Hampshire's Supporting Troubled Families Programme (STFP): FINAL REPORT

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EXECUTIVE SUMMARY

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The research conducted by the University was in response to a call (dated 13.12.2012) for a proposal '*to work in partnership with Hampshire County Council over a two year period, to support the design and delivery of a robust evaluation framework for the Supporting (Troubled) Families Programme (STFP) in Hampshire*.' The University was appointed academic evaluation partner to the programme in March 2013. The University agreed to add value to the funding provided by Hampshire in order to provide the range of expertise and types of data collection and analysis.

Brief literature review (ie context for the current study and final report)
The existing body of relevant research illustrates the difficulty in achieving positive outcomes once families face multiple adversities. Research evidence generally supports early intervention, this is often taken to mean early in a child's life, but can also mean early in problem development or in a timely way in a given situation. Hampshire's STFP has faced the twin challenges of working with families with multiple problems, with a strong focus on the behaviour of teenagers (rather than younger children). The achievements detailed in the current University of Portsmouth research for Hampshire should be seen with reference to this existing evidence.

Government expectations about data and evidence of impact
Government expectations about what organisational data is readily accessible and can be used to monitor a large scale and robust assessment of the impact of Phase 1 of the programme have been unrealistic; both because of the data sharing and ethical issues faced by local programmes early on and the compatibility of different systems of data collection in different services. Our observations (and Focus groups in Time 2, February-March 2015) would indicate that this has improved during Phase 1 and is likely to improve further in Phase 2 of the programme. The Phase 1 time period is too short to track outcomes (and their sustainability) over a meaningful period after cases are closed to the STFP in terms of making an assessment on what would be regarded as robust research evidence. That said, the broader evidence base underpinning this programme, as well as the evidence collated in the current study, would characterise the programme as 'promising'. This is cautious 'academic speak' for how research evidence is evaluated. Assessing the programme as 'promising' would support the view that STFP is a worthwhile programme that needs longer term monitoring of outcomes to evidence the sustainability of the positive changes achieved with families.

The research
Overall aim (as set by Hampshire STFP)

To demonstrate the overall impact of the programme and inform future service design and delivery to families beyond the three year programme

The researchers have used a multi-method approach involving the collection and analysis of qualitative and quantitative data. The research includes:

Purpose	Methods	Reporting/detailed reports available
To track changes in staff practise, perceptions and evaluation of the programme	**Staff -on-line surveys & Focus Groups:** Time 1: April –June 2013 Time 2: Survey-Nov – Dec 2014; Focus groups- February – March 2015	Report (Time 1): September 2013 Report (Time 2): January 2015
To understand how the programme is working in cases where positive change has been achieved	**Case studies of 11 families:** in-depth interviews with family members and staff working with them	Report: September 2014
To evidence the scale of global change in PBR cases *(PBR = payment-by-results)*	**Analysis of database evidence on 219 families:** Merging and cleaning organisational databases on educational and offending data and changes made	Report: September 2014
To set the context for the final report and achievements of the programme	**Brief literature review**	Supplied in advance as a paper in January 2015 (and previously as part of academic publications during 2014)
To contribute to the economic evaluation of the programme	**Local authority data**	Local authority data presented to Partnership Board: April 2015

Key findings

Staff surveys indicate a positive shift in working practices towards increased confidence in working with whole families and staff beliefs about what they can achieve with families. Furthermore these surveys indicate an overall shift in working practices towards increased partnership working and inter-agency co-ordination and co-operation.

Focus groups held in February – March 2015 further illustrate the progress being made in inter-agency co-ordination and co-operation in relation to whole family working. The development of Early Help Hubs aligns well with the TFP. Focus groups illustrate a readiness to embrace the wider criteria in Phase 2 of the STFP. However, development is uneven across Hampshire, so there may need to be a greater focus on reducing differences between areas of the county.

Case studies illustrate outputs (in terms of family experiences of the STFP). They illustrate the complexity of family situations and needs that staff are working with. Notably, families appreciate the family centred approach and the personal qualities and enthusiasm of staff. This positive feedback on staff working within the STFP was often contrasted with the services families had experienced in the past.

Our analysis of organisational databases on 219 families who had been the subject of PBR claims show substantial reductions in the prevalence of families that had a persistently absent child (89.9% reduction), a child excluded from school for a fixed period (54.9% reduction), and a child with a young offender (48.4% reduction).

Our interpretation of social care outcomes for the STFP 'intervention group' (n=2,403) and a 'comparison group' (n=3,736) created by Hampshire County Council (based on children who met the education criteria) is positive. There is evidence that children supported by the STFP are proportionately less likely to be 'looked after' or to be open cases to Children's Social Care.

