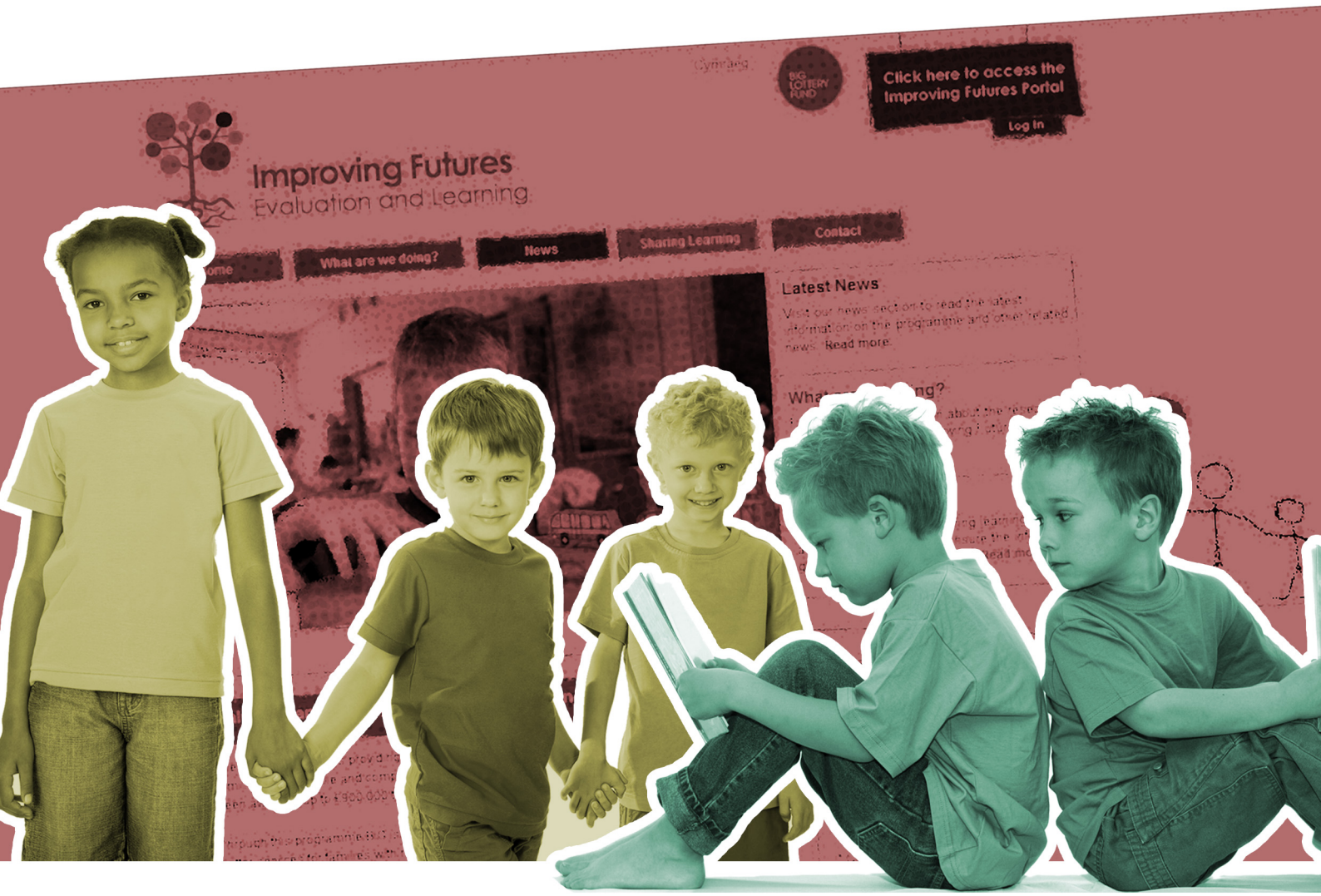
Evaluation of the Big Lottery Fund Improving Futures Programme

Year 1 Evaluation Report



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Glossary of Terms

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Abbreviation	Full Description
ADHD	Attention Deficit Hyperactivity Disorder
ASB	Anti-Social Behaviour
BIG	Big Lottery Fund
BME	Black Minority Ethnic
CAF	Common Assessment Framework
CAMHS	Child and Adolescent Mental Health Services
DCS	Director of Children's Services
DLA	Disability Living Allowance
EIF	Early Intervention Foundation
ESF	European Social Fund
FIP	Family Intervention Project
FSM	Free School Meals
GIRFEC	Getting it Right for Every Child
GP	General Practitioner
HMRC	Her Majesty's Revenue and Customs
IFMIS	Improving Futures Monitoring Information System
IFSS	Integrated Family Support Services
JAFF	Joint Assessment Family Framework
MCS	Millennium Cohort Study
OFMDFM	Office of the First Minister and Deputy First Minister
ONS	Office for National Statistics
SDQ	Strengths and Difficulties Questionnaire
SEN	Special Educational Needs
TAF	Team Around the Family
TOPSE	Tool to Measure Parenting Self-Efficacy
VCO	Voluntary or Community Organisation
VCS	Voluntary and Community Sector

Executive Summary

Background to the Evaluation

The Improving Futures programme was launched by the Big Lottery Fund (BIG) in in March 2011. A total of £26 million in grant funding was distributed between 26 pilot projects across the UK, to **test different approaches to improve outcomes for children in families with multiple and complex needs**.

In October 2011, BIG awarded an **evaluation and learning contract** to a consortium led by Ecorys UK with Ipsos MORI, the University of Nottingham and Family Lives. The evaluation is funded over five years, to assess programme effectiveness and impact, alongside continuous dissemination activities. This report presents findings from the first full year of the evaluation. The report focuses primarily on the lessons learned from establishing the project partnerships and engaging families, and the early evidence of outcomes. It also provides a detailed analysis of the year 1 cohort of Improving Futures families.

Aims and funding criteria

The Improving Futures programme represents a major new investment of Lottery funding, with grants of up to a maximum of £900K over a period of 3 to 5 years for projects across the UK. As a grant condition, BIG required that **all projects are led by Voluntary or Community Organisations VCOs in partnership with statutory services**; offer a broad range of services; and include mechanisms to **engage the 'hardest to reach' children and families**. Whilst there is discretion for identifying and assessing needs, a limit of 5-10 years was placed on the oldest child at the point of engagement, to encourage partnership working between family-focused organisations and schools.

Methodology

The evaluation is sub-divided into **three distinct work streams**, which include: a) 20 bespoke project-level evaluations; b) an overall programme evaluation and, c) the design of learning activities for projects to exchange good practice within the programme, and to share best practice with external stakeholders.

A mixed methods approach is being used. This includes bespoke data collection from each project; centralised recording of strengths and risk factors for families by project workers using a secure online monitoring system - the Improving Futures Monitoring Information System (IFMIS); a longitudinal panel survey with families; stakeholder surveys, and a rolling programme of case study visits to all 26 projects. The overall design is underpinned by a cost-benefit analysis and impact assessment.

The key findings from year 1 are summarised within the remainder of this Executive Summary. A full list of the 26 projects and further information can be found at: **www.improvingfutures.org**.

Working with Improving Futures Families

Overall, the focus of Improving Futures projects in the first year has been on **building strong local partnerships and delivery teams** to provide effective and innovative ways of working with children and families. As such, many projects are still in comparatively early stages of delivery, and there is evidence that their delivery models are evolving as new issues arise. There was a general sense that the projects face **a more challenging financial climate than when the programme was launched**. This has resulted in a heightened sense of competition for resources between local organisations, and some initial reluctance to work collaboratively at a time of widespread redundancies and service cuts.

Identification and Engagement

Across the board, the engagement of families has been on a voluntary basis, with 85% of families reporting in the survey that the decision to engage with the project was entirely their own decision. There have been limited instances of families disengaging from the programme. The main reasons have been where they faced a sudden crisis; or following an escalation to social care or specialist services. In a few cases, it occurred where the family found it too difficult to continue with therapeutic support.

Projects have used a range of approaches to identify and engage families, including promotional activities such as launch events, leaflets, posters and websites. An important strand of this activity has been to **build trust amongst local organisations to refer families, and to raise their awareness of appropriate referrals** based on the programme criteria. This has often taken significant time and effort to achieve. Common success factors for generating referrals were reported to include: identifying and linking with existing local partnerships and multi-agency forums; identifying an appropriate 'link' member of staff within each organisation who will advocate for the project, and adopting a persistent approach.

Primary schools have provided a hub for many of the projects, as underlined by the baseline survey of families, which showed that well over half (59%) of respondents were engaged through someone at their child's school. The existing knowledge about the families held by school staff was widely reported to have been a success factor in this respect. Referrals have come from a variety of sources, however, with projects routinely making effective use of both statutory and VCS organisations within their local area to provide opportunities for different points of engagement for adult and child family members. A few projects have also used community development models to build capacity to generate new referrals.

At this stage of delivery, there is recognition from projects that **there are families with additional needs who have not yet been reached by the programme**. The widespread focus on primary schools, whilst very successful overall, has resulted in a potential skewing of referrals towards families who are already known to professionals. An action point in this respect has been to strengthen the links with other local agencies supporting higher need families or those who would not engage with a school.

Project leaders feel that the throughput of families could be increased by opening up the upper age bracket to include families with older children. A further emerging issue has been the **greater number of families presenting with more complex needs than was anticipated**. It was not uncommon for project staff to report having faced pressure to absorb this capacity, as a result of other services being over-stretched. This has required a balance between early intervention and offering a 'step down' for higher need families.

Assessment, service planning and review

The projects have implemented a wide array of approaches for assessment and service planning, and **the vast majority of families responding to the survey (86%) reported having set specific goals or targets**. Projects have commonly used several different tools in combination; to accommodate the diverse needs of adult and child family members. Many projects have made use of assessments that hold currency with statutory partners, such as the Common Assessment Framework (CAF) or Joint Assessment Family Framework (JAFF), alongside participatory tools such as the Family Outcomes Star, whilst others have incorporated diagnostics such as the Strengths and Difficulties Questionnaire (SDQ).

The timing and location of the assessment were also reported to have been key factors affecting the level of engagement by families, with **the most effective approaches often being staged over a number of contacts;** to build relationships and to allow time for families to disclose their needs at their own pace. The most successful examples of assessment were found to have played a role in moving families forward, by providing an opportunity for them to reflect on their situation from a fresh perspective.

Supporting families

At the current stage in delivery, there is promising evidence that **projects are replicating many aspects of documented good practices for family support**. This includes the use of intensive key worker or lead professional models and persistent one-to-one support; educational outreach; and the use of evidence-based parenting programmes such as Incredible Years and Triple P. There was mixed evidence for the extent to which these programmes have demonstrated a 'whole family' approach, with some projects still supporting children and adults on a largely separate basis. However, two of the projects have broken new ground by running the Roots of Empathy programme – a first in England.

Key success factors for supporting families have included: providing flexibility when support is delivered, including 'out of hours' provision in the evening, weekends and during the holidays; having frequent key worker contact with families during the initial stages of involvement, and providing a hands-on approach to support family members with accessing other local services or information. A number of project staff reported some surprises in families' presenting needs. Whilst some expected to focus on areas such developing parenting skills and meeting children's emotional or learning needs, families have routinely expressed difficulties relating to their financial or housing situation requiring immediate action.

One of the emerging areas of interest for the projects has been to **test new and more effective ways for commissioning family support services**. This has included the use of personalised budgets or 'spot purchasing' for individual families, and the development of whole new packages of support. Following an extensive resource mapping exercise, one project has developed a multi-agency support package combining advice around welfare reforms and housing, with therapeutic support to boost confidence and self-esteem. This has facilitated a more strategic approach towards commissioning services in response to demand. Other projects still have sought to provide this type of bespoke support by accessing external funding opportunities alongside the Improving Futures grant funding.

There has been a smaller but growing trend towards **families directly supporting their peers within the programme**. This has typically occurred as a continuation activity, where families have made arrangements to keep a support group growing following the end of their intervention, such as running family drop-in classes, or adult learning activities. In a rarer example, families received training to perform a key worker role within the Family Entrepreneur model in South Tyneside, managing caseloads of other families. This trend towards peer support was expected to increase as the projects expand.

Early outcomes for families

It is still a comparatively early stage within the programme to identify clear trends regarding outcomes. However, it is already apparent from the project-level monitoring returns and case study visits that many projects have improved the circumstances of the families they have supported. The nature of the improvements has varied considerably according to the wide ranging types of support provided.

Projects have frequently reported being able to achieve **'quick wins' for families**, through the provision of practical **support or subsidies to improve their immediate financial or housing circumstances**. Typical actions have included budgeting assistance; money or housing advice; income maximisation; assistance with applications to move to more appropriate accommodation, and direct intervention with landlords to avert housing actions. It has not been unusual for projects to make use of the grant funding for environmental improvements such as home repairs, or purchasing essential household items.

Adult family members

Many projects have sought to address issues faced by individual adult family members. There has been a crosscutting focus on **improving confidence and self-esteem, and providing support with parenting anxiety, frustration** and **strategies for dealing with child behavioural problems**. Parenting courses have operated in over half of the projects. Where this support was provided, parents have consistently reported having acquired new techniques and / or strategies for behaviour management. Some have quickly observed improvements in their children's behaviour or levels of parent-child interaction. Many of the projects are seeking to measure these outcomes using standardised tools, such as the Tool to Measure Parenting Self-Efficacy (TOPSE). Further quantification of these outcomes is expected as greater numbers of families are engaged and supported.

Children

There is also some evidence emerging of positive outcomes for children. Given the school-based focus of many projects, these outcomes have typically related to **improved behaviour and attendance and / or children generally feeling more settled in a school setting, and demonstrating pro-social behaviours**, providing a firm basis for improved achievement. Contributory factors bringing about positive change have included practical support to overcome one-off barriers to school attendance; assisting parents to access additional support for their child, and the direct provision of mentoring.

Family-level

In line with the aims of the programme, support from the projects was often reported to have **helped families deal with a number of specific issues faced by individual children or adults in the family, to the benefit of the overall family situation**. Indeed, project staff routinely described the importance of providing joined-up and holistic approaches for working with families. Nevertheless, the case study research and monitoring to date would seem to indicate that projects have not always worked with the 'whole family', and that some have focussed primarily on the main carer – typically the mother – through the course of the families' involvement in the project. **It will be a priority for the evaluation to further explore the range of models of supporting multiple family members**, including the extent to which wider family members – including fathers and non-resident parents – are being engaged.

More specialist therapeutic interventions have also been in evidence for adults and children, with projects sometimes working with families where there are **more significant challenges relating to mental health problems, drug or alcohol abuse or addressing the effects of domestic abuse**. A smaller number of projects have supported families at higher levels of need. Further exploration of the role and effectiveness of this more targeted work within Improving Futures will be explored during year two.

Developing tailored and joined-up provision

One of the key aims of the Improving Futures Programme was that projects would pursue effective, tailored and joined up family intervention support. There is emerging evidence that projects have made progress in this respect. One of the clearest examples has been **the development of strong local partnerships for delivery of the projects**. Improving Futures projects are characterised by the third sector leadership, in partnership with statutory services or other VCS organisations.

It is already clear that **there has been considerable success with engaging a wide range of appropriate statutory service providers in the projects at a local level** and raising the profile of the programme. This has included schools, police, Jobcentre Plus, social housing teams, and – to a growing extent – adult social care teams, health partners and GPs. The requirement for DCS endorsement of the original Business Plans was widely considered to have had a galvanising effect in this respect, in providing foundations for strong levels of statutory involvement in the programme.

The year one evaluation has also clearly identified instances where **larger VCS organisations have come together to deliver joined-up support for families, with positive early results**. This has included examples of collaborative projects involving some of the largest children's charities in the UK.

An emerging challenge with regard to VCS engagement has been **to secure the buy-in from the smaller 'micro' organisations at a locality level**, including community and faith based organisations and smaller specialist support groups. This has proven critical for reaching out to a much wider range of families than it is possible to engage through schools alone. A number of projects have undertaken very comprehensive approach to 'map' local services and support, which has greatly assisted in this process.

Improved learning and sharing of best practice

Positive partnership working in the context of Improving Futures is widely considered to have **supported the exchange of good practice and learning in delivering family support**. The various partnership and multi-agency structures established for the management and operational delivery of projects have served as a mechanism for the exchange of learning in this respect. The joint training events that many projects have delivered are also perceived to have been a useful mechanism for sharing learning.

There are **promising early signs that Improving Futures projects are becoming embedded within local structures for children and families**, in order to align with other initiatives and in some cases influence the development of early intervention models. Examples were found of project representation on Local Commissioning Boards, Early Intervention Boards, Children's Trusts, Health and Wellbeing Boards, Parenting Strategy Groups, Community Planning Partnerships, Substance Misuse Screening Groups, and voluntary sector forums. A real test of the true level of penetration that has been achieved by projects will come from the Improving Futures stakeholder survey, which is due to be rolled out in autumn 2013. This will further explore wider stakeholder's perceptions on the added value of the programme.

Improving Futures families – The Year 1 Cohort

The monitoring system (IFMIS) makes it possible to examine the **characteristics of families and individuals within the programme**. The data examined for the report relates to the 'entry' stage data inputted by project workers. These data are generated by projects from the various assessment tools in use at a local level. Caution is needed in the interpretation of the results, as the recording of risk factors and strengths carries a degree of subjectivity based on practitioner judgements. However, all data entered to the IFMIS is auditable and links back to individual service plans or their equivalent.

The analysis for the report was based on a total of 891 families in the IFMIS system (at June 2013), including 1,422 children and 1,042 adults. This is a sizeable data-set and allows for robust analysis.

Socio-demographic characteristics

Improving Futures families feature **a number of characteristics that are associated with higher support needs**, such as lone parenthood, being from ethnic minority background and low socio-economic status. Overall, this is consistent with the intended target groups. The IFMIS data shows that:

- **Families with school meal status** make up over three quarters of all Improving Futures families. In the general population, just over one in five of children aged 4-15 years are eligible for school meals
- **Lone parent families** are over-represented compared to general population, at three in five families, compared to around one quarter of all UK families with dependent children (ONS, 2012)
- Three quarters of adult family members are **women**, reflecting the lone parent profile
- **Families with a minority ethnic background** are over-represented, at nearly one third of children and adults, compared with just one in five of all residents in England and Wales (ONS, 2011); and,
- Approaching three quarters of children are 5-10 years, with an **average age of 6.4 years**.

It would seem that the programme has **engaged a higher proportion of Black Minority Ethnic (BME) families than comparable family programmes**, including Family Intervention Projects (FIPs) and Family Pathfinders. This implies that Improving Futures may be more effective at engaging these families, but it might also reflect a London skew of the projects. This issue will be explored further in year two.

Strengths and Risk Factors

The Improving Futures families, children and adults feature a range of strengths and risk factors, as captured via the IFMIS at the stage of entering the programme:

- **For families**, those factors ranking highest on their list of strengths include having appropriate access to benefits; established family routines, and strong and supportive family relationships. The main risks relate to family breakdown, domestic abuse, worklessness and financial difficulties.
- **For adults**, the most prevalent strengths include keeping child(ren) save from harm; supporting children through play and learning, and having strong home-school links. The latter strength is likely to reflect the heavy focus on primary schools as a point of engaging families. The main risk factors relate to parenting difficulties, low level mental health problems and educational problems.
- **For children**, the main strengths relate to having aspects of healthy lifestyles, demonstrating supportive peer relationships, and positive out-of-school activities. The main risk factors relate to a high prevalence of (typically low-level) behavioural problems; mental and physical health problems and educational problems. Improving Futures children are less likely to be excluded from school, or involved in crime and ASB than children within higher-end family programmes.

Overall, we find that **families are situated towards the 'upper middle' within the continuum of need, as would be expected given the focus of the programme**. In most instances, the risk factors are more prevalent than in the general population, but are often less prevalent than within other more intensive intervention programmes. However, it is also apparent that some families are presenting with more severe problems such as drug and alcohol misuse, domestic abuse and mental health problems.

Exploratory work was also undertaken to examine the inter-relationships between risk factors and strengths, resulting in eight preliminary typologies that are discussed and explained in the main report.

Conclusions and next steps

This report has presented an account of the initial phase of the Improving Futures programme during the first full year of delivery. Overall, it is clear that the activities have built upon the development phase, to ensure **continuing integration of Improving Futures within wider local support infrastructure** for children and families in most local areas. There has also been much **consolidation and strengthening of joint partnership working between statutory and VCS organisations**, underpinned by DCS endorsement of each Improving Futures business plan. Whilst the throughput of families was substantially over-estimated in many local areas during the first year of the programme, the referral numbers have picked-up considerably during 2013 and all projects are now 'fully operational' and working to caseloads.

The projects have **showcased a diverse range of practices for working with families at different levels of need**. Although it is too early a stage in the programme to offer robust conclusions about impact and outcomes, there are **positive early signs that the programme is making a difference to families' lives**, with some 'quick wins' to address the presenting needs of adults, children and families.

Suggested areas for development

There are a number of suggested areas for development, to be explored in year two. These include:

i. **For the projects** to review the existing 'core' of school-based identification and recruitment and to reach out to those families who are not in contact with mainstream services and are not yet fully engaged with the programme.

ii. **For the projects** to take stock of how 'whole family' approaches are being used within the programme, and to ensure that work with individual family members is also engaging the wider family wherever it is appropriate or feasible to do so.

iii. **For the projects** to ensure that outcomes are captured and recorded systematically at a local level, so that reported benefits such as improved school attendance, take-up of medical appointments, improved security of housing tenure, and other outcomes can be validated.

iv. **For the evaluation** to review and analyse the different models of practice for working with families within the programme, and to work towards some potential typologies that can be used to signpost projects to useful information and support.

The second full year of the evaluation will see a continuation of the rolling programme of case study visits; the implementation of a stakeholder survey within each of the 26 local areas where projects are operating; the implementation of the next phase of the longitudinal survey of families, and the continued collection and analysis of monitoring data. The year two report (2014) will particularly focus on the 'distance travelled' by families, with a further analysis of the IFMIS data and interview evidence.

1.0 Introduction

The Improving Futures programme was launched by the Big Lottery Fund (BIG) in in March 2011. A total of £26 million in grant funding was distributed between 26 pilot projects across the UK, to test different approaches to improve outcomes for children living in families with multiple and complex needs. In October 2011, BIG awarded an evaluation and learning contract to a consortium led by Ecorys UK with Ipsos MORI, the University of Nottingham and Family Lives. The evaluation is funded over a five 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.

This report presents findings from the first full year of the evaluation. This introductory chapter maps the policy context for the study, introduces the Improving Futures programme, the aims and design of the evaluation and the coverage of the report. **Chapter two** goes on to review the profile of the families who have been engaged through the programme to date; comparing them with the family cohorts in similar interventions, and examines the presenting strengths and risk factors of the families at the point of engagement with Improving Futures. **Chapter three** then examines the processes through which families have been referred and supported, comparing and contrasting the approaches that have been adopted by the projects and highlighting examples of potential good practice. **Chapter four** reviews the emerging evidence for outcomes achieved – drawing mainly upon the local monitoring data captured by the projects and the qualitative evidence from the early case study fieldwork. Finally, **Chapter five** offers some preliminary conclusions and identifies the areas to be explored in further detail in the second year.

1.1 The Improving Futures Programme

The Improving Futures programme represents a major new investment of Lottery funding, with grants up to a maximum of £900,000 over a period of 3 to 5 years for projects across the UK. Following a period of consultation; BIG chose to target the programme at improving the wellbeing and life chances for children growing up in difficult circumstances – a policy area where there remains considerable scope for further innovation and testing to establish 'what works' in bringing about sustainable change. The programme is particularly focussed on families where there are multiple and complex problems relating, for example, to unemployment, debt, poor housing conditions and health problems.

The overall aims are as follows:

a. Improved outcomes for children in families with multiple and complex needs
b. 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
c. Improved learning and sharing of best practice between public services and voluntary and community sector organisations

In responding to the call, BIG also required that the grant funded projects were:

- ambitious and impactful;
- led by the third sector in partnership with statutory services;
- offering a broad range of services;
- adopting a joined-up approach; and,
- including mechanisms to engage the 'hardest to reach' children and families.

Two criteria in particular are likely to influence the approaches taken by the projects to identify families and assess their eligibility for support.

- **A discretionary approach towards assessing needs** – BIG adopted the principle that grant holders are in the best position to identify those families most in need of support. Whilst some projects are working with families at level 4[1]. whose needs are not currently being met from existing provision, others are engaging at levels 3 and even 2 where thresholds have prevented them from accessing support in the past The implication is that families will often be at an earlier stage in the continuum of need to participants in other family intervention programmes such as the Troubled Families Programme in England, or Integrated Family Support Services (IFSS) in Wales.

- **An age-based criterion for eligibility** – an age range of between 5 and10 years was placed on the oldest child at the entry stage. The rationale was to focus the programme on those children who fall between the gap for 'early years' and 'youth' provision, and to ensure a strong focus on partnership working between family-focused organisations and primary schools. The implication is less involvement of youth sector organisations and providers with a focus on older age groups.

The age limit, coupled with the possibility of engaging at a lower level of need, combine to give the programme much more of an 'early intervention' feel than many of its predecessors.

