# Evaluation of the Big Lottery Fund Improving Futures Programme

## Year 3 Evaluation Report: Full Report

**June 2016**

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# Executive Summary

The Improving Futures programme was launched by the Big Lottery Fund ('the Fund') in March 2011. The programme provided funding to 26 pilot projects across the UK, to test different approaches to improve outcomes for children living in families with multiple and complex needs. In October 2011, the Fund awarded an evaluation and learning contract to a consortium led by Ecorys UK with Ipsos MORI, Professor Kate Morris and Family Lives.

This is the third interim report for the evaluation. The report focuses on good practice developed by the Improving Futures projects, assessing both models of practice, lessons learnt and the extent to which the projects have shared good practice with public services and other Voluntary, Community and Social Enterprise organisations (VCSEs). Specifically, the third report takes a thematic approach and puts a spotlight on the following key aspects of project implementation:

1. Building relationships with primary schools
2. Building community resilience
3. Strengthening families' social and emotional wellbeing

The previous annual evaluation reports can be found at: www.improvingfutures.org.

## Progress update

> *"The project is going from strength to strength." (Improving Futures Project Manager)*

The projects have progressed well over the last 18 months. Many project managers feel their projects have now become firmly established in the local area and they are developing their delivery models, tweaking them to build on the aspects that are going particularly well.

As at 7th March 2016, we estimate the Improving Futures projects had collectively supported 7,062 families.[1] On average each project had supported 272 families, ranging from 147 to 496. This variation reflected the project's varied support models and support intensity.

On the whole projects are making good progress with the families that have exited from the support; on average the number of families facing each of the most pressing problems has reduced by a quarter. Particular areas of progress include:

- The percentage of families with children with persistent, disruptive and violent behaviour halved (from 17% [469 families] to 8.5% [238 families] – a reduction of 231 families).
- The percentage of families with parenting anxiety or frustration fell by a third (from 64% [1,786] to 43% [1,188] – a reduction of 598).

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[1] In early 2016 the Big Lottery Fund asked all projects to report the number of families they had supported. 21 of the 26 projects responded and provided data. In total, these projects had supported 5,704 families. To estimate the total number of families that were supported, we assumed each of the five projects for which data were missing supported the average number of families per project (272).

The projects are, however, entering a difficult time and sustainability remains a problem. It looks unlikely at this stage that all of the projects will continue after their Big Lottery Fund grants end, though considering this was a pilot programme it would have been unrealistic to expect all of the projects to obtain further funding.

## Building relationships with primary schools

*"The success of having the project was before it was just teachers, school nurse, and we would try to think, 'What can we put in place for these families?', and with [Improving Futures], often they can say to us, 'Oh, that's something the...project can do', so straightaway we've got something." (Teacher)*

The Improving Futures projects have broken new ground in their work with primary schools. There are very few examples in available research of voluntary educational partnerships where the VCSE provider provides a holistic support package for the whole family whilst being based within primary schools. Given the large number of Improving Futures projects adopting this approach, the evaluation provides a unique opportunity to fully understand the strengths and challenges of such a model. The evaluation has found this approach to be a success. Schools and VCSEs have built strong working partnerships that have had mutual benefits: they have strengthened partnership working, helped families engage in both the schools and the projects and have led to knowledge transfer. Families have achieved significant progress in a number of school-based areas, including improved behaviour, attainment and parental engagement with the schools.

The evaluation has also highlighted some of the limitations of this approach, however. Engaging schools is difficult. Also, some schools do not seem to be prioritising parental engagement or the 'whole child/family' approach, according to some of the Improving Futures projects and families in the Family Panels. Projects have, however, learnt a lot of lessons in 'what works' in engaging schools, many of which are documented in the full report and can be applied by other VCSE organisations. The research has also warned of the dangers of a project focusing too much on one setting (for example one primary school, which can exclude families either not engaged with that setting or who are moving on to other settings, and of the importance of taking a 'dual approach' and working across multiple settings.

Finally, the research has highlighted the challenges that the voluntary sector can face in accessing school funds. Projects need to focus on how they are going to access school funds from the outset, and design the service to meet this goal. In an era in which schools are increasingly going to take on the role of the 'commissioner', VCSEs and grant funders like the Big Lottery Fund need to focus more closely on how projects can be commissioned by schools.

This theme is explored further in **Good Practice Theme 1: Building Relationships with Primary Schools**.

## Building community resilience

*"Sometimes being a parent can be very lonely. Some of these parents - the people they communicate with in the service are probably the only place that they come into contact with. And they go back to their private and lonely living, but they have actually taken away some energy with them…A happy parent makes a happy child. And you look forward to coming back." (Parent)*

The Improving Futures projects have demonstrated the wide range of possibilities in how family projects can build and utilise community assets and link families into these assets. They have succeeded in some areas, and struggled in others, but in their pursuits have learnt a lot of lessons that other projects can build on. The projects have also highlighted the positive impact that community engagement can have on families – reducing their social isolation, increasing their support networks and building their confidence. Utilising community volunteers seems particularly effective; it can engage hard to reach families and act as a stepping stone for families leaving the project to further build their confidence.

However, the work of the Improving Futures projects has also highlighted the limitations of community work – whilst it is possible to build and utilise community assets in a relatively short period of time these are not necessarily going to engage all aspects of the community. The real challenge also lies in the ability to ensure they become self-sustaining. Both these points are echoed in other studies of efforts to build community assets, suggesting that this work risks 'burn out' if left to operate on its own. As The RSA point out in their 'Connected Communities' report[2], in an era of cuts to local authority budgets, where community services like children's centres are being disproportionally affected, the ability for services to build community assets is much curtailed. Nonetheless, a number of the Improving Futures projects have used the available spotlight provided by the programme to showcase the benefits of an asset-based model, and some of them show the promise for sustainability.

This theme is explored further in **Good Practice Theme 2: Building Community Resilience**.

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[2] Matthew, P. et al, 2015. *Community Capital: The Value of Connected Communities.* RSA, London. See: https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities

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## Strengthening families' emotional and social wellbeing

*"I went to all the courses - strengthening families, and communities, empowerment for parenting, but I couldn't express myself. Then I started to tap into myself properly and realised that I had lost my confidence, I had met everything I was meant to but I wasn't myself, so I went to another one which was about self-esteem, which has made such difference." (Parent)*

The mental health support provided by Improving Futures projects can appropriately be divided into two parts:

- promoting wellbeing and resilience; and
- supporting diagnosed mental health illness and signposting to more specialist services.

The projects provide a range of practice examples in promoting emotional wellbeing, from delivering specific courses to children and adults, to arranging activities and days out to improve family relationships. Almost all of the approaches by the projects embedded what is known about what works in promoting positive mental health in families – particularly around:

- addressing the wider environment for the child;
- reducing stressors on the family through practical help; and
- providing courses and training to improve confidence and skills for employment for parents.

The evidence that stress, anxiety and social isolation reduced over the course of the programme reflects the experiences reported by projects: that their approaches supporting families were effective in improving wellbeing. There was also evidence that the prevalence of self-harm decreased slightly by the time families exited the programme. Many of these projects therefore can be used to build the portfolio of different ways to support the wellbeing of whole families through an early-intervention programme.

The other side of mental health support through the Improving Futures Programme relates to providing guidance and support to families with suspected or diagnosed mental health illnesses. This highlights the important role of early intervention services in raising awareness and supporting access within vulnerable groups who may be isolated or not aware of their own needs. Some projects embedded clinical support within their services, such as counselling, which was effective as the support was then easier to access. Projects that were not able to provide any direct access to specialist services were limited in how they supported families, as they relied on referring the family to statutory services, which sometimes had long waiting lists.

Almost all projects needed to refer families to a specialist mental health service, such as Child and Adolescent Mental Health Services (CAMHS), in some capacity during the course of the programme. This report has highlighted the range of challenges experienced in accessing appropriate support.

Going forwards the Improving Futures projects present learning for preventative and early intervention services in the benefits of promoting positive mental health and in working collaboratively with statutory services. For the support to be more effective though, projects need to have access to reliable specialist services to support individual and families with a higher level of need.

This theme is explored further in **Good Practice Theme 3: Strengthening Families' Social and Emotional Wellbeing**.

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## Influencing learning

*"There's been a lot of value in the [Improving Futures] experiment...We're working closely and comparing and contrasting approaches....They enhance our understanding." (Local authority representative)*

In the main the Improving Futures programme has achieved its aim of improving learning and sharing best practice between public services and VCSEs. The programme provided opportunities for the Improving Futures delivery partners to collaborate with other VCSEs and public services and, although not explicitly pursued by most projects, this led to the sharing of learning between the partners and other VCSEs and public services. The main services to have benefited from the knowledge transfer seem to have been schools, who learnt more about how to support children with behavioural difficulties and how to engage with the whole family, and local authorities, who learnt a lot from comparing their own family support with the approaches adopted by the Improving Futures projects.

In most cases this knowledge transfer was tacit and intangible – leading to a greater understanding about how to support the whole family at an early intervention level but not necessarily changing specific delivery models or approaches. Perhaps because the learning was intangible, coupled with public services prioritising their own 'in house' provision, this explains why there are few examples of where the Improving Futures projects have been replicated or mainstreamed as a whole project.

The second biggest challenge the projects expect to face is sustainability (**see Section 2.6: Update on Sustainability** below).

## Conclusions and evaluation next steps

Overall the Improving Futures projects have progressed well in their third year. The projects are becoming firmly established in their local areas and are well regarded by local stakeholders. On the whole projects have made good progress with the families that have exited from the support.

This report provides numerous examples where projects have developed good practice and learnt lessons, leading to positive outcomes. It also seems that the Improving Futures projects have been successful in sharing these lessons with other VCSE organisations and public services, though this has not necessarily changed specific delivery models or led to the replication of these approaches.

The projects are now entering their final year, in which a key focus is securing future funding. Many have been having ongoing conversations with local authorities and schools in particular around how the support can be sustained. However, it looks unlikely that many of the projects will continue after their Big Lottery Fund grants end in their current form, though some aspects of the services could be sustained.

This is the penultimate evaluation report, and the final report will be published in Spring 2017. The final report will provide an overall assessment of the achievements of the Improving Futures programme. It will also report on the extent to which the programme has led to sustained outcomes, based on the longitudinal survey results of at least 100 beneficiaries surveyed two years after their support began. Finally, the final report will review the cost effectiveness of the programme, and will include a detailed Cost Benefit Analysis (CBA) of four projects and an overall CBA for the programme.

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# 1.0  Introduction

The Improving Futures programme was launched by the Big Lottery Fund ('the Fund') in March 2011. The programme provided funding to 26 pilot projects across the UK, to test different approaches to improve outcomes for children living in families with multiple and complex needs. The programme was originally £26m, though the Fund extended the programme in March 2015, bringing the total value of the programme to £30.5m, providing each project with a total grant of on average £1.07m[3].

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

This is the third interim report for the evaluation. The report focuses on good practice developed by the Improving Futures projects, assessing both models of practice, lessons learnt and the extent to which the projects have shared good practice with public services and other Voluntary, Community and Social Enterprise organisations (VCSEs). Specifically, the third report takes a thematic approach and puts a spotlight on the following key aspects of project implementation:

1. Building relationships with primary schools
2. Building community resilience
3. Strengthening families' social and emotional wellbeing

The previous annual evaluation reports can be found at: www.improvingfutures.org.

Throughout this report, the term 'parents' is used as shorthand for the diverse range of caring roles and responsibilities encountered within the programme. Adult caring roles included birth parents, adoptive or foster parents, grandparents and other extended family members with legal guardianship of children who were supported by the projects.

## 1.1  The Improving Futures programme

The Improving Futures programme represents a major investment of Lottery funding, with grants of up to a maximum of £1.08m made over a period of 3 to 5 years for projects across the UK. Following a period of consultation, the Fund 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.

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[3] Exact figure £1,065,839.92.

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The overall aims are to achieve the following:

> 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**

The Fund also required that the grant funded projects were:

- ambitious and impactful;
- led by the third sector but supported by 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 have influenced the approaches taken by the projects to identify families and assess their eligibility for support.

- **A discretionary approach towards assessing needs**: The Fund allowed grant holders to identify those families most in need of support. This has meant that, although the projects are supporting families with broadly similar challenges (see **Figure 2.1**), some are focusing on specific sub-sets of families, such as families suffering from or escaping domestic abuse. In the main projects have chosen to support 'Tier 2' families, whose needs are beginning to escalate and cannot be met by universal services. A small number of projects have focused on 'Tier 3' families, whose needs are becoming more acute but who do not meet thresholds for statutory provision.

- **An age-based criterion for eligibility**: An age range of between 5 and 10 years was initially 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. This resulted in less involvement of youth sector organisations and providers with a focus on older age groups. In March 2015 the Fund removed this age restriction, following feedback from projects about the restrictions this placed on the families they could support, as has been reported in the previous evaluation reports.

The age limit, coupled with the possibility of engaging at a lower level of need, combined to give the programme an 'early intervention' feel.

### 1.1.1 The Improving Futures projects

A total of 26 projects have been funded within the programme, each receiving on average £1.07m. The projects are diverse in their structure, target groups and models of support and intervention, within the broad programme. 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 in a brochure produced by the Fund.

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**Figure 1.1** provides a map of the geographical coverage of the projects, which is detailed in **Table 1.1**. In the majority of 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.

## Figure 1.1  Map of Improving Futures Projects



Map of funding

**Project name and lead organisation**

1  Dundee Early Intervention Team: Aberlour Child Care Trust (page 6)
2  Gateway–Levenmouth Partnership Family Support: Fife Gingerbread (page 7)
3  Empowering Families: Midlothian Sure Start (page 8)
4  Nurturing Inverclyde: Barnardo's (page 10)
5  Tyne Gateway –Extending the Reach: Church of England Children's Society (page 11)
6  The Neighbourhood Alliance: Sunderland AFC's Foundation of Light (page 12)
7  Tackling Domestic Violence: an Integrated and Holistic Model for Families: Belfast and Lisburn Women's Aid (page 14)
8  BIG Manchester (Improving Futures Through Innovative Interventions to Families): Barnardo's (page 15)
9  Bridging the Gap: Action for Children Denbighshire (page 16)
10  LIFT: Let's Improve our Future Together: Home–Start Central Cheshire (page 17)
11  'Teulu Ni' (Our Family): Mantell Gwynedd Cyf  (page 18)
12  Wolverhampton Improving Futures: Wolverhampton Voluntary Sector Council (page 19)
13  Worcestershire Family Budgets (Improving Futures through Choice, Control and Support): Vestia Community Trust (page 20)
14  Securing Futures: Carmarthenshire Youth and Children's Association (page 21)
15  One Herts–One Family – changing family life for a better tomorrow: Westminster Drug Project Limited (page 22)
16  Connecting Families: Action for Children Bridgend (page 24)
17  Eleri: Barnardo's Cardiff (page 25)

18  Stronger Families, Future Communities: Family Action Southend-on-Sea (Page 26)
19  Families Moving Forwards: Learning Links Portsmouth (Page 27)
20  Enfield Family Turnaround Project: 4Children London Borough of Enfield (Page 28)
21  Building Bridges: Family Action London Borough of Haringey (Page 29)
22  Camden Futures: Elfrida Rathbone Camden London Borough of Camden (Page 31)
23  Families First: Hackney Council for Voluntary Service London Borough of Hackney (Page 32)
24  Brighter Futures: Catch 22 Charity London Borough of Wandsworth (Page 33)
25  Family Pathways: Pre-School Learning Alliance London Borough of Lewisham (Page 34)
26  Croydon Family Power: Giving Children a Head Start: Croydon Voluntary Action London Borough of Croydon (Page 35)

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**Table 1.1  Geographical coverage of Improving Futures projects**

| | |
|---|---|
| **England** | Camden, Croydon, 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 |

Due to the varied start and end dates, all projects are at a different point in their lifecycle. At the time of writing (May 2016), all projects had completed their third year, operating on average for three years and ten months, ranging from three years and six months to four years.

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## 1.2 Report structure

The remainder of the report is structured as follows:

- In **Chapter 2: Progress Update** we provide a broad overview of the Improving Futures projects' progress in their third year, including their main activity over the last 12 months, priorities for the next 12 months, the main outcomes achieved since their inception and their progress in securing follow-on funding.

- In **Chapter 3: Good Practice Theme 1: Building Relationships with Primary Schools** we describe how the Improving Futures projects are working with schools. We then describe some of the successes and challenges the Improving Futures projects have experienced when working with schools, and their progress against school-based outcomes. Finally, we consider the sustainability of this work.

- In **Chapter 4: Good Practice Theme 2: Building Community Resilience** we describe some of the evidence demonstrating the effect of community-based characteristics of family outcomes, before describing the approaches taken by some of the Improving Futures projects to strengthen family links with their communities and build 'community resilience'. We then describe some of the successes and challenges Improving Futures projects have faced in providing community support, including outcomes related to families' links with their communities. Finally, we consider the extent to which community activity can be sustained beyond the life of the projects.

- In **Chapter 5: Good Practice Theme 3: Strengthening Families' Social and Emotional Wellbeing** we consider how Improving Futures projects provide support to promote social and emotional wellbeing. We also look at how projects supported adults and children with diagnosed mental health illnesses. We then describe progress against key mental health outcomes, learning from the Improving Futures projects, and finally we consider next steps and policy implications.

- In **Chapter 6: Influencing Learning** we assess the extent to which the programme has met its aim of improving learning and the sharing of best practice between public services and VCSEs. We firstly assess whether the Improving Futures programme has fostered opportunities for public services and VCSEs to work together, before exploring the impact from this partnership working, including an analysis of what public services and VCSEs have learnt as a consequence of being involved in Improving Futures and what has changed. Finally, we explore whether this has led to the mainstreaming or replication of any of the Improving Futures delivery models.

- Finally, in **Chapter 7: Conclusions and Evaluation Next Steps** we bring together the preceding chapters to conclude on the overall progress of the programme, and outline the next steps for the evaluation.

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# 2.0  Progress Update

*"The project is going from strength to strength." (Improving Futures Project Manager)*

In this chapter we provide a broad overview of the Improving Futures projects' progress in their third year, including their main activity over the last 12 months, priorities for the next 12 months, the main outcomes achieved since their inception and their progress in securing follow-on funding.

The information in this chapter has been predominately collated from consultations with the project managers from 25 of the 26 projects in 2015[4], reviewing projects' latest Project Monitoring Reports and analysing the data within IFMIS.

## 2.1  Progress in project duration

All projects have now completed their third year of operation. As they began at different points they have all been operating for different lengths of time; on average they have been operating for three years and ten months, ranging from three years and six months to four years (**see Table 2.1**).

Initially over half of the projects (15) were due to end in 2015. However, in March 2015 the Fund provided projects with the opportunity to apply for extension funding. This was based on the rationale that since the programme was launched three years previously, the operating environment had changed and was presenting new challenges for projects in meeting their outcomes. The scale of reductions in public sector expenditure led to a greater number of referrals for families with more intensive support needs than was originally anticipated. Public sector cuts also created additional issues around the mainstreaming of projects and project learning, as budget pressures posed challenges to commissioning new services. The aim of the funding was to sustain the benefits of projects after Big Lottery Funding ended. It was intended as an opportunity for projects to take some extra time and resource to improve the sustainability, learning and impact of their work and to address the challenges of the current economic climate.

All but one project (Brighter Futures, Wandsworth) applied for the funding extension and all applicants were successful. This increases the total value of grants made under the Improving Futures programme to £30.5m, with each project receiving on average £1.07m[5]. This also means the projects are operating for on average two years longer, operating for on average 5 years and 7 months rather than the original 3 years and 7 months. At the time of writing (May 2016), 5 projects had finished; a further 5 projects were due to finish by the end of 2016 and the remaining 16 projects were to have finished by July 2017.

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[4] The 26th project was unavailable for comment.
[5] Exact figure £1,065,839.92.

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Table 2.1 details the start and end dates of each of the Improving Futures projects, as well as the total amount of funding they have received.

## Table 2.1 Project funding amounts and timeline

| Project Name | Funding Amount | 2012/13 | | | | 2013/14 | | | | 2014/15 | | | | 2015/16 | | | | 2016/17 | | | | 2017 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 |
| Camden Futures | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Families First, Hackney | £1.076m | | | | | | | | | | | | | | | | | | | | | | |
| Wolverhampton Improving Futures | £1.068m | | | | | | | | | | | | | | | | | | | | | | |
| Empowering Families, Midlothian | £1.078m | | | | | | | | | | | | | | | | | | | | | | |
| Enfield Family Turnaround Project | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| LIFT, Cheshire | £1.035m | | | | | | | | | | | | | | | | | | | | | | |
| Dundee Early Intervention Team | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Croydon Family Power | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Securing Futures, Carmarthenshire | £1.071m | | | | | | | | | | | | | | | | | | | | | | |
| One Herts-One Family, Hertfordshire | £1.073m | | | | | | | | | | | | | | | | | | | | | | |
| Tyne Gateway | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Eleri, Cardiff | £1.078m | | | | | | | | | | | | | | | | | | | | | | |
| Nurturing Inverclyde | £1.079m | | | | | | | | | | | | | | | | | | | | | | |
| Tackling Domestic Violence, Belfast | £1.077m | | | | | | | | | | | | | | | | | | | | | | |
| The Neighbourhood Alliance, Sunderland | £1.069m | | | | | | | | | | | | | | | | | | | | | | |
| Brighter Futures, Wandsworth | £900k | | | | | | | | | | | | | | | | | | | | | | |
| Teulu Ni, Gwynedd | £1.037m | | | | | | | | | | | | | | | | | | | | | | |
| Bridging the Gap, Denbighshire | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Building Bridges, Haringey | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Family Pathways, Lewisham | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Stronger Families, Future Communities, Southend | £1.072m | | | | | | | | | | | | | | | | | | | | | | |
| BIG Manchester | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Gateway, Fife | £1.076m | | | | | | | | | | | | | | | | | | | | | | |
| Families Moving Forwards, Portsmouth | £1.079m | | | | | | | | | | | | | | | | | | | | | | |
| Worcestershire Family Budgets | £1.08m | | | | | | | | | | | | | | | | | | | | | | |
| Connecting Families, Bridgend | £1.078m | | | | | | | | | | | | | | | | | | | | | | |

■ = original duration   ■ = extension period

*Funding amounts have been rounded to the nearest £1,000.*

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## 2.2 Progress in supporting families

As at 7<sup>th</sup> March 2016, we estimate the Improving Futures projects had collectively supported 7,062 families.[6] On average each project had supported 272 families, ranging from 147 to 496. This variation reflected the projects' varied support models and support intensity.

Based on information provided by projects in their latest biannual Project Monitoring Reports available to the evaluators, almost three quarters of projects that provided information (15 out of 21) were behind in the number of families they were expecting to support. In their Project Monitoring Reports projects attributed this to three main factors, listed below broadly in order of prevalence:

- **Staff turnover:** For many of the projects at some point either the project manager or one or more practitioners left the project, meaning the project was operating under-capacity for a period of time, affecting the number of families they could support. As the projects neared their end filling posts became more difficult. This issue was not widely reported in the End of Year 2 evaluation report (published December 2014), though is likely to have increased in prominence as the projects matured.

- **Challenges in engaging families:** A small number of projects attributed the lower than expected numbers to the fact that they struggled to engage some families, particularly as engagement with the projects was on a voluntary basis. These projects reported that some families were either overwhelmed with other services, or decided that the project was not for them. Other families disengaged after support began, including where projects were implementing programmes with set timescales that were deemed by families to be too long for children. Interestingly this challenge was not reported as an explanatory factor previously, though there is no particular reason to suggest that this has been a recent phenomenon. It is also important to note that, overall, partners felt the projects had been effective in engaging families (see Section 5.2: Engaging Families of the Year 2 Evaluation Report[7]).

- **Needs of families more complex than envisaged:** This is partly attributed to reduced budgets and capacity in the statutory sector, resulting in families who previously would have been supported by these agencies being 'referred down' to Improving Futures projects. Additionally, the impact of welfare reforms was widely reported by the projects. This challenge has been commonly reported by projects since the beginning of the programme, and was the primary reason for why the projects were behind expected numbers in both the End of Year 1 and Year 2 evaluation reports.

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[6] In early 2016 the Big Lottery Fund asked all projects to report the number of families they had supported. 21 of the 26 projects responded and provided data. In total, these projects had supported 5,704 families. To estimate the total number of families that were supported, we assumed each of the five projects for which data were missing supported the average number of families per project (272).

[7] See: http://www.improvingfutures.org/downloads/Improving%20Futures%20Yr%202%20Report_FINAL.pdf

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## 2.3  Main activities undertaken in last 12 months

Over the last 12 months the projects have focused on embedding and developing their projects. Overall projects felt the last year had gone well, with more than one project manager describing the project as *"going from strength to strength".*

Most projects have been continuing with their original delivery model, making small changes based on lessons learnt. A small number have made more substantial changes – in particular four projects are increasing their focus on working with schools. A small number of projects have made changes to their partnership structure, with some ceasing to work with particular VCSE partners and others working with additional VCSE partners, mainly due to changes in local circumstances.

One of the main changes of the last 12 months is the Fund removing the age restriction of the eldest child being aged between five and ten, following feedback from projects about the restrictions this placed on the families they could support. During the recent project consultations projects reported being pleased with this change. Most projects intend to open up their service to a wider age range of children following this decision; the Dundee Early Intervention Team, for example, will be running a service for children aged 0 to 12, enabling them to focus on the transition to secondary school.

A small number of projects did face difficulties, however, caused by the delays within the Fund regarding decisions to award the project extension funding. This caused a small number of projects to temporarily close their referrals, as they were uncertain whether they would be continuing. Whilst one project was able to recover from this, another felt this affected their relationships with other partners, and they have struggled to encourage these partners to refer to them now they have the extension funding.  Another project lost members of staff due to the uncertainty and were operating under capacity. This suggests a lesson learnt for the Fund in making swift and timely decisions when determining extension funding.

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## 2.4  Planned activity for the next 12 months

Over the next 12 months projects will be operating under the extension funding. Most projects will be operating a streamlined version of the project to ensure the funding can last as long as possible; one project, for example, will be halving the size of its original team. In most cases projects have focused on the strengths of their models and will be discontinuing the areas that have been least successful. Interestingly the projects have differing views as to which areas have been the most and least successful:

- Two projects (Connecting Families, Bridgend and Haringey Building Bridges) are increasing their focus on school-based work as they see this area as being their most successful, whilst another (Camden Futures) is discontinuing this aspect as it feels it is no longer serving its purpose as an easy access point for families, as families are now confident accessing the project directly because the project has built a good reputation amongst local families.

- Another project (Croydon Family Power) is not continuing with its parenting programmes due to low take up.

- The Denbighshire Bridge project has focused on offering different support 'packages' to families of differing intensity in order to manage finite resources: families with high levels of need receive the 'gold' package of support from a number of different services, whilst families with low levels of need receive the 'bronze' package of a telephone support line manned by a senior support worker.

A small number of projects plan to make more substantial changes to their delivery model during the extension period. Eleri Cardiff, for example, is relocating to another part of Cardiff as the introduction of the Families First programme in Wales has meant that the area they currently operate in is now well covered by statutory services.

The biggest challenges most projects expect to face over the next 12 months is managing demand. Many expect an increase in demand (as the upper age limit of 10 has been removed, enabling more families to receive the support) and a reduction in supply (due to the streamlining of services). To manage this a small number of projects have begun to introduce stricter timeframes on the duration of the support. For example, Securing Futures, Carmarthenshire has restricted the length of their support to six months, whilst Camden Futures is ensuring families have a clear idea of the timeframe of the support when it begins.

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## 2.5 Update on outcomes

As mentioned in **Chapter 1: Introduction**, this report focuses primarily on the practice dimensions of the programme. A detailed analysis of the outcomes achieved to date is available in the End of Year 2 report[8], and will be examined in greater depth in the final report in 2017. However, below we have provided a summary of the main outcomes achieved by the Improving Futures projects. The proceeding three pages include charts detailing the main outcomes achieved and **Annex Two** provides a detailed breakdown of progress against all 97 indicators recorded in IFMIS.

The charts are organised into three main areas:

- Progress against the most prevalent risks **(Figure 2.1)**
- Strengths that have increased the most **(Figure 2.2)**
- Areas of limited progress **(Figure 2.3)**

These charts show broadly similar patterns to those reported in the End of Year 2 report, chiefly that:

- **The main challenges families face relate to parenting difficulties, mental health issues, child behavioural issues, relationship breakdown, domestic abuse and worklessness (Figure 2.1):** Interestingly the prevalence of most of these challenges prior to support has increased slightly since the End of Year 2 report (by 1 – 5%). A number of the projects attributed these increases to reduced levels of public expenditure under welfare reforms, with higher need families more reliant on the programme than at the outset. However, it is possible that other factors are involved. We will explore this further in the Final Report next year.

- **The Improving Futures projects have made good progress in addressing families' most pressing needs (Figure 2.1):** For all but one indicator in Figure 2.1, the number of families facing the most prevalent risks at baseline reduced at exit. On average the number of families experiencing the most prevalent risks reduced by a quarter from entry to exit. The greatest areas of progress were in the reduction of child behavioural and parenting difficulties. The percentage of families with children with persistent, disruptive and violent behaviour halved (from 17% [469] to 8.5% [238] – a reduction of 231).[9] The percentage of families with parenting anxiety or frustration fell by a third (from 64% [1,786] to 43% [1,188] – a reduction of 598).

- **The Improving Futures projects are increasing families' strengths (Figure 2.2):** There was an increase in the percentage of families exhibiting all strength factors. Some of the greatest improvements related to increasing engagement in the community (explored further in **Chapter 4: Good Practice Theme 2: Building Community Resilience**) and increasing qualifications. However, the number of families with no qualifications remained the same from the beginning to the end of support (at 10%), suggesting there has been limited progress in increasing qualifications amongst the hardest to reach families.

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[8] See: http://www.improvingfutures.org/downloads/Improving%20Futures%20Yr%202%20Report_FINAL.pdf
[9] All changes on the number of families with indicators present before and after support are statistically significant, unless stated otherwise.