Our overall assessment of evidence on cost savings is that all calculations point in the right direction, towards cost savings that look substantial. However, these benefits may not be felt by services overall, or professionals on the front line, for two main reasons. Firstly, in relation to the Children's Social Care data, the national trend for children taken into care is upwards. Secondly, reductions in budgets in the public sector are likely to mean that improvements brought about by the STFP are not actually felt 'on the ground.' Also the concept of 'cashable benefit' raises the question of where the benefit is cashed and to what end.

Overall, the current research would indicate that:
Hampshire's STFP is promoting positive change in professional practise with families. There is more inter-agency co-operation and understanding, better information sharing, more targeted work with families, more whole family working, more positive experiences for service users. The changes made by the programme align well with the development of Early Help Hubs. The STFP also appears to be a more cost effective way of responding to families with multiple and complex needs.

Overview of the research

University role as 'evaluation partner'

The research undertaken at the University of Portsmouth was a response to a call (dated 13.12.2012) for a proposal '*to work in partnership with Hampshire County Council over a two year period, to support the design and delivery of a robust evaluation framework for the Supporting (Troubled) Families Programme (STFP) in Hampshire*.' The University was appointed academic evaluation partner to the programme in March 2012. The University agreed to add value to the funding provided by Hampshire in order to provide the range of expertise and types of data collection and analysis.

Overall aims (as set by Hampshire STFP) and methods

> To demonstrate the overall impact of the programme and inform future service design and delivery to families beyond the three year programme

The researchers developed a multi-method approach involving the collection and analysis of qualitative and quantitative data. The research included:

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To contribute to the economic evaluation of the programme	**Analysis of local authority data**	Local authority data presented to Partnership Board: April 2015

SECTION 1: Key Background Research Evidence

1.1 Introduction
The existing body of relevant research which has informed the current study and to which this study contributes is wide ranging[1]. This brief review covers three key relevant themes that can inform our understanding of the needs served by Phase 1 of the 'Troubled Families' Programme (TFP) and the evaluation of early *outputs* and *short term outcomes* from the Programme[2].

- Early intervention and potential cost saving
- Risk factors and cumulative adversity
- Defining 'the problem' and service response: the national Troubled Families Programme (TFP)

1.2 Early Intervention and potential Cost Saving
Early intervention can have a number of meanings:

- Early in a child's life
- Early in problem development
- In a timely way in a given situation (Hayden, 2007, p.131).

Early intervention connects with both the practise and aspiration of the TFP in the sense that the Programme aims to prevent the further escalation of problems and the avoidance of costly 'Tier 4' services such as care and custody for children (arguably this is early intervention 'in a timely way in a given situation'). The focus of Phase 1 of the Programme has not deliberately been early intervention as in 'early in a child's life' (although many families have children that span the age range of pre-school to young adult, as well as grandchildren). Neither can Phase 1 of the TFP be seen as 'early in problem development'. In part this can be explained by the early rhetoric about Britain's '<u>most</u> troubled' families (Cameron, 2011, our emphasis) who were perhaps unlikely to have recently developed problems. Indeed, very early on in the Programme, Casey's report highlighted the 'inter-generational' issues apparent in the families she interviewed (DCLG, 2012).

Research evidence suggests that intervening early in the lives of children believed to be 'at risk' of adverse outcomes is generally recognised to be a good idea (Sutton et al, 2004) as long as the intervention itself is not stigmatising. The focus on the identification of particular triggers or indicators for early intervention with families who

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[1] **Section 1 is partly based on the following publications**: Hayden, C. & Jenkins, C. (2015) Troubled or troublesome? Children taken into care and custody, In Davies,K.(ed) *Social Work Practice with 'Troubled Families': A Critical Introduction.* London: Jessica Kingsley Publishers.

Hayden, C. & Jenkins, C. (2014) The 'Troubled Families' Programme in England: 'wicked problems' and policy-based evidence, *Policy Studies*, 35(6), November, pp.631-649.

Hayden, C. & Jenkins, C. (2013) Children taken into Care and Custody and the 'troubled families' agenda in England, *Child and Family Social Work.*doi:10.1111/cfs.12095. Advance publication.

Hayden, C. (2007) *Children in Trouble*. Basingstoke: Palgrave/MacMillan.

[2] **Outputs** as in type of service offered and **short-term outcomes**, as in evidence of change over the one to two year period after which a family has had help from the STFP.

are likely to develop significant (if not necessarily complex) problems is relatively well researched (see for example IPC, 2012). The kinds of carer or environmental factors that seem to contribute in particular to worse parenting and worse child outcomes are:

- Parent mental health problems
- Parent drug or alcohol misuse
- Family offending or anti-social behaviour
- Domestic violence
- Poor housing
- Family debt (IPC, 2012, p.11).

