



**NATIONAL
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Evaluation of the Big Lottery Fund Improving Futures Programme

Technical Report



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Introduction

This technical report features the annexes to the Improving Futures End of Year 4 Evaluation Report.

The Improving Futures programme was launched by the Big Lottery Fund ('the Fund') in March 2011. The programme provided funding to 26 pilot projects across the UK, to test different approaches to improve outcomes for children living in families with multiple and complex needs. The programme was originally £26m, though the Fund extended the programme in March 2015, bringing the total value of the programme to £30.5m and providing each project with a total average grant of £1.07m¹. The programme had three aims:

- Aim 1: New approaches to local delivery that demonstrate replicable models which lead to more effective, tailored and joined-up support to families with multiple and complex needs
- Aim 2: Improved outcomes for children in families with multiple and complex needs
- Aim 3: Improved learning and sharing of best practice between public services and voluntary, community and social enterprise organisations (VCSEs)

In October 2011, the Fund awarded an evaluation and learning contract to a consortium led by Ecorys UK with Ipsos MORI, Professor Kate Morris and Family Lives. The evaluation was funded over a six-year period with the aim of providing a robust and independent evaluation of the effectiveness and impact of the programme, alongside continuous learning and dissemination activities.

The annexes in this report are as follows:

- Annex I: Data Sources and Limitations
- Annex II: Full Indicator Set for the Improving Futures Monitoring Information System (IFMIS)
- Annex III: Comparison of Families With and Without Exit Data in IFMIS
- Annex IV: Methodology for Creating Composite Indicators
- Annex V: Improving Futures Survey of Beneficiaries: Methodological Note
- Annex VI: Distance Travelled Analysis with IFMIS Data
- Annex VII: Long-Term Distance Travelled and Sustained Outcomes
- Annex VIII: Survey Descriptive Tables
- Annex IX: IFMIS Regression Results
- Annex X: Case Studies: Method and Timing
- Annex XI: Stakeholder Survey Method
- Annex XII: Data Collected Per Project (Survey, IFMIS and Case Studies)
- Annex XIII: Summary of Improving Futures Projects

¹ Exact figure £1,065,839.92.

Annex I – Data Sources and Limitations

1.1 IFMIS data and short-term outcomes

IFMIS was a monitoring system that was developed specifically for the Improving Futures evaluation. It recorded the characteristics of families alongside a set of risk factors and strengths present. To track families' progress, project case workers logged information on risks and strengths of adults, children and the family as a whole at different points throughout families' project participation, including at the baseline and exit stage. Information was recorded against a total of 140 risks and strengths factors. Risks related for example to children's behavioural problems, parenting difficulties or family worklessness, while strengths related to aspects such as participation in positive out-of-school activities, positive home-school links or established family routines. The full set of indicators can be found in Annex II below.

The IFMIS data used for the analysis in the End of Year 4 Report was extracted on the 23rd January 2017. It included data on 3,685 families for which entry and exit data was available. Entry data was not available for all families because IFMIS was not suitable for all families supported (for example, some projects provided light-touch school-based support to children only and did not collect the level of information necessary to input into IFMIS). Exit data was not available for all families because either the family was still receiving support when the evaluation ended, or they disengaged from the support and the project was unable to collect exit data.

The analysis of characteristics of families and outcomes achieved during the programme was based on these families. No data on families which dropped out of the programme or those who had not yet finalised their participation was included in the analysis.

When interpreting the results, it is important to keep in mind that:

- All IFMIS data was based on the professional judgement of the project case workers, including the prevalence of risks and strengths present in a given family, child or adult. The data therefore inevitably carries some risk of bias. However, all risk and strength indicators corresponded with the assessment tools and frameworks adopted by the individual projects for their work with families.
- The analysis was based on a sample of 3,685 families for whom entry and exit data was available at the time of writing. While these families were broadly similar to the overall set of families who were signed-up to the Improving Futures programme, some differences remained. Results may be biased, as these families may not be representative of all Improving Futures families. For example, this could be the case if all families for whom no exit data was available had dropped out of the programme because they did not experience an improvement in their situation (such information is not available). Any results would then be biased upwards, i.e. show more positive results than actually experienced by the full population of Improving Futures families. A comparison of families included in this analysis and the full cohort of families can be found in Annex III.
- When interpreting the quantitative data, one must be clear that what is reported is the 'distance-travelled' of families, which should not be confused with the 'impact' of the programme. While the evidence suggested that many families experienced improved outcomes during the period in which they were supported by an Improving Futures project, one cannot infer that these changes were due to the interventions received and may have been due to other factors such as changes in context.

- In order to make the large set of risks and strengths factors usable for regression analysis and investigate how family background characteristics were related to outcome changes, we created composite indicators for adult, child and family strengths and risks; these indicators summarised the outcome changes experienced by adults, children and families. For example, the composite indicator on adult risk summarised the prevalence of all risks experienced by adults into one single indicator. Two different methods of creating the indicator were applied to check the robustness of these indicators. We only displayed results which were robustly found using both methods. Further, we only indicated the existence of an effect (positive or negative); we have not made reference to any size of the effect as these may differ between methods. It must be noted that the actual effect of specific background variables on outcomes was small in many cases. The method for creating these indicators is described in more detail in Annex IV.

In summary, the IFMIS data provided a rich data-set on strengths and risks present in the supported children, adults and families. It recorded a wide range of softer and harder outcomes and provided important insights on the distance-travelled of families across these indicators.

1.2 Panel survey data and longer term outcomes

The panel survey of Improving Futures families contained data on families' characteristics and outcomes, satisfaction with the programme and self-reported distance travelled during participation. Data was collected at baseline and at two different follow-up points; +12/+18 months and +24 months. 386 families were interviewed at baseline and 156 families were re-interviewed at the +24 month follow-up point. This included 51 families who were not part of the initial cohort of families interviewed. Different modes of data collection were employed and participants were surveyed in two 'cohorts'. A detailed description of the methodology can be found in Annex V.

As above, a number of limitations should be kept in mind when interpreting the results from the panel survey:

- The interviewed families were initially identified by the Improving Futures projects. While clear instructions were provided to all projects as to how to identify eligible families, it is likely that not all eligible beneficiaries were contacted. In addition, the risk of selective sampling (i.e. projects selecting beneficiaries whom they thought more likely to have had a positive experience) cannot be entirely discounted. This might introduce a bias into the analysis.
- While response rates can be considered relatively good for a study of this nature, significant levels of non-response were experienced at each survey stage. Due to the lack of sufficient information about the population (or about the likely factors affecting non-response), data have not been weighted. This means that data should not be considered representative of all Improving Futures beneficiaries.
- Some data collected through the survey was based on self-reporting 24 months after having been in first contact with Improving Futures. As with all self-reported outcomes it should be kept in mind that the outcomes experienced were subjective assessments of the survey respondent, rather than objectively verifiable.

Keeping in mind these caveats, the survey provided important insights into the perceived outcome improvements of families 24 months after they first joined the intervention and the extent to which families attributed these improvements to their participation in Improving Futures. It also helped to identify on-going support needs and receipt of services. However, the findings should be read with some caution, as the limitations above mean there is likely to be an element of bias in the data.

1.3 Qualitative research with families

It is likely that the findings from the qualitative research with families overstated the changes in families' circumstances brought on by their involvement in Improving Futures. This was due to a number of factors:

- **Selection bias:** By the very nature of research with beneficiaries we were only able to interview families who had fully engaged with the projects. As projects supported the evaluation in recruiting families to participate, it was also possible that projects targeted the recruitment at families who had had a more favourable experience of their support. Families who disengaged with the support or who had a negative experience were therefore likely to be underrepresented in the sample of families we spoke to.
- **Response bias:** It is possible beneficiaries overstated the benefits of support when being interviewed, due to a desire to please the researcher and project², and a reluctance to disclose some personal details.

The evaluation undertook a series of actions to reduce the potential for these biases, including interviewing families at a time and place comfortable for them to increase engagement and reduce selection bias, and by reinforcing the anonymous nature of the interviews and our desire for honest accounts to reduce response bias. However, despite these actions it is inevitable that the interview accounts were affected by some bias, and readers should bear this in mind when reviewing them.

² Knox and Bukard, 2009. Qualitative Research Interviews in *Psychotherapy Research* Vol. 19, Number 4 – 5 (July – September 2009).

Annex II – Full Indicator Set for the Improving Futures Monitoring Information System (IFMIS)

Objectives

The objective of the Improving Futures Monitoring Information System (IFMIS) was to provide a mechanism by which the outcomes amongst participating families could be tracked on a comparable and systematic basis over time; drawing on the diverse sources of data that were gathered at the project level. The focus for the monitoring was on establishing:

- a baseline assessment of the issues and problems faced by families and family members – alongside family strengths and other positive aspects of family relationships; and
- the prevalence of these issues amongst participating families over time, and any associated positive outcomes achieved, in conjunction with data on family resilience.

Approach

To develop the framework Ecorys outlined the main outcomes the programme was working towards (**Figure A2.1**). From this, Ecorys developed a series of broad domains to fit under these main outcomes. Ecorys then undertook a literature review to identify key indicators that were linked to these broad domains. The IFMIS database was then designed to capture progress against these indicators. The Fund and the projects were consulted on all aspects of the process.

Figure A2.1: Improving Futures Evaluation Framework (Summary)

Programme Outcomes		
Children's Outcomes	Adult Outcomes	Family Outcomes
Improvements to children's health and wellbeing	Improvements to parenting skills and confidence	Improvements to family functioning and relationships
Improvements to children's emotional and behavioural development	Improvements to parental health and wellbeing	Improvements to financial wellbeing and security
Improved educational outcomes for children	Improved educational or employment outcomes for adults	Stronger social networks and ties to the local community
Reduction in safeguarding concerns and incidences of actual or potential harm (children)	Reduction in safeguarding concerns and incidences of actual or potential harm (adults)	Reduction in crime and antisocial behaviour risk factors

Key considerations in designing the framework

In designing the framework, the following aspects were considered:

- **Baseline risks and strengths:** The principles of early intervention suggest that families will enter the programme with a combination of issues and problems which have potential to escalate to more serious issues at a later date (risk factors). Additionally, the family may have strengths or other capabilities that help them cope with their issues (protective factors or strengths). The framework sought to capture these risks and strengths for each family upon entry. The timescale for most indicators was a 12-month retrospective period, so that it was possible to take into account previous issues that might re-occur.
- **Diversity of risks and strengths:** Given the diversity of the programme and the flexibility for providers to target a broad range of needs, the potential range of risks and strengths that could be addressed was also broad. Consequently, the monitoring framework was sufficiently broad to capture these outcomes.
- **Family member and whole family factors:** Risks and strengths may be felt both at the level of individual family members or at the level of the family as a whole (including environmental factors, such as housing issues). The monitoring framework was designed to help practitioners record progress made at both the level of individual family members, and at the level of the family as a whole.

The reader should also bear in mind that some of the outcomes were modifiable and could be changed over time (e.g. persistent disruptive behaviour), whilst some were not (e.g. life limiting disability).

The indicators are detailed in Tables A2.1 – 6 below.

Table A2.1: Child risk indicators in IFMIS

	Problem / issue	Indicators
Risks	Behavioural problems	Low-level behavioural difficulties
		Persistent disruptive behaviour
		Persistent disruptive and violent behaviour
		Suspected or reported bullying issues (perpetrator)
		Suspected ADHD / ASD or conduct disorder (undiagnosed)
		ADHD / ASD or conduct disorder (diagnosed)
	School exclusion	Single fixed term exclusion
		Two or more fixed term exclusions
		Permanently excluded
	School absence	Occasional unauthorised school absence
		Persistent unauthorised school absence
		School absence with enforcement actions (penalty notice or parenting order)
	Bullying	Suspected or reported bullying issues (victim)
	Educational problems	Achieving below expected levels for age (no known special educational needs)
		Achieving below expected levels for age (special educational needs suspected)
		Achieving below expected levels for age (special educational needs with school provision, no statement)
		Achieving below expected levels for age (special educational needs with statutory statement)

	Problem / issue	Indicators
	Child involvement in crime or ASB	Suspected or reported involvement in anti-social or criminal behaviour
		Suspected or reported gang involvement
		Police warning or reprimand
		Civil order
		Court order
	Physical health problems	Malnutrition
		Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)
		Poor hygiene and self-care
		Serious and limiting disability
		HIV or aids
		Other life-limiting illness
		Other physical health problems (specify)
	Mental health problems	Suspected or reported stress or anxiety
		Diagnosed emotional or behavioural disorder
		Diagnosed psychiatric disorder
		Suspected or reported occurrence of self-harm
		Other mental health problems (specify)
	Child protection issues	Child protection concerns
		Missing child / runaway

	Problem / issue	Indicators
		Subject to a Child Protection Plan
		Subject to a Child in Need Plan
		Local Authority Care
		Past child protection issues (Child Protection Plan, Child in Need Plan or taken into Local Authority Care), but no longer present

Table A2.2: Child strength indicators in IFMIS

	Strength	Indicators
Strengths	Supportive peer friendships	Supportive peer friendships at school
		Regular contact with friends outside of school
	Participation in positive out-of-school activities	Regular participation in sports or leisure activities
		Occasional participation in sports or leisure activities
		Informal volunteering – helping out friends, family or local people
		Formal volunteering – for an organisation or as part of a specific programme
		Civic participation – involvement in decision-making processes
		Group membership – involvement in local and community organisations
	Healthy lifestyles	Regular participation in exercise or physical activity
		Regular participation in play opportunities
		Attending routine GP appointments, health checks and immunisations
		Attending dental care appointments

Table A2.3: Adult risk indicators in IFMIS

	Problem / issue	Indicators
Risks	Parenting difficulties	Parenting anxiety or frustration
		Problems with discipline and boundary setting
		Subject to a Parenting Contract or Parenting Order
	Adult involvement in crime or ASB	Suspected or reported involvement in anti-social or criminal behaviour
		Police warning or reprimand
		Antisocial Behaviour Contract
		Antisocial Behaviour Order
		Community sentence
		Custodial sentence
	Physical health problems or lifestyle factors	Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)
		Poor hygiene and self-care
		Heavy smoker
		Serious and limiting disability
		HIV / AIDS
		Other life-limiting illness
		Other physical health problems or lifestyle factors (specify)
Drug or alcohol misuse	Suspected or reported illegal drug use - not receiving treatment	
	Illegal drug misuse - rehabilitation / outpatient treatment	