1.1.1 The Improving Futures Projects

A total of 26 projects have been funded within the programme, each receiving in the region of £900,000. Of these projects, 18 are operating over a three year period, seven for four year and one running for five years. The projects are diverse in their structure, target groups and models of support and intervention, within the broad programme criteria identified by BIG. They range from 'whole family' assessment, planning and support, to classroom-based provision for pupils, mentoring activities, and capacity building actions such as the provision of training for families as community practitioners and 'asset' or resource mapping at a local level. A summary of the individual projects is provided at **Annex One.**

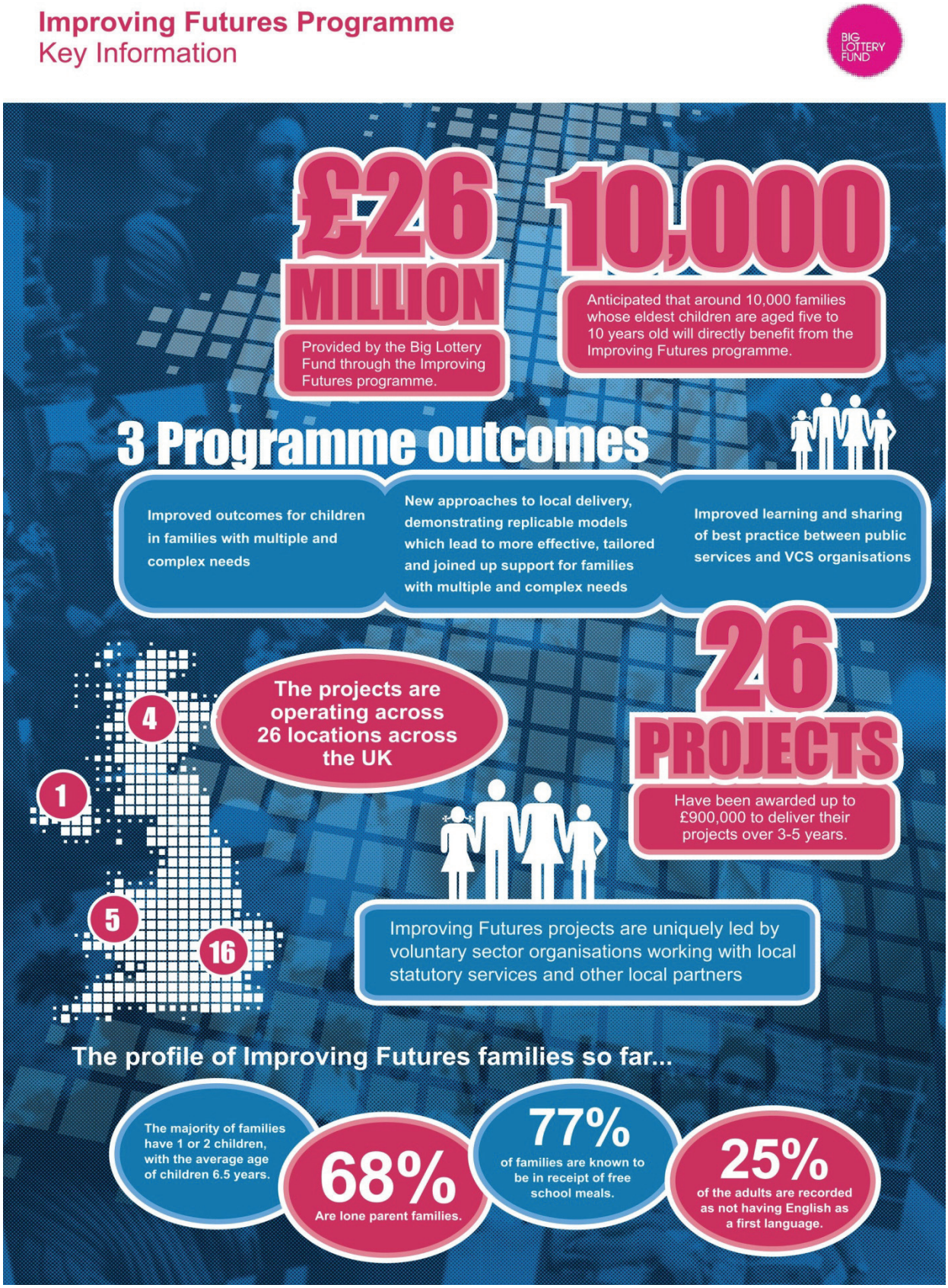
The following table summarises the geographical coverage of the projects. In most cases, the projects operate within clearly defined geographical areas, such as school and community clusters or localities / wards with a high level of socio-economic disadvantage.

Table 1.1 Geographical coverage of Improving Futures Projects

England	Camden, Croydon, East Cheshire, Enfield, Hackney, Haringey, Hertfordshire, Lewisham, Portsmouth, Manchester, Sunderland, Southend, Tyneside, Wandsworth, Wolverhampton and Worcestershire
Wales	Bridgend, Cardiff, Carmarthenshire, Denbighshire and Gwynedd
Scotland	Dundee, Fife, Inverclyde and Midlothian
Northern Ireland	Belfast

[1] Definitions of these specific levels of need on the continuum are as follows:
- Level 1 – Children with universal needs - This represents children with no identified additional needs.
- Level 2 – Children with low needs - The needs of these children are quite specific and can be met by a single agency through a short-term Intervention.
- Level 3 – Children with high or complex needs - These multiple needs can be seen as a significant barrier for children to overcome before their universal needs can be met appropriately.
- Level 4 – Children with complex or acute needs, including those in need of protection.

A visual overview of the main features of the improving Futures programme is presented below. Further information and updates on the programme and evaluation can be found at www.improvingfutures.org.



1.2 Evaluation aims and Methodology

The primary aim of the evaluation is to rigorously assess the effectiveness, impact and outcomes of the 26 Improving Futures projects and the programme as a whole. The evaluation will support the projects with identifying outcomes and measuring progress over time, and will focus on capturing and sharing learning across the programme, and disseminating to policymakers and practitioners across the UK.

The evaluation sub-divided into three distinct work streams to achieve these aims, as follows:

1. 26 bespoke project-level evaluations
2. An overall programme evaluation, drawing on the project-level evaluations and other proposed data sources
3. The design and implementation of learning activities for projects to exchange good practice within the programme, and to learn from and share best practice with other stakeholders

A more detailed outline of the methodologies being used in the evaluation and current progress is provided in Annex Two.

1.3 Policy Overview

The Improving Futures programme has been rolled out in parallel with a number of other key policy developments across the UK. These developments are now briefly summarised, with attention to the main points of actual or potential overlap with the Improving Futures projects.

In **England**, following the 2010 election, family focused initiatives with an emphasis on intervening early have continued to engage the Coalition government. Traditionally, the early years of childhood – zero to four years old – have been a major focal point of early intervention policies. However, the challenges of each stage of childhood are increasingly recognised, leading to a wider emphasis on intervening early before problems escalate. The Improving Futures programme responds to this latter theme, with a focus on families where the oldest child is aged 5-10 years old and where multiple or complex problems pose a risk to the longer term outcomes of children within the family.

A series of widely publicised reports exist on the theme of 'early intervention', most notably, the review by MP Graham Allen[2]. The Department for Education have taken one of the resulting recommendations and provided funding to set-up an Early Intervention Foundation (EIF) to act as a central point to help local commissioners decide which services to fund based on robust evidence. The EIF will mainly focus on UK programmes, but will also draw upon international evidence where appropriate to do so[3]. The Improving Futures projects are well positioned to contribute to this evidence base given the partnership approach with Local Authorities and the focus on testing innovative approaches.

The Troubled Families programme was launched in 2011 to turn around the lives of the 120,000 most 'troubled families' in England by 2015. A Troubled Families team, based in Department for Communities and Local Government (DCLG), has been established to join up efforts across the whole of Government and to provide expert help to local authorities to drive forward the programme. A network of local authority Troubled Family Co-ordinators has been appointed to operate at a senior level in local authorities to

[2] Allen (2011) Early Intervention: The Next Steps
[3] http://www.earlyinterventionfoundation.org.uk/

oversee the work on this programme in their area. The Troubled Families programme will potentially overlap with Improving Futures, although it also includes a greater focus on families with higher levels of need. In June 2013, Government announced an additional £200 Million, to extend the Troubled Families programme and engage 400,000 additional families during the 2015-16 Spending Round[4]. The potential links with Improving Futures are therefore set to continue over the duration of the grant funding period.

Alongside the Troubled Families programme, in 2011, the Department for Work and Pensions launched the Support for Families with Multiple Problems Provision, funded by the European Social Fund (ESF). This programme is aimed at families with multiple problems and complex needs specifically where there is a history of worklessness within the family. While none of the Improving Futures projects are specifically targeting the issue of worklessness as a referral criterion, it is likely that many of the Improving Futures families will face this issue. Similarities to the Improving Futures programme are also evident in the model of provision being used. The ESF provision has a focus on providing a whole family approach, based on a key worker model, which is a core model used by Improving Futures projects.

In Northern Ireland one of the key drivers for family policy is The Office of the First Minister and Deputy First Minister's (OFMDFM), Children's Strategy for Northern Ireland – "Our Children and Young People – Our Pledge – A 10 Year Strategy" launched in 2006. This strategy sets out a common vision and high-level outcomes for children and young people. The "Families Matter Strategy" was published in 2007, to help to achieve the vision set out in the Children's Strategy by supporting parents. It gives priority to prevention and early intervention in supporting families to parent confidently and responsibly, especially when they are facing difficulties. The aim is to ensure that all parents can access information and services in their local areas to support them in carrying out their parental responsibilities. The Family Matters Strategy focuses on universal support, preventative and early intervention services to support parents, children and young people, not only at particular times of need or stages in the development of their child, but continuously throughout children's lives.

In Scotland, the 'Getting it right for every child' (GIRFEC) approach is *"the foundation for work with all children and young people"* in Scotland[5] and builds on the "For Scotland's Children" report[6]. The approach is based in research and practice evidence of what is effective in making a positive difference for children and young people. It is a specific approach and methodology providing a consistent, supportive approach for all Scotland's children and their families.

Scottish policy reflects a keen focus on the evidence that the earliest years of life are crucial to a child's development and future life chances. The Early Years Framework was launched in 2008, signifying the Scottish Government commitment to giving all children the best possible start in life. The Framework sets out 10 elements of transformational change, to be realised over a 10-year time horizon. In contrast to early intervention in other regions, the focus in Scotland is on the period from pre-birth to age 8, thus overlapping with the age range identified for the Improving Futures programme. Other current policy developments include The Vulnerable Families Pathway Project where health, social care, education and VCS agencies work in partnership to create a framework to support children and families from conception to age 3 years in Scotland. The project aim is to meet the additional needs of children and their families and ensure a shift from intervening only when a crisis happens, to prevention and early intervention.

This move towards prevention has emerged more strongly in recent strategic and policy decisions beginning with the Scotland Spending review of 2011 where a strategic shift has led to increased funding for preventative initiatives. The Early Years Taskforce was established to take forward the Early Years Preventative Spend agenda including the establishment of the Early Years Change Fund. The Change

[4] https://www.gov.uk/government/news/troubled-families-programme-receives-extra-200-million-boost
[5] Scottish Government, A guide to Getting it Right
[6] Scottish Government (2001) For Scotland's Children – Better Integrated Children's Services

Fund represents the Scottish Government, Local Government and NHS Scotland's intention to shift resource to where it makes the most difference, by supporting prevention and early intervention.

Most recently, The National Parenting Strategy, launched in October 2012, sets out a number of commitments relating to family support including introducing legislation which provides a dedicated first contact to co-ordinate support and advice for every child who needs it and extending the Family Nurse Partnership programme to roll out nationally.

In Wales the Welsh Government has always had a strong focus on early years and reducing child poverty, working on a whole family approach built around integrated services and providing holistic support to children, young people and families. The Children and Families (Wales) Measure 2010 put into effect the Welsh Government's commitment to tackle child poverty, by providing greater support to families where children may be at risk. Emerging as a result of the Child Poverty Strategy for Wales are a number of current programmes seeking to provide family support interventions. Families First is a five year programme, introduced across Wales in 2012 which aims to develop effective multi-agency support, in order to improve the outcomes of families. Together with the Flying Start and the Integrated Family Support Service programmes, this package of programmes is intended to comprise a comprehensive system of family support in Wales. The idea is that these programmes, working alongside interventions in core services (education, health etc.) will help to enhance outcomes for children.

The evaluation team will continue to track these policy developments across the UK and will examine how they interact with the continuing rollout of the programme into 2014 and beyond.

1.4 Report Structure

The remainder of the report is structured as follows:

- **Chapter two** examines the profile of the first cohort of Improving Futures families.
- **Chapter three** reviews how Improving Futures projects are working with families.
- **Chapter four** examines the emerging evidence against the programme outcomes; and,
- **Chapter five** draws conclusions from the evaluation so far, and sets out the next steps.

2.0 Improving Futures Families

This chapter provides a detailed analysis of the characteristics of families and individuals participating in the Improving Futures programme. It first presents the demographic profile of Improving Futures families; contextualises their characteristics drawing upon existing research, evaluation and general population statistics (Section 2.1.). Then, it presents and discusses the prevalence of baseline issues and problems (Section 2.2), as well as strengths (section 2.3.), at the stage when families entered the programme. Finally, it looks at how different risks and strength factors are interrelated (Section 2.5.).

The analysis is based on data from the Improving Futures Management Information System (IFMIS), which is a centralised monitoring database developed specifically for the evaluation. Project workers draw upon core assessment and review data to identify the presence of key strengths or risk factors for families, and to update the record as these change over time. Data is entered families enter the programme; at the exit point, and 6 months following exit. Some project workers also record interim data some time into programme participation. The data presented here refers to the *entry stage data* within the IFMIS, which concerns the presenting needs and issues when families first start on the programme and have a service plan or equivalent in place. A full account of the IFMIS is provided at Annex Two.

The following chapter gives important insights about the characteristics of the families being supported by Improving Futures. The following caveats should be borne in mind when considering the results:

- **Subjectivity**: The data on risk factors and strengths are based on practitioner validations. Although many of the indicators are evidence-based, the information collected bears an element of subjectivity. This is especially true for the assessment of soft outcomes, such as 'supportive peer friendships at school' or 'parenting anxiety of frustration'. Many of the strength factors collected focus on these soft outcomes.
- **Variation across projects**: The information is logged by a range of different practitioners across projects. They may interpret the same indicator differently – leading to variation in 'what is measured[7]'
- **Unknown information:** Depending on how projects are delivered, not all information about risks may be available at the entry stage (for example, project workers may only get to know the family's issues of domestic violence some time in to the programme). These upcoming issues are not always reflected in the data presented here[8].
- **Indirect measurement:** The IFMIS assesses risk factors and strengths indirectly. Data is based on project workers' validations. This implies, for example, that the participation in physical activity levels is based on an informed judgement by the project worker, rather than direct measurement of people's activity levels. The data can therefore only be a proxy for the real underlying characteristics. An early decision was taken that 'live' completion by project workers while in the presence of beneficiaries would be too time-consuming and undermine the assessment processes preferred by projects.

2.1 Who are the Improving Futures families?

Improving Futures targets families whose eldest child is between 5 and 10 years of age. It takes an early intervention approach to support those families with multiple and complex needs before these increase or become acute. In order to understand how effectively Improving Futures engages with this target group, it is important to gain a sense of the characteristics of the beneficiary families:

[7] All project workers were provided with guidance on the system and the definition of indicators to minimise this as far as possible but some different interpretation is inevitable.
[8] Although IFMIS does include the functionality for practitioners to update or correct information added at an earlier stage, where it is appropriate to do so.

- **891 families** had records created in the IFMIS system up to June 2013, made up of 1,422 children and 1,042 adults. Projects in England accounted for 602 of these families (303 in London, which can be explained by way of the fact that 6 of the 16 English projects are London-based). The rest of the families were split between Wales (115), Scotland (87) and Northern Ireland (67). These figures are sufficient to provide a robust statistical analysis, although they do not represent 100% of all families supported through the programme[9]. BIG grant monitoring data is the official source of beneficiary numbers.
- **73% of children** are aged between 5 and 10 years, while their average age is 6.4 years. The vast majority of children outside this age-bracket are younger and will refer to younger siblings of those in the target group. This implies that Improving Futures is successful in engaging the desired age group.

Improving Futures families are unsurprisingly not representative of the general population of families with dependent children, in that they include higher proportions of families with greater support needs. Yet, Improving Futures families feature broadly similar characteristics to families who participated in precursor programmes, such as *Family Pathfinder Programme* and *Family Intervention Projects*:

- **Lone parent families** are over-represented among the Improving Futures families. Approaching two thirds of families (62%) were lone parents when they first became involved with Improving Futures, whilst only one quarter (25.7%) of all families with dependent children in the UK are lone parent families, according to ONS Labour Force Survey data from 2012. Given that lone parent families are three times more likely to live in social housing than couple families and nearly seven times more likely to be in the lowest family income quintile[10], their overrepresentation in the Improving Futures cohort reflects their vulnerable status and higher needs.

  In fact, lone parents were similarly prevalent in the family pathfinder programme[11] (63%) and family intervention services and projects (64%)[12]. The predominance of lone parent families is also reflected in the gender imbalance of participating adults – 75% are women. The prevalence of lone parent families was higher than average in the Northern Ireland project (82%) and lower than average in Scotland (55%) and Wales (57%). However, these sample sizes are smaller at a country level.

- **Teenage parent families make up 7% of all Improving Futures families,** compared with 11.1% of families in the Millennium Cohort Study[13] (the general population) and 14% in the Sure Start programme (disadvantaged families). Within the Improving Futures cohort, there were a higher percentage of teenage parent families in England (8%) and Northern Ireland (9%) than in Scotland (3%) and Wales (2%).

  Given teenage parents' particular vulnerabilities, their underrepresentation is perhaps surprising. This may be explained by the particular target of Improving Futures to engage 5 to 10 year old children: Even if children were born to teenage parents, families have outgrown their teenage years upon programme entry. Consequently, practitioners may not code the family as 'teenage parent family'. Further analysis of IFMIS data, comparing the age of the youngest adult in each family (where known)

[9] This is as result of a number of factors: 1) first, the IFMIS was set-up by the evaluation team and completion is not a condition of the grant requirement, so not all projects have routinely entered the data; 2) projects took a varying amount of time to train their staff in the use of IFMIS and there have been various staffing changes at a local level, and 3) there are various agreed exemptions to using the IFMIS, which include where project delivery is with groups rather than individual families.

[10] Maplethorpe, N., Chanfreau, J., Philo, D. and Tait, C. (2010): Families with children in Britain: Findings from the 2008 Families and Children Study (FACS), Department for Work and Pensions, Research Report No 656

[11] Department for Education, (2011). Turning around the lives of families with multiple problems - an evaluation of the Family and Young Carer Pathfinders Programme, DFE-RR154

[12] Department for Education, (2011). Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011, DFE-RR174

[13] Sabates, R., Dex, S. (2012). Multiple Risk Factors in Children's development, CLS Cohort Studies Working Paper 2012/1, Institute for Education, London

with the age of the oldest child, suggests that about 23% of families were teenage parent families (youngest adult was between the ages of 13 and 19 when the oldest child was born) at the time of the birth of the first child. Further research should investigate this issue and clarify if and how more teenage parent families should be engaged in the Improving Futures programme.

- **Families with ethnic minority background** are overrepresented among the Improving Futures families. Just under one third (31%) of both children and adults are from ethnic minority background, compared with 20% of all residents in England and Wales[14]. Notably, Improving Futures engages a larger proportion of non-white British families than other programmes: In the family intervention project 88% of families were white and in the family pathfinder programme 77% were white-British.

  This implies that Improving Futures may be more effective than other programmes at identifying and engaging minority ethnic groups, who are also at heightened risk of child poverty amongst other disadvantages[15]. These overall ethnicity figures mask substantial differences in ethnic profile between projects. Most notably, the IFMIS data shows that there is a strong concentration of Black Minority Ethnic (BME) families within the London-based projects. Given that London projects are also heavily represented within the programme (5 out of 26 projects), this is also likely to be a key driver for the programme-level BME population within the IFMIS system[16]

- **English is not the first language** for one quarter of Improving Futures families, compared with 17.5% of all primary school pupils[17]. This is a slightly separate issue to ethnicity reporting, as those families with English as a second or additional language will also include Welsh first language speakers.

- **Families with free school meal status** make up over three quarters (77%) of all Improving Futures families. In the general population, around 21% of children aged 4-15 are eligible for free school meals[18], suggesting significantly lower than average income levels among Improving Futures families. Compared to other countries in the UK, families in the Welsh projects have the highest incidence of free school meal status (84% of families).

Summary: socio-demographic profile of the families

Overall, this first overview shows that Improving Futures is able to engage the desired target group. Improving Futures families feature a number of characteristics that are associated with additional support needs, such as lone parenthood, being from ethnic minority background and low socio-economic status. Many of the families will feature multiple disadvantages. Future research should investigate the low prevalence of teenage parents among the families.

[14] ONS (2011). 2011 Census, Detailed Characteristics for England and Wales, Statistical Bulletin March 2011

[15] Platt, L. (2009). Ethnicity and child poverty, Department for Work and Pensions, Research Report No. 576

[16] In London projects, 68% of adults and 73% of children are ethnic minority, while these figures are only 11% and 13% respectively for non-London projects. Similarly, 41% of families in London do not have English as a first language compared to 17% of families elsewhere. In terms of countries, England has the highest number of ethnic minority families (41% of adults and 41% of children) followed by Northern Ireland (35% of adults and 28% of children) although the latter is due to high numbers of White Irish families supported by the Belfast project. Scotland (3% of adults and 4% of children) and Wales (6% of adults and 6% of children) have much lower concentrations of ethnic minority families. Source: IFMIS data.

[17] In England, Department for Education (2012): Schools, pupils and their characteristics, publication date: 21.06.2012

[18] This share refers to England only, see Department for Education, (2012). Pupils not claiming free school meals, Research Report DFE-RRR35

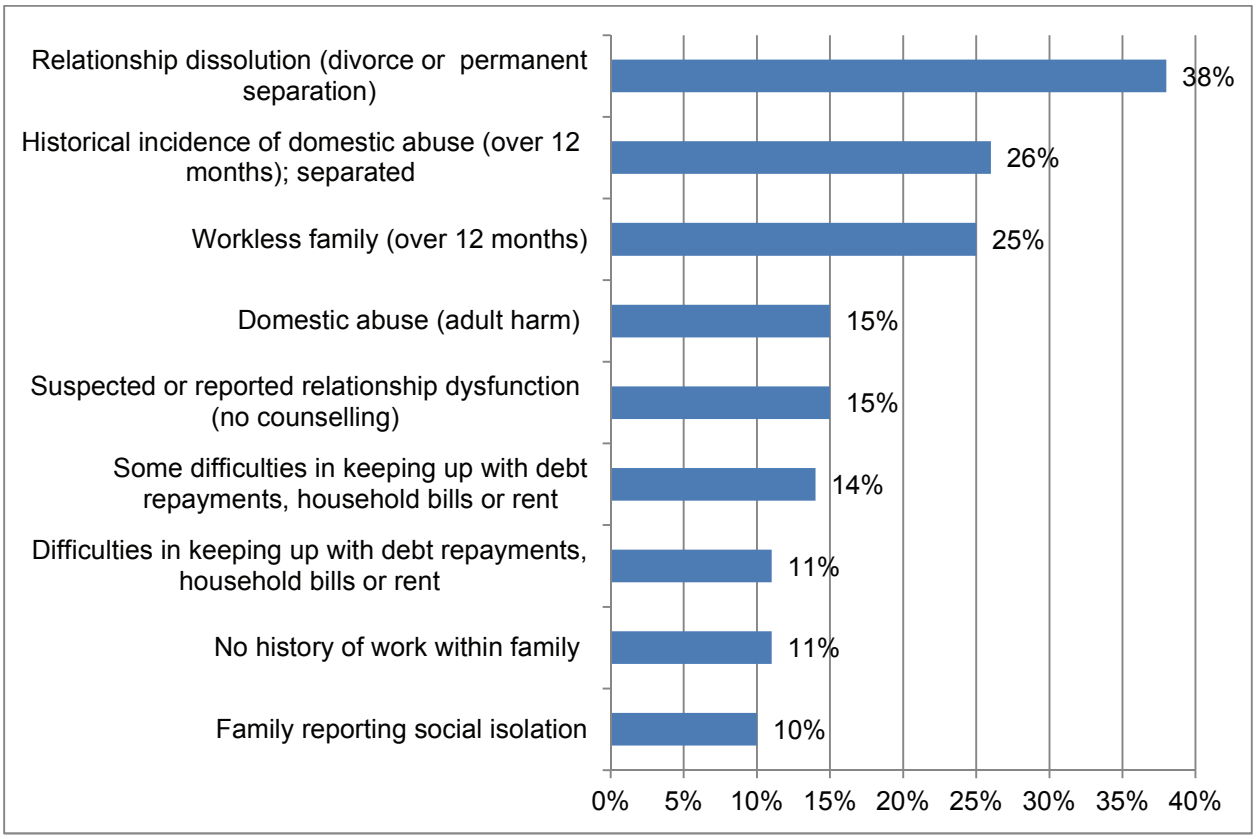
2.2 What are the issues and problems of Improving Futures families?

Improving Futures families enter the programme with a variety of issues and problems (risk factors), which may develop into more acute problems at a later stage. These factors can be anchored at the family level, such as having insecure housing or family breakdown, but can also be linked to problems of individual family members, such as children's behavioural problems or parent's mental health problems. Practitioners record information on families', adults' and children's risk factors in the IFMIS database to assess the baseline and record progress over the course of the programme.

2.2.1 Issues and problems for families as a whole

The following figure presents the most common problems faced by Improving Futures families. It displays those risk factors which concern 10% or more of the Improving Futures family cohort.

Figure 2.1 Ranking of family risk factors



Base: 891 families (all IFMIS families)

It shows that the by far the most common issue faced by Improving Futures families is **relationship dissolution**, as might be expected given the high prevalence of lone parenthood within the cohort. Over one third (37.7%) of all Improving Futures families underwent separation between parents (divorce or separation of co-habiting partners). This share is much higher than in the general population: Findings from the Millennium Cohort Study[19] indicate that one in five (20%) of all couples split up before their child's third birthday. Additionally, 14.6% of Improving Futures families are suspected or have reported relationship dysfunction. This suggests that Improving Futures families have suffered, or are at risk of suffering, family breakdown to a greater extent than the general population.