However, overall, the UK research evidence base for the likely cost saving of early intervention with children and families with multiple problems is not viewed as of the requisite quality to make firm pronouncements. The biggest issues are: the research is rarely set up as an RCT (randomised control trial) where the effect of the intervention can be compared with people randomly allocated to 'control' and 'intervention' groups; most research does not follow up individuals for long enough (ie it is not 'longitudinal'); most research is focused on particular issues or interventions (see for example Khan, Parsonage and Stubbs, 2015), rather than 'multiple' and whole family problems.   Some key United States research does however stand out in terms of the evidence base on cost savings as well as underlining the importance of longitudinal research (see for example the pre-school intervention, High/Scope). Importantly, there was no initial difference between the intervention and control group with High/Scope, the cost savings   became evident and cumulative in the longer term follow-up (Schweinhart and Weikart, 1980). It is also important to add a cautionary note about the transferability of this evidence to the UK, as the UK and US welfare systems are not comparable, so the estimated US cost savings may not be the same in the UK.

That said, it is possible to make an argument using the existing evidence base, in terms of *likely areas* of cost saving. For example, in relation to early intervention with 0 to 5 year olds in the UK, Sinclair (2007) envisages that:

> *Cost savings from early intervention in the UK would start to be felt at around age 12, initially in the criminal justice system, later in health with further impacts from lower drug and alcohol use and later first pregnancies. In adulthood there would be increased tax payments and lower demand on benefits* (p.5 in Stevens, 2011).

Khan et al (2015) provide a persuasive analysis of the costs and benefits of a range of interventions targeting children with mental health problems, including conduct disorder, anxiety, depression, ADHD and a number of other conditions.   They provide benefit to cost ratios for a number of interventions with the different mental health problems. Group and school based interventions are lowest cost and have high benefit to cost ratios.

Bonin et al (2011) in a recent study *modelling long-term outcomes* of parenting programmes delivered when a child is aged 5 years shows the proportions of areas (by service and type of need) in which savings might be expected from early intervention in the UK to prevent behaviour problems. Reductions in criminal behaviour and its consequences was the biggest cost saving area. They estimate a potential mean cost saving of £16, 435 per family over 25 years, compared with an investment of up to £2,078 per family (p.6).

FIGURE 1.1: Parenting programmes - cost savings at age 35 for programmes delivered at age 5
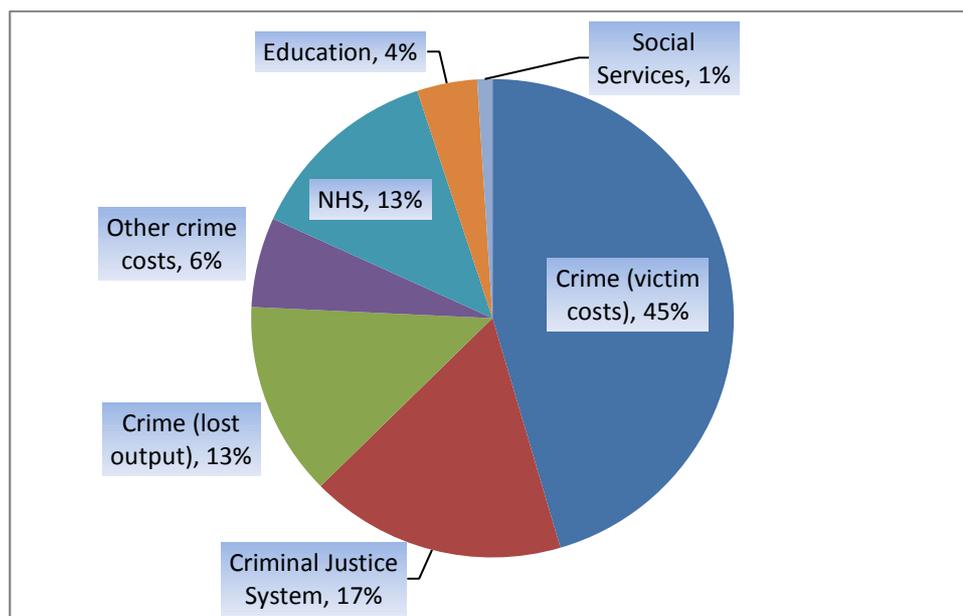
Source: Bonin et al (2011) Table 3, p.6. Total adds up to 99% due to rounding.

The analysis by Bonin et al (2011) excluded some areas of possible savings because they considered there was insufficient evidence to inform the development of their model. These areas of *additional* possible savings included: earnings, social security benefits, adult mental illness and disability. In addition, Stevens (2011) highlights the wider likely positive 'benefits' (social and economic) of early intervention with 'vulnerable children and families' on other family members and wider social networks, as well as intergenerational effects.

1.3 Risk factors and cumulative adversity
Research on 'risk factors' in childhood and poor outcomes in adulthood is another way of profiling the constellation of issues and circumstances found in families with multiple problems. Some risk factors are additional to those listed above (IPC, 2013; Levitas, 2012), some are inter-related and some are the same. Risk factors include:

- Low income
- Low school attainment
- Poor social and emotional skills
- Poor parenting

- Low birth weight

- Poor parental mental health

- Living in a deprived neighbourhood (Spratt, 2009, p.439-440).