	Problem / issue	Indicators
		Illegal drug misuse - hospital inpatient treatment
		Suspected or reported alcohol misuse - not receiving treatment
		Alcohol misuse - rehabilitation / outpatient treatment
		Alcohol misuse - hospital inpatient treatment
	Mental health problems	Suspected or reported stress or anxiety
		Diagnosed emotional or behavioural disorder
		Diagnosed psychiatric disorder
		Suspected or reported occurrence of self-harm
		Other mental health problems (specify)
	Educational problems	No qualifications
		Basic literacy or numeracy skills
		Learning difficulties or disabilities
		Low English language skills
		Low financial capability skills

Table A2.4: Adult strength indicators in IFMIS

	Strength	Indicators
Strengths	Home-school links	Regular face-to-face contact with school staff, reporting positive relationships
		Volunteer help at the child(ren)'s school
		Participation in formal school structures (parent governor, school committees)
	Supporting children through play and learning	Listening to and reading with the child(ren) on a regular basis
		Attending regular play sessions with the child(ren)
		Supporting with school work / homework
		Participation in structured family learning activities
	Keeping child(ren) safe from harm	Appropriate boundary-setting for children
		Parental awareness of safe practices (e.g. internet safety, road safety)
	Community or civic participation	Informal volunteering – helping out friends, family or local people
		Formal volunteering – for an organisation or as part of a specific programme
		Civic participation – involvement in decision-making processes
		Group membership – involvement in local and community organisations
	Employment	Full time employment
		Part time employment (more than 16 hours per week)
		Part time employment (less than 16 hours per week)
	Taking-up learning opportunities	One adult family member: Entry level or below
One adult family member: Level 1 accredited course		

	Strength	Indicators
		One adult family member: Level 2 accredited course
		One adult family member: Level 3 or above accredited course
		More than one adult family member: Entry level or below
		More than one adult family member: Level 1 accredited course
		More than one adult family member: Level 2 accredited course
		More than one adult family member: Level 3 or above accredited course

Table A2.5: Family risk indicators in IFMIS

	Problem / issue	Indicators
Risks	Marriage, relationship or family breakdown	Suspected or reported relationship dysfunction (receiving counselling)
		Suspected or reported relationship dysfunction (no counselling)
		Temporary separation of parents
		Relationship dissolution (divorce or permanent separation)
	Domestic abuse	Domestic abuse (child harm)
		Domestic abuse (adult harm)
		Historical incidence of domestic abuse (over 12 months); separated
		Historical incidence of domestic abuse (over 12 months); still co-habiting
	Worklessness	One or more family members in continuous employment (past 12 months)
		Workless family (within past 3 months)

	Problem / issue	Indicators
		Workless family (within past 12 months)
		Workless family (over 12 months)
		No history of work within family
	Financial difficulties	No bank or building society account
		Unsecured borrowing (e.g. pay-day loans, credit cards, doorstep loans) difficulties in keeping up with debt repayments, household bills or rent
		Some difficulties in keeping up with debt repayments, household bills or rent
		Significant difficulties in keeping-up with repayments (arrears of >1 month)
	Insecure housing tenure	Housing repossession actions underway
		Family evicted and homeless
		Family living in temporary accommodation
	Poor quality household / environmental conditions	Poor quality housing with significant cold, damp or mould problems
		Overcrowded living conditions
		Lack of basic utilities (cooking, heating, lighting)
		High levels of noise / chaotic home environment
		Lack of access to safe public open space
	Community cohesion problems	Family involved in neighbour disputes
		Police call-out to neighbour disputes involving the family
		Family victim of cultural, racial or religious harassment

	Problem / issue	Indicators
		Lack of access to places of worship
		Family reporting social isolation

Table A2.6: Family strength indicators in IFMIS

	Strength	Indicators
Strengths	Established family routine at home	Regular bedtimes, mealtimes and school routine
		Moderation of TV watching and computer use
	Accessing entitlements	Adult family members accessing appropriate benefit entitlements
		Take-up of free childcare entitlements
		Take-up of Child Tax Credits
	Managing a family budget	Family budget in place, and being actively managed
	Strong and supportive family relationships	Strong and supportive relationships within the immediate family
		Regular participation in family activities
		Regular involvement of non-resident parent(s)
		Active and regular supportive contact with grandparents / other relatives
	Support from informal networks	Active and regular supportive contact with friends or community members

Annex III – Comparison of Families With and Without Exit Data in IFMIS

Table A3.1: Average risks and strengths upon entry of families with and without IFMIS exit data

	Families with exit data	Families without exit data
Average number of risks at entry stage		
Adult risks	2.6	2.4
Child risks	2.8	2.7
Family risks	2.5	2.3
Total risks	7.9	7.4
Average number of strengths at entry stage		
Adult strengths	3.2	2.8
Child strengths	3.0	2.7
Family strengths	3.4	3.1
Total strengths	9.6	8.6

Source: IFMIS data, extracted 23.01.2017, based on 5,032 families

Table A3.2; Characteristics of families with and without IFMIS exit data

	Families with exit data		Families without exit data	
	Number	Percentage	Number	Percentage
Lone parent status				
YES	2203	60.7	855	61.0
NO	1343	37.0	531	37.9
n/a	84	2.3	16	1.1
Free school meal status				
YES	2080	57.3	892	63.5
NO	582	16.0	241	17.2
n/a	968	26.7	272	19.4
English first language status				
YES	923	25.4	283	20.1

NO	2640	72.7	1105	78.6
n/a	67	1.8	17	1.2
Teenage parent				
YES	195	5.4	93	6.6
NO	3353	92.4	1284	91.4
n/a	82	2.3	28	2.0

Source: IFMIS data, extracted 23.01.2017, based on 5,032 families

Annex IV – Methodology for Creating Composite Indicators

Beyond the changes in risk and strength factors experienced by Improving Future families, we were interested in understanding if outcomes varied by families' socio-demographic background characteristics or the intensity of support received. The IFMIS data contained numerous outcome indicators measured as risks and strengths at child, adult and family level. However, it can be difficult to identify and interpret trends across several separate indicators so we created a set of composite indicators, which indicated if Improving Future families had seen a positive change with regards to adult, child or family risks and strengths. The construction of a composite indicator essentially reduces the number of individual variables in the data and has proven to be a useful tool for policy analysis.³

Two types of composite indicator of outcome improvement were created: a) indicators based on Principal Component Analysis (PCA) methodology (explained in more detail below) and b) indicators based on giving equal weights to all risks or strengths in a given sub-group (e.g. adult risk factors).

PCA methodology

PCA is a statistical technique for data reduction and was used to reduce the number of individual indicators of risks and strengths at child, adult and family level.

Often, despite having a large number of variables (i.e. the 140 risks and strengths recorded in IFMIS), much of the variation in the data can be explained with a smaller number of variables or principal components, which are uncorrelated, linear combinations of the variables that explain most of the variance.

The aim here was to create six composite indicators (i.e. single variables each made up of a number of principal components) reflecting the six risk and strength outcome categories in IFMIS:

- Adult risks
- Adult strengths
- Child risks
- Child strengths
- Family risks
- Family strengths

The process of creating the composite indicators was undertaken using Stata⁴. In order to construct the composite indicator for each category, we analysed the correlation matrix which showed the eigenvalues of the potential principal components (the total number of which is equal to the total number of original variables). The eigenvalues are the variances of the principal components; the component with the highest eigenvalue explains the greatest amount of variance. Each principal component is made up of a differently weighted combination of all of the indicators in the respective category (details

³ OECD, *Handbook on Construction of Composite Indicators. Methodology and user guide*.

<http://www.oecd.org/std/leading-indicators/42495745.pdf>

⁴ Stata is a data analysis and statistical software package: <https://www.stata.com/>.

of the specific indicators which make up each category can be found in Annex II). For each category we selected the principal components with eigenvalues greater than one to use in the regression analysis (see Annex VIII), and together these explain the majority of the variance in the original data (more than 50%).

Annex V – Improving Futures Beneficiaries: Methodological Note

Survey purpose

The primary aim of the survey of Improving Futures beneficiaries⁵ was to explore families' experience of the support, and self-reported measures of distance travelled during, and beyond, participation. The survey data were designed by Ipsos MORI in conjunction with other members of the evaluation consortium, and interviews were conducted by Ipsos MORI interviewers.

Approach

Several different modes were used for different waves of the survey (computer assisted personal interviewing (CAPI), computer assisted telephone interviewing (CATI) and postal self-completion). The initial design for the survey had been based on collecting longitudinal data relating to just one group, or 'cohort', of beneficiaries. However, a second cohort of beneficiaries was later added to the survey in order to boost the overall number of cases available for analysis as part of the final evaluation.

Cohort One

Beneficiaries included in Cohort One were surveyed at up to three points during and after their involvement with their Improving Futures project, as set out below.

Baseline survey

At the outset of their involvement with the programme, the baseline survey was conducted using a CAPI methodology. This was done to engage the families and therefore increase the likelihood of beneficiaries taking part in future surveys.

The proposed approach to sampling beneficiaries had initially been based on using IFMIS as a sampling frame. However, this was not possible, due to various practical considerations (e.g. as a practitioner administered system, there was a lag between families starting on the programme and data being entered into IFMIS). Therefore, identification of beneficiaries for participation in the baseline survey was undertaken by the 26 individual Improving Futures projects.

⁵ While whole families were intended to be the beneficiary of the Improving Futures programme, only the views and experiences of adult beneficiaries were sort as part of the survey work.

Parents from beneficiary families were identified for each batch by the Improving Futures projects based on the criteria that they had joined the project within a defined eligibility window (see **Table A5.1**). Projects were requested to set up appointments for interviews, and interviews were conducted with one parent from as many eligible families as possible. In some cases the interview was conducted with another family member, e.g. grandparent, if, for example, they had custody of the children involved in the project, or were the primary contact with the project⁶. Interviews were conducted either 'on-site' at Improving Future's project premises, or in the respondent's home, depending on the availability of a suitable room on the project premises and the respondent's individual situation and preferences.

Due to the lower than anticipated throughput of families at the 26 Improving Futures projects, beneficiaries were interviewed in five batches (including one pilot batch). Details of these batches are included in Table A5.1.

1.3.1.1 *Follow-up surveys*

Follow-up surveys were undertaken at points designed to be approximately 12 and 24 months from the point at which beneficiaries first interacted with their Improving Futures project.

These follow-up surveys were conducted using a CATI methodology. Beneficiaries (who had agreed to be re-contacted at the baseline survey) were sent an advance letter and / or email (ahead of each of the further two waves) in order to maintain engagement, and collect new telephone numbers for those beneficiaries who may have moved or changed their details since the previous wave. For both telephone waves, postal questionnaires were also sent to those who we were unable to successfully contact via telephone⁷. Interviews were only conducted with the named parent / guardian who had been interviewed as part of the baseline survey.

As part of the baseline interview, contact details for a "stable contact" (e.g. a friend or family member) were collected in order to minimise the risk of losing contact with beneficiaries. While these contact details were used to try and make contact with beneficiaries when such contact was not possible via the original details provided, this did not lead to any significant boost in response rates.

In order to boost the response rates to the +24-month survey, a £10 cash incentive was offered to all beneficiaries completing the telephone survey. Incentives were administered via post following completion of each batch of interviews.

Cohort Two

While originally it had only been anticipated that one cohort of beneficiaries would be surveyed, in order to boost the final achieved sample size at the +24-month stage, and therefore boost the size of the final sample available for analysis, a second cohort was added to the study.

Beneficiaries in this second cohort were first interviewed approximately 18 months⁸ after they had started the project and again at the +24-month stage.

⁶ While efforts were made to ensure that, as far as possible, only one beneficiary per family was interviewed, in some cases both parents participated in the interview as a couple.

⁷ Only a very small number of completed postal surveys were returned.

⁸ While this was different to the approach taken with beneficiaries in cohort one, it was necessary in order to identify beneficiaries with whom a +24-month interview could be conducted within the timeframes of the evaluation.

Ipsos MORI did not have permission to contact beneficiaries in this cohort, and therefore a postal self-completion methodology was chosen for the +18-month survey. While this likely led to some ‘mode effect’⁹ when comparing responses between the +18-month and +24-month survey (which was conducted using a CATI methodology in line with the approach for Cohort One), it was agreed that the priority was allowing Cohort One and Cohort Two beneficiaries to be analysed together at the +24-month stage, and for comparable ‘distance-travelled’ analysis to be conducted based on comparison to a baseline generated from IFMIS data.

Incentives and advance letters

Cash incentives (£10) were provided to beneficiaries taking part in each wave of the survey, in order to maintain good response rates. In addition, as with Cohort One, respondents were sent an advance letter ahead of each wave of fieldwork, outlining that an interviewer would be calling them. To keep sample details up-to-date, a cash incentive (£5) was also provided to those who confirmed or updated their contact details in between survey waves. Incentive payments were administered in the same way as for Cohort One.

Table A5.1: Fieldwork details for Cohort One

<i>Batch</i>	<i>Eligibility window</i>	<i>Fieldwork dates</i> ¹⁰	<i>Number of interviews achieved</i>
Pilot	Not applicable	21 – 30 November 2012	25
Batch 1	23 Jan – 22 March 2013	24 April – 7 June 2013	101
Batch 2	23 March – 18 May 2013	17 June – 2 August 2013	82
Batch 3	6 June – 26 Sept 2013	28 Oct – 13 Dec 2013	97
Batch 4	27 Sept 2013 – 17 Jan 2014	17 Feb – 4 April 2014	81
Total Baseline interviews			386
Total agreeing to be re-contacted for + 12 months			368
Batch 1	28 April - 23 May 2014		57
Batch 2	23 June - 18 July 2014		40
Batch 3	3 November - 28 November 2014		46
Batch 4	23 February - 20 March 2015		34
Total +12 month interviews			177 (48% response rate)
Total agreeing to be re-contacted for + 24 months			166
Batch 1	27 April - 22 May 2015		29
Batch 2	22 June - 17 July 2015		23
Batch 3	2 November - 27 November 2015		28
Batch 4	22 February - 18 March 2016		25
Total + 24 month interviews			105 (63% response rate)

⁹ ‘Mode effect’ refers to the possibility that a change of mode between waves leads to different data being collected, rather than a change in opinion / attitude / behaviour.

