing step-down with families, describing it as a gradual process, phasing out visits and contact. The process was important to manage well, as keyworkers acknowledged that families could become anxious when they recognised that support was coming to an end. In one case, a keyworker had seen families exaggerate their problems to keep the keyworker involved, such was their worry about stepping down. This element of the family experience is covered in detail in Chapter 7.8.

“For me it is important that there is a transitional closure, an opportunity to tie up any loose ends and to check in with the family whilst taking a step back. As a large part of this role is co-ordination, you often bring in other services to support and it is important that not all these services close at once. It’s a bit like scaffolding – it’s better to take a pole away at a time rather than the whole lot at once. This way you can be sure the foundations you’ve built don’t crumble.” Keyworker, online forum

The step-down process typically involved keyworkers revisiting original goals to identify areas of improvement, and then arranging partnership meetings (which families were welcome to attend) with other agencies to set targets and plan next steps. Keyworkers tended to step-down to universal services such as schools or Jobcentre Plus. When stepping down to schools, this tended to be to the Family Liaison Officers at the school. However, views on

stepping down to schools were mixed, with examples shared of schools being reluctant to take on a lead professional role for families.

“Schools like to hold on to social workers even if there is no need and all they do is coordinate the meetings.”
Keyworker, online forum

Successful step-downs involved ensuring families had access to support once their time on the programme ended. Keyworkers said that they felt services which worked well to step families down were ones that could help with specific needs, or catered to specific communities such as local Caribbean support agency and a local Gypsy and Traveller Support Service. They also stepped down to universal information services such as Family Information Services which had access to information and signposting to relevant organisations if families needed these in the future.

In some cases, where families had not made progress and issues had worsened, the keyworker had to escalate them instead. The next step up from keyworker support, in most local authorities, was to social services. Keyworkers felt that this could be a confusing step for families, being told they need more support, but may be transferred to a social worker, and receive, in their view, ‘less support’ (less frequent visits for example).

“There are times when you are closing because you have exhausted all the resources your service can offer, or quite simply because of non-engagement.” *Keyworker, online forum*

6.5 Keyworker capacity to deliver the programme

Keyworkers highlighted the demanding nature of a role working closely and autonomously with families at crisis point. The intensive way of working was felt to be particularly challenging when results were slow to materialise, and keyworkers reported that persevering with some cases could be draining – particularly when cases were escalated to social services, or the family lacked motivation to change.

“The hardest part of the role is when intensive support has been provided, every avenue has been explored and no change has been made resulting in the case escalating to children’s social care ... Sometimes we want things to change more than the family.” *Keyworker, online forum*

These keyworkers felt that the combination of large caseloads, high expectations (from families and other services), and high-need families in the single keyworker setting was both emotionally and physically draining. Keyworkers acknowledged that the challenging nature of the role was what made it so rewarding, but also demanding over time, with several keyworkers reporting subsequent ill-health among colleagues, or themselves. The balance between reward and strain was highlighted by one keyworker suffering from mental ill-health because of a particularly difficult case:

“I do feel that there is a shelf life to this line of work with regards to mental health and looking after yourself, especially if there isn't robust support. Unfortunately, I am going through a situation of trauma linked to a particularly difficult case where the support was never in place. However, I have a mixture of families on my caseload so the challenges are balanced out with the positives.” Keyworker, online forum

Problems of keyworker capacity were compounded by, or related to, the lack of capacity within other teams. Mental health and social care services were considered to be particularly overstretched, resulting in some keyworkers feeling they were taking on cases that they had not been trained to do.

Keyworkers from different local authorities reported capacity problems with both young people's and adult's mental health services. For young people, many keyworkers had experience of Child and Adolescent Mental Health Services (CAMHS) saying their referrals did not meet criteria and, for others CAMHS would only be able to offer basic counselling of a limited number of sessions. This meant that the only alternative for some was private therapeutic services for children and young people, but the cost was prohibitive for families. Other keyworkers had specialist mental health staff to refer children to, but struggled to get timely and accessible support for parents.

“Sadly, these are often the root cause of many of the other difficulties the family are facing, such as difficulties getting up in the morning to take children to school, or difficulties in stable and effective relationships with other family members.” Keyworker, online forum

Communication was also problematic, with common complaints that not all mental health practitioners were able to attend Team Around the Family (TAF) meetings, or be part of the TAF action plan. In one local authority, communication between the NHS Mental Health Trust and the local authority was particularly difficult, with both having different aims, systems and practices.

“This often feels like a negotiation process. There is a misunderstanding on both sides and few seem to possess the knowledge of how each organisation operates. Encouraging the good work in interests of vulnerable families, can often feel like a separate role altogether!” Keyworker, online forum

Social care was similarly seen as overstretched, with children's social care being perceived as having a large caseload and insufficient social workers. This meant that keyworkers felt that families remained with their service rather than moving up to social care. Several keyworkers felt that, historically, many of their families would have been classed as Children in Need. This was expressed more strongly in the online forums than in case study areas (see chapter 5.2).

“It can be particularly difficult as, unlike other services, families cannot just be put on a waiting list until the [social care] service has capacity, so resources and staff can become thinly stretched ... the pressure on staff of such high caseloads and expectations can also result in staff ill health which further compounds the problem.” Keyworker, online forum

7 Family experiences

7.1 Introduction

This chapter presents findings on:

- Family circumstances
- Routes taken to access Troubled Families Programme support
- Assessment, goal setting and sequencing
- The family's perspective on the keyworker approach, whole family working and multi-agency working
- Problems that families were facing and the ways that these were addressed
- Step-down, outcomes and impact

Data in this chapter is drawn from the 27 family case studies (comprising interviews with families and their keyworkers – see section 3.2 for more detail). Families interviewed in this study were diverse in composition, including couples, lone parents (mothers or fathers) and kinship carers (grandparents, singles and couples) in the main carer role. So, although not representative of the entire population of families accessing support from Troubled Families Programme, a broad range of family types was included in the sample. The number of children in households also varied from one to four, including a wide range of ages of children and including some families where older siblings had moved out, and where teenage children had children of their own either living in the household or with the other parent. Extended and non-resident family members were important, with relationships with ex-partners, parents and adult children having a profound impact on households.

SUMMARY: Family experiences

- The sample of families interviewed during Phase 2 of the evaluation tended to be experiencing fewer complex problems within each family than those interviewed at Phase 1. At Phase 2, more families were experiencing a single complex problem, such as child antisocial behaviour, rather than several problems being experienced concurrently among several family members, as was common at Phase 1. Such characteristics are unlikely to be generalisable to the wider sample of families supported by the Troubled Families programme but are nonetheless stated here for context
- Referrals through other services tended to be via universal services such as their GP or through their child's school. In some cases, families had not been aware that another service had referred them to the Troubled Families Programme
- Families who had clear goals said they recalled the assessment process and talking about different areas of their lives that weren't going well. Families agreed that this process of systematically talking about different areas of their lives that required change and what they wanted to achieve was helpful to them. It also helped them feel like they could start to manage things better

- Keyworkers were felt to be more open and non-judgemental than many other professionals that families had experience with and were able to build strong and trusting relationships with families. They usually tried to work with the whole family, which included the extended family such as grandparents, aunts and uncles, as well as ex-partners
- Families understood that their keyworker had a co-ordination role, helping them access different services and communicating with services on their behalf. Families appreciated that other frontline staff were up-to-date on their situation (thanks to the keyworker), which contrasted their prior experiences of services seeming disjointed and out of touch with their needs. Families also appreciated having keyworkers present as advocates for them, for example in Team Around the Family (TAF) meetings
- Parenting was a problem that, if they recognised it themselves, parents/carers were open to receiving support with. Families tended to want support either to refresh or acquire up-to-date skills (for example for grandparents, expectant mothers), or in response to child behaviour issues where a change of parenting approach was often required
- Keyworkers provided diverse support for child behavioural problems, such as one-on-one support to the children and young people, as well as support to the family as a whole. To support children and young people directly, keyworkers worked with them to talk about their behaviour, and discuss the impacts of their behaviour. Nonetheless, keyworkers reported that young people were often challenging to engage
- Where domestic abuse had caused conflict between the parent who had been a victim of abuse and their child, keyworkers worked with the family to try and resolve these issues and help improve the family dynamic, for example, by suggesting activities that the parent and child could do together to help them bond
- Parents who had long-term health conditions had great difficulty in handling problems such as children not attending school. Keyworkers helped by supporting parents in accessing support groups for both parents and children. They also referred the parents to other useful services such as support workers in the schools. Where applicable keyworkers referred parents to social workers for an assessment for adaptations to the home
- Looking after a child with a serious health condition sometimes lead to a negative impact on other children in the household. For example, other children might display difficult behaviour at home and at school, dropping out of school, or sometimes it had a negative impact on their mental health. To address these issues the keyworkers worked on ways to support the other children, through additional support at school, or looking for groups that they could join

- Adult mental health problems were a key problem for families on the programme. Keyworkers mainly supported parents with these issues by helping them to access the specialist support that they needed or encouraging them to attend appointments. Examples included the keyworker encouraging them to speak to their GP, visiting them in hospital, taking them to counselling sessions or making therapy part of the family goals
- Children’s mental health problems were also a key concern. Families needed help from their keyworker in accessing a diagnosis, getting adequate support at school, and, where relevant, support in managing their child’s behaviour. Another barrier was difficulty with accessing services even after diagnosis, in areas where there were long waiting lists for mental health services
- Regarding housing, keyworkers supported families by helping them apply to the social housing list and through the bidding process. Despite keyworker support, some families still felt that the system moved too slowly, and that they were not able to move when they wanted to, or find an adequate home. Some families continued to pursue the issue with the local authority, but others said that they would just wait and see
- Where financial hardship and debt were a problem, keyworkers were providing budgeting and debt advice, either directly or via specialists such as a Citizens Advice Bureau debt worker. Other support keyworkers provided included finding other types of support or funds that they may be able to access like supermarket vouchers
- With respect to moving towards finding work, parents were most engaged when keyworkers took time to understand their interests and skills. Parents who talked positively about the future and finding work said that the keyworker had built up their confidence by making them recognise their existing skills and how these could be applied in the workplace. Keyworkers also supported parents by helping them take steps such as looking for volunteering work, looking for training opportunities and supporting them with C.V. writing. In families where problems seemed more entrenched it was more difficult for a parent to foresee a time when they could return to work
- For families with older children, keyworkers helped provide support for young people in work or helped them with future career opportunities, such as helping them find apprenticeships and jobs
- Families reported that their keyworkers had discussed support that they could provide and how long the support would last for. For families that had been stepped down from the programme, it had worked well when the families’ support was gradually reduced, and families were made to feel confident that they could manage on their own
- However, there were some families who were very concerned about the idea of the support finishing, or had not considered this possibility. These families seemed to be very reliant on their keyworkers
- In some instances, families felt their keyworker had been pressurised to end their support before they were ready, but keyworkers in this case kept them on for longer

7.2 Family circumstances

Although not statistically representative of the families across the Troubled Families Programme, it is worth noting that the families interviewed as part of this research seemed to be experiencing fewer complex problems than those interviewed during Phase 1 of the research. The sample of families interviewed during Phase 2 of the evaluation tended to be experiencing fewer complex problems within each family than those interviewed at Phase 1. At Phase 2, more families were experiencing a *single* complex problem, such as child antisocial behaviour, rather than multiple problems being experienced concurrently among several family members as was common at Phase 1. Such characteristics are unlikely to be generalisable to the wider sample of families supported by the Troubled Families programme but are nonetheless stated here for context. The Phase 2 sample also included a larger number of families where grandparents were main carers.

The main types of problems experienced by families interviewed broadly related to three areas: problems relating to family dynamics; problems relating to health and issues; and problems relating to families' financial and housing situation. In terms of family dynamics there were parenting difficulties, child behaviour issues (in home and at school) and family conflict, including domestic violence. Health problems included long-term health conditions impacting daily life for parents and children and mental health problems of parents and children. Financial and housing issues included financial hardship, welfare benefit problems, unemployment and poor or inadequate housing.

7.3 Routes taken to access Troubled Families support

Families were accessing the Troubled Families Programme through a wide range of routes. They were typically referred by other services they had been in contact with, but some had also self-referred. Of those who self-referred, some had done this after several unsuccessful attempts to receive support from the local authority. Referrals through other services tended to be via universal services such as their GP or through their child's school. In some cases, families had not been aware that another service had referred them to the Troubled Families Programme, and in some of these cases, families said they were initially wary of the keyworker when they were first contacted.

“You get a phone call and you think ‘Oh my goodness, I am just being monitored now. What’s going to happen?’” Mother, depth interview

7.4 Assessment, goal setting and sequencing

Awareness of goals varied widely across families. Some were very clear on what their goals were and the necessary steps to achieve them. Others had very flexible goals and said they needed to change their behaviour on a day-by-day basis to achieve these. A small number of families reported being unaware of having any goals.

Families who had clear goals said they recalled the assessment process and talking about different areas of their lives that weren't going well. Families agreed that this process of systematically talking about different areas of their lives that required change and what they wanted to achieve was helpful to them. It also helped them feel like they could start to manage things better.

“We do quite a few mind maps where we get all our ideas on paper ... like my finances she helped me sit down and organise that. She’s asked me for all my thoughts and then helped me pick out things and write lists: what’s for dealing with now, what can wait and what can I stop stressing about... I wouldn’t have been able to do it without [her]” Mother, depth interview

Keyworkers could use their knowledge of services offered by schools to tailor support for families and help them achieve better outcomes. By matching their knowledge of family circumstances and problems faced, they could help families work towards their goals.

“I spoke to the school about offering attendance incentives ... doing a timeline about triggers and cannabis... and getting positive activities for the son.” Keyworker, depth interview

There were also families who described ‘goal-setting’ as something more flexible and fluid. They did not appear to have any specific longer-term goals, rather they regularly spoke to their keyworker and thought about what to do next. These families often did not recall having goals formally recorded (except by the keyworker). This approach seemed to work well for those who had more chaotic lives. As found at Phase 1, there were also some families who were not aware of having goals. They recalled an initial discussion with their keyworker but were unsure on what they were working towards. This seemed to make it harder for these families to know if they had made progress.

“There was no big constructive plan...I don’t think there was anything which said: ‘This is our goal.’” Mother, depth interview

“She told us she’d be there for six weeks or six months and then she’d move on to another family...I thought if the time is up and we need more time then I’ll ask her... I can’t remember any goals.” Mother, depth interview

In terms of sequencing goals, keyworkers decided this with families on an individual basis. As found at Phase 1, keyworkers reported working with the family to decide what was most important and most urgent to address. This depended on the situation but could include ensuring safety and wellbeing of the children, or moving to appropriate housing.

7.5 Working with keyworkers

As found at Phase 1, a key reason for families having positive experiences of Troubled Families support was the single keyworker approach. Families described keyworkers as non-judgemental, friendly, firm and reliable.

Keyworkers were felt to be more open and non-judgemental than most other professionals that families had experience with, such as social workers. On the whole, parents and carers felt the keyworker was someone who was more understanding of their situation than other types of frontline professionals, and believed them to share similar life experiences to them. This made families feel more comfortable when talking to the keyworker.

“When I first spoke to my keyworker, I’ll be honest I was very anxious and nervous to meet her. I thought she’s part of social services she’s here to take my kid away ... She was telling me a bit about herself, she told me that she has kids... The way she explains things to me, it’s like she’s not just doing a job, like she genuinely cares.” Mother, depth interview

Families also reported that the keyworker’s structured and supportive approach worked well because they were clear on what actions they would take before their next meeting, and understood what the family needed to do by then. Families seemed to appreciate a firm and fair approach.

“I liked her straight away, she’s got that realistic attitude where ‘you do something wrong I’ll tell you if you’re doing something wrong, if you’re doing something right I’ll pat you on the back all day’. And I like that, I like the bluntness, and if I’m doing something wrong I’ll fix it.” Father, depth interview

Some families reported that they had initially been wary of the keyworker because they did not like opening up emotionally to people and were worried about their possible motivations. However, the keyworker’s open and friendly approach convinced them that they were ‘on their side’ and that they could talk to them. For some parents/carers their keyworker was also someone they could vent their frustrations to, or generally an adult they could speak to if they didn’t have family or friends living in the area.