We also know a great deal about very specific service responses, as an indicator that a child is presenting behaviour that is viewed by professionals to be highly problematic. For example, we know that exclusion from school (particularly primary school and particularly permanent exclusion) is a good indicator of highly troubled and troublesome behaviour; and that the effects of this rejection and the circumstances that go with it, tend to act as a trigger for further adverse outcomes (Parsons et al, 2001; Holt, 2011). If the excluded child is already known to social services, problems are more likely to continue and escalate as the child gets older, compared with excluded children who have no involvement with social services (Parsons et al, 2001).   More broadly, evidence suggests that it is the number of indicators present that is predictive of poor outcomes (Feinstein and Sabates, 2006). Spratt (2012) argues that 'multiples matter' in relation to 'cumulative adversity' and the likelihood of poor outcomes. Whether this is due to a multiplier effect (as illustrated by the work of Rutter, 1979) or additive (Felitti et al, 1998) it is concluded that past a threshold of three or four risk factors outcomes worsen dramatically.

Implicit in much of the discussion above is relative poverty which tends to underpin the circumstances of many families likely to be seen as 'troubled' and/or 'troublesome'. The capacity of parents to offer positive parenting depends in part on the wider social and environmental circumstances in which they live. Rutter (in Hayden, 2007, p.63) refers to this as the 'permitted circumstances of parenting'. These circumstances include: adequate income and housing, good mental and physical health, employment compatible with family life, as well as the availability of support services such as good quality child care. Negative parenting is associated with problematic behaviour from children, which may be internalising ('troubled') or externalising ('troublesome').

However, epidemiological studies have established that the experience of major problems or risks (often referred to as 'adversity') in childhood is more common than can be adequately dealt with by the child protection and criminal justice systems, leading to the conclusion that only a minority of children facing adversities such as child abuse, domestic violence, substance misuse and so on are identified by social services (Spratt, 2012). It follows that estimates of how many families have multiple problems depends on where the line is drawn, in terms of the number and type of adversities or risks used to create the estimate. Until recently there was no dedicated attempt to identify and track such families across agencies at a local level (Spratt and Devaney, 2009). Indeed a few years ago, Spratt (2009) argued that the '*systems to locate these families have not yet been developed*' (p.440).

1.4 Defining 'the problem' and service response: the National 'Troubled Families' Programme

Definition and National Criteria

The Department for Communities and Local Government, DCLG (2013, para 1) defines a troubled family in the following way:

> *Troubled families are those that <u>have</u> problems and <u>cause</u> problems to the community around them, putting high costs to the public sector* [our emphasis].

The **National Criteria** for Phase 1 of the TFP include households who:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have an adult on out of work benefits
- Cause high costs to the public purse (DCLG, 2014, para).

At the start of the TFP, the belief (in political circles at least) was that it was possible to immediately identify families by the national criteria. This is illustrated in the speech by Prime Minister Cameron at the launch of the TFP (in December 2011) in which he said:

> *We need to move quickly from broad estimates to actual names and addresses. By February we want local authorities to have identified who the troubled families are, where they live and what services they use*
> (Cameron, 2011, p.9).

Whilst it is true to say that the systems to identify families across the national criteria was not readily available at the start of the TFP, the data could be found in different local authority and other organisational databases. The problem the TFP has had in compiling and monitoring data on families in Phase 1 relates mainly to data protection and ethical concerns about the consent of families, as well as some specific IT issues. Whilst 'data sharing protocols' and the provisions of the 1998 Crime and Disorder Act can overcome some of the data protection concerns, they do not address the ethical issues, nor some of the more practical IT issues in terms of how data is held, downloaded and transferred. In particular, data sharing about 'worklessness' was essential to the programme, as one of the three national criteria and as part of the payment-by-results (PBR) framework. Access to Department of Work and Pensions (DWP) data should have been agreed nationally at the start of the programme (and wasn't) leading to wasted effort replicated across the country and leaving local authorities with difficulties obtaining the necessary data in the first year of the programme. Furthermore, the potential for uncovering benefit fraud was an additional built in tension in a programme that sets out to work with the whole family and has reducing worklessness as one of its national criteria. The likelihood that some families are not claiming benefits to which they are entitled creates other tensions within the programme, in relation to expectations about cutting costs.