¹⁰ Please note that in a very small number of cases interviews were conducted after the end of the fieldwork window for the relevant batch due to the unavailability of beneficiaries during the initial fieldwork window.

Table A5.2: Fieldwork details for Cohort Two

<i>Wave</i>	<i>Eligibility window</i>	<i>Fieldwork dates</i>	<i>Number of interviews/responses achieved</i>
+18 months	9 June – 28 September 2014	January - April 2016	133
Total agreeing to be re-contacted for + 24 months			95
+ 24 months		16 September - 30 September 2016	51
Total + 24 interviews			51 (54% response rate)

The volume of achieved interviews per project varied significantly and was largely driven by the volume of baseline interviews (or +18-months for cohort two) achieved at an individual project. **Annex XII** provides further detail on the number of beneficiaries interviewed per wave per project. **Table A5.3** below shows the range of base sizes at each stage of the survey.

Table A5.3: Range of interviews achieved across projects

<i>Wave</i>	<i>Range of responses</i>
<i>Baseline</i>	2-32
<i>Cohort one +12-months</i>	1-14
<i>Cohort one +24-months</i>	0-10
<i>Cohort two +18-months</i>	0-39
<i>Cohort two +24-months</i>	0-7

Survey questionnaire

A survey questionnaire was designed by the Ipsos MORI team in collaboration with other members of the evaluation consortium, in order to collect the measures deemed to be relevant at each point in the beneficiary journey. The questionnaire was both cognitively tested with beneficiaries and then piloted before the full baseline took place.

While a significantly longer (30 minutes plus) baseline survey was possible due to the methodology used for the baseline, a shorter (15 minute) survey was necessary for the CATI follow-up waves to ensure good response rates could be achieved. The survey questionnaire was designed to capture a range of information including families' experiences of the project, their motivations in taking part and experiences of other similar services. In addition, the baseline survey included two standardised scales, the McMaster Family Assessment Device¹¹, and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)¹². The questionnaire was divided into a number of sections, as outlined below in **Table A5.4**.

¹¹ Due to considerations about the length of the interview, the General Functioning 12-item subscale (GF12) of The McMaster Family Assessment Device (FAD) was used as part of the baseline survey.

¹² <http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/>

Table A5.4: Question topics asked each wave

Question area¹³ / Survey wave	Baseline (Cohort One only)	+12-months (Cohort One only)	+18-months (Cohort Two only)	+24-months
Monitoring Information	X	X	X	X
Project experience	X	X	X	X
Family Assessment Device (FAD)	X			
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	X			
Family history	X			
Service history	X			
Exit arrangements		X	X	X
Hard outcomes		X	X	X
Family outcomes attribution		X	X	X
Re-contact	X	X	X	

Limitations of the survey

As with all surveys, there are a number of limitations to the methodology, which must be considered when making judgements based on the data collected.

Mode

Changing mode between waves of surveys raises the risk of 'mode effect' (as explained earlier in this note), having an impact on the reliability of the findings. However, in this case a change from CAPI to CATI was unavoidable between the baseline and the follow-up waves (for Cohort One). An interviewer-administered approach was maintained in order to try and minimise the potential mode effect. As only a very small number of postal surveys were processed as part of the follow-up surveys for Cohort One, this is unlikely to have had a significant impact on the data.

Cohort Two saw a switch between a postal self-completion methodology and a CATI methodology between the +18-month and +24-month survey waves. The primary aim of data collection was to allow for comparisons and analysis at the +24-month stage.

Sampling

As the intended sample frame did not prove viable, accessing the baseline sample (or +18 months for Cohort Two) was dependent on the Improving Futures projects successfully identifying beneficiaries and scheduling interviews (or sending out questionnaires for Cohort Two).

While clear instructions were provided to all projects as to how to identify eligible families, it is likely that not all eligible beneficiaries were contacted. In addition, the risk of selective sampling (i.e. projects selecting beneficiaries whom they thought more likely to have had a positive experience) cannot be entirely discounted.

¹³ Where topics were asked on more than one wave of the survey, some changes were still made to the individual questions used, to reflect the point in time at which beneficiaries were being surveyed.

Non-response

While response rates can be considered relatively good for a study of this nature, significant levels of non-response were nonetheless experienced at each survey stage. Due to the lack of sufficient information about the population (or about the likely factors affecting non-response), data were not weighted. This means that data should not be considered representative of all Improving Futures beneficiaries.

Annex VI – Distance Travelled Analysis with IFMIS Data

Distance travelled analysis involves measuring change between two points in time. In this case, it refers to measuring the changes experienced by participants between the beginning (Entry) and end (Exit) of their involvement in an Improving Futures project.

The data below relate to the 3,636 families for whom entry and exit data was available. The table contains the following information:

- Entry: the percentage of families for whom this indicator was present when their support began.
- Exit: the percentage of families for whom this indicator was present when their support ended.
- Percentage change: the percentage increase or decrease between the Entry and Exit figures (e.g. 50% at Entry and 25% at Exit represents a 50% reduction, or -50%, because the figure has reduced by half; 50% at Entry and 75% at Exit would represent a 50% increase, or +50%).

Table A6.1: Distance travelled analysis with IFMIS data

Risk and strengths indicators	Entry (%)	Exit (%)	Percentage change (%)
A_0_Parenting anxiety or frustration	63.79	43.26	-32.1
A_0_Problems with discipline and boundary setting	48.77	28.98	-40.6
A_0_Suspected or reported stress or anxiety	46.13	37.12	-19.5
A_0_Other mental health problems (specify)	13.70	14.08	+2.8
A_0_Other physical health problems or lifestyle factors (specify)	13.24	14.36	+8.5
A_0_Basic literacy or numeracy skills	9.96	11.32	+13.7
A_0_No qualifications	9.74	10.01	+2.8
A_0_Heavy smoker	6.49	6.49	0
A_0_Diagnosed emotional or behavioural disorder	6.38	6.54	+2.5
A_0_Low English language skills	5.51	5.89	+6.9
A_0_Serious and limiting disability	4.72	4.75	+0.6
A_0_Diagnosed psychiatric disorder	4.69	4.99	+6.4
A_0_Low financial capability skills	3.91	4.10	+4.9
A_0_Learning Difficulties or Disabilities	3.04	3.36	+10.5
A_0_Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)	2.66	2.66	0
A_0_Poor hygiene and self-care	2.61	2.23	-14.6

A_0_Suspected or reported alcohol misuse - not receiving treatment	2.58	1.79	-30.6
A_0_Suspected or reported occurrence of self-harm	2.50	1.76	-29.6
A_0_Suspected or reported illegal drug use - not receiving treatment	2.36	2.52	+6.8
A_0_Suspected or reported involvement in anti-social or criminal behaviour	1.95	1.41	-27.7
A_0_Other life-limiting illness	1.74	1.49	-14.4
A_0_Subject to a Parenting Contract or Parenting Order	1.41	1.25	-11.4
A_0_Illegal drug misuse - rehabilitation / outpatient treatment	1.36	1.30	-4.4
A_0_Police warning or reprimand	1.30	0.98	-24.6
A_0_Alcohol misuse - rehabilitation / outpatient treatment	0.90	1.09	+21.1
A_0_Custodial sentence	0.65	0.62	-4.6
A_0_HIV / Aids	0.27	0.27	0
A_0_Antisocial Behaviour Contract	0.19	0.11	-42.1
A_0_Community sentence	0.16	0.27	+68.7
A_0_Antisocial Behaviour Order	0.11	0.08	-27.3
A_1_Regular face-to-face contact with school staff, reporting positive relationships	49.06	62.52	+27.4
A_1_Parental awareness of safe practices (e.g. internet safety, road safety)	47.03	61.09	+30.1
A_1_Supporting with school work / homework	39.84	53.54	+34.4
A_1_Listening to and reading with the child(ren) on a regular basis	36.99	50.09	+35.4
A_1_Appropriate boundary-setting for children	33.81	52.70	+55.9
A_1_Attending regular play sessions with the child(ren)	22.50	33.84	+50.4
A_1_Participation in structured family learning activities	17.56	28.22	+60.7
A_1_Full time employment	14.63	16.99	+16.1
A_1_Part time employment (more than 16 hours per week)	9.77	12.13	+24.2
A_1_Informal volunteering - helping out friends, family or local people	8.79	15.31	+74.2
A_1_Group membership - involvement in local and community organisations	7.11	14.33	+101.5

A_1_Entry level or below	6.51	12.81	+96.8
A_1_Part time employment (less than 16 hours per week)	5.54	7.19	+29.8
A_1_Level 3 or above accredited course	4.72	6.76	+43.2
A_1_Level 1 accredited course	4.18	7.54	+80.4
A_1_Volunteer help at the child(ren)'s school	4.04	7.46	+84.7
A_1_Formal volunteering - for an organisation or as part of a specific programme	3.12	6.65	+113.1
A_1_Level 2 accredited course	2.88	4.99	+73.2
A_1_Participation in formal school structures (parent governor, school committees)	1.49	2.55	+71.1
A_1_Civic participation- involvement in decision-making processes	0.92	1.79	+94.6
C_0_Low-level behavioural difficulties	38.32	35.79	-6.4
C_0_Suspected or reported stress or anxiety	33.38	24.42	-26.8
C_0_Persistent disruptive behaviour	24.99	15.09	-39.6
C_0_Achieving below expected levels for age (no known special educational needs)	18.45	14.76	-20.0
C_0_Persistent disruptive and violent behaviour	17.88	8.44	-52.8
C_0_Other physical health problems (specify)	13.05	13.89	+6.4
C_0_Suspected ADHD / ASD or conduct disorder (undiagnosed)	11.91	10.20	-14.4
C_0_Suspected or reported bullying issues (victim)	11.75	6.00	-48.9
C_0_ADHD / ASD or conduct disorder (diagnosed)	10.04	12.89	+28.4
C_0_Occasional unauthorised school absence	9.77	7.73	-20.9
C_0_Child protection concerns	8.03	7.06	-12.1
C_0_Past child protection issues (Child Protection Plan, Child in Need Plan or taken into Local Authority Care), but no long	7.92	9.47	+19.6
C_0_Achieving below expected levels for age (special educational needs with school provision, no statement)	7.54	7.57	+0.4
C_0_Persistent unauthorised school absence	6.87	2.96	-56.9
C_0_Achieving below expected levels for age (special educational needs suspected)	6.43	6.00	-6.7
C_0_Achieving below expected levels for age (special educational needs with statutory statement)	6.00	7.68	+28.0

C_0_Other mental health problems (specify)	4.91	5.75	+17.1
C_0_Suspected or reported bullying issues (perpetrator)	4.72	2.55	-46.0
C_0_Diagnosed emotional or behavioural disorder	4.45	4.69	+5.4
C_0_Poor hygiene and self-care	4.37	3.20	-26.8
C_0_Subject to a Child Protection Plan	3.91	3.72	-4.9
C_0_Subject to a Child in Need Plan	2.69	3.12	+16.0
C_0_Serious and limiting disability	2.36	2.44	+3.4
C_0_Two or more fixed term exclusions	2.31	1.76	-23.8
C_0_Single fixed term exclusion	2.12	2.14	+9.4
C_0_Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)	1.93	1.85	-4.1
C_0_Suspected or reported occurrence of self-harm	1.87	1.49	-20.3
C_0_Suspected or reported involvement in anti-social or criminal behaviour	1.19	0.76	-36.1
C_0_Malnutrition	0.98	0.87	-11.2
C_0_Other life-limiting illness	0.84	0.98	+16.7
C_0_School absence with enforcement actions (penalty notice or parenting order)	0.73	0.57	-21.9
C_0_Permanently excluded	0.62	0.54	-12.9
C_0_Local Authority Care	0.46	0.84	+82.6
C_0_Diagnosed psychiatric disorder	0.41	0.52	+26.8
C_0_Police warning or reprimand	0.24	0.27	+12.5
C_0_Suspected or reported gang involvement	0.19	0.11	-42.1
C_0_Missing child / runaway	0.14	0.16	+14.3
C_1_Attending routine GP appointments, health checks and immunizations	55.63	67.35	+21.1
C_1_Attending dental care appointments	47.41	58.97	+24.4
C_1_Supportive peer friendships at school	46.05	61.87	+34.4
C_1_Regular participation in play opportunities	35.88	50.58	+41.0
C_1_Regular contact with friends outside of school	31.10	46.24	+48.7
C_1_Regular participation in exercise or physical activity	31.10	44.18	+42.1
C_1_Regular participation in sports or leisure activities	23.12	38.83	+67.9
C_1_Occasional participation in sports or leisure activities	19.92	30.28	+52.0