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- **There has been limited progress in reducing mental health difficulties (Figure 2.3):** For example, the percentage of families with a child diagnosed with ADHD / ASD conduct disorder increased by almost a quarter (from 11% [293] to 13% [365], an increase of 72). This is explored further in **Chapter 5: Good Practice Theme 3: Strengthening Families' Social and Emotional Wellbeing**.

**Figure 2.1: Progress against the most prevalent risks**



**What were the most prevalent risks at the baseline stage, and how have these changed at the exit stage?**

| Characteristic | Baseline | Exit |
|---|---|---|
| Parenting anxiety or frustration | 64% | 43% |
| Problems with discipline and boundary setting | 50% | 30% |
| Suspected or reported stress or anxiety (adult) | 47% | 38% |
| Suspected or reported stress or anxiety (child) | 33% | 24% |
| Low-level behavioural difficulties | 39% | 36% |
| Persistent disruptive behaviour | 24% | 15% |
| Persistent disruptive and violent behaviour | 17% | 9% |
| Workless family (over 12 months) | 20% | 18% |
| Domestic abuse (adult harm) | 19% | 13% |

% of families with characteristic

*Source: IFMIS. Number of families: 2,777. Throughout this report figures are reported at the family level – i.e. the percentage of families where at least one adult/child has the reported indicator.*

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**Figure 2.2  Strengths that have increased the most**



## Which strengths have increased the most?

| Strength | Entry | Exit |
|---|---|---|
| Formal volunteering - for an organisation or as part of a specific programme | 3% | 7% |
| Level 1 accredited course | 4% | 7% |
| Volunteer help at the child(ren)'s school | 4% | 7% |
| Entry level or below qualifications | 7% | 14% |
| Group membership - involvement in local and community organisations | 7% | 15% |

% of families with characteristic

■ Entry  ■ Exit
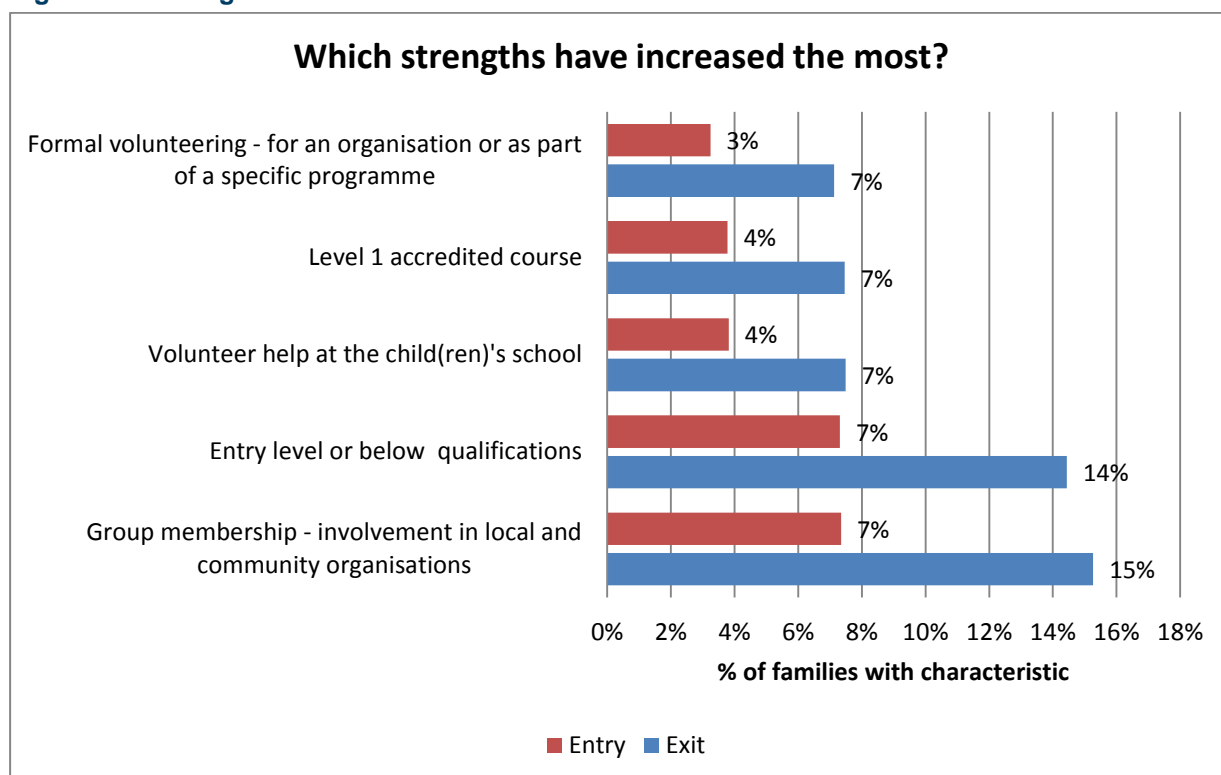
*Source:   IFMIS. Number of families: 2,777. Strengths prevalent within 2.5% (69) of families or fewer have been excluded, as these strengths only affect a small number of families.*

**Figure 2.3  Areas of limited progress**



## Which risks and strengths have improved the least or got worse?

| Risk/Strength | Exit | Baseline |
|---|---|---|
| ADHD / ASD or conduct disorder (diagnosed) | 10.6% | 13.1% |
| Serious and limiting disability | 2.5% | 2.6% |
| Diagnosed eating or weight disorder (including obesity, anorexia or bulemia) | 2.8% | 2.9% |
| Suspected or reported illegal drug use - not receiving treatment | 2.5% | 2.5% |

% of families with characteristic

■ Exit  ■ Baseline

*Source: IFMIS. Number of families: 2,777.*

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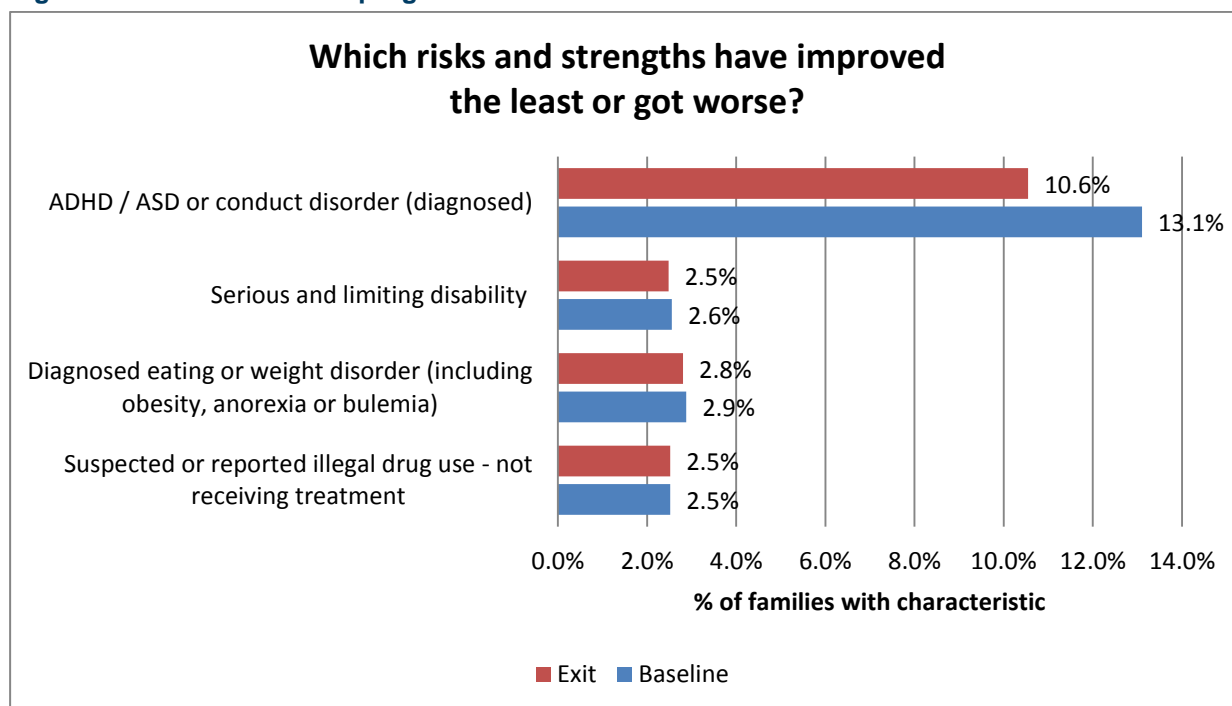
## 2.6 Update on sustainability

All projects are in the process of looking for additional funding. They are applying for grants and holding discussions with local authorities, schools and, in a small number of cases, Clinical Commissioning Groups (CCGs). A small number of projects are also exploring whether they can fund the project through social investment; BIG Manchester has accessed funding through the Fund's Commissioning Better Outcomes Fund[10] to explore whether the service could be funded through a social impact bond (SIB), whilst Tyne Gateway has secured a grant from the Fund's Big Potential[11] to explore whether they could secure social investment to continue their service. Working with the provider RTC North, Tyne Gateway Trust will use the grant to carry out work on business planning, market analysis, social impact measurement and financial performance with a view to becoming investment ready. Their aim is to raise £150,000 of investment to grow their employability service.

The projects have had some success. All but three (18 out of 21) delivery partners involved in the Improving Futures projects responding to the Stakeholder Survey have acquired new contracts as a consequence of being involved in the project (see **Chapter 6: Influencing Learning**. For example, four projects have received funding from schools to continue with some of their support (see **Chapter 3: Good Practice Theme 1: Building Relationships with Primary Schools**).

However, in most cases the funds accessed by projects have been piecemeal and most projects have not secured substantial additional funding. Consequently, sustainability was one of the biggest challenges they reported currently facing, with some reporting anxiety within their team about job uncertainty. The projects based in England have had limited success to date in securing funding through phase 2 of the Troubled Families programme, despite the early intervention focus of the second phase. This will be explored further in the Final Report next year.

> *'Everyone has said how successful the programme has been but no one has actually been able to take it up."* (Improving Futures Project manager, comment during project consultations)

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[10] The Commissioning Better Outcomes Fund is a £35m fund to co-fund SIBs and other finance mechanisms using payment-by-results contracts in complex policy areas. For more information visit: https://www.biglotteryfund.org.uk/global-content/programmes/england/commissioning-better-outcomes-and-social-outcomes-fund

[11] Big Potential is a £20m fund that aims to raise awareness of the social investment market and support VCSEs who want to prepare themselves for social investment or winning contracts. For more information visit: http://www.bigpotential.org.uk/

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## 2.7  Conclusion

The projects have progressed well over their third year. Many feel their projects have now become firmly established in the local area and they are developing their delivery models, tweaking them to build on the aspects that are going particularly well. Supporting over 7,000 families in three years is also particularly impressive. On the whole projects are making good progress with the families that have exited from the support; on average the number of families facing each of the most pressing problems has reduced by a quarter.

The projects are, however, entering a difficult time. They are in the process of ascertaining how they will operate a streamlined service and still meet demand. Sustainability also remains a problem. Projects report that commissioners, particularly in the local authority, do not have the funds to commission new services. The projects only have, on average, 12 months left and it is unlikely the funding climate will change in the next 12 months; it therefore looks unlikely at this stage that all of the projects will continue after their Big Lottery Fund grants end, though considering this was a pilot programme it would have been unrealistic to expect all of the projects to obtain further funding when trialling new approaches or replicating proven approaches in new contexts.

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# 3.0 Good Practice Theme 1: Building Relationships with Primary Schools

*"The success of having the project was before it was just teachers, school nurse, and we would try to think, 'What can we put in place for these families?', and with [Improving Futures], often they can say to us, 'Oh, that's something the...project can do', so straightaway we've got something." (Teacher)*

Building relationships with primary schools is a key focus of the Improving Futures projects and many projects have established what Save the Children describe as 'voluntary education partnerships[12]'. Primary schools are a key referral route for almost all the Improving Futures projects and most projects are supporting families to increase their engagement with schools and overcome school-based difficulties such as behavioural difficulties. Around half of the Improving Futures projects also operate out of schools in some form, having practitioners based in schools, having a room in schools where they run sessions for children or running drop-in sessions in schools.

In this chapter we set out the case for close partnership working between schools and the voluntary sector for supporting families, before describing how the Improving Futures projects are working with schools. We then describe some of the successes and challenges the Improving Futures projects have experienced when working with schools, and their progress against school-based outcomes. Finally, we consider the sustainability of the projects' work in schools.

## 3.1 Setting the scene

### 3.1.1 The case for intervention: Inequalities in academic resilience and attainment

Children need to be in a good place to learn. Research by Professor Angie Hart suggests that children need a broad set of characteristics to do well at school – what she terms 'academic resilience' (see Box 1)[13].

| Box 1: The 'basic' characteristics that children need to be academically resilient |
|---|
| • Good enough housing<br>• Enough money to live<br>• Being safe<br>• Access and transport<br>• Healthy diet<br>• Exercise and fresh air<br>• Play and leisure<br>• Being free from prejudice and discrimination |

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[12] Lindsay et al, 2011. Bringing Families and Schools Together: Giving children in high-poverty areas the best start in life. Save The Children, London. See: http://www.savethechildren.org.uk/resources/online-library/bringing-families-and-schools-together-giving-children-high-poverty-areas

[13] Hart, A. and Heaver, B. 2015. *Resilience Approaches to Supporting Young People's Mental Health: Appraising the Evidence Base for Schools and Communities.* University of Brighton/Boingboing, Brighton. See: http://www.youngminds.org.uk/assets/0002/4058/BB_YPMH_Final2.pdf

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However, not all children possess these characteristics. A proportion of vulnerable children face a set of adverse characteristics that affect their ability to learn and their academic achievement. As **Figure 3.1** shows, children in poverty, often defined by those eligible for Free School Meals (FSM), have lower academic attainment than those not eligible for FSM by the time they reach 7 (end of Key Stage 1), and this gap increases as children reach 14 (end of Key Stage 3). Put simply:

*"Many children from poor homes fall behind early and never catch up."*[14]

**Figure 3.1: Relative achievement of children on Free School Meals**
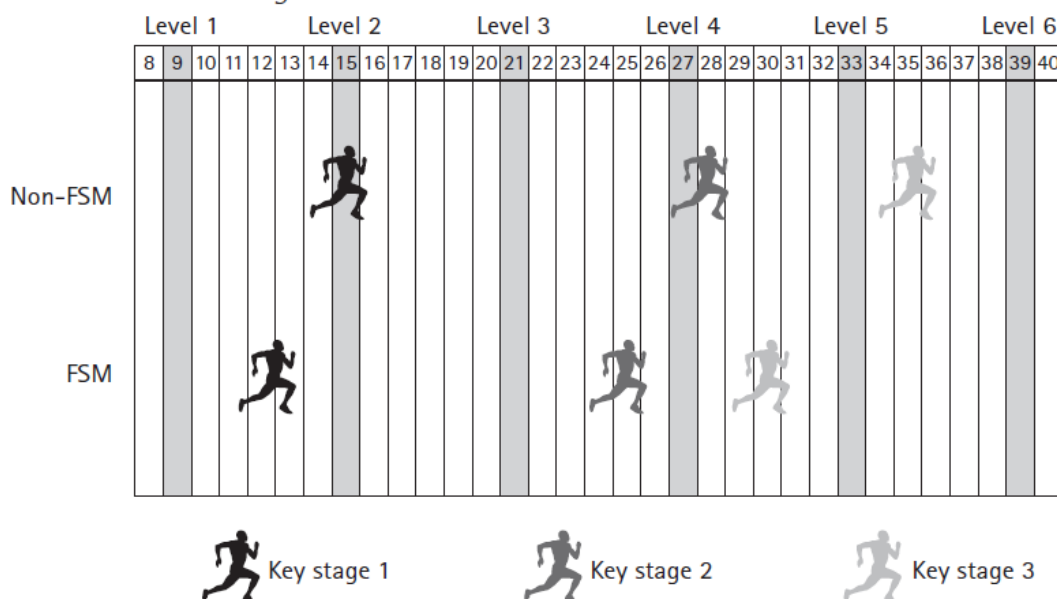


*Source: Narrowing social class attainment gaps (DfES, 2006), cited in Getting in Early: Primary schools and early intervention, 2008.*

Differences in academic attainment then affect people for the rest of their lives. Research by Serafino and Tonkin (2014) found that people with low levels of educational attainment are almost five times as likely to be in poverty.[15]

There is, therefore, a strong case to intervene and support vulnerable families to boost children's academic resilience and attainment.

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[14] Lindsay et al, 2011. *Bringing Families and Schools Together: Giving children in high-poverty areas the best start in life.* Save The Children, London. See: http://www.savethechildren.org.uk/resources/online-library/bringing-families-and-schools-together-giving-children-high-poverty-areas

[15] Serafino and Tonkin, 2014, cited in PWC, 2015. *Achieving Schools: Social Impact Assessment.* Achievement for All, London. See: https://www.paperturn.com/achievement-for-all/achieving-schools-social-impact-assessment-pwc-f-2015?pid=NDY4635

### 3.1.2  The case for intervening at primary school age

Government, researchers and VCSEs have made a strong case in the last five years for supporting young families before children reach the age of five. However, there is a set of research suggesting that supporting children aged four to eight is equally as important. Jean Gross, in 'Getting in Early: primary schools and early intervention' argues that supporting this age group is just as important because:

- it maintains progress made in the Early Years;
- it levels the playing field of inequalities created between children in the Early Years; and
- it is the *"last critical window of opportunity in which change is possible"*[16]; as research has shown that, for some outcomes such as antisocial behaviour, intervening when children are between four and eight years old will have the greatest effect.

> *"…[P]rimary school is where life chances are forged or lost."*[17]

### 3.1.3  The case for a dual approach from primary schools and the voluntary sector

Primary schools play a critical role in supporting vulnerable families. They are ideally placed to play a key role in identifying issues early and can act as a key referral route into more targeted and specialist services. In a review of good practice in early intervention by the Centre for Excellence and Outcomes in Children and Young People's Services (C4EO), for example, where early intervention was working well schools were at the hub of a continuum of support.[18]

However, schools cannot support vulnerable families alone. Research suggests that school staff can sometimes struggle to engage, or even marginalise, vulnerable parents and are under-confident in spotting early warning signs in children and families[19]. They also do not always fully recognise what parents are doing to engage with their children's education. As many stakeholders interviewed commented, schools struggle to juggle their core aim of boosting academic achievement and tackling the wider challenges faced by vulnerable families. Also, there is only so much that can be achieved during the school day – children only spend 15% of their time in school.[20]

A dual approach is therefore required – with support provided by schools and other agencies.

VCSEs are well placed to work in partnership with schools to engage and support vulnerable families. Nearly half of all VCSEs support children and young people, with an increasing number providing parenting support.[21]

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[16] Gross, J., 2008. *Getting in Early: Primary schools and early intervention.* The Smith Institute and the Centre for Social Justice, 2008. See: http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/getting-in-early.pdf

[17] Ibid.

[18] C4EO, 2010. *Early Intervention – Early messages from effective local practice 'call for evidence.* C4EO, London. See: http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/early210.aspx

[19] C4EO, 2010. *Grasping the nettle: early intervention for children, families and communities.* C4EO, London. See: http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/grasping10.aspx

[20] Gross, J., 2008. *Getting in Early: Primary schools and early intervention.* The Smith Institute and the Centre for Social Justice, 2008. See: http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/getting-in-early.pdf

[21] C4EO, 2010. *Grasping the nettle: early intervention for children, families and communities*. C4EO, London. See: http://socialwelfare.bl.uk/subject-areas/services-client-groups/children-young-people/c4eo/grasping10.aspx

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This is giving rise to a new wave of what Save the Children term 'voluntary educational partnerships', where schools and VCSEs are working together closely to support vulnerable families. Further examples of voluntary educational partnerships established outside of the Improving Futures Programme can be viewed at **Annex Three: Comparator Projects and Programmes**.

## 3.2    How Improving Futures projects are working with schools

### 3.2.1    School-based challenges faced by families supported by Improving Futures

Many of the families supported by the Improving Futures projects face school-based challenges, particularly in relation to behavioural difficulties, as shown in **Figure 3.2**. In particular, families faced the following challenges:

- **Behavioural difficulties:** Four out of five families (80%, 2,222) had at least one child with behavioural difficulties. This included almost one in five families (17%, 472) with a child with persistent, disruptive and violent behaviour – in Wolverhampton this was over 50%.

- **Low attainment for a sub-set of children:** Almost one in five (18%, 500) families had at least one child who was achieving below expected levels for their age. In Enfield this was as high as 40%.

- **Mixed peer support:** Over half of families (52%, 1,444) had children that did not have supportive peer friendships at school. In Carmarthenshire this was as high as 95%.

- **Mixed parental engagement:** Almost half of families (49%, 1,360) did not have regular face-to-face contact with school staff and did not report positive relationships. In some projects this was as high as 94% (Sunderland).

**Figure 3.2: School-based family characteristics when support began**
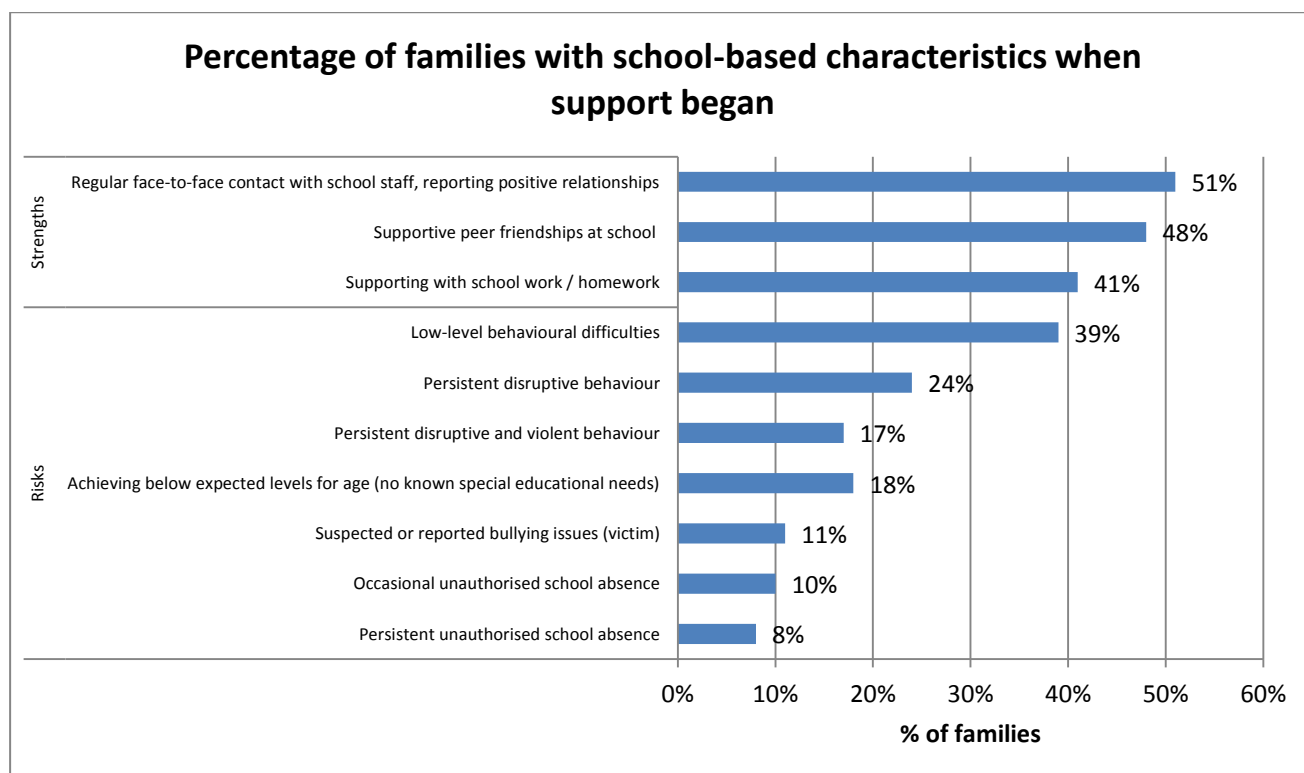


*Source: IFMIS. Number of families: 4,311.*

## 3.2.2 Improving Futures models of practice with schools

### 3.2.2.1 *Examples of projects co-located in schools*

The vast majority of Improving Futures projects work very closely with a set of schools and these schools are a key referral route. This is usually around five to ten schools, though the Tyne Gateway project is working with over 60 schools. Around half the projects also have practitioners co-located within the schools, either permanently or part-time (see **Box 2** for examples). For a small number of projects, although they are not based in the schools, they have practitioners who work very closely with sets of schools; Enfield Family Turnaround Project and Stronger Families, Future Communities, for example, have both allocated their practitioners specific schools to work with.

This is also an increasing focus for projects. In the last 12 months four projects have introduced additional work in schools.

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**Box 2: Examples of Improving Futures projects co-located in schools**

**Camden Futures**

Camden Futures has two Parent Support Advisors that are based in a different primary school each day of the week. They offer information and guidance, one-to-one support, family work and mediation sessions. The project also has Creative Therapists based within primary schools.

**Denbighshire 'Bridge Project'**

The Denbighshire 'Bridge Project' holds weekly drop-in sessions at six schools. In some schools they have a dedicated room, where they can meet with other agencies. They can also use this time to catch up with children they have been working with. Other services also attend these drop-ins, such as Citizens Advice Bureau (CAB) and Children and Adolescent Mental Health Services (CAMHS).

**The Neighbourhood Alliance, Sunderland**

The Neighbourhood Alliance, Sunderland has trained school staff to become 'Neighbourhood Friends', who act as an advocate for families and help them identify and access support from a wide range of community organisations.

**Family Pathways, Lewisham**

One of the partners involved in Lewisham is School-Home Support, who work directly in schools. Lewisham also has a Parent Support Advisor, based in two schools for 2.5 days a week, providing support to parents.

**Enfield Family Turnaround Project**

The project has 2.5 family key workers based across nine schools, with key workers specifically allocated to different schools. They also employ two Play Therapists who work with children in five schools. The focus is on early intervention with children who have behavioural or attendance issues. The schools refer the child in using the Early Help forum – a local forum attended by multiple agencies. Support includes observing children in the classrooms to fully understand how they are coping at school.

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### 3.2.2.2    *Type of school-based support provided*

Many of the projects use their school base as a hub to access and engage with parents and children, and to bring in other services for families to access. They also provide support to tackle school-based problems, including:

- **Acting as an interface between the family and other school services:** This could include the school itself or other services, such as education welfare. Often the project acts as a mediator and advocate for the family, explaining to other services the issues the family are facing.

- **Support for parents to become more involved in their children's education:** For example, the Parent Support Advisors from Camden Futures support parents who have particular issues with the school or their child's education. Families First, Hackney runs a Repairing Relationships programme, which focuses on managing relationships in families' homes and between parents and their children's schools. As a part of this they provide school uniforms for families who cannot afford them and support parents with the school curriculum, to help them understand what their children are learning at school. Hackney also has a Parental Involvement Officer who specifically focuses on engaging parents from Turkish and Kurdish families with their children's schools.

- **Providing home-based support:** Including developing school routines to help with attendance and punctuality issues.

- **Providing academic support for children:** For example, running homework clubs.

- **Supporting children with emotional and behavioural problems:** For example, BIG Manchester has a 'chill room' in one primary school where a practitioner from the project does play therapy sessions with children. During the learning seminar many projects described how they run breakfast clubs, which are effective at ensuring children have a healthy start to the day, but also begin the day calm and settled. Families First, Hackney also runs a Summer school, which is designed to help children increase their confidence and make new friends. Further examples of approaches adopted to support children with emotional and behavioural problems are provided in **Section 5.2: How Improving Futures project are supporting mental health issues**

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## 3.3 Lessons learnt in working with schools

### 3.3.1 Lessons learnt in engaging and building strong relationships with schools

The majority of projects have developed strong relationships with a set of schools, and these relationships have strengthened over the three years as the projects have become more established and schools have seen the results of their work. Through this work projects have learnt a lot about 'what works' for VCSEs in engaging and building strong relationships with schools, as described below:

- **Allocating practitioners / mentors to specific schools:** Two projects found this to be a good way of building relationships with schools, as it provides a consistent face and point of contact.

- **Face-to-face contact:** Many of the projects reported that face to face contact is paramount to establishing a project within a school. If the school has a family liaison officer, it may be beneficial to contact them in the first instance rather than a headteacher (who can be difficult to engage).

- **Highlighting the benefits of improved parental engagement:** One project in the learning seminar described how they used improved parental engagement as a 'sell' to encourage schools to be involved:

  > *"But they [the school] welcome the opportunity to engage parents, so we concentrated on the parent involvement officers…because schools want to look good, and engage parents that are hard to engage. And sometimes they've got officers but those officers still can't engage them, but a community-based organisation can. So having those two parent support agencies, one from within the school, and out of the school, that was our pathway in."* (Project manager)

- **Developing good understanding of schools:** Many of the projects found it helpful to develop a good understanding of the schools – such as the school demography and school routine. The Midlothian Project noted that they adapted their pitch to their audience through researching the demographics of each school's population and attainment levels.

- **Several projects raised their profile by sitting on local boards or groups**: For example, Haringey Building Bridges project attends the 'Early Help Forums' in the borough that are attended by school staff, headteachers and the Head of Education for the LA. The Dundee Early Intervention Team also made themselves available for child forum meetings (local meetings attended by parents, teachers and community leaders to discuss school issues) to raise awareness of their project.

- **Advocating:** Many projects encouraged other schools they had a good relationship with to advocate on their behalf – a recommendation from another school could be key to persuading a reluctant school to engage.

- **Links with Education Psychology:** During the learning seminar one project described how they had made links with the Educational Psychology service and accessed 'hard to engage' schools through them.

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- **Walking in the schools' shoes:** The Enfield project found it helpful to 'walk in the schools' shoes'. This included using schools' language and assessments and demonstrating how they were contributing towards the schools' own agendas, such as their School Improvement Plan or OFSTED requirements. Additionally, the Nurturing Inverclyde project uses the Boxall Profile assessment tool, which is used in schools to assess social, emotional and behavioural difficulties; this means that project staff and school staff can work together to assess a child's needs, doing the scoring and assessment in partnership.