[19] Benson (2006) "The conflation of marriage and cohabitation in government statistics – a denial of difference rendered untenable by an analysis of outcomes", www.bcft.co.uk

Domestic abuse is a significant risk. Around a quarter (25.7%) of families have a history of domestic abuse, yet are separated. Over one in ten (14.7%) are currently or have recently suffered from domestic abuse (adult harm). The prevalence is lower than in the Family Intervention Projects (30% suffered from domestic violence[20]) and similar to the family pathfinders programme (17% had issues with domestic violence[21]). Domestic violence is linked to a whole range of other adverse outcomes, such children's behavioural problems and adult's mental health. Further analysis will be undertaken to explore these linked outcomes in subsequent years of the evaluation when we are able to draw upon a larger data-set for a greater number of families.

The other most prevalent issues relate to **worklessness and financial difficulties**. Just under one quarter (24.5%) of Improving Futures Families have been workless families for more than 12 months and 10.5% have no history of work in the family. Consequently 13.8% of families have reported some difficulty and 11.3% have reported difficulties of keeping up with debt payments, household bills or rent. This is considerably lower than the families that took part in family intervention services (FIP)[22], of which three quarters (75%) were workless households, 36% were in debt and 54% were behind on rent arrears and illustrates the relative lower level of need of Improving Futures Families.

According to the Office of National Statistics[23], in 2012 across the UK, 37% of lone parent households with dependent children and 4.9% of couple households with dependent children (12.8% of all households with dependent children) were workless. Excluding student households, it was also estimated that 1.3% of all households only contained people who had never worked. These national figures suggest that Improving Futures families are more likely than average to experience worklessness. The nature of links between Improving Futures projects and employment support agencies is a potential topic to explore further as the case study research progresses in year two.

Improving Futures families are less frequently affected by:

- **Insecure housing tenure**: Only 1.8% were in the process of housing repossession actions and only 7.7% lived in temporary accommodation. This compares favourably to 12% of Pathfinder families with housing issues and 18% of FIP families with a notice of seeking housing repossession.
- **Poor quality housing conditions**: 9.2% indicated poor quality housing with significant cold, damp or mould problems and 9.5% indicated overcrowded living conditions.
- **Community cohesion problems**: Only 5.2% of families indicated that their family was involved in neighbour disputes. This compares to a much higher number of Anti-Social Behaviour of FIP families (58%)[24]. Although community cohesion problems feature low on the hierarchy of risk factors, social isolation is encountered frequently by Improving Futures families (10.4%).

The low prevalence of these risk factors is in line with the expectations about the Improving Futures cohort: Their problems and disadvantages are mostly grounded in issues of family breakdown, historic or sometimes on-going domestic abuse and worklessness and financial difficulties. Some families face significant challenges in these areas, and risk factors of Improving Futures Families are often higher than the population average.

[20] Department for Education, (2011). Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011, DFE-RR174

[21] Department for Education, (2011). Turning around the lives of families with multiple problems - an evaluation of the Family and Young Carer Pathfinders Programme, DFE-RR154

[22] Department for Education, (2011). Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011, DFE-RR174

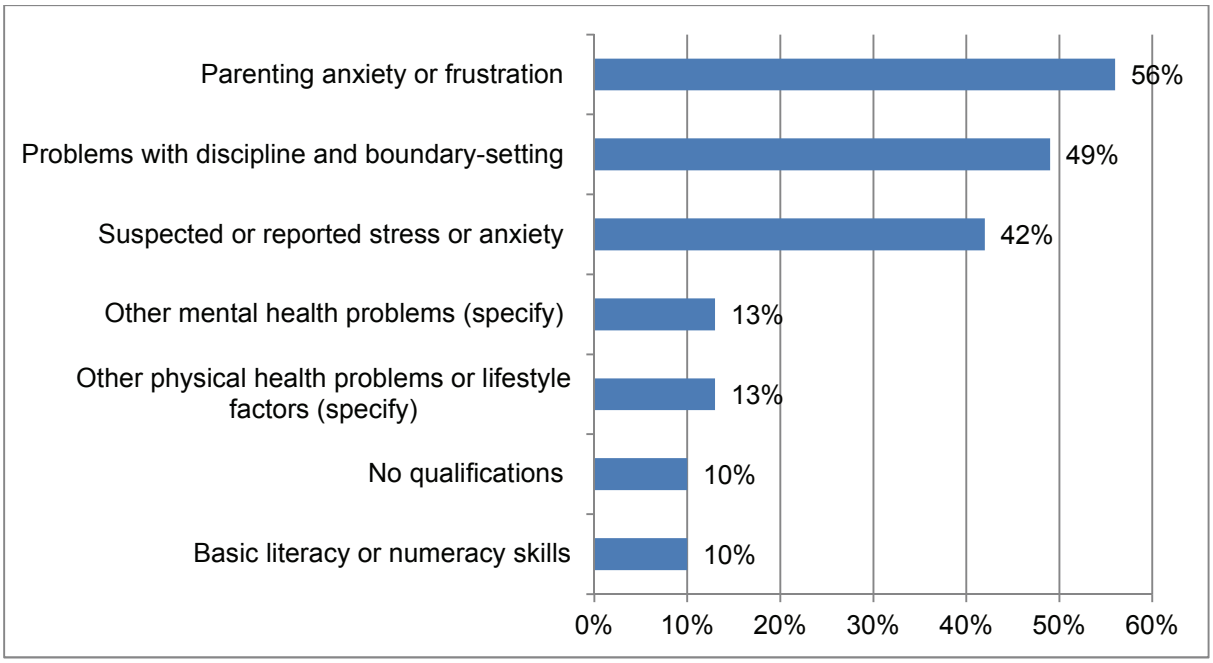
[23] Office of National Statistics (2012) Working and Workless Households, 2012 – Statistical Bulletin

[24] Department for Education, (2011). Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011, DFE-RR174

2.2.2 Issues and problems of adults in Improving Futures Families

The following table presents the most common problems faced by adults in Improving Futures families. It displays those risk factors which concern 10% or more of the adults in the sample; a comprehensive list of all risk factors can be found in Annex Three, which also provides more information on how problems are assessed. A discussion on different types of assessment tools and their application within the programme is also provided in the 'Working with Improving Futures Families' chapter.

Figure 2.2 Ranking of adult risk factors



Base: 1042 adults (all IFMIS adults)

The majority of adults face **parenting difficulties**: over half (55.5%) display parenting anxiety or frustration, while 49.3% have issues with discipline and boundary setting, but only 1.3% is subject to a parenting contract or parenting order. The high prevalence of parenting difficulties is reason for concern, as research finds that the quality of the parent-child relationship has a crucial influence on children's life outcomes[25][26]. Yet, Improving Futures Families show a lower propensity for poor parenting than those families involved in Family Intervention Projects (67%).

Another important problem of adults in Improving Futures families is **mental health problems**. Based on the IFMIS data, over one third (42.1%) of parents reported or are suspected to suffer from stress and anxiety, while 13.3% have other mental health problems. Only small shares of adults are diagnosed with emotional or behavioural disorder (5.4%) or psychiatric disorder (3.7%). Both minor and more serious mental health issues seem to be significantly heightened among Improving Futures families. By way of comparison, a recent study suggests that more than 20% of parents in the general population face minor mental health issues, such as depression and anxiety, while only 2.5% face more serious health difficulties, such as psychotic illness[27].

[25] Department for Education (2012) "How is parenting style related to child antisocial behaviour? Preliminary findings from the Helping Children Achieve Study"
[26] O'Connor, T. and Scott, S, (2007), "Parenting and Outcomes for Children", Joseph Rowntree Foundation
[27] McManus, S., Meltzer, H., Brugha, T., Bebbington, P. and Jenkins R. (eds) (2009) "Adult psychiatric morbidity in England, 2007: results of a household survey", London: The Information Centre for Health and Social Care referenced in Blewett, J., Noble, J., Tunstill, J. (2011)

Additionally, more than one in ten of the Improving Futures adults show **educational problems**: 10.2% had no qualifications, while 10% had only basic literacy and numeracy skills. This actually compares positively with the population 16-65. For example, a BIS study found that 15% of all adults had the reading and writing age of a child 11 or younger[28].

In addition to the above, it should be noted that **only a minority of adults were taking part in learning at the time they started the programme**. Just 7% of all adults were studying towards entry level or below, while 5% were engaged in Level 3 and above. Naturally, teenage parents were significantly more likely to be engaged in learning than others. Moreover, adults without English as a first language were significantly more likely to be engaged in learning. As a comparison, according to the National Institute of Adult Continuing Education (NIACE) 2013 survey, 19% of adults are currently learning. Although this survey is of the general population rather than families experiencing additional disadvantages, the comparison suggests a potential area for improvement for Improving Futures families. There is evidence that participation in literacy and numeracy courses has a positive impact not only on future earning and employment, but also on individual outcomes such as improved self-confidence.

Improving Futures adults are ***less frequently characterised by***:

- **Involvement in crime or ASB**: Only 2.1% have suspected or reported involvement in anti-social or criminal behaviour. This compares positively to 39% of Families Intervention Project families who had issues with crime and 79% who had issues with ASB[29].
- **Physical health or life style problems:** 8.2 % are heavy smokers, 2.9% are diagnosed with an eating or weight disorder and 4.9% have a serious and limiting disability.
- **Drug or alcohol misuse:** Only 2.7% of adults reported or were suspected to misuse alcohol and did not receive treatment, while 1.4% were receiving treatment for alcohol misuse. 2.1% were reported or suspected to use illegal drugs and did not receive treatment, while 1.6% were former drug users in rehabilitation. This compares positively to 33% of Families Intervention Project families who were characterised by drug and substance misuse and 28% by drinking problems[30].

Summary: adult risk factors

It seems that the main challenges adults bring to the Improving Futures projects are parenting difficulties, low level mental health problems and to some degree educational problems. They are affected by these issues to a lesser extent than families who were involved in higher level interventions such as the Families Intervention Projects and show low prevalence of risks associated with higher needs, such as involvement in crime and ASB.

2.2.3 Issues and problems of children in Improving Futures Families

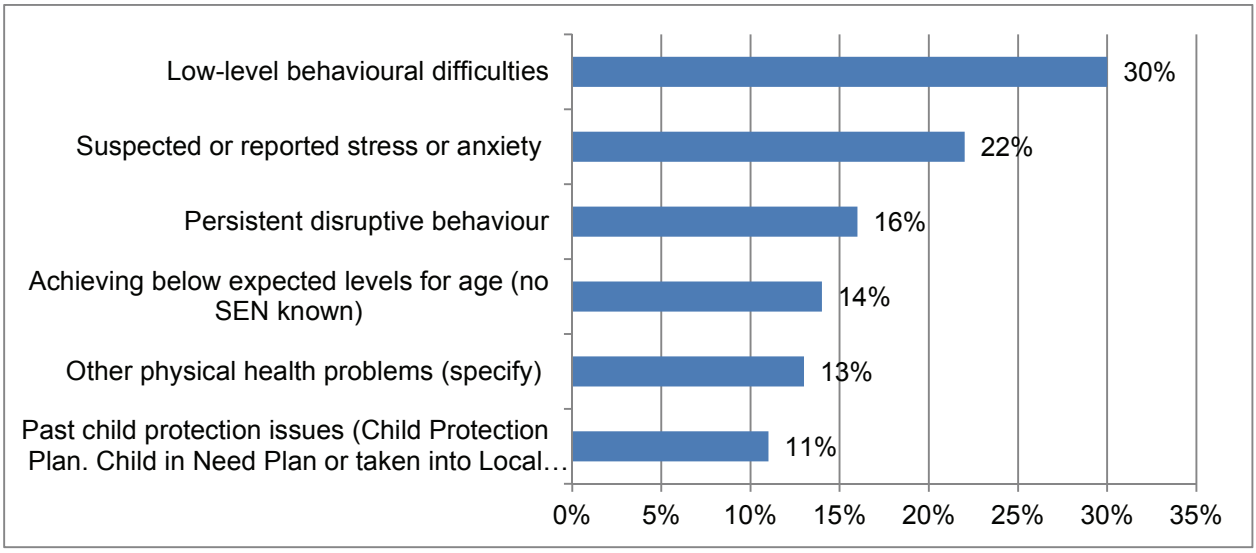
The following table presents the most common problems faced by children in Improving Futures families. It displays those risk factors which concern 10% or more children of the Improving Futures family cohort.

[28] BIS (2011). 2011 Skills for Life Survey: Headline Findings, BIS Research paper number 57, December 2011

[29] Department for Education, (2011). Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011, DFE-RR174

[30] Department for Education, (2011). Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011, DFE-RR174

Figure 2.3 Ranking of children risk factors



Base: 1422 children (all IFMIS children)

Children in Improving Futures families are characterised by a high prevalence of **child behavioural problems**. While just under one third (29.9%) show only low-level behavioural difficulties, 15.7% display persistent disruptive behaviour and 9.3% persistent disruptive and violent behaviour. In comparison, only 6% of 5 to 10 year olds in the 2008 Families and Children Study (FACS)[31] display behavioural problems at school. Additionally, 21.5% children report or are suspected to suffer from **mental health problems**, such as stress or anxiety, yet only 2.7% have been diagnosed with an emotional or behavioural disorder. In the population as a whole, figures from the Office of National Statistics suggest that 10% of children in Great Britain aged between 5 and 16 have a recognisable mental disorder while 4% of children suffer from an emotional disorder such as anxiety and depression.[32] 12.5% were suffering from unspecified **physical health problems**, while 2.6% serious and limiting disabilities

These issues are also reflected in **educational problems**. 14.10% of Improving Futures Families were achieving below the expected levels for their age (without SEN needs / Additional Support Needs in Scotland). There are an additional 4.2% who achieve below the expected levels and where special educational needs are suspected, 5.8% with school provision for special educational needs (but no statement) and 4.7% who hold the statutory special educational needs statement. This compares to around 20% with special educational needs in the general population[33], implying that the share of children with special educational needs in the Improving Futures families is not particularly high. It is also lower than the total of 32% of children with special educational needs (with or without statement) in the Family Intervention Projects.

Child protection issues play a limited, but not insignificant role amongst Improving Futures Families. Just over one in ten (11.2%) of children have been subject to child protection issues in the past (e.g. the child protection plan, child in need plan or taken in to local authority care), but are no longer under child protection. In 8.2% of cases, practitioners voiced child protection concerns, but only 1.9% of children are actually subject to a child protection plan and 2.1% to a child in need plan. This this is noticeably less than the 30% of families with child protection issues in the Family Intervention Projects and illustrates the lower level of needs of Improving Futures Families.

[31] Maplethorpe, N., Chanfreau, J., Philo, D., Tait, C. (2010). Families with children in Britain: Findings from the 2008 Families and Children Study (FACS), Department for Work and Pensions, Research Report No 656

[32] See http://www.nhs.uk/Conditions/stress-anxiety-depression/Pages/children-depressed-signs.aspx (accessed 5/8/13)

[33] Department for Education (2012). Children with special educational needs: an analysis, SFR24/2012

Other more limited risk factors of Improving Futures' children include:

- **School absence and school exclusion**: 8% displayed unauthorised absence from school, 4.9% persistently.
- **To be a victim of bullying:** 6.6% of children are a reported or suspected victim of bullying.
- **Involvement in crime or ASB**: less than 1% were suspected or reported to display criminal behaviour and ASB, gang involvement or police warnings. This low prevalence may be explained by the lower risk profile of Improving Future Families, but also by the pre-teenage target group.

Summary: child risk factors

Overall, children's risk factors seem to be mostly centred on behavioural problems, low level mental health issues (such as stress and anxiety and in line with parent's behaviour) and child protection issues to some degree. Interestingly, Improving Futures children display heightened educational problems, yet their needs did not differ as significantly as might be expected from children in the general population. Future research could further investigate this issue.

2.3 What are the strengths of Improving Futures families?

Improving Futures families bring with them a series of strengths and capabilities, which can help them to cope with their problems. These are protective factors, positive behaviours or outcomes, which potentially stand to mitigate the risk factors and/ or improve children's life chances. Improving Futures is looking to build on these strengths throughout the programme.

2.3.1 Strengths of families as a whole

Table 2.4 overleaf presents all strengths of Improving Futures families; a comprehensive list of all strength factors for different sub-groups can be found in the Annex Two.

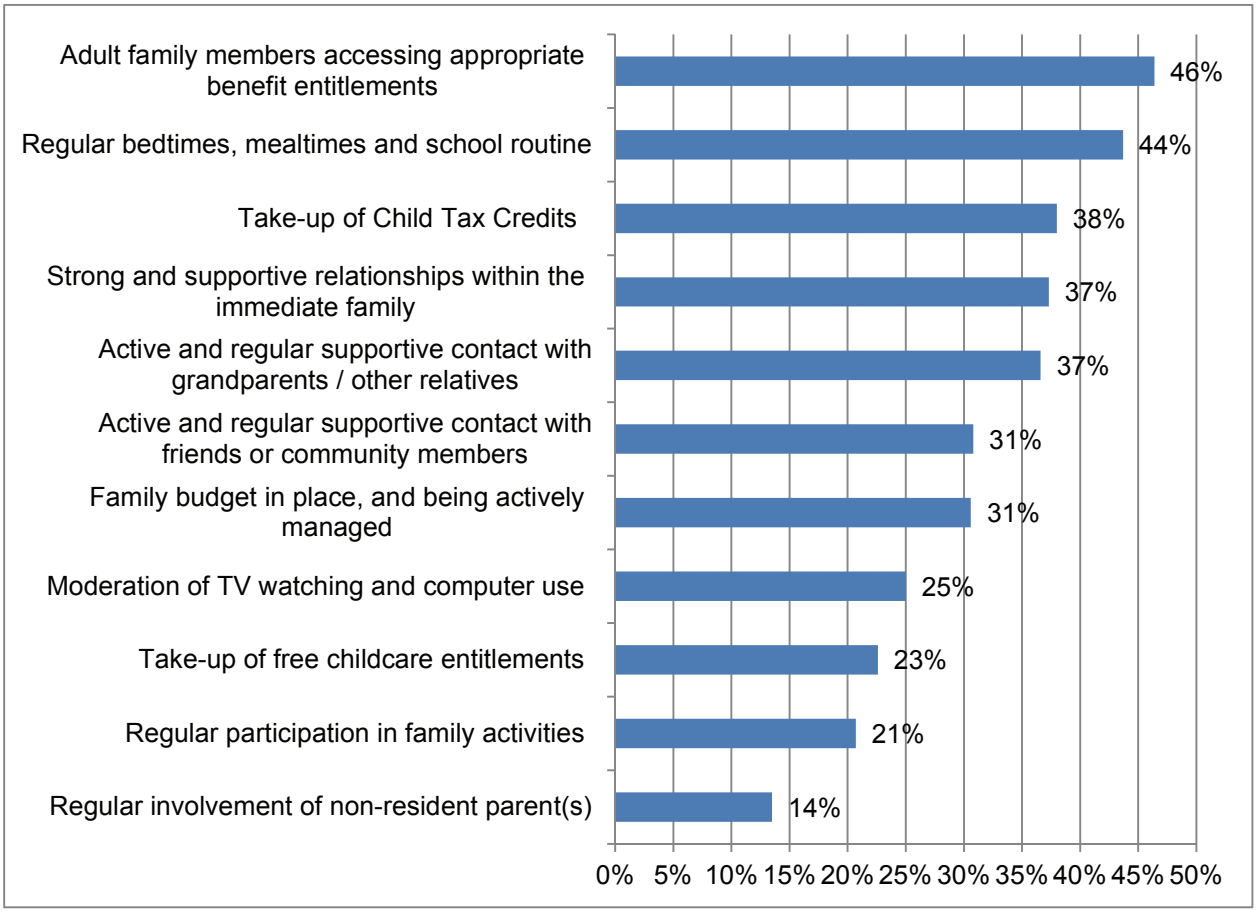
About half of all Improving Futures families **access the appropriate benefit entitlements** (46.4%), with 38% taking up Child Tax Credits and 22.6% making use of free child care entitlements. Lone parent families and families with FSM status were significantly more likely to access entitlements, although this may be because they were more likely to have these entitlements in the first place. Families where English is not the first language and teenage parents were less likely to take up entitlements. Although these are good take-up rates overall, statistics from HMRC estimate that, in 2009-10, take-up rates for Child Tax Credit were about 81%[34]. This implies that the Improving Futures families have significantly lower take-up rates than the average family and should be supported to further strengthen their access.

A large share of the families have **established family routines at home**, with well over one third (43.7%) of families implementing routines around bedtime, mealtimes and school and one quarter (25%) around TV watching and computer use. Lone parent families were significantly more likely to have family routines in place (49.1% and 27.5% respectively).

Additionally, many families can rely on **strong and supportive family relationships;** both within the immediate family (37.3%) and grandparents and other relatives (36.6%). Approaching one third (31%) of families had active and regular supportive contact with friends and community members. As family relationships and other support networks are a vital source for the practical and emotional support of children with complex needs, this is an area of strength of Improving Futures families, which the programme can build upon.

[34] HM Revenue and Customs (2011) "Child Benefit, Child Tax Credit and Working Tax Credit"

Figure 2.4 Hierarchy of family strengths



Base: 891 families (all IFMIS families)

Just under one third (30.6%) of families had a **family budget in place**, which they actively managed. Teenage parents and families with free-school-meal status were significantly less likely to have this protective factor in place (15.3% and 25.7% respectively). Evidence from the 2005 Financial Capability Survey[35] finds that four in five parents in the general population feel that they are very organised when it comes to managing money on a day-to-day basis, suggesting that this supportive factor could be further strengthened – especially for sub-groups at greater risk.

Summary: family strengths

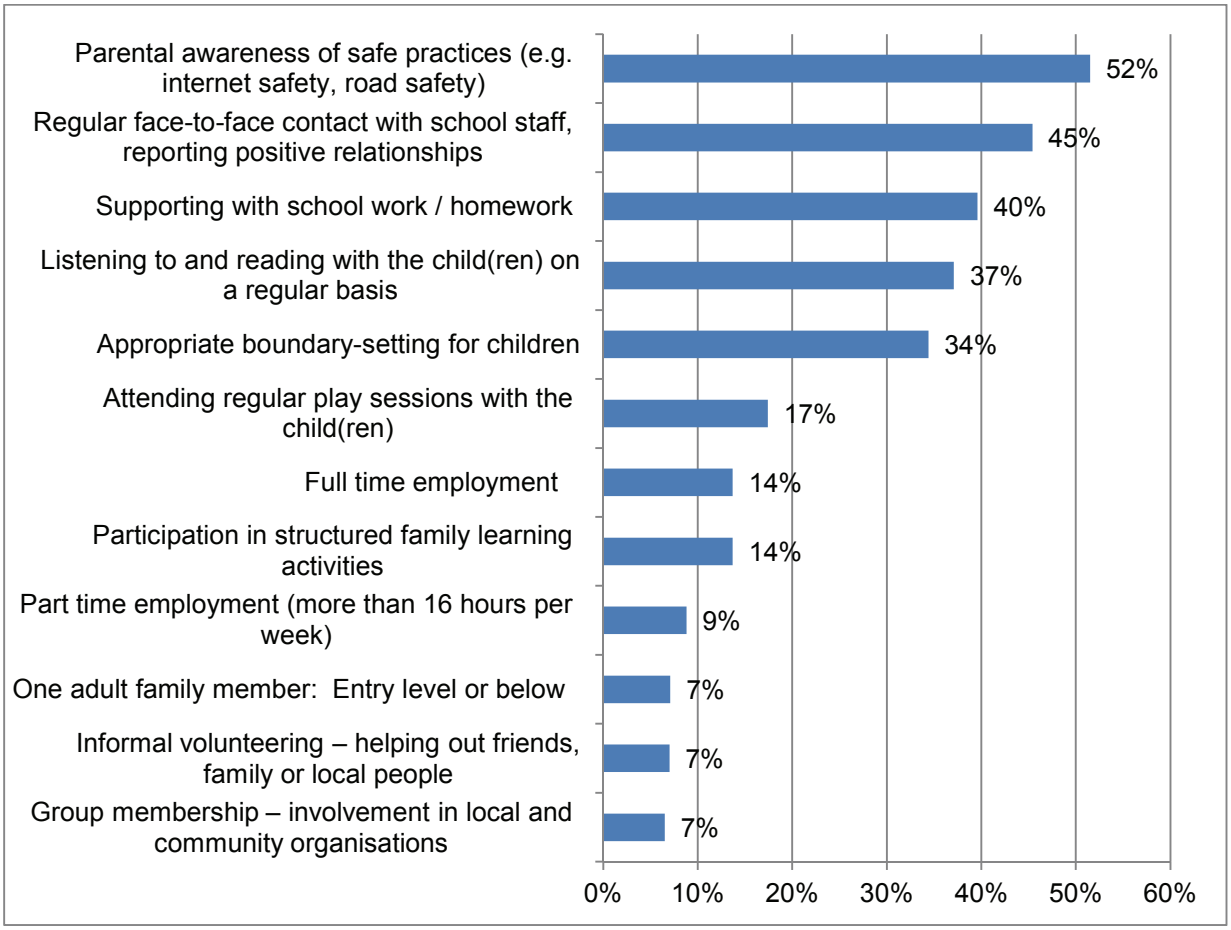
Overall, Improving Futures Families have a number of protective structures in place, which may enable them to counterbalance their at-risk status and improve children's outcomes. However, the prevalence of the different protective factors is never more than 50%, suggesting that at least half of the population of Improving Futures Families are lacking protection on the different dimensions. All families had some protective factors, with the key differences relating to how many, which ones, and the extent to which these are counteracted by the presence of risk factors. The inter-relationships between risks and strengths are explored further towards the end of this chapter.

[35] Peacey, V. (2010) "Family Finances", Gingerbread report

2.3.2 Strengths of adults

The following table presents the most prevalent strengths of Improving Futures adults. It displays all strength factors that concern more than 5% of the population.

Figure 2.5 Ranking of adult strengths



Base: 1042 adults (all IFMIS adults)

The majority of parents take some measure to **keep their child(ren) safe from harm**. Over one half (51.5%) of parents are aware of safe practices concerning internet safety and road safety, while around one third (34.40%) exercise appropriate boundary-setting for children, which can help prevent harm to children[36].