“I didn’t think she would be so friendly. I am not a fan of health visitors. In my experience, they are too pushy, they think they know everything. I thought she was going to be like them. I was very defensive. I thought it was going to be another judgement. But that all went the minute I met her.” Mother, depth interview

This open approach also appealed to young people, who said that they felt comfortable talking to them.

“At first, I never open up to people so I just thought she was quite pressurising. When I got used to her I knew that she was talking to me for my sake” Young person, depth interview

Families reported that they began to trust their keyworker when they could see the keyworker was reliable and followed through with their promises. This approach was often in contrast to their previous experience of support services, which were felt to be much less consistent, with professionals not following through with their promises.

Keyworkers typically try to work with the whole family, which could include grandparents, aunts and uncles, as well as ex-partners. Generally, families felt that the initial discussion with the keyworker covered their family as a whole. Participants then reported that keyworkers might then work with the entire family unit as well as with individual family members, although this depended on the problems the family was facing.

In families where some of the key problems faced were by teenage/older children in the family, keyworkers were often providing support to the children on an individual basis. For example, in several families after the initial assessments the keyworker then worked with teenagers on a one-to-one basis outside the family home, at school or at a neutral setting. This approach seemed to work well for the young people involved, and the parents were happy for their children to receive tailored support that helped them.

“I saw her sometimes after school but usually every Thursday during school... we’d just speak for about an hour about my worries... I just find it easy to talk to her if anything’s wrong I can speak to her.” Young person, depth interview

It was not always possible for the keyworker to work with all the family members in a single family. This tended to be the case when one of the parents did not want to engage, and as a result, the keyworker worked primarily with the parent who would engage. Less common, but nonetheless evident, were cases where parents did not want all children to be involved, only those who they felt required keyworker support.

“The girls were a bone of contention because [the father] wouldn’t give consent for the girls to be included in the assessment, just wanted help for the boys.... So, it was about highlighting the impact the boys offending would have on the girls.” Keyworker, depth interview

7.6 Co-ordinating services around the family

Families could see that their keyworker had a co-ordination role, which meant that the keyworker helped them access different services and communicated with services on their behalf. As found at Phase 1, families liked that other services were up-to-date on their situation, which contrasted with their prior experiences of services seeming disjointed. When families had received support in the past their experience had been that they were passed between different services and had to repeat their story to each agency involved.

Families could see the multi-agency approach working in practice when they attended multi-disciplinary meetings, like the Team Around the Family (TAF) meetings, with their keyworker. When keyworkers attended meetings with families they felt this helped to strengthen their position because the keyworker could document their progress and prove to services the steps that they had taken towards their goals. They also appreciated having someone who they felt was on their side, which they said made them feel more confident and calmer. For example, one young person said that when they got frustrated at a Team Around the Family (TAF) meeting with regard to their own child, the keyworker took them outside and calmed them down.

Families felt that both within meetings and when talking to other services on their behalf, keyworkers were able to advocate for them and put the services under more pressure to engage and take action.

“My fence broke, I called the council, they came and put a rope and it fell down again. It’s a public walkway and I’m going through domestic violence, he came back and said I’d be on the waiting list. I said that I’m really scared. I contacted the council they hadn’t heard and said “don’t worry you will be on the list”. I told my keyworker and she said she’d directly call the housing officer. And you know when you’re part of an organisation they listen to you more.” Mother, depth interview

Families felt that the keyworker was able to advocate on their behalf because they could speak to the service provider in a way that they could not. The perception is that other services, such as the local authority, would only engage with other professionals and that when they personally try, they are passed around or not listened to. This was also the case for some families using helplines to access or report changes to welfare entitlements. Participants reported that they struggled to understand their entitlements and that helpline staff were not always sympathetic to their difficulties in comprehension. Troubled Families keyworkers could sometimes support family members in making these calls, ensuring they were more successful

Multi-agency working seemed to be more difficult when the multiple services involved in a case did not agree on the problems that the families faced or the best way forward. For example, one family could not get support because the agencies involved did not agree on the child's autism spectrum diagnosis. This made it much harder for the keyworker to get the support they felt the family needed.

“It’s been really difficult to get other partners engaged with them. Because her son is high functioning and autism isn’t always recognised... we couldn’t get a health and educational plan (EHC) at the school to have autism recognised. Because of that it was difficult to get help from a specialist resource team or a social worker. Because he didn’t have those two things it was difficult for him to get a Personal Independence Payment.” Keyworker, depth interview

Co-ordinating service around the family: The Norwood Family

Family circumstances: Jane lives with her three teenage children (Charlie, Amy and Luke) and works part-time. She is separated from her husband, Simon, and relations between them are hostile. The parents have different approaches to parenting which allows the children to play them off against each other.

The family were initially flagged by the school to social services as Charlie told the school that his father had hit him. No evidence was found after a review, so the case was directed to the early years’ support team, and to the keyworker, Kate.

Setting goals: The family is at a relatively early stage on the Troubled Families Programme. They had not yet decided the goals, but, working together with the keyworker, felt that they would include the following:

- For both parents to improve parenting skills and attend parenting classes
- For Charlie to understand better what is driving his behaviour and for the school to put in place the necessary support package for him
- For Luke to learn to control his emotions at home
- For Amy to improve her self-esteem and self-confidence

Troubled Families at work: Initial contact was a phone call from Kate to Jane. Then, Kate met the children at school. Shortly after, Kate met Jane separately, and also met Simon. Jane feels Kate is supporting her, providing her with practical guidance on how to respond to Simon and the children.

“I had come to feel that she is my fairy godmother” Mother (“Jane”)

Kate is also liaising with other agencies for the family. For example, organising parenting classes, working with the school and exploring a referral to a charity for Charlie, to further explore reasons for his behaviour. Jane felt that the school had been a lot more helpful since Kate had got involved.

“Since [Kate] has been involved, the school has been more proactive in getting specialists together to help [Charlie] – the behavioural specialist, the school psychologist. I just feel that [Kate] is pulling the strings. Before that, the school would just tell me that [Charlie’s] behaviour needed to be sorted out.”
 Mother (“Jane”)

Kate has had little contact with Simon, which she sees as one of the challenges that could slow down the family making progress. However, she is confident in her ability to help the family and feels that keyworkers are encouraged to take an evidenced-based approach. In this case, this means that the referral cited research that coaching in parenting skills helps improve parental conflict.

7.7 Addressing multiple family problems

In some cases, families were facing multiple problems that were often interlinked. For example, those with poor health, were also likely to be struggling to get their children to school, struggling to find work and had debt. In this chapter we outline how the following problems were addressed by the programme in the case study areas:

- Parenting
- Child behaviour – including behaviour in the home and poor school behaviour and/or attendance
- Domestic violence
- Adult and child long-term health conditions
- Adult and child mental health problems. For adults this included most often depression, anxiety and Post Traumatic Stress Disorder. For children key issues tended to include ADHD and autism. These problems were exacerbated if not formally diagnosed
- Poor or inadequate housing
- Financial hardship – including debt and welfare benefit problems
- Worklessness – often due to ill health or caring responsibilities
- Addressing problems for families with Children in Need or Child Protection Plans is discussed in chapter 5.2

7.7.a Parenting

Parenting was a problem that parents/carers were open to receiving support with, if they recognised it themselves. This was the case in a range of different family set-ups including single-parents, two-parent households and families where the grandparents were the main carers. Families tended to want support either to refresh or acquire up-to-date skills (for example for grandparents, expectant mothers), or in response to child behaviour problems where a change of parenting approach was often required.

The types of child behavioural problems which parents were struggling with included conflict between a child and other family members, disobeying or ignoring parental instructions and anger management problems, including violent behaviour. Along with problems at school (including school absence) and antisocial behaviour, these problems often created a stressful home life. In some cases, these types of behaviour could escalate to the point of requiring police and youth justice intervention.

Parents experiencing these problems were unsure how to respond to and manage this type of behaviour in their children. One group who felt like they were particularly struggling with effective parenting, were grandparents who

were the main carers. They had typically become the main carers because the children's parents were unable to care for them due to health or substance misuse problems. Grandparents in these situations were not always prepared to be parents again, and were not always in a good financial position to take on the role of carer. The stress of caring for their grandchildren also put a strain on their own partner relationships.

Keyworkers provided support on parenting either directly or they signposted parents or carers to parenting courses. For families who needed substantial help with child behaviour keyworkers tried a range of approaches including direct support and parenting courses. Where a change of parenting style was required, or more targeted support on the individual needs of the families was needed, keyworkers provided one-to-one support.

“The hardest bit was knowing that I’ve probably caused a lot of [son’s problem behaviour] by the way I was handling things by being overprotective.” *Mother, depth interview*

Keyworkers provided a variety of help to families including de-escalation techniques, routine setting, potty training and anger management strategies. They also offered general parenting tips, such as using reward charts. In addition, parenting support around discipline was particularly important for many families. This included setting boundaries and routines for the children.

Parenting courses were suggested as a way for parents who felt like they lacked confidence to refresh their skills. The courses offered included tips on positive parenting techniques or courses that addressed the needs of specific age groups of children. Parents felt that the courses were particularly useful when they were focused on an age range that was relevant to them, but least useful when they were too broad.

Parenting courses were typically proposed by keyworkers at an early stage of the relationship with families. In some cases these were eagerly received by families, who were keen to address the source of difficulties in their households.

“I actually said I’ll go on a course, I’ll do anything. I just need someone to help me learn how to manage my own child.” *Mother, depth interview*

In other cases, referrals caused hesitation from parents, who were not yet confident in the relationship with the keyworker. Such parents tended to feel that the course would not be useful to them, with some initially believing that the referral cast aspersions on their ability to be a parent. However, after attending the courses, parents' views were much more positive. They no longer saw the referral as a criticism and found that they learnt useful techniques in caring for and supporting their children.

“I thought it might say that you were a bad parent but it was more about understanding teenagers and their behaviour so it was good ... I found it eye-opening, [and was] given good advice to take back home.” *Father, depth interview*

In addition to finding the course content useful, parents also found it helpful to meet other parents in similar situations to themselves. In these situations, the parents were then signposted by their keyworker to additional parent support groups.

Both parents and keyworkers said that the courses had led to positive impacts in the family. Keyworkers said that they had seen the parents' confidence improving, and they had seen parents using techniques learnt such as

establishing a routine and discipline which had led to improvements in child behaviour. In addition, while this type of support was primarily targeted at the main carers, other family members were encouraged to engage and implement these techniques too.

“I feel a lot more confident with [my son]” Mother, depth interview

7.7.b Child behavioural problems

Where child behaviour problems were more severe this could heavily impact, and disrupt family life. For example, in these families the children may be involved with antisocial behaviour, drinking alcohol and taking drugs and come home after an agreed time or go missing at night. This meant that the families were in frequent contact with the police, which caused conflict within the home.

Support provided by keyworkers was varied due to the diverse nature of the child behavioural problems. To address the problems keyworkers provided one-on-one support to the children and young people, as well as support to the family as a whole. To support children and young people directly, keyworkers worked with them to talk about their behaviour, and discuss the impacts of their behaviour. Keyworkers suggested tailored solutions, like anger management techniques. In some cases, keyworkers also suggested new activities that the young person could take up which may be beneficial to them, or activities for the family to do all together.

The impact of this support tended to be related to how open the young people were to receiving this kind of support. It took some young people a long time to build rapport with their keyworker, but once it was established they valued having someone to talk to.

“She did have a couple of one-to-one’s with [my son], but then again he refused to take part.” Mother, depth interview

To work on improving the family dynamic, keyworkers suggested ways of improving family communication. Family meetings were suggested as a forum for families to discuss any problems in an open and non-confrontational way with each other.

“Sometimes it can be annoying because people can just say what they want and you have to just take it, but it’s good when you want to get your point across because you can’t speak when someone’s talking, so there’s no arguments or anything” Young person, depth interview

Behavioural problems also impacted the young people’s schooling. This included both truanting and long-term absence from school, as well as disruptive behaviour in class. The impact of this meant young people were falling behind with their education, and subsequently struggling at school when they did attend. In some cases, parents felt that the school blamed them for the poor behaviour, and did not feel that they were getting adequate support from the school to manage the problem.

To address schooling problems, keyworkers worked with parents to find ways to improve school attendance. For example, setting gradual targets to increase attendance, and discussing ways for the parents to take the children to school themselves. Keyworkers also helped parents to liaise with the school and set up meetings with the school

and family to help address problems. Keyworkers helped to get support in place for families through schools including counselling or educational psychologists.

Child behaviour problems were often related to other problems at home including parenting, family conflict and difficult housing situations. Keyworker support on these problems often helped improve child behaviour.

Case study: A family with a Special Guardian Order and Child Protection Plan

Family circumstances: Grace and Tony are the grandparents and special guardians of Lucy, Holly and Emily, all teenagers. When the children's mother was unable to look after them, the grandparents wanted to **"avoid the children getting adopted"** and took them in instead.

The family has a low household income, with both Grace and Tony claiming Job Seeker's Allowance. The financial situation was particularly tough when the children first moved in and the grandparents had little understanding of their entitlements. Financial problems are exacerbated by the grandparents' poor physical health.

"We had no money for the kids, nothing. What we had to live all five of us was £100 a week - £50 each Job Seeker's Allowance. We had no support what so ever and social services didn't tell me I could get a residence allowance I wasn't told none of that so we really struggled." Mother, ("Grace")

Referral to the programme: The family was first referred to the programme through Holly's trouble in school and forming unsuitable friendships, leading to underage drinking and "trouble with boys" (as Grace called it). Holly was staying out late, with her grandparents not always knowing her whereabouts. The school referred the family to social services and were allocated a specialist keyworker, working closely with social workers on edge of care cases, as Holly was put on the Child Sexual Exploitation (CSE) risk register and was given a child protection officer at school.

Troubled Families at work: Grace and Tony had initial scepticism towards the keyworker, having made negative experiences with social workers in the past. The social worker was 'always late' and the grandparents did not feel supported. However, Grace and Tony warmed to the keyworker and built a positive relationship.

"They're not social workers are they, they're extra help." ("Grace")

The keyworker met with the grandparents and each child separately, either at the family home, school, or taking the children out to activities, including cooking sessions at local authority buildings. Importantly for the grandparents, the keyworker helped them recognise their own role in the children's behaviour. The keyworker helped Grace and Tony with their parenting skills and being able to see the situation from the children's perspective, rather than criticising them:

"She told us to praise them when they do something good, telling us how to react to them how to sort of behave with them instead of shouting and screaming – talk – which was good advice" (Grace)

The family now has regular ‘family meetings’ where everyone can voice their views and concerns in a safe way. At first, these were moderated by the keyworker, and later the family conducted these by themselves. Grace and Holly, as well as the rest of the family have seen a positive change:

“[The family is] more settled, happier, the children do tell me what’s bothering them.” (“Grace”)

7.7.c Domestic violence

Domestic abuse, at least historic if not recent or current, seemed to be a relatively common problem for families in the study. Families facing this problem tended to be in single-parent households, where the mother was the main carer. These families tended to have recently moved homes, usually to separate from the perpetrator. In some cases, the women were told by social services they needed to leave or risk having their children taken into care.

For parents who had experienced domestic violence, one of their first concerns was safety. Some were very worried that their ex-partner would find them. Their keyworker was able to support them in these cases by helping with things like fitting security systems and asking for legal support for gaining a protective order. They also helped them to liaise with their victim support officer.

The impact of the domestic violence had been traumatic in some cases for the mother and children. In addition, the recent move meant that some families had been cut off from their social networks and were feeling isolated. In some families the domestic violence had also caused conflict between the parent who had been a victim of abuse and their child, if the child was still in contact with the perpetrator. In these cases, keyworkers worked with the family to try and resolve these problems and help improve the family dynamic, for example, by suggesting activities that the parent and child could do together to help them bond. Parents said that this support helped them to connect with their child.

For families who needed to move, some needed support finding a new home, and with practical aspects of the move including furnishing the house and finding new schools / childcare facilities. In some cases, the mother had also been subject to coercive control, for example having no access to the income, not having a bank account or knowledge about the financial situation. As such, they needed support with setting up a bank account, understanding how to pay their rent and bills, and applying for benefits.