    *"We got in their shoes a bit – we understood their assessment tools and we were flexible… it gives us credibility with the schools if we're talking the same language."* (Nurturing Inverclyde)

- **Ensuring minimal workload for schools:** One project thinks it is vital to ensure the process creates a minimal workload for schools – in terms of staff time and admin work. Project staff now offer to fill in referrals on the schools' behalf with the parent, speeding up the process and reducing the burden on the school.

- **Employing ex-teachers:** The Nurturing Inverclyde project specifically recruited an ex-teacher to be sure they could work effectively with schools. They find this very helpful as it gave them credibility with the schools – they understand the curriculum and the pressures on the school.

### 3.3.2  Challenges

The Improving Futures projects have faced two particular challenges in working with schools:

- Engaging schools
- Working with families not involved in the school

### 3.3.2.1     *Engaging schools*

Although many of the projects have developed good relationships with some schools, engaging schools has not been easy, and some projects reported that some schools were reluctant to engage at first. Projects reported that you have to be proactive with schools for them to engage with the programme. This can take a long time to establish; more than one project described how it can take up to 18 months. Even once the school is engaged it can be hard to raise the profile of the project within the school.  Projects have learnt that they need to work closely with schools when setting up, at the beginning and during the project:

- **Setting up:** Developing the project in partnership, consulting with schools widely about their needs.

- **Beginning:** Doing work at the beginning to explain the project and what schools can get out of it. This involves meetings with headteachers and presentations to school members of staff.

- **During:** Maintaining the relationship through open communication and timely responses and evidencing the impact of the support so schools can see the value of it. This includes inviting schools to graduation ceremonies, sharing case studies; and providing evidence of impact. For example, many of the projects hold half-termly meetings with schools to discuss progress and get feedback on how the children are progressing in school.

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Although the projects have been successful in building relationships with a set of schools, they also struggled to engage other schools. Limited school engagement was generally attributed to the priorities of the school leadership team and viewpoint of the headteacher, who may not want the school to be seen to have families in poverty, or saw behavioural and family difficulties as a 'home problem' and not the role of the school. This tended to be schools from more rural or affluent areas.

According to families in the Family Panel, these same schools that would not engage with the projects did not play a key role in the community and did not communicate strongly with parents. The families reported feeling isolated, 'looked down upon' by the schools and felt that the schools did not have a good understanding of the children. Given the central role schools play in identifying vulnerable families, these schools are arguably cutting off a key early intervention referral route for families.

> *"We can't go into the schools and ask for help."* (Family involved in the Family Panels)

> *"Our schools look down their noses at us and that's it."* (Family involved in the Family Panels)

### 3.3.2.2    *Working with families not involved in the school*

Working in a school and predominantly supporting families based within that school can be limiting, and it can exclude three types of families:

- Those that have a very poor relationship with the school, and will not engage with the project because they see it as an extension of the school.

- Those whose children attend a different school (particularly one that is not engaged with the project).

- Those that are leaving the school to attend secondary school. Families consistently fed back that they find the transition to secondary school challenging, and would have liked the project to support this (though, as a result of the change in age criteria, projects are now increasing their focus on this):

    > *"It's just a shame it finishes when our children start secondary school, it should be until they are 16, that's the one thing I'd change."* (Parent interviewed during case study visit)

    > *"It's so hard, the transition to secondary school."* (Parent interviewed during case study visit)

Therefore, whilst being based in a school can be effective, projects found it was important to ensure there was a mechanism for supporting families not closely associated with the school. Some projects found ways to overcome this. For example:

- Some projects are also working with community-based organisations to access families not engaged with schools.

- Some projects have opened up the service to all families in the local area, even those that do not attend the school the project is based in.

- Some projects are working closely with secondary schools, informing them of the families they are supporting.

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### 3.3.3  Benefits of voluntary educational partnerships

Projects identified four key benefits of working closely with schools:

- Improved parental engagement in the schools
- Good parental engagement in the projects
- Earlier intervention
- Improved partnership working between the projects and schools

### 3.3.3.1  *Improved parental engagement in the schools*

A lack of parental engagement in a child's school life can have a hampering effect on the child's education. Research has shown that families often struggle to engage with schools, as they lack the confidence to engage in school activities, and can have a sense that their school and home values are in direct conflict.[22]

Families, schools and projects reported that families are more likely to engage positively with the school when the project is based in the school. Families reported how the projects improved their relationship with the schools by acting as a 'mediator' between the two.  They also reported how schools did not always understand the difficulties they were under. Families interviewed described how they found it helpful for the project to support them to work with the school. For example, a number of parents interviewed were receiving help from the project to liaise with the children's school – in one case, the project worker would act as a third party with the school; she felt that the school weren't really discussing an issue of her daughter being bullied with her. Another parent felt that school staff weren't listening to her concerns before, so the project is advocating for her in meetings with the school.

> *"It's the approach and representation; it's a very positive process. The key worker has been acting as an intermediary. The mother on a number of occasions has been in a meeting and the key worker has interjected and rephrased and clarified things for her."* (Headteacher)

One parent in the Family Panel also commented how families found it easier to ask the project questions about the school than the school directly:

> *"[Parents] can come [to the Improving Futures project] and ask questions about [the school] and they feel a lot better speaking this service than to go to the school office that's so formal, as we can talk about anything during one of our sessions."* (Member of Family Panel)

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[22] Reay et al, 2009. 'Fitting in' or 'standing out': working-class students in UK higher education in *British Educational Research Journal.* Routledge, London.

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### 3.3.3.2    Good parental engagement in the projects

Encouraging parents to engage in family support projects can also be a challenge, often because of the stigma attached with receiving additional support and due to fears that the project is linked to Social Services. By being based in the schools projects found they were able to overcome these challenges by building informal relationships with families. By being visible during times when parents were in the school (such as in the playground, at parents' evening or school activities like Christmas fairs) families became familiar with the project workers. One member of the Family Panel described:

*"[You] bump into family support staff in the school, so if you have any concerns or need help with anything. It does make it a lot easier. Other services that are outside, you don't hear about those services unless you pick up a leaflet or newsletter. With the school, as you already have interaction with the school daily you know what's going on and what you want to get involved in it."* (Member of Family Panel)

*"They have that trust in the practitioner, because that practitioner is based within the school that's within their community."* (Project Manager)

### 3.3.3.3    Earlier intervention

A small number of schools have fed back to projects that they are more likely to refer a family for support earlier than they would have done had the project not existed, because the Improving Futures project is based in their setting. For example, two teachers remarked during case study visits:

*"We manage to get resources into those families at an early stage, which alleviates, predominantly, the need to go down social services route...The success of having the project was before it was just teachers, school nurse, and we would try to think, 'What can we put in place for these families?', and with [the Improving Futures project being based in the school], often they can say to us, 'Oh, that's something the...project can do', so straightaway we've got something."* (Teacher, during case study visit)

*"I think in the past we've had leaflets sent round to us, 'There is this project', but because we hadn't really known it, then you don't have that confidence to refer on to it…[Whereas with this project] they do come to our meetings…we see them regularly, you can have that chat, 'How is it getting on?' and I think that's really important…I think it's because we feel more part of it."* (Teacher, during case study visit)

### 3.3.3.4    Increased partnership working

The vast majority of projects reported that the co-location was leading to increased communication and partnership between the project and schools. This was enabling everyone to develop a fuller understanding of the families. It also enabled each of the partners to 'cross over' their work from home to school and vice-versa, creating a more consistent approach for the family - examples were provided of schools continuing work in school that the projects were doing at home, and equally projects were continuing at home what the schools were doing in school.

*"It emulates maybe what we do in school."* (Teacher, during case study visit)

This close partnership working was also leading to knowledge transfer between the project and school, around supporting children emotionally as well as academically.

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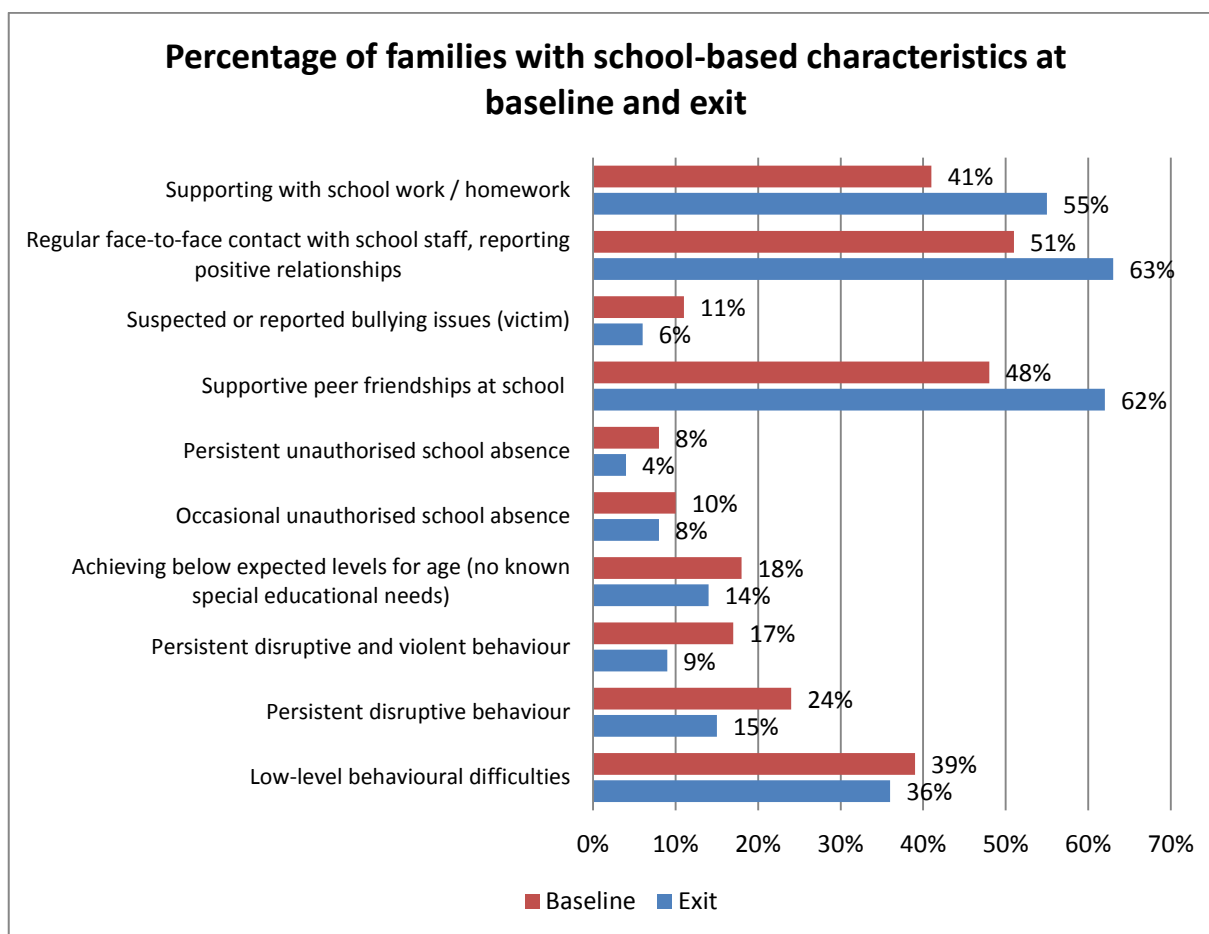
## 3.4  Outcomes achieved

**Figure 3.3** shows the progress families made from the beginning to the end of support against a range of school-based characteristics. This figure shows that, across all school-based characteristics, families made substantial progress. In particular, the following was achieved:

- **Improved behaviour:** Including a halving of the number of families with a child with persistent, disruptive and violent behaviour (from 17% to 9%). During the case study visits a number of parents talked about how their child's behaviour had improved as a result of participating in the project. Parents talked about their children being happier and more settled at school, receiving good feedback from teachers. **Box 3** provides examples of families that experienced improved behaviour, drawn from the case study visits.

- **Improved attainment:** Including a 22%[23] reduction in the number of children achieving below expected levels for their age. One teacher interviewed described how children supported by the project have a *"…better capacity to learn because things are more settled at home…".*

- **Improved peer support:** The number of families with children with supportive peer friendships increased by almost a third (from 48% to 62%).

- **Improved parental engagement:** The number of parents supporting children with their school work / homework increased by over a third (from 41% to 55%). Also, the number of parents with regular face-to-face contact with school staff increased by almost a quarter (from 51% to 63%). Some projects described how the project is building parents' confidence to engage with the school and to support children with their homework. One parent in the Family Panel described how their involvement in the project had led them to become a school governor:

   *"I know two of us that became school governors but I really reckon we became governors because we walked into this [Improving Futures project] first. I came into school late, but started to get to know people and felt that I had some skills that I could give back, but didn't have the opportunity to do it…I don't think I would have become a governor if the service wasn't here."* (Member of Family Panel)

- **Improved attendance:** The number of families with a child with persistent unauthorised school absence halved (from 8% to 4%), though the number of families with attendance issues was relatively small to begin with. One headteacher interviewed during the case study visits described how his school was previously in the 4th quartile for attendance and, since receiving support through the project, was now in the 2nd.

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[23] From 18% to 14%

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**Figure 3.3: School-based family characteristics when support ended**

## Percentage of families with school-based characteristics at baseline and exit

| Characteristic | Baseline | Exit |
|---|---|---|
| Supporting with school work / homework | 41% | 55% |
| Regular face-to-face contact with school staff, reporting positive relationships | 51% | 63% |
| Suspected or reported bullying issues (victim) | 11% | 6% |
| Supportive peer friendships at school | 48% | 62% |
| Persistent unauthorised school absence | 8% | 4% |
| Occasional unauthorised school absence | 10% | 8% |
| Achieving below expected levels for age (no known special educational needs) | 18% | 14% |
| Persistent disruptive and violent behaviour | 17% | 9% |
| Persistent disruptive behaviour | 24% | 15% |
| Low-level behavioural difficulties | 39% | 36% |

■ Baseline  ■ Exit

*Source: IFMIS. No. of families: 2,777*

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**Box 3: Examples of Improving Futures projects addressing behavioural difficulties**

**Example 1**

A single parent and her six year old son were referred to an Improving Futures project by the son's headteacher as a result of his anxiety over attending school (stemming from separation anxiety), with the aim of improving his confidence. The practitioner took a holistic approach and worked with the whole family, including the grandmother as it was thought some of her anxious behaviours were impacting and influencing her grandson. However, she also focused attention on the son, coming to the house and playing with him up to twice a week, building up trust and rapport.

The relationship has developed to the point where the practitioner is now able to pick up the son from school and take him to the park alone which demonstrates significant progress. The mum explained how the practitioner had shown her strategies to deal with her son's behaviour and that she has learnt from the way the practitioner would give him choices and involve him in decisions. She has seen a significant change in her son: his confidence has improved and he is more settled at school, attending breakfast club without any problems. His speech has also improved and bedtime routines have improved, with her son even asking to go to bed sometimes. She feels this is because he has been able to make choices during the day.

> *"[The practitioner] has made him feel so much better and his confidence is up… she's patient, fun, very understanding and shows him respect… it's a great project. I would recommend it – it's certainly helped me and my son."* (Mother)

**Example 2**

One project has been supporting a single mum with her five year old son's behavioural issues. He did not like attending school and looked for excuses not to go, and he had difficulty managing his temper, often lashing out at his mum. The family was referred to the project after working with HomeStart and CAHMs, and after completing the Family Star with their practitioner, behavioural issues were identified as the most pressing need.

To address this, the practitioner set up an action plan, which the mum explained helped her to feel more in control. The practitioner met with the mum one morning per week and both the son and mum together one afternoon a week. Together, they set up a 'treat box' and pocket money system to encourage the son to adapt his behaviour. The practitioner also asked them to take pictures to show how well he had done to earn his treats. Although they had only been working with the project for around six weeks, the mother saw their engagement as beneficial already:

> *"It makes a difference to have someone else explaining the treat box to him, he will work harder for other people… the work she's done so far has really benefitted us."* (Mother)

As well as benefitting the families, there were also benefits for the schools:

- Projects commonly reported benefits in terms of improvements to home-school links, and in some schools this was thought to have contributed towards their improved OFSTED rating in this area.

- Some headteachers interviewed during the case study visits remarked how the project's involvement had eased the pressure faced by some teachers.

- School staff are gaining skills from the project workers in how to communicate and engage with families.

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Not all projects have found their work with schools to be effective, however. One project intends to shift from school-based family support to home-based support, as they found school-only support to be too light-touch and it was not achieving the outcomes they anticipated. This suggests that schools can be a good hub through which to access families, but that school-based support needs to be complemented with home-based support. Another project that runs school drop-in sessions has now ended these; the project found these useful in the beginning when the project was not fully established and families lacked the confidence to approach the project directly; however now families are comfortable approaching the project and so they have found the drop-in sessions to be too resource intensive and no longer necessary.

## 3.5   Sustaining the Improving Futures work: Accessing school funding

Policy changes in the last five years have increased the potential for schools to fund this type of work themselves. 18% of primary schools in the UK are academies, free schools, University technical colleges or Studio schools, all of which have greater autonomy over what types of services they buy in[24]. Additionally, the Pupil Premium in England and the Pupil Offer in Wales both provide schools with discrete budgets to buy in services. The Pupil Premium provided schools with £2.5bn in 2014-15 and can be used to purchase external support for children and their families; the Pupil Offer in Wales provides the 1,600 Pathways to Success schools with £5,000 each to provide children with new opportunities – schools are being actively encouraged to use it to build partnerships with community organisations. School-based VCSEs are benefiting from this funding; for example, the percentage of funding Achievement for All's Schools Programme received from school Pupil Premium contributions increased from 10% in 2014 to 42% in 2015.

However, the Improving Futures projects have struggled to capitalise on these funding opportunities. Despite  many of the projects exploring these funding routes, so far only a small number of projects have been able to encourage schools to pay for the support – and some of those that have say the funding is limited and cannot be relied upon. The most successful projects in terms of securing future funding from schools are:

- Tyne Gateway, where 20 schools have signed Service Level Agreements to match-fund the Big Lottery Fund funding. The project hopes the schools will fully-fund the service after 16 months.

- Bridging the Gap, Denbighshire, where 18 schools have agreed to fund the support through the Pupil Development Grant.

- Family Pathways, Lewisham, where several schools have agreed to fund the Roots of Empathy project themselves.

- Family Turnaround Project, Enfield, where some schools have employed the projects' Play Therapists directly so they can support more children.

[24] Department for Education EduBase, March 2016.

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This difficulty in accessing school funding is perhaps surprising, given the positive feedback from schools during the research and the success of other VCSEs in accessing the same funding. Some possible explanations could be:

- **It is too early for schools to commit to funding:** The vast majority of Improving Futures projects are still operating using their grant fund from the Big Lottery Fund. It could be that schools will only seriously consider funding the support once faced with the risk of losing it when the grant fund ends.

- **The support is not specifically school-focused:** The other VCSE support that has received Pupil Premium funding (Achievement for All and Place2Be) is much more school-focused than Improving Futures, in that it is almost completely school-based and focuses predominantly on the child, compared to Improving Futures which is both school and home-based and focuses on the whole family. Some stakeholders hypothesised that, as Improving Futures is not specifically school-focused, schools would struggle to justify using their funds. Indeed, the Improving Futures interventions that have been funded by the schools are more school- and child-focused (e.g. Roots of Empathy and Play Therapy) than the broader Improving Futures support. Also, one project did report that they struggled to encourage schools to fund their provision because they were not offering universal whole school provision:

*"We have learnt that the diversity of our offer, while a strength in terms of meeting the needs of different BME communities, may appear disparate to schools. We need a simple way to market the diversity of VCS provision. Schools are interested in services which are either 1-1 support or are run from a whole class or the whole school. They are reluctant to purchase initiatives which benefit a particular cohort e.g. a short term programme for BME children or parents."* (Comment made in Project Monitoring Report)

- **Improving Futures projects have not sufficiently focused on sustainability:** One other VCSE that has successfully encouraged schools to fund the provision themselves had sustainability built into the very design of the service. This included

  o *Encouraging grants to be funnelled through the school:* They discourage commissioners/funders to provide the charity with the funding, as this creates the perception to the school that the support is free. Instead, they encourage commissioners to provide the grant to the school, who use it to pay the charity.

  o *Taper out the costs, so schools gradually pay for it themselves:* If the charity does receive funding for the provision, they discuss with the commissioner/funder and the school the possibility of tapering the funding, so for example the grant covers 100% of the support in its first year, but in the second year the grant covers 75% of the costs and the school pays the remaining 25%. Eventually the grant is fully tapered out, and the school pays for all the support.

  o *Ensure the school is fully engaged with the support:* One way they do this is the charity and the school jointly appoint the practitioner working in the school.

  *"It's very important there's that joint ownership."* (Charity)

It is understandable that this level of sustainability was not built into the Improving Futures projects designs from the start, considering they were pilot projects. However, the evaluators think that the projects could have focused more on sustainability as part of the extension funding. Whilst some projects have clearly done this, by for example asking schools to match-fund the Fund's contribution, other projects seem to be focusing more on continuing their service in a streamlined model rather than on securing follow-on funding.

- One project also fed back that there is a wide range of free provision run by VCSEs available in their area, so schools are not used to paying for VCSE support.

## 3.6 Conclusion

The Improving Futures projects have broken new ground. There are very few examples in available research of voluntary educational partnerships, where the VCSE provider provides a holistic support package for the whole family whilst being based within primary schools. Given the large number of Improving Futures projects adopting this approach, the evaluation provides a unique opportunity to fully understand the strengths and challenges of such an approach. The evaluation has found this approach to be a success. Schools and VCSEs have built strong working partnerships that have had mutual benefits: they have strengthened partnership working; helped families engage in both the schools and the projects; and have led to knowledge transfer. Families have achieved significant progress in a number of school-based areas, including improved behaviour, attainment and parental engagement within the schools.

The evaluation has also highlighted some of the limitations of this approach, however. Engaging schools is difficult, and the partnerships are highly reliant on the priorities of the Senior Leadership Team within schools; based on the experiences of the Improving Futures projects and families in the Family Panels some of which do not seem to be prioritising parental engagement or the 'whole child/family' approach. Projects have, however, learnt a lot of lessons in 'what works' in engaging schools, many of which are documented here and can be applied by other VCSEs, The research has also warned of the dangers of focusing too much on one setting, which can exclude families either not engaged with that setting or who are moving on to other settings, and of the importance of taking a 'dual approach' working across multiple settings.

Finally, the research has highlighted the challenges that the voluntary sector can face in accessing school funds, and how it is possible that this needed to have been a key focus from the outset in order to have been effective. In an era in which schools are increasingly going to take on the role of the 'commissioner', VCSEs and grant funders like the Big Lottery Fund need to focus more closely on how projects can be commissioned by schools.

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# 4.0 Good Practice Theme 2: Building Community Resilience

*"Sometimes being a parent can be very lonely. Some of these parents - the people they communicate with in the service are probably the only place that they come into contact with. And they go back to their private and lonely living, but they have actually taken away some energy with them…A happy parent makes a happy child. And you look forward to coming back." (Parent)*

A key area of focus for around half the Improving Futures projects has been on building families' links with their local communities, as the projects recognise the extent to which families' outcomes are affected by the communities within which they live. In this chapter we describe some of the evidence demonstrating the effect of community-based characteristics on family outcomes, before describing the approaches taken by some of the Improving Futures projects to strengthen family links with their communities and build 'community resilience'. We then describe some of the successes and challenges Improving Futures projects have faced in providing community support, including outcomes related to families' links with their communities. Finally, we consider the extent to which community activity can be sustained beyond the life of the projects.

## 4.1 Setting the Scene

Research has shown that families' life chances are affected by three main factors: the families themselves, the organisations they come into contact with and the communities within which they live (see **Figure 4.1**).[25]

**Figure 4.1 Factors affecting family outcomes**
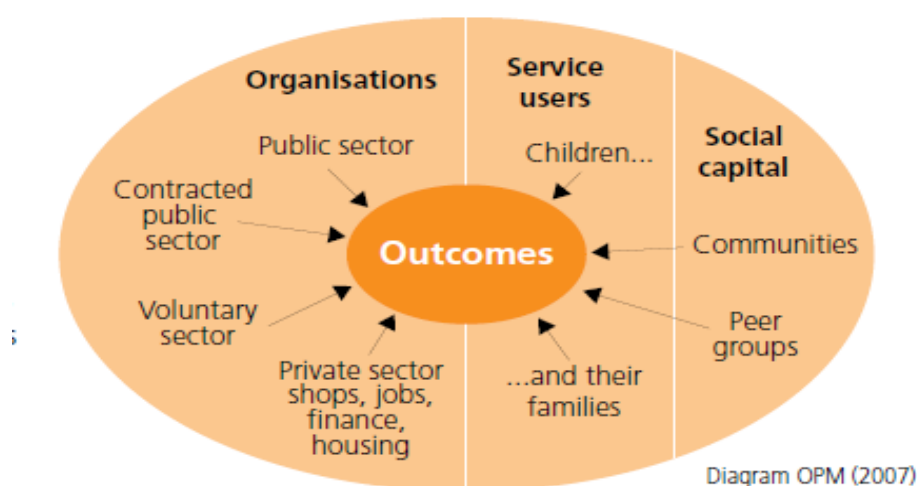


*Source: A Glass Half Full: how an asset approach can improve community health and wellbeing, 2010.*

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[25] Improvement and Development Agency for local government (I&DeA), 2010. *A Glass Half Full: how an asset approach can improve community health and wellbeing.* I&DeA, London. See:
http://www.local.gov.uk/c/document_library/get_file?uuid=bf034d2e-7d61-4fac-b37e-f39dc3e2f1f2

As is well documented, however, some communities within the UK face multiple deprivations: low income; low rates of employment; low educational attainment; poor health; high levels of crime; barriers to housing and services; and poor living environments. If a family lives in an area facing multiple deprivation their life chances are constrained – as **Figure 4.2** shows, someone living in one of the 10% most deprived wards in England and Wales will, on average, live for eight fewer years than someone living in the 10% least deprived.[26]

**Figure 4.2   Link between ward deprivation and life expectancy**
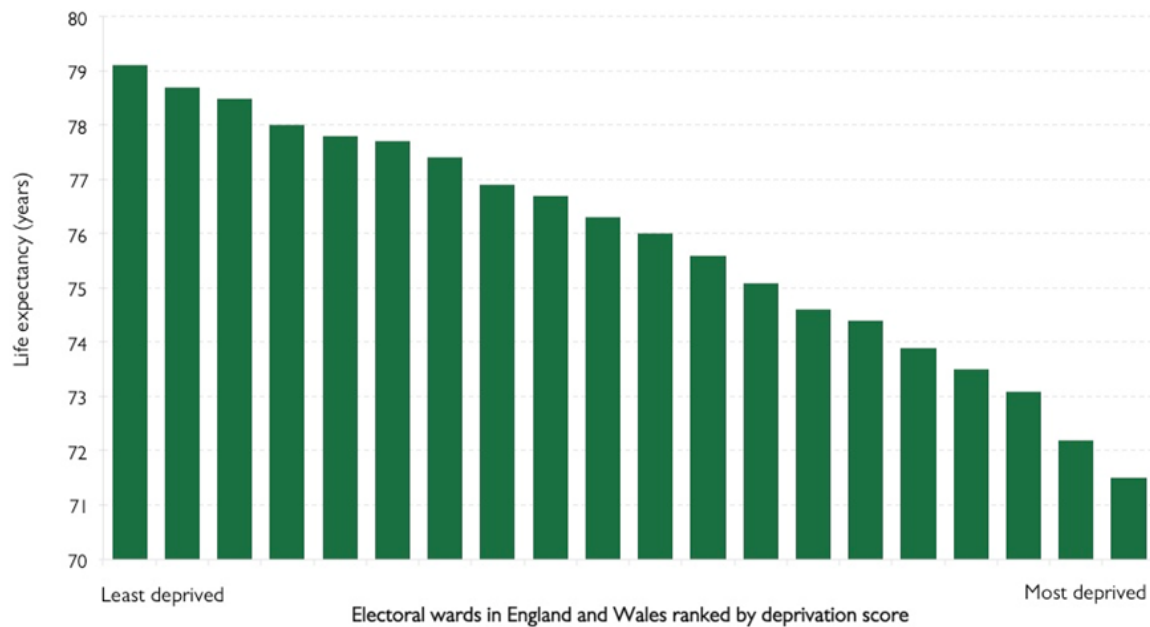


*Source: The Spirit Level: Why More Equal Societies Almost Always Do Better, 2009.*

Communities also have 'assets' – the capacity, skills, knowledge, connections and potential within a local area – that can act as protective factors for families. These assets include:

- Social capital: The networks and links, including friendships and neighbours
- Local VCSEs
- Public and private sector organisations
- Physical and economic resources
- Practical skills, capacity and knowledge of local residents
- Passions and interests of local residents that give them energy for change[27]

The community can offer opportunities for boosting families' social networks and for employment and volunteering, which can boost families' financial position, skills and emotional and social wellbeing.

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[26] Picket, K. and Wilkinson, R., 2009. *The Spirit Level: Why More Equal Societies Almost Always Do Better.* The Equality Trust, London.

[27] I&DeA, 2010. A Glass Half Full: how an asset approach can improve community health and wellbeing. I&DeA, London.

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Families that live in areas with strong community assets, and link in with these assets, have the potential to achieve better outcomes, such as improved wellbeing, personal empowerment, improved employability and improved health.[28] For example, someone with strong social ties is between two to five times less likely to die prematurely than someone who is socially isolated.[29]

> *"There is growing recognition that although disadvantaged social groups and communities have a range of complex and inter-related needs, they also have assets at the social and community level that can help improve health, and strengthen resilience to health problems."* (Buck and Gregory, 2013[30])

Community assets themselves, though, are unequally distributed. Whilst some areas of deprivation can have strong community assets, others can have very little. One study in Northern Ireland, for example, found that two communities near each other with similar socio-economic characteristics had vastly different levels of social capital – with residents in one area providing four times as many volunteering hours as the other[31]. This can lead to what one stakeholder interviewed described as *"inequalities within inequalities."*

However, in the last seven years there has been a growing body of research that suggests it is possible to harness and develop community assets. A range of policy initiatives have focused on empowering communities to build community assets and identify and tackle the challenges within their neighbourhoods. These include, for example: *Communities First* in Wales, *Our Place* in Scotland, and *Connected Communities* and *Big Local* in England. Further information on these examples of asset-based programming outside of the Improving Futures programme can be viewed at Annex Three: Comparator Projects and Programmes. Some of the Improving Futures projects have also focused on building community assets, as detailed in the following section.