The second most prevalent strength was parents' interest in formal education and **home-school links.** 45.4% of adults had regular face-to-face contact with school staff and reported positive relationships. Their direct engagement with the school through volunteering (3.4%) or formal school structures (1.4%) was much lower. Lone parents were significantly more likely to have regular contact with the school (52.3%), while teenage parents were significantly less engaged (30.5%). This is an important strength factor, as effective home-school communication improves parental awareness of, and compliance with, school policies and enables building positive relationships with teachers, while at the same time contributing to parents' engagement in their children's learning. The statistics should be viewed in the context of many of the projects relying quite heavily on schools for referrals, however, which is likely to introduce some degree of positive bias towards those families who are 'already engaged'. Indeed, a

[36] http://www.rospa.com/childsafety/default.aspx

particular challenge exists for projects to reach out to those families who are not in regular contact with their child's school, which presupposes alternative (e.g. community-based) contact points.

Additionally, adults often **support their children through play and learning**, with 39.6% helping with school and homework and 37.1% listening to and reading with the child(ren) on a regular basis. Parents less frequently reported attending regular play sessions with their child(ren) (17.4%) or participating in structured family learning activities (13.7%). In general, these strengths were more prevalent among women than men, and more prevalent among lone parent families than two parent families or families with English as a first language. Adults in families with FSM status were significantly less likely to attend regular play session with their children and participate in structured family learning activities, while teenage parent families were significantly less likely to regularly listen to and read with their children.

Adults of Improving Futures families were less likely than the general population to:

- Be in **employment**. Only 13.7% reported full-time employment, while 12.8% reported part-time employment. This status varies widely between groups, with 21% of adults in two parent families and 38% of adults in families without school-meal status were in full time employment. Yet, only 24.5% reported to have been in workless families for more than 12 months and only 10.5% of families have no history of work in the family suggesting that parents might frequently move in and out of employment or the workless of one family member may be compensated by the other.
- Engage in **community or civic participation:** Only 7.0% engaged in informal volunteering and 2.7% in formal volunteering, whilst 6.5% were part in local or community organisations. This compares negatively with the general population. According to the 2009-2010 Citizenship Survey in England (similar numbers for Wales, Scotland and Northern Ireland), 25% of the population engaged in formal volunteering at least once a month and 29% of people gave informal help at least once a month[37].

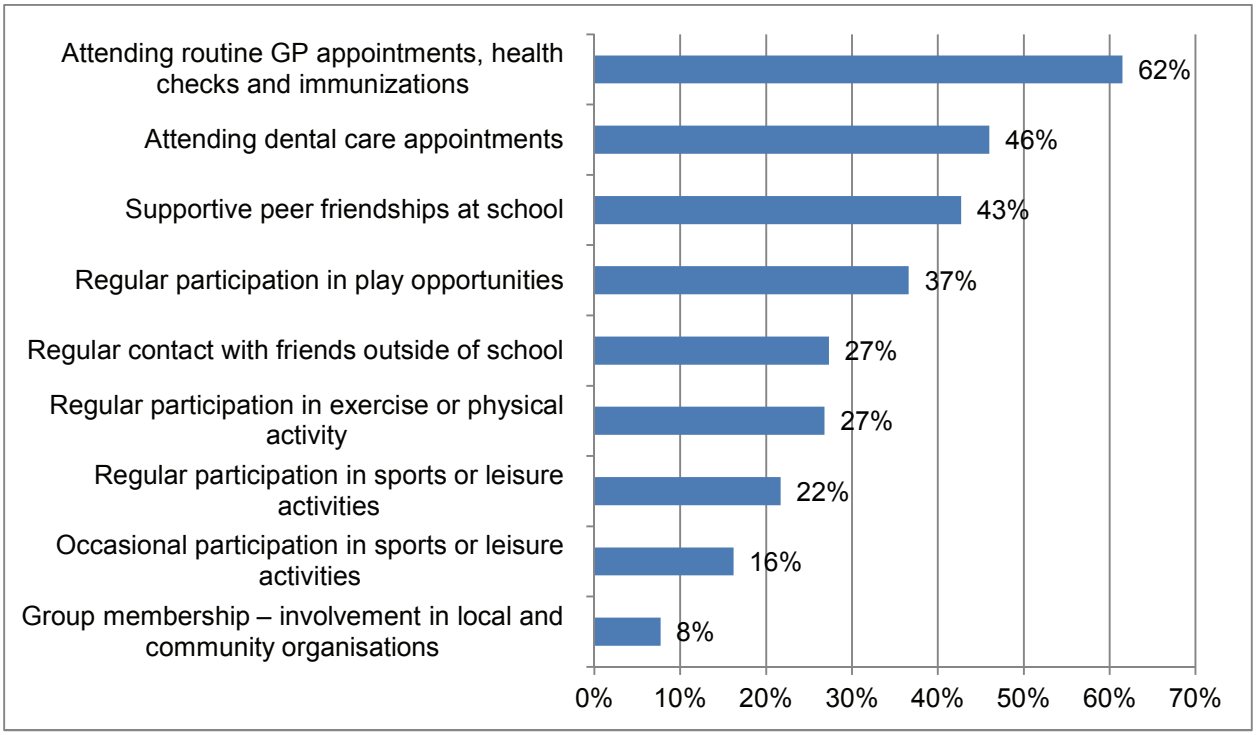
Summary: profile of adult strengths
Overall, it seems that the most prevalent strengths for children are strong home-school links, the support of children in their learning and play activities and taking measures to keep children from harm. However, in line with the family strength, half (50%) or less adults feature these positive characteristics, leaving room for improvement through the Improving Futures programme.

2.3.3 Strengths of children

The following table presents the most prevalent strengths of children in Improving Futures adults. It displays all strength factors that concern more than 5% of the population.

[37] Communities and Local Government (2010) "Community Action in England: A report on the 2009-10 Citizenship Survey"

Figure 2.6 Ranking of child strengths



Base: 1422 children (all children)

The majority of children in Improving Futures Families follow some aspects of a **healthy lifestyle**: 61.5% regularly attend routine GP appointments, health checks and immunizations, while 46% attend regular dental care appointments. Additionally, 36.6% regularly participate in play opportunities and 26.8% participate in regular exercise and physical activity. Healthy lifestyles constitute a significantly higher challenge for families with FSM status and families from ethnic minority groups: only 22% of children from FSM families regularly participated in exercise and physical activity, for example. The take-up of GP appointments was significantly lower for children in teenage parent families and where English is not the first language.

A large share of children have **supportive peer friendships**. Well over one third (42.7%) of children have friendships at school and 27.3% have regular contact with friends outside school. Children from lone parent families were significantly more likely to have supportive peer friendships in and outside school. Contact with friends outside school was significantly weaker for children in families with FSM status and without English as a first language.

Smaller shares of children in Improving Futures Families participate in **positive out-of-school activities**. 21.7% regularly participate in sports and leisure activities and a further 16.2% occasionally participate in sports and leisure activities. Only 7.7% are involved in local and community organisations. Participation in sports and leisure activities was higher for lone parents and lower for families with FSM status.

Summary: profile of child strengths

In general, children in Improving Futures families seem to have a range of positive characteristics which may protect them from future negative outcomes and against their risk factors. A healthy lifestyle was especially prevalent, however, the projects could consider further work to enhance the existence of supporting peer friendship and out-of-school activities.

2.4 Conclusions on risk factors and strengths

The analysis thus far indicates that Improving Futures families, children and adults feature a range of risk factors and strengths, which should be tackled or enhanced throughout the programme. It is clear that while most risk factors are far more prevalent than in the general population, they are often less prevalent than in families in programmes addressing higher needs, such as Family Pathfinders of the Family Intervention projects. Overall, we find that the main problems relate to medium to higher needs:

- **For families** they relate to family breakdown, issues of domestic abuse, worklessness and financial difficulties. Housing issues and community cohesion problems are far less prevalent. Families may gain some protection from those factors that rank highest on their list of strengths, such as the high prevalence to have appropriate access to benefits, having established family routines and strong and supportive family relationships.
- **For adults** they relate to parenting difficulties, low level mental health problems and to a smaller degree educational problems. Adults in Improving Future projects are less likely to be involved in crime and ASB, have physical health or life style problems and misuse drugs or alcohol than within other family programmes. The most prevalent strength factors are measures to keep child (ren) save from harm, strong home-school links and the support of children through play and learning.
- **For children** they relate to a high prevalence of behavioural problems, mental and physical health problems and educational problems. Improving Futures children are less prone to school absence and school exclusion and involvement in crime and ASB than within other family programmes. They profit most from healthy lifestyles, supportive peer relationships and positive out-of-school activities.

Although the presence of strength factors should be pointed out, it also has to be emphasised that in most cases less than half (50%) of families, adults and children feature these positive characteristics. Therefore, programme participation should further enhance these positives.

When it comes to specific sub-groups; it seems that lone parents feature a range of protective factors, while families on FSM and with ethnic minority background are particularly disadvantaged. They may often be characterised by a number of significantly heightened risk factors and lowered protective factors.

2.5 How different risks are related

In the previous sections, we presented the prevalence of single risk and protective factors in the Improving Futures cohort. Yet, although single risk factors can have an effect on outcomes over the life-course, research has shown that they alone do not induce major developmental problems[38]. Similarly, it is sensible to assume that the presence of a single family strength will not offer sufficient protection to counteract the negative effects of other risk factors. On the contrary, it is the cumulative impact of multiple risks which has an effect on future life chances[39] and the larger the number of risk factors a family is characterised by, the greater the number of negative outcomes[40].

[38] See e.g. Sameroff, A. J., Bartko, W.T., Baldwin, A., Baldwin, C. and Seifer, R. (1998), Family and social influence on the development of child competence, In Lewis, M. and Feiring, C. (eds.) Families, risk, and competence, Mahwah New Jersey: Erlbaum: 177-192 or Gutman, L., Sameroff, A.and Eccles, J. (2002). The academic achievement of African-American students during early adolescence: An examination of multiple risk, promotive, and protective factors, American Journal of Community Psychology, 30: 367-399.

[39] See e.g. Sabates, R./ Dex, S. (2012). Multiple risk factors in young children's development, CLS Cohort Studies Working paper 2012/1, Institute for Education, London

[40] Sabates, R./ Dex, S. (2012). Multiple risk factors in young children's development, CLS Cohort Studies Working paper 2012/1, Institute for Education, London

Estimations of the Department for Education suggest that there are 120,000 families in the England who face multiple problems[41], and who are caught in a cycle of long-standing disadvantage. As we have discussed, we know from the research literature that the potential impact on children's life chances is very significant where multiple problems for the family cluster in this way.

An understanding of families with multiple risks is crucial for the Improving Futures programme. We are no longer exclusively interested in the prevalence of individual risk factors, but need to analyse and understand which risk factors *typically occur together*. If risk factors commonly occur together across a number of families, we can identify types of families which face particular sets of problems. Improving Futures can then deliver tailored support, which takes a holistic approach addressing the whole set of challenges rather than addressing single risks individually.

Some of our previous analysis can give an indication of the types of families who are likely to accumulate multiple risks: We have seen that families eligible for free school meals and families where English is not the first language are significantly less likely to feature a number of protective factors and significantly more likely to be exposed to a number of risks. This in line with a recent working paper by the Institute for Education[42], which using Millennium Cohort Study data finds that some groups are especially exposed to multiple risks – such as children in minority ethnic families and children in low income households.

Other research by the Social Exclusion Taskforce suggests that it is the combination of five or more of the following risk factors, which leads to multiple disadvantages: to be a workless family, to live in poor-quality or overcrowded housing conditions; to have no parent with any qualifications; maternal mental health problems; to have at least one parent with disability, long-term illness or infirmity; to have low family income and to not be able to afford a number of food and clothing items. Additionally, research has identified a 'toxic trio' of parents' addiction, unemployment and divorce as specifically predictive of domestic abuse and adverse to children's development[43]. Most of these acute situations of multiple disadvantages will have a low prevalence in the Improving Futures cohort. The previous analysis has shown that Improving Futures families typically face medium to higher needs, but are less affected by acute risks which require higher level or statutory intervention.

2.5.1 Towards some potential typologies for Improving Futures

To better understand the issues faced by family members supported by Improving Futures, further analysis was conducted on the IFMIS data to generate some potential 'typologies'. This exercise was undertaken using a statistical method called factor analysis. Using this method, indicators that have similar variability or are highly correlated with each other (i.e. where the same families have a similar profile in terms of their risks and strengths) are effectively grouped together. These groups can be understood to be clusters that can be described by some underlying characteristics that relate to a greater or lesser degree with the indicators measured in the dataset[44].

[41] Department for Education (2011) Advisory Note: Indicative distribution of Families with Multiple Problems (FMP) as at March 2011 (based on deprivation and child well-being index scores of local authorities), as quoted in FPI briefing sheet, Family and Parenting Institute

[42] Sabates, R./ Dex, S. (2012). Multiple risk factors in young children's development, CLS Cohort Studies Working paper 2012/1, Institute for Education, London

[43] See e.g. http://psychcentral.com/news/2012/12/23/parents-toxic-trio-ups-risk-for-childhood-abuse-tenfold/49589.html (accessed 25.06.2013)

[44] To identify these underlying characteristics, or factors, we used the statistical software package SPSS. This analysis used the family level dataset where each family was coded as 0 or 1 against each of the family indicators. Each family was also coded as 0 or 1 against each of the child and adult indicators (where the family was coded 1 if at least one child/adult in the family was coded 1 against that indicator). We used Principal component extraction and Verimax transformation in SPSS to identify clusters of variables that were relatively correlated with each other but relatively uncorrelated with variables in other clusters. Through an iterative process, we considered different numbers of factors, to assess which gave the most robust and realistic groupings.

From both a statistical and policy point of view, it was felt that the data could be best described using eight distinct typologies, or underlying factors, which provide a simplified profile of the issues faced by families in Improving Futures. These typologies, which we go on to further explain, can be summarised as follows:

- Typology 1 - Families with strong structures and behaviours
- Typology 2 – Low skilled families with financial and housing difficulties
- Typology 3 – Families with significant discipline and behavioural issues
- Typology 4 – Transient families with domestic abuse, mental health and substance misuse
- Typology 5 – Families engaged in their community
- Typology 6 – Families known to the police for minor disorder
- Typology 7 – Socially excluded families with health problems
- Typology 8 – Families known to the police for more serious incidents

It is important to note that this typology framework does not infer that all, or any, families should fit neatly into any one of these descriptions *The typologies can be understood as characteristics that describe some families in Improving Futures rather than full descriptions of typical families*. Any given family in Improving Futures may identify with more than one of these typologies. For example, a family scoring highly on Typology 1 (i.e. exhibits strong family structures and behaviours) may also score highly on, say, Typology 2. However, these two aspects of this family's characteristics are likely to be unrelated as there is little correlation between the indicators that make up Typology 1 and the indicators that make up Typology 2 across the whole Improving Futures population.

Our analysis also enabled us to measure the degree of correlation between each separate IFMIS indicator and each of the eight factors, as expressed by 'factor loadings' (see Annex Three for a presentation of the technical data). These factor loadings can be used to determine which factor, or typology, each indicator is most highly associated with. In the list of indicators for each typology, the indicators are ranked with those most strongly associated with the typology (highest factor loadings) listed at the top and those with a weaker association (lowest factor loadings, but still higher than the factor loadings corresponding to any of the other typologies) listed at the bottom[45].

HIV / AIDS is the only indicator that does not fit into any of the eight typologies under this method.

It should also be noted that the typologies are positioned within a hierarchy, with Typology 1 exhibiting the strongest factor loading, on a sliding scale to Typology 8, which has the weakest factor loadings. It should also be noted that the interpretation of factor analysis carries **an element of subjective judgement**. As groups of risks and strengths cannot be directly observed, the number of 'family types' has to be determined by the researcher and appropriate techniques – in this case a screen-test

Nevertheless; the analysis gives an interesting insight into some of the key issues experienced by the families supported through the programme. We now provide a short narrative overleaf of each of these typologies in turn, and we identify the indicators that are the most strongly associated with them.

[45] For example, in Typology 1, supporting with school work / homework has the highest factor loading (0.729) while Level 2 accredited course has the lowest factor loading (0.114) but this is still higher than any of that variable's other factor loadings, suggesting that it still belongs in Typology 1 rather than any of the other seven typologies.

Table 2.1 Typologies identified through the factor analysis

Typology	Description
Typology 1 - Families with strong structures and behaviours	Families scoring highly on Typology 1 are likely to have multiple strengths, and the family members also have multiple strengths. All indicators in IFMIS that are most strongly associated with Typology 1 are positive (strengths). This typology describes families that have a strong and stable home life, with supportive parents that engage well with their children's health, safety and learning. These parents support their children with schoolwork and listen to and read with their children on a regular basis, and have regular contact with the school. They also ensure their children attend regular health appointments, ensure their children are safe and maintain a structured and well-disciplined family life. These families are also characterised by good financial management. The children in these families tend to be happy and healthy, with regular participation in family activities and play activities and good peer relationships. These families are more likely to take up their benefit entitlements and are also more likely to be engaged with the community.
Typology 2 – Low skilled families with financial and housing difficulties	Typology 2 describes issues relating to significant financial, housing and educational disadvantage. Families scoring highly on this typology tend to have low financial capability skills, are struggling with debts and unpaid bills and have a history of worklessness. Adults in these families are most likely to have no qualifications and low basic literacy and numeracy skills, including low English language skills. Poor housing is also a predominant issue. This typology is also associated with adults smoking heavily or engaged alcohol or substance misuse and some child protection issues also feature.
Typology 3 – Families with significant discipline and behavioural issues	This typology describes families where the children have significant behavioural problems and the parents are identified as having problems with discipline. Children living in these families tend to be identified as struggling with persistent disruptive and violent behaviour. Child mental health issues, particular those related to behaviour including ADHD, are also very prevalent and many children are involved in bullying as a perpetrator, and to a lesser extent, a victim. Although a small number in total at primary school level, children that receive exclusions tend to come from families scoring highly on Typology 3 and there is also a high prevalence of special educational needs and underachievement. The only adult indicators falling into this typology are those directly related to parenting. Parents in these families tend to have problems with discipline and boundary-setting and are likely to be anxious and frustrated parents.
Typology 4 – Transient families with domestic abuse, mental health and substance misuse issues	This typology demonstrates a high degree of correlation between issues relating to domestic abuse, relationship breakdown, poor mental health and alcohol and drug misuse. The indicators most strongly associated with this typology relate to domestic abuse (both child and adult harm) and child protection concern s. Adults in these families also tend to suffer from suspected stress or anxiety and many are identified as having other mental health problems or instances of self-harm. Mental health issues are also prevalent to a lesser extent among children. Serious alcohol and, to a lesser extent, substance misuse involving rehabilitation or outpatient treatment is also an issue for some adults in these families. These families tend to be of a transient nature, with relationship dysfunction, custodial sentences and housing repossession also included as indicators most closely associated with this typology.
Typology 5 – Families engaged in their community	Similarly to Typology 1, this typology is predominantly made up of strength factors. It describes families that are actively involved in community organisations and volunteering. While adults in families scoring highly on Typology 5 are likely to be employed, there is also some correlation worklessness at a family level. Membership of local and community organisations, both by the adults and children, is the main defining characteristic of this typology. Adults are also more likely to engage in civic participation and participate in formal school structures,

Typology	Description
	and both adults and children are more likely to volunteer. Adults in these families tend to be engaged in employment or higher level education, although there are also some negative indicators associated with this typology, including worklessness and relationship dysfunction.
Typology 6 – Families known to the police for minor disorder	This typology describes families that have been involved with the police, but with regard to minor disorder rather than serious crimes. Families scoring highly on Typology 6 are likely to have been involved in a neighbour dispute, perhaps requiring a police call-out, and the children may also have received a police warnings or reprimand or been involved in anti-social behaviour. This typology is also associated with adult poor hygiene and self-care, adult emotional or behavioural disorder and child persistent unauthorised absence from school.
Typology 7 – Socially excluded families with health problems	This typology includes a mix of risk factors, mainly relating to social exclusion or health problems. Typical problems faced by families scoring highly on Typology 7 include social isolation, lack of access to safe public open space, high levels of noise or a chaotic home environment, overcrowded living conditions and worklessness. Many adults and children in these families suffer from disability or health problems while cultural, racial or religious harassment is also an issue.
Typology 8 – Families known to the police for more serious incidents	This final typology describes families where one or more of the adults have been involved in more serious criminal activity. Adults in families scoring highly on Typology 8 are most likely to have suspected or reported involvement in anti-social or criminal behaviour, a custodial sentence or a police warning or reprimand. Domestic abuse, relationship dysfunction and alcohol misuse are also prevalent in these families.

In summary, the factor analysis provides a valuable insight to the types of risk factors and strengths that cluster across the Improving Futures cohort. The results suggest that the Improving Futures families vary considerably in the extent and depth of the risks that they face, but that families with very more complex and serious problems are present within the cohort. The results show the extent to which strong positive behaviours such as supporting children with schoolwork, attending GP appointments and keeping children safe are clustered (typology 1), whilst low financial capability skills, no qualifications and financial risks / debt also have a clustering effect (typology 2) . Furthermore, the combination of domestic abuse and poor parental mental health and substance misuse stands-out within typology 4, along with issues of transience and social isolation.

2.5.2 Next steps for the IFMIS analysis

The analysis to date has focused on the occurrence of patterns of indicators in order to better understand the ***clustering of issues*** experienced by Improving Futures families and ***identify some of the underlying characteristics*** that are driving the complex interactions of strengths and risks within the cohort. These typologies will form the basis of further analysis in the next stages of the evaluation. Firstly, we will undertake further baseline (entry stage) analysis to assess how different families score against each of these typologies Secondly, as we begin to measure progress against particular IFMIS indicators at interim, exit or follow-up stage, we will assess the extent to which progress varies between families with different score combinations within the typology framework at baseline. For example, is there evidence that families scoring highly on Typology 1 (strong structures and behaviours) at baseline tend to make better progress than others? Or is there any typology that tends to characterise families that make little or no progress despite the support from Improving Futures?

We will also analyse whether there has been any progress on improving overall scores within the typology framework (for example increases in average Typology 1 scores and reductions in average

scores on more risk-intensive typologies). It should be noted, however, that there may be limits as to the extent to which these scores will change over time as a number of the typologies include indicators that are static or long term. For example, within Typology 4, current levels of domestic abuse is a dynamic indicator that may signal improvements in the family's circumstances while historical incidence of domestic abuse is a static indicator that will not change. Therefore, a family's score on Typology 4 may not fully reflect the progress made on the programme due to the existence of static indicators within that typology.

We will also further explore families' own experiences of these issues through the qualitative research.

3.0 Working with Improving Futures Families

This chapter reviews how Improving Futures projects are currently working with families. Overall, the focus of Improving Futures projects in the first year has been building strong local partnerships and delivery teams to provide effective and innovative ways of working with children and families. As such, many projects are still in the early stages of delivery and there is evidence that projects are evolving and changing their models of delivery as new issues arise. This chapter explores the current partnerships, processes and delivery mechanisms, alongside reporting lessons learned and challenges which have led projects to develop their approaches. Projects reported a sense that their current delivery is taking place in a more challenging climate compared to when the original project design was developed. Specifically, projects highlighted more limited local resources employed to work with families with complex needs and the emergence of wider Government policies as having an impact on the day to day work with families through Improving Futures.

First the chapter reviews Improving Futures partnerships (Section 3.1). The range of referral and engagement approaches are then explored (Section 3.2). Once referred, projects vary in how they assessed the needs of family members (Section 3.3). The range of support approaches being used by projects are then examined (Section 3.4). The findings draw on evidence from project mid and end of year reports, case study visits and workshop discussions at Improving Futures learning events.

3.1 Improving Futures partnerships

A defining feature of Improving Futures projects is that they are led by the third sector, in partnership with statutory services or other VCS organisations. These are organisations that are typically engaged in family intervention work covering, for example, health and social care teams, GP surgeries, schools, police, Jobcentre Plus, and social housing teams. A fairly recurrent message within the stakeholder interviews, and from the consultations with family members, was that many of the Improving Futures families have historically poor relationships with statutory service providers. Providing an opportunity for the third sector to lead the Improving Futures projects offers the potential to bridge the gap between these families and the service providers.

Projects are also being supported by a range of other voluntary sector organisations. Organisations with a similar focus who may have previously competed with each other for contracts have come together to deliver an Improving Futures project, with positive early results in some areas. The Dundee Early Intervention Team project, for example, is formed of a core partnership between four children's charities - Aberlour, CHILDREN 1st, Action for Children and Barnardo's.

Other Improving Futures projects have engaged specialist VCS organisations, who regularly help the projects engage families or are related to key needs experienced by families. For example:

- Drugs (e.g. Mid and East Lothian Drugs)
- Alcohol (e.g. Haringey Advisory Group on Alcohol)
- Mental health (e.g. MIND in Croydon)
- Relationships (e.g. Relate in Portsmouth)
- Finances (e.g. the Citizens Advice Bureau in Camden).

A 'neighbourhood menu' of partners and services

The project in Sunderland is led by the Foundation of Light at Sunderland Football club, and managed via a working group of statutory and VCS organisations (the 'Neighbourhood alliance'). The project has set out to develop a 'Neighbourhood Menu' of services to shape their family support and to broker access to locally available service provision. This approach was undertaken in response to consultation with families during the development phase of the project, when it was found that families were often only willing to listen to trusted local organisations and / or were unwilling or unable to travel greater distances.

The project completed an initial mapping exercise to identify the specialist VCS organisations that exist in each locality – as defined by school and community clusters - to enable project workers to respond quickly and effectively to the specific needs of the families they engage. At the time of writing, 45 agencies had returned a pro-forma to become part of the Neighbourhood Menu, providing details of the services they offer either free or at a cost, and the areas their service covers. The Neighbourhood Menu is a working document which will continue to grow as the project moves into new areas and develops relationships with other agencies.