Estimation: the 120,000 families

The lists of 'risk factors' and 'triggers' identified by research overlaps with two of the indicators used to create the initial estimate for the TFP (mental health and poor housing) but not others (specifically worklessness). Crucially there are significant issues that are well known to inter-relate with parenting and child outcomes (drug and alcohol misuse, domestic violence, offending and anti-social behaviour) that are included in the lists above but were not included in the data used to model the estimation of 120,000 families (2% of all families) for Phase 1 of the TFP. To be designated 'troubled', families had to meet five of the seven criteria below:

- No parent in family is in work
- Family lives in overcrowded housing
- No parent has any qualifications
- Mother has mental health problems
- At least one parent has a long-standing limiting illness, disability or infirmity
- Family has low income (below 60% of median income)
- Family cannot afford a number of food and clothing items

(Levitas, 2012, p.4-5).

These criteria were taken from the Family and Children Survey, FACS (Hoxhallari et al, 2007). Levitas (2012) argues that a more apt description of the group identified by this survey is '*severely and multiply disadvantaged*' (p.4). Crucially, as has been argued elsewhere (see Hayden and Jenkins, 2013) this survey was primarily about parental vulnerability and relative poverty, *not* offending behaviour and school attendance. Nevertheless the TFP was launched with the expectation that local authorities would be able to identify a specified number of families in their area, according to the three national criteria of worklessness, crime and ASB, and children out of school.

The TFP as a non-statutory intervention

As a response to complex families with multiple problems it is interesting to note that, the TFP is a non-statutory intervention. Families are asked to sign up to the programme, rather than being told that they must accept the help. However, such families may be facing other types of more coercive response at the same time, such as a threat of eviction or prosecution because of persistent absence from school. So signing up to the programme is not totally voluntary nor is it totally coercive, despite some of the tough talking from politicians early on in the programme. The semi-voluntary nature of the programme is both an advantage of the TFP but also an additional inherent tension. For example, child welfare concerns are likely to be present in many (probably most) of the households and statutory services (such as children social care) may have to become (re)involved in some cases. Hence in some ways the TFP is another way of delivering state services to complex families with multiple problems that may initially bypass children's social care and other types of statutory intervention. This may help make the service more acceptable to some families.

Working with whole families

The focus on the whole family in the TFP, rather than individual children and adults, is often heralded as a relatively new way of delivering services in the UK, but it actually has a long history in relation to social work with children and families going back to the 1960s in the UK and US. Thoburn et al (2013, pp. 228-229) note the increased focus in social work in the UK on child maltreatment after the 1989 Children Act, despite '*a bewildering array*' of government (and part government) initiatives targeted at '*families with complex problems*'.

The government review of the evidence base for effective family interventions characterises the evidence as the 'family intervention factor', which has five key components:

- A dedicated worker, dedicated to the family
- Practical 'hands on' support
- A persistent, assertive and challenging approach
- Considering the family as a whole – gathering the intelligence
- Common purpose and agreed action (DCLG, 2012b, p.6).

This review recognises the limitations to the evidence base, particularly the lack of control (or comparison) groups but asserts that the evidence is nevertheless 'consistently strong' and 'compelling' (p.6). Three basic models of working in the TFP have been advocated, with decreasing levels of intensity:

- *Family Intervention*: larger, most challenging and complex families, caseloads of up to 5 families
- *Family Intervention light*: smaller families and/or fewer needs, caseloads 5-15 families
- *Family Intervention super light*: 'lead worker' based in and working from an existing service (DCLG, 2012b, pp 31-32).

Furthermore intensive family interventions (specifically Family Intervention Projects, FIPs) of various types were already well established across the UK before the TFP was launched. Dixon et al (2010) in reviewing the evidence (for the previous Labour government) on how these projects were running typify the approach taken in FIPs in the following way:

> *All intensive family interventions work in a similar way, taking an assertive and persistent yet supportive approach to addressing and challenging the issues facing the whole family which ensures that they recognise the inter-connectedness between children's and adults' problems. Following a rigorous assessment a key worker is assigned to work intensively with each family, building a close and trusting relationship* (p.11).

FIPs developed as part of New Labour's anti-social behaviour strategy and continue as part of the TFP in some areas (or sometimes alongside local programmes). A key part of the evidence base that originally supported the development of FIPs

came from the Dundee Family Project in Scotland (see Dillane et al, 2001). Starting in 1995 this project focussed on tenants who faced eviction. The key features of the approach were: an assertive worker for each family, the availability of 24-hour support and housing in residential facilities for a small number of families. Families signed a contract that gave them a mixture of support and challenge, with sanctions (such as eviction) if they refused help (DCLG, 2012b, p.11).

A new ethos of public sector service delivery?

A central aspect of the TFP is the ambition of transforming the response of the public sector to families with multiple and complex problems. A report from South East Strategic Leaders (SESL, 2013) characterises the TFP as:

> *…much more that an initiative – it stands for a new ethos of public sector delivery, of collaborative working and systemic change* (p.2).