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[28] Parsfield, M. et al, 2015. *Community Capital: The Value of Connected Communities.* The RSA, London. See: https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

[29] Marmot, M., et al, 2010. *Fair Society Healthy Lives: The Marmot Review.* The Marmot Review, London. See: http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

[30] Buck, D. and Gregory, S., 2013. *Improving the public's health: A resource for local authorities.* The King's Fund, London. See: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

[31] Hickman, P., et al, 2013. *Recession, resilience and rebalancing social economies in Northern Ireland's neighbourhoods: findings from a baseline survey of residents.* Centre for Regional Economic and Social Research, Sheffield. See: https://www.shu.ac.uk/research/cresr/sites/shu.ac.uk/files/ofmdfm-findings-baseline-survey.pdf

## 4.2 How Improving Futures projects are building community resilience

### 4.2.1 Community engagement amongst Improving Futures families

**Figure 4.3** below shows the community-based characteristics of families supported by the Improving Futures projects when their support began. In particular families were experiencing:

- **Social isolation:** Almost six out of eight families (73%, 3,126) did not have active and regular supportive contact with friends or community members, and one in eight families (12%, 513) reported social isolation. Isolation, loneliness and anxiety also all presented as key issues for parents participating in the qualitative interviews and in the Family Panels. Projects participating in the learning seminar described how parents can feel trapped in their own home, often as a result of being a single parent and out of work. Projects reported that this can have a substantial effect on families' wellbeing.

- **Low community engagement:** 94% of families (4,039) were not involved in local and community organisations and 92% of families (3,960) were not involved in informal volunteering, such as helping out friends, family or local people.

**Figure 4.3 Community-based family characteristics when support began**
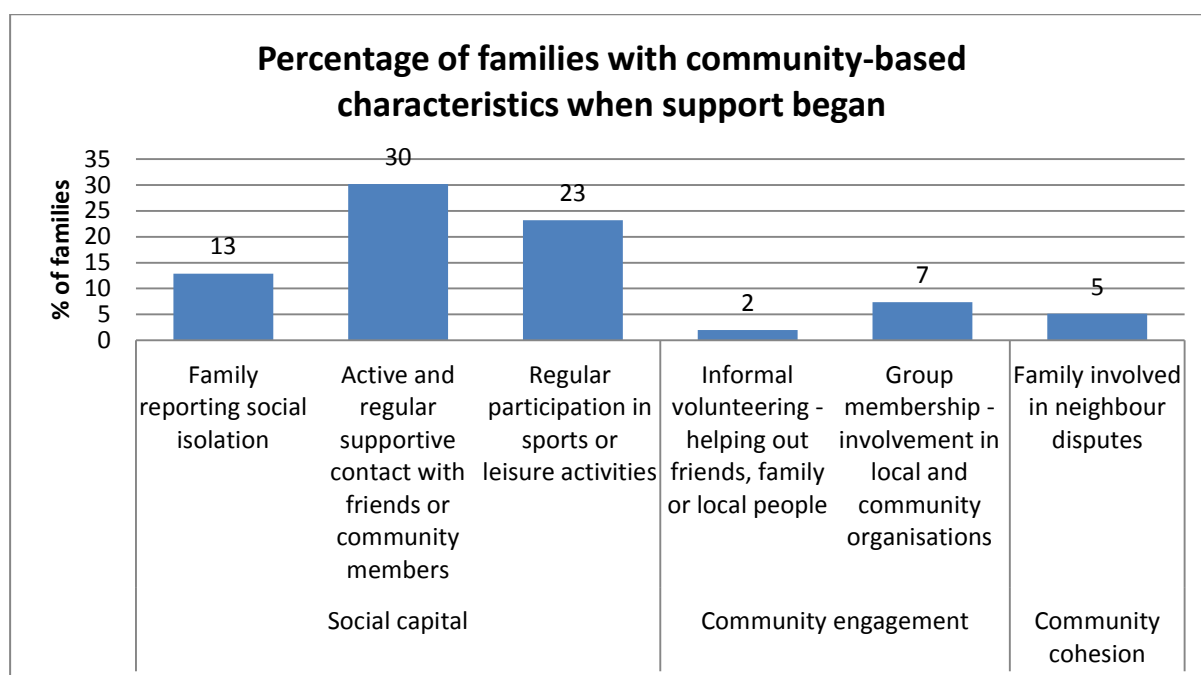


*Source: IFMIS. Number of families: 4,311.*

## 4.2.2 Community-based approaches adopted by Improving Futures projects

About half of the Improving Futures projects have focused on building assets within the community and linking families they are supporting in to these assets. As the Dundee project summarised:

> *"One of the key things through delivering our service is that we do not take families out of the community to work with them, we basically build upon community assets and strengths… So work is done in the family home, in the community and it's about fine processing, building networks… because we're just a short term intervention, so there's no point going in and coming out."* (Project Manager, Dundee Early Intervention Team)

The Improving Futures projects have approached their community focus in a myriad of ways. Based on the typologies developed by South (2014)[32] for community-centred approaches for health and wellbeing, the Improving Futures approaches can broadly be divided into:

- Strengthening communities: Building community ties and empowering the community to tackle issues themselves.
- Volunteer and peer roles: Training members of the community to support each other.
- Access to community resources: Connecting families with community resources.

The different project approaches have been grouped together in **Figure 4.4** and described below.

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[32] South, J., 2015. A guide to community-centred approaches for health and wellbeing. Public Health England, London. See:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417515/A_guide_to_community-centred_approaches_for_health_and_wellbeing__full_report_.pdf

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**Figure 4.4  Community-based approaches adopted by Improving Futures projects**
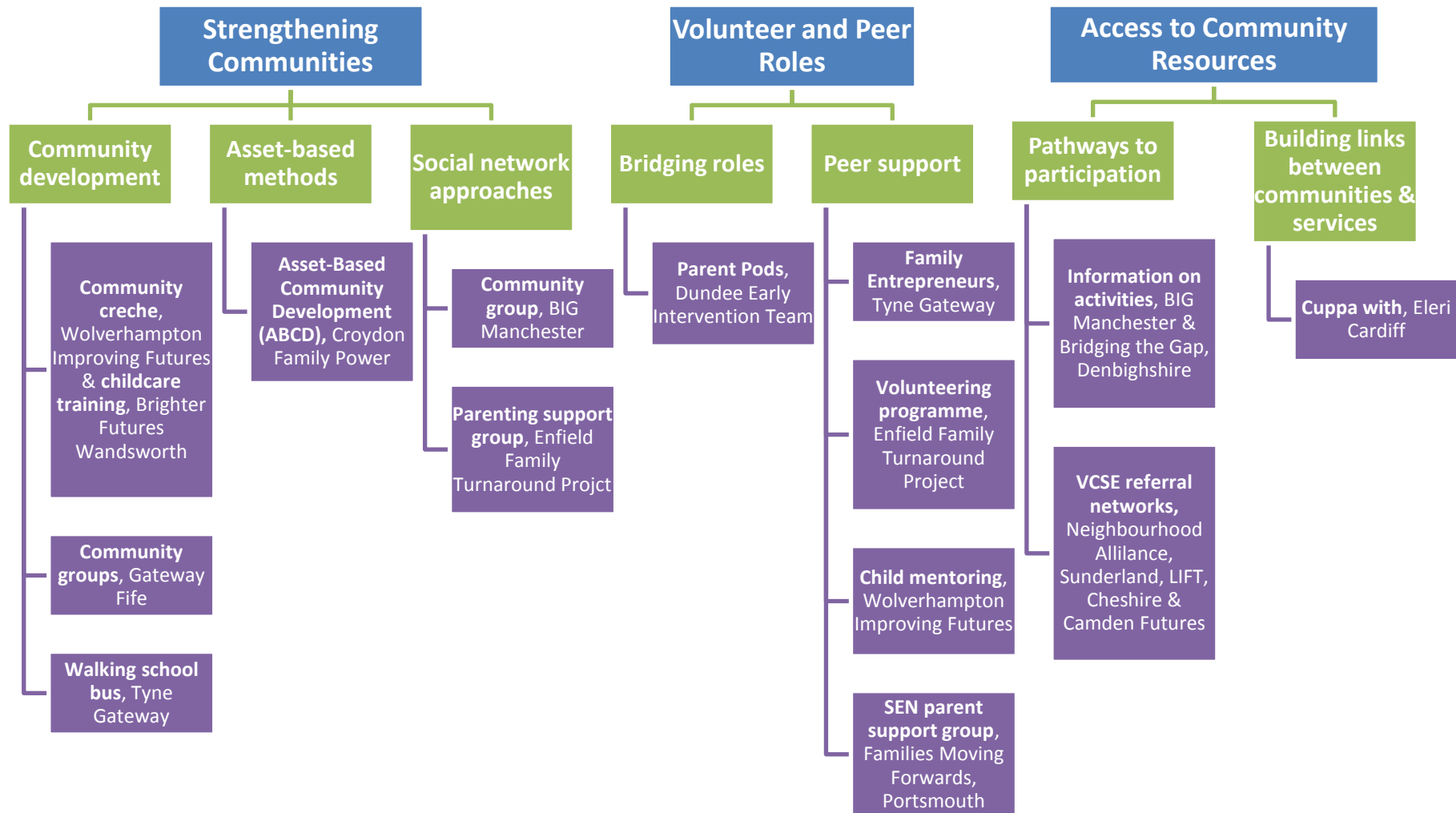


Typology based on South, 2014, as cited in South, J., 2015. A guide to community-centred approaches for health and wellbeing.

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### 4.2.3 Strengthening communities

This group of approaches aims to build community ties and empower the community to tackle issues themselves. They can be divided into three types of activity, all of which have been adopted by the Improving Futures projects:

- Community development
- Asset-based methods
- Social network approaches

#### 4.2.3.1    *Community development*

Community development involves empowering residents to identify issues within their community and supporting them to work together on joint actions (see **Box 4** for examples of community development approaches adopted by Improving Futures).

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**Box 4: Community development approaches adopted by Improving Futures projects**

**Community crèche, Wolverhampton Improving Futures and childcare training, Brighter Futures Wandsworth**

In the End of Year 2 Report[33] we identified that many families supported by the Improving Futures projects struggled to access affordable childcare. In response to this the Wolverhampton Improving Futures project used a portion of their budget to train a mother who had shown an interest in re-training so that she could help facilitate a community crèche for other members of the community. The Wandsworth project also invested in a similar initiative by facilitating volunteering sessions at local children's centres to develop mothers' skills who wished to do childcare training.

**Community groups, Gateway Fife**

Families engaged with the Gateway Fife project have set up their own community groups to address the fact that there are few opportunities for families to come together in the neighbourhood. The project has helped them with this by putting on initial activities and encouraging the families to continue to run them themselves. One of the families is running her own dance group after the project put on a dance activity. She has managed to get a few parents to volunteer to support in running it.

**Walking school bus, Tyne Gateway**

To improve school attendance some parents engaged with the Tyne Gateway project have started to help pick up other parents' children on a 'walking school bus' to help them get to school on time.

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[33] See: http://www.improvingfutures.org/downloads/ImprovingFutures-Yr%202%20Report_Summary%20Report_FINAL.pdf

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### 4.2.3.2 *Asset-based approaches*

Asset-based approaches involve mapping and building local assets. The Asset Based Community Development (ABCD) approach was developed in the US and particularly focuses on strengthening relationships within communities (see **Box 5**).

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**Box 5: Asset-based approaches adopted by Improving Futures projects**

**Asset Based Community Development (ABCD), Croydon Family Power**

The Croydon 'Family Power' project utilised the ABCD model and implemented numerous initiatives to make the community they worked in a more connected and safer space. The project trained local volunteers to be 'Community Connectors', who went to local 'bumping-into' spaces, such as supermarkets and GP surgeries, where they were likely to meet members of the community. They would engage these members of the community, discuss local issues and devise solutions to tackle the issues. At the time of the case study visit (Autumn 2014) the project had trained 49 Community Connectors from the local community and they had established 43 community projects. Some of these have been about re-claiming community land and putting it to use, with the main themes being around:

- healthy living and wellbeing;
- supporting the arts / celebrating local history;
- sustainable use of local public spaces (land reclamation, community access);
- preventing violence against women; and
- raising awareness of child sexual exploitation risks.

Examples include:

- **Redevelopment of an area of derelict land, as a shared space for the local community:** The ABCD coordinator was working with one of the local secondary schools in Norbury, and identified the potential for the project via a Citizenship Education project. The initial brief was for Key Stage 3 (KS3) pupils to survey residents, primary school pupils, and interview a local counsellor about the problem of fly tipping and graffiti in the vicinity of the school. Through this activity the pupils identified the opportunity to clear up a vacant area of land adjacent to the school and turn it into an educational resource which could also be used by local residents. A task group was set up to take this forward, including both local residents and the pupils, and the council granted access to the land. Following the initial clearance, the site has been cleared and pupils and local residents are involved in planning how to create a sustainable habitat for wildlife and an open space for access by the community. The KS3 pupils taking part reported that the local residents have engaged well in the project, and some have volunteered their spare time. One local resident observed how since the project started:

    *"The fly tipping has got less and less. The community is more aware of what's being done... it's a brilliant idea."* (Local resident, interviewed during case study visit)

- **Preventing sexual violence:** In 2015 the project worked with Crystal Palace Football Club to organise a joint event on the theme of preventing sexual violence towards women and girls - this was initiated by girls from a local school with the aim of developing community-led responses to sexual exploitation, domestic violence and cyber safety. 50 parents attended and local women and girls have joined with VCSEs specialising in domestic abuse prevention to form a DASV Forum and share information.

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### 4.2.3.3    *Social network approaches*

Social network approaches focus on creating opportunities for families to meet and support each other and reduce their social isolation. The photos below and **Box 6** provide examples of initiatives adopted by the Improving Futures projects.



*Family activities, Teulu Ni Gwynedd*



*Organising trips to community facilities, Connecting Families, Bridgend*

## Box 6: Social network approaches adopted by Improving Futures projects

### Community group, BIG Manchester

To combat social isolation the BIG Manchester project set up a weekly community group, where the parents and children meet to do different activities - such as trips to parks, museums and places of interest (e.g. Media City). This included activities such as doing a community radio show. At the time of the case study visit the project was looking to see if families could run this voluntarily.

### Parenting support group, Enfield Family Turnaround Project

The project runs targeted family workshops every half-term. The aim of the sessions is to give families quality time and encourages families to mix to reduce isolation. Families do arts and craft activities with the core theme of communication - to help parents communicate informally with their children through play, and also to help parents mix. They have about 35-40 people attend each half term.



*Family activities, Connecting Families, Bridgend*

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### 4.2.4 Volunteer and peer roles

Almost half (ten) of the projects who responded to the Project Survey had trained community volunteers to support families[34]. The rationale behind using community volunteers is that they can engage with other members of the community and communicate and build up relationships in ways that professionals cannot. The activity also have the potential of being sustainable beyond the life of the project. The Improving Futures projects utilised volunteers in many different ways, but generally they can be divided into:

- Bridging roles
- Peer interventions

Overall these approaches have proven popular with families, and one project recently introduced peer support groups after requests from families that they would like this type of support.

### 4.2.4.1    *Bridging roles*

Using volunteers as bridging roles involves volunteers signposting residents to other services and information. For example, the Dundee project has engaged a number of parents to go into local services and libraries and share information with other parents about the services available to them in their local communities.

### 4.2.4.2    *Peer interventions*

Peer interventions involve training up members of the community to provide direct support and advice to beneficiary families. This is based on the notion that people providing the support have similar characteristics, or have faced similar situations, to the beneficiary families, enabling them to build closer relationships with beneficiaries and provide more pertinent advice. **Box 7** provides examples of where the Improving Futures projects have adopted peer interventions.

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**Box 7: Peer interventions implemented by Improving Futures projects**

**Family Entrepreneurs, Tyne Gateway**

In the Tyne Gateway project community volunteers are at the core of their approach. The project recruits Family Entrepreneurs, also known as 'barefoot professionals', who lead in overseeing support packages for families. The idea is that family entrepreneurs come from the community, understand what the families have been through and, as they share similar experiences, can also be more honest with the families.

Family Entrepreneurs receive an 8 week training course and monthly peer supervision.

**SEN parent support group, Families Moving Forwards, Portsmouth**

The Portsmouth project has trained up a group of parents to run a parenting support groups for parents with children with Special Educational Needs (SEN). They have five parents who have been through the programme themselves and are running the parent group.

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[34] The ten projects were: Dundee Early Intervention Team; Enfield Turnaround Project; Gateway, Fife; One Herts One Family; BIG Manchester; Stronger Families, Future Communities, Southend; Tyne Gateway, Tyneside; Wolverhampton Improving Futures; and Croydon Family Power.

## 4.2.5 Access to community resources

The final set of community approaches involves supporting families to access community resources. There are two broad types of approaches:

- **Pathways to participation:** Raising families' awareness of what community resources are available and helping them access them.
- **Building links between communities and services:** Linking families and community services together and building the relationship between the two.

**Box 8** provides examples of where the Improving Futures projects have adopted these approaches.

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**Box 8: Access to community resources approaches adopted by Improving Futures projects**

**Information on activities, BIG Manchester and Bridging the Gap, Denbighshire**

Families often reported to the BIG Manchester project that they could not access community activities because they could not afford them. To help with this, the project sends families information on what is free in the local area.

The Bridging the Gap, Denbighshire project works with the Family Information Service funded by Denbighshire local authority (LA) to give information on affordable child-minding, sports during the holidays and discount cards.

**VCSE referral networks, Neighbourhood Alliance, Sunderland, LIFT, Cheshire and Camden Futures**

All three of these projects have formed partnerships with 'micro-community organisations' that they refer families into. In Sunderland they call this the 'neighbourhood menu', and families are shown the menu at the beginning of their support and are able to choose what support they would like to access. Camden Futures has 68 local organisations signed up to their network.

**Cuppa with, Eleri Cardiff**

Eleri, Cardiff runs 'A cuppa with', based on the South Wales Police's 'A cuppa with a coppa': they invite professionals into a community centre every two months so families can meet them and understand more about their service in a relaxed atmosphere. The project workers feel this is building links between the local community and services.

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## 4.3 Lessons learnt in building community resilience

### 4.3.1 Successes

A small number of the LA representatives interviewed during the case study visits recognised the successes the Improving Futures projects had achieved with their community work, acknowledging that this was an area the LAs often struggled with. One LA was particularly interested in the **network of micro-community organisations** built up by one of the Improving Futures projects. Another commented:

*"We like their community approach - that's the big area of development for us that will really benefit from our involvement with [the Improving Futures project]."* (LA representative)

One of the most commonly reported successes of the community work undertaken by the Improving Futures projects has been their ability to **build stronger relationships with families**. This was predominantly achieved by utilising community volunteers.

Firstly, most projects reported that working with other community groups and utilising community volunteers enables the projects to reach 'hard to reach' families.

Secondly, both projects and families consistently reported that, once families engage with the support, utilising community volunteers enables the projects to build stronger relationships with the families. This is for a myriad of reasons:

- Members of the same community were often reported to have gained a better understanding of the families. This enabled them to understand why they were facing certain challenges, and to offer more appropriate advice. As one member of the Family Panel who now volunteers in a parenting group explained:

  *"A lot of people come to parent groups – they come across as aggressive. But I can see past it – it's anxiety. I know how they think."* (Family Panel member)

- A strong level of trust was developed between the community volunteers and families in some projects. This enabled the volunteers to discuss more sensitive issues affecting families. It also meant that families were more likely to receive and respond to the messages more positively. As one project explained:

  *"[T]he beauty is that people trust people from their own community, so there is big potential for tackling issues such as domestic violence."* (Project Manager)

The Neighbourhood Alliance project, Sunderland, also reported that families engaged well with the support delivered by organisations that are based within their community and are known to them: *"These local services are seen as preferable [by families] because of location and reputation".* (Project Manager)

The second main success stemming from the projects' work is the lessons they have learnt in 'what works' for community engagement, that other similar projects can learn from. These are detailed in **Box 9**.

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**Box 9: Lessons learnt by Improving Futures projects in 'what works' for building community resilience**

The general consensus in the learning seminar with projects was that it is not expensive to build community cohesion. The projects felt that the necessary component was not funding or 'shiny and new' buildings, but rather **building and tapping into the assets that already exist**. Projects found it useful to explore what resources already existed locally they could utilise – such as MyPlace facilities or public buildings that were not being used at different times (for example schools on a weekend).

Projects also found it important to explore what existed locally to be sure they **did not tread on toes** – they needed to be aware of what other community organisations existed and build relationships with them.

For the members of the Family Panel it was vital that the project was **embedded within the local community** so that families were not daunted by engaging with the project. For example, if the project is in a place that families are familiar with (e.g. schools, community centres, children's centres) then families are more likely to engage:

> *"You're familiar with it, so much goes on here…If you had to go to a big office in the town if would be daunting."* (Family Panel member)

Members of the Family Panel also found it important that **practitioners were familiar with the local community** and were perceived by families as 'one of us'. One member of the Family Panel described the differences between a social worker she had received support from and the practitioner from Improving Futures:

> *"[The social worker was] perfect…her high heels totting in, hair all made up…I felt so inadequate…At that time, I didn't want to get dressed, never mind do my hair …[The practitioner from Improving Futures] is the complete opposite. She's one of us, it's like talking to your friend…We all think we're going to be judged…[The practitioner's] not got a posh car, she doesn't come round with a fancy handbag. She sympathises with us."* (Family Panel member)

Telulu Ni, Gwynedd found using a **mobile unit via external services enabled the project to engage with rural communities**. The project worked in rural areas experiencing deprivation, and found using this unit enabled them to take their services directly to families in need. This was especially useful when trying to reach families where transport costs would have been a barrier to engagement.

Projects found they needed to **be patient** when trying to engage a family and helping them becoming part of the community. They were sometimes met with resistance from families and it could take many attempts to engage them before they made progress.

### 4.3.2  Challenges

Two projects described community work as the hardest thing to achieve – they can build a families' resilience but influencing their environment (including the community) is much harder. Another project described it as the "*unpredictable variable in family support*". Indeed, stakeholders described how community engagement can be very difficult – how do you define the community? How do you ensure community engagement is inclusive?

> *"Engaging families is a lot easier than engaging communities."* (Stakeholder)

> *"Changing a community is a long game."* (Project Manager)

In particular, projects, families and partners identified five main challenges:

- Community engagement is not always the solution for families, and the project sometimes needs to focus outside the community
- It can be challenging to engage families in community activities
- It is hard to engage certain elements of the community (such as males or some ethnic communities)
- It is hard to create self-sustaining community activity
- It can be difficult to utilise volunteers correctly

These challenges are detailed further below.

### 4.3.2.1  *Focusing outside the community*

Projects attending the learning seminar highlighted that families do not always want others in their community to know their difficulties – for example if they go to a drug, alcohol or domestic abuse support group in the community it is likely they will see someone else they know. Sometimes, therefore, projects need to focus outside the community.

The same challenges can exist when utilising volunteers drawn from the community; one local stakeholder highlighted that one of the Improving Futures projects had struggled to engage some families to receive support from volunteers because the families did not want to share their intimate details with local people.

### 4.3.2.2  *Challenges in engagement*

Families face multiple barriers in engaging with community activities, and projects are limited in the extent to which they can tackle of these barriers. Barriers include:

- Cost of transport
- Self-esteem – not seeing community places or activities as places 'for them' (for example libraries)
- Mental health anxieties causing mild agoraphobia
- Negative relationships with other people in the community. This is particularly the case for families fleeing domestic abuse, as often the perpetrator lives in the same community.

#### 4.3.2.3        *Challenges in engaging certain community elements*

A large number of projects struggled to engage families from BME communities and fathers in the support. Engaging fathers in particular was difficult, and has been a consistent challenge faced by the Improving Futures projects, as we highlighted in the End of Year 2 report.

However, although a lot of projects did struggle with this some succeeded. In **Box 10** below we describe how Enfield Family Turnaround Project had effectively engaged Turkish families in community activities. Additionally, the Dundee Early Intervention Team ran a Family Guy project, which encourages fathers to get involved in community activities with their children.

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**Box 10: Example of a project successfully engaging BME families: Enfield Family Turnaround Project**

The project developed a volunteering programme that offered parents various opportunities to get involved in the community, such as providing peer support to families and, in some cases, translation services. The project has focused on recruiting a broad set of volunteers to help them engage a wide set of families; this includes both females and males to engage mothers and fathers as well as volunteers from different cultural backgrounds; in particular they found recruiting Turkish volunteers to be instrumental in engaging families from the local Turkish community. All volunteers were inducted and trained by professionals.

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#### 4.3.2.4        *Difficulties in creating self-sustaining community groups*

Around half the projects have been trying to self-sustain their community groups, and have focused on upskilling parents to take on the groups. Many of the projects have succeeded in this, and have set up peer-support programmes that run independently of the project, as detailed above.  However, both projects in the learning seminar and families in the Family Panels stressed that community resources can only go so far; families lacked the confidence to run the groups completely independently and felt they needed project support in the background – a 'professional backbone' - such as to complete the paperwork and in case any problems arose.

> *"[The project] is the backbone, but you always need a backbone."* (Family Panel member)

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### 4.3.2.5 *Difficulty of utilising volunteers correctly*

Many of the projects found utilising volunteers to be time-consuming and challenging. Many of the projects struggled with recruiting and retaining volunteers. This is mainly because the volunteering role can be demanding and intensive. In recent years many volunteers are also looking for opportunities that can boost their employability skills, and so are not always interested in this type of volunteer work.

There is also a danger that projects can try to over-utilise volunteers, particularly peer volunteers. One project faced some difficulties around volunteers going into families' homes and not having suitable experience, which has limited some families' progress. This was echoed by some of the Family Panel members; they felt that projects sometimes expect too much of their volunteers. The families felt that they were not always fully trained in how to do things. They also felt that there was an expectation from projects that because they have been through a similar experience as the beneficiary families they can mentor that family, when actually mentoring requires a set of skills beyond similar life experiences:

> *"I was so out of my depth, it was horrible."* (Family Panel member, now volunteering for a project)

## 4.4 Outcomes achieved

**Figure 4.5** below shows the progress families made against community characteristics from the beginning to the end of the support. This chart shows positive results, including:

- **Reduced social isolation:** The number of families reporting feeling socially isolated fell by over a third (from 13% to 8%). The number of families who had active and regular supportive contact with friends or community members increased by over 50%[35]. Members of both Family Panels described the benefits they gained from their enhanced social networks; they found it cathartic and reassuring to know there were other people in the same situation. It also helped for them to get a sense of whether they were doing the right thing by discussing things with other people.

   > *"It does help you to know there are others in the same group."* (Family Panel member)

   > *"Sometimes being a parent can be very lonely, some of these parents the people they communicate with in the service are probably the only place that they come into contact with and they go back to their private and lonely living, but they have actually taken away some energy with them from the group and make a better quality of whatever you are doing there. It helps them to go back and to be able to deal with children and do proper parenting. A happy parent makes a happy child. And you look forward to coming back."* (Family Panel member)

- **Improved community engagement:** The number of families involved in local and community organisations more than doubled (from 7% to 15%), whilst the number involved in informal volunteering also nearly doubled (from 9% to 16%). Projects also reported that families are more engaged in the community. They access more community services because they are more aware of them and their barriers to accessing them (both logistical and emotional) have been overcome.

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[35] From 30% to 47%

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**Figure 4.5 Community-based family characteristics when support ended**

**Percentage of families with community characteristics when support ended**
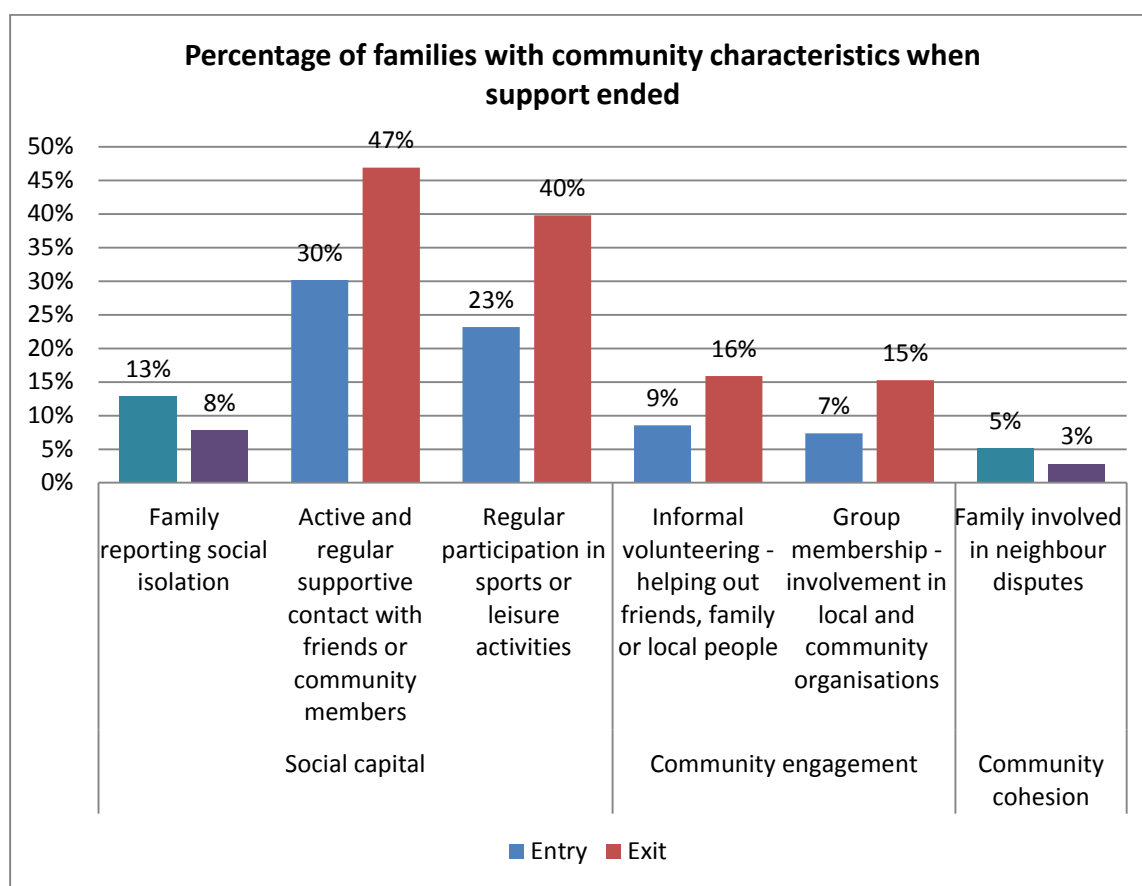


*Source: IFMIS. Number of families: 2,777. Indicators coloured blue and red are strengths; indicators coloured green and purple are risks.*

Volunteering programmes can also impact positively on the volunteers themselves, particularly in building their confidence and skills. This can help them find employment – in the Tyne Gateway project four volunteers were employed by the local Troubled Families team; in the Families Moving Forward, Portsmouth project one parent had been volunteering in a local children's centre and had managed to secure a management job there.