The Wolverhampton Improving Futures project has made links with private sector partners, for example with high street retailers, to support fundraising activities and family group sessions.

3.1.1 Approaches to working in partnership

A key requirement of the Improving Futures Programme is to demonstrate a joined-up approach to project design and delivery. The evaluation is examining these different approaches by drawing upon information gathered from the business plans, project-level monitoring, and through discussions and gathering of supplementary documents at each of the case study visits.

Improving Futures projects are using a range of models of partnership working. Most have formed a strategic-level partnership group or board to oversee the overall delivery of the project, and / or have linked with existing local strategic partnerships for children's services. The requirement to obtain endorsement from Directors of Children's Services[46] for the original project bids was commonly found to have been important in this respect, as the awareness of Improving Futures was raised at a strategic level from a very early stage in the design and development. Approaches differ to a greater extent at an operational level. Some projects have formed an operational steering group formed of core local delivery partners. Others have developed and maintain individual relationships with partner agencies where the input from partners is more ad hoc to provide a wider tier of ancillary support.

At this early stage of the programme, there is evidence from the case study research and project-level monitoring to indicate that partnership working is helping to ensure that the projects are effectively designed to address the needs of the local community. At a strategic level, this has been guided through project steering committees or boards. At an operational level, several projects likewise have regular multi-agency meetings. In Cardiff, the Eleri project recognises that different partners are working with families referred to the project. As a result, they hold regular multi-agency team meetings, which provide an opportunity for all the partners to come together to discuss the project and ensure that the project's reach and approach remains appropriate.

[46] And equivalent statutory leads within Wales, Scotland and NI

Multi-agency partnership working – Camden

The Camden Futures project engages with VCOs and statutory teams involved at different levels with families and children on the project on a quarterly basis. This has allowed all local agencies to collectively explore what the families need from service delivery and future meetings will seek to identify possible solutions where gaps exist. The meetings also serve as an opportunity for Camden Futures family workers to directly engage with agencies that could help the families they are working with, increasing project workers' knowledge of local services and allowing them to respond quickly to family needs.

3.1.2 Key challenges and lessons learned for partnership working

After projects were awarded an Improving Futures grant, they were offered advice on lead partner responsibilities by Big Lottery Fund. Projects were then required to submit partnership working agreements to the Big Lottery Fund for approval. Establishing some of the basic information for forming partnerships has presented some challenges to certain projects. Particular issues projects have had to address have included establishing what information would need to be shared if an organisation joins as a partner and what the overall structure of the partnership would need to look like. These issues have needed to be resolved within wider data-sharing arrangements at a local level – so, for example, projects took steps to review membership of existing partnerships to ensure that there was no duplication.

Improving Futures partnerships also include partners with a range of different priorities which is something that has had to be managed by the lead organisation. Determining the eligibility of families to engage in Improving Futures has been one such challenge. For example in Belfast, the lead partner of the Tackling Domestic Violence project, Women's Aid, tends to focus its work on the mother, whereas the Social Care Trusts that they are working with, tend to focus their efforts on the child. As a result, this has led to differing opinions in terms of defining families that are most at risk, and these issues were still being actively worked-through at the time of writing to reach a satisfactory solution.

Partners who have existing working relationships have sometimes needed to change their management arrangements under Improving Futures. Where in the past voluntary organisations may have played a supporting role in projects that were being managed by Local Authorities, Improving Futures has led to a shift in the roles and responsibilities as the voluntary sector takes lead responsibility. Several projects have reported challenges as a result of this; particularly if statutory organisations are perceived to have taken decisions 'behind the scenes'. A strong strategic partnership structure has been found to overcome this. Typically this included identifying a lead for chairing the meetings and committing to regular attendance by senior representatives from the different agencies on the group. At the same time, many projects are spending significant time and energy on servicing the partnerships that have been formed through Improving Futures. One project reported that: *"the key challenge is the bureaucracy that comes with partnership working"*. For example, individuals are noting that more meetings were required than was anticipated at the outset, in some cases requiring weekly attendance.

Projects identified a number of key success factors which have supported positive partnership working to date:

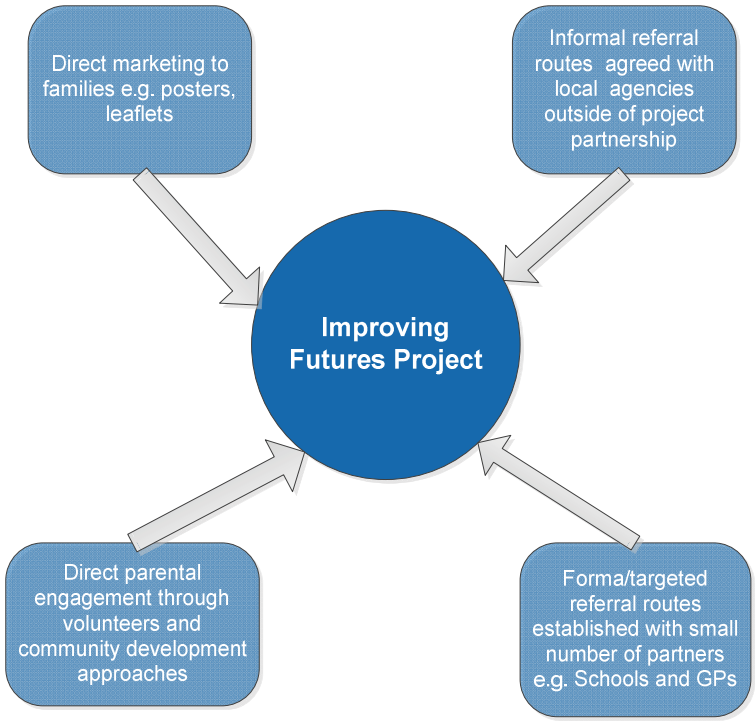
- **Reputation and profile:** Previous reputation and profile, and in some cases existing relationships with partners, have helped to demonstrate to partners the voluntary sector's capabilities in leading such projects. For example, project staff from the Eleri Project in Cardiff believe that having the project based within the Barnardo's organisation, which is already recognised and embedded in the community, has enabled them to "hit the ground running", as partners already knew about their work.

- **Early and regular engagement of partners:** Engaging partners at an early stage in the process has contributed to successful partnership working. Having strategic partners on board at the time of submitting their outline to BIG, and the support provided in the business plan development phase for some projects have helped in this respect. Building on this, it has been important to secure buy-in and support from partners at a strategic level, as well as an operational level. At a strategic level, projects have steering committees or boards that meet regularly, for example the Camden Futures Partnership Board has met at least five times since March 2012. The rationale was to address promptly any challenges faced during the implementation stage. At an operational level, projects have multi-agency meetings, for example, in Cardiff they have established monthly or bi-monthly partner meetings. The Dundee Early Intervention Team project has split the city into five areas and each lead on networking in one area to ensure that all agencies across the city have been engaged.
- **Defining roles and responsibilities:** Being clear about the roles and responsibilities of different partners has also been crucial, particularly in respect of financial responsibilities. Some projects have experienced anxiety among local statutory service providers that the Improving Futures project would be duplicating their role. In Midlothian, this was overcome by meeting with the service providers to discuss the project, including its role and how it complements existing provision – "*these meetings have helped dispel misunderstandings of our remit and led to a real willingness to work together".* The partners involved in the Empowering Families project in Midlothian also spent time discussing and working through differences to come to a common understanding of how each other worked. In addition, projects have delivered joint training sessions as a way of helping individuals to better understand the roles and activities of the different partner organisations, this has occurred for example in the projects in Belfast, Croydon and Enfield.
- **Adopting a flexible approach:** All projects anticipate that partnerships will evolve over time. To this end, there needs to be flexibility in partnership working in order to allow projects to respond to changes. For example, some partners may close down as they are reliant on short term funding or there may be staff changes within organisations. In Enfield, cuts to the council budgets have affected the Enfield Family Turnaround Project already as Educational Psychologists, Child and Adolescent Mental Health Services (CAMHS) and Behaviour Support Service have all experienced reductions to their budgets and personnel and subsequently their capacity to provide support. To support the process of introducing new partners, the Empowering Families project in Midlothian has developed a business case form, which all potential partners will need to complete to allow all partners to agree the inclusion of other organisations.

3.2 How families are referred

Projects are using a range of approaches to identify and engage families. Typically they are using a combination of referral routes as outlined in Figure 3.1 overleaf.

Figure 3.1 Referral routes into Improving Futures projects



Source: Project monitoring reports and case study visits

A range of marketing and promotional activities such as launch events and production of leaflets, posters and websites are being used by projects to raise awareness of the project amongst families and local organisations outside of the immediate delivery partnership.

In addition, most projects have also worked with local organisations to obtain referrals. The experience of projects so far is that the development of local agency referral routes has involved, in some cases, a significant investment of time by project staff. This is particularly the case where referral partners are being engaged beyond those involved in the initial project business planning process. Time has been invested to identify and fully brief partners on the remit of projects, the eligibility criteria and the specific process for making referrals.

In some projects, the identification of referral partners has been more targeted, with projects working with specific partners as they provide a link to the type of families they project is aiming to engage. One clear example of this has been the school links, which have offered a principal referral route for many projects. This is demonstrated by the early results from the survey with families, where 59% of respondents reported to have found out about the project by someone at their child's school. Project staff highlighted the success of this approach as being partly due to the existing knowledge of school staff about the families which has made for successful engagement:

> *"The staff know the kids, and they know the families, so we can quickly engage the family on the basis of identified needs in their children."*
>
> *(Project Manager)*

Project staff reported that at times school engagement has, however, been challenging, with school staff not initially understanding the role of the project. Being persistent and identifying a key link member of staff at the school, not necessarily the Head Teacher, due to how busy they can be, has generated

success. One particularly effective method reported by the Tyne Gateway project has been to request an invitation to a school's staff meeting. This has enabled project to explain to the whole staff first-hand the types of referrals they are looking for, the nature of the help they can offer, and the contribution this can make to a child's and school's success.

Other projects, in examples of potential good practice have cast their net wider to raise awareness of the project and generate referrals from a range of local agencies. One particularly effective method to achieve this was pursued by the Camden Futures project which identified the most relevant local fora, networks and agency team meetings. Project staff then secured time to present at these meetings and inform them about the service with each staff member managing a caseload of organisations. This single point of contact for referral organisations is working well and is appreciated by local agencies:

> *"The referral process is straightforward and very useful to be able to have a named contact for us to informally discuss firstly before making a formal referral."*
>
> *(Local partner agency)*

Direct parental engagement has been undertaken by other projects to generate self-referrals. Typically these approaches are being used by projects where volunteers or community development workers are in post. The Family Entrepreneurs from the Tyne Gateway project, for example, have run hot chocolate mornings and a Christmas Fair at local schools or venues. This has enabled them to meet directly with parents and to explain the project more fully in a neutral setting. Across the board, the engagement of families has been on a voluntary basis, with 85% of families reporting in the survey that the decision to engage with the project was entirely their own decision. All families reported having had some degree of choice in whether to engage with the Improving Future programme.

3.2.1 Volume and type of referrals

Generally, projects are satisfied with the level of referrals they were receiving currently through their various routes. For a few projects, however, this was only found to have been the case after experimenting with a range of possible sources of referrals to test their suitability and level of demand for the service. For example, the project co-ordinator from Camden Futures increased their working hours for a period at the beginning of the project to allow more time to be spent developing relationships with local agencies.

One key concern raised by projects relating to the flow and type of referrals received is the re-structuring and budget cuts being experienced by Local Authority departments. For some projects, this has resulted in an overall lower rate of referrals from statutory routes than anticipated. Projects reported examples where it has been difficult to engage with staff that are facing possible redundancy or that statutory staff were reported to have felt threatened by the project so there was some reluctance to provide referrals. In these cases projects have prioritised other referral routes to make up the short fall or have sought to work openly and in partnership with statutory staff to make it clear that the project is seeking to deliver a different type of support. Despite this, difficulties are still being experienced by a small number of projects as the example overleaf illustrates.

Referral difficulties in the wider service delivery context

Since the inception of the Improving Futures programme, the local delivery landscape has become more crowded as a result of the launch of a number of national programmes with similar remits to Improving Futures, most notably the Troubled Families programme in England and the Families First programme in Wales. For one project, this resulted in a significant issue in generating referrals initially due to local authority misinterpretation of the guidelines for the statutory programme and negation on a previous agreement of how the referral process would work, due to pressure to feed families to the statutory programme. The project has worked hard to identify alternative sources of referrals from other local agencies such as schools and other family support projects, but overall numbers are down as a result.

At this stage of delivery, there is recognition from projects that there are harder to reach families that have yet to be engaged. For example, the Dundee Early Intervention Team are aware that parents with mild learning difficulties are a feature of the local profile of families but as yet they have not engaged many of these families. Other projects are conscious that the mode of engagement has an impact on the profile of the families so far. In Sunderland for example, the Neighbourhood Friend approach of using local volunteers to identify and engage families through a focus on local primary schools has to date identified families that were already engaged with the school to some extent. The project's focus going forward is to strengthen the links with other local agencies such as the Salvation Army, who tend so support some of the higher need families or those who would not engage with a school. Indeed, the emerging findings in Sunderland are that the profile of families differs to some extent depending on the referral route, with a two-pronged approach (school and community based) maximising the chances of engaging with a diverse range of families.

3.2.1.1 *Ineligible referrals*

Projects are experiencing some issues around ensuring that the families referred met the criteria specified by the Improving Futures programme. Data provided by projects suggest that the following were common reasons for ineligible referrals:

- Age restriction of the programme
- Place of residence
- Level of need
- Other agencies already involved

Project leaders feel that the throughput of families could be increased by opening up the upper age bracket to include families with older children.

For several projects one of the most significant emerging issues from the first year of the programme has been the number of families presenting with more complex needs than anticipated. This is partly attributed to reduced budgets and capacity in the statutory sector resulting in families who previously would have been dealt with by these agencies being "referred down" to Improving Futures projects. Projects reported to have felt some pressure to fill these gaps in local provision but were acutely aware that they could be saturated if they accepted all of these referrals and that in some cases they did not meet the identified criteria of early intervention.

"There are cases that are not early intervention but the social worker is trying to push them down to us but that would defeat the purpose of this project which is about prevention and ensuring some families problems never escalate."

(Project Lead)

There were other examples where the level of need did not represent a match with the eligibility criteria of projects. In most cases projects would seek to refer the family on to a suitable alternative agency, which could be statutory services or other voluntary sector organisations. This process has been formalised in two areas demonstrating good practice in changing systems locally. In Camden a Wider Referral Network has been created to meet to the needs of ineligible families. In Denbighshire, the Bridge Project has developed a 'step-up and a step-down process' with the local authority.

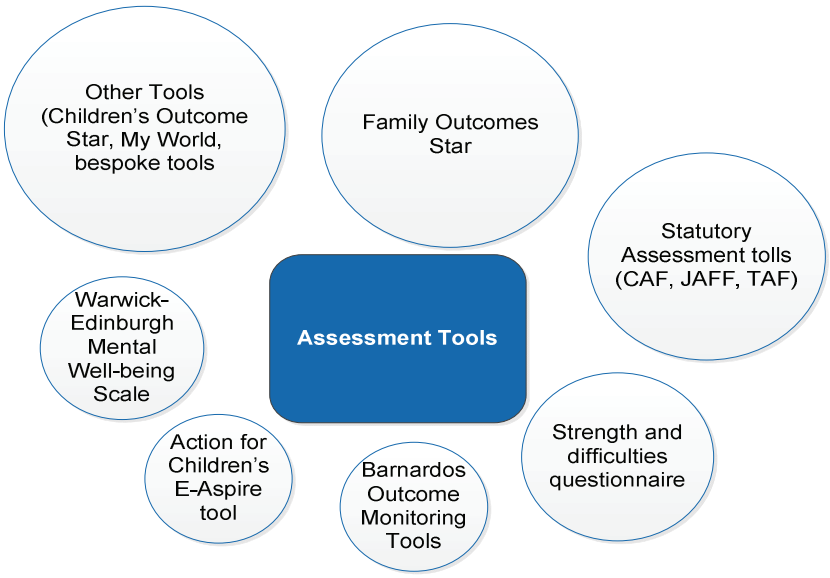
"If we have a referral in and it doesn't meet our criteria, we can step it up to Team around the Family, and by the same token, if they are working with a family who aren't engaging and are wary of the local authority, they can step it down to us and we'll do a brief piece of work with the family and then pass it up to them".

(Project Manager)

3.3 Assessing and planning support

Once a family had consented to engage with a project the initial assessment and action planning phase of support was typically the next step. Some 86% of families in the survey reported to have had some specific goals or targets set relating to their involvement in the project. Projects felt this was critical to ensure that subsequent support is appropriately tailored. Figure 3.2 overleaf summarises the range of assessment tools used by projects and their relative prevalence amongst Improving Futures projects.

Figure 3.2 Assessment tools used by Improving Futures projects[47]



Source: Project monitoring reports and business plans

[47] The diagram was created based on a count of assessment tools used by projects. The diagram seeks to illustrate the prevalence of each method in terms of the size of the circles.

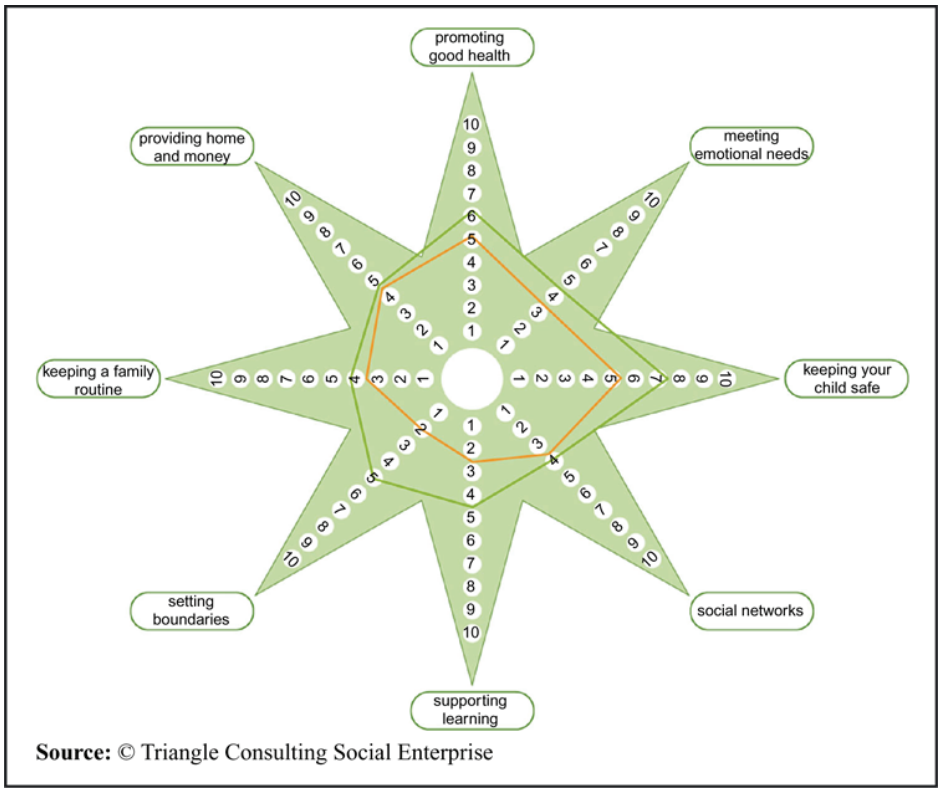
Commonly, Improving Futures projects are using several tools to support the assessment and action planning process. In some cases, they are using multiple tools to assess a single family as the range of issues would be difficult to measure in a single tool/system. The use of multiple tools also allows a more staged approach to assessment recognising the vulnerability of families responding to good practice of staging assessments to allow the family to build trust in the project. For example, the Family Turnaround Project in Enfield uses the Family Outcome Star assessment tool initially but then seeks to conduct a CAF assessment. The depth of information required for the CAF assessment was felt by the project to risk a negative reaction from families if used from the start.

The use of bespoke tools was reported to be achieving some success with working with families. In Sunderland, the use of a bespoke assessment tool was proving successful in working with families who previously had refused to participate in a CAF process, something which has been noted by statutory officers who had previously tried to engage these families. Significantly, local CAF panels have now pro-actively referred families to Improving Futures for a more holistic 'Pen Portrait' participatory assessment where they are unwilling or unsuitable to engage with a more formal CAF assessment. This was felt by project staff to have been a real endorsement of the project as a core part of the local service delivery framework. The Project Manager described the benefits of the approach as follows:

> *"It is a softer alternative route, where there is not that 'social care' threat... this is starting to work well and CAF officers are valuing Improving Futures approaches and seeing it as a viable alternative"*
>
> (Project Manager)

Other projects are drawing on different tools to meet the differing needs of families. For example, one project uses the Family Outcomes Star, which includes a visual representation of outcomes along seven different 'spokes' (see 3.3. below). However, not all families have related to this 'visual' representation of their competences, so other assessment tools have been used in parallel to cater for their needs.

Figure 3.3 The 'Family Star'



Source: © Triangle Consulting Social Enterprise

The timing and location of where the assessment takes place is also noted by project staff as being just as important as the specific tool used. Effective practice appears to be for assessments to be staged over a number of contacts with a family. This was partly to allow project staff to focus on building relationships with families, but also because of a feeling that a tool/questionnaire-based introduction to the programme felt *"very like statutory services to families",* and this was an approach that the projects are keen to differentiate from. Several projects also reported on the importance of completing the assessment in a families' home or to additionally conduct observational visits as part of the assessment process to provide a greater insight into the experiences of families and how they live their lives.

The completion of the assessment itself can assist in moving families forward, by providing an opportunity for them to reflect on their family situation as this example from the Worcestershire Choice and Control project illustrates.

Example – outcomes from participatory assessment

The Worcestershire Choice and Control project uses the Family Star as the main method of assessing families to determine how the personalised budget could be used. One mother was guided through the assessment by a Family Worker in the initial session but was very reticent. The Family Worker agreed to continue the assessment at the next session. At the next session, the mother explained that the conversation had led her to realise the impact her own health was having on her ability to meet her child's emotional needs. She described that for the first time she could explore the difficulties she was having and this led to awareness of the impact on her child. As a result the mother has booked a doctor's appointment to get some help with her own health.

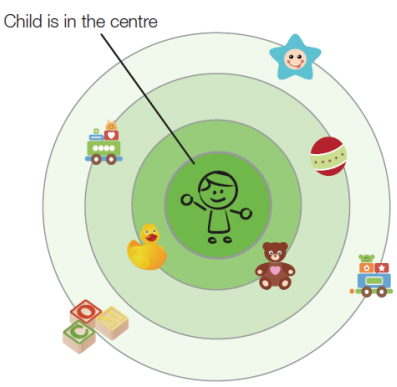
3.3.1 Assessment tools for use with children

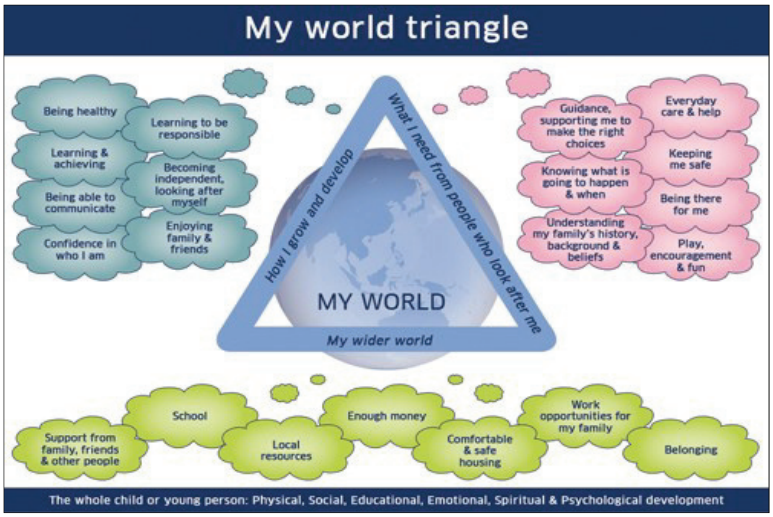
With several projects focusing their interventions on the engagement and delivery of support directly to children, there are examples of different tools being used to assess the needs of children. The child-focused tools were typically characterised as interactive and visual tools responding to best practice in involving children.

The Dundee Early Intervention Team, for example, uses a combination of the Getting it Right for Every Child (GIRFEC) Integrated Children's Assessment as well as the 'My World' triangle (see Figure 3.4 overleaf). The latter provides a more visual tool to gather information on a child and their families' needs. It is positive that Improving Futures projects are also designing bespoke tools for use with children. The One Herts - One Family project has developed a Social Capital Tool for use with children. Children are asked to draw pictures or place toys at certain distances from the middle of the circle. The centre represents the child and the images/toys are the people that are most important to them.

Figure 3.4 Assessment tools for children

The Social Capital Tool





3.4 Supporting families

The design of the Improving Futures programme included an expectation that projects would build on evidenced based practice on early intervention and family support. At this stage of delivery of Improving Futures there is evidence that projects are sometimes replicating many aspects of best practice for family support and intervention in the context of their local delivery models for Improving Futures. This includes the use of key worker and intensive one to one support and/or delivering group based interventions that respond to the specific needs of the families engaged. Additionally, there is interesting practice emerging from Improving Futures through delivery validated programmes such as Roots to Empathy or Incredible Years and the testing of personalised budgets as a model for family support.

3.4.1 Key worker/Intensive support

For around two thirds of projects a key worker approach, where an individual or two practitioners work together to coordinate external services or provide individual families with intensive support has been an important element of their delivery. The benefit of this approach is that the worker acts as a single point of contact for a family and can provide support, resources and information tailored to meet their individual needs. The 'key worker' model has a precedent within the FIP programme, and is also a core element of the Troubled Families programme, which builds on the FIP evidence base for key worker practices.