C_1_Group membership - involvement in local and community organisations	10.61	19.00	+79.0
C_1_Informal volunteering - helping out friends, family or local people	2.09	4.12	+97.1
C_1_Formal volunteering - for an organisation or as part of a specific programme	0.65	1.47	+126.1
C_1_Civic participation - involvement in decision-making processes	0.43	1.00	+132.6
F_0_Relationship dissolution (divorce or permanent separation)	38.02	39.29	+3.3
F_0_Historical incidence of domestic abuse (over 12 months); separated	21.90	22.71	+3.7
F_0_Domestic abuse (adult harm)	19.40	13.08	-32.6
F_0_Workless family (over 12 months)	17.88	16.91	-5.4
F_0_No history of work within family	12.94	12.13	-6.3
F_0_Family reporting social isolation	12.35	7.82	-36.7
F_0_One or more family members in continuous employment (past 12 months)	12.05	12.51	+3.8
F_0_Suspected or reported relationship dysfunction (no counselling)	11.56	8.74	-24.4
F_0_Some difficulties in keeping up with debt repayments, household bills or rent	10.99	8.87	-19.3
F_0_Domestic abuse (child harm)	9.85	5.81	-41.0
F_0_Difficulties in keeping up with debt repayments, household bills or rent	8.96	7.03	-21.6
F_0_Overcrowded living conditions	8.68	6.76	-22.1
F_0_Poor quality housing with significant cold, damp or mould problems	8.01	5.07	-36.7
F_0_Family living in temporary accommodation	7.63	6.62	-13.2
F_0_High levels of noise / chaotic home environment	5.73	4.07	-29.0
F_0_Workless family (within past 12 months)	5.32	4.83	-9.2
F_0_Family involved in neighbour disputes	5.13	2.85	-44.5
F_0_Lack of access to safe public open space	5.07	3.45	-32.0
F_0_Significant difficulties in keeping-up with repayments (arrears of >1 month)	4.69	3.47	-26.0
F_0_Unsecured borrowing (e.g. pay-day loans, credit cards, doorstep loans)	4.26	3.80	-10.8

F_0_Temporary separation of parents	4.21	3.69	-12.4
F_0_Historical incidence of domestic abuse (over 12 months); still co-habiting	3.07	2.63	-14.4
F_0_Workless family (within past 3 months)	2.96	3.15	+6.4
F_0_Police call-out to neighbour disputes involving the family	2.47	1.25	-49.4
F_0_Lack of basic utilities (cooking, heating, lighting)	2.12	1.25	-41.0
F_0_Suspected or reported relationship dysfunction (receiving counselling)	2.12	2.14	+0.9
F_0_No bank or building society account	1.49	1.17	-21.5
F_0_Housing repossession actions underway	1.41	0.95	-32.6
F_0_Family evicted and homeless	1.14	0.87	-23.7
F_0_Family victim of cultural, racial or religious harassment	1.11	0.60	-45.9
F_1_Adult family members accessing appropriate benefit entitlements	46.00	61.25	+33.2
F_1_Regular bedtimes, mealtimes and school routine	40.08	59.48	+48.4
F_1_Take-up of Child Tax Credits	37.61	46.27	+23.0
F_1_Strong and supportive relationships within the immediate family	36.91	46.24	+25.3
F_1_Active and regular supportive contact with grandparents / other relatives	33.89	42.09	+24.2
F_1_Family budget in place, and being actively managed	32.84	50.28	+53.1
F_1_Active and regular supportive contact with friends or community members	29.12	45.89	+57.6
F_1_Moderation of TV watching and computer use	29.06	45.40	+56.2
F_1_Take-up of free childcare entitlements	25.48	34.46	+35.2
F_1_Regular participation in family activities	23.34	35.98	+54.2
F_1_Regular involvement of non-resident parent(s)	12.97	17.39	+34.1

Source: IFMIS dataset, based on 3,636 families

Annex VII - Long-term Distance-travelled and Sustained Outcomes

In order to analyse the ‘distance travelled’ of families in the 24 months after first contact with the programme, we linked baseline information available in IFMIS and survey information collected at the 24 month point. Data were only comparably collected for a small number of adult and child indicators, which are presented below. We present results of distance-travelled for all families surveyed 24 months after their initial contact with the programme, as well as distance travelled for:

- i) those who did see improvements upon exit from the programme; and
- ii) those who did not see improvements upon exit from the programme.

In this way, we aim to investigate if positive short-term outcomes set families on a positive trajectory and experience further positive outcomes years after their first contact with Improving Futures. To add a word of caution, it must be noted that sample sizes for this analysis are extremely small and we therefore could not undertake analysis to determine where results for different groups were statistically significant.

Starting with **children’s outcomes**, 6% of families surveyed experienced **fixed-term or permanent exclusions** of their children from school when they joined Improving Futures (see **Table A7.1**). 24 months after their first contact with the projects this was reduced to 2.3%. Interestingly, those families who had seen a decrease in children’s risk when they finished their intervention had a lower number of children with fixed-term or permanent exclusions than those who did not (0% vs. 7.7%). By contrast, families who had seen an increase in strengths at the exit stage had a higher number of children with fixed-term or permanent exclusion after 24 months than those who did not. Keeping in mind the caveats of this analysis, this might suggest that families who were able to reduce risk factors during their time with Improving Futures were less likely to experience fixed-term or permanent exclusions down the line. At the same time, an increase of children’s strengths did not act as a protective factor against these negative outcomes as desired.

Table A7.1: Sustained outcomes school exclusions, % of respondents

	At baseline	+24 months				
	% total	% total	% decreased risks at exit	% no change/ increased risk at exit	% increased strengths at exit	% no change/ decreased strengths at exit
Fixed-term or permanent exclusion	6.0	2.3	0	7.7	3.5	0

Source: IF panel survey +24 month and IFMIS data, based on 133 respondents, changes in risks and strengths relate to the created composite indicators for children

Looking at children’s experience of stress and anxiety, we find that while 41.4% of children suffered from these issues at the baseline; this was reduced to 11.3% at the 24 month follow-up point (**Table A7.2**). Again, those families who had experienced decreased risks at the exit stage, saw lower rates of stress and anxiety (9.6%), while those who had increased their strengths had higher numbers of children experiencing stress or anxiety (11.8%).

Table A7.2: Sustained outcomes children’s stress and anxiety, % of respondents

	At baseline	+24 months				
	% total	% total	% decreased risks at exit	% no change/ increased risk at exit	% increased strengths at exit	% no change/ decreased strengths at exit
Children experience stress or anxiety	41.4	11.3	9.6	15.4	11.8	10.4

Source: IF panel survey +24 month and IFMIS data, based on 133 respondents, changes in risks and strengths relate to the created composite indicators for children

Results are less intuitive for children’s **out of school activities**. At baseline 36.8% of children took part in positive out of school activities, yet only 18.8% of children did so at the 24 month follow-up point (**Table A7.3**). The numbers of families with children who take part in positive out of school activities are lower amongst those who had decreased children’s risk at exit and amongst those who had seen increased strengths at exit.

Table A7.3: Sustained outcomes participation in positive out of school activities, % of respondents

	At baseline	+24 months				
	% total	% total	% decreased risks at exit	% no change/ increased risk at exit	% increased strengths at exit	% no change/ decreased strengths at exit
Participation in positive out of school activities	36.8	18.8	18	20.5	21.2	14.6

Source: IF panel survey +24 month and IFMIS data, based on 133 respondents, changes in risks and strengths relate to the created composite indicators for children

With regards to **adult outcomes** results suggest that the situation of families overall improved across two out of three indicators (**Table A7.4** below). However, generally those who experienced a reduction of adult risks or increase in strengths upon exit of the Improving Futures programme did not fare better with regards to their long-term outcomes than those who did not.

With regards to parenting anxiety, 71% of respondents faced this issue at baseline, yet only 5.3% still experienced parenting anxiety 24 months later. Those who had seen a decrease of adult risks at exit displayed slightly higher levels of parenting anxiety than those who did not.

Adults experiencing more generalised stress and anxiety decreased from 21% at baseline to 18.1% at the 24 month follow-up point. Again this decrease was more pronounced for those who had not experienced positive outcomes at the exit stage.

Finally, the incidence of having problems with discipline increased from 4.5% at baseline to 6% at the 24 month follow-up. In this case those families who had seen improvements in risks and strengths at exit stage displayed a lower incidence of problems with discipline at the 24 month follow up (4.4%).

Table A7.4: Sustained outcomes for adults, % of respondents

	At baseline	+24 months				
	% total	% total	% decreased risks at exit	% no change/ increased risk at exit	% increased strengths at exit	% no change/ decreased strengths at exit
Parenting anxiety	71.0	5.3	5.5	4.8	5.7	3.7
Adult experience stress and anxiety	21%	18.1	22	9.5	18.9	14.8
Problems with discipline	4.5	6.0	4.4	9.5	5.7	7.4

Source: IF panel survey +24 month and IFMIS data, based on 133 respondents, changes in risks and strengths relate to the created composite indicators for adults

Annex VIII – Survey Descriptive Tables

Q.: After your family's involvement with the project ended did you receive any help/support for yourself/your family from any other services?

	N	%
Yes, I received help or support, and this was arranged by [project name]	15	9.6
Yes, I received help or support, but this was not arranged by [project name]	23	14.7
No	84	53.8
Don't know	2	1.3
Not stated	32	20.5
Total	156	

Q.: Do you think you or your family need any help or support from other services?

	N	%
Yes	40	25.6
No	80	51.3
Don't know	2	1.3
Not stated	34	21.8
Total	156	

Q: Specify support needed

	N	%
Parenting support	18	11.1
Relationship support/counselling	11	6.8
Mentoring	5	3.1
Support groups	14	8.6
Access to play or leisure activities	12	7.4
Childcare	10	6.2
Volunteering	8	4.9
Employment coaching	10	6.2
Housing advice	8	4.9
Money advice	10	6.2
Small grants/financial assistance	14	8.6
Alternative education provision (children)	8	4.9
Speech and language therapy	7	4.3
Adult education	8	4.9
Drug and alcohol services	1	0.6
Mental health services	12	7.4

Other	6	3.7
Don't know	0	0.0
Total	162	

Q.: Have [you/you or your partner] suffered from any anxiety- or stress-related issues in the past 6 months?

	N	%
Yes - respondent	77	49.4
Yes - partner	3	1.9
Yes - both respondent and partner	24	15.4
No	51	32.7
Don't know	1	0.6
Total	156	

Q.: In the past 6 months, how easy or difficult have you found it to cope with your child(ren)'s behaviour at home?

	N	%
Very easy	16	10.3
Fairly easy	39	25.0
Neither easy nor difficult	52	33.3
Fairly difficult	33	21.2
Very difficult	11	7.1
Don't know	5	3.2
Total	156	

Q.: Have any of your children suffered from any anxiety- or stress-related problems in the past 6 months?

	N	%
Yes	67	42.9
No	84	53.8
Don't know	3	1.9
Prefer not to answer	2	1.3
Total	156	

Q.: Have your employment prospects improved, stayed about the same or got worse over the past 6 months?

	N	%
Got better	39	25.0
Stayed about the same	100	64.1
Got worse	14	9.0
Don't know	3	1.9
Total	156	

Q.: Have your family's relationships with each other improved, stayed about the same or got worse over the past 6 months?

	N	%
Got better	68	43.6
Stayed about the same	74	47.4
Got worse	11	7.1
Don't know	3	1.9
Total	156	

Q.: How far would you say that the improvement in your family's relationships with each other was a result of the support you received from the project?

	N	%
Entirely due to the support I received from [project name]	11	7.1
Mainly due to the support I received from [project name]	20	12.8
Partly due to the support I received from [project name]	29	18.6
Not at all due to the support I received from [project name]	5	3.2
Don't know	3	1.9
Not stated	88	56.4
Total	156	

Q.: Has managing your child(ren)'s behaviour improved, stayed about the same or got worse over the past 6 months?

	N	%
Got better	67	42.9
Stayed about the same	69	44.2
Got worse	13	8.3
Don't know	7	4.5
Total	156	

Q.: How far would you say that the improvement in managing your child(ren)'s behaviour was a result of the support you received from the project?

	N	%
Entirely due to the support I received from [project name]	13	8.3
Mainly due to the support I received from [project name]	25	16.0
Partly due to the support I received from [project name]	21	13.5
Not at all due to the support I received from [project name]	6	3.8
Don't know	2	1.3
Not stated	89	57.1
Total	156	

Q.: Has your child(ren)'s school life improved, stayed about the same or got worse over the past 6 months?

	N	%
Got better	67	42.9
Stayed about the same	73	46.8
Got worse	9	5.8
Don't know	7	4.5
Total	156	

Q.: How far would you say that the improvement in your child(ren)'s school life was a result of the support you received from the project?

	N	%
Entirely due to the support I received from [project name]	9	5.8
Mainly due to the support I received from [project name]	11	7.1
Partly due to the support I received from [project name]	30	19.2
Not at all due to the support I received from [project name]	14	9.0
Don't know	3	1.9
Not stated	89	57.1
Total	156	

Q.: Has your child(ren)'s home life improved, stayed about the same or got worse over the past 6 months?

	N	%
Got better	64	41.0
Stayed about the same	86	55.1
Got worse	3	1.9
Don't know	3	1.9
Total	156	

Q.: How far would you say that the improvement in your child(ren)'s home life was a result of the support you received from this project?

	N	%
Entirely due to the support I received from [project name]	8	5.1
Mainly due to the support I received from [project name]	15	9.6
Partly due to the support I received from [project name]	32	20.5
Not at all due to the support I received from [project name]	8	5.1
Don't know	1	0.6
Not stated	92	59.0
Total	156	

Q.: Has your child(ren)'s well-being improved, stayed about the same or got worse over the past 6 months

	N	%
Got better	62	39.7
Stayed about the same	85	54.5
Got worse	3	1.9
Don't know	6	3.8
Total	156	

Q.: How far would you say that the improvement in your child(ren)'s well-being was a result of the support you received from this project?

	N	%
Entirely due to the support I received from [project name]	7	4.5
Mainly due to the support I received from [project name]	17	10.9
Partly due to the support I received from [project name]	31	19.9
Not at all due to the support I received from [project name]	7	4.5
Not stated	94	60.3
Total	156	

Q.: Has your child(ren)'s behaviour improved, stayed about the same or got worse over the past 6 months?

	N	%
Got better	59	37.8
Stayed about the same	70	44.9
Got worse	20	12.8
Don't know	7	4.5
Total	156	

Q.: How far would you say that the improvement in your child(ren)'s behaviour was a result of the support you received from this project?