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The case studies below provide examples of families interviewed during the case study visits that had benefited from the community volunteering and reduced their social isolation.

**Family case study 1: Outcomes from volunteering**

**Background:** The family comprises a mother, father and three children – a daughter, 10, middle son, 8, and younger son, 6. Both the younger children have Cystic Fibrosis. Prior to the referral the daughter lacked self-confidence and was very shy, which the family were concerned about given her imminent move to secondary school. There was also a bit of bullying within the family, mainly the eldest daughter picking on the younger two as she perceived they got more attention as a result of their illness. The middle son was having issues with behaviour at school:

*"He was rebelling against the structure of school."* (Mother)

**Support:** The school organised a Common Assessment Framework (CAF) meeting. At this meeting the school suggested the middle son received mentoring through the Improving Futures project. Subsequently the eldest daughter also received mentoring support. The children were matched with mentors, which involved weekly sessions where the mentor took the child out for activities. Activities varied but involved trips to the park, museum, cinema and sport activities. The mother attended joint meetings with the project worker and mentors at the local community centre allowing her to review how the relationship was developing.

**Outcomes:** The mother was pleased with the mentors, and felt their personalities really made it work. They were all experienced with children, one being a mother of three herself and another having worked in children's homes.

*"We have had two very good mentors. The thing I liked is that they had mentors who could do different things. I don't like sport but my son does so he got to do things that I wouldn't do."* (Mother)

The mother thinks the mentoring really helped her daughter improve her self-confidence. This had helped her settle in well at secondary school. The bullying in the family has also now stopped, as she is happier in herself and has received the one-to-one attention that she was craving.

*"My daughter is very shy and so am I, but her mentor was very talkative so when they were out he would talk to people that they met whereas I wouldn't. This has really helped my daughter become less shy…[She] has settled well at secondary school and overall has much more self-confidence which I think came from the mentoring. She isn't afraid of going to school which was something that came up before the project."* (Mother)

The middle son is also *"much happier"* and is getting himself ready for school now which *"was much less of a battle"*.

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**Family case study 2: Reducing social isolation**

**Background:** The family consisted of a mother and two children, aged six and three. The mother had recently left an abusive relationship with significant domestic violence. Due to an accusation from her husband, of which she was cleared, the children had spent four months in care and had recently been reunited with the mother. Prior to the referral the mother had moved to new accommodation, lost her job and essentially had to restart her life. She lived in a new unfamiliar area and had lost a lot of support networks because they were linked to the husband. She felt very isolated.

**Support:** During the support the project worker pointed out to the mother her, and in particular the children's, social isolation. The mother found this very helpful – she had been *"bogged down"* with issues surrounding her past and had not thought about this. The project worker linked the family into local services and networks, and provided practical help for the mother to take her children out (e.g. supporting with swimming).

**Outcomes:** The mother has had a positive experience of her support with the project. In particular, she found it useful that the project has been able to root them into the community.

## 4.5   Conclusion

The Improving Futures projects have demonstrated the wide range of possibilities in how family projects can build and utilise community assets and link families into these assets. They have succeeded in some areas, and struggled in others, but in their pursuits have learnt a lot of lessons that other projects can build on.

The projects have also highlighted the positive impact that community engagement can have on families – reducing their social isolation, increasing their support networks and building their confidence. Utilising community volunteers seems particularly effective; it can engage hard to reach families and act as a stepping stone for families leaving the project to further build their confidence.

However, the work of the Improving Futures projects has also highlighted the limitations of community work – whilst it is possible to build and utilise community assets in a relatively short period of time, these are not necessarily going to engage all aspects of the community. The real challenge lies in the ability to ensure they become self-sustaining. Both these points are echoed in other studies of efforts to build community assets, suggesting that this work risks 'burn out' if left to operate on its own. As The RSA point out in their 'Connected Communities' report, in an era of cuts to local authority budgets, where community services like children's centres are being disproportionally affected, the ability for services to build community assets is much curtailed. Nonetheless, a number of the Improving Futures projects have used the available spotlight provided by the programme to showcase the benefits of an asset-based model.

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# 5.0 Good Practice Theme 3: Strengthening Families' Social and Emotional Wellbeing

Strengthening families' social and emotional wellbeing is an important focus for the Improving Futures programme. The definition of 'family wellbeing' varies across the projects, reflecting their different approaches to support; many projects, though, included family functioning, resilience and confidence as important elements to their definition:

> *"'Family wellbeing' is about having needs met, having strong networks of support, about having confidence and having resilience… level of wellbeing can* support *those issues are presented – so families can maintain a certain status quo without escalating to a level of crisis." (Project manager)*

In this chapter we will consider how Improving Futures projects provide support to promote social and emotional wellbeing. We will also look at how projects supported adults and children with diagnosed mental health illnesses. We then describe progress against key mental health outcomes, learning from the Improving Futures projects, and finally we consider next steps and policy implications.

## 5.1 Setting the scene

### 5.1.1 The case for promoting social and emotional wellbeing

Children's social and emotional wellbeing is used to refer to how children "*act, behave, feel and communicate their feelings and get along with others*"[36]. According to a recent National Institute of Health and Clinical Excellence local government briefing[37], children with high social and emotional wellbeing will:

- be happy and confident, and not anxious and depressed;
- have the ability to be autonomous, problem solve, manage emotions, experience empathy, be resilient and attentive; and
- have good relationships with others, and no behavioural problems.

Evidence indicates that social and emotional wellbeing during childhood is a strong predictor of positive outcomes over the life course, in terms of health, education and employment outcomes. Research commissioned by NCH (now Action for Children), the children's charity, found that children's emotional wellbeing aged 10, including self-esteem and confidence, was a stronger predictor of mental health problems later in life, over other socio-economical or demographic factors[38].

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[36] Faith, B. and Thompson, M. (2009). Young children's wellbeing. Domains and contexts of development from birth to age 8. National Children's Bureau. See: http://www.ncb.org.uk/media/91821/young_childrens_well_being_final.pdf
[37] NICE (2013) Social and emotional wellbeing for children and young people. *NICE local government meetings.* See: https://www.nice.org.uk/advice/lgb12/chapter/introduction
[38] Margo, J. & Sodha, S. (2007). Get happy. Children and young people's emotional wellbeing. NCH children's charity. See: https://www.actionforchildren.org.uk/media/3418/get_happy.pdf

There is a large amount of research evidence that suggests positive social and emotional wellbeing is developed as a result of a secure attachment relationship with the child's main caregiver during their early years, particularly through their relationship with their mother[39].

Studies have found that children who are securely attached have:

- higher self-esteem;
- Empathy;
- can deal with stress more effectively;
- have faster memory recall;
- have higher impulse control; and
- are reliable and popular with others[40].

A longitudinal study, *Growing Up in Scotland*, found similarities and differences in factors relating to social and emotional wellbeing and the development of mental health illnesses. Children's relationships with their parents, teachers and peers were related to both; whereas family stressors, such as poor health (child and parent), family mental health, low maternal-child warmth, and low maternal education, were important in the development of mental health illness, but less associated with low subjective wellbeing. The negative effects of divorce or bereavement were more associated with low subjective wellbeing.

Resilience, defined widely as "*the ability to adapt well to stress, adversity, trauma or tragedy*"[41] is another important element of social and emotional wellbeing. The concept of resilience is based on the evidence that not all children who experience extreme adversity in their lives, such as childhood abuse or neglect, develop issues later; a proportion grow up to be caring, competent and confident individuals[42]. Like social and emotional wellbeing, resilience is linked not just to the child's abilities, such as self-esteem and self-agency, but their family relationships and wider cultural environment[43]. Research indicates that children who overcome significant adversity are also often helped by supportive adults[44].

[39.] Cooper, J., Masi, R., Vick, J. (2009) Social-emotional Development in Early Childhood. What Every Policymaker Should Know. *National Center for Children in Poverty.* See: http://www.nccp.org/publications/pdf/text_882.pdf
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[42] Chichetti, D. (2010). Resilience under conditions of extreme stress: a multilevel perspective. *World Psychiatry.*
[43] Design Council (2013). Child health & wellbeing. The early years. Desk research report
[44] Center on the Developing Child (2013). *Early Childhood Mental Health* (In Brief). Retrieved from www.developingchild.harvard.edu. See: http://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/

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The importance of good social and emotional wellbeing as part of young people's development has been part of the national curriculum for over 10 years.  In 2015 the Early Intervention Foundation, Cabinet Office and Social Mobility and Child Poverty Commission published evidence from three research reports[45] they had commissioned that explored the importance and development of social and emotional skills in young people. The evidence from this research indicated support for school-based social and emotional learning. including a review of what works in the UK, which concluded strong and consistent positive evidence for the impact of programmes implemented in the school setting. This included improvements for pupils in areas of self-esteem, social skills, problem solving and coping skills. However, this report also outlined that there is currently variability within this area of provision and limited guidance about what is best practice and appropriate advice for schools to follow.

Targeted interventions aiming to promote social and emotional wellbeing in vulnerable groups are typically designed to be holistic, addressing the family issues and wider context, as well as supporting the child directly. A paper by Young Minds summarised the evidence base of 'what works' in building resilience in young people. It concluded that effective resilience interventions are often characterised by the following:

- High intensity programmes
- Customised to a young person and their context
- Occurring over sufficient period of time to allow embedding of skills
- Joined-up approach between home, school and community
- Bond with one caring adult to communicate support and high expectations (e.g. mentoring)
- Address the basics (e.g. a decent breakfast, access to health care, helping with travel costs)
- Extra-curricular activities

Other programmes with a strong evidence base for improving outcomes for vulnerable groups include Multi-Systemic Therapy[46] (MST). This focuses on the positives in a person's life in a holistic way, improving family relationships and building resilience.

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[45] EIF, Cabinet Office and Social Mobility and Child Poverty Commission (2015) Social and emotional learning: skills for life and work. *Early Intervention Evidence*
[46] See: http://www.mstuk.org/

## 5.1.2  The case for reducing mental health illnesses

It is now increasingly recognised in policy circles that promoting social and emotional wellbeing is important in preventing and supporting mental health illnesses, particularly in groups that are known to be vulnerable. In March 2015 the current government published *Future in Mind*[47], a paper written by the Children and Young People's Mental Health and Wellbeing Taskforce, with clear recommendations on how to improve children and young people's mental health services. The first recommendation was that there should be more focus on promoting the positive aspects of mental health, as well early identification and support for those with a diagnosed mental health illness:

> *"We need to value the importance of recognising and promoting good mental health and wellbeing in all people, not just focusing on mental illness and diagnosis. There is evidence that supporting families and carers, building resilience through to adulthood and supporting self-care reduces the burden of mental and physical ill health over the whole life course, reducing the cost of future interventions, improving economic growth and reducing health inequalities."* (Future in Mind. Department of Health).

Seventeen percent of the adult population have at least one common mental health illness[48]. Seventy five per cent of mental health illnesses are diagnosed by the time a person is 18; and 50 per cent are diagnosed by age 14[49].

Mental health illnesses are likely the result of interplay between biological, psychological and social factors. One theory is that an accumulation of adverse events over the course of a person's life leads to 'toxic stress', which can trigger a mental health illness, particularly if the person has inherited a genetic predisposition[50]. Examples of adverse events for adults include abuse, domestic violence, worklessness, poverty, substance misuse, and relationship breakdown – all factors present in a large degree of the families supported by the Improving Futures projects.

The common risk factors for mental illness in children and young people include: abuse and neglect; bullying; unmanageable caring responsibilities, and long-term physical illnesses[51].  Children with parents who have mental health issues are also more vulnerable, as they share genetics and often live in similar environments.

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[47] Department for Health (2015). Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing. NHS England

[48] McManus, S., Meltzer, H., Brugha, T., Bebbington, P., & Jenkins, R. (Eds) (2009). Adult Psychiatric Morbidity in England 2007: results of a household survey. NHS Information Centre for Health and Social Care.
See: http://www.hscic.gov.uk/pubs/psychiatricmorbidity07

[49] Murphy, M. & Fonagy, P. (2012). Mental health problems in children and young people. In Annual Report of the Child Medical Officer 2012. London: Department of Health.

[50] Center on the Developing Child (2013). *Early Childhood Mental Health* (InBrief). Retrieved from www.developingchild.harvard.edu. See: http://developingchild.harvard.edu/resources/inbrief-early-childhood-mental-health/

[51] Read, J. & Bentall, R. (2012). Negative childhood experiences and mental health: theoretical, clinical and primary prevention implications. The British Journal of Psychiatry. 200, 89–91. doi: 10.1192/bjp.bp.111.096727

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Individuals diagnosed with a mental illness may be prescribed medication and therapeutic intervention, such as talking therapies, counselling or Cognitive Behaviour Therapy. The aim of the specialist intervention is to alleviate immediate symptoms and improve quality of life longer-term.  The impact of undiagnosed or untreated mental illnesses is serious, for individuals and their families, including: an increased risk of self-harm and suicide; risky health behaviour, such as substance and alcohol misuse; poorer educational outcomes; low level employment; anti-social behaviour; and poor social skills[52].

### 5.1.3  Current issues accessing support for mental health illnesses

There is currently policy attention focused on how Child Adolescent Mental Health Services (CAMHS) should be organised, commissioned and provided. There is also a cross-government drive to ensure parity between public sector funding for mental health and physical health provision[53]. CAMHS are currently arranged in tiers based on severity of need[54]:

- **Tier 1: Universal services** consist of non-specialist primary care workers such as GPs, health visitors and schools and Early Years provision. Universal services promote emotional wellbeing and provide support for common childhood problems such as sleeping and feeding difficulties.

- **Tier 2: Targeted services** consist of single professionals working to support children with milder mental health problems including:  school counsellors; voluntary sector counsellors; youth offending teams; and primary mental health workers, offering support to other professionals for issues such as bereavement and parenting issues.

- **Tier 3: Specialist services** include multi-disciplinary mental health teams working in a clinical setting to support more complicated issues such as autism, depression and early onset psychosis. Access to specialist services is via a referral from a health professional or, in some areas, school.

- **Tier 4: Highly specialist services** include specialised day units and inpatient units providing support for severe mental health needs in young people.

At present there is significant demand on all CAMHS services, which means that thresholds for access from referrals are often high for targeted and specialist support; and a rising number of referrals are not accepted. The quality and appropriateness of referrals made to CAMHS can also be a factor in whether or not children and young people are accepted for treatment.

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[52] J. Campion, K. Bhui, D. Bhugra. European Psychiatric Association (EPA) guidance on prevention of mental disorders; 2012.

[53] HM Government (2011). No health without mental health. A cross-government mental health outcomes strategy of all ages. See. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/ dh_124058.pdf

[54] Joint Commissioning Panel for Mental Health (2013). Guidance for commissioners of child and adolescent mental health service. See: http://www.cypiapt.org/site-files/jcpmh-camhs-guide.pdf

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A paper by Centre Forum[55], published in April 2016, reported that currently nearly a quarter (23 per cent) of all referrals by GPs, schools and parents are refused by services. Often the reasons cited for refusing the referral was because the young person's condition was not considered serious enough, or not suitable for specialist mental health treatment. Although the median waiting time for the first appointment was one month, and two months for start of treatment; the median for the maximum waiting time for a first appointment was as long as 6 months (10 months for start of treatment), which indicated the wide range of waiting times for some services and that the median figures may be masking a longer wait for some young people. Although the report states that the evidence of long waiting periods does indicate capacity issues in the services, it included caveats for these statements, which include reasons reported by services that long waiting times are also aggravated by other factors such as the number of cancelled appointments by potential service users.

High thresholds mean young people may only be able to access specialist support once their mental health has significantly deteriorated, hence the need for effective early intervention. High demand means that young people who have been accepted for support may have to wait a significant amount of time before they receive help. Both these factors present serious issues for the prognosis of mental health in children and young people. The report by Centre Forum concluded that, based on their evidence, young people are consistently failing to receive the support that they need from high-end mental health services.

A recommendation in the Future in Mind report is to remove the tier system within mental health services and provide services in a flexible way, with more use of personalised budgets, reducing the risk of people falling between gaps or in transitions of services. The Thrive model[56], proposed by the Anna Freud Centre, is one alternative structure for mental health services. This model arranges support by what the young person may need, with a distinction between support and treatment, rather than based on escalation of symptom severity.

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[55] Frith, E. (2016) Centre Forum Commission on Children and Young People's Mental Health: State of the Nation. Centre Forum. See: http://centreforum.org/publications/children-young-peoples-mental-health-state-nation/
[56] Wolpert, M., Harris, R., Jones, M et al. (2013). Thrive. The AfC-Tavistock Model for CAMHS. See: http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf

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## 5.2   How Improving Futures project are supporting mental health issues

### 5.2.1   Mental-health challenges faced by families supported by Improving Futures

Many of the families supported by the Improving Futures projects faced poor mental health when their support began. As **Figure 5.1** shows, almost half of adults and a third of children were experiencing some form of stress and anxiety; two thirds of parents were experiencing anxiety or frustration related to their parenting; and 1 in 10 families reported feeling socially isolated.

**Figure 5.1   Prevalence of families where social and emotional wellbeing difficulties reported at baseline**
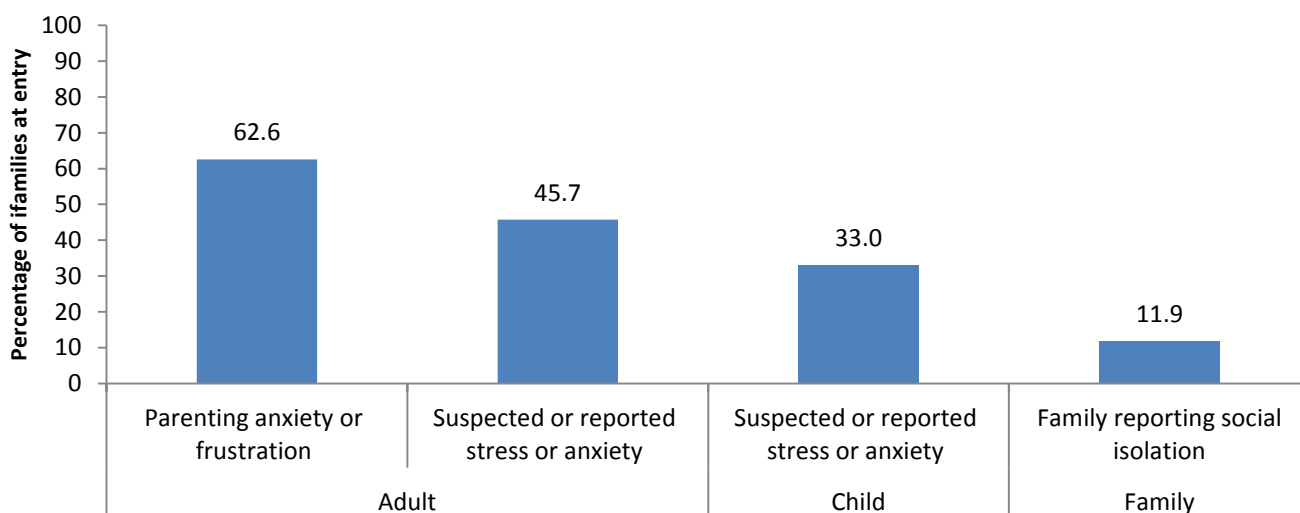


*Source: IFMIS. Number of families = 4,311.*

The IFMIS data also indicated that a smaller proportion of adults and children had a diagnosed mental health condition, as shown in **Figure 5.2**.

**Figure 5.2  Prevalence of diagnosed mental health illness report at baseline (N=4,311)**
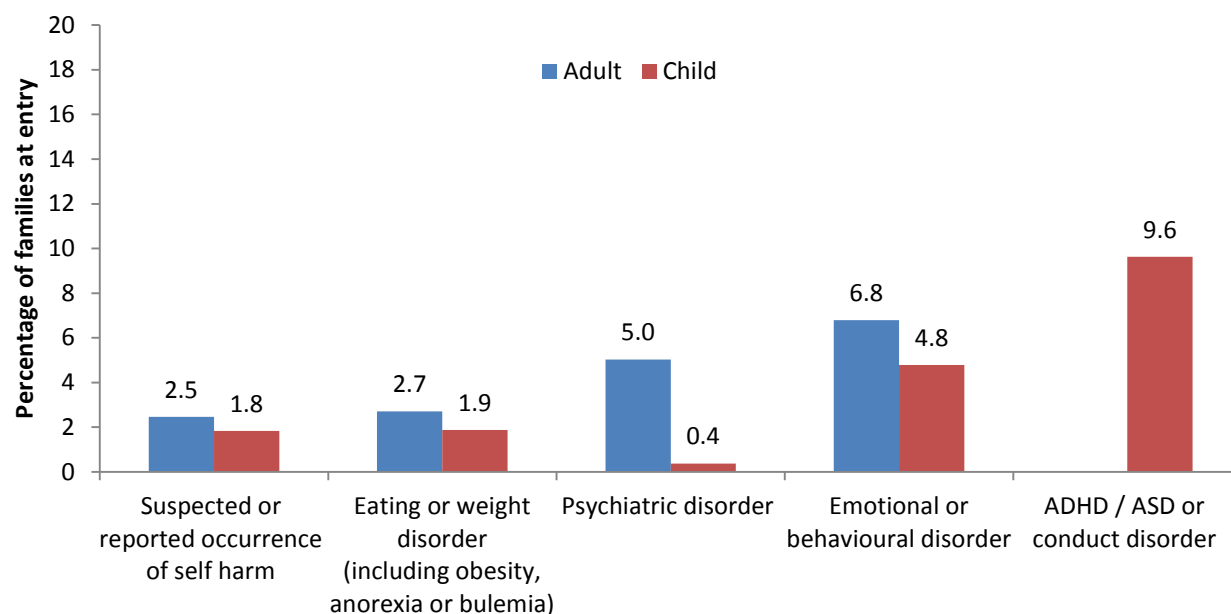
Overall the IFMIS data on mental health reflect the experience of projects, who reported a mixture of mental health needs in their caseloads from low-level wellbeing issues to diagnosed mental health illness. **Box 11** summarises the experiences of Improving Futures projects in supporting children and families where there are suspected or diagnosed mental health issues.

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**Box 11: Improving Futures projects – experiences of supporting families with mental health issues**

**Families with existing or suspected mental health issues often faced difficult family circumstances.** Commonly cited issues relating to poor mental health were past and current domestic abuse, childhood abuse, alcohol and substance misuse, bereavement, relationship breakdown and worklessness. Poverty was also associated with poor mental health in families. Some projects reported that recent changes in benefits had increased families' vulnerability, with lower income and more precarious housing arrangements putting pressure on families' situation and their relationships.

**Mental health issues were, to a lesser degree, also prevalent in children.** One project thought that mental health issues in children was rising, particularly with boys. They reported more behavioural difficulties with boys as young as 5 as a result of low wellbeing.

**Mental health issues tended to run in families.** If parents had diagnosed or suspected mental health issues, then the children were more likely to face issues themselves. In the IFMIS data there was a moderate correlation (0.4) between children reporting stress and anxiety and parents reporting stress and anxiety.

**There was a high level of undiagnosed mental health illness in families**. Parents were not always aware of their own mental health issues; in some cases, they attributed difficulties to their children rather than themselves. The stigma around mental health meant that the staff needed to be sensitive about approaching the idea of engaging with specialist services or medication.

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### 5.2.2 Improving futures models for supporting mental health issues

The level of mental health issues varied across the projects. Some projects mainly worked with families below the threshold of specialist services; others provided some support for families diagnosed with mental health illness. First this section describes how projects directly promoted positive mental health, and then it describes the approaches providing clinical support for mental health issues.

#### 5.2.2.1 *Examples of approaches promoting mental health in families*

The majority of Improving Futures projects provided some form of direct support aiming to promote positive mental health in families. In most cases the support was flexible to meet the family's needs, strength-based, holistic, and included elements of emotional and practical support:

> *"We're looking at the family unit and working with them both systematically and emotionally… to help everyone reach their full potential in the family unit." (Project worker)*

The activities implemented by the Improving Futures projects can broadly be divided into providing therapeutic support and activities to enable families to spend time together in order to improve confidence and reduce social isolation. **Box 12** provides a summary of different ways Improving Futures projects provided therapeutic support; **Box 13** provides examples of where projects provided social activities.

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**Box 12: Therapeutic support provided by Improving Futures projects**

**Camden Futures:** Camden futures use Creative Therapists to support children's learning, relationships, and emotional literacy through individual or group art and music sessions within schools. The children work closely with staff and parents to help children understand the links between thinking, feeling and behaviour.

The project reported distinct changes in emotional wellbeing as a consequence of the creative therapies, particularly in the children's confidence to express their own needs to their parents. The project reported that they can see families changing from having an inward dynamic to being outward facing.

**Eleri, Cardiff:** Eleri provided weekly circle time sessions with children in schools to help them develop emotional literacy and discuss issues. For parents Eleri provided parent nurturing groups for support. Through these different activities Eleri was able to promote wellbeing and identify where families may need additional support.

Eleri also arranged Balloon Club once a month for children, primarily young carers. Balloon Club involved different activities to provide an opportunity for the young people to socialise with their peers and have respite from their caring responsibilities. Eleri arranged transport for the young people to access Balloon Club to ensure that it was not a barrier to taking part.

**Roots of Empathy**

Roots of Empathy[57] is a 10-week course delivered to classes of around 25 children in school by educational psychologists, health workers and learning mentors. It is being run by the Eleri, Cardiff and Family Pathways, Lewisham projects. During the programme a mother and new-born baby come into the class and the school children learn how to communicate and interact with the baby. It is based on the notion that learning how to interact with the baby and understanding how their behaviour impacts on the baby develops the children's empathy. It is an Evidence-Based Programme first developed in Canada.



*A class taking part in the Roots of Empathy programme at the Eleri project, Cardiff*

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[57] See: http://www.rootsofempathy.org/

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**Box 13: Social activities provided by Improving Futures projects to reduce social isolation**

**Enfield Family Turnaround Project:** The staff on this project noted that lots of their families did not spend quality time together, so they actively designed activities to bring families together, such as targeted workshops that encourage interaction or arts and crafts sessions. These have been well-received and also contribute to reducing social isolation.

**Haringey Building Bridges:** As part of Building Bridges, Haringey the project workers set up a sewing course as several parents had expressed that they were interested in learning this trade. In the half-term holidays the project usually arranged five trips for their families. The most successful ones are the family trips to the seaside. This activity is effective at building both parents' and children's social wellbeing because it gives them an opportunity to bond within their family, as well as socialising with other families.

**Hackney 'Families First' Project:** Families First assessed that many families needed access to skills training to boost their self-esteem and employability. The project found that helping an adult sign up to a free computer class at the local library, or perhaps signposting them to an online course they can do at home, is a good first step to empowering families through education.

**Denbighshire 'Bridge Project':** In the Denbighshire 'Bridge Project' one school delivered an after-school 'Cooking Buddies' programme, which was a six-week introduction to cooking on a budget. Each week the families were set tasks and would receive cooking instruments that they could keep. If they completed the whole course then the families received a slow cooker. Cooking Buddies succeeded in helping to improve the relationships within families.

A different school delivered a gardening project, which encouraged parents to grow crops with their children that they could then use to cook with. Again, this activity aimed to improve family relationships in ways that are not intrusive and without explicit intervention.

### 5.2.2.2 Examples of different approaches to providing or accessing clinical support

To support families with higher levels of mental health needs, projects devised different ways to access specialist and clinical support. **Box 14** provides examples of projects that provided direct clinical support.

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**Box 14: Improving Futures projects that helped families access clinical support**

**Empowering Families, Midlothian**

Empowering Families were able to provide a whole range of direct clinical support. They employed counsellors as part of the project, which meant that they could directly provide specialist support to adults without long waiting times. The project also has good links with CAMHS and local GPs – staff were able to call CAMHS and ask for advice informally and CAMHS has also taken part in some of the reflective team sessions. The project will raise referrals with other agencies if necessary.

**Enfield Family Turnaround Project**

Enfield offers access to a play therapy service for children with potential mental health issues. The therapy is based at school and involves 12 one to one sessions for the young person, which is completely child-led. The therapist completes a monitoring report at the start and end of the engagement to record the progress made.

To provide counselling for adults, Enfield were engaging with a local partner based on the same site as the Improving Futures office. However, this service has been cut from the project and there is now a significant gap in provision. The project has been referring out to other services but the waiting lists are long, which has an effect of family functioning.

**Camden Futures**

As well accessing a network of other agencies, Camden Futures identified that an effective way to support the higher-end mental health needs in their family was through additional training for a key staff member in systemic therapy. The project has arranged to access clinical supervision to provide support.

**Nurturing Inverclyde**

Nurturing Inverclyde chose to train their staff in systemic therapy, trauma recovery and also suicide intervention. The decision was both proactive and reactive – they needed to address issues that were presenting in the families but also because the approach fits with the project's nurture model.