The findings from the first wave of the baseline survey of families show that, in the main, there was a very high level of satisfaction amongst families for the level of contact time they have received from project staff, with almost nine in ten families (88%) reporting that they were "very satisfied". The qualitative interviews substantiate this finding, with families greatly valuing the availability and continuity in the support they have received. This level of contact time was achieved through a number of approaches by the projects, including the offer of home visits, and in some cases through the availability of project staff outside of normal working hours:

> *"The uniqueness of our team is that we are there in families' homes, supporting them with morning and bedtime routines. One of the key phrases is 'tell me and I'll forget, show me and I'll remember'...we talk them through the steps, we go on the journey together".*
>
> (Project Manager)

"We roll up our sleeves and do whatever it takes to help them in the home."

(Family Support Worker)

Central to the delivery of key worker support in many Improving Futures projects has been flexibility in the timing of when support is delivered. Recognising that families don't just need support 9am-5pm Monday-Friday, a number of projects provide support in the evening, weekends and during the holidays. Given the nature of the key worker model, it typically involves frequent contact with families. At this stage, however, limited data is available from projects as to the number of hours of support delivered to families (although this will be provided through the IFMIS data at the 'exit' stage for individual families). From families themselves, through the survey, some 62% of families have reported over 10 contacts with projects but further analysis is needed to more specifically analyse the intensity of the support and outcomes achieved.

As well as practical help in the home, the hand-on approach also extends to accompanying parents when they access other local services or information.

"It is not just telling families about local services and groups but saying to them 'I can come with you', that helps hugely".

(Family Development Worker)

Given the intensity and responsiveness of the support being delivered by Improving Futures projects, there is the recognition that projects need to avoid a dependency culture amongst families. This has been formalised in the Dundee Early Intervention Team project which is taking a solution and asset based approach to delivery of its intensive support of families. Staff at the project have been trained in a social pedagogy approach which recognises the family as experts in the problem and the solution. Workers therefore help families identify the unique solutions that would work for them rather than what the worker feel is most appropriate.

A number of projects have found that the balance and intensity of the support being delivered is different to that envisaged. For example, the One-Herts - One-Family project is typical in that they have found that they have had to deliver more practical support to families initially before they begin the therapeutic work that was intended as the main focus of the interventions with families. Additionally the project is finding that for some families a longer period of therapeutic support is needed to deal with the complexity of the issues faced.

A common theme also emerging from project experiences is that the current welfare reforms have caused stress and anxiety in many families, which has resulted in a different focus to the support provided. While projects expected to immediately focus on areas like parenting and meeting the child's emotional or learning needs, in practice a greater concern for families has been their financial or housing situation. To date, this has been reported mainly by projects in London[48], where the benefit cap was rolled out in April 2013 (although all Local Authorities should be applying the rules by September 2013). This has led to families coming to projects with more immediate financial concerns which project workers have had to address first to then allow parents to focus on other issues. At this stage the support families have required is more reassurance and explanation of the reforms rather than dealing with specific financial difficulties, such as rent arrears arising from the reduced income, but project staff report this may change once this reforms are more established and others such as the roll out of Universal Credit are introduced later in the year. Specific concerns about this latter reform are principally the move to monthly receipt of benefits and the move from individual to household payments. As benefit payment are not devolved in Wales, Scotland and NI, these reforms likewise have the potential to impact on projects operating

[48] There are 6 London-based projects: Camden, Croydon, Enfield, Hackney, Haringey and Lewisham

throughout the programme. This issue will be explored in future research as the reforms are rolled out and established.

3.4.2 Personalised budgets and financial support

The tailoring of support evidenced by Improving Futures projects also extends in some cases to the use of financial support for families.

The Choice and Control project in Worcestershire is using the personalised budget model as their core model of support. A two-step approach has been designed for administration of the family budgets. During stage one a family can access a 'trouble shooting' budget to address any immediate priorities or barriers that may prevent longer term change for the family. The second stage of support involves use of a Resource Allocation System alongside an assessment of the family using the Family Outcome Star to determine the allocation of budget available for that family. Only a small number of families are at the stage of accessing their 'trouble shooting budget' and the project highlights that to date, families have needed some reassurance that spending the budget is acceptable. Where a purchase has been made based on a choice made by the family this has felt to have been positive for families:

> *"The confidence and motivation small choices give to families at this early stage is very empowering for families"*
>
> (Project worker)

Example - use of a 'troubleshooting' budget

A child needed new school shoes and the family struggled to cover this. They instead bought unsuitable shoes which did not meet the uniform policy of the school and as a result the school threatened to exclude the child. The Family Worker suggested using the trouble shooting budget to buy suitable shoes to remove this worry for the family.

Other projects are likewise operating on the spot purchasing for families as an additional tool to support their tailored response to family needs. The Midlothian project has streamlined its procedures for authorising personalisation funds, so they can offer a fast response to some practical problems that families may face. This has included for example, buying equipment, bedding, school materials and maintenance work in the families' homes. Spot purchasing has provided additional flexibility in this respect. However, it also apparent that some projects have down-scaled the extent to which such budgets have been used, compared with their original expectations. For example, in one local area the focus of the mapping of local services and support for families has been to identify potential 'bundles' of support that are more consistently in demand for families (e.g. including a combination of advice around welfare reforms and housing, alongside therapeutic support to boost confidence and self-esteem). This has enabled the project to take a more strategic approach towards commissioning new services that are in greatest demand, and which are not being provided in a joined-up way by other agencies. Another project pursuing this approach has seen a need to reassess the amount of funding allocated against individual family budgets for spot purchasing. The family budget has been revised releasing resource to allow greater support to be delivered by project staff.

Other projects still have sought to provide bespoke support by accessing external funding opportunities alongside the Improving Futures grant funding. Project workers in the Camden Futures project, for example, have accessed one-off financial support through the Budget Holding Lead Professional funding provided by the London Borough of Camden. For one family this was to provide a crisis loan to cover the Christmas period which would otherwise have led to the family increasing their debt.

"I don't know what I would have done without your support at Christmas when there was a mix up with my DLA payments. I would have been left with no money for the food basics even. The stress was too much. Thank you from all of us for helping to sort it out."

(Family Member)

Similarly, Family Entrepreneurs from the Tyne Gateway project has sourced financial help for families outside of project through the Greggs Fund and a Community Care Grant. This has been used to help families buy essential equipment for the home such as fridges and cookers.

3.4.3 The use of evidence-based programmes and group support

Several of the Improving Futures projects are pursuing models of delivery, which focus heavily on the use of evidence-based programmes. Specifically, two projects (Croydon Family Power project and Pre-school Alliance project in Lewisham) are using the opportunity to deliver the Roots of Empathy[49] programme. Given this programme is delivered to children only and to whole classes within primary schools without specific targeting, it does not explicitly respond to the whole family approach advocated in good practice literature on family intervention but it does offer an opportunity to test for the first time a programme not previously used in the UK.

Elsewhere, evidence-based programmes are being used as the basis of group work with parents. In Midlothian, a first cohort of parents and carers has been recruited to engage with the Incredible Years[50] programme of support while the Dundee Early Intervention Project is also making referrals to their local deliverer of the same programme. Other established parenting programmes are also being delivered by Improving Futures projects as part of their programme of support. For example Triple P[51] is delivered to parents by the Nurturing Inverclyde project. The project is also providing a Seasons for Growth[52] programme in schools which addresses the issues of significant loss or bereavement that children have experienced.

Group work or activities are a key feature of many projects. A wide range of group-based activities are provided but common examples include:

- Support groups for parents with children with ADHD
- Family activity workshops during holidays and weekends with a focus on communication, bonding and developing positive memories
- Family learning course linked to local sports clubs
- After-school clubs and holiday play-schemes for children
- Homework club for parents for parents and carers to come to with their children to do homework, creative activities and some relaxation time.
- Family drop in sessions.

There is some evidence that some of these groups existed prior to the start of Improving Futures and so potentially represent continuation of existing provision. There is emerging evidence, however, that many

[49] 'Roots of Empathy' is a school-based programme, which was developed in Canada in 1996. The programme aims to reduce levels of aggression and to improve social and emotional skills, through a series of classroom visits by an infant and parent, which encourages children to reflect on their thoughts and feelings. It is supported by a robust research evidence base: http://www.rootsofempathy.org/

[50] 'Incredible Years' is a suite of evidence-based programme for parents, children and teachers, which has the aim of tackling behavioural problems and building social, emotional and academic skills: http://incredibleyears.com/

[51] Triple P is an evidence-based positive parenting programme, which aims to provide parents with strategies to manage their children's behaviour and build positive parent-child relationships: http://www.triplep.net/glo-en/home

[52] Seasons for Growth is a peer education programme for bereaved children and adults aged 6-18 years: http://seasonsforgrowth.co.uk/

of these groups have been developed directly in response to requests from parents or families which adds to their success:

> *"The most successful groups for both children and parents are those that we have provided at the request of parents and children."*
>
> (Project Manager)

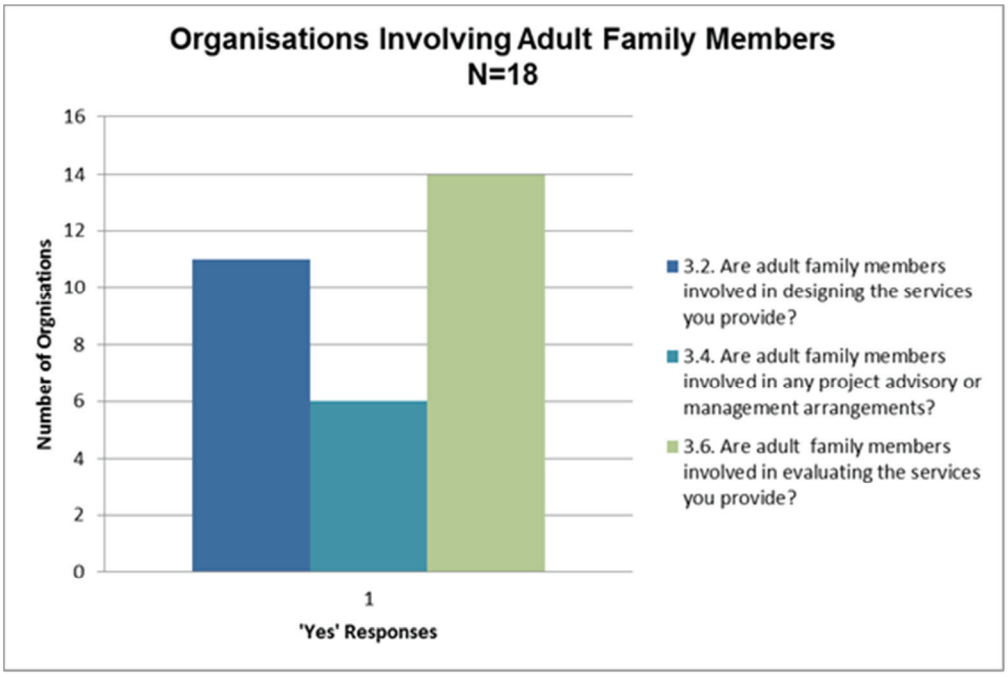
The focus of these group sessions has varied across projects, covering subjects as managing behaviour, helping with homework or more informal drop in sessions where parents can raise any issues that are of concern. Project workers report that the success of these groups as opposed to more structured parenting programmes appears to stem from the informality in which parents can raise issues.

Family Learning Residential Weekends

The Families First project in Hackney has delivered a family learning residential weekend for families engaged in the project to date. The weekend allowed families to come together in a relaxed and neutral environment to participate in moderated sessions by project workers and opportunities for informal discussions. The intensive but informal format of the weekend was recognised as successful in getting parents to open up about issues more quickly than through 'traditional' sessions.

In some places, families are also actively involved in the delivery of these group sessions demonstrating an increasing level of participation by families in the project delivery. The issue of family participation was explored in a small scale survey of projects and discussed as a theme at a recent project event. Initial results suggest that the type and nature of engagement varies across the projects but that involvement of adult family members in evaluating services is most common (Figure 3.5 below).

Figure 3.5 Results from project survey on participation of families



There are, however, emerging examples of family members being more actively involved in delivery of support to other families. Projects highlight that this type of involvement is fluid and occurs only once individuals have built sufficient confidence from their own participation. It is, therefore, a trend that is

expected to increase within projects as the flow of families completing their interventions increases. Current examples of family participation in project delivery include:

- A small number of families in Levenmouth Partnership Family Support project being supported to continue family learning sessions which were initiated as a time limited intervention by the project. The families wanted to stay involved with the project and continue to meet as a group. With support from project workers the group has devised a programme of activities and are organising the running of the group amongst themselves, for example, organising a kitty to cover the costs of refreshments.
- Similarly in Enfield a parent support group initiated by the project was due to finish but parents were keen to continue the routine and social interaction that they gained from attending. Project staff are helping these parents to continue the group as a peer support group.
- In Denbighshire two parents in a rural area who attended a family drop in session ran by the project have continued to attend the sessions and now offer support to other families in a volunteer capacity.
- In Tyneside a group of bereaved parents who participated in the Season for Growth programme have felt sufficiently empowered as a result to set up their own support group.

3.5 Families disengaging from support

Projects reported experiencing families disengaging from the intervention, although for all projects this was a relatively rare occurrence. The key reasons identified by projects include:

- Families facing a crisis which causes them to suddenly disengage
- Families being escalated to statutory service by the project following a crisis or deterioration in their situation
- Families disengaging following an intervention

The latter reason was reported largely by those projects which are delivering therapeutic support. The One Herts One Family project, for example reported one example where a parent's participation in therapy based support *"brought out painful episodes from the past for that individual and as a result family disengaged because it felt too hard to continue."* While this is disappointing for the project, they do not view it as wholly negative but believe that the support they deliver is the start of a longer support process for that family and the therapy will have sown a seed that change is required for the family.

4.0 Early Outcomes

This chapter reviews the outcomes emerging so far from Improving Futures projects in respect of the three programme outcomes. It looks first at the evidence in terms of improved outcomes for children in families with multiple and complex needs (Section 4.1). The achievements of the projects so far in terms of supporting more effective, tailored, and joined up support for families with multiple and complex needs (Section 4.2) and improved learning and sharing of best practice between public services and VCS organisations (Section 4.3) are then explored.

It must be emphasised that at this stage the findings draw mainly on project-level data reported through the monitoring returns, and through more qualitative evidence recorded at the case study visits. Later evaluation reports will present a more systematic analysis of management information gathered at a programme level using the IFMIS system, and through the longitudinal survey of families. Nevertheless, the findings at this stage indicate that the programme has achieved some early successes with families.

4.1 Outcomes for children in families with multiple and complex needs

It is clear from the evaluation evidence gathered by many projects so far that they have improved the circumstances of many of the families they have supported. The nature of the improvements varies significantly reflecting the responsive and wide ranging types of support being provided by projects. At this stage, however, it is possible to identify examples of positive outcomes achieved for children directly as well as outcomes for adults or the family as a whole, which in turn are inferred to result in positive outcomes for the children in the family.

4.1.1 Outcomes for children

Responding explicitly to the programme aim, there is evidence emerging of positive outcomes for children. Given the school based focus of many projects, these outcomes typically relate to improved behaviour and attendance at school or children generally feeling more settled in a school setting, which provides a strong basis for improved achievement over a longer term. A number of projects have reported quantitative evaluation data that indicates positive outcomes on these themes, although the sample sizes are relatively small so some caution is need in examining the findings:

- The One-Herts, One-Family project report that of the families where school attendance and attainment are a presenting issue at the assessment stage, 64% of families have reported an improvement.
- The Denbighshire Bridge project, likewise reports that 83% of children who completed an initial assessment and were subsequently reviewed had improved in behaviour, attendance and attainment at school.

These outcomes are more strongly evidenced through individual case studies and direct feedback from parents and children. It is clear from the examples presented below that these positive outcomes stem from the provision of practical support to overcome one-off barriers to school attendance, supporting parents to access additional support for their child as well as direct mentoring and programmes.

Overcoming practical barriers to school attendance

The Denbighshire Bridge project has supported one parent to access transport for their child to attend school. Previously, travel to the school using public transport was difficult due to where the family lived, requiring a long journey time.

"Since the taxi has been set up my child he is like a different child.He is more awake in class, active and has more energy. It's made a big difference to him in school." (Parent)

Supporting parents to access educational support

A Family Entrepreneur from the Tyne Gateway project supported a family to develop behaviour management strategies and access support for their son with autism and ADHD, who had not been allowed to play out at school because of his serious unprovoked attacks on other children. Improvements in his behaviour, physical wellbeing and school life have occurred

"I have been trying to get support for my son for the last 3 years about his behaviour and have got nowhere! Since the Family Entrepreneur has been working with us she came to the doctors with me to support me, and my son has now been referred to a child psychologist. At last I feel as if my son is getting the help he needs." (Parent)

A confidence building programme for children

The Enfield Turnaround project developed and delivered a Grassroots Community Development Programme for Year 4 and 5 pupils drawn from across 6 schools in Enfield. Through a series of workshops the programme sought to equip children with skills and confidence in terms of speaking, listening, concentration and presentation, self-esteem and communication skills. Feedback from children who attended the first course was overwhelmingly positive, with children reporting skills which would help them both in and outside of school.

"The Grassroots club is very useful, it made me able to speak loudly and stop being shy."

"It helps me make friends."

"In class I was confident to speak up more."

"In class I was not confident but now I am."

"I can ask for help when I need it now."

4.1.2 Outcomes for adults

Many projects have focused on dealing with specific issues faced by adult family members. While this does not represent provision of whole family approaches to support it does respond to the recognition of the impact these parental issues can have on children in the family. Other projects have more generally sought to improve parenting skills through delivery of parenting programmes. At this stage quantitative evidence is limited to evidence the outcomes from this type of support but projects are gathering strong

qualitative evidence in the form of feedback from parents of the positive outcomes from the support they have provided.

It is clear that for some parents that the opportunity to simply reflect on their situation and talk about the issue they face has been valuable. The following feedback was received by two projects who had implemented a key worker model of support, where a project worker spent time with the family:

> *"You're the first person who seems to understand what things have been like for us. I don't need to explain everything and because you get it, it's easier for me to talk about it."*
>
> (Parent)

> *"I feel like the opportunity to talk about things really helped me. I knew you'd be there when I needed to talk about how things were going. That's what really helped to make a change for our family."*
>
> (Parent)

For many parents who participated in the various parenting programmes delivered by Improving Futures projects, the acquisition of particular parenting strategies or approaches has led to perceived improvements in how they are able to parent their children:

> *"I find these sessions really supportive for me, I come away more able to devise strategies which are helping me and my child – he's not been as challenging"*
>
> (Parent)

> *"The project has helped a lot. I was quite shouty [Sic.], didn't really spend a lot of time with them. It shows you another way of dealing with them, wording things differently and the difference is amazing".*
>
> (Parent)

> *"The support we have got from the service has brought our family closer together and showed us new ideas on how to deal with things without arguing."*
>
> (Parent)

4.1.3 Outcomes for families

There is clear evidence that projects have also been successful in many cases in tackling immediate problems that can make life difficult for families. As reported previously, project staff have often had to address these immediate issues before any further work could be done with the family on their more deep rooted or acute issues.

In the main, the shorter-term outcomes resulting from this practical support were related to improving their living or financial circumstances. A number of examples of the outcomes achieved for families were:

- Clearing out dirty and cluttered homes
- Supporting families to apply for or move to more appropriate accommodation
- Getting the gas and electric reconnected or ensuring essential repairs on their accommodation were undertaken
- Provision of essential household items e.g. fridge, cooker, beds and bedding

- Ensuring the correct benefits are being claimed by the family
- Working with families to ensure a plan was in place to deal with family debts
- Intervening with landlords and housing agencies to avert eviction

In addition to addressing these negative issues, projects have variously also delivered activities which create positive family experiences and 'memory building'. Examples include families participating in family fun days, day trips and Christmas parties.

In line with the overall focus of Improving Futures projects on families with multiple problems, for many families support from the projects has helped address a number of these negative issues alongside specific issues faced by child or adults in the family which together improves the overall situation of the family. The intensity and flexibility of the support received from Improving Futures has been key to the satisfaction reported by families, as this quote from a family helped by the Tyne Gateway project suggests:

> *"I have received more support from you in a month than that of all the professionals I have been involved with over the years"*
>
> (Parent)

The success of improving futures projects in addressing the multiple and complex needs of families are further illustrated by two case studies.

Family Case Study 1

A family worker from the Dundee Early Intervention Team provided a range of support to a family with 5 children. The oldest child was being bullied at school but the parents did not feel confident in speaking to the school about the issue. As a result the child did not want to attend school and their behaviour was causing difficulty and disruption to family life at home. The worker initially sought to address the bullying issue by attending meetings with the school alongside the parents. As the worker built a relationship with the family, it became clear that the stressful family situation and unresolved issues from the mother's past had led to her suffering from depression. With the encouragement of the project worker, she went to the GP for treatment. The project also arranged for her to access bereavement support to address her other issues. The worker also did some work directly with the two oldest children where there was sibling rivalry which caused disruption in the house and as a result they were increasingly starting to play together more calmly. Alongside this support, the project arranged access to local council leisure facilities to encourage the family to spend time outside of the house at weekend. The wide ranging and responsive package of support was highly appreciated by the family.

"Everything seems to have come together, my son and daughter are getting on better and my daughter is getting on better at school. Overall as a family we feel a lot happier". (Family Member)

Family Case Study 2

A parent suffering from multiple sclerosis with 3 children, at the time of referral was living in an overcrowded 1 bedroom flat. Limited access to the flat by the parent who was a wheel chair user made this parent increasingly housebound and the whole family routine was extremely affected by lack of space, affecting all members of the household. A Family Development Worker from the Camden Futures programme supported the family around setting boundaries and trying out strategies to implement rules and routines for the children. Alongside this, the family was also supported in their bid for alternative housing to be prioritised. Eventually, as a result of this work, the family received a brand new three bedroom flat, part of a recent development in Camden, with full wheel chair access and all the facilities they required.

4.2 More effective, tailored and joined up support for families with multiple and complex needs

One of the key aims of the Improving Futures Programme was that projects would pursue effective, tailored and joined up support that builds on known good practice in delivering family intervention support. Although only at an early stage of delivery, there is some emerging evidence that projects have made progress towards the joined up element of this aim, with a number of strategic and operational developments which have the potential to lead to longer terms outcomes for local service delivery.

One of the clearest examples of joined up support has been the development of strong local partnerships for delivery of the projects. A defining feature of Improving Futures projects is that they are led by the third sector, in partnership with statutory services or other VCS organisations. A range of appropriate statutory service providers are also involved in the projects. These are organisations that are typically engaged in family intervention work covering, for example, health and social care teams, GP surgeries, schools, police, Jobcentre Plus, and social housing teams. Projects are also being supported by a range of other voluntary sector organisations. Organisations with a similar focus have come together to deliver an Improving Futures project, with positive early results in some areas. The Dundee Early Intervention Team project, for example, is formed of a core partnership between four children's charities - Aberlour, CHILDREN 1st, Action for Children and Barnardo's. Other Improving Futures projects have engaged specialist VCS organisations related to the point of engagement for their families or the nature of the issues experienced by families.

Positively, there are also emerging developments in some local areas as a result of this partnership working which has the potential to lead to more effective delivery of family support in the local area as a whole beyond the end Improving Futures. In Sunderland, mapping work has been undertaken through the Improving Futures project to develop a Neighbourhood Menu of specialist VCS organisations that exist in the area who provide services of relevance to families. The mapping work has shown that many of the 600 voluntary organisations working across the city have a similar offer so the intention of the project is to streamline the offer by including only a core group of services in each Neighbourhood Menu. While this could be perceived negatively, it is the project's view that it will lead to better access to families. This element of the project has reportedly captured the interest of the Strengthening Families group the statutory-led board that over-arches city-wide family support. Likewise the pen-portrait approach to assessing and planning support has been welcomed by statutory partners due to its success in engaging families that previously refused to participate in a CAF approach. Project staff are explicitly focused on implementing sustainable processes that will continue beyond the lifetime of the project and the initial response from local partners to date suggests the following aim may be achieved:

"The legacy is to build a model in the local areas to be self-sufficient when the project moves on… the right systems in place."

(Project Manager)

Other projects have likewise developed joint processes which are proving successful and so have the potential for adoption as a mechanism that continues in local areas. For example, the Wider Referral Network organised by the Camden Futures project is proving to be a successful mechanism for ensuring families do not fall thorugh the net if they are ineligible to participate in a particular project. In Denbighshire, the 'step-up and a step-down process' developed with the local authority ensures that engagement with families is achieved where previously the family would have been wary of involvement with the local authority and families are more likely to stay engaged when referred onwards from the project as the process is more streamlined.

4.3 Improved learning and sharing of best practice between public services and VCS organisations

Positive partnership working in the context of delivery of Improving Futures is serving to support the exchange of good practice and learning in delivering family support. The various partnership and multi-agency structures established for the management and operational delivery of projects are serving as a mechanism for the exchange of learning. Project staff report that the partnership meetings are providing a structure and forum for regular contact with staff from other agencies at which practice can be exchanged. The joint training events that many projects have delivered where staff are drawn from across different organisations are also perceived to have been a useful mechanism for shared learning. For example, a project staff member reflects on how this is currently being achieved:

"As the practitioners study and learn together they are being given opportunities to build relationships that in turn break down sector barriers and enhance co-production and a better service for the families being worked with".

(Project Manager)

The Croydon Family Power project is seeking to achieve greater sustainability in the learning generated from joint training. For this project, the Family Navigators are drawn from six voluntary organisations and the Local Authority so a training manual with schemes of work developed from each organisation's specialist training has been developed. A programme of training is scheduled on a bi-monthly basis over the first year of the project delivery to deliver these schemes to project staff but the intention is then for the bespoke training manual to be used to support recruitment of new volunteers thus "*so filtering down the learning and creating a sustainable model of delivery."*

Improving Futures projects also appear to be well embedded in local structures for children and families support, in order to facilitate their alignment with other initiatives and in some cases influence the development of early intervention models. The Wolverhampton project for example reports to have an "active presence" in the Early Intervention Board and Children's Trust. Other projects are represented in wider multi-agency or cross sector bodies such as an Early Intervention and Prevention Team, Health and Wellbeing Boards, Parenting Strategy Groups, Community Planning Partnerships, Substance Misuse Screening Groups, Wider Referral Network and voluntary sector forums. As well as project staff participating in other networks and partnerships, inviting other agencies to be represented in the steering groups of Improving Futures projects has been a key way to share learning.