	N	%
Entirely due to the support I received from [project name]	10	6.4
Mainly due to the support I received from [project name]	17	10.9
Partly due to the support I received from [project name]	22	14.1
Not at all due to the support I received from [project name]	8	5.1
Don't know	2	1.3
Not stated	97	62.2
Total	156	

Annex IX - IFMIS Regression Results

For each main outcome (e.g. adult risk, children strengths), whether or not an individual had a positive change (i.e. a reduction in risk or increase in strength) was analysed using two logistic regression models. Risk and strength scores for each outcome were composites using appropriate indicators from the Full Indicator set (Annex II).

The first composite was created using Principal Component Analysis (PCA) (see Annex IV) and the second involved applying equal weights to all indicators in a given category. The results (odds ratios) shown in the table represent the odds that an outcome (e.g. reduction in risk or increase in strength) will occur given a particular exposure to a factor (e.g. duration, lone parent family etc.) compared to the odds of the outcome occurring in the absence of that exposure, all else being equal. A number greater than 1 indicates that the factor increases the odds of achieving an outcome. For example, non-white families are more likely to experience a positive change in adult strengths (c.28% based on the PCA approach) – in other words non-white families achieved more progress in adult strengths than white families. Conversely, a number less than 1 indicates that the factor decreases the odds of achieving an outcome. For example, non-white families are less likely to experience a positive change in adult risks. The table shows the results for both composite indices to allow comparison.

Table A9.1: IFMIS regression results

	Adult risks		Adult strengths		Children risks		Children strengths		Family risks		Family strengths	
	PCA	Equal weights	PCA	Equal weights	PCA	Equal weights	PCA	Equal weights	PCA	Equal weights	PCA	Equal weights
Duration	1 ***	1 ***	1 **	1 ***	1 **	1 ***	1 ***	1 ***	1 ***	1 ***	1 ***	1 ***
Lone parent family	1.404 ***	1.423 ***	0.987	1.273 **	1.009	1.218 *	1.341 **	1.259 *	1.417 ***	1.665 ***	1.408 **	1.158
Non-white family	0.766 **	0.640 ***	1.283 *	1.313 **	0.748 **	0.765 **	1.444 ***	1.411 ***	1.329 ***	0.756 **	0.773 **	1.159
Eligible for FSM	1.061	0.964	0.948	1.108 *	1.101 *	1.221 ***	1.153 **	1.202 ***	1.288 ***	1.215 ***	1.073	1.152 **
Teenage parent	1.001	0.951	1.260	1.142	1.173	0.905	1.090	0.998	0.902	0.832	1.107	1.067
At least one child under 3	1.104	1.191	1.405 **	1.751 ***	0.915	1.054	1.636 ***	1.478 ***	1.341 **	1.099	1.275 *	1.586 ***
At least one girl	1.035	0.890	0.969	0.888	0.919	0.915	0.946	0.956	1.111	1.211	1.006	1.007
At least one boy	0.859	0.831	0.860	0.881	0.665 ***	0.856	0.943	0.842	0.938	0.904	1.064	1.157
At least one female adult	1.583 *	2.122 **	0.895	1.364	0.706	1.131	1.040	0.852	0.852	1.308	1.734 *	0.887
At least one male adult	1.215	1.295	1.457 **	1.599 ***	0.754 **	1.161	1.642 ***	1.590 ***	1.059	1.014	1.796 ***	1.427 **
Having received prior support services	1.422 ***	1.306 **	0.785 *	1.042	0.923	1.132	1.084	1.094	1.446 ***	1.635 ***	1.508 ***	1.028
Constant	0.409 **	0.145 ***	3.226 **	0.142 ***	4.584 ***	0.253 ***	0.233 ***	0.226 ***	0.248 ***	0.057 ***	0.409 *	0.239 ***
Pseudo R-squared	0.021	0.022	0.016	0.053	0.016	0.024	0.048	0.057	0.033	0.054	0.047	0.060

Annex X: Case Studies: Method and Timing

Each of the Improving Futures was visited over one-two days during the evaluation. The evaluation team consulted with a range of stakeholders involved in the projects, including:

- Project manager
- Practitioners
- Partner organisations
- Key referring organisations
- Local authority
- Parents

Key stakeholders who were unavailable on the day were interviewed by telephone.

Stakeholders were consulted through a mix of semi-structured interviews and focus groups.

The number of stakeholders interviewed per project are detailed in **Annex XII**.

In addition to the case study visits the project managers from 25 of the 26 the projects¹⁴ were interviewed by phone in 2015.

In the table below we detail the years each of the visits took place.

Table A10.1: Timing of case study visits

Project	Year of visit
Dundee Early Intervention Team	2013
Denbighshire Bridge Project	2013
The Neighbourhood Alliance, Sunderland	2013
One Herts-One Family	2013
Eleri, Cardiff	2013
Ffe, Gingerbread	2013
BIG Manchester	2013
Gateway Levenmouth	2013
Brighter Futures, Wandsworth	2013
Camden Futures	2014
LIFT Cheshire	2014
Families First, Hackney	2014
Teulu Ni (Our Family), Gwynedd	2014
Enfield Family Turnaround Project	2014
Croydon Family Power	2014
Tyne Gateway	2014
Nurturing Inverclyde	2014
Wolverhampton Improving Futures	2014
Connecting Families, Bridgend	2014
Securing Futures, Carmarthenshire	2014
Tackling Domestic Violence, Belfast	2014
Family Pathways, Lewisham	2014
Haringey Building Bridges	2014
Stronger Families, Stronger Communities, Southend	2014

¹⁴ One project was not contactable.

Learning Links, Portsmouth	2014
Empowering Families, Midlothian	2014

Annex XI: Stakeholder Survey Method

The evaluation included an online survey of local stakeholders, in order to understand their experiences and perspectives of the Improving Futures projects. The survey took place over two waves:

- Winter 2013
- Winter 2015

In the survey we asked local stakeholders their views on:

- The effectiveness of partnership working between agencies
- The effectiveness of partnership working between practitioners to support families
- The effectiveness of the Improving Futures project and its outcomes
- The added value of the Improving Futures project to local provision

The samples for the survey were collected via the projects. Each project was asked to provide contact details for up to 20 relevant local stakeholders. Each stakeholder was sent an electronic link to the survey and the surveys were open for four weeks. Two email reminders were sent and, where telephone contact details provided, tele-reminders made.

Winter 2013 demographics

The survey was sent out to 220 stakeholders across 19 projects (7 did not provide contact details). 102 responses were received (46% response rate). Responses were evenly spread across the projects (3 – 10 responses per project).

Winter 2015 demographics

The survey was sent to 242 stakeholders across 18 projects (eight did not provide contact details). 57 responses were received (24% response rate). Responses came from 13 projects – half of all the Improving Futures projects. There was an even spread of responses across these projects. The survey was therefore broadly representative, though did not capture information from all the projects.

Annex XII: Data Collected Per Project (Survey, IFMIS and Case Studies)

Project/area	Total no. of families supported*	No. of families with IFMIS Entry data	No. of families with IFMIS Entry and Exit data	No. of families surveyed at baseline (Cohort 1 only)	No. of families surveyed at +12/18 months (Cohort 1 and 2)	No. of families surveyed at +24 months (Cohort 1 and 2)	No. of qualitative parent interviews undertaken	No. of stakeholders interviewed in case study visits
Tackling Domestic Violence, Belfast	579	528	387	9	19	8	2	11
Connecting Families, Bridgend	346	176	126	6	4	2	1	8
Camden Futures	300	135	75	7	10	7	2	9
Eleri, Cardiff	Not reported	195	128	16	16	7		
Securing Futures, Carmarthenshire	151	198	131	3	5	4	2	7
LIFT, Cheshire	Not reported	34	0	20	13	10	0	8
Croydon Family Power	346	343	242	9	16	6	4	11
The Bridge Project, Denbighshire	580	126	90	13	8	5	4	6
Dundee Early Intervention Team	Not reported	154	133	13	13	9	3	11
Enfield Family Turnaround Project	Not reported	173	143	25	8	7	2	9
Gateway, Fife	580	149	74	13	7	3	2	10
Teulu Ni, Gwynedd	Not reported	156	149	32	20	16	2	11
Families First, Hackney	725	178	65	19	52	8	2	8

Project/area	Total no. of families supported*	No. of families with IFMIS Entry data	No. of families with IFMIS Entry and Exit data	No. of families surveyed at baseline (Cohort 1 only)	No. of families surveyed at +12/18 months (Cohort 1 and 2)	No. of families surveyed at +24 months (Cohort 1 and 2)	No. of qualitative parent interviews undertaken	No. of stakeholders interviewed in case study visits
Haringey Building Bridges	281	251	218	15	11	4	1	11
One Herts One Family	Not reported	150	62	14	8	2	4	11
Nurturing Inverclyde	301	156	114	21	15	10	3	6
Family Pathways, Lewisham	Not reported	402	279	5	2	1	1	8
BIG Manchester	112	56	51	9	8	3	5	13
Empowering Families, Midlothian	427	77	41	2	3	1	1	15
Families Moving Forward, Portsmouth	254	195	155	16	12	6	3	8
Stronger Families, Future Communities, Southend	336	329	273	12	4	4	0	8
The Neighbourhood Alliance, Sunderland	426	426	188	28	17	10	0	2
Tyne Gateway, Tyneside	Not reported	292	169	14	8	4	2	9
Brighter Futures, Wandsworth	Not reported	155	153	6	4	2	2	8
Wolverhampton Improving Futures	189	149	105	13	13	8	1	15
Improving Futures Worcestershire	Not reported	95	79	21	14	9	2	6

* Total number of families correct at 7th March 2016. As some projects continued beyond this point, the total number of families for some projects was higher.

Annex XIII: Summary of Improving Futures Projects



Improving Futures Programme

Big Manchester

Objectives

- Big Manchester offers unique, tailor-made holistic programme of support to families who are affected by domestic abuse, substance misuse and/or parental mental ill health, with a focus on how these issues impact on children.
- A VCS partnership model with the co-located staff employed by Women's Aid, Lifeline Eclipse, Manchester Mind, Homestart and Barnardo's all sharing skills and expertise.
- Empowering support for families to make lasting and sustainable changes.



Families' Experiences

"It's just been really different. We've had services for years but this one wasn't just about me and all my problems, or just the kids, but about all of us as a unit. We began to feel like a family again and that's been massive."

"Life was rubbish before. We were always arguing, everything was up in the air, always. Now it just feels easier, we've got more going on. And we're not stuck in!"

It was all the different things together that made the difference...they don't just help you in one area they work with everything and really help you make changes yourself! I've never come across support like this and I've had a lot"

"S has been a real godsend. For then longest time I felt completely overwhelmed, like I was lost at sea and struggling against the tides and drowning. She has been a lifeline... my confidence has grown so much that once again I am able to be an active and visible part of my children's life. Much to their delight!"

Delivery Model

- Holistic family support via key worker to address parents own support needs; 1:1 therapeutic play work with each child to help them identify and express feelings and emotions through play and stories; together with whole family sessions to improve relationships and build resilience.
- Peer support programme for parents
- Volunteering opportunities
- Triple P Parenting courses/ Children's Groups
- Small family- held budget to support chosen activities
- Big Manchester Radio Project and other activities

Outcomes

- Reduce the impact that domestic abuse, substance misuse and /or mental ill-health have had, or are continuing to have, on children.
- Increase children and parents resilience and strengthen their relationships
- Improved parenting
- Reduce isolation and increase families' connectivity in their communities.

What makes the difference for vulnerable families?

- The centrality of the key worker relationship of trust, honesty, support and challenge creates authentic engagement with families.
- A collaborative approach which involves all family members and where the needs of children are at the core
- Key worker specialist knowledge of identified issues
- Individual family activities together with regular trips out to have fun and make friends
- Long term help to families via on going peer support

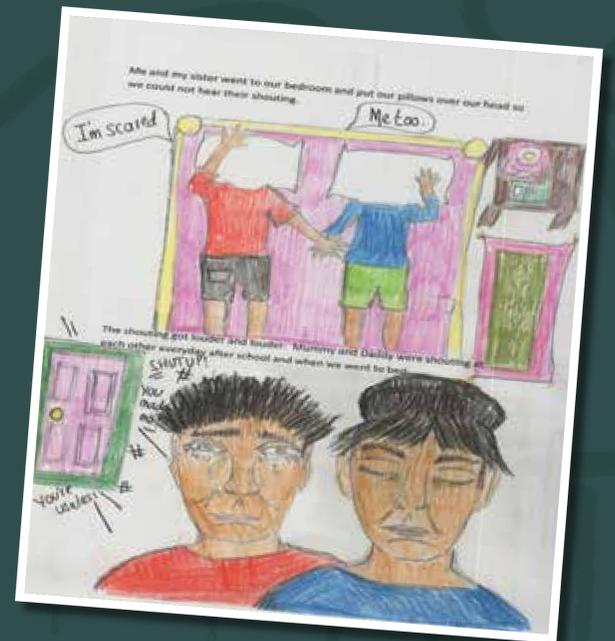
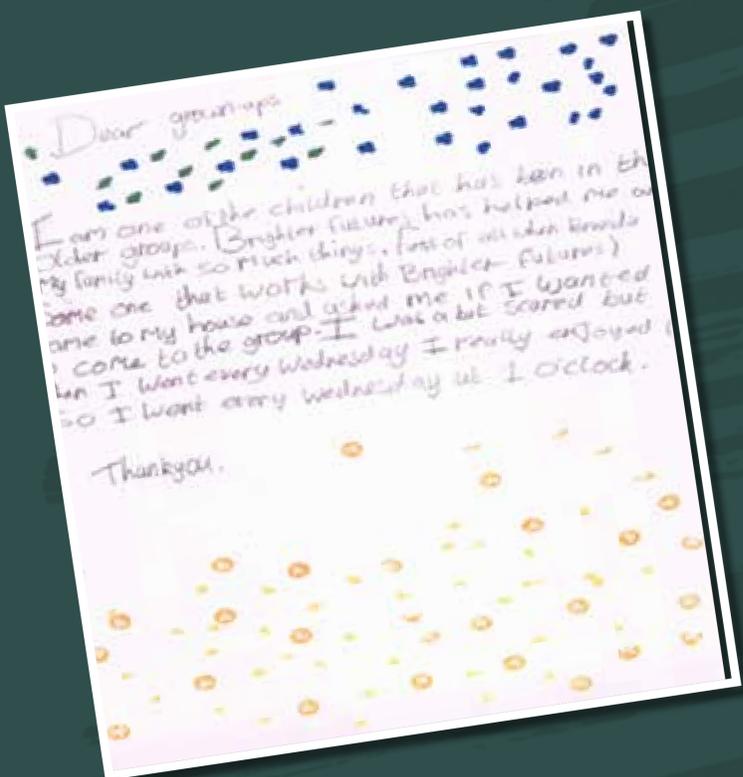


Improving Futures Programme

Brighter Futures Wandsworth

Objectives

- To work with mothers and children affected by domestic abuse but no longer living with it.
- To support mothers and children to communicate about feelings and the “hurting” in the past.
- Ensure that children have a voice and that they understand that “hurting in the home” was not their responsibility.