“[My keyworker] helps me with courses, bills and debt. I’m in a lot of debt because of [ex-partner]. She will be there to help me manage my money” Mother, depth interview

Case study: tackling domestic abuse

Rebecca is a single mum, living with her daughter Jade. Rebecca has moved house several times in the last few years, due to fleeing an abusive ex-partner. Rebecca does not like the new area or house, and doesn’t think it is a safe environment for her daughter. There is also the constant worry that the ex-partner may track her down to the new area.

Rebecca received help from her previous support worker to arrange the move to the new area. Rebecca was then put in contact with Laura, her new keyworker. Laura has provided support by liaising with a local charity to help Rebecca furnish the new house. She was also supportive of Rebecca's request to move house, and has set this as a goal for her (along with furnishing the house).

Both goals are currently in progress, but Rebecca is feeling optimistic about the future. She hopes that with Laura's continued support she will be in a new house and area, with her daughter attending a better school in twelve months' time.

7.7.d Adult and child long-term health conditions

Parents who had long-term health conditions had great difficulty in managing other challenging aspects of life, such as children not attending school, which exacerbated both problems. Some of the problems parents were experiencing included obesity, migraines, high blood pressure, arthritis or early onset arthritis. These conditions meant that parents found it harder to find work that they could do, to manage financially, and to provide the support their children needed. Physical health problems also impacted on mental health, making it harder for parents to get the support they needed and adequately respond to the problems that they were facing.

Some of the families receiving support had children with serious physical health conditions who required significant care: for example, children suffering from sickle cell disease, cerebral palsy or epilepsy.

***"The little one [one-year-old child] has a muscle-wasting disease. [The keyworker] said she's there if we need any aid."** Mother, depth interview*

Keyworkers helped by supporting parents to access a range of different support such as groups that their children could join (which would be beneficial for their child, and provide respite for them) and support groups that they could join to meet other parents in similar situations. They also referred the parents to other useful services such as support workers in the school, who then understood more about the child's situation. Where applicable keyworkers referred parents to social workers to get an assessment for adaptations to the home.

Parents who were looking after a child with a serious health condition struggled to find work which they could fit around a demanding caring schedule. Some parents needed to make frequent trips to the hospital often with little notice. As such, keyworkers and Troubled Families Employment Advisers also provided advice on different working options and childcare options that might work for the parent. These families tended to be unemployed as they needed to provide support for their child, and they commonly received support from keyworkers and Troubled Families Employment Advisers around budgeting, paying bills and submitting claims for disability allowance.

Looking after a child with a serious health condition sometimes also leads to a negative impact on other children in the household, including: displaying difficult behaviour at home and at school, dropping out of school, or having a negative impact on their mental health.

To address these issues the keyworkers worked on ways to support the other children, through getting additional support at school, or looking for groups that they could join. However, this was not always successful. Some children did not want to take part, and in some families, the parents could not afford for their children to take part. In these instances, some keyworkers tried to secure funding.

7.7.e Adult and child mental health problems

As at Phase 1, adult mental problems were a key problem for families on the programme. The types of mental health problems parents were dealing with included anxiety and depression, Post-Traumatic Stress Disorder and split personality disorder. Keyworkers mainly supported parents with these problems by helping them to access the specialist support that they needed or encouraging them to attend appointments. Examples included the keyworker encouraging them to speak to their GP, visiting them in hospital, taking them to counselling sessions or making attending counselling part of the family goals.

For mental health problems such as anxiety and low self-esteem, keyworkers supported parents directly. Keyworkers helped build up confidence by taking small steps, such as providing support to contact the relevant housing officer within the local authority or Housing Association if parents had been reluctant to do so. Keyworkers often supported parents by accompanying them to meetings they were anxious about, or simply travelling with them to meetings or parenting courses so that they felt more confident about going in. Keyworkers also referred parents to other groups that they thought might help them such as parent support groups.

Children's mental health problems were also a key concern for families. These included depression, Attention Deficit Hyperactivity Disorder and autistic spectrum disorders. Families needed help from their keyworker in getting a diagnosis, getting adequate support at school, and, where relevant, support in managing their child's behaviour. One key barrier to getting support seemed to be that professionals involved in the case did not agree on the diagnosis. For example, for cases of ADHD and autism, some professionals thought that the primary problem for the family was the need for improved parenting rather than a medical intervention. There were also cases where families felt that young people with mental health problems were not being given access to suitable support because they were aged 16 and soon to be leaving education.

Another barrier was difficulty with accessing services even after diagnosis, in areas where there were long waiting lists for mental health services. This reflects the findings from the staff survey³⁰. Delays to receiving relevant professional support meant that problems of mental health within families tended to become worse and persist even where limited progress had been made. Indeed, some young people had been placed on the waiting list for Child and Adolescent Mental Health Services before they started meeting their keyworker.

7.7.f Poor or inadequate housing

Poor, overcrowded or inadequate housing conditions were a problem for many families. Several needed support in finding and moving home, and others, who had moved, needed support in furnishing a new property, as they did not have money to do this.

Finding a suitable property was often difficult, as families tended to be constrained to the social housing sector, and were unable to find something that met their needs without leaving their local area. Waiting times for social housing added to families' distress. Families were often reluctant to leave behind social networks which they relied upon. In one case, the parent was also reluctant to move out of the area as doing so would mean that she would lose the support of her keyworker.

³⁰ 57% of keyworkers would like more support from 'mental health services for children' and 54% would like more support from 'mental health services for adults' – findings from the most recent Troubled Families staff survey

Families needed to move urgently when facing circumstances of domestic violence, or where they had additional children to house after a change in custody arrangements. Keyworkers prioritised addressing the housing concerns in these cases and supported the family to find a new home. They also helped families relocate from temporary housing, finding housing that was more suitable for the family's situation. Support included helping families to complete applications, speaking to housing providers/services, supporting families with phone calls and attending meetings. Depending on the situation and confidence of parents/carers, keyworkers would either take control of most correspondence with housing services, or would have a more facilitating role where families took some responsibility for managing the process.

Keyworkers also supported families by helping them apply to the social housing list and through the bidding process. Despite keyworker support, some families still felt that the system moved too slowly, and that they were not able to move when they wanted to, or find an adequate home. Some families continued to pursue the problem with the local authority, but others said that they would just wait and see.

Where families had recently moved, there were sometimes problems relating to the quality of the décor; meaning, redecorating and new furniture were required. Keyworkers supported families to make applications to local charities or the local authority to secure a redecorating budget and helped arranged delivery of furniture and household appliances. Families were often not aware that they could receive a budget to help with redecoration, and without the keyworker may well not have had access these funds. Some families also struggled to manage other practicalities of a move such as finding new schools and accessing services, which their keyworker supported them with.

Despite some of the challenges, families often felt an immediate benefit after moving to a more suitable home. Families felt more settled and more confident. They also felt that being supported to move, and then being in a more suitable home, allowed them space to deal with other problems in their lives.

"I love it here, I feel more settled and confident being myself with the kids." Mother, depth interview

Case study: tackling poor housing

Nick lives with his ten-year old son and seven-year old daughter. Nick is separated from his partner and has main caring responsibilities. Prior to the Troubled Families Programme intervention, Nick did not have permanent accommodation for himself and the children, and was living with a relative. His children's school referred the family to the Troubled Families Programme, as they had concerns about the children's wellbeing, punctuality and cleanliness.

The family's keyworker Martin worked with Nick to provide stability for the children. Nick felt stressed and overwhelmed by the task of setting up and managing his new housing and financial circumstances. Martin helped him break down this goal into achievable actions; securing housing by a set date and then take steps to ensure routine and security for the family. Martin supported Nick step-by-step through the application processes for rehousing, providing advice and help getting on the local housing register.

Post intervention, Nick feels positive about family life having seen changes in his children's behaviour.

7.7.g Financial hardship and debt

Families who suffered financial difficulties were often families who also were not in employment due to their ill-health. Some of these families were experiencing extreme hardship which made it difficult for them to afford basic living requirements like food or clothing, especially school uniforms.

To support these families, keyworkers were providing budgeting and debt advice, either directly or via specialists such as a Citizens Advice Bureau debt worker; they also helped families seek other sources of support. Accessing welfare benefits was another major problem for families. Many parents/carers did not understand the benefits available and which they were entitled to, particularly where there had been changes to benefits or in the family structure. Families who had tried to contact welfare benefit support services often did not understand the information that they were provided. This had led to various problems including families not receiving what they were entitled to, and families making incorrect claims for support that they were not eligible for. Where they had claimed incorrectly families had received overpayments which they were required to repay; exacerbating debt problems.

“We had no money for the kids nothing. What we had to live all five of us was £100 a week - £50 each Jobseeker’s Allowance. We had no support whatsoever and social services didn’t tell me I could get a residence allowance ... so we really struggled.” Kinship carer, depth interview

Keyworkers supported families by helping them understand the state benefits they were entitled to. They also supported families who were applying or wanted to contest benefit decisions, by being with the main carer while the carer made the call on loud speaker (which would be made known to the agent). Keyworkers were often able to probe on the phone and thereby help correct the situation, which helped the families make progress in areas they had often struggled to address for several months. At times, keyworkers referred families to another service to help with an application, for example directing them to a Troubled Families Employment Adviser to support access to a Personal Independence Payment (PIP).

Parents / carers were grateful to the keyworkers for support with these difficulties but reported that they would struggle to negotiate similar problems alone as they did not believe they understood the benefit system sufficiently. This suggests that such issues would be likely to persist once keyworker support ended.

Case study: tackling financial hardship

Catherine is a lone parent with an 18-year old daughter, a four-year old son, and is currently expecting another child. Her son has a serious health condition, and since she had him, Catherine has been unable to find paid work flexible enough to meet her caring responsibilities. Catherine’s finances are her main problem. Meeting everyday costs of food, bills and school uniforms make daily life a struggle. The Troubled Families keyworker, Helen, helped the family with their financial hardship through:

- Offering advice on how to save money on gas and water bills, and using supermarket deals to make money go further.
- Referring Catherine to the local Citizen’s Advice Bureau to seek budgeting support and supporting her to put this advice into practice in the home.

- Organising volunteering opportunities as a stepping stone to employment.
- Making her aware of the employment and childcare options available for when her baby is six months old to build Catherine's confidence and raise her ambition towards work.

As a result of Helen's support, Catherine's outlook for the future and her confidence has improved; she can manage the bills and values the quality time with her son who has also made improvements at school.

7.7.h Worklessness

Unemployment seemed to be a secondary problem for most families. Parents out of work acknowledged that finding employment would help their financial situation. However, in families where there were multiple children who had health issues (including mental health problems), were not attending school or were in contact with youth justice services, parents were spending their energy and time managing these problems. Problems relating to their children had to be under control first before parents / carers could consider work. Where grandparents were the main carers, they were retired or had long-term disabilities, and so that work was not considered an option for them.

Some parents in these families expressed a desire to return to work as soon as possible, especially those who had worked in profitable and enjoyable employment in the past. These parents could foresee a time in the future when it would be easier for them to work. For example, when a parent had a young child at home and wanted to find work once they were at school, or when the parent had poor physical health but were hoping that this would improve. Even in these cases, parents still needed to find work that fit around their responsibilities and made sense financially.

"I was offered a job and I passed, but I was struggling with childcare. Everywhere [the childcare provision] finished at six pm ... the job was an hour away, and I tried to see if I could work different hours, but then I would still need half an hour's grace, and the childcare said they would charge £10 for every 10 minutes that I was late, so I thought no that won't work. It wasn't even a full salary, just training." Mother, depth interview

Parents were most engaged when the keyworker took time to understand their interests and skills. Parents who talked positively about the future and finding work said that the keyworker had built up their confidence by making them recognise their existing skills and how these could be applied. Keyworkers also supported parents by helping them take steps such as looking for volunteering work, looking for training opportunities and supporting them with C.V. writing.

"She found out about voluntary work that I could actually do in a children's centre if it got to the stage when I got a bit bored at home being pregnant, and I have a background in childcare...and I wanted to get more experience and she passed my details on." Mother, depth interview

Some families were allocated a Troubled Families Employment Adviser when more focussed financial support was required. Troubled Families Employment Advisers typically helped these families with understanding their finances and budgeting, through exercises such as creating charts with their outgoings. Support was also needed for completing applications for benefits (including Personal Independence Payment submissions), and Troubled Families Employment Advisers could also refer them to other sources of support (such as Citizens Advice Bureau)

which was beneficial to families with more complex situations. Troubled Families Employment Advisers also provided career guidance and support with job applications when family members were ready for employment.

In families where the situation seemed more entrenched it was more difficult for a parent to foresee a time when they could return to work. This was the case in one family where there was a single parent with four children aged 12-18, two of which were offending and the other two also having difficulties at school. The keyworker felt in this case the parent was not seriously looking to find work, but doing what they needed to, to claim financial support.

For families with older children, keyworkers helped provide support to get young people in to work or to help them with future career opportunities, such as helping them find apprenticeships and jobs. Keyworkers referred young people to their local Connexions services³¹ to provide career and work advice. Other support included coaching for interviews and helping young people get a place at college/access further education.

7.8 Step-down, outcomes and impact

Overall, families were still at a relatively early stage of intervention, and were not ready to be stepped down. However, families were aware that the support would end at some point, as this had been raised early on by their keyworker. Families said that their keyworkers had discussed with them the support that they could provide and how long the support would last for. For families that had been stepped down from the programme, it had worked well when the families' support was gradually reduced, and families were made to feel confident that they could manage on their own. Families were often sad to see their keyworker leave as many saw them as a friend.

“At first I didn't like it because, I don't know, I've always had someone there... bit of a shock that there isn't that person there anymore. But I've come to realise that it's obviously a good sign, if they didn't believe we couldn't do it ourselves they wouldn't have signed us off.” Mother, depth interview

“It's a positive thing for me, because it's a sign of improvement. It's a bit of a downer at the same time because we've lost someone who had practically become part of our family.” Father, depth interview

Families who were nearing the end of their support said that they felt reassured because they had been told that they could get in contact again if they needed it.

“She made it very clear that she was only there for a certain amount of time and then she was going to move onto other things. So, she always let me know what time she was available and the periods of time where I might not be able to talk to her because she'd be doing other things. But then she would always allocate me to someone else as a replacement for her so I was never feeling like she has forgotten about me.” Mother, depth interview

However, there were some families who were very concerned about the idea of the support finishing, or who did not want to consider this as a possibility. These families seemed to be very reliant on their keyworkers and felt like they would not be able to manage independently.

“I want the support to go on forever” Mother, depth interview

³¹ A government information, advice, guidance and support service for young people aged thirteen to nineteen, created in 2000 but discontinued in some areas in 2012

"It's like I can't swim and she [the keyworker] is my armbands. I can't swim and you're going to take my armbands off." *Mother, depth interview*

Some families had been told that they would have support 'for as long as they needed' which was more open to interpretation.

"Our keyworker has said that they will be there to help for as long as we need it and that is what the Team Around the Family (TAF) [tomorrow] will decide. But I have assumed that we will not need it for that long because we will deal with these issues." *Mother, depth interview*

In some instances, families felt their keyworker had been pressurised to end their support before they were ready, but keyworkers in this case kept them on for longer. Families were grateful for the support provided by their keyworker, and were generally positive of their experience, in particular families who had received intensive support. Often this support brought families relief and helped them get their problems (such as poor finances, health) under control. Families which had a closer relationship to their keyworker appeared to benefit the most from their support.

"It made me want to actually aspire to be like her in the future, and help other mums to see the light. She was actually inspiring me to do something similar to what she is doing." *Mother, depth interview*

For some families, keyworkers were encouraging them to take the lead on their goals, for example supporting them to make phone calls to different organisations. However, this did not appear to be the case for all families, and some were heavily dependent on the keyworker to progress their goals.

Impacts for families

Families interviewed at this wave of fieldwork were typically at the start of the intervention. Furthermore, the impact of keyworker support also varied greatly across families due to the different circumstances and complexities of each case. Impact was, therefore, difficult to capture at this stage of the research, not only were relationships with keyworkers at an early stage but the issues faced by families and the support they received was very diverse. Nonetheless, although many of the problems experienced by families were long-term (such as poor school attendance), where keyworkers had prioritised goals there were signs of early impact.