Regional evidence about how the TFP is organised is provided by SESL (2013) which covers 15 local authorities in the South East. The services that deliver the TFP are known by a variety of names (with none being named a Troubled Families Programme): 'Families First', 'Turnaroud Families', 'Think Family', 'Strengthening Families', 'Family Focus' and 'Thriving Families.' How these 15 local authorities characterise what they are doing differently encompasses whole system redesign, enhanced and new forms of collaboration, as well as holistic and targeted work with families. The specific ways of working and services that are included are wide ranging, for example: peer support, family group conferences and other restorative approaches. Various forms of family support teams and key worker models operate within a pragmatic and responsive framework. Some of the programmes in the South focus on evidence based approaches such as the Triple P parenting programme (Sanders, 2008) and Multi Systemic Therapy (Littell, 2006).

Some kind of differentiation within programmes (in line with the DCLG, 2012d, review of evidence) seems to be common: based on intensity of intervention and size of caseloads, with the least intensive work being incorporated into the role of the lead professional working within their existing service, alongside their existing duties. In 2013 the Department for Work and Pensions (DWP) seconded practitioners to programmes to focus on the worklessness aspect. This latter work is aligned with European Social Fund (ESF) initiatives in many areas, which also focus on worklessness and are connected to the TFP (DWP, 2013).

A recent inspection of youth offending teams (YOTs) in six areas and their contribution to the work of the TFP illustrates the challenge for services that are central to the ambition of the overall Programme (HMIP, 2015). Reducing youth crime and ASB is one of the three main national criteria in Phase 1 of the Programme (and one of the six in Phase 2), so YOT staff are important in making a contribution to this. Although it was noted that local programmes had not been in operation long it is clear that these inspections uncovered a range of problems, including: uncertainties about the role of lead professional; arrangements for responding to the non-engagement of families (particularly where there may be a need for statutory action); and, staff perceptions that training for the role in relation to the TFP was inadequate. The report notes that:

…the local services had been running for a relatively short period of time and there had been limited evaluation of the progress made by Youth Offending Team service users. This meant we could not readily track the outcomes from the work (p.4).

Nevertheless, the report goes on to say:

On balance, our findings about the contributions of Youth Offending Teams to the Troubled Families Programme gives rise to cautious optimism. However, currently we must conclude that, for Youth Offending Teams, the Troubled Families programme offers a promising approach which is, as yet, unproven (p.5).

The fiscal case for working with troubled families

The basic argument for the TFP relates to the assertion that money is spent ineffectively and reactively and cannot be afforded (DCLG, 2013). Costs and potential cost savings of the TFP have been calculated in a variety of ways: one-off case studies of the most complex or 'expensive' families; costing new service delivery models and various combinations of service costs and mapping exercises relating to a range of families that have had intensive support. The latest national economic assessment (at the time of writing) estimates an average financial benefit of £11,200 per family across the seven local authorities in a DCLG (2015) study. However, the costs and savings differ wildly across the seven local authorities, suggesting some major differences in how these estimates were calculated. Nevertheless it is interesting to note where the estimated benefits (or 'savings') were found in the one local authority (Manchester) that supplied this data (see Figure 1.2).

FIGURE 1.2: Gross estimated benefits across public services in Manchester from the Troubled Families Programme
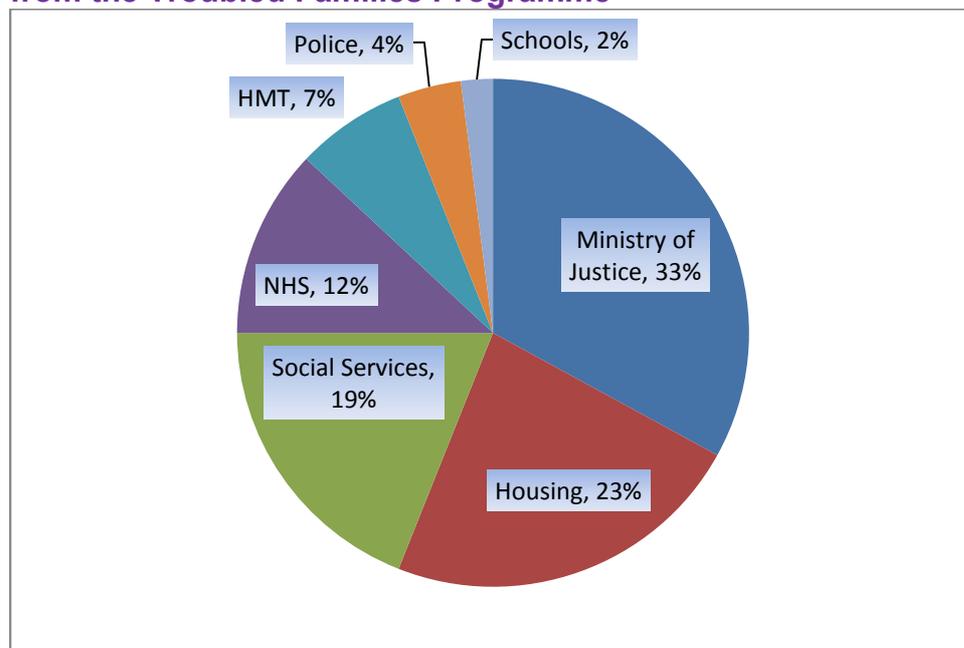
Source: DCLG, 2015, Annex A, Figure 7.