Delivery Model

- To promote a healthy and safe living environment for children and families affected by domestic abuse through targeted supportive groups i.e. 12 weeks Community Group Programme (CGP) which mothers and children attend.
- Project Worker provides comprehensive service for families working in partnership with multiple agencies i.e. Education, Children's Services and Health.
- We deliver family activities i.e. Summer Art Project, Visits to Cinemas, picnics, kite making to enable families to increase their social network.
- A Student Counsellor provides a 6 hr counselling space per week.

Families' Experiences

Feedback from families has been positive. The following are some quotes from children:

“Children need a place where they can be safe – Brighter Futures is my safe place”

“It was good to meet other children who had similar stories because it made me feel less alone, it didn't just happen to me”

“I feel like a weight has been lifted off my shoulders”

Feedback from some quotes from mothers:

‘I feel we can talk more freely together and his anger has become lesser’

‘We talk more as a family’. ‘My child has confidence’

‘We are more open and have more understanding of feelings and I have a stronger bond with my children’

Outcomes

We have worked with **137** families from the inception of the Project.

67 Children have accessed the Community Group and **31** Mothers.

35 mothers have attended Strengthening Families Strengthening Communities Parenting Groups.

Parents have attended Dramatherapy, Stained Glass and First Aid Courses.

What makes the difference for vulnerable families?

To provide a safe space for families to tell their stories so that they are enabled to recover and move on to a Brighter Future.



Improving Futures Programme

Objectives

- Parents in need of additional support have access to tailored support to develop confidence and improve wellbeing
- Parents have increased capacity to support their children learning and emotional wellbeing
- Children have improved wellbeing and are able to fulfil their potential

Delivery Model

A partnership model between Family Action and Markfield, our project is based around following key activities:

- Intensive family support from a dedicated worker to provide emotional and practical support to improve wellbeing, confidence and parenting skills
- Targeted support for families with children with SEND:
 - Befriending support
 - Parenting workshops
- School-based drop in sessions for parents to access information, advice and guidance

Families' Experiences

BA self-referred to the service following ongoing difficulty managing daughter DB's behaviour at school. DB had received a number of fixed term exclusions due to frequent refusal to speak or move, which was causing great distress and practical inconvenience to the family on a regular basis as they were then required to collect her from school.

DB has a twin brother and 4-year old sister and resides in temporary accommodation in Haringey. BA was born in Ghana and have little extended family in the UK.

After referral the family were allocated a Family Support Worker (FSW) who visited them at home. They observed that DB often overwhelmed her siblings, shouting and requiring large amounts of attention and making demands. As BA was keen not to upset DB, fearing her behaviour at school would worsen, they acknowledged that boundaries were not as clear and consistent as they needed to be. It quickly became apparent that support was required regarding boundary setting. In addition, DB's behaviour at school was emotionally unsettling for her twin brother, who displayed signs of concern. DB was last excluded for becoming physically aggressive towards a teacher at school and a peer, which led

Building Bridges, Haringey

to senior members of staff questioning how long the school could keep DB as one of their pupils. This incident required deep reflection from the family, which FSW facilitated, and both parents became more committed to maintaining boundaries and following through with consequences, which was effective. The FSW spent time with DB to understand her emotions and explore how she could control them better. They also liaised with the school to set up space for DB each week to discuss how she was doing. They also spent time on every visit helping DB play with her siblings in a positive way.

As a result of the project DB remained in school, she was not excluded, and her behaviour and emotional wellbeing improved dramatically. The school reported she was calmer and learning with her peers much better. DB is much better at articulating how she is feeling.

'I can talk about my feelings now and ask for help when I need it. If I have a bad morning I can make the afternoon better and not give up.' - (DB)

'DB's behaviour at school has really changed, she is happy there now and we are so pleased.' - (parents)

Outcomes

Using the data we have gathered through before and after monitoring tools 71% of families have shown improvements in one or more areas including:

- Increased parents involvement with their children's learning at home
- Increased parents ability to set appropriate boundaries for their children
- Improved children's engagement in school, reduced poor behaviour
- Increased support from wider families members
- Increased numbers of parents completing accredited training

To date we have also collected 103 educational questionnaires regarding children on the project (we only started this in November 2013). 67 (65%) have shown an improvement in at least one domain (confidence, attitude, attendance, attainment or communication).

What makes the difference for vulnerable families?

Tailored, non judgemental support, with clear goals which are set by, and regularly reviewed by the family themselves.





Improving Futures Programme

Camden Futures



Objectives

- To give families in Camden with multiple problems easy access to a team providing family support, creative therapies and help with debt, benefits and housing problems
- To have a good partnership with statutory agencies so that families get early help from the most appropriate service
- To build a network of local organisations who through sharing information, resources and best practice improve the quality of support that families receive

Families' Experiences

I was basically a victim of domestic violence for a number of years. The problems that started were that I was becoming very withdrawn and my children started to act up. It had been quite an arduous experience with years of therapists and different people, and it made me retreat into a place where I didn't want to expose the issues.

I became quite withdrawn and insular. Then I met Camden Futures. They just empowered me to feel positive again. It has given me self-confidence and has made me feel like we are working together in a way that is not looking down on you, but focusing on the strengths and trying to empower you. The effect it has had on my children has been absolutely overwhelming. My children didn't want to go to school – they were at risk of expulsion because they were acting up because they didn't know what was going on. Now they are in school every day and it is because I have become a firmer and better parent and because I am not feeling so down. I have also been referred to Citizen's Advice Bureau because I had debts.

That was something I had completely ignored, the letters were piling up and piling up and before I had seen Camden Futures I just didn't want to acknowledge it as I thought I had to focus on my family. It seems like a fairytale but it really has had an amazing effect on me. It will have major benefits for families that get involved, because some families can fall between the cracks of a lot of organisations where they don't quite fit the remit. But these will take on anyone – they are going to help you and they definitely don't judge you. I have felt supported, it really is the best place. I will be an advocate for it forever, it's amazing.

What makes the difference for vulnerable families?

Non-stigmatising, friendly and easy access to individual support for the whole family

Delivery Model

- 200 families with multiple and complex needs living in Camden supported to date
- 60% of parents have found an improvement either in their children mental/physical health, in their learning, in their ability to access services or in their living conditions
- All GP and primary schools where a worker is co-located found Camden Futures very beneficial for the families they are in contact with
- Camden Futures provided welfare advice to a total of 70 families in Year 2 – the support provided helped with managing:
- A total of £86,165 of priority debts like rent arrears, Council Tax and utility bills arrears = an average of £1,230 of important debts managed per family.
- A total of £338,332 of non-priority debts such as overdrafts, benefits over-payments, parking penalties = an average of £4,833 of debts managed per family.

Outcomes

- Parental capacity is improved and confidence/self-esteem is increased.
- Family relationships/functioning are improved.
- To improve children's emotional well-being.





Improving Futures Programme

Connecting Families, Bridgend

Objectives

- To improve parenting capacity. To increase confidence and self-esteem in both parents and their children.
- To improve children's behaviour, school attendance and safety.
- To improve family relationships and functioning.

Delivery Model

To provide whole family support, to families who experience multiple and complex issues.

We provide children with individual support based at their school or family home

We deliver parenting programmes and crèche facilities based at their children's school or individual support based in their family home.

Delivery Model

- To provide whole family support, to families who experience multiple and complex issues.
- We provide children with individual support based at their school or family home
- We deliver parenting programmes and crèche facilities based at their children's school or individual support based in their family home.



Families' Experiences

Evaluation completed by a parents who attended a parenting group:

"I have found the behaviour course very helpful and has catered for all the ages of my children and has given me knowledge to pass onto other members of my family. Would definitely recommend and the girls are fantastic".
 "Was good to meet parents who have been going through the same thing". Evaluation completed by a parent who attended the internet safety sessions: "the session was very informative. I have gained a lot of useful information on how to protect my children from internet dangers and teach them about things to be aware of".

Outcomes

Parenting capacity is improved. Parents and their children have improved confidence and self-esteem. Children's behaviour and school attendance is improved. Family relationships and functioning is improved.

What makes the difference for vulnerable families?

Adopting a whole family approach and working in close partnership with school professionals, has helped to better understand and effectively support the needs of both children and their parents.





Improving Futures Programme

Croydon Family Power Project

Objectives

Improved Outcomes for children in families with multiple and complex needs.

New approaches to local delivery that demonstrates replicable models leading to more effective, tailored and joined up support.

Improved learning and sharing of best practice between public services and VCO's.

Delivery Model

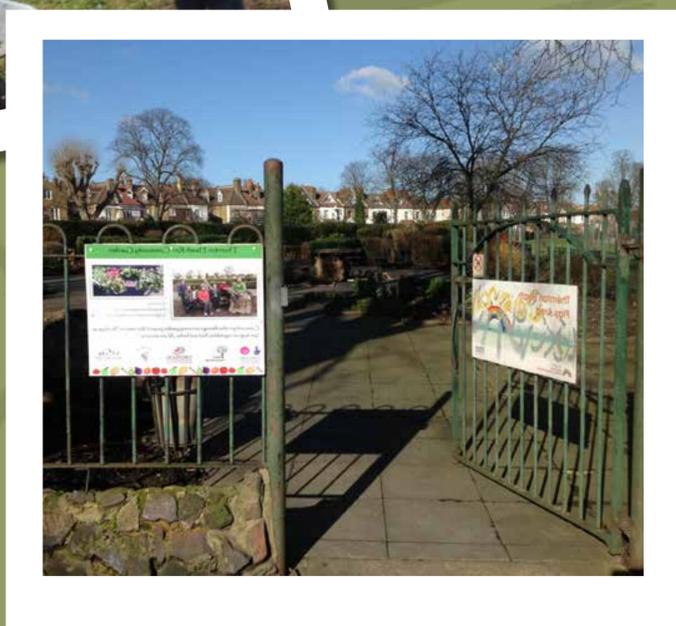
4 delivery streams: 6 Family Navigators based in specialist VCO's . ABCD(Asset Based Community Development)in3areas, Parenting Programme Human Givens model and Roots of Empathy delivered in schools.

Outcomes

J is 43 years old, Black Caribbean, single mother to several children still at home, who looks after her grand-daughter. She came on the course to improve her confidence and to help her deal with family relationships, and I give her comments intended for future attendees, in her own words. "If you've ever asked yourself questions like why do I find myself making the same mistakes, how do I start over, who can help me, where did it go wrong, who am I now: 100% this course is for you. You will begin simply identifying with others, recognising where your beliefs stem from and then challenging them.

[You will] understand the support available to you, build your confidence, support others, set achievable goals, find yourself and your determination, set yourself aspirations, understand the tools and the thought processes that help attain success. Sometimes you just didn't get it because you were never taught it... Welcome to joining up the dots." She goes on to suggest to future attendees "Open your mind, listen, ask questions, reflect, share opinions, challenge concepts and ideas, find your strengths, regain focus, meet your fears and accept your past, define a new future, equip yourself with the tools, improvise around those hurdles (bricks can build steps as well as walls!), taste achievement and make adjustments for your success!"

J went on to become a Family Connector under the ABCD scheme, and is looking into training courses.



What makes the difference for vulnerable families?

A committed, supportive, respectful community worker





Improving Futures Programme

Dundee Early Intervention Project

Objectives

To improve outcomes for children and families, addressing problems before they get any worse and preventing the need for greater interventions.

Help families to find effective and sustainable solutions.

Families' Experiences

"compared to a previous service you were much more involved. You were actually there for routines and boundaries because you came at different times of day which helped us. I can't fault the service at all."