Parenting support tended to be offered early on by keyworker's, and there was some evidence that parents were taking on board parenting advice and attending courses. However, as many families were at the beginning of receiving keyworker support, it is too early to say if child behaviour had improved as a result of the parenting support; this tended to be a long-term goal. Work around child behavioural issues was also prioritised alongside this parenting support. The success of one-to-one work with the young people was mixed and tended to depend on how receptive the young people were to receiving support. Positive relationships with keyworkers were key to the success of this type of support, and these took time to build.

There were also signs that keyworkers had been able to help with financial hardship and improve their family's financial situation. Keyworkers and/or Troubled Families Employment Advisers were able to help with managing bills, debt and access to entitlements fairly quickly, and families had seen signs of improvement.

At this stage, there was limited evidence of improvements made in some of the other problems targeted by keyworkers, typically because these were long-term and complex problems. This included adult and child long-term health conditions and mental health problems, where progress was often delayed due to long waiting times to access services, or they were secondary problems faced by the family. Housing support also tended to be long-term; keyworkers had been able to help with submitting house move requests and support with decorating and furnishing, but they were often waiting to hear on the outcome of these applications. Getting families back into work also appeared a secondary problem for families, as many were experiencing other problems such as long-term health conditions, which meant finding work at that stage was not feasible for them. Further evidence on longer-term impacts and the addressing of more complex problems will be gathered in the Wave 2 fieldwork, to be undertaken in Autumn 2018.

Appendix

A: Detailed research questions for the Phase 2 (Waves 1 and 2) research

The table below outlines some key areas of interest arising from a workshop with MHCLG to plan this phase of research (July 2017). The contents of the table are not intended as a comprehensive list of all the issues which will need to be covered in the research, rather as an outline of some emerging areas for focus in the next phase, to be reviewed and developed. We also identify the key audiences for the research.

| Research area | Research question | Audience | | |
|--|--|------------------|--------------------|----------|
| | | TFC/ Partners | Frontline staff | Families |
| <i>Understanding how the core TF intervention works and its impact</i> | How are goals agreed and shared with families? | | X | X |
| | What are the steps taken by families to achieve their goals? What does their journey look like? | | X | X |
| | How do key/ leadworkers make sequencing decisions? | | X | X |
| | How are the underlying problems facing families addressed? Are there key problems which lead to others being solved? | | X | X |
| | How long does the support delivered through the programme last and how is this time used? | X | X | X |
| | Are the changes experienced by families sustained? Are they more resilient as a result and do they feel able to access services themselves? | X | X | X |
| <i>Fidelity to the TF model in keyworker practice</i> | What kind of background do keyworkers have? Differences in experiences/ skills and how this plays out in practise? | X | X | |
| | What is the role of evidence-based practice? Confidence in use of EBP by keyworkers? | X | X | |
| <i>Fidelity to the TF model in keyworker practice</i> | What resources do keyworkers draw on in delivering the programme? | X | X | |
| | To what extent is programme delivery in line with DCLG's expectations/ standards (c.f. EIF functional map of keyworker role)? | X | X | |
| | Is joined-up working happening from the keyworker perspective? | X | X | |
| | How do keyworkers differ in approach from leadworkers? How confident are leadworkers in delivering the TF model – and where are their skills gaps? Are there specific services where the model has been more difficult to embed? | X | X | |
| | How are key/ leadworkers handling stepdown from the programme? | X | X | |
| | What kind of training are keyworkers receiving? Is there any specialist training on mental health? | X | X | |
| | How confident are keyworkers in areas they have not been specifically trained on? | X | X | |

| Research area | Research question | Audience | | |
|--|--|------------------|--------------------|----------|
| | | TFC/ Partners | Frontline staff | Families |
| <i>Family problem-based issues</i> | Is the programme delivered differently where adult and / or child mental health is an issue in the family? | X | X | |
| | How is debt handled? | X | X | |
| | What is the impact of parental conflict – and the impact of any related interventions? | X | X | |
| <i>Helping families move into work</i> | How is this issue handled by keyworker and received by family? | | X | X |
| | Which interventions make a difference? | X | X | X |
| | What impact does Universal Credit have in changing attitudes to work/ experiences of being in work | X | X | x |
| <i>Service transformation</i> | What is the progress towards integrated working and other service transformation goals? | X | X | |
| | What are the hopes for the legacy of the programme | X | | |
| | What impact does demand management have – for example in children’s social care? | X | X | |
| | What is the role of Children’s Services in delivering the programme? | | | |
| | What has the effect of TFEAs been on JCP? | X | | |
| | What is the impact of co-location of services? | X | | |
| | Is there progress on the use of cost-calculators? | X | | |
| | How prepared are LAs for the end of funding in 2020? | X | | |
| <i>Working with the voluntary sector</i> | How are LAs engaging with the voluntary sector? What potential is there to build capacity? | X | X | |
| | Does the voluntary sector benefit from central TF funding? | X | | |
| <i>Leadership of the programme</i> | What qualities and skills make a good TFC? | X | | |
| | What differences does strong leadership make? | X | | |
| | How can the role be systematised so that success isn’t dependent on personality? | X | | |
| <i>Effective data sharing</i> | What resources are needed for data sharing to embed a successful approach to TF? | X | | |
| | Describe different models of data sharing – successes and less successful | X | | |
| | Describe good models of data-sharing with schools and in health | X | | |
| | What is the strategic vision for data-sharing held by LAs | X | | |
| | How do different workforces contribute to data sharing/ work collaboratively? | X | X | |

| Research area | Audience(s) | Method | | | |
|--|---|--------------------------------|-----------------------------|----------------------|-------------------------------|
| | | (a) LA case study strand | | (b) Keyworker strand | |
| | | Longitudinal family case study | Stakeholder depth interview | Online forum | Digital qualitative app diary |
| <i>Understanding how the core TF intervention works and its impact</i> | Families and keyworkers | X | X | | |
| <i>Fidelity to the TF model in keyworker practice</i> | Keyworkers | X | X | X | X |
| <i>Family problem-based issues</i> | Stakeholders and keyworkers | X | X | X | X |
| <i>Helping families move into work</i> | Stakeholders, TFEAs, keyworkers, families | X | X | X | X |
| <i>Service transformation</i> | Stakeholders | | X | X | |
| <i>Working with the voluntary sector</i> | Stakeholders, keyworkers | | X | X | |
| <i>Leadership of the programme</i> | Stakeholders | | X | | |
| <i>Effective data sharing</i> | Stakeholders, keyworkers | | X | X | X |

B: Case study research – achieved sample

The table below shows the interviews achieved in the case study research.

| Local Authority | Stakeholder interviews | Family and keyworker visits | | |
|-------------------|------------------------|-----------------------------|------------|--------------|
| | Interviews completed | Interviews completed | | |
| | | Keyworker | Main carer | Young people |
| Local Authority 1 | 8 | 4 | 5 | 0 |
| Local Authority 2 | 9 | 4 | 5 | 2 |
| Local Authority 3 | 6 | 5 | 6 | 3 |
| Local Authority 4 | 9 | 6 | 6 | 4 |
| Local Authority 5 | 8 | 5 | 5 | 1 |
| TOTAL | 40 | 24 | 27 | 10 |

C: Frontline staff research – achieved sample

The table below shows the key characteristics of participants in the online forums.

| | | Keyworker forums | Leadworker forums | TFEA forums |
|-------------------------------|-----------------------|------------------|-------------------|---------------------------------------|
| Experience in sector | Less than 5 years | 4 | 2 | 2 |
| | 5-10 years | 5 | 6 | 4 |
| | 10-15 years | 6 | 4 | 1 |
| | 15-20 years | 2 | 4 | 4 |
| | 20 years or more | 3 | - | 6 |
| Employed by | LA | 18 | 8 | - |
| | Charity | 1 | 3 | - |
| | School | 1 | 3 | - |
| | JCP/DWP | - | - | 17 |
| | NHS | - | 1 | - |
| | Police | - | 1 | - |
| Length of time in role | Less than 2 years | 3 | 3 | 5 |
| | 2-5 years | 14 | 13 | 12 |
| | 5-10 years | 2 | - | - |
| | 10 years or more | 1 | - | - |
| Expertise | Mental health | - | 1 | N/A – Keyworkers and leadworkers only |
| | General support | - | 4 | |
| | Social work in school | - | 2 | |
| | Domestic abuse | - | 1 | |
| | Crime | - | 1 | |
| | Child welfare | - | 2 | |
| | Youth crime | - | 1 | |
| Total | | 20 | 16 | 17 |

D: Discussion guides

Family discussion guide

Troubled Families Qualitative Research: Phase 2 wave 1

LA case study strand: discussion guide for families

Introduction:

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

Research scope and objectives:

The aim of the qualitative element with families is to better understand the experiences of families within the TF programme and the impact of the programme. The research with families will cover:

- How are goals agreed and shared with families?
- What are the steps taken by families to achieve their goals? What does their journey look like?
- How do keyworkers make sequencing decisions?
- How are the underlying problems facing families addressed? Are there key problems which lead to others being solved?
- How long does the intervention last and how is this time used?
- Are the changes experienced by families sustained? Are they more resilient as a result?

And with regard to helping families move into work:

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

The family case studies have been designed to include all the key parties involved, so that we can triangulate data across cases to answer these questions. For each case study, we will interview one or both of the parents, we will interview a child or young person, and we will interview the keyworker for that family. Interviews will take **around 2 hours** per family. The Early Intervention Foundation developed a **functional map of the keyworker role**. This is a detailed breakdown of the practitioner role, and the heart of what TF programme should be delivering. This map has been used to design the research materials, to ensure that data is gathered on each component across the sources. The core tasks of the functional map are listed below, with a tick highlighting where we will seek this data.

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

The interviews will be conducted with the main carer(s) within the families initially, with a separate interview with children and young people, if possible (see separate CYP guide). The structure of the guide is as follows:

| Section | Content |
|---|--|
| 1. Introduction and warm-up (10 mins) | In this section, researchers will explain the research process in more detail and ensure that families fully understand it. |
| 2. Discussion about family life and key challenges (10 mins) | In this section, try to build a rapport with the family and ask them about their lives and interests. We then start asking about issues and challenges that the family will have faced. |
| 3. Starting the TF programme (10 mins) | This will cover the situation at the time, how the family heard about the support / how they were referred to the programme, and their first impressions of the keyworker and their approach. We will also explore the goal setting process and how this was conducted. |
| 4. Experiences of support received (15 mins) | This section will focus on understanding what support the family felt that they needed, and the extent to which this was received, and the extent to which they attribute change to keyworker engagement. We will explore whether a whole family, tailored, proactive and empowering support were delivered. |
| 5. Monitoring progress and exiting the TF programme (10 mins) | This section will explore the monitoring and reviewing of progress that is in place from the family's perspective, and their understanding of how exiting TF programme would work/ their experiences of this if already exited. |
| 6. Impacts of the support and expectations for the future (15 minutes) | This section aims to capture tangible impacts of the support from the family's perspective. We also explore what families are hoping for from the programme and how they expect life to be different given the support they are receiving |

| 7. Warm down and close (5-10 mins) | We will reflect on the interview and ask participants about hopes for the future. |
|--|---|
| 1. Introduction and warm up | |
| <ul style="list-style-type: none"> • Researcher to introduce self (potentially with keyworker) • Introduce Ipsos MORI, MRS code of conduct/ our ethical code of practice • Introduce the research programme (conducted on behalf of LA/ central government) • Introduce the timetable: interviewing them now and again in a year's time. • Discuss format of interviews: will be talking about family life and how you've found working with [keyworker]. • Highlight that: <ul style="list-style-type: none"> ○ There are no right or wrong answers ○ They don't have to answer some questions if they don't want to and they can ask to stop the interview at any time. • Explain confidentiality policy: <ul style="list-style-type: none"> ○ Everything that they tell us is confidential and won't be reported back to [local authority/ keyworker] – unless what they tell us that someone is at risk of serious harm, in which case we have a duty to report it. ○ We will also speak to the keyworker about their support separately. • Discuss consent and talk through key points on the participant information sheet and consent form – ensure these are understood: • Establish which (if any) of the children would be happy to speak to researchers separately. • Ask permission to record. | <p style="text-align: right;">10 mins</p> <p>In this section, researchers will ensure the family understands the research process fully.</p> <p>Take care to check that participants understand fully what you are explaining to them.</p> <p>Talk through and sign consent form + get permission to record.</p> |
| 2. Discussion about family life and key challenges | |
| <p>I'd like to start by learning a little bit more about you and your family. Would you be able to tell me about your family/ who lives here?</p> <p>How many children do you have? What are their names and ages?</p> <p>And how long have you lived here? / in this area?</p> <p>What it is it like to live round here?</p> <ul style="list-style-type: none"> ○ What do you like/ dislike about this area? <p>What kinds of things do you/ your family enjoy doing?</p> | <p style="text-align: right;">10 mins</p> <p>In this section, try to build a rapport with the family and ask them about their lives and interests.</p> |

| | |
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| <ul style="list-style-type: none"> o Are there leisure facilities around here? o Do you use a sure start children’s centre for any activities? <p>Do you have friends or family who live close by?</p> <ul style="list-style-type: none"> o What sort of things do you do with your friends and family? o How often do you see them? <p>How do you spend your days?</p> <ul style="list-style-type: none"> o Are you studying/working? <ul style="list-style-type: none"> ▪ Where do you study/work? ▪ What did you do before you had children? o IF DOESN'T WORK: are you looking for work? <p>Does anyone help you with babysitting or childcare? Do you help anyone yourself, such as elderly relatives?</p> <p>I’d now like to ask you a little about your family and some of the challenges or issues you might be experiencing now or have been through in the past.</p> <p>How would you describe family life for you at the moment?</p> <ul style="list-style-type: none"> o What is good about being at home with the family? o What is more difficult? o Have things always been like this – or have things been different in the past? <p>What are the things you’ve needed help with in the past?</p> <p>What are the things you need support with at the moment?</p> <ul style="list-style-type: none"> o Have you had any support for these issues? o What kind of support have you received? | <p>Bear in mind that some families may be sensitive or defensive about these questions and emphasise non-judgement and confidentiality if necessary.</p> |
| <p>3. Starting the TF programme</p> | |
| <p>I’d now like to talk to you in more detail about the support you’ve had from [keyworker] and other people/organisations that they may have put you in touch with.</p> <p><u>The referral process (before meeting keyworker)</u></p> <p>How did you first hear about [keyworker/ brand name]?</p> <p>And what was the situation like with your family at the time?</p> <p>Did you seek support or were you referred to it?</p> <ul style="list-style-type: none"> o Did you understand the reasons you were referred to the service/ the keyworker? How was this explained to you? o What encouraged you to seek support? Were you given the option to sign-up, or was this automatic? <p>What was explained to you about the support on offer, before you started with [keyworker]?</p> | <p>10 mins</p> <p>Participants may be at an early stage of the intervention(s) – tailor the questions as appropriate</p> <p>N.B. Families may not know which organisation their keyworker comes from, or that they are called a ‘keyworker’. Therefore make sure you know the</p> |

- What did you know about the support before it started? How did you expect it to work?
- Did you want any more information about it? Did anything not make sense?

Meeting the keyworker

After you first heard about the [keyworker/ brand name] programme, what happened next?

- How long did it take before you met [keyworker]?

How did they introduce themselves to you – did they just turn up at your home or did someone introduce them?

What happened at the first visit/ second visit?

What were your first impressions of the [keyworker]?

- How did you feel about their involvement with your family?
- How did [keyworker] explain what support from them would be like?

Has [keyworker] been your only keyworker? Or have you been assigned someone else before?

- Why did your keyworker change?
- Were you happy with this decision/change?

Setting goals

Can you tell me what happened at the start of your support with [keyworker] at the beginning?

- Can you describe the process for me?
- What did you think of it?
- Who in your family was included in the assessment?
- Did they talk to you about you wanted to achieve?

How did you feel about starting to see [keyworker]?

- To what extent did you feel that starting support with [keyworker] was your decision?

After the assessment and when you started working with [keyworker], did you make a plan or set any goals?

PLEASE FILL OUT GOAL MAPPING SHEET WHEN GOING THROUGH THE REST OF THIS SECTION.