FIGURE 1.2 illustrates that over a third of the estimated benefits are crime related and are categorised as: Ministry of Justice (33%) and the Police (2%). Other major beneficiaries include: housing (23%), Social Services (19%) and the NHS (12%). Comparison between this pattern of benefits and that shown in FIGURE 1.1 shows illustrates both the importance of longitudinal data, as well as recognition that calculations are affected by what potential beneficiaries are included.

Criticisms of the TFP

There are many vocal critics of the way the TFP was named and is continuing to develop. One of the more vocal critics is Levitas (2012, 2014). Key aspects of her criticisms relate to the stigmatising name of the programme itself; the alleged manipulation and misuse of evidence and claims about 'turning around' families; and, the effect of using a PBR (payment by results) framework. For example, some local authorities initially planned to spend only the attachment fees because they couldn't predict their PBR income. In particular she cites refusals to divulge data to 'repeated' FOI requests about how costs to the public purse (the £9 billion or £75,000 per family) were calculated in the first place; as well as a request to ascertain what discretionary filters had been used by individual local authorities. Levitas (2014) also highlights the fact that the two relevant DWP work programmes were not co-ordinated (citing the NAO,2013, report as supporting evidence) which may have reduced the chances of seeing better results in relation to the worklessness aspect of the TFP. Finally, in terms of really being able to evaluate change and any cost saving she says:

> *To make any sense of these figures, we need comparable data on likely outcomes without the intervention of the TFP. That means statistical data, not, as is so often the case in relation to the troubled families agenda, scare-mongering anecdotes from extreme and unrepresentative cases* (p.5).

1.5 Conclusions

Overall, when existing evidence is reviewed about what kinds of issues and circumstances that characterise children and families likely to have or develop multiple problems, some combination of several of the following categories is likely to be in evidence.

Table 1.1: Issues and circumstances that characterise families likely to have or develop multiple problems

ANTI-SOCIAL BEHAVIOUR and CRIMINALITY	'anti-social', criminal behaviour, poor social skills, disruptive and disaffected behaviour at school, domestic violence (including child to parent violence)
DRUG and ALCOHOL MISUSE	parents and/or yps misuse, particularly inter-links with behaviour and criminality, debt, parenting
EDUCATIONAL PROBLEMS	low educational attainment; low attendance; exclusion – particularly inter-links with behaviour and criminality, low income and worklessness
HEALTH PROBLEMS	mental and physical, including low birth weight, missed health appointments etc; some aspects may inter-link with substance misuse and domestic violence
LOW INCOME and POOR MATERIAL CIRCUMSTANCES	low income, many will be 'workless, clearly inter-links to diet, health and stresses on parents, strong connection to areas of relative deprivation and social housing
PARENTING PROBLEMS CHILDREN IN NEED & CHILD PROTECTION	stress on parents connected to material circumstances; effects on children; children in need and child protection concerns - Children's Social Care involvement likely.

Research suggests that once families have several such problems at the same time poor outcomes are more likely, it follows that the TFP has a major challenge in ensuring lasting and meaningful change with the families facing several major problems at once. DCLG (2014) already acknowledges that many families in their monitoring data do indeed face multiple problems that can reinforce each other. The fiscal case for working with troubled families seems to be self-evident but the methodology for calculating costs and benefits needs more development. Realising these benefits is likely to be a bigger challenge. That said there are strong arguments for early intervention and whole family working. The strongest criticisms are largely about: political rhetoric and the consequences of a less than honest approach about the complexity of the problems facing these families; and, the scale of the task for professionals trying to effect change and what outputs and early outcomes mean.

Phase 2 of the TFP started early in some local authorities (such as Hampshire). The additional and reformulated criteria acknowledge the wider range of needs of families, discussed in this chapter. Phase 2 is based on the following six criteria[3]:

- parents and children involved in crime or anti-social behaviour
- children who have not been attending school regularly
- children who need help
- adults out of work or at risk of financial exclusion and young people at risk of worklessness
- families affected by domestic violence and abuse
- parents and children with a range of health problems

Families must meet two of the six criteria to be eligible for Phase 2 of the TFP. It can be seen that these criteria align well with the conclusions reached in this section (Table 1.1, p.15) in relation to the problems likely to be experienced

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[3] SEE:
 http://www3.hants.gov.uk/childrens-services/families/supporting-troubled-families/troubled-families-professionals.htm

SECTION 2: Change – staff perspectives[4]

2.1 Staff surveys and focus groups - purpose

On-line surveys were distributed to staff in local areas (through the SRO, Senior Responsible Officer, for that area) and to the Partnership Board at two points during Phase 1 of the STFP in Hampshire. The second survey also included the Transform service which was only just becoming established at the time of the first survey, so was not included at Time 1.