(Parent)



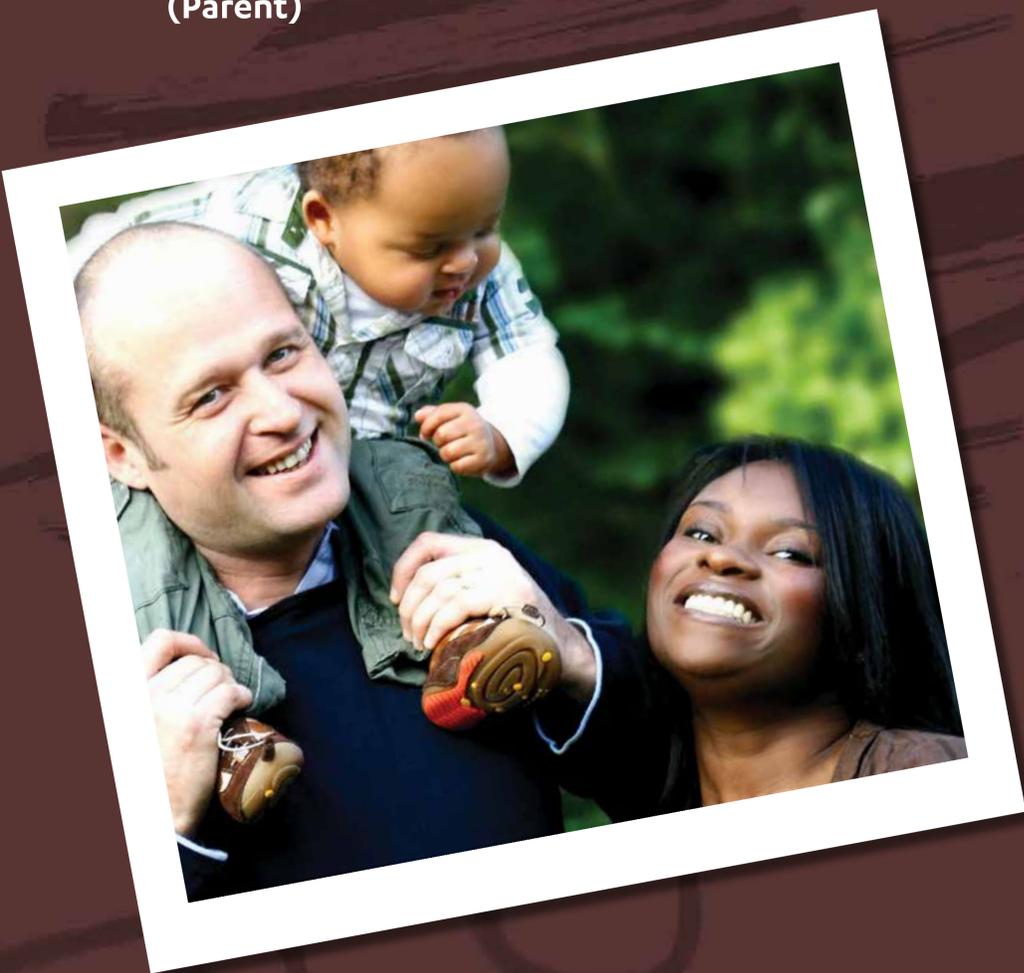
Delivery Model

Support is provided to families on a planned basis, incorporating early mornings, evenings and weekends as agreed within the family support plan.

Support is short-term and intensive, delivered over a 12-16 week period. The team work to a Social Pedagogic approach, empowering families and valuing them as experts.

Outcomes

- Positive Improved Family Relationships.
- Child understands impact of own behaviour.
- Development needs met and understood by carers and professionals.



What makes the difference for vulnerable families?

A consistent worker to build an effective relationship with, and a service offered at times that best suit the families needs to support them on their journey.



Improving Futures Programme

Empowering Families, Midlothian

Objectives

- Our focus is early intervention so that families receive the support they need early and problems are prevented from getting worse.
- We aim to nurture an attitude of optimism and create a context for new possibilities to emerge empowering families to take control of their lives and find their own solutions.
- The families we work with have multiple and complex needs; we want to demonstrate the benefit of working with the whole family system in terms of achieving sustainable change.



Delivery Model

We are based in Midlothian, Scotland. We are a team consisting of a Co-ordinator, part-time Admin Assistant, Therapeutic Support Workers who are qualified therapists, a Family Support Worker and a Family Group Conferencing Worker. The project takes a systemic approach. We assess the needs of the whole family and offer a service tailored to best fit.

Families' Experiences

Case study:

The Kowalski family were struggling with their son Zac's extreme behaviour. After a systemic assessment they attended 4 therapeutic family sessions and the mother completed a parenting course. A member of the team also facilitated a meeting between the family and school staff. Family, school and team all shifted in their beliefs and approaches over time and Zac's behaviour was no longer a concern.

'I couldn't cope ... I was wrecked with guilt... I didn't know where to turn – the social workers say that we're failing. But [EFP] made us know that we weren't. I feel better able to cope.'

(Quote from a family supported by EFP)

Outcomes

- 427 families supported
- families build on their existing strengths
- parents become more confident in their parenting capacity

What makes the difference for vulnerable families?

Families have a positive experience of professional support where their experiences and abilities are valued and respected, and they are empowered to become active partners in the process of change.





Improving Futures Programme

Enfield Family Turnaround Project



Delivery Model

The Enfield Family Turnaround Project is based in Edmonton, Enfield and works with 9 primary schools in the borough.

Schools refer families into the project and each family is assigned a Family Key Worker, who has 6 months to work with the parent. The Family Key Worker builds a trusting relationship with the parent, giving practical support, advice and so empowering the parent to manage presenting issues with their child.

Objectives

Through the Enfield Family Turnaround Project, the Improving Futures funding makes a real difference for children and families in the following ways;

- Improved educational and life skills for children and parents
- Improved parenting skills, emotional stability, health and well-being for families
- Improves safety and stability for families
- Less reliance on public services in a way that promotes future resilience and family happiness

Families' Experiences

- 'The approach was full of hope and motivation. I am so very appreciative of what I gained and learned'
- 'The regular follow up was so important for me. It helped me achieve the targets/goals. The links with other families was good. It was such a relief to meet others and get together to chat. Links to family friendly events during school holidays was great too'

Outcomes

- Improved attainment and emotional resilience levels for children
- Children report a higher sense of self worth and esteem and feel more positive about school life. Parents report that they feel more able to cope.

What makes the difference for vulnerable families?

Vulnerable families need someone they can talk to honestly, who is not going to be judgmental, someone they can trust to give them good practical advice and support.





Improving Futures Programme

Families First, Hackney

Objectives

- Improved educational outcomes for BAMER children with multiple and complex needs in Hackney
- Increased participation of parents in their Children's Education so that Parents understand their role and rights
- Improved learning and sharing best practice between public sector and VCO's

Delivery Model

PARENTS FOCUS

Imagine a Parents' college within a school setting African Community School demonstrated ways to boost BAMER children's attainment and how to create **a school based family learning environment**. "When parents are learning their children are more likely to value learning, "Cardinal Pole School ,SMT".

Advocacy – DayMer and Claudia Jones Organisation builds resilience. Parents support each other Advocates assist parents to address key issues; family relationship, school inclusion and Domestic Abuse

INVEST IN CHILDREN

Peer to Peer Mentoring Plus

Inspire EBP ran a Year 6 transition programme which support 25 pupils to access peer support during their transition years. Pupils gained life skills personal skills Schools based peer mentor DayMer's teaching assistant offered In-class support to Turkish speaking pupils



Community In Reach – Model

- Instead of outreach, our public sector mental experts can now work with a fleet of locally trusted frontline organisations that have long term reach and relationships with parents in need on community premises
- More secondary schools value the input of trusted local organisations that support year 7 to 9 pupils

Families' Experiences

African Community School

Their courses remove undue restrictions to the development of innovative and flexible pathways to qualifications as they integrate classroom and workplace learning to disadvantaged members of the community who have had little or no experience of the education system. - Hackney Learning Trust

Outcomes

Families First improved the educational outcomes of over 700 children and families in Hackney, as a result of our 5 year Big Lottery investment, More secondary schools and local children's mental health teams work with the VCO's to engage African heritage and Turkish & Kurdish speaking parents. Inspire EBP have created a new school dedicated to children in need of long term support.

What makes the difference for vulnerable families?

Timely, trusted culturally aware services that open out of hours, with reach to the right experts and that can respond to the whole family's needs.





Improving Futures Programme

Families Moving Forwards, Portsmouth

Objectives

- To improve outcomes for children with multiple and complex needs.
- To support families to make sustainable changes, improve family relationships, parenting and family health.
- Working with five partner organisations and use the family budget model to ensure support is offered when the family need it.

Delivery Model

The project has seven keyworkers who work with families for up to twelve months using individual family budgets to address each families need and ensuring bespoke support is received in a timely manner.

Families' Experiences

"Families Moving Forward has helped me and Michael move forward. Having someone there to support and talk with has helped give me confidence to deal with difficult situations after a very bad time in our life. Michael has gained confidence in our keyworker also which is great after losing trust in most adults. They have got him playing and being a child again".



Outcomes

The project has supported 254 families to date to improve outcomes for their children and help close the gap between disadvantaged children and their peers.

What makes the difference for vulnerable families?

Having a key person to build a relationship and trust with the family so they received tailored support needed so that they can improve their situation.





Improving Futures Programme

Gateway, Fife

Objectives

- Improve the lives of children growing up in families with multiple and complex needs.
- voluntary and statutory organisations working in partnership.
- evidence the type of approach that make the most difference to children's futures.

Delivery Model

The Gateway Model is an engagement – Skilling up – Progression model. Family mentors connect with families and develop an action plan of support and to identify the need. Families attend family learning to learn and have fun with their children. Parents can progress into volunteering and support other families developing a community where families can support each other and are keyed into services that can help.

Families' Experiences

- "I wouldn't be where I am today without Gateway".
- "Worker helped me with family issues, behaviour charts, budgeting, recycling, bedtime routines...everything really".
- "I hadn't left my house in years so the kids didn't do any activities but now we've only missed 2 sessions over the summer (holidays), the kids were busy every day. The kids had a ball".
- "(Worker) helped me in every way. I had a violent partner and the kids were going through it. (Worker) helped me get in touch with different resources and agencies".



Outcomes

- Children developed positive peer groups and played with other after school.
- Children benefitted from attending medical and dental appointments.
- Families benefited from improved lifestyles by using local community spaces and parents learning how to cook and provide food on a budget.
- Children benefit from better routines and attendance at school.

What makes the difference for vulnerable families?

Families require time to build a trusting professional relationship with workers as some of the issues for families are deep rooted and workers need to be consistent, inclusive and welcoming and walk alongside families.





Improving Futures Programme

Nurturing Inverclyde

Objectives

- Parents and children are less stressed.
- Parents understand the influence of attachment relationships in child development
- Improve support networks

Delivery Model

Community holistic family support that uses a strengths based relationship approach that build the capacity of parents and others in the child's system to respond to children in a way that promotes child development.

Families' Experiences

Family was referred for support; to address family debt, parenting skills and anti-social behaviour within their local community. Family accessed specialist parenting groups provided alongside partner agencies. Family supported to address finances and access alternative housing in a safer community. There was a period of stability, however support was reviewed and continued due to family breakdown.

The second stage of support involved a co-ordinated plan with the Scottish Raising Attainment funded part of the service. Family were supported to access and settle into alternative housing. The children were supported with transition to a new school. The Improving Future key worker and the Raising Attainment family support worker at the new school liaised to ensure that the children received the required support to ensure that the transition was managed with minimal upset and disruption to the children.



The children continue to receive support in the school community. Mum has access to community group work with peers that is facilitated by family support worker Raising Attainment.

Outcomes

The Improving Futures Project within Nurture Service is currently supporting 36 children which is substantially higher than our business plan. The service works towards targeted outcomes for families as follows:

- Improved family attachment relationships
- Improved health & wellbeing
- Increase income and resources
- Increase social networks and supports
- Children and parents more engaged in learning
- Increased access to housing

What makes the difference for vulnerable families?

Holding containing families during difficult times enabling them to take steps towards growth and development both for parents and children.





Improving Futures Programme

Securing Futures, Carmarthenshire

Objectives

- Improve family attachments resulting in stronger family relationships.
- Promote parent and child resiliency within families experiencing mental distress.
- Upskilling parents and professionals through providing accredited training – in respect of parents the aim being to bring them closer to the labour market.

Delivery Model

The project offers a wellbeing and training model at local primary schools...Lego Build to Express and Therapeutic Story Writing.

We deliver therapeutic intervention via therapy, mentoring and family support, training (groupware & 1:1) – all of which focusing on a resiliency model and a stress reduction programme.

Outcomes

- Improving the general wellbeing of families and improving their resiliency and coping skills.
- Improving family functioning – better relationships between parent and child (stronger attachment).
- Encouraged further education, volunteering and/or employment opportunities.



Families' Experiences

Please provide some examples of families' experiences of the support. This could be some quotes or a short case study.

What makes the difference for vulnerable families?

Please answer this question in once sentence, outlining what you think is the most important thing to making a difference for vulnerable families' lives.

Improving family attachments – resulting in stronger family relationships.

Improving Futures Programme

Stronger Families, Future Communities, Southend-on-Sea

Objectives

- Parents in need of additional support have access to tailored support to develop confidence and improve wellbeing
- Parents have increased capacity to support their children's learning and emotional wellbeing
- Children have improved wellbeing and are able to fulfil their potential

Delivery Model

The Southend Improving Futures programme is based around following key activities:

- Intensive family support from a dedicated worker to provide emotional and practical support to improve wellbeing, confidence and parenting skills
- Happy Parents, Happy Children, a school-based groups for parents to access peer support, parenting information and advice on supporting their children's learning and development at home.
- Training and development workshops for parents including
 - Vocational training
 - numeracy and literacy courses
 - Youth At Risk training

Families' Experiences

RA is 31 years old and lives with her two sons ARA (8 years old) and ALA (3 years old). They were referred to the project by ARA's school who had concerns around ARA's behaviour at home often linked to difficulties managing his anger. The school also had concerns around RA's mental health as she had experienced significant DVA with ALA's father (SB) which had been witnessed by ARA. The school also felt the family needed support around parenting and instilling boundaries within the home.

ARA is diagnosed with PTSD due to the DVA witnessed in RA's previous relationship. ARA was then offered drama therapy via CAMHS to support with this diagnosis, as well as his behaviour; anger and emotional wellbeing. When concerns arose regarding ARA's emotional wellbeing school would put play therapy into place to provide him with a safe, stable environment within the school setting. RA is diagnosed with severe depression and anxiety, as well as PTSD due to the DVA she had experienced with SB. RA was prescribed anti-depressants which she had been managing.

After referral they were supported by a Family Support Worker (FSW) who carried out weekly home visits with the family. They helped the family develop a concise Action Plan:

- Access support for RA around the DVA she had experienced.
- Resolve RA's debt and arrears
- To access local Maths and English courses
- RA to attend GP regarding concerns around her sleeping patterns and referral to MIND service for support with her emotional wellbeing.
- Refer RA to take part in the Freedom Programme.
- To explore ways in which to support ARA and ALA to remain in their own beds during the night instead of getting into RA's bed.
- To put boundaries in place at home regarding children's behaviour
- To address concerns around attachment with ALA

At the beginning of the support RA was significantly struggling with her emotional wellbeing and this impacted on her progressing through the Action Plan. By focusing on getting support in place to manage her emotional wellbeing at the beginning this had a positive impact on RA's ability to move forward. Whilst she found the Freedom Programme to be distressing and disengaged, a combination of her new medication and the interim counselling support offered by CAMHS allowed RA an opportunity to work through some of these feelings around the DVA she had experienced in a safe and comfortable environment. Both children were behaving better at school and at home, and some of the family debt issues were resolved.