IF THEY HAVE NOT SET GOALS WITH KEYWORKER, CHECK TO SEE IF THEY HAVE MADE A PLAN/SET GOALS WITH SOMEONE ELSE OR ANOTHER ORGANISATION WHO THE KEYWORKER HAS CONTACT WITH.

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

keyworkers' name ahead of the interview so you can reference this.

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

If helpful – can use goal mapping sheet to return to later when discussing impacts of support.

| | |
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| <p>If lots of goals, choose the 3 they feel are most important to them and discuss these in detail.</p> <ul style="list-style-type: none"> ○ Health and wellbeing (include mental health) ○ House and home ○ Work or training ○ Money ○ Schools and nurseries ○ Parenting/ child behaviour ○ Accessing services/ dealing with other services ○ Crime and anti-social behaviour ○ Their own behaviour and relationships with others ○ Anything else <p>Are these goals written down?</p> <p>Are goals set for individuals or for whole family/or for both?</p> <p>How did you/[keyworker] decide which issues or problems were most important?</p> <ul style="list-style-type: none"> ○ Were there things you agreed to look at first – or was it all at the same time? <p>Is there a time period set for when you have to complete these goals?</p> <p>What do you think about the goals?</p> <ul style="list-style-type: none"> ○ How did setting these goals make you feel? | |
| <p>4. Experiences of support received</p> | |
| <p><i>Keyworker support</i></p> <p>Can you tell me a bit about your meetings with your keyworker? How often are they / where do you have them?</p> <ul style="list-style-type: none"> ○ Do you speak to them over the phone/text them? If so – how often? <p>What kinds of things do they help you with? ASK TO PROVIDE SPECIFIC E.G.S WHERE POSSIBLE</p> <ul style="list-style-type: none"> ○ Practical things e.g. cleaning/cooking ○ Liaising with agencies or schools ○ Improving soft skills e.g. confidence/parenting skills / children’s behaviour ○ Relationship issues with ex or current partner ○ Relationships with others (for example with other relatives, health staff etc) <p>Have they helped you with anything you didn’t realise you needed help with before?</p> <p>How would you describe your keyworker? Why?</p> <p>And how would you describe the support that you receive from your keyworker?</p> <p>How do they work with you?</p> <ul style="list-style-type: none"> ○ Do they tend to do things for you? Or do they help you to do things? <p>Are you receiving any help around looking for work?</p> <ul style="list-style-type: none"> ○ Who is this from – keyworker/ TFEA/ someone else? | <p>15 mins</p> <p>Keyworkers might help with a whole raft of things: parenting skills, getting kids to school/ nursery/ relations with school/ advocacy role e.g. with landlord/ finding positive things to do for leisure/ work search/ accessing specialist services/ support. See briefing notes for more details.</p> |

| | |
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| <ul style="list-style-type: none"> ○ How did this support start? ○ What do you think of it? Has it been helpful? ○ Could it be improved/ more helpful for you? <p>Are you attending any regular sessions or courses?</p> <ul style="list-style-type: none"> ○ Can you tell me when you go? Who do you go with and for how long? ○ What do you think of these sessions? <p>Overall, do you feel the keyworker is in a good position to help you? Why?</p> <p>Have there been any times when you wanted [keyworker] to act differently? Can you give an example?</p> <ul style="list-style-type: none"> ○ Is there anything else that [keyworker] could be doing to help you? <p>What are the similarities/differences between the support your keyworker gives and other support you might have had previously?</p> <p>Is anything different in working with [your keyworker] to what you expected?</p> <ul style="list-style-type: none"> ○ Is the keyworker working in a way that is different to what you expected? ○ Or the kind of things they are with different to what you expected? <p><u><i>Access and co-ordination of multi-agency support by keyworker</i></u></p> <p>Has [keyworker] put you in touch with other organisations that can help you?</p> <ul style="list-style-type: none"> ○ Had you heard of or dealt with these organisations before? ○ (If heard of but not dealt with) Why was that? Are you likely to use them now [keyworker] has put you in touch with them? ○ How did [keyworker] explain how they would help you? ○ Have these organisations helped you? In what way(s)? <p>How does [keyworker] work with other services that you are using?</p> <ul style="list-style-type: none"> ○ Do they keep in touch with people from other organisations? ○ Do they help arrange meetings for you? <p>Does [keyworker] speak to these people/ organisations on your behalf?</p> <ul style="list-style-type: none"> ○ How do you feel about this? ○ Do you think that [keyworker] communicates well with these people/organisations? <p>Do you have meetings with other organisations/people, with the keyworker?</p> <ul style="list-style-type: none"> ○ Can you describe what happens in these meetings? ○ Do you talk about any of your goals? ○ How do you feel in these meetings? <p>Do you feel like you are working with just one support worker, or with lots of different organisations?</p> | <p>Explore whether the keyworker has the right knowledge and skills to help the participant.</p> |
| <p>5. Monitoring progress and exiting the TF programme</p> | |

| | |
|---|-------------------|
| <p><u>Recording and reviewing progress of family on the programme</u></p> <p>Have you achieved/are you on your way to achieving any of these goals? Can you explain what happened? How do you think these were achieved?</p> <ul style="list-style-type: none"> ○ (If not on track with goals) Have you discussed with [keyworker] steps you are taking to reach your goals? ○ Is there anything that would help? <p>Do you and [keyworker] look at how you're progressing with your goals?</p> <ul style="list-style-type: none"> ○ How often do you do this? ○ Do you write anything down when you look at your progress? <p><u>Handling of stepdown from TF support</u></p> <p><IF STILL RECEIVING SUPPORT></p> <p>How long do you think the support with [keyworker] will continue for?</p> <ul style="list-style-type: none"> ○ How do you know this? ○ How do you feel about this? <p>How do you feel about the prospect of the keyworker support ending?</p> <ul style="list-style-type: none"> ○ Which organisations/people, if any, would be confident in speaking to if [keyworker] wasn't there? ○ Has [keyworker] put you in touch with any charities or voluntary organisations? <p><IF ALREADY EXITED SUPPORT></p> <p>When did <keyworker> finish their support?</p> <p>How did this come about? Did you expect their support to finish at this time?</p> <p>What happened in your final meeting with them?</p> <ul style="list-style-type: none"> ○ Did they give you any information about what to do if you needed support in future? <p>What did you think about the support ending?</p> <p><u>Summary of experiences of the TF programme</u></p> <p>Is there any other help [keyworker] or another person gives you we haven't mentioned?</p> <p>Overall, what do you like about the support you get?</p> <ul style="list-style-type: none"> ○ Is there anything you dislike? ○ [If relevant:] How does your partner feel about it? ○ How do your children feel about it? What would they say about the keyworker? | <p>10 mins</p> |
| <p>6. Impacts of the support and expectations for the future</p> | |
| <p>Do you think things have changed for you or your family since you started seeing your keyworker?</p> | <p>10-15 mins</p> |

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

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

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

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

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

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

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

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

IF USING A TF EMPLOYMENT ADVISER/ LOOKING FOR WORK:

Has anything changed about your approach to looking for work? Can you give me some examples?

What help do you expect to get from [keyworker] in the next 6-12 months?

- Can you tell me more about why you think that?

What are your hopes for your family in the coming months?

- If I come back to speak to you in a year, what kind of things will have changed? What would you want to be saying about the goals you've described?

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

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

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

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| 7. Warm down and close | |
| <p>Is there anything else that you would like to mention? Is there anything else about the support that you are receiving that you feel is important to mention?</p> <p>Thank participants for all their help/ time and introduce/ invite them to take part in further research.</p> <p>Reiterate how data will be used and that they are happy for data to be used.</p> <p>Gain consent to contact them in a year's time.</p> <p>Confirm contact details and best way to keep in touch.</p> <p>Thank all family members and close interview.</p> | <p>5-10 mins</p> <p>This section discusses next steps for the research.</p> <p>Ensure to sign for incentive</p> |

Young people discussion guide

Troubled Families Qualitative Research: Phase 2 wave 1

LA case study strand: discussion guide for children and young people

Introduction:

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

Research scope and objectives:

The aim of the qualitative element with families is to better understand the experiences of families within the TF programme and the impact of the programme. The research with families will cover:

- How are goals agreed and shared with families?
- What are the steps taken by families to achieve their goals? What does their journey look like?
- How do keyworkers make sequencing decisions?
- How are the underlying problems facing families addressed? Are there key problems which lead to others being solved?
- How long does the intervention last and how is this time used?
- Are the changes experienced by families sustained? Are they more resilient as a result?

And with regard to helping families move into work:

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

The young person guide

This is a guide to Wave 2 interviews with young people to be completed as part of the family visit. We anticipate the family interview **may take around 2 hours in total**. This separate guide for children and young people would take around 20 minutes, used in its entirety. We anticipate it will be used flexibly depending on the age of the child and to what extent they are engaged.

The first part of this guide is intended to be used with young people aged 12 and above. For younger children, there is a gingerbread person exercise at the bottom of this guide. This might be used if the younger child is present whilst you are speaking with the parent (ideally not, but it can be used as a distraction), although it is expected that the child will require assistance with completing their activity (you can give instructions to the young person before starting the interview with the parent).

Advice on speaking to children and young people

Ideally, you should speak to the young person on their own. However, you must only do this if:

- The child/ young person and parent feel comfortable.
- The parent is still in the house.
- There is a communal space for you to speak in – e.g. the kitchen or living room where you can speak to the young person with the door open (do not speak to a young person alone in a closed room).

Discussion guide

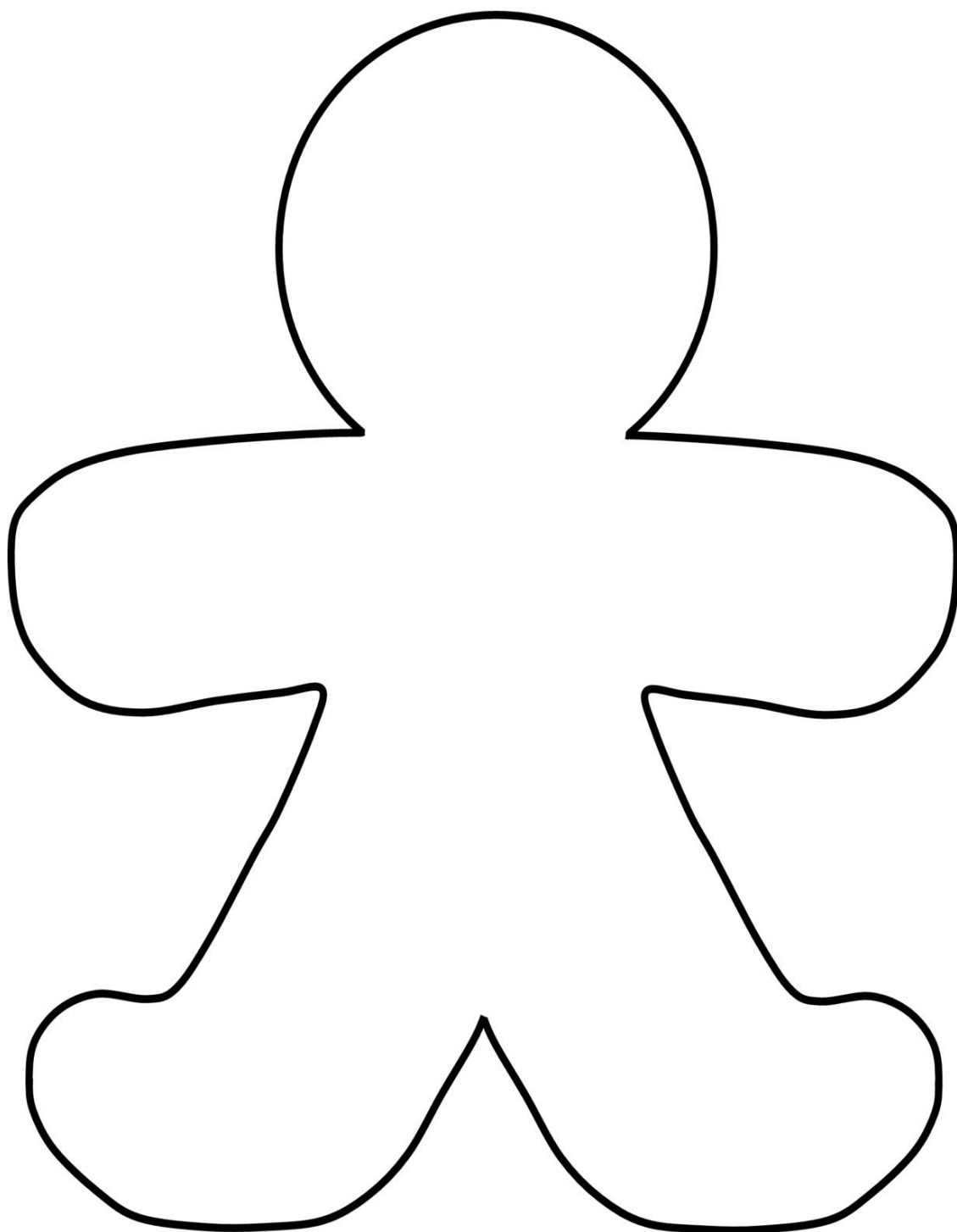
| 1. Introduction | Timings and notes |
|--|--|
| <ul style="list-style-type: none"> ○ Researcher to introduce self – if haven't done so already. <i>Thank you for speaking with me today so I can hear your views about [keyworker]. This will take about 20 minutes but we can stop at any time.</i> ○ Confidentiality: It's important that you know that I won't tell anyone else what you tell me – unless you tell me anything which suggests that you or someone else may be at risk of serious harm. Does that make sense? ○ Consent: We will be talking about your life and [keyworker] and how they have helped you. Are you happy to do that with me? <i>Reassure the young person that they don't have to answer anything if they don't want to, and they do not need to give a reason why. No right or wrong answers. Ensure signed consent from the parent has been provided to speak to the young person, and the young person has given their consent verbally.</i> ○ Ask permission to record if you feel it is appropriate - don't feel you should if the participant may not be comfortable. | <p>3 minutes</p> <p>Researchers will need to introduce themselves to the young person and fully explain the research process. Take care to check that participants understand fully what you are explaining to them.</p> <p>Obtain verbal consent and get permission to record.</p> |
| 2. Warm-up questions | |
| <p><i>I'd like to start with some questions about your life in general</i></p> <p>Could you tell me about your school/college?</p> <ul style="list-style-type: none"> ○ What do you like about it? ○ Is there anything you don't like about it? <p>What do you like to do outside of school?</p> <ul style="list-style-type: none"> ○ Any hobbies / interests? | <p>5 minutes</p> <p>This section is to build rapport with the children or young person.</p> |
| 3. Thoughts about their keyworker | |

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| <p><i>I now want to talk to you about [keyworker] and some of the things you've been doing with them – it doesn't matter if you can't remember everything, and there are no right or wrong answers.</i></p> <p>Can you remember when [keyworker] started visiting?</p> <ul style="list-style-type: none"> ○ What were your first impressions? Has this changed over time? ○ How would you describe them to a friend? <p>What do you think about [keyworker]?</p> <ul style="list-style-type: none"> ○ What are they good at? ○ Is there anything you think they could be better at? ○ Do you feel like [keyworker] listens to what you have to say? Do they act on what you say? ○ Do you feel you have a say in decisions made by [keyworker] and other people? | <p>5 minutes</p> <p>This sections explores how the young person relates to the keyworker and what they do together.</p> |
| 4. Activities undertaken with keyworker | |
| <p>What kinds of things do you do with [keyworker]?</p> <ul style="list-style-type: none"> ○ Is this with just you or with other people (family members, other organisations etc.) <p>Does [keyworker] provide you with support or help for anything?</p> <ul style="list-style-type: none"> ○ What do they give help with? ○ If no, who do you go to if you need help about anything? <p>Do you have any goals / projects set by [keyworker] for you to work towards?</p> <ul style="list-style-type: none"> ○ How are they helping you achieve this? <p>How often do you see them?</p> <ul style="list-style-type: none"> ○ Do they come to your house or do you go elsewhere with them? | <p>5 minutes</p> <p>This sections explores how the young person relates to the keyworker and what they do together.</p> |
| 5. Changes and future goals | |
| <p>What have things been like since your keyworker started visiting you and your family? Please think about things at home and at school.</p> <ul style="list-style-type: none"> ○ How is this different to before they started visiting you and your family? ○ How do you personally feel since [keyworker] started visiting? Have you noticed any changes from before they started visiting? <p>What do you want to happen in the future? Any changes to your home or school life?</p> <ul style="list-style-type: none"> ○ Would you like anything with [keyworker] to change? | <p>5 minutes</p> <p>This sections explores what has changed since the keyworker started visiting the family, and goals for the future</p> |