A second way Nurturing Inverclyde accessed clinical support was by inviting staff from statutory services to co-deliver sessions to families. The aim of these sessions was to help families and prevent issues from escalating to require support from specialist services.

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### 5.2.2.3    *Spot purchasing*

Another way projects were able to provide specialist support resourcefully was through spot purchasing services. Spot purchasing enabled families to have more choice of the support they received, tailor the support to their needs, and often allowed them to by-pass long waiting lists of statutory services. By having the ability to choose services, families could build up a sense of empowerment, which in turn increased their self-esteem and better outcomes in their complex social and emotional wellbeing needs. Examples of projects that used spot purchasing include the following:

- **Cheshire 'Lift':** Lift used spot purchasing as an effective way to use their access to over 60 voluntary and statutory services, including employment training courses, driving lessons and clinical mental health interventions. The families were empowered by this approach as they were able to tailor the support to their individual needs.

- **Teulu Ni, Gwynedd:** Teulu Ni used spot purchasing to provide specialist support for mental health. They had access to several clinical support routes, such as counselling, and could fund 8-10 sessions for the families. This can cost £500 per family so it is an expensive option for the project.

Projects that did not have resource to deliver specialist support directly developed close working relationships with acute statutory services in order to signpost families to specialist support. Haringey Building Bridges worked with professionals from CAMHS to developed sessions with families to identify young people and parents that may need specialist support, described in **Box 15**.

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**Box 15: Activities to help identification of families that may need additional support**

**Haringey 'Building Bridges'**

Building Bridges developed 'Kids Time' in partnership with CAMHS support workers as a way to help families talk about mental health and identify those that may need specialist support. Kids Time is run once a month and focuses on engaging young carers and their parents with mental health issues. At the beginning of each Kids Time session the CAMHS support worker arranges for the families to take part in a 'role play'. The aim of this is to identify how the child cares for their parents. Following the role play, the parents go into a separate room with a psychologist and CAMHS workers and reflect on the role play. The reflection session is an opportunity for the professionals to identify with the parents where more support is needed and to signpost to the appropriate service. Meanwhile the children enjoy the 'time off' from their caring responsibilities, with food and games.

Within the project, Kids Time was still in relatively early development and there have been some logistical challenges in arranging CAMHS support workers to help. For the families that have attended and received support though, including children aged from three to 20, the sessions have been positively received.

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Other projects recognised that as early intervention services they could only provide support for mental health issues to a certain point and then they needed to refer the family to specialist services for clinical support. In Fife, the Gingerbread project gave money to families to take the bus to appointments at specialist services, as they were expensive and a barrier to accessing support. In Worcestershire, the project workers accompanied families to appointments with their GPs and other support services for ADHD and Autism as a way to help families engage.

Projects that did not provide any form of specialist or clinical support as part of their project frequently experienced challenges in referring their families to other services. These are discussed in detail in the next section.

## 5.3 Lessons learnt in supporting social and emotional wellbeing

### 5.3.1 Benefits of projects supporting mental health

The main reported benefits from the support provided by Improving Futures projects included a reduction in family stress and anxiety, the improvement in family functioning and the reduction in social isolation. Families we spoke to as part of the Family Panel indicated that the following aspects of support from projects were helpful in supporting mental health:

- **A trusted professional, who will empathise with them, really understand their problems and provide emotional support.** This includes working with mentors, who can build families' confidence and self-esteem. The relationship with the family was particularly important, as families were found to share more over time as they grew to know the professionals; and possibly more than they would have with a professional from statutory services.

- **Accessible and responsive support that was there when they needed it**.  Positives included accessing services with very short waiting lists and almost 24/7 responses from workers who could respond appropriately to crises.

- **Practical support that focuses on finding solutions to families' problems in an easy-to-manage way.** Families found a lot of their mental health problems are linked to their situation. Practical support has helped families find a way through the situation and strategies to alleviate the stress and anxiety. An example of practical support includes accessing Citizen's Advice Bureau or housing services to ensure that the families' financial housing situation remains stable.

- **Courses in a range of skills helped families think differently about their issues**. In particular families reported that confidence courses helped them think more positively.

    *"I went to all the courses strengthening families, and communities, empowerment for parenting, but I couldn't express myself, then I started to tap into myself properly and realised that I had lost my confidence, I had met everything I was meant to but I wasn't myself, so I went to another one which was about self-esteem, which has made such difference." (Parent)*

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## 5.3.2  Challenges of projects supporting mental health

In supporting families with mental health issues, the Improving Futures projects faced two main challenges:

- Accessing and receiving support from specialist mental health services
- Supporting parents to accurately identify needs in their children and themselves

### 5.3.2.1    *Accessing and receiving support from specialist mental health services*

Projects reported a number of issues related to referring families to access and receive support from specialist services, as detailed in **Box 16**. Our findings are in agreement with the paper published by Centre Forum[58], which outlined how specialist CAMHS services are difficult to access for young people and their families.

| **Box 16:  Issues related to referring families to access and receive support from specialist services** |
|---|
| **Gaps in mental health support, including variable availability of affordable counselling and therapeutic support.** Bereavement was one significant issue experienced by families that projects found that there was limited or no support available for. The range of alternative provision was also variable across projects; some projects were able to access voluntary sector provision, whereas other areas had no provision beyond statutory services. This made it a challenge for projects to refer their families on to receive support for a higher level of need. |
| **Long waiting lists for specialist support.** When practitioners referred families for specialist support there were frequently long delays before the family received support. One project reported that specialist services actually referred some cases back to the projects, which then placed the support for the family in 'limbo'.  In other cases, projects found that universal services referred families straight to specialist services without a full assessment of their needs or preference. This meant that families were referred to services that they did not need or want, and subsequently increased the issue of long waiting lists for these services. |
| **A shortage of provision for adults, with some projects reporting how these services had recently been reduced.** In Dundee, the Early Intervention Team could only access one local resource for children with mental health issues; there was no clinical expertise or service available to support adults and parents. This made it difficult for the project to support the needs of the whole family. |
| Projects also found that for some families the main barrier to engaging with services was accessing support related to **transport issues**. Where this was reported, projects were able to support engagement by providing money for the bus. |

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[58] Frith, E. (2016) Centre Forum Commission on Children and Young People's Mental Health: State of the Nation. Centre Forum. See: http://centreforum.org/publications/children-young-peoples-mental-health-state-nation/

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Families in the Family Panel also reported a generally negative experience in accessing specialist services. They described 'being passed from pillar to post' and long waiting times following a referral. When they did receive clinical support, they found it inconsistent, the gaps between appointments too long, and the language used by services and professionals confusing. They also felt that services did not understand how the variable nature of mental health on mood may have an impact on their engagement.

The stakeholders we spoke to working in the field of mental health agreed with our findings and acknowledged that the issues existed as part of the wider systemic problems in mental health service provision. One described the issues as a mismatch in supply and demand in the service area: in supply are medical responses to mental health problems – medication and specialist clinical support; whereas in demand from families is access to less medical, emotional support.

### 5.3.2.2 *Supporting parents to accurately identify needs in their children and themselves*

The second challenge for projects related to providing support for mental health was helping parents to become aware of their own needs and the potential impact on their families. Projects reported that it took time to help parents to recognise their needs and accept help for them. In families with undiagnosed depression or anxiety, practitioners' first needed to work with parents to help them recognise an issue and then they could provide support. Other projects found that families refused to take medication for their diagnosed mental health illness, which presented another challenge to recommending clinical intervention.

Projects associated some of this challenge to stigma around mental health issues, as parents were worried about the wider reception of a diagnosis or repercussions for their family. Projects reported that workers had to be sensitive in identifying raising mental health issues with families. Empowering Families, Midlothian found that working in pairs of workers better equipped their staff to observe and share thoughts related to family functioning and social and emotional wellbeing.  The practitioners phrased their suggestion as a 'wondering question', to be sensitive around raising potential mental health issues and to start a conversation about an issue: "We were wondering how mum copes when x, y or z happens?''.

Another experience reported by the projects was that parents needed advice and guidance on other social and emotional factors related to behavioural and developmental issues in children; as well improving understanding of the potential causes of mental health conditions. As the projects were in a position to offer early intervention support for other factors, this sometimes reduced the need for a further specialist intervention. Developing this awareness in parents was important as projects experienced that parents needed acknowledgement of the needs in their children as often the issues were causing stress within their families from the perspective of the practitioners,

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## 5.4 Outcomes achieved

**Figure 5.3** shows the progress families made, according to data collected from the Improving Futures Monitoring System, from the beginning to the end of support, against key indicators relating to stress and anxiety. The data indicate that:

- Almost two thirds (64%) of adults at entry had anxiety related to parenting. At exit it was only 42 per cent of adults – an improvement of 30% (i.e. 1 in 3 adults).
- Just under half (47%) of adults had suspected or reported stress or anxiety at entry. This reduced to just over a third (38%) at exit – a reduction of 19% (i.e. 1 in 5 adults).
- A third (33%) of children had suspected or reported stress or anxiety at entry. This reduced to just under a fifth (24%) on exit – a reduction of 27% (i.e. 1 in 4 children).
- Finally, there was 41% reduction in family isolation, with only 8% of families feeling isolated at exit to the programme.

Based on these indicators there is positive evidence for Improving Futures, as both adults and children reported fewer issues relating to their wellbeing at exit to the programme. The data also corroborate with the qualitative evidence that individual and family wellbeing improves over time; and that courses and activities delivered by the different projects were effective in improving stress levels and social isolation.

**Figure 5.3  Progress made in social and emotional wellbeing in adults and children (N=2,777)**
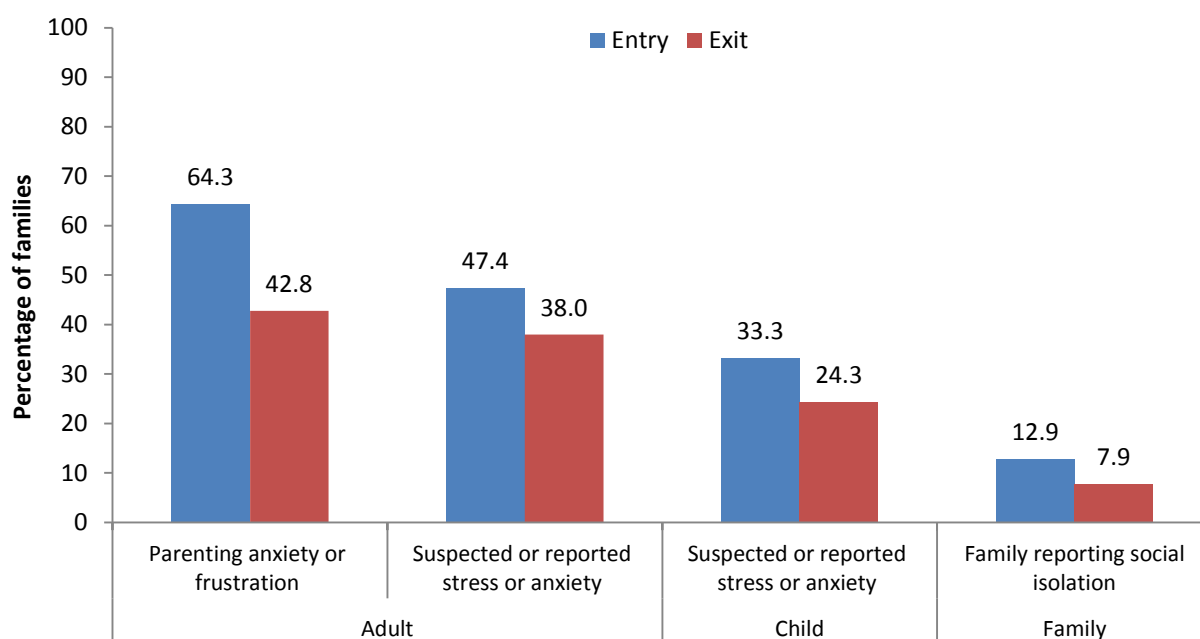
### 5.4.1 Correlations with social and emotional wellbeing

As part of the analysis, we examined which other outcomes are closely correlated to progress on wellbeing and mental health outcomes. This is relevant as projects reported a relationship between wellbeing and mental health issues within a family, specifically with children being more vulnerable if their parents experienced issues as well.

Overall our analysis found that there was a correlation between reported stress and anxiety in children and reported stress and anxiety in adults. There were also similar factors related to this stress and anxiety in both. These factors relate to parenting styles (i.e. boundary setting), participation in activities (with family, peers and leisure activities), and stability of the family's financial situation (i.e. a budget in place). This supports the research that both practical and emotional support for the family is related to reduced stress and improved wellbeing in adults and children.

### 5.4.2 Impact of support on mental health illness

The prevalence of mental health illnesses before and after support is shown in **Figure 5.4** for adults, and for children in **Figure 5.5** overleaf. On the majority of indicators there is a small positive trend from entry to exit though, with the exception of ADHD / ASD conduct disorder in children, none of these changes are statistically significant. The exception to this is suspected or reported self-harm in children and adults, which showed a decrease in disorders between entry and exit to the programme to a statistically significant level.

**Figure 5.4: Prevalence of diagnosed mental health illnesses in adults (N=2,777)**
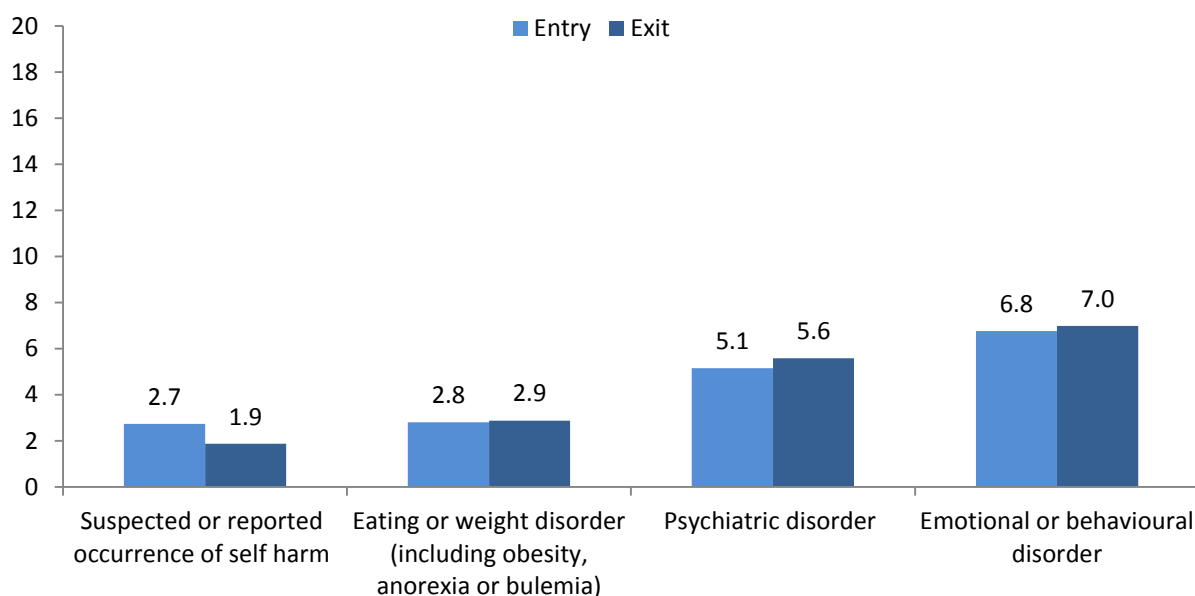
**Figure 5.5: Prevalence of diagnosed mental health disorders in children (N=2,777)**
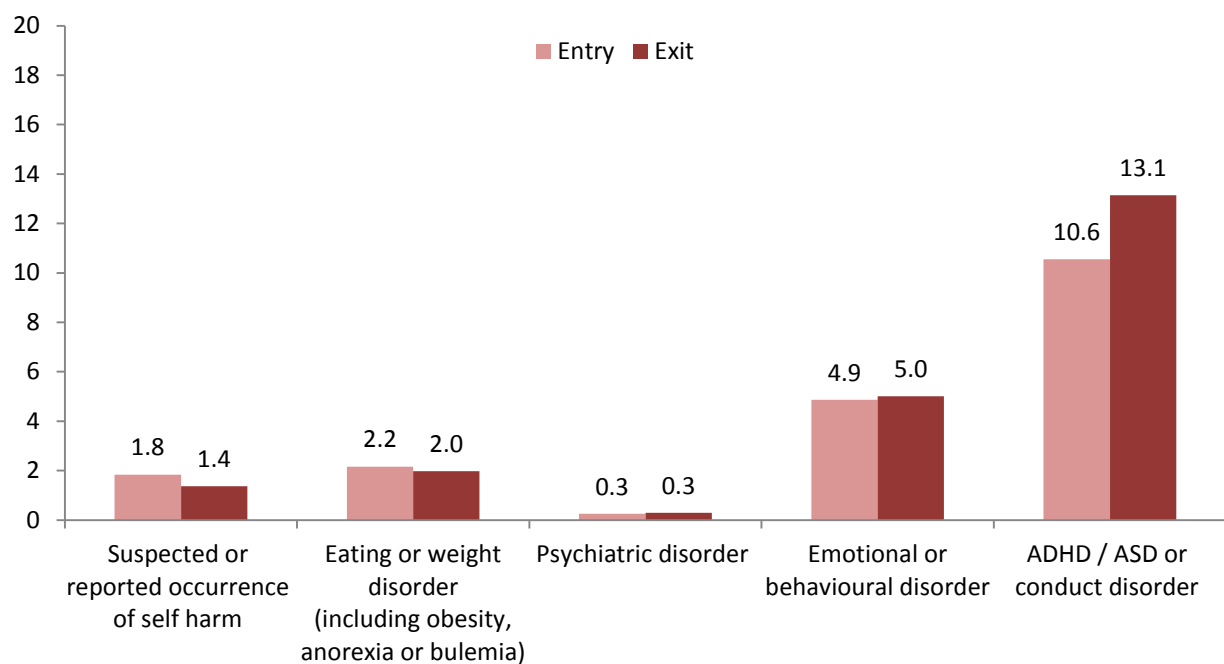


The general increasing trend in mental health conditions is likely to reflect the work by projects to identify undiagnosed issues difficulties in families and help to access services for a formal diagnosis. Although projects reported that they suspected a lot of undiagnosed mental health issues in the families, they also reported difficulties in families accessing specialist services as well as some families being resistant to engaging with clinical or medicalised support. Therefore, during the project, only a small number of families with undiagnosed mental health illnesses may have actually accessed services to receive a diagnosis. It is also notable that prevalence of the mental health issues, with the exception of psychiatric disorders, is similar between adults and children.

Through our consultations with projects on this increasing trend in diagnosed mental health illness, stakeholders described identifying and assessing more serious issues in families as a positive outcome for the service, as it meant the projects were helping families access the additional support that they needed. Others thought that the cyclical and complex nature of mental health problems would mean that in the short-timeframe (average five months) for the majority of projects it would be difficult to see progress on these outcomes. This is especially pertinent as some projects viewed themselves as early intervention, who would not provide support for higher-level mental health needs; and only a few projects were directly providing specialist clinical support to families.

## 5.5  What Next? Directions for policy and practice

Emotional and social wellbeing is a core challenge faced by vulnerable families. This section considers the learning from the projects and possible implications for policy and practice.

### 5.5.1  Implications for practice

**Whole-family preventative and early intervention services need to consider how they work with specialist mental health services.**

The impact of the increasing demand on statutory mental health services was evident through the support provided by Improving Futures projects. Families referred for specialist support experienced long waiting times and variable quality in the interventions they received. In more concerning examples, families who were referred for clinical support were reportedly referred back to the Improving Futures projects due to capacity reasons, which left the family without any support and projects with a challenge of providing appropriate support.

The Improving Futures projects demonstrate the value of setting aside a spot-purchasing budget to purchase clinical support, employing counsellors themselves, or training staff in specialist skills (e.g. systemic therapy). All three approaches required resource to be dedicated in some way, but the benefit was that families can receive support almost immediately, which is a positive for improving mental health outcomes.

Some stakeholders that we spoke to recommended pooling budgets and co-commissioning across health and education services, which may help with the issue of referrals. This would reduce the number of families 'falling between the gaps', as needs would be the supported across services, rather than a 'hand off' to specialist support.

The recommendation for future practice is that early intervention services delivering whole-family approaches should consider their response to more serious mental health illnesses, as well as approaches to promote social and emotional wellbeing. This should include awareness of specialist provision provided locally as well as how the service can provide direct support – either by training staff on mental health issues, developing strong relationships with statutory services and specialist providers, or strategies for effective signposting. Although directly providing clinical support increases the responsibility of early intervention services, including some form ensures that the whole family can be supported appropriately if there are additional needs. The evidence suggests that social and emotional wellbeing is linked to family functioning and the parents' situation, therefore without more specialist support available it may be more challenging to conduct activities that promote positive mental health and develop resilience with other members within the family.

**Whole-family preventative and early intervention services need to address stigma as a barrier to accessing specialist mental health support.**

A second barrier experienced by the projects in accessing mental health services was the continuing stigma relating to mental health. This is an important issue as individuals with serious mental health illnesses who do not access specialist support are at risk of other issues in their lives and to their children.

Projects reported that parents were sometimes unaccepting of their own issues, refused to engage with services, or refused medication. This suggests that even with improved, or alternative, routes into clinical support, challenges would exist in helping adults access support.

The learning from this is that more direct work is needed to raise understanding and awareness of mental health illness and the impact of not accessing support, emphasising the risk to children and families. This may take additional time with the family or require additional training of the workforce. As early intervention professionals are often respected and trusted by the family, with additional training they could be in a position to discuss the sensitive issue directly, as demonstrated through the examples of the Camden Futures and Nurturing Inverclyde projects in Box 14.

Improving Futures projects also demonstrated the effectiveness of co-delivering sessions with statutory services to raise awareness of mental health issues and prevent the escalation of low-level challenges. This is an alternative approach to raise awareness of risk and impact of undiagnosed mental health illness with suspected vulnerable groups.

**Whole-family preventative and early intervention services need to improve their understanding of emotional and social problems, particularly in children.**

The key learning from the Improving Futures programme is that parents need more guidance to understand how other factors affect children's behaviour and interventions available to provide support in a range of areas. Raising awareness of the interplay between social, emotional and behavioural issues and mental health illness may increase the appropriateness of referrals to specialist services. Many of the projects have also demonstrated some of the benefits of courses promoting skills, confidence and parenting; as well as activities and days out, in improving stress and anxiety in children and parents, reducing the need for clinical intervention.

## 5.5.2 Implications for policy

Evidence from the Improving Futures projects serves as more of a reminder for policy developments that early intervention services are effective in maintaining family wellbeing and functioning within vulnerable groups; as well as highlighting existing challenges in accessing specialist provision.

Encouragingly policy seems to be moving in the directions to support the key practice findings from the projects. Since the publication of Future in Mind in March 2015[59], future work has been commissioned and with this new practice examples are emerging as ways to improve mental health services supporting children and young people. Examples of how the Department for Education is investing in mental health for young people include:

- £1.5 million to pilot joint training for designated leads in CAMHS services and schools to improve access to mental health services for children and young people[60]; and
- £1.5 million to develop peer-support networks and online advice and workshops to raise understanding and awareness of mental health in young people[61].

The move towards more effective early intervention is also reflected in the commissioning of the Phase 2 of the Troubled Families programme, which is focusing on earlier identification and supporting families with unmet need.

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[59] Department for Health (2015). Future in mind Promoting, protecting and improving our children and young people's mental health and wellbeing. NHS England
[60] Parkin, E. (2015) Children and young people's mental health – policy, CAMHS services, funding and education. Briefing paper. Number 07196. See: http://researchbriefings.files.parliament.uk/documents/CBP-7196/CBP-7196.pdf
[61] https://www.gov.uk/government/news/15-million-to-help-young-people-spot-signs-of-mental-illness

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To address stigma, the government has been a funder of *Time to Change*[62], an England-wide campaign since October 2007 that aims to improve awareness of mental health and reduce discrimination towards people with a mental health diagnosis. Published research by Kings College London[63] suggests that the large and small work delivered as part of the project is having a positive impact on improving attitudes. Evidence from the Improving Futures projects confirms that more direct work is needed in raising understanding in vulnerable groups; particularly those may not be reached through traditional advertising campaigns.

## 5.6 Conclusion

The mental health support provided by the Improving Futures programme can appropriately be divided in to two parts: promoting social and emotional wellbeing and resilience; and supporting diagnosed mental health illness. As an early intervention programme, it is as expected that the majority of projects focused on promoting wellbeing and resilience within their families and referred to statutory or other voluntary services to access clinical support.

The projects provide a range of practice examples in promoting emotional wellbeing, from delivering specific courses to children and adults, to arranging activities and days out to improve family relationships. Almost all of the approaches by the projects embedded what is known about what works in promoting positive mental health in families – particularly around:

- addressing the wider environment for the child;
- reducing stressors on the family through practical help; and
- providing courses and training to improve confidence and skills for employment for parents.

The evidence that stress, anxiety and social isolation reduced over the course of the programme reflects the experiences reported by projects: that their approaches supporting families were effective in improving wellbeing. There was also evidence that the prevalence of self-harm and eating disorders decreased slightly by exit to the programme. Many of these projects therefore can be used to build the portfolio of different ways to support the wellbeing of whole families through an early intervention programme.

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[62] http://www.time-to-change.org.uk/

[63] Evans-Lacko, S., Corker, E., Williams, P., Henderson, C., Thornicroft, G. (2014) Effect of the Time to Change anti-stigma campaign on trends in mental-illness-related public stigma among the English population in 2003–13: an analysis of survey data. Lancet. See: http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70243-3/abstract

The other side of mental health support through the Improving Futures programme relates to providing guidance and support to families with suspected or diagnosed mental health illnesses. This highlights the important role of early intervention services in raising awareness and supporting access within vulnerable groups who may be isolated or not aware of their own needs. Some projects embedded clinical support within their services, such as counselling, which was effective as the support was then easier to access. Other projects illustrated joint working with statutory services to raise awareness of mental health and identify families who need additional support, which was effective in bringing services to work together and minimise the risk of low-level issues escalating to crises. In many families there was not a neat divide between emotional wellbeing and more serious mental health and therefore projects that were best placed to provide holistic support were able to directly access more specialist services. Projects that were not able to provide any direct access to specialist services were limited in how they supported families, as they relied on referring the family to statutory services, who sometimes have long waiting lists.

Almost all projects needed to refer families to a specialist mental health service, such as CAMHS, in some capacity during the course of the programme. This report has highlighted the range of challenges experienced in accessing appropriate support. This made it harder to engage families in support, particularly those who were sensitive about receiving a diagnosis and initially resistant to accessing services. These issues are now being routinely described in policy papers – that statutory mental health provision is not meeting the needs of children and their families; and stigma and discrimination is a barrier for some to accessing services. It is promising that recent policy is at least chiming with these issues and recent initiatives aim to re-think service design and address stigma directly.

Going forwards the Improving Futures projects present learning for preventative and early intervention services in the benefits of promoting positive mental health and in working collaboratively with statutory services. For the support to be more effective, though, projects need to have access to reliable specialist services to support individual and families with a higher level of need.

# 6.0 Influencing Learning

*"There's been a lot of value in the [Improving Futures] experiment...We're working closely and comparing and contrasting approaches....They enhance our understanding." (Local authority representative)*

One of the three stated aims of the Improving Futures programme is to improve the learning and sharing of best practice between public services and VCSEs. In this chapter we describe the extent to which this aim has been achieved. We firstly assess whether the Improving Futures programme has fostered opportunities for public services and VCSEs to work together, before exploring the impact from this partnership working, including an analysis of what public services and VCSEs have learnt from being involved in Improving Futures and what has changed. Finally, we explore whether this has led to the mainstreaming or replication of any of the Improving Futures delivery models.

The information in this chapter is predominantly drawn from the Stakeholder Survey of both delivery partners directly involved in Improving Futures and local stakeholders (such as local authorities and schools, referred to as non-partners); consultations with project managers of 25 of the 26 projects; and consultations with the projects and stakeholders during the case study visits.

## 6.1 Extent to which Improving Futures has facilitated opportunities for partnership working

Public services have shown a good level of interest in the Improving Futures programme, and the projects are well regarded. For example, in the latest wave of the Stakeholder Survey three quarters (25 out of 33) of non-partners responding either agreed or strongly agreed that over the last 12 months the Improving Futures project has been regarded locally as a key project in supporting families with complex needs.

Consequently, the project has fostered opportunities for public services and VCSEs to work together. As **Figure 6.1** overleaf shows, over three quarters (44 out of 57) of those responding to the Stakeholder Survey agreed that in the last 12 months the Improving Futures project has facilitated collaboration between local statutory and third sector organisations. Similarly, over half (32 out of 57) reported that improving relationships with other organisations was one of the main benefits from being involved in Improving Futures (see **Figure 6.2**). One project described how the project has developed their relationship with the local authority and that they are *"trusted to deliver and do a good job"*. In particular, there were strong links between the projects and the Troubled Families programme in England and Families First in Wales. As one non-partner reported in the Stakeholder Survey:

> *"[A]s Improving Futures has been in operation before Troubled Families programme...I have been able to report to the working group the successes of certain approaches and courses."* (Non-partner, responding to Stakeholder Survey)

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Examples of close partnership working include:

- representatives from public services (such as schools and children's social care) sitting on the board or steering group of the projects, and representatives from the projects sitting on the boards of public services;
- representatives from the projects sitting on multi-agency meetings, such as those run by children's services or MARAC[64] meetings;
- practitioners from Improving Futures projects either delivering training to, or attending training with, practitioners from public services;
- practitioners from Improving Futures projects being seconded to children's services;
- feeding into local authority (LA) change groups about how to redesign family services;
- directors of children's services and elected members visiting a project; and
- a LA analysis team linking Improving Futures project data into their own analysis to understand what outcomes are being achieved.