There has been much work by projects in disseminating learning from their projects to a wider audience through publicity materials such as project newsletters, and being featured in other agencies' and partnerships' newsletters or leaflets, press articles or posters. Social media has also been used and some projects have sought to present at external events. This has included presentations to other local teams and national conferences or round table discussions. Staff from the Midlothian project, for example, presented at a workshop at the conference to launch the Scottish National Parenting Strategy.

This latter example is evidence that Improving Futures projects and the organisations delivering them are increasingly being seen as local experts. A further example of this is the invitation to Barnardo's who are delivering the Inverclyde Improving Futures project to play a significant role in writing and implementing the local Family Support and Parenting Strategy 2013-2016. Project staff perceive the Improving Futures project being seen as a "catalyst for change" as a key factor that led to the invitation. A further example is provided by the Camden Futures programme which has been approached on four occasions by external organisations to advise on the best support plan for a family being supported by other organisations. Although on a more ad hoc basis this is nonetheless evidence of perceived expertise and shared learning from the experience of supporting families through Improving Futures so far.

5.0 Early conclusions

This report presents the emerging evaluation findings as projects reach or approach the end of their first year of delivery. It serves as a snapshot of the profile of families engaged by the Improving Futures programme, the methods and approaches which are proving successful in supporting families with multiple and complex needs and the outcomes by the programme so far.

5.1 Improving Futures families

Analysis of the data gathered so far through the central programme level monitoring information system (IFMIS) provides a useful first look at the profile of families being supported by the programme. Unsurprisingly the families are not representative of the general population of families with dependent children but include higher proportions of families with greater support needs, who predominantly seem to fall at a level 'below' the higher need families who were targeted by precursor programmes such as FIPs and Family Pathfinders. Overall, this first review of the data suggests that Improving Futures has been able to engage the desired target group of families who feature a number of characteristics that are associated with medium to high level support needs.

Specifically, lone parent families are over-represented among the Improving Futures families with more than three in five families (62%) lone parents when they first became involved with Improving Futures. Similarly families with ethnic minority backgrounds are over-represented reflecting the geographical focus of the projects but also that Improving Futures projects are potentially more effective than other programmes in focussing on those with greater vulnerabilities, as ethnic groups are at heightened risk of child poverty amongst other disadvantages. This will be explored further in subsequent analysis.

The families, children and adults being supported by the programme feature a range of risk factors and strengths. The analysis suggests that Improving Futures families typically face medium to higher needs, but are less affected by acute risk settings, which is in line with the aims and eligibility criteria of the programme. However, it is important to note that it is the cumulative impact of multiple risks which has an effect on future life chances. It is positive to note that to date projects appear to be delivering support that responds to these multiple needs but further analysis will be undertaken to explore the outcomes achieved reducing these risks.

5.2 Delivering support

The focus of Improving Futures projects in the first year has been building strong local partnerships and delivery teams to provide effective and innovative ways of working with children and families. In the main, appropriate and effective referral routes have been established by projects which are ensuring an appropriate flow of families in to projects. Although some projects experience some difficulties as a result of the changing contexts and re-structuring in the statutory sector they have worked hard to resolve these issues.

Once a family had consented to engage with a project the initial assessment and action planning phase of support was typically the next step for all projects. Projects are working flexibly in using appropriate assessment tools and timing assessment processes to respond to the vulnerability and skills of the families they engage. In some cases this has led to the production of bespoke tools specifically for use in the Improving Futures programme.

At this stage of delivery of Improving Futures there is good evidence that projects are replicating many aspects of best practice in family intervention in the delivery models for Improving Futures projects. For example around two thirds of projects are working with key worker models where intensive, responsive and hands-on support is provided by an individual project worker. There is also interesting practice being tested through Improving Futures projects in terms of personalised budgets and delivery of validated programmes as part of a wider suite of provision for families, the outcomes from which will be examined in subsequent evaluation phases.

5.3 Early outcomes

As Improving Futures projects reach the end of the first year of their operation it is clear that they are starting to improve the circumstances of the families they have supported, in line with the overall programme aim of **improved outcomes for children in families with multiple and complex needs.** Given the school based focus of many projects, the outcomes achieved so far directly for children typically relate to improved behaviour and attendance at school or children generally feeling more settled in a school setting which provides a strong basis for improved achievement over a longer term. Other projects have sought to improve the parenting skills of adults in the family or address their specific needs which impact detrimentally on children. There is clear evidence that projects have also been successful in many cases in tackling immediate problems that can make life difficult for families leading to improved living or financial circumstances for many families. In addition to addressing these negative issues, projects have variously also delivered activities which create positive family experiences and 'memory building.'

One of the key aims of the Improving Futures Programme was that projects would pursue **effective, tailored and joined up support** that builds on known good practice in delivering family intervention support. Although only at an early stage of delivery, there is some emerging evidence that projects have made progress towards the joined up element of this aim, principally through the strong local partnerships formed for the management and delivery of the projects. There is however also emerging evidence that some of the practices and mechanisms being delivered through Improving Futures projects are attracting interest locally and are being adopted as preferred local approaches, particularly around assessing families and streamlining the offers of support for families.

Positive partnership working in the context of delivery of Improving Futures is serving to support **improved learning and sharing of best practice between public services and VCS organisations.** Partnership meetings are providing a structure and forum for regular contact with staff from other agencies at which practice can be exchanged and there are positive examples of joint training events which draw together the expertise of different partners. Improving Futures projects also appear to be well embedded in local structures for children and families support, in order to facilitate their alignment with other initiatives and in some cases influence the development of early intervention models. There is also tentative evidence that Improving Futures projects and the organisations delivering them are increasingly being seen as local experts which provides a strong basis for the sharing of learning from Improving Futures between organisations.

5.4 Suggested areas for development

There are a number of suggested areas for development, to be explored in year two. These include:

v. **For the projects** to review the existing 'core' of school-based identification and recruitment and to reach out to those families who are not in contact with mainstream services and are not yet fully engaged with the programme.

vi. **For the projects** to take stock of how 'whole family' approaches are being used within the programme, and to ensure that work with individual family members is also engaging the wider family wherever it is appropriate or feasible to do so.

vii. **For the projects** to ensure that outcomes are captured and recorded systematically at a local level, so that reported benefits such as improved school attendance, take-up of medical appointments, improved security of housing tenure, and other outcomes can be validated.

viii. **For the evaluation** to review and analyse the different models of practice for working with families within the programme, and to work towards some potential typologies that can be used to signpost projects to useful information and support.

5.5 Next Steps for the Evaluation

The evaluation of the Improving Futures programme will continue until 2016, so these emerging developments with be further tracked and examined over the subsequent years. In particular, the focus of activities during the next year of the evaluation (2014) will include:

- The first of two stakeholder surveys, to gauge the views of local stakeholders regarding levels of awareness of the programme, and it's perceived impact and effectiveness;
- Additional case study visits, to further extend and deepen the qualitative analysis;
- Further work to develop typologies of service delivery models; to provide a basis for comparison between individual projects with shared characteristics;
- Follow-up survey research with families interviewed at the baseline stage, to measure the distance travelled during the programme to date; and.
- The development of a robust 'counterfactual' for the evaluation, including work within a sub-set of local projects to develop mini impact case studies.

Further learning and dissemination activities are also scheduled throughout 2014-15. The year two report (2014) will particularly focus on the 'distance travelled' by families, with a further analysis of the IFMIS data and interview evidence.

Annex One: Overview of Improving Futures projects

Overview of Improving Futures Projects

Project and location	Number of families to be supported	Length	Project Description
Dundee Early Intervention Team, Dundee	200	3	These four major children's charities in Scotland will be working together for the first time, pooling their considerable expertise and resources. Utilising evidence-based approaches, the Team will work with families to find effective and sustainable solutions to social, health, relationship or parenting difficulties, both at and before the point of crisis.
Gateway – Levenmouth Partnership Family Support, Fife	500	3.5	The Gateway project will address an identified gap in services by engaging with families whose circumstances are being adversely affected by issues such as unemployment, poverty, substance misuse, or domestic violence, but who are not yet perceived as eligible for core statutory provision. By offering a range of individually tailored services, the project will create opportunities for families to tackle their difficulties, building upon their resilience and developing personal and inter-personal skills. It is intended that these early interventions will prevent family breakdown, severe trauma, and a need for intervention by statutory services.
Empowering Families, Midlothian	300	5	Midlothian Sure Start's Empowering Families project will take an asset based approach, enabling families with multiple risk factors to take control of their situation and make positive changes. The programme will focus on families that have not yet been referred for child protection, and will particularly look to reach out to disabled children and those whose families are affected by unemployment and substance misuse.
Nurturing Inverclyde, Inverclyde	400	3	The project will create a family resource centre in Inverclyde, providing a range of interventions and supports to prevent or address family problems by strengthening parent-child relationships and providing whatever parents need to better nurture their children. It will be the platform to implement statutory and voluntary agencies working together to become more preventative, responsive, flexible, holistic and family focused.
Tyne Gateway – Extending the Reach, North and South Tyneside	270	3	This project will expand the award-winning Tyne Gateway initiative that has been tackling child poverty across North and South Tyneside since 2009. With Improving Futures funding, the project will look to engage additional families and focus on raising children's behavioural and educational abilities.
The Neighbourhood Alliance, Sunderland	160	4	Based out of the Stadium of Light, SAFC Foundation has a track record of using 'the power of football' to engage local children and families in positive learning activities. Through this new Neighbourhood Alliance Project, their partnership will reach out to disadvantaged neighbourhoods and collaborate with families to re-design services. Innovative use of technology will unlock potential for better information sharing and user experiences.
Tackling Domestic Violence: an Integrated and Holistic Model for Families, Belfast	1060	3	This project tackling domestic violence is the first of its kind in Northern Ireland. It will promote an innovative inter-agency approach, enabling earlier intervention and prevention. A new women's aid team will work alongside social workers in seven gateway teams, the single point of contact and entry for all new family and childcare referrals to social services in and beyond Belfast. The team will enable a co-ordinated early intervention response across all levels of risk, in particular focussing on children and mothers whose needs have been assessed as low risk by social services and requiring no further statutory

Project and location	Number of families to be supported	Length	Project Description
			intervention. The team will include a health visitor who will assist in providing a pathway to holistic and specialised services for the family.
BIG Manchester	180	3	BIG Manchester represents a commitment from a range of partners within the city to improve outcomes and life chances for children, young people and families by working together to manage a co-ordinated approach to effectively meet need, mitigate risk and build strength and resilience. The BIG Manchester initiative is targeted towards families with children aged 5-10 in north Manchester who are affected by complex issues including parental substance misuse, parental mental ill health and domestic abuse. These criteria have been agreed by all partners and by the Local Authority as being relevant and responsive to local need and as being aligned to local priorities to improve the futures of children, families and communities within the city.
Bridging the Gap, Denbighshire	240	3	Bridging the Gap aims to improve educational achievement, emotional wellbeing and family relationships through intensive early intervention to vulnerable families in the catchment area of six primary schools to reduce entrenchment of problems by the time children reach secondary school. The project will deliver one to one support and group work to promote emotional resilience, develop skills and empower families to manage children's behaviours. A co-ordinated package of parenting support from a range of partners will be delivered in the home, community and school.
L I F T (Let's Improve our Future Together), Cheshire	181	3	The LIFT project will utilise a community development approach to supporting families, aiming to lever and increase social capital in four contrasting localities across Cheshire. As the voluntary, community and faith sector in Cheshire has been experiencing an increase in families turning to them for support, there will be an ambition to reach families who are not currently engaging with or known to local statutory partners.
'Teulu Ni' (Our Family), Gywnedd	120	3	The 'Our Family' project will target and support families with profound and complex problems living mainly in rural areas who need proactive, integrated and appropriate intervention in order to avoid those problems becoming more profound and complex. Under the Families First initiative, Gwynedd will already be providing preventative support to families with additional (but not profound and complex) needs. Families who experience profound and complex problems as a result of substance misuse, domestic violence and mental health problems will receive support through the Integrated Family Support Service. This project will work to benefit families who fall between these two categories and whom, without this support, would be most likely to be referred to specialist services without early intervention. The project will also work with families who have received support through the Integrated Family Support Services to ensure they do not revert to a situation where they will need intensive support again. Filling this gap in provision for families the project adds significant value to the family support provision.
Wolverhampton Improving Futures, Wolverhampton	200	4	The Wolverhampton Improving Futures project will contribute to a citywide continuum of support for children aged 0-18. In consultation with families, this project moves away from an 'intervention' ethos, to focus on helping parents become more effective in their roles. The project will pilot the approach in three areas of the city. In addition, two priority groups for the project have been identified by the local Safeguarding Board as: children growing up in families where the adults have learning disabilities, and families affected by domestic violence. These priority groups will be supported on a city-wide basis.

Project and location	Number of families to be supported	Length	Project Description
Worcestershire Family Budgets (Improving Futures through Choice, Control and Support), Worcestershire	100	3	This intensive project will build upon provision from the Family Intervention Project and take the model a step further by developing an innovative strength based approach that empowers families to make choices on the type of support they need and who provides it by giving them a Family Budget. The project will focus on families whose needs are too complex for universal services but not sufficiently high to meet the threshold for statutory intervention.
Securing Futures, Carmarthenshire	260	4	This integrated and holistic project will target the needs of families where parents have learning disabilities or are experiencing low to moderate mental health problems. The project draws on research, including by Learning Disability Wales, and has been designed to complement Welsh Government's child poverty strategy and other initiatives aimed at supporting people experiencing mental health and/or learning difficulties.
One Herts – One Family – changing family life for a better tomorrow, Hertfordshire	240	3	This project will focus on providing earlier intervention for children, below statutory thresholds – combining practical and therapeutic support to build family strengths. The locus of the project will be in three areas: Broxbourne, Stevenage and Watford.
Connecting Families, Bridgend	150	3	This project will deliver targeted family support with children and parents to improve their lives and prevent family issues escalating to crisis point requiring statutory intervention. A flexible service with some delivery outside of normal office hours will provide a high threshold provision for 'low threshold families' who do not currently receive this intensity of provision. This provision will be focused at helping coping with parents with mental health issues, coping with parents who abuse substances, self-esteem, bereavement and loss and domestic abuse, and debt.
Eleri, Cardiff	500	3	The Eleri project will build on the strengths of existing services across Cardiff, while seeking to improve coherence and delivery for families with multiple problems. The governance arrangements for Eleri will ensure strategic and on-the-ground coherence with the new Integrated Family Support Services and Families First initiative in Cardiff. Implemented in parallel, these initiatives offer potential for transformative impact at a city-wide level as a result of greater multi-agency collaboration and improved provision.
Stronger Families, Future Communities, Southend-on-Sea	700	4	Focusing on supporting families to achieve transformational change through a range of integrated services delivered mainly in the home, the project aims to improve family functioning, increase school attendance and attainment, and raise self-esteem and confidence for all family members. The partnership will also enable effective income and debt management to reduce of the number of families living in poverty.
Families Moving Forwards, Portsmouth	260	4	Families Moving Forward has been developed to add value to and operate in line with other family provision throughout Portsmouth and aims to bridge the gap between adult and children's services. The projects will provide family interventions that seek to reduce escalation to higher level support as well as acting as a soft landing for families progressing out of higher family interventions. It will also target gaps in service provision.

Project and location	Number of families to be supported	Length	Project Description
Enfield Family Turnaround Project, London Borough of Enfield	150	3	The Enfield Family Turnaround project will reach out to children experiencing social, emotional and behavioural difficulties at primary school, and particularly aim to support those from Somali and Turkish families who may experience barriers in accessing existing services. A 'whole family' support model will be promoted through the project.
Building Bridges, London Borough of Haringey	240	4	This project is based on a successful model of early intervention, Building Bridges, established over ten years ago. Its evaluation demonstrates this model reduces the number and complexity of problems affecting families and prevents safeguarding issues escalating. It was developed for families where parental mental health is the main issue. This project will build on this work and expand it to include families facing a wider range of support for example with housing, health, learning difficulties, disability, family breakdown and school exclusion as well as drug/alcohol abuse, domestic abuse, poverty or social isolation.
Camden Futures, London Borough of Camden	600	3	The Camden Futures partnership will offer a range of early intervention services. The project will be linked with GP practices and schools within Camden's most deprived wards to encourage access by families who are not engaged with supportive services.
Families First, London Borough of Hackney	210	3	Hackney Families First Programme is a three year family centred service aimed at achieving better outcomes for 210 families in Hackney. These families live with multiple and complex needs. The Programme focuses its attention on preventative, proactive services and approaches to help divert children aged between 5 and 10 years old and their families away from statutory social care service and criminal justice agencies, when they present with a variety and complexity of problems.
Brighter Futures, London Borough of Wandsworth	120	3	The Brighter Futures project in Wandsworth supports children and their families who are recovering from the experience of domestic violence. The project has an emphasis on accessing support programmes that will help families promote a healthy and safe living environment for children. The project aims to develop a replicable, sustainable model of multi-agency working and shared learning.
Family Pathways, London Borough of Lewisham	400	4	Family Pathways will provide targeted and holistic support to families, focussing on children demonstrating anti-social or destructive behaviour, or who have witnessed or been part of a domestic violence or other difficult family situation. This project is based on research by the WAVE Trust which supports parents in connecting emotionally to their children.
Croydon Family Power: Giving Children a Head Start, London Borough of Croydon	3031	3	The Croydon Family Power project is asset-based and has 'universal' and 'targeted' elements. It includes rolling out several evidence-based programmes in Croydon, to build child empathy, enhance parental capabilities, and strengthen family resilience. The project focuses on strengthening families who are `just coping', before their problems escalate.

Annex Two: Overview of Evaluation Methodology

Research Methods

A 'mixed methods' approach has been adopted for the evaluation, which incorporates qualitative and quantitative data collection and analysis within a framework. The methods are summarised below:

- **Local monitoring data collection** – collection of bespoke data at an individual project level, drawing upon core assessment data and other administrative sources. Local data collection is structured within individual project evaluation plans; developed collaboratively with the evaluation team. Bi-annual project reporting is undertaken against the milestones and outcomes criteria identified within the plans. All projects had submitted a mid-year report and 11 end of year project monitoring returns were submitted at the time of preparing this report.

- **Programme-level monitoring data collection** – a secure online monitoring system, the Improving Futures Monitoring Information System (IFMIS), is accessed directly by project workers to create and maintain a profile each family (and individual child and adult family members) using a standardised set of risk factors and strengths. All IFMIS profiles are based on core assessment and case file data, and are linked to the source file using a Unique Reference Number (URN). A total of 891 family records had been created as of June 2013, including 1,422 children and 1,042 adults.

- **Longitudinal survey of families** – a panel survey of Improving Futures beneficiaries (adults), exploring satisfaction with referral and support received, and 'distance travelled' during and beyond their involvement. The interviews are being conducted face-to-face at baseline (entry); +6 months, +18 months and +3 years with families. Ipsos MORI are attempting a census of all beneficiaries eligible for the survey (i.e. those who have been involved in the types of interventions where parent beneficiaries could comment, and excluding others such as school-based interventions where parents have no direct involvement, or where parent involvement is extremely limited). The target baseline sample size is 449 families, of whom 110 were interviewed at the time of writing.

- **Stakeholder survey** – a quantitative survey of key local stakeholders, including a sample of 20 strategic level representatives from statutory and third sector organisations per local area (n=340 programme-wide), to explore levels of visibility and awareness of Improving Futures; to understand the synergies with other programmes, and to gain a further perspective on the impact achieved at a local level. The survey will be administered twice – in autumn 2013 and again in autumn 2015.

- **Case study research -** a rolling programme of case study visits including: 6 longitudinal case studies with an initial visit in years 1 or 2 and a follow-up visit in years 4 or 5 to capture 'systems change' over time; and 14 snapshot case studies to provide insights to specific dimensions of effective practice, The visits include qualitative interviews with project staff, partners and children (n=250 in total), and supplementary data collection. Three early 'baseline' case study visits were undertaken in Sunderland, Dundee and Denbighshire in preparing this report.

- **Impact assessment** – 'counterfactual' analysis; to establish the added value of the programme compared with a reference case (i.e. 'business as usual'). This includes self-reporting of impacts by project beneficiaries – both through the survey and IFMIS data collection, and more intensive work in up to five project areas to establish local comparison groups (using a difference-in-differences design). The evaluation will compare short-term changes in risk factors and strengths with the long term outcomes reported through the survey, to assist with estimating the potential longer-term benefits from early intervention with the families who are supported through the programme.

- **Cost-benefit analysis** – a programme-level assessment of the costs and benefits of the programme will be undertaken, including estimates of the projected savings as a result of positive outcomes achieved and negative outcomes avoided, plus in-depth work within a sub-set of projects.
- **Participatory Action Research** – a "Family Advisory Panel" comprising of 20 beneficiaries will meet at key points during the evaluation to inform the research tool design, analysis, and recommendations.

- **Learning activities** – a programme of internal learning activities has been designed to facilitate the exchange of good practice between the 26 projects, through events, social media and a bespoke website. A second strand of external learning activities will seek to engage with the wider sector, through national events, policy round-table sessions, and the production of good practice guides.

The following table illustrates how the selection of evaluation methods relates to the main themes or research questions that have been identified by BIG for the national evaluation. The evaluation is also underpinned by an Evaluation Framework, to define the success criteria and outcomes. This framework is presented overleaf.

Evaluation questions mapped to the research methods

	Programme-level evaluation questions	Research Methods					
		Desk research and MI data	Case studies	Action research	Parent survey	Provider survey	Learning events
A	**Process**						
1	Effectiveness of support models		√	√	√	√	√
2	Effectiveness of partnerships		√		√	√	√
3	Evidence of best practice	√	√	√			√
4	Effectiveness of training and support		√	√		√	√
5	Identifying and responding to gaps	√	√		√	√	√
6	Range and type of organisations	√				√	
7	Benefits and drawbacks of partnership		√	√	√	√	√
8	Significance of third sector leading		√	√	√	√	√
9	Conditions for replication	√	√			√	
B	**Impact**						
1	Programme impact on life chances	√	√		√		√
2	Impact on children at risk	√	√	√	√		√
3	Relative costs / impact	√	√		√	√	
4	Added value of multi-service approach	√	√	√	√	√	√
5	Impact of user engagement on success		√		√		√
6	Sustainability : projects, p'ships & outcomes	√	√			√	√

Improving Futures Evaluation Framework (Summary)

Programme Effectiveness

Programme-level
Effectiveness of programme design, development and implementation

Project-level
Effectiveness of governance arrangements; partnerships; strategy and planning; user involvement and service delivery

Quality and responsiveness of provision for families with multiple and complex needs
Sustainability of projects and partnerships

Strategic Added Value

Strategic influence over UK policymaking
Leverage over external funding and resources
Synergy with other programmes and provision
Knowledge transfer between projects and sectors
Identification and replication of effective or innovative practice

Programme Impacts

Net improvements to children's life chances
Net risk reduction for families with multiple and complex needs
Net attributable social cost savings

Programme Outcomes

Children's Outcomes	Parental 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

Annex Three: Overview of the Improving Futures Monitoring Information System (IFMIS)

Purpose of the Monitoring System

The main purpose of the Improving Futures Monitoring Information System (IFMIS) is to provide a mechanism for tracking outcomes using a common and systematic format; drawing upon the diverse sources of data gathered at a project level. The focus of monitoring is 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,
- tracking the reduction in the prevalence of these issues amongst participating families, and any associated positive outcomes achieved, in conjunction with data on family resilience.

The Improving Futures programme is an early intervention programme, and therefore includes a focus on improving children's future life chances, whilst helping families address issues or problems that could potentially escalate at a later date. The outcomes of the programme therefore include a combination of both positive outcomes *achieved* and negative outcomes *avoided*. This creates a challenge for monitoring, as it is not possible to directly observe an outcome avoided. An alternative approach to monitoring is required:

- **Baseline risks and strengths:** The principles of early intervention suggest that families will enter the programme with a combination of issues and problems with the potential may cause 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 monitoring data captures these risks and strengths for each family upon entry. The timescale for most of the indicators is a **12 month retrospective period**, so that it is possible to take into account previous issues that might re-occur.

- **Immediate outcomes:** Early prevention activity focuses on helping families address their immediate problems and issues, and develop their strengths and coping capabilities, to help avoid escalation to more serious problems (requiring late intervention) at a later date. As such, families benefiting from Improving Futures may be expected to see some improvement in these risk and protective factors over time as they complete their programme of support. To capture these improvements, the progress of families (in terms of risks and protective factors) is tracked **at the exit stage**, and again at a **+6 months interval** from exiting.

- **Long term outcomes achieved and avoided:** To provide a measurement of the hard outcomes achieved by the programme, the risk and protective factors against which families are monitored whelp predict future outcomes. For example, persistence truancy is a strong predictor of educational attainment at ages 14 and 16 – and if the Improving Futures can help family address issues of school attendance then this will predict higher educational attainment in the future.

Monitoring framework

The monitoring framework is structured as follows:

- **Child, adult and family:** The monitoring framework is designed to capture information for each family member (children and adults) well as for the family as a whole.

- **Domains:** Monitoring information is collected for each family member (and the family) as a whole under a series of domains reflecting different dimensions of risks and strengths that on the basis of a review of the literature have been shown to have an impact on negative and positive outcomes for families and children (e.g. behavioural issues or truancy).