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| | |
| 6. Warm down and close | |
| <ul style="list-style-type: none"> Given all the things we've discussed, is there anything about [keyworker] that we haven't covered that you feel might be important? Thank participant and close interview. | <p>2 mins</p> <p>Close the interview and thank them for their time.</p> |

Gingerbread person exercise (aged 11 and under)

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| 1. Introduction | Timings and notes |
| <p>The child may be able to complete this exercise whilst you speak to the parent; however, some children will require assistance with this activity and you should be prepared to complete this as a separate interview.</p> <ul style="list-style-type: none"> Introduction as per above, but take care to ensure the young person understands what you would like them to do. Remind children that they can stop at any time. | <p>3 minutes</p> |
| 2. Gingerbread person | |
| <p><i>I would like you to think about [keyworker] who visits you and your family.</i></p> <p><i>Thinking about [keyworker], what do you like about her/him? I would like to write or draw your answers on this person outline. For example, are they a good listener? If they are, you could draw some big ears on the person.</i></p> <p><i>Now could you think about things you don't like as much about [keyworker] and add these to the outline?</i></p> <ul style="list-style-type: none"> <i>Is there anything that they could improve/make better?</i> <p>General probes:</p> <ul style="list-style-type: none"> Do they help you with anything? Are they friendly? Do they talk to you? Do they listen to you? | <p>10 minutes</p> <p>Aim of the exercise is for children to say what they do and do not like about their keyworker</p> |
| 3. Close and thank | |
| <ul style="list-style-type: none"> Is there anything else you would like to tell me about [keyworker] that you haven't drawn or written here? Thank participant and close interview. | <p>2 minutes</p> |



Keyworker discussion guide

Troubled Families Qualitative Research: Phase 2 wave 1 LA case study strand: discussion guide for keyworkers

Introduction:

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

Research scope and objectives:

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

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

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

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

Drawing on this content, the structure of the guide is as follows:

| Section | Content |
|---|--|
| 8. Introduction and warm-up (5 mins) | |
| 9. Practitioner's role (10 mins) | In this section we want to understand the context for practice: the nature of the service in which the worker is located and what type of support background they come from. This section also covers workforce development. |
| 10. Family overview and their entry onto the programme (10 mins) | In this section we explore how the context of case study family joining the programme, exploring what has worked well and less well with this family and whether the worker feels the family will be able to make progress on the programme. |
| 11. Support given by keyworker and multi-agency support (10 mins) | In this section we will explore engagement with the programme, goal setting, the challenges the family are facing and the support they are receiving. |
| 12. Monitoring progress and exiting the TF programme (10 mins) | In this section we will explore what progress the family have made so far and what the plans for step-down are. |
| 13. Impacts of the support and expectations for the future (10 minutes) | In this section we want to understand what impact TF support has made and what the keyworker hopes the family will achieve in the next few months. |
| 14. Summary questions, thank and close (5-10 mins) | In this section we will reflect on the keyworker's experiences and practice, summarise key ideas from the interview, and close the interview. |
| 3. Introduction and warm up | Timings and notes |
| <p>Explain purpose / aim of the study:</p> <p>Ipsos MORI is conducting elements of the national evaluation of the TF programme in which we are speaking to practitioners and families in local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.</p> <p>Explain confidentiality:</p> <p>All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals.</p> <p>Ask if they have any questions before starting interview.</p> <p>Ask for permission to record:</p> <p>This is so that we can review our discussion; we may also transcribe the interview. Three months after the project is completed the recording will be destroyed.</p> | 5 mins |

| 4. Practitioner's own role and background | |
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| <p>ASK ABOUT PRACTITIONER'S ROLE AND SERVICE, ADAPTING THESE QUESTIONS TO FIT THE LOCAL AREA/ MODEL.</p> <p>Can you tell me a little about your role and background? PROBE IN DETAIL</p> <ul style="list-style-type: none"> ○ How long have you been doing this kind of work? ○ What did you do previously? <p>Could you please give me a brief overview of the service you work in?</p> <ul style="list-style-type: none"> ○ How long has it been established? <p>What kind of training have you had for your current role?</p> <ul style="list-style-type: none"> ○ To what extent has this helped you? Do you feel sufficiently equipped yourself to be able to work with this family/other families? ○ If not, which areas do you need more training/support in? ○ Do you receive training on dealing with specialist issues, such as mental health? Can you describe this training? <p>How do families get referred to you, typically?</p> <ul style="list-style-type: none"> ○ What is the entry criteria? <p>WHERE RELEVANT: what distinguishes it from other family services under TF?</p> <p>How intensive is the service?</p> | <p>10 mins</p> <p><i>Aim: understand the context for practice, the nature of the service in which the worker is located and what type of support background they come from.</i></p> |
| 5. Family overview and their entry onto the programme | |
| <p>I'd now like to talk a little about the [NAME] family and how they came to be on the programme</p> <ul style="list-style-type: none"> ○ How long have you been working with them? ○ How did they come to be on the service? ○ What issues/challenges did they present with? <p>How easy or difficult was it to engage the family on the service and build confidence in working with them?</p> <ul style="list-style-type: none"> ○ How did you build your relationship with them? Can you give some examples? <p>What have been the key challenges in working with this family?</p> <ul style="list-style-type: none"> ○ How have you tried to overcome them? <p>The [local programme] is about working with every member of the family. How have you applied 'whole family working' with this family?</p> <ul style="list-style-type: none"> ○ Were there family members who were less willing to engage with you? <ul style="list-style-type: none"> ▪ What approaches have you used to engage them? | <p>10 mins</p> <p><i>Aim: understand how which challenges the family presented with; engagement onto the programme; and goal setting</i></p> |

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| <ul style="list-style-type: none"> ○ If you have not been supporting certain family members, why is this? ○ Have there been family members willing to engage with you, but not with other family members? <ul style="list-style-type: none"> ▪ How has this affected your work with the family? How have you tried to encourage ‘whole family working’? <p>How do you handle managing confidentiality around issues faced by the family?</p> <ul style="list-style-type: none"> ○ What’s the process if something happens where you have to break confidentiality? ○ How is data-sharing with other agencies handled? How do you keep track of what you are allowed to share with different agencies? ○ Do data-sharing constraints present any challenges for you? ○ Have you received any training on data management and confidentiality? ○ How are the levels of confidentiality communicated to the family? <p><u>Setting goals</u></p> <p>What goals have you set with the family and why?</p> <ul style="list-style-type: none"> ○ Why did you decide on those goals to tackle first? ○ Has there been a key problem so far that has led to others being solved? ○ Can you give me an example of a goal that the family are working towards and the plan that’s been implemented to achieve this goal? <p>How did you sequence the family’s problems and why?</p> <p>To what extent is getting into paid work a priority for this family?</p> <ul style="list-style-type: none"> ○ To what extent is this a priority from your perspective? <p>What challenges are there for you in supporting the family in meeting their goals?</p> <ul style="list-style-type: none"> ○ Are there any that you think will be harder to meet? <p>Thinking about your caseload overall, how typical is this family, and the problems or issues they have?</p> | |
| <p>6. Support given by keyworker and multi-agency support</p> | |
| <p><u>Keyworker support</u></p> <p>Can you give an overview of the support you have provided to the family?</p> <ul style="list-style-type: none"> ○ Which types of support have they been more/ less receptive too? ○ Is any of the support you offer grounded in evidence-based approaches? Can you give some examples of this? <ul style="list-style-type: none"> ▪ Are these approaches useful? Why? | <p>10 mins</p> <p><i>Aim: to understand the support the keyworker has given the family and how they have co-ordinated other</i></p> |

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| <ul style="list-style-type: none"> ○ To what extent do you use evidence-based approaches to inform your practice more broadly? <ul style="list-style-type: none"> ▪ Are you responsible for reviewing the evidence, or does someone else advise you on best practice? ▪ How is best practice determined? <p>What processes are in place to ensure the wellbeing and safety of the family during their time on the programme?</p> <p><u>Access and co-ordination of multi-agency support</u></p> <p>Which services/agencies, if any, have you co-ordinated around the family?</p> <ul style="list-style-type: none"> ○ Which of these agencies did you refer the family to? Why? <ul style="list-style-type: none"> ▪ What stopped families from being in touch with the agencies before? Was there a lack of awareness or unwillingness on the family’s part? Other reasons? ○ Are any agencies from the voluntary sector? <ul style="list-style-type: none"> ▪ How has this worked? <p>How do you communicate with these agencies about issues affecting the families?</p> <ul style="list-style-type: none"> ○ How well or otherwise does this communication work? Why? ○ How is data shared between agencies? <p>Are there any barriers to engaging other agencies to support this family? Can you describe them?</p> <ul style="list-style-type: none"> ○ Are these barriers and issues specific to this family, or do you experience them more generally? <p>What are the lines of accountability around a family for the different services involved? For example, what would happen if another agency did not deliver what was agreed – what would you do?</p> <p>WHERE APPLICABLE – do you think this family would recognise you as coordinating these services around them/ as a lead worker?</p> <ul style="list-style-type: none"> ○ To what extent is this important to them? | <p><i>support around the family</i></p> |
| <p>7. Monitoring progress and exiting the TF programme</p> | |

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| <p>Can you describe the family's current progress?</p> <ul style="list-style-type: none"> ○ What impact has the [local programme] had on the family so far? <p>How long do you think the family will be on the programme for?</p> <ul style="list-style-type: none"> ○ Is there a maximum amount of time that you are allowed to work with families? ○ If yes – will this time period be long enough for [family name] family? <p>What plans are in place for step-down for this family?</p> <p>Have you spoken to the family about step-down? Why/why not?</p> <ul style="list-style-type: none"> ○ IF HAVE DISCUSSED STEP-DOWN – how have you communicated step-down to the family? ○ OR, WHERE APPLICABLE – how did you approach step down with this family? <p>Will they have any follow up support after they've left the programme?</p> | <p>10 mins</p> <p><i>Aim: To understand what progress the family have made so far and what the plans for step-down are</i></p> |
| <p>8. Impacts of the support and expectations for the future</p> | |
| <p>What differences, if any, have you seen in the family since you started working with them?</p> <p>What have been the barriers, if any, to the family achieving their goals?</p> <p>What do you think the family will have achieved in 6-12 months' time?</p> <p>What issues or challenges does working with this family raise for your own practice?</p> <ul style="list-style-type: none"> ○ Is there any training or support which would be useful in helping this family? If so, will you be able access it? ○ How will you overcome the challenges raised by working with this family? | <p>10 mins</p> <p><i>Aim: To see what impact TF support has made and what they hope the family will achieve in the next few months.</i></p> |
| <p>9. Summary questions, thank and close</p> | |
| <p>What do you think the family circumstances will look like in a year's time?</p> <p>What do you think your own practice will look like in a year's time?</p> <p>Is there anything else you would like to mention?</p> <p>EXPLAIN NEXT STEPS:</p> | <p>5 mins</p> <p><i>Aim: collect summary views, look ahead to future of the service and close the interview</i></p> |

We will be reporting back to DCLG with our findings from across the case study areas. These will be anonymised and reported in aggregate, as mentioned at the start of the interview.

CHECK IF ANY QUESTIONS ABOUT THE RESEARCH

THANK PARTICIPANT AND CLOSE INTERVIEW

Stakeholder discussion guide

Troubled Families Qualitative Research: Phase 2 wave 1 LA case study strand: discussion guide for stakeholders

Introduction

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

Research scope and objectives:

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

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

The interviews will be conducted with the key stakeholders identified through initial calls with TFCs / strategic leads. The structure of the guide is as follows:

Advice to researchers:

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

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

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

| 10. Introduction and warm up | Timings /notes |
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| <p>Explain purpose / aim of the study: Ipsos MORI is conducting elements of the national evaluation of the Troubled Families Programme in which we are speaking to senior stakeholders, practitioners and families in local authorities to engage with a wide range of views and experiences. We would like to speak to you as part of this study.</p> <p>Explain confidentiality: All your responses will remain confidential and all reporting will be in the aggregate i.e. not identifying individuals. Ask if they have any questions before starting interview.</p> <p>Ask for permission to record: This is so that we can review our discussion; we may also transcribe the interview.</p> | 5 mins |
| 11. Stakeholder's role | |
| <p>Can you tell me a little about your role and background?</p> <ul style="list-style-type: none"> • How long have you been in this role? • What are your main responsibilities in your role? <p>Could you give me a brief overview of the service/ organisation/ department you work in?</p> <ul style="list-style-type: none"> • What are its main aims/ responsibilities? • How long has it been established? • Are you co-located with any other services? • What type of families are served by your team? What are their main characteristics? <p><u>TO DELIVERY PARTNERS:</u> How does your service/ organisation/ department work alongside / with the Troubled Families Programme (/ its local name)?</p> <p>How do families come to be involved with your service, typically?</p> <ul style="list-style-type: none"> • What is the entry criteria? • How are families identified/ referred? • What happens next in terms of engagement? • How intensive is the service? / How does the service vary depending on family needs? | <p>5 mins</p> <p><i>Aim: understand the main elements of the participant's role and the service in which they work</i></p> |
| 12. Service transformation: integrated working | |
| <p><u>Overview</u></p> <p>Who are the main partners that you work with to deliver the Troubled Families Programme? <i>By partners we mean all statutory and voluntary sector agencies which work with you on the delivery.</i></p> <ul style="list-style-type: none"> • How long have you worked with them? • How involved are each of these partners? | <p>15 mins</p> <p><i>Aim: understand how partnership working is managed in the area</i></p> |