Some VCSEs report that the project has given them a platform to work with public services in a way they would not have been able to do before due to their small size. This was particularly the case with smaller VCSEs involved in the delivery of, though not leading, the projects:

*"We've had access to and been introduced to LA contacts and teams that just wouldn't have been on our radar before."* (Delivery partner, comment made during case study visit)

**Figure 6.1: Extent to which Improving Futures has facilitated collaboration between public services and VCSEs**
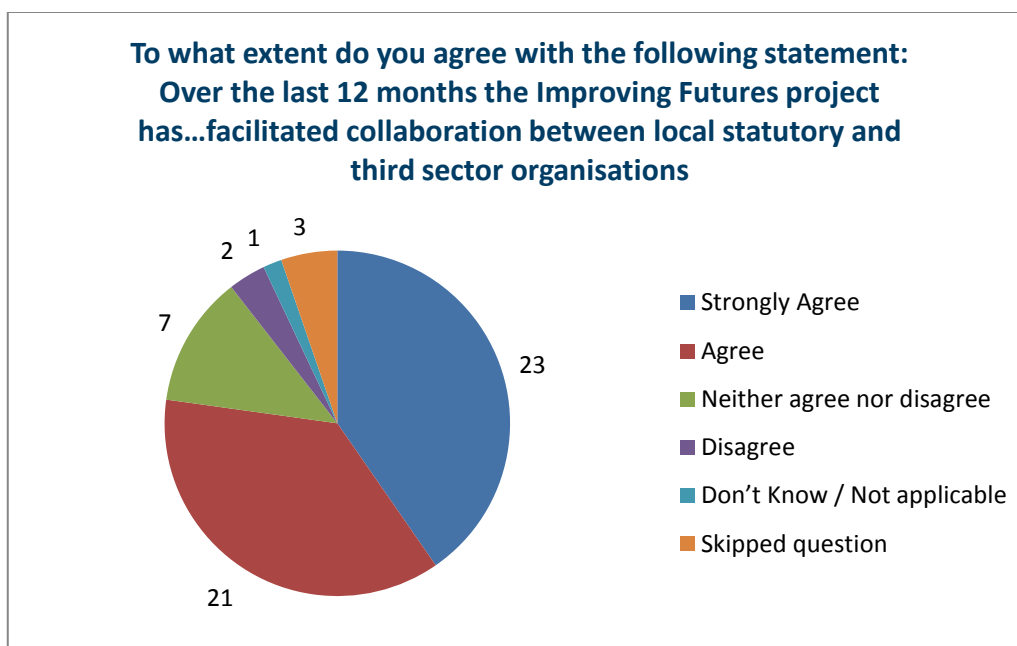


*Source: Stakeholder Survey wave 2. Number of respondents: 57*

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[64] A MARAC meeting "*is a multi-agency meeting where statutory and voluntary agency representatives share information about high risk victims of domestic abuse in order to produce a coordinated action plan to increase victim safety".* (Home Office Violent and Youth Crime Prevention Unit and Research Analysis Unit, 2011). For more information see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/116538/horr55-technical-annex.pdf

## 6.2 Extent to which Improving Futures has led to the sharing of learning between projects and other agencies

Although the sharing of learning was a key aim of the programme, consultations with projects suggest that this was not a specific aim for the Improving Futures projects, and few proactively focused on sharing learning. There were some examples, however, of projects specifically aiming to share lessons learnt, and a small number of projects reported that this will be a focus for the next 12 months as they look to secure a legacy. Some examples of proactively sharing learning included:

- Writing reports on lessons learnt to be shared either internally within their organisation or externally. For example, Carers Trust commissioned Family Pathways, Lewisham to develop a toolkit around the project's whole family approach for young carers to be shared with other young carer services nationally. Nurturing Inverclyde has written a good practice guide on neuroscience for Barnardo's to use on a national level.
- Attending networking meetings to share the lessons learnt with other professionals.
- Securing Futures, Carmarthenshire will be employing training manager during their extension period to train other professionals on their approach.

Despite the lack of an explicit focus on sharing learning, the survey findings and comments made during case studies suggest that there has been a good level of knowledge transfer between the Improving Futures projects and other VCSEs and public services. As **Figure 6.2** overleaf shows, the sharing of learning between organisations was the most popular benefit selected by stakeholders when asked what the main benefits were from being involved in the programme as part of the Stakeholder Survey; overall over two thirds of respondents identified this as a benefit, with almost all delivery partners selecting it.

*"My organisation is a network of VCFS providers so I have been able to share learning widely and increase my membership."* (Delivery partner, comment in Stakeholder Survey)

*"We have learnt a lot from being involved in this project....It's been a constructive learning curve."* (Delivery partner, comment made during case study visits)

**Figure 6.2: Main benefits for organisations from being involved in Improving Futures**
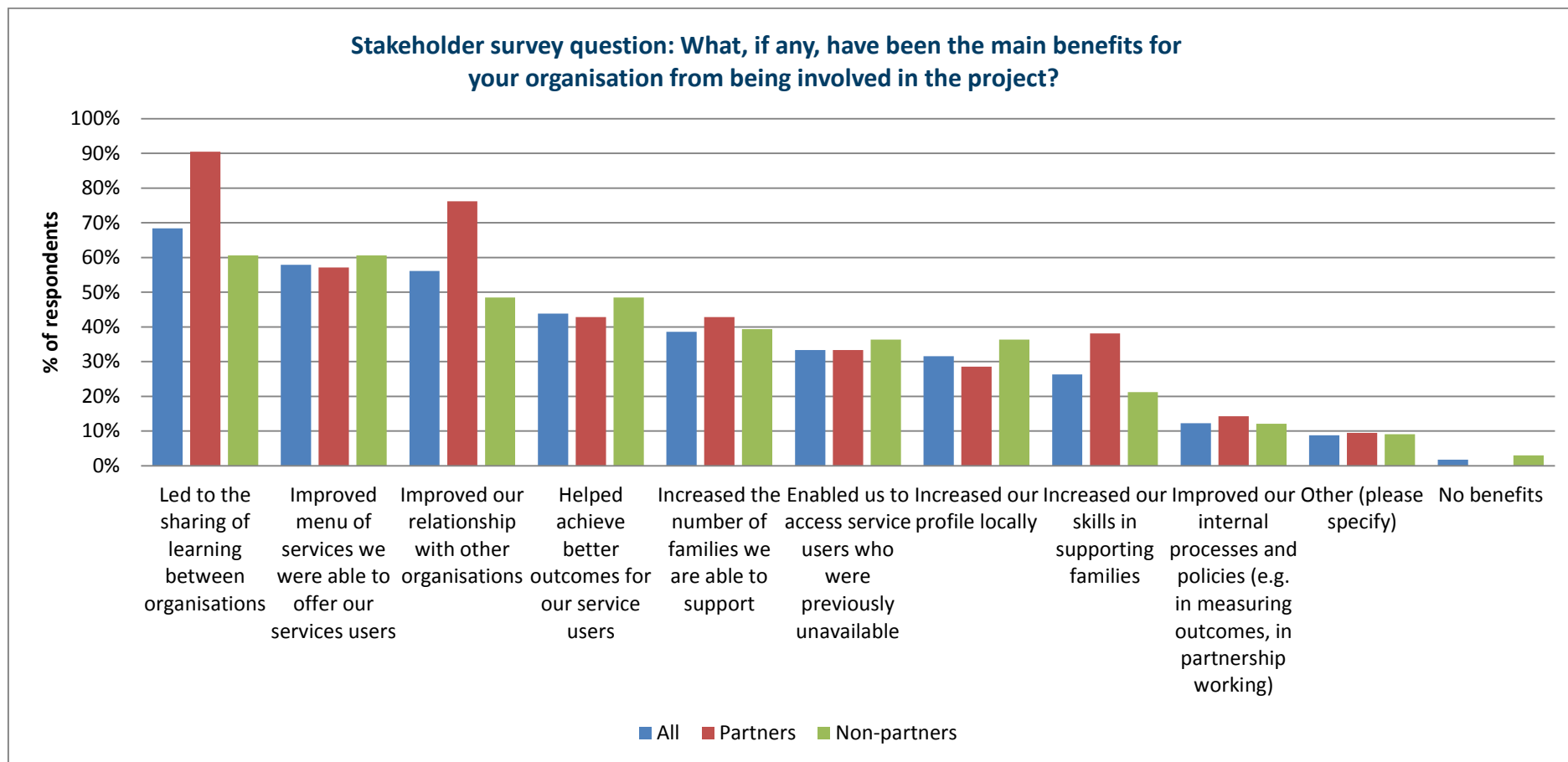


Stakeholder survey question: What, if any, have been the main benefits for your organisation from being involved in the project?

Legend: All (blue), Partners (red), Non-partners (green)

*Source: Stakeholder Survey wave 2. Number of 'All' respondents: 57. Number of 'partner' respondents: 21. Number of 'Non-partner' respondents: 33. Respondents could select multiple options. Average number of benefits selected by partners: 5; average chosen by non-partners: 4.*

More than one local authority representative interviewed during a case study visit remarked how the Improving Futures project had been very useful for them to compare and contrast the LA's approach to family support with that of Improving Futures, and they had learnt from the Improving Futures approach. One LA representative remarked how the Improving Futures project had been influential in developing the LA's thoughts on what holistic support for complex families should look like. This representative reported that the Improving Futures project adopted a very different approach to the LA's family provision, and they were monitoring the project closely to explore what they could apply from the project to their own support.

The specific lessons learnt are too varied to include here, but, as **Figure 6.3** overleaf shows, organisations have mainly learnt new approaches to supporting families. Specific aspects of learning include:

- **New approaches to supporting families at an early intervention level:** One project reported that they have made a *"case for early intervention";* most projects reported that the programme had enabled them to work more at an early intervention level, and that they felt there were making positive progress with this.

- **New approaches to supporting the whole family:** Several projects described how the project had helped them realise the importance of working with the whole family, not just individuals. One delivery partner explained how having a member of staff working on the project had exposed other members of staff in the organisation to family working and the issues faced.

- **New approaches to supporting families generally:** This was particularly the case with delivery partners - nearly two thirds of delivery partners responding to the Stakeholder Survey (13 out of 21) say they benefited from this. Projects reported that the project gave them an opportunity to trial new approaches, from which they learnt a lot. Some projects reported non-partners had also said that the project had changed their views and approaches to working with families and offered a 'different way of working'. Indeed, one headteacher and deputy headteacher interviewed during the case study visits described how they learnt a lot from the project about how to communicate and engage with families.

    *"We hadn't supported families previously so this has developed a new skill base for us."* (Improving Futures delivery partner, responding to Stakeholder Survey)

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**Figure 6.3: Aspects organisations have learnt from being involved in Improving Futures**

**Stakeholder survey question: What, if anything, do you think your organisation has learnt from being involved in Improving Futures?**



*Source: Stakeholder Survey wave 2. Number of 'All' respondents: 57. Number of 'partner' respondents: 21. Number of 'Non-partner' respondents: 33. Respondents could select multiple options. Average number of benefits selected by partners: 2; average chosen by non-partners: 1.*
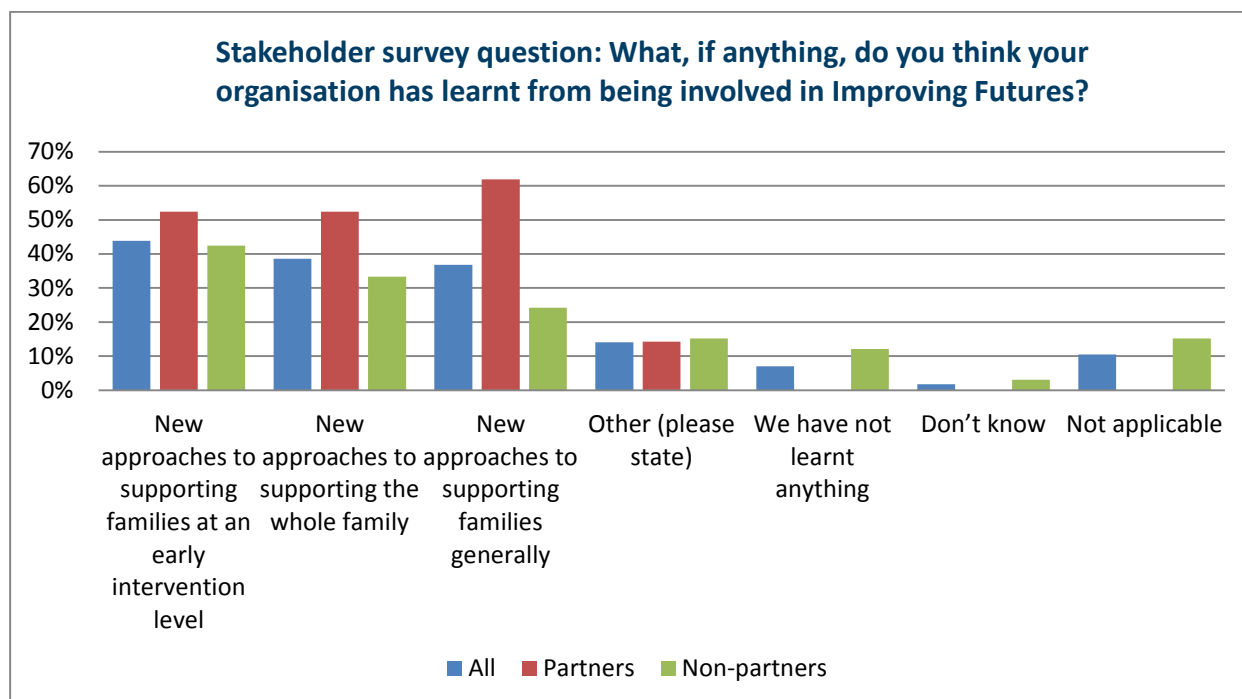
The preceding chapters provide further information on lessons the projects learnt in relation to building emotional and social wellbeing, building relationships with primary schools and developing community assets.

## 6.3  Extent to which Improving Futures has led to changes in family support

Almost half (28 out of 57) of those responding to the Stakeholder Survey agreed that the Improving Futures projects had influenced local strategies, commissioning processes or decisions affecting service provision for families. This was reported to a very similar extent by delivery partners and non-partners (see **Figure 6.4**).

**Figure 6.4: Extent to which Improving Futures has influenced local strategies, commissioning processes or decisions affecting families' provision**



To what extent do you agree with the following statement:
Over the last 12 months the Improving Futures project has….influenced local strategies, commissioning processes or decisions affecting families' provision

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Don't Know / Not applicable
- Skipped question

*Source: Stakeholder Survey wave 2. Number of respondents: 57*

Although many projects and local stakeholders interviewed felt that the projects were influencing local practice, most struggled to provide specific examples where this had led to tangible changes. One project manager explained that this was because most of their influencing had been around promoting their approach to working with families, which was leading to 'soft' and intangible changes. Where changes had been made, these were usually piecemeal rather than substantial. **Figure 6.5** provides details of changes, as reported in the Stakeholder Survey. This includes:

- **Acquiring new contracts:** All but three (18 out of 21) delivery partners involved in the Improving Futures projects responding to the Stakeholder Survey acquired new contracts as a consequence of being involved in the project, though in most cases these were small pieces of work. A number of delivery partners felt that their involvement in the project had raised their profile and increased their likelihood of being commissioned.

- **Developed strategic relationships:** Improving Futures fostered new partnerships and relationships between VCSEs and between VCSEs and public services. The VCSEs reported learning a lot in relation to partnership working; many recognised that there will need to be more partnership working between VCSEs in the future to respond to restricted budgets, and felt they were in a stronger position to operate in this environment as a consequence of Improving Futures. In some instances these partnerships have continued to work together to deliver other projects.

- **Changed approaches to how to support families:** A small number of organisations described how they are embedding some of the approaches they developed during the project across their organisations, such as assessments, referral criteria, models of working and approaches to support. This was particularly the case for smaller delivery partners less experienced in providing this type of support or working with the Fund on this scale.

  *"Because we are a smaller organisation we hadn't done that sort of evaluation work before and we will take that forward, and it's made training more accessible*." (Delivery partner, comment made during case study visits)

One delivery partner explained during a case study visit that their organisations had not worked in a whole family way before; their involvement in the project had caused them to reflect on how their wider work could benefit from a more whole family focus, and they were beginning to introduce this across their other work:

  "*For us it's made us realise how much we still have to learn with working with the whole family. It really made us think about that area of work. So we have taken lessons and applied them to our service and so we are changing our approach."* (Delivery partner, comment made during case study visits)

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**Figure 6.5  Changes within organisations as a result of being involved in Improving Futures**
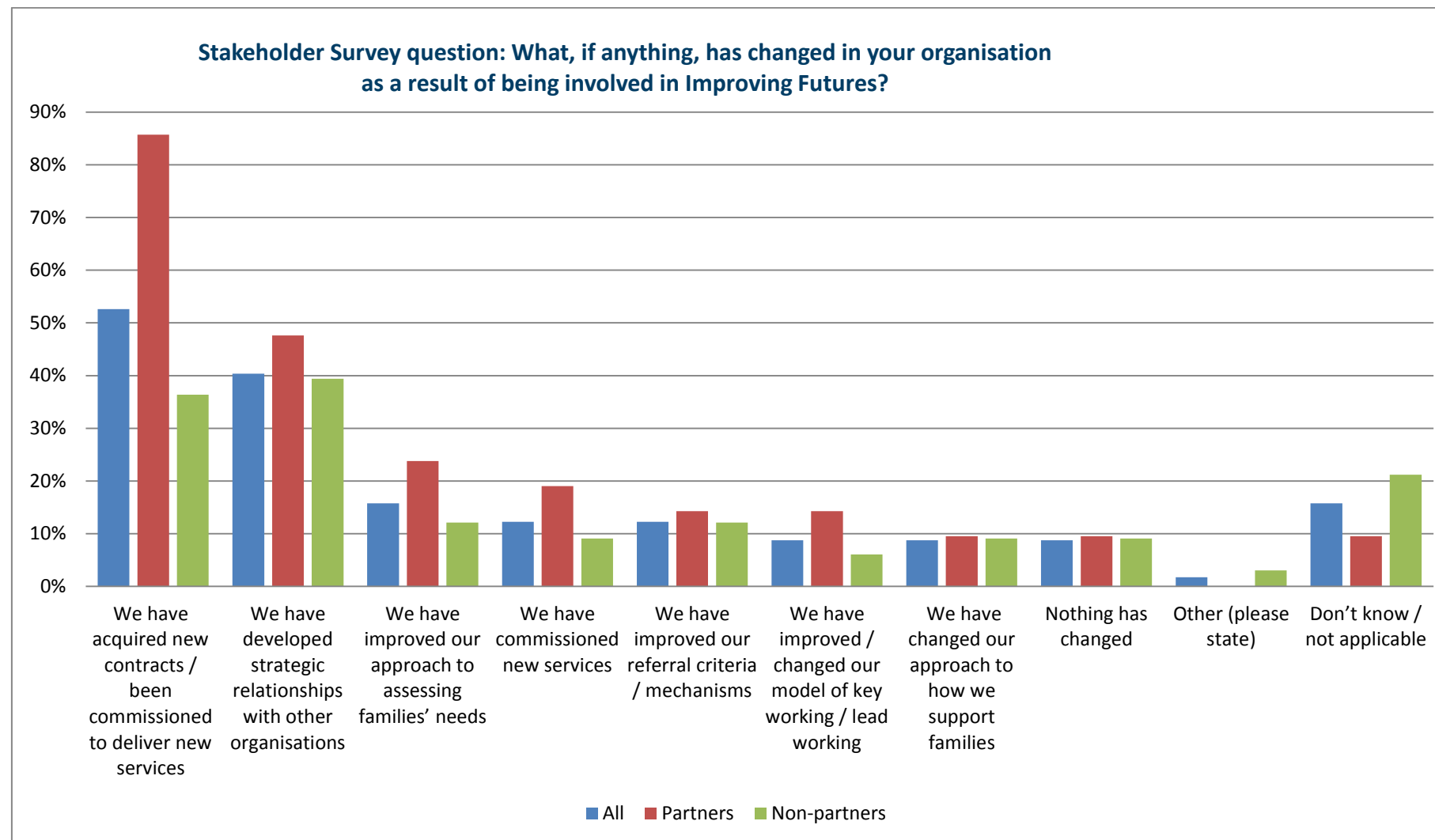


**Stakeholder Survey question: What, if anything, has changed in your organisation as a result of being involved in Improving Futures?**
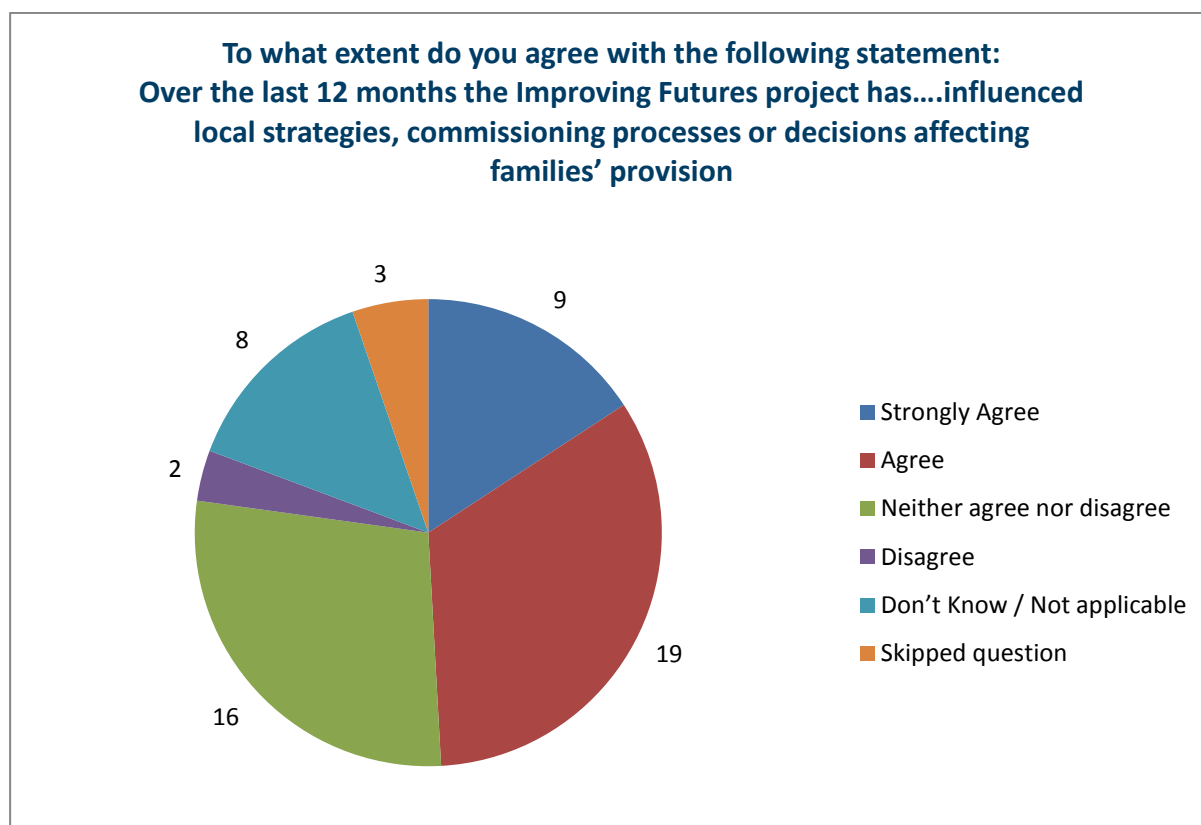
*Source: Stakeholder Survey wave 2. Number of 'All' respondents: 57. Number of 'partner' respondents: 21. Number of 'Non-partner' respondents: 33. Respondents could select multiple options.*

## 6.4 Extent to which Improving Futures approaches have been replicated and mainstreamed

Almost all Improving Futures projects felt that their delivery model had the potential to be replicated or mainstreamed by other services. However, there were very few examples where this has taken place. Whilst almost 1 in 5 respondents to the Stakeholder Survey (11 out of 57) were aware of aspects of the Improving Futures project delivery model being considered for replication in areas that have not received Improving Futures funding, most of these examples were where lessons were being shared or models were being considered - there were no tangible examples where the delivery model had been replicated.

> *"I am aware that the learning from the model and intervention is being shared widely throughout the country and approaches from other areas have been made to learn more about it. I am not clear whether any of these areas are going to take the discussions further and attempt to replicate."* (Non-partner, comment made in Stakeholder Survey)

> *"Other local authority areas...interested in model but not yet committed to taking it forward."* (Non-partner, comment made in Stakeholder Survey)

Examples where models had been replicated or mainstreamed included:

- In four projects schools are using their own funding to pay for school-based interventions to be replicated in their schools.
- Wolverhampton Improving Futures is replicating their delivery model for their Talent Match project for the Fund[65]. They are also replicating their solution-focused techniques in a pilot of the city's Head Start stage 2 work for the Fund[66].
- Camden Futures has been successful with a Reaching Communities[67] grant to continue the work of integrating family support and financial inclusion services.
- Croydon Family Power has a Building Better Opportunities[68] development grant from the Fund to deliver Asset Based Community Development activities and to have community connectors based in GP surgeries.

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[65] Talent Match is a £108m investment to tackle youth unemployment in 21 areas of England, funded by The Big Lottery Fund. For more information see: https://www.biglotteryfund.org.uk/talentmatch .

[66] Head Start aims to give young people support and skills to cope with adversity, do well at school and in life and prevent them from experiencing mental health problems. For more information see:
.https://www.biglotteryfund.org.uk/headstart.

[67] Reaching Communities funding is for projects that help people and communities most in need. Grants are available from £10,000, upwards and funding can last for up to 5 years. For more information see:
https://www.biglotteryfund.org.uk/prog_reaching_communities.

[68] Building Better Opportunities is a Big Lottery Fund-ESF match-funded programme to invest in local projects tackling the root causes of poverty, promoting social inclusion and driving local jobs and growth. For more information see: https://www.biglotteryfund.org.uk/esf.

Projects mainly attributed this limited replication to the budget cuts public services have faced in recent years. However, there are early intervention programmes with specific funding attached to them – most notably phase 2 of the Troubled Families programme in England and Families First in Wales.  It is surprising that, despite the shared learning and high regard public services seem to have for the Improving Futures projects, very little of this funding has been used to replicate the project approaches. Indeed, in one area statutory provision has displaced, rather than work alongside, the Improving Futures provision, to the extent that the project has had to relocate its service because referrals to the statutory provision in their area has increased and they no longer receive as many referrals.

It is very difficult to understand precisely why the Improving Futures provision has not been commissioned further; there are a number of possibilities:

- It could be because most Improving Futures projects were delivering a broad range of support and lacked a coherent 'delivery model' that could easily be replicated.

- It is possible that public services have prioritised delivering support 'in house' rather than replicating provision provided by the voluntary sector.

- Currently most of the Improving Futures projects are still operating, it may be that public services only consider funding them when the grant from BLF comes to an end.

This will be explored further in the Final Report.


## 6.5  Conclusion

Mostly the Improving Futures programme has achieved its aim of improving learning and the sharing of best practice between public services and VCSEs. The programme provided opportunities for the Improving Futures delivery partners to collaborate with other VCSEs and public services and, although not explicitly pursued by most projects, this led to the sharing of learning between the partners and other VCSEs and public services. The main services to have benefited from the knowledge transfer seem to have been schools, who learnt more about how to support children with behavioural difficulties and how to engage with the whole family, and LAs, who learnt a lot from comparing their own family support with the approaches adopted by the Improving Futures projects.

In most cases this knowledge transfer was tacit and intangible – leading to a greater understanding about how to support the whole family at an early intervention level but not necessarily changing specific delivery models or approaches. Perhaps because the learning was intangible, coupled with public services prioritising their own 'in house' provision, this explains why there are few examples of where the Improving Futures projects have been replicated or mainstreamed.

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# 7.0 Conclusions and Evaluation Next Steps

Overall the Improving Futures projects have progressed well in their third year. The projects are becoming firmly established in their local areas and are well regarded by local stakeholders. On the whole projects are making good progress with the families that have exited from the support; on average the number of families facing each of the most pressing problems has reduced by a quarter.

The focus of this year's report has been on the good practice developed by the Improving Futures projects. The projects have in particular developed innovative and successful approaches in building families' emotional wellbeing, working with schools and developing community assets. This report provides numerous examples where projects have developed good practice and learnt lessons in these areas, leading to positive outcomes.

Encouragingly it also seems that the Improving Futures projects have been successful in sharing these lessons learnt with other VCSEs and public services. In most cases this knowledge transfer was tacit and intangible – leading to a greater understanding about how to support the whole family at an early intervention level but not necessarily changing specific delivery models or leading to the replication of these approaches.

The projects are, however, entering a difficult time. They are in the process of ascertaining how they will operate a streamlined service and still meet demand. Sustainability also remains a problem. Projects report that commissioners, particularly in the local authority, do not have the funds to commission new services. The projects only have, on average, 12 months left and it is unlikely the funding climate will change that time; it therefore looks unlikely at this stage that many of the projects will continue after their Big Lottery Fund grants end.

We have the following recommendations for the projects:

- **Increase focus on project sustainability:** The lesson learnt by the school-based charity not involved in Improving Futures that we consulted is that sustainability needs to be built into the design of the service. This was not necessarily adopted by the Improving Futures projects. This is understandable considering they were pilot projects; however the evaluators think that the projects could have focused more on sustainability as part of the extension funding. Whilst some projects have clearly done this, by for example asking schools to match-fund the BLF contribution, other projects seem to be focusing more on continuing their service in a streamlined model rather than on securing follow-on funding. Projects are currently planning how they will operate a 'streamlined' service using the extension funding. We recommend the projects develop an 'exit plan' on how the project will be funded when this extension funding ends, and design the streamlined service to suit the needs of potential future funders. This exit plan could involve identifying where the future funding is likely to come from, and designing the service so it meets the needs of future funders – it could also involve approaching them now to discuss match-funding the BLF funds.

- **Taper out project activity to increase likelihood of activity self-sustaining:** As highlighted in the report, projects have been trying to self-sustain their community groups by upskilling parents to run them, but this is hindered by a lack of confidence within the parents, suggesting a 'professional backbone' is still required. Projects could focus on tapering out the projects rather than completely ending on a set day, so a 'professional backbone' remains available for some time, which may increase the likelihood that community groups are sustained.