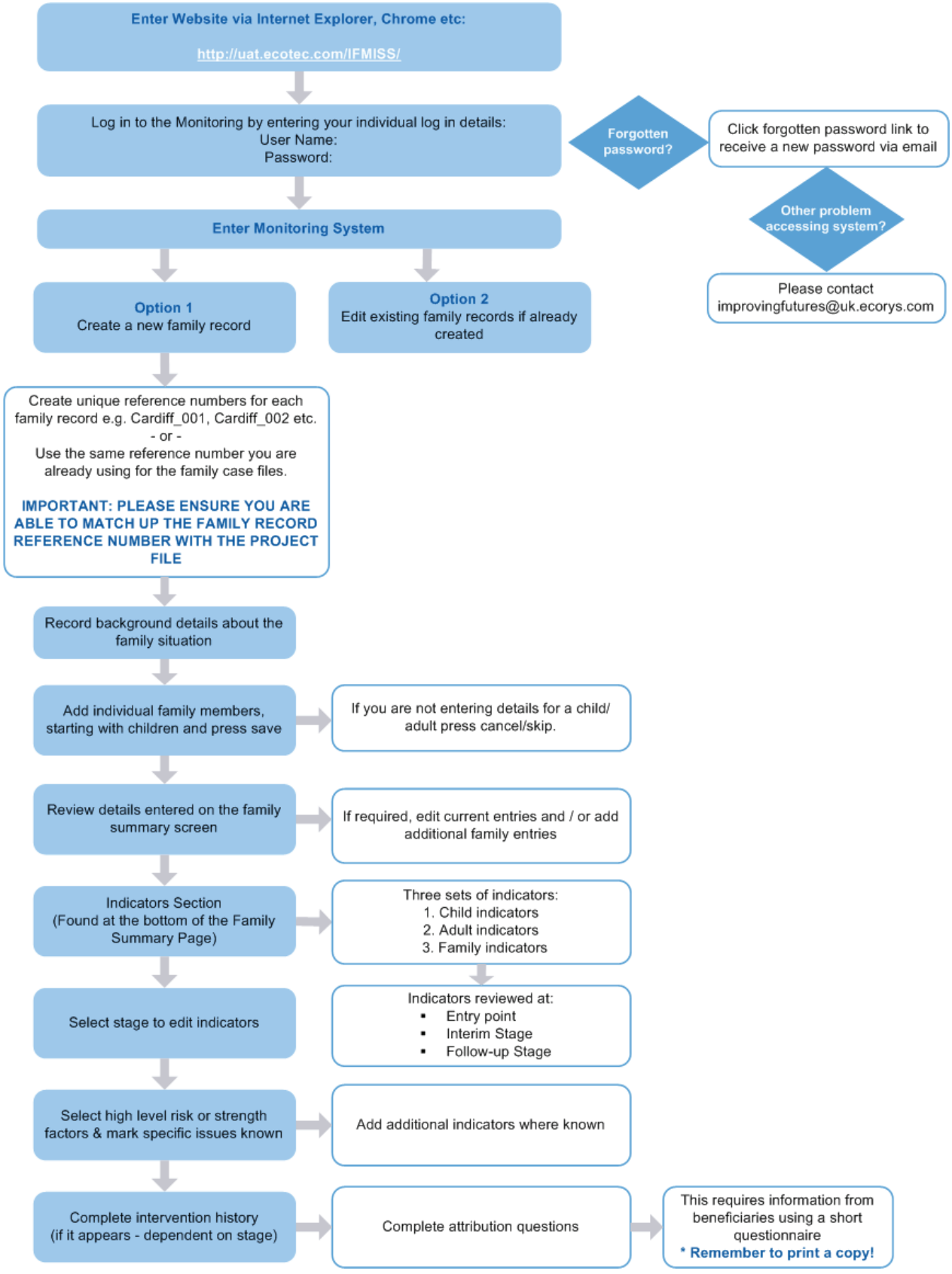
- **Sub-indicators:** Under each domain, sub-indicators have been developed to monitor the nature and prevalence of risk and protective factors faced by families. These sub-indicators consist of a range of *dynamic indicators* (that may change over the course of the programme – such as levels of physical activity or home literacy practices), *event-based indicators* (entry or exit from employment, learning or volunteering), and *status indicators* (factors that are unlikely to change over the course of the programme, such as severe physical disability, but which provide an important reference point for interpreting other types of outcomes). These sub-indicators have been developed on the basis of a literature review, focusing on those factors that have been shown to have an impact on families and children to maximise their predictive capacity.

Quantifying outcomes

The monitoring framework is intended to describe changes in family circumstances over the course of their involvement with the programme – and will capture a range of immediate outcomes (such as improved behaviour of children in school or household routines). However, the monitoring framework will not always be able to quantify the 'hard' negative outcomes avoided and positive outcomes – such as reductions in incidents of domestic violence, truancy, or enhanced educational attainment, if these occur beyond the timeframe with which the project is in contact with the family.

Quantification of the outcomes achieved will instead be achieved through a combination of the survey of participants and wider literature. The survey will explore in more quantitative detail the prevalence of hard negative and positive outcomes amongst families over the longer term. The survey evidence will be linked to the monitoring data to show the impact of improvements in risk and protective factors on hard outcomes using logistic and other forms of regression analysis. Providing the monitoring framework has predictive capacity, it will be possible to show (for example) the impact of improving child behaviour at school on the probability that a child receives an Anti-Social Behaviour Order at a later stage, or demonstrates improved levels of achievement relative to their age and stage. Some outcomes of interest may be outside the timeframe of the evaluation (perhaps employment prospects of children benefitting from the programme) – and in these instances it may necessary to combine statistical analysis with wider literature to provide a projection of these sorts of outcome.

IFMIS 'Process Map'



Full Indicator Set (IFMIS)

A. Child indicators

	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)
	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

	Problem issue	Indicators
		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
		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

	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 immunizations
		Attending dental care appointments

B. Adult indicators

	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
		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

	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
		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

C. Family indicators

	Problem issue	Indicators
Risks	Marriage, relationship or family breakdown	Suspected or reported relationship dysfunction (receiving counselling)
		Suspected or reported relationship dysfunction (no counselling)

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

Strengths	Strength	Indicators
	Established family	Regular bedtimes, mealtimes and school routine

	routine at home	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 Three: Factor Analysis Technical Annex

Ranked indicators associated with Typology 1:

1. ADULT Supporting with school work / homework
2. CHILD Attending routine GP appointments, health checks and immunizations
3. ADULT Listening to and reading with the child(ren) on a regular basis
4. ADULT Parental awareness of safe practices (e.g. internet safety, road safety)
5. CHILD Attending dental care appointments
6. CHILD Regular participation in play opportunities
7. FAMILY Regular bedtimes, mealtimes and school routine
8. CHILD Supportive peer friendships at school
9. FAMILY Moderation of TV watching and computer use
10. ADULT Appropriate boundary-setting for children
11. FAMILY Family budget in place, and being actively managed
12. CHILD Regular participation in exercise or physical activity
13. FAMILY Adult family members accessing appropriate benefit entitlements
14. ADULT Attending regular play sessions with the child(ren)
15. FAMILY Regular participation in family activities
16. FAMILY Take-up of Child Tax Credits
17. CHILD Regular contact with friends outside of school
18. ADULT Regular face-to-face contact with school staff, reporting positive relationships
19. FAMILY Strong and supportive relationships within the immediate family
20. FAMILY Active and regular supportive contact with grandparents / other relatives
21. FAMILY Active and regular supportive contact with friends or community members
22. ADULT Participation in structured family learning activities
23. FAMILY Take-up of free childcare entitlements
24. CHILD Regular participation in sports or leisure activities
25. FAMILY Regular involvement of non-resident parent(s)
26. CHILD Occasional participation in sports or leisure activities
27. ADULT Part time employment (less than 16 hours per week)
28. ADULT Level 2 accredited course

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked indicators associated with Typology 2

1. ADULT Low financial capability skills
2. FAMILY Significant difficulties in keeping-up with repayments (arrears of >1 month)
3. ADULT No qualifications
4. FAMILY Unsecured borrowing (e.g. pay-day loans, credit cards, doorstep loans)
5. ADULT Basic literacy or numeracy skills
6. ADULT Low English language skills
7. FAMILY Lack of basic utilities (cooking, heating, lighting)
8. FAMILY No history of work within family
9. ADULT Heavy smoker
10. FAMILY Poor quality housing with significant cold, damp or mould problems
11. FAMILY No bank or building society account
12. ADULT Subject to a Parenting Contract or Parenting Order
13. ADULT Entry level or below
14. CHILD Poor hygiene and self care
15. ADULT Level 1 accredited course
16. ADULT Learning Difficulties or Disabilities
17. CHILD Subject to a Child Protection Plan

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked Indicators associated with Typology 3

1.	CHILD Persistent disruptive and violent behaviour
2.	ADULT Problems with discipline and boundary setting
3.	ADULT Parenting anxiety or frustration
4.	CHILD Persistent disruptive behaviour
5.	CHILD Suspected ADHD / ASD or conduct disorder (undiagnosed)
6.	CHILD Achieving below expected levels for age (special educational needs suspected)
7.	CHILD ADHD / ASD or conduct disorder (diagnosed)
8.	CHILD Suspected or reported occurrence of self harm
9.	CHILD Two or more fixed term exclusions
10.	CHILD Diagnosed emotional or behavioural disorder
11.	CHILD Suspected or reported bullying issues (perpetrator)
12.	CHILD Achieving below expected levels for age (special educational needs with statutory statement)
13.	CHILD Other mental health problems (specify)
14.	CHILD Permanently excluded
15.	CHILD Suspected or reported bullying issues (victim)
16.	CHILD Achieving below expected levels for age (special educational needs with school provision, no statement)
17.	CHILD Suspected or reported gang involvement
18.	CHILD Subject to a Child in Need Plan
19.	CHILD Single fixed term exclusion
20.	CHILD Low-level behavioural difficulties

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked indicators associated with Typology 4

1.	FAMILY Domestic abuse (child harm)
2.	FAMILY Domestic abuse (adult harm)
3.	CHILD Child protection concerns
4.	FAMILY Historical incidence of domestic abuse (over 12 months); separated
5.	ADULT Suspected or reported stress or anxiety
6.	CHILD Suspected or reported stress or anxiety
7.	ADULT Other mental health problems (specify)
8.	FAMILY Relationship dissolution (divorce or permanent separation)
9.	ADULT Suspected or reported occurrence of self harm
10.	ADULT Alcohol misuse - rehabilitation / outpatient treatment
11.	CHILD Past child protection issues (Child Protection Plan. Child in Need Plan or taken into Local Authority Care), but no longer
12.	FAMILY Housing repossession actions underway
13.	FAMILY Family evicted and homeless
14.	ADULT Antisocial Behaviour Order

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked indicators associated with Typology 5

1.	ADULT Group membership - involvement in local and community organisations
2.	CHILD Group membership - involvement in local and community organisations
3.	ADULT Full time employment
4.	ADULT Civic participation- involvement in decision-making processes
5.	FAMILY One or more family members in continuous employment (past 12 months)
6.	ADULT Participation in formal school structures (parent governor, school committees)
7.	FAMILY Workless family (over 12 months)
8.	ADULT Informal volunteering - helping out friends, family or local people

9. ADULT Level 3 or above accredited course
10. ADULT Formal volunteering - for an organisation or as part of a specific programme
11. CHILD Informal volunteering - helping out friends, family or local people
12. FAMILY Suspected or reported relationship dysfunction (receiving counselling)
13. ADULT Volunteer help at the child(ren)'s school
14. ADULT Alcohol misuse - hospital inpatient treatment
15. CHILD Occasional unauthorised school absence
16. ADULT Part time employment (more than 16 hours per week)
17. CHILD Achieving below expected levels for age (no known special educational needs)
18. CHILD Civic participation - involvement in decision-making processes

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked indicators associated with Typology 6

1. FAMILY Police call-out to neighbour disputes involving the family
2. CHILD Police warning or reprimand
3. FAMILY Family involved in neighbour disputes
4. ADULT Poor hygiene and self care
5. CHILD Suspected or reported involvement in anti-social or criminal behaviour
6. ADULT Diagnosed emotional or behavioural disorder
7. CHILD Persistent unauthorised school absence
8. CHILD Missing child / runaway

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked indicators associated with Typology 7

1. FAMILY Family reporting social isolation
2. FAMILY Lack of access to safe public open space
3. FAMILY High levels of noise / chaotic home environment
4. FAMILY Overcrowded living conditions
5. FAMILY Workless family (within past 12 months)
6. ADULT Other physical health problems or lifestyle factors (specify)
7. FAMILY Difficulties in keeping up with debt repayments, household bills or rent
8. ADULT Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)
9. CHILD Other physical health problems (specify)
10. ADULT Serious and limiting disability
11. CHILD Serious and limiting disability
12. ADULT Other life-limiting illness
13. FAMILY Family victim of cultural, racial or religious harassment
14. ADULT Diagnosed psychiatric disorder
15. ADULT Antisocial Behaviour Contract
16. CHILD Malnutrition
17. FAMILY Some difficulties in keeping up with debt repayments, household bills or rent
18. CHILD Other life-limiting illness
19. FAMILY Family living in temporary accommodation

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Ranked indicators associated with Typology 8

1. ADULT Suspected or reported involvement in anti-social or criminal behaviour
2. ADULT Custodial sentence
3. ADULT Police warning or reprimand
4. FAMILY Suspected or reported relationship dysfunction (no counselling)
5. ADULT Suspected or reported alcohol misuse - not receiving treatment

6. FAMILY Historical incidence of domestic abuse (over 12 months); still co-habiting
7. ADULT Illegal drug misuse - rehabilitation / outpatient treatment
8. FAMILY Temporary separation of parents
9. ADULT Community sentence
10. ADULT Suspected or reported illegal drug use - not receiving treatment
11. CHILD School absence with enforcement actions (penalty notice or parenting order)
12. CHILD Local Authority Care

Source: Factor analysis of IFMIS (indicators ranked according to strength of association with factor loadings >|0.1|)

Diagram A2. Rotated component matrix: correlation between IFMIS indicators and factors (typologies)

	Component							
	1	2	3	4	5	6	7	8
A_1_19 A_1_Supporting with school work / homework	.729				.136			
C_1_2 C_1_Attending routine GP appointments, health checks and immunizations	.725	.130	.218					
A_1_12 A_1_Listening to and reading with the child(ren) on a regular basis	.713				.121			
A_1_13 A_1_Parental awareness of safe practices (e.g. internet safety, road safety)	.711							
C_1_1 C_1_Attending dental care appointments	.687	.104	.101					
C_1_10 C_1_Regular participation in play opportunities	.677				.127			
F_1_2 F_1_Regular bedtimes, mealtimes and school routine	.665					-.152		
C_1_12 C_1_Supportive peer friendships at school	.635							
F_1_1 F_1_Moderation of TV watching and computer use	.634		-.123		.108			
A_1_1 A_1_Appropriate boundary-setting for children	.585		-.152			-.218		
F_1_6 F_1_Family budget in place, and being actively managed	.577	-.152					-.113	
C_1_9 C_1_Regular participation in exercise or physical activity	.573			.113	.261			
F_1_3 F_1_Adult family members accessing appropriate benefit entitlements	.564	.223		.134	-.266	.200	.125	
A_1_2 A_1_Attending regular play sessions with the child(ren)	.554				.206			
F_1_9 F_1_Regular participation in family activities	.553	-.150			.158		-.149	
F_1_4 F_1_Take-up of Child Tax Credits	.549	.179		.208	-.185	.219	.153	
C_1_8 C_1_Regular contact with friends outside of school	.543			.112	.145			
A_1_18 A_1_Regular face-to-face contact with school staff, reporting positive relationships	.539	.121	.149					
F_1_10 F_1_Strong and supportive relationships within the immediate family	.521	-.129						
F_1_7 F_1_Active and regular supportive contact with grandparents / other relatives	.511					.112		
F_1_11 F_1_Active and regular supportive contact with friends or community members	.508				.229			-.182
A_1_17 A_1_Participation in structured family learning activities	.490				.318			-.108
F_1_5 F_1_Take-up of free childcare entitlements	.450	.121		.109	-.165	.212	.172	-.125
C_1_11 C_1_Regular participation in sports or leisure activities	.439				.323			
F_1_8 F_1_Regular involvement of non-resident parent(s)	.379	-.117		.107				
C_1_7 C_1_Occasional participation in sports or leisure activities	.280		.188				.117	
A_1_14 A_1_Part time employment (less than 16 hours per week)	.132				.119			
A_1_10 A_1_Level 2 accredited course	.114							-.111
A_0_12 A_0_HIV / Aids								

	Component							
	1	2	3	4	5	6	7	8
A_0_17 A_0_Low financial capability skills		.613	.170				.111	
F_0_16 F_0_Significant difficulties in keeping-up with repayments (arrears of >1 month)		.492	-.124				.183	.133
A_0_18 A_0_No qualifications		.482	.117		-.161	.167		
F_0_18 F_0_Unsecured borrowing (e.g. pay-day loans, credit cards, doorstep loans)		.468					.194	
A_0_5 A_0_Basic literacy or numeracy skills		.434	.158				-.106	
A_0_16 A_0_Low English language skills		.426						
F_0_24 F_0_Lack of basic utilities (cooking, heating, lighting)		.419						.117
F_0_9 F_0_No history of work within family		.393			-.165	.105	-.101	
A_0_11 A_0_Heavy smoker	.128	.364	-.112			.159	.107	
F_0_26 F_0_Poor quality housing with significant cold, damp or mould problems		.362					.218	
F_0_15 F_0_No bank or building society account		.362			.117			
A_0_27 A_0_Subject to a Parenting Contract or Parenting Order		.308						
A_1_4 A_1_Entry level or below		.298		-.131				-.141
C_0_27 C_0_Poor hygiene and self care		.260	.141			.104	.186	
A_1_9 A_1_Level 1 accredited course	.118	.223			.113			-.105
A_0_15 A_0_Learning Difficulties or Disabilities		.186				.169		
C_0_32 C_0_Subject to a Child Protection Plan		.171		.140				.170
C_1_4 C_1_Formal volunteering - for an organisation or as part of a specific programme								
C_0_23 C_0_Persistent disruptive and violent behaviour			.571			.119		
A_0_25 A_0_Problems with discipline and boundary setting		.232	.529			.242		
A_0_22 A_0_Parenting anxiety or frustration	.234	.140	.481	.133		.132		.112
C_0_24 C_0_Persistent disruptive behaviour		.105	.450			.116		
C_0_33 C_0_Suspected ADHD / ASD or conduct disorder (undiagnosed)			.432		.103	.235		
C_0_2 C_0_Achieving below expected levels for age (special educational needs suspected)			.380			.235		
C_0_5 C_0_ADHD / ASD or conduct disorder (diagnosed)		-.166	.375			-.164	.206	
C_0_38 C_0_Suspected or reported occurrence of self harm			.374					
C_0_40 C_0_Two or more fixed term exclusions			.370		.105	.201		
C_0_10 C_0_Diagnosed emotional or behavioural disorder		-.148	.370			-.189	.253	
C_0_34 C_0_Suspected or reported bullying issues (perpetrator)			.366					

	Component							
	1	2	3	4	5	6	7	8
C_0_4 C_0_Achieving below expected levels for age (special educational needs with statutory statement)			.318			-.142	.180	
C_0_19 C_0_Other mental health problems (specify)		-.177	.268	.245	.129		.164	
C_0_22 C_0_Permanently excluded			.250				-.153	
C_0_35 C_0_Suspected or reported bullying issues (victim)			.238				.156	
C_0_3 C_0_Achieving below expected levels for age (special educational needs with school provision, no statement)			.230					
C_0_36 C_0_Suspected or reported gang involvement			.214				-.117	
C_0_31 C_0_Subject to a Child in Need Plan			.156					
C_0_30 C_0_Single fixed term exclusion			.148					
C_0_14 C_0_Low-level behavioural difficulties		.127	.133					
F_0_6 F_0_Domestic abuse (child harm)	.144			.678			-.137	
F_0_5 F_0_Domestic abuse (adult harm)	.227		-.121	.654			-.181	
C_0_6 C_0_Child protection concerns				.518	.101			.208
F_0_7 F_0_Historical incidence of domestic abuse (over 12 months); separated	.218			.502	-.212			-.176
A_0_32 A_0_Suspected or reported stress or anxiety	.268	.153	.137	.450			.175	.118
C_0_39 C_0_Suspected or reported stress or anxiety	.250		.245	.415				
A_0_20 A_0_Other mental health problems (specify)				.361		.136	.270	
F_0_1 F_0_Relationship dissolution (divorce or permanent separation)	.328			.361	-.261			-.263
A_0_31 A_0_Suspected or reported occurrence of self harm				.308				.144
A_0_2 A_0_Alcohol misuse - rehabilitation / outpatient treatment				.273	.101		.162	.199
C_0_21 C_0_Past child protection issues (Child Protection Plan. Child in Need Plan or taken into Local Authority Care), but no long			.158	.257	-.164	.100		
F_0_21 F_0_Housing repossession actions underway		.186		.215		-.103	.128	.103
F_0_19 F_0_Family evicted and homeless				.182				
A_0_4 A_0_Antisocial Behaviour Order				.139				
F_0_13 F_0_Workless family (within past 3 months)								
A_1_7 A_1_Group membership - involvement in local and community organisations	.108				.522			
C_1_5 C_1_Group membership - involvement in local and community organisations	.241			.169	.433			
A_1_6 A_1_Full time employment	.168	-.171	.153		.391			.193
A_1_3 A_1_Civic participation- involvement in decision-making processes					.380			
F_0_10 F_0_One or more family members in continuous employment (past 12	.240			.105	.319			.206

	Component							
	1	2	3	4	5	6	7	8
months)								
A_1_16 A_1_Participation in formal school structures (parent governor, school committees)	.118				.316			-.124
F_0_11 F_0_Workless family (over 12 months)	.121	.101			-.304		.161	
A_1_8 A_1_Informal volunteering - helping out friends, family or local people	.286	.116			.303			
A_1_11 A_1_Level 3 or above accredited course	.162				.275			
A_1_5 A_1_Formal volunteering - for an organisation or as part of a specific programme	.125				.272	.154		-.210
C_1_6 C_1_Informal volunteering - helping out friends, family or local people	.135				.268		.141	
F_0_3 F_0_Suspected or reported relationship dysfunction (receiving counselling)		.114		.206	.234			
A_1_20 A_1_Volunteer help at the child(ren)'s school	.149	.115			.221			-.155
A_0_1 A_0_Alcohol misuse - hospital inpatient treatment				.170	.217			
C_0_17 C_0_Occasional unauthorised school absence	.117	.159	.164		-.183			-.107
A_1_15 A_1_Part time employment (more than 16 hours per week)	.104				.182			
C_0_1 C_0_Achieving below expected levels for age (no known special educational needs)		.133			-.181	.163		.124
C_1_3 C_1_Civic participation - involvement in decision-making processes					.145			
F_0_31 F_0_Police call-out to neighbour disputes involving the family						.617	.193	.100
C_0_26 C_0_Police warning or reprimand					.141	.560		
F_0_27 F_0_Family involved in neighbour disputes						.487	.239	
A_0_24 A_0_Poor hygiene and self care		.162				.481	.132	
C_0_37 C_0_Suspected or reported involvement in anti-social or criminal behaviour		-.115	.119			.433		
A_0_9 A_0_Diagnosed emotional or behavioural disorder				.160		.285		
C_0_25 C_0_Persistent unauthorised school absence					-.126	.220	.125	.207
C_0_16 C_0_Missing child / runaway								
C_0_9 C_0_Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)								
F_0_28 F_0_Family reporting social isolation			.157		-.175		.429	
F_0_23 F_0_Lack of access to safe public open space							.427	
F_0_22 F_0_High levels of noise / chaotic home environment		.139				.211	.395	
F_0_25 F_0_Overcrowded living conditions		.142					.375	
F_0_12 F_0_Workless family (within past 12 months)				.125			.329	

	Component							
	1	2	3	4	5	6	7	8
A_0_21 A_0_Other physical health problems or lifestyle factors (specify)		.103		.110	.111		.300	
F_0_14 F_0_Difficulties in keeping up with debt repayments, household bills or rent		.209					.287	
A_0_8 A_0_Diagnosed eating or weight disorder (including obesity, anorexia or bulimia)			-.103			.134	.287	
C_0_20 C_0_Other physical health problems (specify)			.144			.137	.260	
A_0_26 A_0_Serious and limiting disability			-.111				.245	
C_0_29 C_0_Serious and limiting disability			.106			-.129	.217	
A_0_19 A_0_Other life-limiting illness	.121						.202	
F_0_29 F_0_Family victim of cultural, racial or religious harassment		.101					.191	-.119
A_0_10 A_0_Diagnosed psychiatric disorder							.191	
A_0_3 A_0_Antisocial Behaviour Contract							.183	
C_0_15 C_0_Malnutrition						.143	.172	
F_0_17 F_0_Some difficulties in keeping up with debt repayments, household bills or rent		.121					.149	
C_0_18 C_0_Other life-limiting illness							.129	
F_0_20 F_0_Family living in temporary accommodation							.113	-.105
A_0_30 A_0_Suspected or reported involvement in anti-social or criminal behaviour								.525
A_0_7 A_0_Custodial sentence							.142	.501
A_0_23 A_0_Police warning or reprimand							-.143	.427
F_0_2 F_0_Suspected or reported relationship dysfunction (no counselling)	.191			.250	.113	.155		.386
A_0_28 A_0_Suspected or reported alcohol misuse - not receiving treatment		.170				.116		.328
F_0_8 F_0_Historical incidence of domestic abuse (over 12 months); still co-habiting				.188	.202			.326
A_0_14 A_0_Illegal drug misuse - rehabilitation / outpatient treatment				.103		-.120	.187	.322
F_0_4 F_0_Temporary separation of parents								.290
A_0_6 A_0_Community sentence						.108		.290
A_0_29 A_0_Suspected or reported illegal drug use - not receiving treatment		.140						.286
C_0_28 C_0_School absence with enforcement actions (penalty notice or parenting order)				-.107	-.112	.138		.175
C_0_13 C_0_Local Authority Care			.107					.156