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| <p>How have these partnerships developed over the course of the programme?</p> <ul style="list-style-type: none"> • What has helped to improve partnership working? • How do you manage demand between services (what is more/less effective)? • Do you co-locate any services? How effective is this? • <p>Are there any barriers to effective partnership working at the moment?</p> <ul style="list-style-type: none"> • What has worked well/less well? Can you give some examples? • What are the main challenges? How have you dealt with these? • To what extent do you feel that partnership working is based on individual or organisational relationships? • Are any partners currently missing from the picture in delivering Troubled Families? Which ones? What do you think is the reason for that? • How do you deal with these challenges? • What do you think are the implications for service delivery / what are the consequences for families? <p>What methods do you use to communicate between/ across the different partners?</p> <ul style="list-style-type: none"> • Any face to face approaches (e.g. meetings)? • Any virtual/ digital approaches? • What works well/ less well in terms of communication? • How important is communication to effective partnerships working? <p>(If not school stakeholder) What's your experience of working with schools?</p> <ul style="list-style-type: none"> • What has worked well/less well? Can you give some examples? • What are the main challenges? How have you dealt with these? • What are the differences in working with different types of schools? (e.g. primary vs secondary or maintained schools vs academies) <p>What's your experience of working with (other) health services?</p> <ul style="list-style-type: none"> • What are the main challenges? How have you dealt with these? • What has worked well/less well? • Are there differences between different types of health services (e.g. GPs vs CAMHS or adult mental health?) <p>Overall, what have been the main changes to partnership working that you would attribute to the Troubled Families Programme?</p> <p><u>Voluntary sector</u> (TO VCS PARTICIPANTS, AMEND QUESTION WORDING TO SUIT PARTICIPANT'S ROLE AS RELEVANT)</p> <p>Do you work with the voluntary and community sector (VCS) at all? In what ways? (For VCS participants – do you work with other VCS services? In what way?)</p> <ul style="list-style-type: none"> • Is the VCS (/your organisation) involved in delivering the core programme? How is that working from your perspective? • Does the VCS (/your organisation) receive any of the central Troubled Families funding? Or from the local authority? How do you feel about those arrangements? • Are they involved in the stepdown process for families? In what way? | |
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| <ul style="list-style-type: none"> • In what other ways is the VCS involved in the programme – can you give examples? <p>Do you think there is potential to increase the involvement of the voluntary sector in programme delivery?</p> <ul style="list-style-type: none"> • In what ways? • Are there plans to follow up on these ideas – or identify other areas of potential? <p>What is working well / less well in engaging voluntary sector organisations? (TO VCS PARTICIPANTS, ASK ABOUT CHALLENGES IN ENGAGING WITH TF PROGRAMME)</p> <ul style="list-style-type: none"> • How do you deal with any challenges? • Are there any plans for the future for more or less collaboration? <p><u>Jobcentre Plus and TFEAs</u> (TO JCP/ DWP PARTICIPANTS, TAILOR QUESTIONS TO SUIT PARTICIPANT'S ROLE AS RELEVANT)</p> <p>Can you describe how you work with Jobcentre Plus in general, I will ask about your work with TFEAs specifically later.</p> <ul style="list-style-type: none"> • How are they involved in delivery – can you give examples? • How would you describe your day-to-day working with JobCentre plus? <p>What has worked well/less well in working with Jobcentre Plus?</p> <p>And how do you work with TFEAs?</p> <ul style="list-style-type: none"> • What kinds of responsibilities do TFEAs / you have? • What would you say they / you bring to the programme, if anything, that other roles don't? Do you have an example? (Probe on developing outcome measures for Troubled Families Outcome Plans). • What has worked well/less well in working with TFEAs? • How well-timed is TFEA involvement with families? [Would you say employment advice is being offered by TFEAs to families too early or too late during their time on the programme?] Probe further: What makes you say that? How could timing be improved, if at all? <p>How effectively do TFEAs work with other teams delivering the Troubled Families Programme? (For TFEAs: How do you work with other teams delivering the Troubled Families Programme?)</p> <ul style="list-style-type: none"> • Can you describe what makes the difference in helping relationships work well – or what causes problems? • Do TFEAs / do you face any barriers in delivering elements of the service? • How do TFEAs / you work with keyworkers to deliver the programme? What do you see as the main benefits to it? Are there any ways in which you feel this collaboration could be improved? • What have they / you achieved most effectively in delivery on the programme? | |
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| <p>Overall, what main contribution have TFEAs / you made on the delivery of the Troubled Families programme?</p> <p><u>Children’s Services and YOS</u> (TO CHILDREN’S SERVICES PARTICIPANTS, TAILOR QUESTIONS TO SUIT PARTICIPANT’S ROLE AS RELEVANT)</p> <p>How is your programme positioned in relations to children’s social care and how do social workers work with keyworkers?</p> <p>How do the social work and TF keyworkers roles fit together? To what extent do these professionals collaborate?</p> <ul style="list-style-type: none"> • Do social workers act as lead workers for TF cases? <p>How has Troubled Families impacted on Children’s Services outcomes and delivery?</p> <ul style="list-style-type: none"> • What role does TF play in supporting your Children in Need cohort? • What role does your TF programme play in reducing demand on Children’s Social Care services? • Has the TF whole family approach had an impact on the way social workers address issues of Children In Need / Child Protection Plans? <p>How has Troubled Families impacted on Youth Offending Services outcomes and delivery?</p> | |
| <p>13. Service transformation: data sharing</p> | |
| <p>Thinking across all the organisations that you work with to deliver the programme, how do you use data sharing for identifying and monitoring families and verifying outcomes?</p> <ul style="list-style-type: none"> • What has your experience been around data sharing? What has worked well? To what extent has this improved partnership working? • How would you describe your role (/that of your organisation) in terms of data sharing across the programme? • What have been the main challenges to data sharing so far? What has worked less well? How do you deal with this? <p>How have you managed data sharing between different partners?</p> <ul style="list-style-type: none"> • How effective is data sharing with schools? What has worked well/less well? • How effective is data sharing with health services? What has worked well/less well? <p><i>Explore issues with other organisations mentioned above.</i></p> <p>Have you used outcomes evidence to change service delivery?</p> <ul style="list-style-type: none"> • How has this been done? • What impact has this had? Can you give me an example? <p>Do you feel that data sharing has helped improve performance in any way?</p> | <p>10 mins <i>Aim: understand how data sharing impacts service delivery</i></p> |

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| <ul style="list-style-type: none"> • How has this been done? What impact has this had? Can you give me an example? <p>Do you use cost-benefit analyses to inform decision-making around service delivery?</p> <ul style="list-style-type: none"> • How do you use these? What impact has this had? <p>What are your plans for developing data sharing in the future?</p> <ul style="list-style-type: none"> • What will you need to achieve this? • What do you think the main challenges to this will be? How do you think you will deal with these? <p>Overall, what impact, if any, the service transformation grant has had on data sharing?</p> | |
| <p>14. Service transformation: workforce development</p> | |
| <p>What is the overall approach to workforce development for the Troubled Families programme in your area?</p> <ul style="list-style-type: none"> • What training has been offered so far? Who is this for? How is it delivered? • Can you talk me through any induction materials, and the training programme for key/ leadworkers? Can you share any materials with me? • What impact has this training had on staff practice? <p>What have been the main challenges? What has worked well/less well?</p> <ul style="list-style-type: none"> • What training has made the biggest difference to the workforce, in your opinion? How, if at all, is this linked to the key objectives of the programme? • What do you think is missing from the training so far? • What are your aims for workforce development for the next year? <p>What training has there been for managers/ senior level staff on the programme?</p> <ul style="list-style-type: none"> • Who was this for, and how was it delivered? • Did it vary at all by different services or roles? <p>What kind of training do keyworkers and lead workers receive? How is this organised?</p> <ul style="list-style-type: none"> • How is it delivered? In person, online, by external or internal trainers? • Does the training differ between keyworkers and lead workers? How so? • Does it differ depending on their previous experience? In what ways? • Does it vary between different services? How so? <p>What kind of qualifications do key and lead workers tend to have? What are their background and experiences? Do you feel particular backgrounds or experiences are particularly valuable to whole family working?</p> <p>Do keyworkers and leadworkers receive training on dealing with specialist issues, such as mental health?</p> <ul style="list-style-type: none"> • Does this vary depending on their previous experience at all? • How confident do you feel keyworkers are in areas they have not been specifically trained on? | <p>10 mins <i>Aim: understand how management and impacts of workforce development</i></p> |

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| <p>What are the main challenges for keyworker training?</p> <ul style="list-style-type: none"> • How well do keyworkers engage with the training? Do you have any issues with attendance/participation? • Would you say training is evenly spread across all the services you work with? Are there any gaps? • Is there anything you feel is missing from the training so far? What training would you like to see in the future? Any issues providing this? | |
| <p>15. Service delivery: family support</p> | |
| <p><u>Overview</u></p> <p>How long do families typically receive support for?</p> <ul style="list-style-type: none"> • What usually happens in this time? • How are levels of support offered decided on? • How is wider support (e.g. CAMHS, courses) decided on? Who makes these decisions? • Is there any flexibility? <p><u>Specific problems/ issues</u></p> <p>Is support organised differently where adult and / or child mental health is an issue in the family?</p> <ul style="list-style-type: none"> • How is support coordinated between different services? How do keyworkers deal with issues such as mental health? How confident are they dealing with this issue? <p>IF RELEVANT TO STAKEHOLDER (i.e. IF THEY WORK IN A RELEVANT SERVICE)</p> <p>How much is conflict between parents an issue for families?</p> <ul style="list-style-type: none"> • What impact does this have on support? How is this handled? • Which services or types support have been most helpful for dealing with this? <p>To what extent is knife crime in young people an issue?</p> <ul style="list-style-type: none"> • Which services or types support have been most helpful for dealing with this? <p>Where families are struggling with debt, how is this approached?</p> <ul style="list-style-type: none"> • What works well/less well? <p><u>Moving into work</u></p> <p>How are issues of work and worklessness approached?</p> <ul style="list-style-type: none"> • At what stage in the intervention are these dealt with? How is this determined? Are there ever disagreements between different professionals involved? • What role do TFEAs play in this? How confident do keyworkers feel about this issue? | <p>10 mins</p> <p><i>PLEASE NOTE THAT SOME OF THE ISSUES COVERED IN THIS SECTION MAY HAVE BEEN COVERED IN EARLIER DISCUSSIONS.</i></p> <p><i>Aim: understand impact of programme on families</i></p> |

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| <ul style="list-style-type: none"> • What role does the voluntary sector play in helping with this? Do any voluntary organisations help with training/volunteering/preparation for work? <p>What are the main challenges to getting parents or older young people into work?</p> <ul style="list-style-type: none"> • How are these dealt with? • What has been most/least effective in helping families get ready for work? And move into work? • What is being done to avoid young people finishing their GCSEs becoming NEET (Not in Education, Employment or Training?) • Is there any work being done around improving employment circumstances for those already in work? <p><u>Stepdown and exiting the programme</u></p> <p>What happens when families come to the end of the programme? How is stepdown handled?</p> <ul style="list-style-type: none"> • At what stage do keyworkers start preparing families for ending support? • What services are involved in the stepdown process? How is support coordinated between them? • What role does the voluntary sector play in this? <p>To what extent does support continue after families have come off the programme?</p> <ul style="list-style-type: none"> • Can families still contact their keyworker after they come off the programme? <p>How sustainable is families' progress once they come off the programme?</p> <ul style="list-style-type: none"> • Do you monitor families after their case has been closed? In what ways? • In what ways does the programme help them deal with challenges themselves after support has ended? Are there any issues with this? <p>How well do you feel the stepdown process is working?</p> <ul style="list-style-type: none"> • What are the main challenges? • How do you think it could be improved? | |
| <p>16. Keyworker practice</p> | |
| <p>How does the single keyworker model work in your area?</p> <ul style="list-style-type: none"> • How do keyworkers work with your/ other service (s)? And with other partner agencies? • To what extent do they lead service delivery between different partners? • What works well/less well? <p>Do lead workers differ from keyworkers? How?</p> <ul style="list-style-type: none"> • What are the benefits and challenges of this? • How confident are lead workers in delivering the TF model? • Do differences in experience and skills affect how they work with families? | <p>10 mins <i>Aim: understand effectiveness of different keyworker approaches</i></p> |

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| <ul style="list-style-type: none"> • How does this vary? What are the benefits and challenges of this? <p>To what extent do keyworkers and other support workers draw on evidence-based practice?</p> <ul style="list-style-type: none"> • Can you give examples? <p>How do they monitor and record family progress? Is this the same across different partner agencies?</p> <ul style="list-style-type: none"> • How does this information feed into outcome claims? • How confident are they in using these systems? • What is the impact of evidence-based practice on service delivery? <p>Overall, how well do you see the keyworker model working?</p> <ul style="list-style-type: none"> • How has the keyworker role developed since the start of the programme? • What are the main challenges of keyworker working? How do you deal with these? | |
| <p>17. Service transformation: leadership, values and strategic direction</p> | |
| <p>Considering all the things we have discussed today, what are the biggest challenges facing your Troubled Families programme if it is to deliver on its objectives?</p> <p>And what are its biggest achievements to date?</p> <p>Thinking back over all aspects of service transformation and how services have developed during the programme, what role have senior managers and leaders played?</p> <ul style="list-style-type: none"> • What impact has leadership had on the different agencies and partnership working? • What qualities and skills would you say make a good leader in your agency? And what qualities and skills make a good TFC? <p>To what extent do strategic partners share the values of the programme?</p> <ul style="list-style-type: none"> • How do they demonstrate this? <p>To what extent are senior leadership in your local authority and children’s services supportive of the objectives of the Troubled Families programme?</p> <ul style="list-style-type: none"> • How do they demonstrate this? • Is there anything more they could be doing to help? <p>What do you feel would sustain partnership working beyond the Troubled Families Programme?</p> | <p>5 mins</p> <p><i>Aim: understand how effective leadership can be systematised</i></p> |
| <p>18. Looking ahead and final thoughts</p> | |
| <p>What do you think have been the main impacts of the programme in your LA?</p> | <p>5 mins</p> |

| | |
|--|---|
| <ul style="list-style-type: none"> • For families? • In terms of service transformation? • Do you think these impacts and the new ways of working will continue after funding for the programme ends? <p>What do you think will happen to the way services are delivered after 2020?</p> <ul style="list-style-type: none"> • How well prepared do you think the different agencies are for funding to end in 2020? • What are your hopes for the legacy of the programme? <p><u>Closing interview</u> Is there anything else you would like to mention?</p> <p>EXPLAIN NEXT STEPS: We will be reporting back to DCLG with our findings from across the case study areas. These will be anonymised and reported in aggregate, as mentioned at the start of the interview. We will want to speak to stakeholders again this time next year – would you be happy for us to contact you again regarding this?</p> <p>CHECK IF ANY QUESTIONS ABOUT THE RESEARCH **THANK PARTICIPANT AND CLOSE INTERVIEW**</p> | <p><i>Aim: collect summary views, look ahead to future of the service and close the interview</i></p> |
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App diary guidance

DCLG Troubled Families Qualitative Research: Keyworker strand Qualitative app diaries design

This note outlines our approach to conducting the qualitative app diaries with frontline professionals (keyworkers, lead workers and TFEAs), following completion of the week-long online forums.

About the app diaries

Participants would download Ipsos Mobile and use the app to tell us more about their role and experiences of the Troubled Families programme. The questions would be chosen to build up a 'portrait' of their working week. We would arrange a short call to explain how to use the app, and then participants would answer questions over a five-day period.

Participants are asked open-ended questions and can answer with text or photos. All diaries are private between the participant and the research team; they would not be able to view other participants' responses. This approach is much less invasive and presents a far lighter burden on participants than ethnography (particularly busy professionals).

Suggested design

We recommend conducting 8-10 app diaries, though this is dependent upon response from participants. We suggest running diaries with: keyworkers (three – with at least one from the VCS); lead workers (three); and TFEAs (three), from a range of local authorities.

Questions

These questions will help to build up a picture of participants' working week, but that also enable them to draw on other examples to illustrate what they are saying. Learning from the online forums, we would recommend **limiting the number of questions** we ask participants, to ensure that we get a good response. We would suggest asking participants no more than one question per day, but the questions would still be 'active' throughout the fieldwork window, meaning that participants could go back to earlier questions at any time.

| | Main question |
|------------------|---|
| Monday | <u>Your role</u> : What has happened today that has made you happy? What has been challenging today? |
| Tuesday | <u>Whole family working</u> : How have you put whole family working into practice today? |
| Wednesday | <u>Advice and support</u> : What advice have you sought today, either to help you with your job, or to help support a family? |
| Thursday | <u>Training</u> : Have you done any formal or informal training this week? Do you have any on the horizon? Do you feel there is anything in particular that you would like training on? |
| Friday | <u>Collaboration</u> : Who have you worked with this week? And at which stages have you worked with them (referral, delivery, step-down)? What makes a good working relationship? |

We will also ask participants to provide a **daily round-up** at the end of each day: summarising what they've done, to help us build up what a 'typical' week might look like.

We will also ask participants whether they would be happy to share photographs of family plans on the app. DCLG have confirmed that this would be ok, so long as names/addresses are covered in the photo.

Online forum guidance

Troubled Families Qualitative Research: Phase 2 wave 1 Keyworker strand: discussion guide for keyworkers and leadworkers

Introduction:

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

Research scope and objectives:

The aim of the digital element with frontline staff is to better understand how the programme is working in practice, how it is received by families, and to share examples of best practice. The keyworker strand is a new addition for this Phase, intended to deliver detailed information on the role, experience and practice of the diverse keyworkers delivering the Troubled Families services.

These interviews aim to elicit more detail on **how keyworkers and leadworkers work with families**, including information on specific activities, support and interventions. We also want to explore **what resources they draw on to deliver the programme**, the **training** they receive to support them in their role, and how confident they feel in areas where they have not received specific training. The forums will also explore **keyworkers' own reflections on service transformation**, working with the voluntary sector, and effective data sharing.

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

- f. Using a range of open and innovative approaches to reach families, and planning for positive outcomes using SMART, whole family approach
- g. Engaging a range of appropriate services and delivering a co-ordinated multi-agency approach (so families are only telling their story once)
- h. Delivering tailored, proactive and empowering family support
- i. Recording and reviewing progress, and providing a planned, appropriate exit strategy
- j. Developing and maintaining safe, ethical, effective and competent professional practice

Troubled Families Qualitative Research: Phase 2 wave 1

Keyworker strand: discussion guide for keyworkers and leadworkers

The table below outlines the content of the discussions for the online forums with keyworkers and leadworkers. In practice, each forum will be based on an overarching theme, and each forum contains several topics where specific ideas will be discussed. In the below example, the forum's theme was 'space' in the context of the home, and the individual topics within the forum focused on specific ideas: how much space people need in the home; why space is important; etc.