The research highlighted many lessons the projects have learnt that are applicable for other organisations considering establishing an early intervention service. We therefore have the following recommendations for other organisations who may set up early intervention services:

- **Adopt a 'dual approach' of school-based and community-based support.** Whilst the evaluation found the projects' approach of operating out of a primary school to be a success, projects that focused almost exclusively on working out of primary schools sometimes struggled; this approach can exclude families either not engaged with that setting or who are moving on to other settings. We recommend school-based projects also ensure they work within the community, to avoid the limitations of being tied too much to one setting.

- **There is no 'one size fits all' approach to community engagement:** Activities need tailoring to different communities, different ethnicities and different genders. In particular, projects need to consider carefully how they engage both males and individuals from BME families. Box 11 in Section 4.3.2.3: Challenges in engaging certain community elements provides practical examples of how the projects have engaged individuals from BME families, and the Fathers and Families[69] paper provides good practice examples on how some of the projects have engaged fathers.

- **Consider how to provide support for emotional and social wellbeing and mental health difficulties:** The evidence from the Improving Futures programme suggests that families who access early intervention services suffer from low social emotional and wellbeing, and a significant minority have more serious mental health problems, which hinder the families' ability to progress. Therefore, an early intervention project needs to consider how it will address these challenges. The Improving Futures projects demonstrate the value of setting aside a spot-purchasing budget to purchase clinical support, employing counsellors themselves, or training staff in specialist skills (e.g. systemic therapy) and building strong links with more specialist services. All these approaches required resource to be dedicated in some way, but the benefit was that families can receive support almost immediately, which is a positive for improving mental health outcomes.

- **Whole-family preventative and early intervention services need to address misunderstandings and stigma related to mental health difficulties:** The key learning from the Improving Futures programme is that parents need more guidance to understand how other factors affect children's behaviour and interventions available to provide support in a range of areas. Raising awareness of the interplay between social, emotional and behavioural issues and mental health illness may increase the appropriateness of referrals to specialist services. Additionally, a major barrier experienced by the projects in accessing mental health services was the continuing stigma relating to mental health. Projects reported that parents were sometimes unaccepting of their own issues, refused to engage with services, or refused medication. This suggests that even with improved, or alternative, routes into clinical support, challenges would exist in helping adults access support. Direct work is needed to raise understanding and awareness of mental health illness and the impact of not accessing support, emphasising the risk to children and families. This may take additional time with the family or require additional training of the workforce.

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[69] See: https://www.biglotteryfund.org.uk/-/media/Files/Research%20Documents/Children%20and%20Young%20People/fathers_and_families.pdf

We have the following recommendations for central and local government and other public bodies:

- **Explore opportunities to encourage voluntary educational partnerships:** Our literature review found limited examples of where early intervention services run by VCSEs have operated out of schools. However, this evaluation has found that this approach has the potential to be very effective, provided VCSEs operate both within and outside the school.

- **Be wary of seeing 'social capital' in the community as a replacement of public services:** The experience of Improving Futures suggests that social capital can be grown in local communities, but there are limits to how much this can become self-sustaining without a 'professional backbone'. Public bodies should therefore be wary of assuming social capital can continue without the presence of local public services.

- **Explore how some schools can be encouraged to engage further in the community:** The Improving Futures evaluation has found that primary schools play a key role in identifying vulnerable families early on. However, some schools did not engage with the projects and did not play a key role in the community, isolating families and arguably cutting off a key early intervention referral route for families. Further work should be undertaken to explore how these schools can be encouraged to engage with local communities further.

We have the following recommendation for the Big Lottery Fund:

- **Explore different approaches to providing funding:** The lesson learnt by the charity not involved in Improving Future that we consulted was that support is more likely to be sustained when grants are channelled through a local commissioner rather than provided direct to the VCSE, as this prevents the services from being perceived as free. We understand that the BLF are a grants provider to the VCSE sector and that there are good arguments for providing grants direct to VCSEs. However, BLF could pilot providing funding through a commissioner, where appropriate, to explore whether this increases sustainability.

## 7.1 Evaluation next steps

This is the penultimate evaluation report, and the Final Report will be published in Spring 2017. The Final Report will provide an overall assessment of the achievements of the Improving Futures programme. It will also report on the extent to which the programme has led to sustained outcomes, based on the longitudinal survey results of at least 100 beneficiaries surveyed two years after their support began. Finally, the Final Report will review the cost effectiveness of the programme, and will include a detailed Cost Benefit Analysis (CBA) of four projects and an overall CBA for the programme.

# Annex One: Overview of Evaluation Methodology

# Method Summary

The primary aim of the evaluation is to 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.

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.

### A1.1 Evaluation Methods

- **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 for 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). IFMIS data was held for a total of 4,311 families at the time when the analysis took place for this report, 2,777 of whom had exited from the programme and therefore both entry and exit data was available.

- **Project-level 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.

- **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 (up to 16 weeks after referral), with telephone follow-up at +12months and +24months. 368 families were interviewed during the baseline wave, 177 12 months after and 105 24 months after. In January 2016 a second cohort of families were surveyed who qualified for the 12 month questionnaire, in order to boost the sample size. To date 95 extra families have been surveyed at the 12 months stage (bringing the total number of families surveyed 12 months after the baseline to 272).

- **Stakeholder survey** – a quantitative survey of key local stakeholders to: explore levels of visibility and awareness of Improving Futures; understand the synergies with other programmes; and gain a further perspective on the impact achieved at a local level. The latest wave of the survey was administered in summer 2015; 57 stakeholders responded.

- **Case study research** - a rolling programme of case study to all Improving Futures projects. The visits include qualitative interviews with project staff, partners and families, and supplementary data collection. All case study visits have now taken place.

- **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 Panel" comprising of beneficiaries will meet at key points during the evaluation to inform the research tool design, analysis, and recommendations. Two Family Panels were held in June and July 2015, with families drawn from three projects.

- **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. . The evaluation consortium has also overseen a programme of learning activities for projects to exchange good practice within the programme, and to learn from and share best practice with other stakeholders. A learning seminar was held with the projects in July 2015.

- **Action research cycle:** The evaluation included a discrete strand of research to gather evidence for the three good practice themes featured in this report. The evaluation consortium adopted the principles of action research, so that the themes for year 3 were explored through an ongoing process of evidence-gathering and testing with different stakeholders. This included drawing upon the Family Panels, learning seminar, case study research, literature reviews and interviews with stakeholders, including policymakers, academics and think tanks. This cycle is summarised in **Figure A1.1** overleaf.

**Figure A1.1: Action research cycle for Year 3 thematic research**



**Step 1: Diagnosing**
Identification of priority themes / issues for the evaluation
*(Methods: review of Y1 & 2 reports & 'stock take')*

**Step 2: Gathering evidence**
Collate qualitative and quantitative data to understand the context in further detail
*(Methods: Y3 case studies and telephone interviews with all 26 projects)*

**Step 3: Testing with project stakeholders**
Check findings with different stakeholders: projects, families, make adjustments & identify further areas for research
*(Methods: first webinar and Family Advisory Panels x2)*

**Step 4: Deeper exploration**
Undertake further primary research to capture additional evidence
*(Methods: Literature review)*

**Step 5: Testing with wider stakeholders**
Consultations with stakeholders

**Step 6: Synthesis and reporting**
Draw together evidence and conduct synthesis for the final report; co-produce checklist / toolkit with projects
*(Methods: analysis of data, report-drafting)*

**Action Research Cycle**

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The following table illustrates how the selection of evaluation methods relates to the main themes or research questions that have been identified by the Fund 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 | Beneficiary survey | Stakeholder 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 approaches | | ✔ | ✔ | ✔ | ✔ | ✔ |
| 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 | ✔ | ✔ | | | ✔ | ✔ |

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## 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**

Improvements to children's health and wellbeing

Improvements to children's emotional and behavioural development

Improved educational outcomes for children

Reduction in safeguarding concerns and incidences of actual or potential harm (children)

**Parental Outcomes**

Improvements to parenting skills and confidence

Improvements to parental health and wellbeing

Improved educational or employment outcomes for adults

Reduction in safeguarding concerns and incidences of actual or potential harm (adults)

**Family Outcomes**

Improvements to family functioning and relationships

Improvements to financial wellbeing and security

Stronger social networks and ties to the local community

Reduction in crime and antisocial behaviour risk factors

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# Annex Two: Full List of Outcomes Recorded in IFMIS

# Full set of indicators – risks

## *Family indicators*

### Marriage, relationship or family breakdown

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Relationship dissolution (divorce or permanent separation) | 36.95 | 38.17 | 1.22 | 3.31 |
| Suspected or reported relationship dysfunction (receiving counselling) | 2.20 | 2.38 | 0.18 | 8.20 |
| Suspected or reported relationship dysfunction (no counselling) | 12.17 | 9.33 | -2.84 | -23.37 |
| Temporary separation of parents | 4.18 | 3.53 | -0.65 | -15.52 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

### Domestic abuse

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Domestic abuse (adult harm) | 19.30 | 13.40 | -5.91 | -30.60 |
| Domestic abuse (child harm) | 10.62 | 6.34 | -4.29 | -40.34 |
| Historical incidence of domestic abuse (over 12 months); separated | 22.54 | 23.08 | 0.54 | 2.40 |
| Historical incidence of domestic abuse (over 12 months); still co-habiting | 3.20 | 2.81 | -0.40 | -12.36 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

### Worklessness

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| No history of work within family | 12.50 | 11.60 | -0.90 | -7.20 |
| One or more family members in continuous employment (past 12 months) | 11.67 | 12.17 | 0.50 | 4.32 |
| Workless family (over 12 months) | 19.55 | 18.40 | -1.15 | -5.89 |
| Workless family (within past 12 months) | 5.40 | 4.79 | -0.61 | -11.33 |
| Workless family (within past 3 months) | 2.92 | 3.02 | 0.11 | 3.70 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

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**Financial difficulties**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Difficulties in keeping up with debt repayments, household bills or rent | 9.25 | 7.38 | -1.87 | -20.23 |
| No bank or building society account | 1.62 | 1.19 | -0.43 | -26.67 |
| Significant difficulties in keeping-up with repayments | 5.04 | 3.24 | -1.80 | -35.71 |
| Some difficulties in keeping up with debt repayments, household bills or rent | 9.25 | 7.38 | -1.87 | -20.23 |
| Unsecured borrowing (e.g. pay-day loans, credit cards, doorstep loans) | 4.83 | 4.32 | -0.50 | -10.45 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Insecure housing tenure**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Family evicted and homeless | 1.12 | 0.79 | -0.32 | -29.03 |
| Family living in temporary accommodation | 7.17 | 6.12 | -1.04 | -14.57 |
| Housing repossession actions underway | 1.62 | 0.94 | -0.68 | -42.22 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Poor quality household / environmental conditions**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| High levels of noise / chaotic home environment | 5.98 | 4.07 | -1.91 | -31.93 |
| Lack of access to safe public open space | 5.55 | 3.71 | -1.84 | -33.12 |
| Lack of basic utilities (cooking, heating, lighting) | 2.23 | 1.08 | -1.15 | -51.61 |
| Overcrowded living conditions | 9.00 | 6.73 | -2.27 | -25.20 |
| Poor quality housing with significant cold, damp or mould problems | 8.25 | 4.75 | -3.49 | -42.36 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

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**Community cohesion problems**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Family involved in neighbour disputes | 5.11 | 2.84 | -2.27 | -44.37 |
| Family reporting social isolation | 12.86 | 7.85 | -5.01 | -38.94 |
| Family victim of cultural, racial or religious harassment | 1.15 | 0.58 | -0.58 | -50.00 |
| Police call-out to neighbour disputes involving the family | 2.59 | 1.15 | -1.44 | -55.56 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

## *Child indicators*

**Behavioural problems**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| ADHD / ASD or conduct disorder (diagnosed) | 10.55 | 13.14 | 2.59 | 24.57 |
| Low-level behavioural difficulties | 39.25 | 36.37 | -2.88 | -7.34 |
| Persistent disruptive and violent behaviour | 16.89 | 8.57 | -8.32 | -49.25 |
| Persistent disruptive behaviour | 23.73 | 14.69 | -9.04 | -38.09 |
| Suspected ADHD / ASD or conduct disorder (undiagnosed) | 11.56 | 9.97 | -1.58 | -13.71 |
| Suspected or reported bullying issues (perpetrator) | 4.25 | 2.23 | -2.02 | -47.46 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**School exclusion**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Permanently excluded | 0.68 | 0.58 | -0.11 | -15.79 |
| Single fixed term exclusion | 2.27 | 2.02 | -0.25 | -11.11 |
| Two or more fixed term exclusions | 2.34 | 1.87 | -0.47 | -20.00 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**School absence**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Occasional unauthorised school absence | 10.41 | 8.32 | -2.09 | -20.07 |
| Persistent unauthorised school absence | 7.71 | 3.56 | -4.14 | -53.74 |
| School absence with enforcement actions (penalty notice or parenting order) | 0.76 | 0.54 | -0.22 | -28.57 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Bullying**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Suspected or reported bullying issues (victim) | 11.24 | 5.69 | -5.55 | -49.36 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Educational problems**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Achieving below expected levels for age (no known special educational needs) | 18.19 | 14.37 | -3.82 | -20.99 |
| Achieving below expected levels for age (special educational needs suspected) | 6.45 | 5.69 | -0.76 | -11.73 |
| Achieving below expected levels for age (special educational needs with school provision, no statement) | 8.10 | 8.25 | 0.14 | 1.78 |
| Achieving below expected levels for age (special educational needs with statutory statement) | 6.41 | 8.25 | 1.84 | 28.65 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Child involvement in crime or ASB**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Police warning or reprimand | 0.32 | 0.25 | -0.07 | -22.22 |
| Suspected or reported gang involvement | 0.25 | 0.14 | -0.11 | -42.86 |
| Suspected or reported involvement in anti-social or criminal behaviour | 1.40 | 0.76 | 0.65 | 46.15 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

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**Physical health problems / unhealthy behaviours**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Malnutrition | 1.19 | 0.97 | -0.22 | -18.18 |
| Other life-limiting illness | 0.83 | 1.01 | 0.18 | 21.74 |
| Other physical health problems | 13.36 | 14.22 | 0.86 | 6.47 |
| Poor hygiene and self care | 4.68 | 3.10 | -1.58 | -33.85 |
| Serious and limiting disability | 2.48 | 2.56 | 0.07 | 2.90 |
| Diagnosed eating or weight disorder (including obesity, anorexia or bulimia) | 2.16 | 1.98 | -0.18 | -8.33 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Mental health problems**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Diagnosed emotional or behavioural disorder | 2.16 | 1.98 | -0.18 | -8.33 |
| Diagnosed psychiatric disorder | 0.25 | 0.29 | 0.04 | 14.29 |
| Other mental health problems (specify) | 4.83 | 5.83 | 1.01 | 20.90 |
| Suspected or reported occurrence of self harm | 1.84 | 1.37 | -0.47 | -25.49 |
| Suspected or reported stress or anxiety | 33.27 | 24.34 | -8.93 | -26.84 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

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**Child protection issues**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Child protection concerns | 8.75 | 7.38 | -1.37 | -15.64 |
| Local Authority Care | 0.54 | 0.97 | 0.43 | 80.00 |
| Missing child / runaway | 0.11 | 0.22 | 0.11 | 100.00 |
| Subject to a Child in Need Plan | 2.88 | 3.38 | 0.50 | 17.50 |
| Subject to a Child Protection Plan | 3.89 | 3.71 | -0.18 | -4.63 |
| Past child protection issues (Child Protection Plan. Child in Need Plan or taken into Local Authority Care), but no longer | 8.43 | 9.94 | 1.51 | 17.95 |

*Source: IFMIS analysis. Base = all children with an entry and exit record (2,777)*

## Adult indicators

**Parenting difficulties**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Parenting anxiety or frustration | 64.31 | 42.78 | -21.53 | -33.48 |
| Problems with discipline and boundary setting | 49.73 | 30.18 | -19.55 | -39.32 |
| Subject to a Parenting Contract or Parenting Order | 1.62 | 1.26 | -0.36 | -22.22 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Adult involvement in crime or ASB**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Community sentence | 0.18 | 0.32 | 0.14 | 80.00 |
| Custodial sentence | 0.79 | 0.76 | -0.04 | -4.55 |
| Police warning or reprimand | 1.40 | 1.01 | -0.40 | -28.21 |
| Antisocial Behaviour Contract | 0.25 | 0.11 | -0.14 | -57.14 |
| Antisocial Behaviour Order | 0.07 | 0.07 | 0.00 | 0.00 |
| Suspected or reported involvement in anti-social or criminal behaviour | 2.23 | 1.58 | -0.65 | -29.03 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

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**Physical health problems or lifestyle factors**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Heavy smoker | 7.27 | 7.42 | 0.14 | 1.98 |
| HIV / Aids | 0.32 | 0.32 | 0.00 | 0.00 |
| Other life-limiting illness | 1.87 | 1.55 | -0.32 | -17.31 |
| Other physical health problems or lifestyle factors | 13.65 | 15.02 | 1.37 | 10.03 |
| Poor hygiene and self care | 2.84 | 2.59 | -0.25 | -8.86 |
| Serious and limiting disability | 5.33 | 5.47 | 0.14 | 2.70 |
| Diagnosed eating or weight disorder (including obesity, anorexia or bulimia) | 2.81 | 2.88 | 0.07 | 2.56 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Mental health problems**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Diagnosed emotional or behavioural disorder | 6.77 | 6.99 | 0.22 | 3.19 |
| Diagnosed psychiatric disorder | 5.15 | 5.58 | 0.43 | 8.39 |
| Other mental health problems | 14.62 | 14.66 | 0.04 | 0.25 |
| Suspected or reported occurrence of self harm | 2.74 | 1.87 | -0.86 | -31.58 |
| Suspected or reported stress or anxiety | 47.39 | 37.95 | -9.43 | -19.91 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Drug and alcohol misuse**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Illegal drug misuse - rehabilitation / outpatient treatment | 1.48 | 1.55 | 0.07 | 4.88 |
| Suspected or reported alcohol misuse - not receiving treatment | 2.92 | 1.76 | -1.15 | -39.51 |
| Suspected or reported illegal drug use - not receiving treatment | 2.52 | 2.52 | 0.00 | 0.00 |
| Alcohol misuse - rehabilitation / outpatient treatment | 1.12 | 1.37 | 0.25 | 22.58 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

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**Educational problems**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Basic literacy or numeracy skills | 10.48 | 12.17 | 1.69 | 16.15 |
| Learning Difficulties or Disabilities | 3.20 | 3.49 | 0.29 | 8.99 |
| Low English language skills | 5.15 | 5.55 | 0.40 | 7.69 |
| Low financial capability skills | 4.18 | 4.36 | 0.18 | 4.31 |
| No qualifications | 10.05 | 10.23 | 0.18 | 1.79 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

# Full set of indicators – strengths

## *Family indicators*

### Established family routine at home

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Moderation of TV watching and computer use | 27.76 | 45.37 | 17.61 | 63.42 |
| Regular bedtimes, mealtimes and school routine | 40.44 | 59.38 | 18.94 | 46.84 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

### Accessing entitlements

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Take-up of free childcare entitlements | 25.14 | 31.90 | 6.77 | 26.93 |
| Adult family members accessing appropriate benefit entitlements | 46.85 | 59.74 | 12.89 | 27.52 |
| Take-up of Child Tax Credits | 38.85 | 47.39 | 8.53 | 21.96 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

### Managing a family budget

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Family budget in place, and being actively managed | 32.63 | 49.77 | 17.14 | 52.54 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

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**Strong and supportive family relationships**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Regular participation in family activities | 23.33 | 36.23 | 12.89 | 55.25 |
| Regular involvement of non-resident parent(s | 13.50 | 18.15 | 4.65 | 34.40 |
| Strong and supportive relationships within the immediate family | 36.77 | 46.42 | 9.65 | 26.25 |
| Active and regular supportive contact with grandparents / other relatives | 35.36 | 43.46 | 8.10 | 22.91 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

**Support from informal networks**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Active and regular support and contact with friends or community members | 30.18 | 46.89 | 16.71 | 55.37 |

*Source: IFMIS analysis. Base = all families with an entry and exit record (2,777)*

## *Child indicators*

**Supportive peer friendships**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Regular contact with friends outside of school | 31.15 | 46.53 | 15.38 | 49.36 |
| Supportive peer friendships at school | 47.64 | 61.94 | 14.30 | 30.01 |

*Source: IFMIS analysis. Base = all children with an entry and exit record (2,777)*

**Participation in positive out-of-school activities**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Civic participation - involvement in decision-making processes | 0.25 | 0.90 | 0.65 | 257.14 |
| Informal volunteering - helping out friends, family or local people | 1.98 | 4.14 | 2.16 | 109.09 |
| Occasional participation in sports or leisure activities | 19.91 | 28.27 | 8.35 | 41.95 |
| Regular participation in sports or leisure activities | 23.19 | 39.79 | 16.60 | 71.58 |
| Formal volunteering - for an organisation or as part of a specific programme | 0.68 | 1.66 | 0.97 | 142.11 |
| Group membership - involvement in local and community organisations | 10.30 | 19.37 | 9.07 | 88.11 |

*Source: IFMIS analysis. Base = all children with an entry and exit record (2,777)*

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**Healthy lifestyles**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Regular participation in exercise or physical activity | 30.68 | 44.26 | 13.58 | 44.25 |
| Regular participation in play opportunities | 35.76 | 51.49 | 15.74 | 44.01 |
| Attending routine GP appointments, health checks and immunizations | 56.43 | 67.84 | 11.42 | 20.23 |

*Source: IFMIS analysis. Base = all children with an entry and exit record (2,777)*

## Adult indicators

**Home-school links**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Volunteer help at the child(ren)'s school | 3.82 | 7.49 | 3.67 | 96.23 |
| Participation in formal school structures (parent governor, school committees) | 1.44 | 2.45 | 1.01 | 70.00 |
| Regular face-to-face contact with school staff, reporting positive relationships | 51.13 | 63.02 | 11.88 | 23.24 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Supporting children through play and learning**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Attending regular play sessions with the child(ren) | 21.93 | 33.56 | 11.63 | 53.04 |
| Listening to and reading with the child(ren) on a regular basis | 38.21 | 52.50 | 14.30 | 37.42 |
| Participation in structured family learning activities | 16.85 | 28.20 | 11.34 | 67.31 |
| Supporting with school work / homework | 40.71 | 55.06 | 14.33 | 35.19 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Keeping children safe from harm**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Appropriate boundary-setting for children | 33.17 | 52.90 | 19.73 | 59.50 |
| Parental awareness of safe practices (e.g. internet safety, road safety) | 49.01 | 63.27 | 14.26 | 29.10 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

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**Community or civic participation**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Civic participation- involvement in decision-making processes | 0.97 | 2.02 | 1.04 | 107.41 |
| Informal volunteering - helping out friends, family or local people | 8.53 | 15.88 | 7.35 | 86.08 |
| Formal volunteering - for an organisation or as part of a specific programme | 3.24 | 7.13 | 3.89 | 120.00 |
| Group membership - involvement in local and community organisations | 7.35 | 15.27 | 7.92 | 107.84 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Employment**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Full time employment | 14.55 | 16.85 | 2.30 | 15.84 |
| Part time employment (less than 16 hours per week) | 5.19 | 6.73 | 1.55 | 29.86 |
| Part time employment (more than 16 hours per week) | 10.15 | 12.24 | 2.09 | 20.57 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

**Taking up learning opportunities**

| Indicator | % at entry | % at exit | % point change | % change |
|---|---|---|---|---|
| Entry level or below | 7.31 | 14.44 | 7.13 | 97.54 |
| Level 1 accredited course | 3.78 | 7.45 | 3.67 | 97.14 |
| Level 2 accredited course | 2.88 | 5.22 | 2.34 | 81.25 |
| Level 3 or above accredited course | 4.83 | 6.48 | 1.66 | 34.33 |

*Source: IFMIS analysis. Base = all adults with an entry and exit record (2,777)*

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# Annex Three: Comparator Projects and Programmes

In the good practice chapters in this report we reference other programmes and projects that are similar to Improving Futures. In the tables below we provide further details on these programmes and projects.

## Table A3.1: Comparator programmes and projects working in primary schools

### Families and Schools Together (FAST), Save the Children

FAST is an eight-week evidence-based programme originating from the US and introduced to the UK by Save the Children. The programme is designed to build protective factors to increase child wellbeing and enhance children's resilience. The programme involves groups of up to 40 whole families, a school partner and a community-based partner. The group meets on a weekly basis for 2.5 hours to spend time learning, developing relationships and holding group discussions.

An independent evaluation of the Save the Children FAST pilot in five schools found:

- Parent–child relationships improved by 19%.
- Nearly four-fifths (78%) of parents had a better understanding of their children and less conflict in the home.

On a Strengths and Difficulties Questionnaire (SDQ) pro-social behaviour increased by 12 per cent and emotional symptoms reduced by 40%.[70]

### Place2Be

Place2Be delivers school-based therapeutic interventions in over 235 primary schools across the UK. Support is available for children, parents, teachers and school staff. Support involves group/whole class work and, for children with more acute needs, one-to-one counselling. In some schools parents can received support from a Parent Counsellor.

As a part of an evaluation of the support, teachers and parents completed SDQs before and after children received support; these showed that children's social and emotional behaviour, as perceived by their teachers and parents, improved following support.[71]

### Achievement for All

Achievement for All is a programme for schools. Running for two years, it works with schools to support vulnerable children. An 'Achievement Coach' and nominated 'School Champion' support and challenge the school to achieve whole system change. The programme supports more than 2,400 schools in the UK.

Research found that, after the support, many schools report. *"increased awareness of and focus on SEND and inclusion issues throughout the whole school, with a greater emphasis on understanding and addressing pupils' wider needs".*[72]

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## Table A3.2: Examples of UK initiatives to build community resilience

### Communities First (Welsh Government)

The Communities First programme operates in the 10% most deprived communities in Wales and aims to narrow the economic, education/skills and health gaps between the most deprived and more affluent areas in Wales. The programme was introduced in 2001, though was redesigned as a tackling poverty programme in 2011. The programme is based on small groups of communities working together and sharing resources to tackle local issues. Each such group is called a Communities First Cluster and there are 52 clusters across Wales. Most clusters have a population of between 10,000 and 15,000 people. For more information see:

http://gov.wales/topics/people-and-communities/communities/communitiesfirst/?lang=en.

An independent process evaluation of the programme found that the programme was seen as valuable by many of the stakeholders involved in its delivery, as well as local beneficiary communities. However, the programme at times lacked genuine community participation and the clusters struggled to identify families most in need in the local areas.[73]

### Our Place (Big Lottery Fund [BLF], Scotland)

Our Place was a place-based initiative funded by BLF in Scotland to empower local people and organisations to bring about change in their neighbourhoods. The programme invested approximately £12m across 25 projects. For more information see:

https://www.biglotteryfund.org.uk/global-content/programmes/scotland/our-place.

According to an internal review of the programme, participants reported that the programme had made a difference in their communities, including reducing apathy amongst members of the community, improving confidence in the area and empowering communities[74]. In particular, they found it was valuable to take an assets-based approach. However, the programme struggled to engage wider members of the community beyond those directly involved in the setting up the initiative and struggled to encourage community members to lead activities, leading to fears of future burn-out.

### Connected Communities (RSA, UCLan and LSE, England)

Since 2010 the RSA and its partners at the University of Central Lancashire (UCLan) and the London School of Economics (LSE) have been working with communities in seven locations in England to research and strengthen relationships within communities. For more information see: https://www.thersa.org/action-and-research/rsa-projects/public-services-and-communities-folder/connected-communities-social-inclusion-and-mental-wellbeing/.

A report written by The RSA claimed that, ""The Connected Communities programme demonstrates that community-led action and targeted interventions can indeed strengthen local communities, and that substantial benefits can be derived as a result". However, they also reported that building community assets required a lot of work, and was compounded by cuts to local services.[75]

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[73] Ipsos MORI and Wavehill Consulting, 2015. *Communities First: Process Evaluation Final Report.* Welsh Government, Cardiff. See: http://gov.wales/statistics-and-research/evaluation-communities-first/?lang=en

[74] Curry, H. and Read, M., 2010. *Our Place Learning Report.* Big Lottery Fund. See: https://bigblogscotland.files.wordpress.com/2015/09/our-place-learning-report.pdf

[75] Parsfield, M. et al, 2015. Community Capital: The Value of Connected Communities. The RSA, London. See: https://www.thersa.org/discover/publications-and-articles/reports/community-capital-the-value-of-connected-communities/

## Table A3.2: Examples of UK initiatives to build community resilience

### Big Local (BLF and Local Trust, England)

Big Local aims to make a lasting and positive difference to communities. The programme is supporting 150 areas in England; each area has a £1m investment to build links and address challenges in their community. Central to the programme is that residents make decisions about how the money is used. The programme was launched in 2010 and is funded by BLF and managed by Local Trust. For more information see: http://localtrust.org.uk/get-involved/about-big-local.

An independent evaluation of Big Local found that the programme had boosted residents' social networks and made them feel more connected. However, projects found engaging the community to be difficult and slow.[76]

### Community First (England)

Community First aimed to build community resilience by helping to bring communities together and identify their strengths and local priorities. The programme was funded by £80m from the Office for Civil Society (OCS) in the Cabinet Office and ran from 2011 to 2015. During this time participants set up 15,000 community projects. For more information see: http://www.cdf.org.uk/content/funding-programmes/previous-programmes/community-first/.

An independent evaluation found that people involved in the programme were positive about the difference the programme made in their neighbourhoods. Projects involved activities that connected people together, encouraged people to volunteer, encouraged people to be active and healthy and helped people to learn.[77]

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[76] James, D., et al, 2014. *Big Local: the early years.* NCVO, London. See:
http://localtrust.org.uk/assets/downloads/documents/Final_report_reduced.pdf
[77] Ipsos MORI and nef consulting, 2014. *Community First Programme Evaluation: Update 4.* Cabinet Office, London.
See: http://www.cdf.org.uk/wp-content/uploads/2015/01/Evaluation-of-Community-First-Winter-2014.pdf

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