Prior to closing the case I had a conversation with RA regarding taking part in the Freedom Programme in September, and the positive impact the programme could have on RA. RA agreed for the referral into the programme to go ahead as she felt the counselling sessions had begun to help her work through some of these feelings she had previously been struggling with. I completed a Family Star review with RA and determined that RA had all the support she required in place and the family had made significant progress. RA was very positive upon closing and felt the home dynamics had significantly improved.

Outcomes

The project has had positive impact on the 336 families we have supported to date. We have collected before and after data for 265 families to date, which shows that for families who have exited the project:

- Families showed improved social networks and wider support
- Parents showed improved engagement in their children's education
- Parents have improved ability to set boundaries at home

Data shows that 69% of families improved/reduced in at least one of the following categories:

- Parental strengths
- Family risk factors
- Child strengths

In terms of child risks/strengths, data shows that the project:

- Increase peer relationships and seeing friends outside of school
- Increased participation in leisure, play and physical activities outside of school
- Increase attendance to health appointments
- Reduced persistent disruptive behaviour

What makes the difference for vulnerable families?

Dedicated support to help families understand the multiple and complex issues they are facing, and empowering them to find the solutions.



Improving Futures Programme

Sunderland Neighbourhood Alliance

Objectives

- Improved outcomes for children and families with multiple and complex needs.
- New approaches to local delivery that demonstrates replicable models which lead to more effective, tailored and joined up support to families with multiple and complex needs.
- Improved learning and sharing of best practice between public services and voluntary and community sector (VCS) organisations.

Families' Experiences

Highfield Primary School, in which a breakfast club has been initiated, reported that since it was introduced their attendance has improved and peaked at 97%.

M. Adamson from the school commented that "It has not only impacted attendance but also lateness as the children we targeted were some of our worst offenders. The teachers have also commented that the children are more alert and ready to learn."



Delivery Model

The Sunderland Neighbourhood Alliance has developed a partnership working model, which draws on the strengths of locally based VCS agencies to engage and support. This approach removes barriers and allows trusting relationships to be established, leading to prolonged engagement, whilst achieving better outcomes for children and their families.



Outcomes

- The project has engaged and supported **198** families (after 30 months), surpassing the four year target of **160**
- **22** parents have moved into full time employment, with a further **21** beginning part time employment or volunteering opportunities.
- Improved attendance - with one child's attendance rising from **64%** to **95%**

What makes the difference for vulnerable families?

Providing a Neighbourhood Friend to engage and support parents has proved beneficial and created a link between families and schools, meaning that issues are highlighted and responded to quickly allowing greater impact and outcomes.



Improving Futures Programme

Tackling Domestic Violence, Belfast and Lisburn

Objectives

Women's Aid Gateway Support

- To work in partnership with statutory services and provide early intervention and support for families where there is domestic violence, in order to reduce the risks and prevent to need for referral to statutory services
- To provide individual support plans for families, including group work for women and prevention programmes for children to prevent escalation of domestic violence
- To work directly with the primary age children in families where there has been domestic violence and deliver the 3 key messages of the Helping Hands Programme – We have the right to feel safe all the time, There is nothing so awful (or small) that we can't talk about it with someone and Others have the right to feel safe with us



Quotes from Mothers:

'Women's Aid has helped me by giving me the confidences to move on in a positive light... (I am) overwhelmed by the level of support and advice we have received, I just hope other women make use of the service and can get a new life also.'

'It was the biggest wake up call. I had time to think about everything that had happened and know that it wasn't right. I had to walk away. I had to put my daughter and me first. I am real happy with the service.'

'It has been a fantastic service that was offered to us at just the right time. It has helped us rebuild and look forward to the future'

'If you could sum up how Women's Aid has helped your child in one sentence it would be...' – It has brought her smile back

'Women's Aid have given me my happy, bubbly son back'

Delivery Model

Working closely with Children's statutory services the project relies on receiving referrals prior to the need for child protection or statutory involvement. Group work with women and Helping Hands preventative education work with children is central to the delivery of this early intervention and prevention service. Through this combination of individual and group work we hope that the family comes to realise the impact of domestic violence on their lives and are able to understand and support each other and ultimately move toward a safe, secure and happy future together.

Families' Experiences

Quotes from children:

'(Before Helping Hands) I was sad a lot, crying, I didn't feel safe anywhere I went. I could not be bothered with stuff. I was so sad we would lock ourselves in my room and we would all cry... I'm glad she came to help us feel happier. I'm smiling everywhere I go. I will remember all the stuff that I learned. Thank you for helping.'

'Before I was worried, now I feel safe and nothing bad is going to happen to me'



Outcomes

The project has directly supported 697 families who have experienced domestic abuse - 70% of these reported a positive change in their lives, and 64% reported an increased sense of safety following the project intervention.

556 children have taken part in the Helping Hands Programme and 86% of children reported positive change in their lives as a direct result of this work.

What makes the difference for vulnerable families?

Putting the needs of women and children at the centre of any intervention – listening to and validating their experience, helping them to feel and be safe, giving practical and emotional support to enable them to take back control of their lives and their future together.





Improving Futures Programme

Teulu Ni (our Family)

Objectives

- The project will integrate with other schemes which are aimed at improving parenting skills, particular emphasis is placed on working with the fathers and improving their relationships with the children.
- The partners offer a variety of services including advice and counselling on family rights in court, family conferencing, supporting families to work with schools around special educational needs and behavioural issues with one of the partner organisations working to provide environmental and outdoor opportunities.
- Operating in a rural location close to Snowdonia National Park the project will exploit natural resources in order to provide environment related experiences which will in turn contribute to improving the health of families and developing the skills of parents and children through gardening, growing vegetables, fishing, walking and climbing.
- A Family Support Budget will be used to plan the support required by the family including the services provided by the partners. The project will also provide spot purchasing where necessary for services not provided by the partners.

Delivery Model

One of the Project's Partners, Barnardos, employs four Family Buddies to work 1:1 with families. The service is provided throughout Gwynedd and families are offered the support through the medium of Welsh or English. An assessment of need and six weekly reviews are carried out with the family using the Outcomes Star.

A Family Support Budget will be used to plan the support required by the family, thus ensuring that the families receive a bespoke service.

To date this has included paying for training for both parents and children, assistance to grow vegetables, cooking sessions, sessions at the gym and swimming, counselling sessions and purchasing cooking equipment.



Families' Experiences

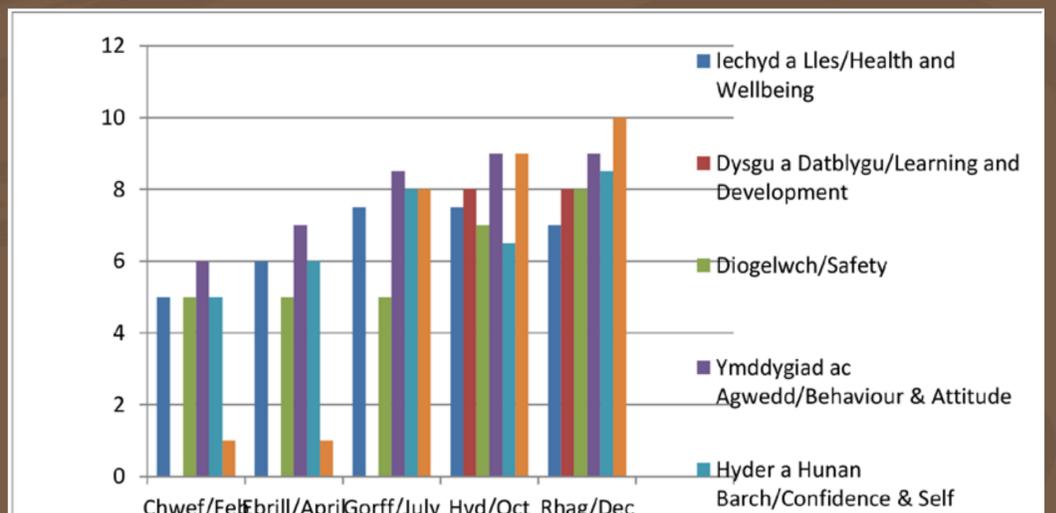
- You have helped me in so many ways, don't know where to begin. Help with the garden, Gavin (son) and I get on so much better together, I feel so much better myself. I would never have had the confidence to take the boys out on my own before. Gav really enjoys the swimming sessions.
- I think it's been extremely helpful to the family to have your support - it has enabled a much more consistent attendance in Manchester and better reliability, even in terms of punctuality, than other hospital transport has previously been. Your support to the family as a whole has also allowed more home follow up of targets and information around spares/repairs that has been discussed in session.
(Jayne Jones, Specialist Speech and Language Therapist, Manchester)

- Best project to come to Wales, It's the best thing to happen to my family

12 months into the Project, the Children's Commissioner for Wales and the Police and Crime Commissioner attended a day of activities.

- What a great day. I know these things take a lot of planning but the children and families obviously had such a great time. With best wishes and congratulations to you and your team!
(Keith Towler Children's Commissioner for Wales)

Outcomes



What makes the difference for vulnerable families?

Being part of the assessment and action plan in order to ensure that the service is based on the family's needs and their willingness to collaborate.



Improving Futures Programme

Tyne Gateway Trust



Objectives

To recruit, train and employ local parents as Family Entrepreneurs (FEs) to provide credible, non-judgemental and bespoke whole family support to some of the hardest to engage families in North and South Tyneside; specifically to address underlying issues and :

- to improve school performance and outcomes for primary aged school children.
- to provide joined up, whole family support to address the underlying issues and help them access the more specialist services/agencies they need to progress
- to remove families/children from, or reduce the risk of them progressing to, what was the 'at risk register' i.e. Child Protection, Plan/Child in Need status.

Delivery Model

- Referrals from schools, professionals, agencies, families themselves
- 'Barefoot Professional' model using local parents (FEs) who have experienced the same or similar issues to those they are supporting.
- FEs use a range of enterprising and innovative solutions to address underlying issues and help families progress.
- We engage the hardest to reach families for whom professional approaches have failed to be fully effective.
- We develop new community-led services to fill gaps in provision.

Families' Experiences

One family's property was in very poor condition and this was affecting the child's attendance at school. "Since working with the Family Entrepreneur we feel safe and warm and my child's attendance has improved"

(Parent)

A family had a range of issues impacting them such as debt, mental health, parenting and had previously refused to engage with services. "The support from the FE has really changed my life and attitude towards social services and other professionals and I now feel confident to ask for support"

(Parent)

We work closely with other professional services "The Family Entrepreneur has been a major professional in the Team around the Family and has contributed to all of the positive outcomes for this family"

(Young Person Lead)

Outcomes

- To date we have supported **260** families (exceeding target).

In the first 2 years of our delivery:

- **84%** of children had improved attendance and attainment.
- **70%** of children had improved achievement.
- **43%** of children who were on the 'at risk register' (Child in Need or Child Protection Plan) had been removed from it due to our interventions.

What makes the difference for vulnerable families?

The success of our model is based on having a local trained parent who does not judge them, understands their community, has experienced the same/similar issues the family are facing, speaks their language and is persistent in supporting them in an empathic yet challenging way.



Improving Futures Programme

Wolverhampton Improving Futures

Objectives

- To support primary school aged children with challenging behaviour through solution focused, 1-2-1 support to manage self-esteem and emotional well-being.
- To provide tailored support packages for vulnerable families – to build resilience and improve the quality of family life.
- To recruit and train 200 volunteer mentors.

Delivery Model

The programme is based within the voluntary sector and works alongside statutory services to engage and enable families facing complex challenges. Families are supported through a range of responsive, family focused interventions designed to improve emotional well-being, build resilience and ultimately build stronger families.

Families' Experiences

Comments from families:

I don't feel the only one fighting this battle

Used to keep it to myself – felt that I was bothering people – X came along and I cried – and she said ok that's what I'm here for – it's knowing that someone is there for you.

It has helped me so much – opened my eyes to things that existed – and lifeline – saved me – like a swimming ring...



I had someone to talk to who I felt was very positive for me and my family. Thank you.. if I did not have this support I wouldn't of coped with my ill health and dealing with children's behaviours, tantrums. It is only because of the support I get I have been able to understand and work with my children.... otherwise they could of be taken off me.

Outcomes

Dramatic improvement in children's emotional well-being (98%) as evidenced through reduction in Strengths and Difficulties Questionnaire (SDQ).

De-escalation in social care interventions (80%)

Take up of employment opportunities for volunteer mentors (90% of those seeking employment)

What makes the difference for vulnerable families?

Families have told us the key hallmarks of our service are:

- Workers are direct / honest
- The service keeps its promises
- They care for families
- Workers are contactable
- The team are professional





Improving Futures Programme

Worcestershire Choice and Control

Objectives

- Exploring how personalised practice allows families to sustainably improve their outcomes.
- Working with families as they explore choice and control to improve their outcomes.
- Creating a partnership delivery model that shares an ethos whilst responding to local need.

Delivery Model

An Early Help support service for families with children under 10 years in 3 areas of Worcestershire (2 urban and 1 rural).

The project is based on a partnership model of voluntary sector organisations; 3 of these VCS partners deliver services to families in their localities.

The project is focused on exploring personalised practice and using personal budgets with families to sustainably improve their outcomes.

83%

of families reduced at least 3 risk factors

Families' Experiences

'Usually we just get told what to do and feel like we are being judged in some kind of way. But this project is completely different'. Me and my family are coping much better with life.

I understand more about the problems that are occurring and it is good to just have someone to talk to'.



100%

of families completing survey have stated that they are satisfied with their support, that they feel listened to and family life has improved

What makes the difference for vulnerable families?

Investing in really understanding a family; establishing a relationship based on respect and equality and supporting families to take control.