The table below has three columns; the first includes a description of the text that participants will see when they click on an individual forum. The second column includes prompts which Ipsos MORI moderators can use if key areas are not being covered spontaneously by participants. The third column is for any additional comments or rationale for the approach.

| Questionnaire: 'More about you' | Prompts | Comments/rationale |
|--|------------|--|
| <p>Hello and welcome to the Troubled Families Forum. We hope you're looking forward to taking part in conversations with fellow professionals, and sharing your experiences of the Troubled Families Programme.</p> <p>Just before you do, we'd appreciate it if you could fill out this quick survey, telling us a little bit more about you. It should take no more than five minutes to complete, and will help us to understand more about the experience and professional background of participants on the Forum.</p> <p>If you have any questions about the Troubled Families Forum, or on how to answer this survey, then please email one of the Ipsos MORI researchers at TFforum@ipsos-mori.com and we'll be happy to help.</p> <p style="text-align: center;">[NEXT PAGE]</p> <p>The following questions ask a bit more about you. This survey is entirely voluntary and anything you submit here is completely confidential: only the Ipsos MORI researchers will see your answers – other participants and DCLG cannot see your answers.</p> <p>The questions start below.</p> <p style="text-align: center;">[NEXT PAGE]</p> <p>First of all, I'd like to find out a bit about your experience in the sector to date.</p> <p>1. In total, how much experience do you have working with families and delivering in the Troubled Families (or similar) way of working?</p> <ol style="list-style-type: none"> a. Less than six months b. More than six months to one year c. More than one year to two years d. More than two years to five years e. More than five years to ten years | <p>N/A</p> | <p><i>We typically have this as the first activity in all of our online forums, and its purpose is two-fold:</i></p> <ol style="list-style-type: none"> <i>1. To act as a warm-up exercise, getting participants used to the community</i> <i>2. To gather useful contextual information not collected at recruitment</i> <p><i>This would be a very short questionnaire to gather more information about participants' backgrounds. This context will inform how we engage with participants during discussions, and also support our analysis of</i></p> |

f. More than ten years

2. Immediately before starting in your current role, were you working in a similar role?

- a. Yes
- b. No

3. [ASK IF Q2=b] What were you doing before starting your current job? Please try to describe your previous role in 50 words or less.

- a. FREE TEXT RESPONSE

[NEXT PAGE]

Now, I'd like to find out more about what you currently do.

4. How long has the service you work in been established?

- a. Less than six months
- b. More than six months to one year
- c. More than one year to two years
- d. More than two years to five years
- e. More than five years to ten years
- f. More than ten years
- g. Don't know

5. Could you briefly describe to me how families are typically referred to working with you? Please try to describe this process in 50 words or less.

- a. FREE TEXT RESPONSE

[NEXT PAGE]

Thank you very much for completing this initial questionnaire. Please feel free to explore more of the site and take part in the forums with your fellow members. We're really looking forward to getting started, and hope you are too.

the data. Please bear in mind that we will collect information about the exact nature of their role at recruitment (e.g. whether they are employed by the local authority or an independent delivery partner)

This question is for context – will help us get a picture of the participant, although we can also message them separately for more information

| Forum 1: Your thoughts on the Troubled Families Programme | Prompts | Comments/rationale |
|--|---|---|
| <p><u>Description for participants</u></p> <p>To get started, we'd like you to share your thoughts on the Troubled Families approach in general – before we get on to some specific issues in the next few discussions. I'd just like to remind you that there are no right or wrong answers, and we're really interested in hearing what you think and your experiences.</p> <p>Please note that all information you share will be kept confidential</p> <p>However, to protect the identities of the people that you work with, please still ensure that if you are providing real life examples you do not share any names of the families involved/ names of your colleagues.</p> | | |
| <p><u>Topic 1: Your role</u></p> <p>In this thread, please share your thoughts on your role. This forum is a place to talk generally about what you like and dislike about your role, and to share your experiences with people working in a similar role to you. Please remember to respect other people's views.</p> <p>To start with, would you be able to introduce yourself and let us know a bit about the following:</p> <ul style="list-style-type: none"> • What do you particularly enjoy about your job? And what is the hardest part of your job? • Please feel free to provide examples where you can, and where you feel comfortable to share (keeping in mind client confidentiality). | <p>Q: Are you able to provide any 1-1 support to these children or is it more specialist support that is required? Do they get support in schools, or are these children more likely to be out of school?</p> | <p><i>This section is to gain useful context, and warms up participants</i></p> |
| <p><u>Topic 2: Whole family working</u></p> <p>In this thread, I'd like you to discuss your thoughts on whole family working.</p> <ul style="list-style-type: none"> • What does whole family working mean for you in your practice – and would you say you are doing it? (Please try to illustrate this with an example) • What is particularly good about whole family working? And what are the drawbacks to whole family working? • Are there any barriers to whole family working? What would help you overcome these? • Do you have any experience of working in a different way, that you would be happy to share? | <p>Q: How does whole family working change when there is domestic abuse? Does this change how family plans are made at all?</p> | <p><i>This section explores views and practice in relation to whole family working. Ask for anonymised examples where possible.</i></p> |

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| <p><u>Topic 3: The single keyworker model</u></p> <p>Please share your thoughts about having a single keyworker as part of the Troubled Families Programme. In particular, we'd like to understand:</p> <ul style="list-style-type: none"> • What you think works well with this model and what you think the challenges are? <p>Please share any examples (not using names).</p> <ul style="list-style-type: none"> • How do you think this approach works alongside that of social care and social workers? | <p>Q: Are there any particular agencies that you struggle to engage? Have you seen any improvements in a particular agency over the last few years? If so, what do you think has driven this improvement in your local area?</p> <p>Few comments on risk that families become to reliant</p> <p>Q: How do you mitigate this risk? How important is it that families feel more confident to access services once their case is closed?</p> | |
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| Forum 2: Working with families | Prompts | Comments/rationale |
|---|---|--|
| <p><u>Description for participants</u></p> <p>We've got four topics here to discuss how you work with families. We'll be discussing how you first begin working with families, how you identify and overcome specific problems, how you help families to move into work, and how you handle the process of stepping-down. In all of these forums, we'd like you to be as honest as you can, and to provide examples where possible. Remember, there are no right or wrong answers, and we're really interested in hearing what you think and your experiences.</p> | | |
| <p><u>Topic 1: Starting out with families</u></p> <p>In this thread, we would like to hear about your experiences of engaging with families – and how you work with them when you first meet them. In particular, please think about:</p> <ul style="list-style-type: none"> • What are families' first reactions to working with you? And how do you approach goal setting, do you always do this? When is it difficult to set goals? • What are the most important things to do when you start working with families? • How do you choose which issues to tackle first with families? | <ul style="list-style-type: none"> • <i>Are any individuals (in the family) typically harder to engage than others?</i> • <i>What works best when agreeing goals with families?</i> • <i>Can you please provide some examples of successful and less successful ways in which families have (or have not) achieved their goals, or worked towards these?</i> | <p><i>These topics will seek to understand how the core TF intervention works, and the impact it is having on families.</i></p> <p><i>The topics will aim to uncover what drives keyworkers and what matters to them in working with families.</i></p> |
| <p><u>Topic 2: Identifying and overcoming specific family problems</u></p> <p>In this thread, we're going to be covering how you handle some particular problems that families may have. It would be great to understand how you handle different situations, and the impact of different problems on the families that you work with.</p> <p>In particular, we'd like to discuss:</p> <ul style="list-style-type: none"> • What are the underlying issues facing families? • Please let us know if any key issues such as mental health or domestic abuse change the way that you deliver the programme. • What are the key issues that help / hinder you working through debt issues with families? | <ul style="list-style-type: none"> • <i>How are these issues addressed?</i> • <i>Are there consistent underlying issues facing families, or do these vary from family to family?</i> • <i>Are some problems harder to address than others?</i> | |

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| <ul style="list-style-type: none"> • Could you and anyone else tell us more about the work and any outcomes resulting from your work to support children classed as Children In Need or on a Child Protection Plan? • Are there key problems which lead to others being solved (e.g. getting a morning routine helping school attendance but also mental health)? • What is the impact of poorly resolved conflict between parents – and the availability (and impact) of any related interventions? • Are you aware of any members of the families you work with carrying a knife? How prevalent would you say this is? | | |
| <p><u>Topic 3: Helping families move into work</u></p> <p>In this thread, we'd like to understand more about how you approach helping families get into work. In particular, please think about:</p> <ul style="list-style-type: none"> • What are the challenges for you to help get families into work, on a course or volunteering? What has worked well? What has worked less well? • Any specific interventions? | <ul style="list-style-type: none"> • <i>How do you record/review progress with families?</i> | |
| <p><u>Topic 4: Stepping families down / links to voluntary sector</u></p> <p>In this final thread on working with families, we'd like to understand more about stepping-down.</p> <ul style="list-style-type: none"> • How do you typically approach the step-down with families? When does the process start? Could the step-down process be improved? • Who/ which services do you step the families down to? • How have the families you've worked with changed over the course of your relationship? • Do you feel the programme has made a difference? How? • How do you feel about the support options in the voluntary sector to help step-down? • What are the challenges of linking families to voluntary sector organisations? • What has been working well? | <ul style="list-style-type: none"> • <i>How sustainable do they think the intervention is, in their experience?</i> • <i>Could anything be done to improve sustainability?</i> • <i>How resilient are families as a result of the programme?</i> • <i>What is stopping families from engaging with voluntary sector organisations?</i> | |

| Forum 3: Supporting you to do your role | Prompts | Comments /rationale |
|---|--|---------------------|
| <p><u>Description for participants</u></p> <p>We've got two topics here to discuss the support you have access to help you do your role. We'll be discussing the resources you draw upon, your previous experience (in life and in work), and any training you receive, or that you would like to receive in the future. In all of these forums, we'd like you to be as honest as you can, and to provide examples where possible. Remember, there are no right or wrong answers, and we're really interested in hearing what you think and your experiences.</p> | | |
| <p><u>Topic 1: Resources and experience</u></p> <ul style="list-style-type: none"> • Did you have previous experience that has helped you in your current role? • What were the main challenges when you first started? • If there's something you're not sure how best to handle, where do you go to for support? • How much do you use evidence-based practice? If at all? | <ul style="list-style-type: none"> • <i>What resources do they use? E.g. information online, offline, consulting colleagues</i> • <i>Probe on the experience that they draw on – is this personal or professional experience? Seek examples where appropriate</i> • <i>Is evidence-based practice something promoted by local authorities or practice leads?</i> • <i>What helps you to develop safe, ethical and competent professional practice?</i> | |

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| <p><u>Topic 2: Training and support</u></p> <p>Building on what we've just spoken about, I'd like to understand more about the training you've received to do your role, and your thoughts on this.</p> <ul style="list-style-type: none"> • What training have you received that has been particularly helpful? Why was it so helpful? • How confident do you feel handling areas that you've not been specifically trained in? • And how confident do you feel in using the tools you learn in the training, in practice? • How do you feel about the supervision you are receiving? • Have you received CAMHS or adult mental health training? How helpful was it? How do you feel about the timing of this training? • Is there any other training / support you would like to receive? | <ul style="list-style-type: none"> • Does the training differ depending on your previous experience? • What are the challenges with implementing training in practice? • What support do you need right now? • What support do you think you will need in 3 months' time? • What would you like to learn? <p><u>Probe on training received and consult Forum 2, Topic 2 for mention of the following issues:</u></p> <ul style="list-style-type: none"> • Parental conflict • Debt management • Worklessness <ul style="list-style-type: none"> ○ Have they received this training? ○ How useful was it? ○ Would this be helpful to have? | |
| <p>Forum 4: Integrated working and collaboration</p> | <p>Prompts</p> | <p>Comments/rationale</p> |
| <p><u>Description for participants</u></p> <p>We've got three topics here to discuss your thoughts on integrated working and collaboration. We'll be discussing how well you think service transformation and collaboration are working in practice, and asking you to share any examples of new ways of working that you think are working particularly well. In all of these forums, we'd like you to be as honest as you can, and to provide examples where possible. Remember, there are no right or wrong answers, and we're really interested in hearing what you think and your experiences.</p> | | |
| <p><u>Topic 1: Service transformation</u></p> <p>In this thread, I'd like you to think about how multi-agency working is being implemented and share your thoughts on how well this is working at the moment. In particular, please think about:</p> <ul style="list-style-type: none"> • How well do you think services across your local authority are working together? (e.g schools, police, GPs, CAMHS, etc.) | <ul style="list-style-type: none"> • What in particular is working well between different services? • How could the relationship between | |

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| <p>KEYWORKER FORUMS ONLY: Everyone in this forum is a dedicated family support worker (sometimes called a "keyworker"). However, we are also interested in learning more about frontline staff primarily concerned with the welfare of individuals within the family (sometimes called "lead workers").</p> <p><i>Lead workers might be employed by delivery partners (e.g. local police force, local health service/Clinical Commissioning Group) and are commissioned by the local authority to support families with specific issues (crime or violence, health, education, substance misuse, etc).</i></p> <ul style="list-style-type: none"> • How much interaction do you have with frontline staff with this remit (sometimes called "lead workers")? How well would you say that you work together? • How effectively do these staff deliver whole family working? • Are there any barriers to them doing so? And what might make it easier for them? <p>LEADWORKER FORUMS ONLY: Everyone in this forum is primarily concerned with the welfare of individuals within the family. You all tend to be employed by delivery partners (e.g. local police force, local health service/Clinical Commissioning Group) and are commissioned by the local authority to support families with specific issues (crime or violence, health, education, substance misuse, etc.).</p> <p>We are also interested in learning more about frontline staff who undertake more hands-on family support work (sometimes called "keyworkers"), such as supporting families in doing day-to-day tasks such as getting children ready for school.</p> <ul style="list-style-type: none"> • How much interaction do you have with frontline staff with this remit (sometimes called "keyworkers")? • What are your thoughts on the role of staff with this remit, and how you work together to support families? | <p><i>different services be improved?</i></p> <ul style="list-style-type: none"> • <i>What can LA-based frontline staff and agency-based frontline staff learn from each other? Are there any differences in terms of way of working?</i> • <i>Probe on keyworkers/leadworkers working together – what works well and what are the challenges?</i> <p>If discussions suggest there is little/no distinction between the keyworker/leadworker roles:</p> <ul style="list-style-type: none"> • <i>Are there <u>any</u> differences you can think of, no matter how small?</i> • <i>Are you aware of whether these roles are different in other areas?</i> | |
| <p><u>Topic 2: Collaboration</u></p> <p>In this thread, I'd like you to share your views on collaboration between services. In particular, please think about:</p> | <ul style="list-style-type: none"> • <i>How do you engage a range of appropriate services, so that</i> | |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Are there any services that are particularly difficult to work with? • What has worked well in overcoming any barriers? • What is your relationship with social workers and social services (e.g. on CiN / CPP issues)? • What is your relationship/interaction with voluntary and community-based organisations like? • What is working well? What is working less well? | <p><i>families are only telling their story once?</i></p> | |
| <p><u>Topic 3: Innovation</u></p> <p>Finally, please use this thread to discuss any examples of innovative or new ways of working, that you feel have been working well, or that have been tried and shown not to work well.</p> | <ul style="list-style-type: none"> • <i>What are the barriers you face towards using innovative approaches?</i> • <i>What enables you to develop innovative approaches for families?</i> | |
| <p><u>Topic 4: Final thoughts</u></p> <p>In this final section we'd like to ask you to think about everything discussed so far (<i>the Troubled families programme, working with families, the support you receive, and integrated working</i>) and think about the key things that you have learnt.</p> <ul style="list-style-type: none"> • What has most surprised you about what you have heard in this forum? • Will you do anything differently as a result? • What do you think the Troubled Families programme is doing best at the moment? • What do you think are the key things that could be changed to improve the Troubled Families programme from the frontline perspective? • What are the key learnings/ things that are most useful for you? | | |

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About Ipsos MORI's Social Research Institute

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