- **Surveys, Time 1:** April-June 2013
- **Surveys, Time 2:** November –December 2014

Overall purpose of surveys: To provide an independent report of strategic and local practitioner views on Hampshire's work with families as part of the STFP.

In addition focus groups were carried out with staff in local areas. The focus groups involved meeting groups of staff face-to-face in different areas of the county, this allowed us to explore issues raised by responses to the on-line surveys in more detail with staff. At Time 2 it was possible both to get staff in focus groups to look back to how the programme had developed in Phase 1 as well as look forward to Phase 2 of the programme.

- **Focus Groups, Time 1:** Late May-June 2013
- **Focus Groups, Time 2:** February – March 2015

Time 1 (April-June 2013)

Key research questions:
- What is the current state of how practitioners perceive their work and what are they able to achieve in relation to working with whole families with multiple problems?
- What is the strategic and local view of STFP - how is it being implemented and what is it likely to achieve?
- Both questions were followed up in more depth at local level in the Focus Groups.

Responses and participants:
- Partnership Board: **18 responses**
- Practitioners in Local Co-ordination Groups (LCGs) distributed through Senior Responsible Officers (SROs): **107 responses**.
- 5 Focus Groups: **39 participants**

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[4] **SEE full reports, for more detail:**
Hayden, C. & Jenkins, C. (2013) *Supporting (Troubled) Families Programme (STFP) in Hampshire. Report on findings from staff surveys and focus groups: April-June 2013 (Time 1)*
Hayden, C. & Jenkins, C. (2015) *Hampshire's Supporting Troubled Families Programme (STFP). Staff Surveys – key findings and comparisons*

Time 2 (November-December 2014)

Key research questions:
- How is the STFP perceived to be working at the local and strategic levels?
- Has there been any change in perceptions since the Time 1 survey?
- Focus groups followed these questions up in more depth – providing an overview of experiences of Phase 1 of STFP and looking forward to Phase 2.

Responses and participants:
- Partnership Board: **14 responses**
- Practitioners in Local Co-ordination Groups (LCGs) distributed through Senior Responsible Officers (SROs) and Transform managers in each Lot: **108 responses**.
- 6 Focus Groups: **66 participants**

The Time 2 surveys replicated key questions from the Time 1 surveys in order to be able to make direct comparisons. The issues discussed in Focus Groups are not directly comparable.

Respondents to the surveys
There was a similar number of respondents to the surveys at Time 1 (April-June 2013) and Time 2 (November – December 2014): Time 1: Partnership Board – 18 respondents; Local survey - 107 respondents; Time 2: Partnership Board – 14 respondents; Local and Transform survey – 108 respondents. There were more participants in Focus Groups at Time 2: Time 1 – 39; Time 2 – 66.

2.2 Comparisons – What the STFP is likely to achieve

> ⬩ Overall the surveys showed the **Partnership Board** to be **more positive** about what the STFP was likely to achieve **at Time 1** (April-June 2013), compared with professionals at the local level. **By Time 2** (November-December 2014) **professionals at the local level were more positive** about what the STFP is likely to achieve. This positive change was particularly apparent from Transform respondents. Response from the Partnership Board hardly changed at all across the two surveys. Most of these differences are statistically significant.

Table 2.1: Time 1 (April-June 2013)

Respondents asked to indicate their level of agreement to the following statements: **1**=strongly disagree; **6** = strongly agree[5]	Mean Focus Groups (n=39)	Mean Partnership Board (n=18)
Lasting and sustainable positive change for families with multiple problems*	**3.1**	**3.8**
Increased partnership working	3.9	4.3
Increased inter-agency co-ordination	3.7	4.1
Transformation of the system of preventative support for families with multiple problems*	**2.9**	**3.7**

Significant differences *within Time 1 respondents* (T-test): The Partnership Board agreed more strongly than respondents to the local survey that the STFP was likely to achieve lasting and positive change (Mean = 3.8, compared with 3.1 for the local focus groups) and transformation of the system of preventative support for families with multiple problem (Mean = 3.7, compared with 2.9 for the local focus groups). **These differences had disappeared at Time 2.**

Table 2.2: Time 2 (November- December 2014)

Respondents asked to indicate their level of agreement to the following statements: **1**=strongly disagree; **6** = strongly agree	Mean Local survey (n= 66 or 67)	Mean Partnership Board (n=14)
Lasting and sustainable positive change for families with multiple problems	**4.2**	4.1
Increased partnership working	**4.7**	4.3
Increased inter-agency co-ordination	**4.6**	4.1
Transformation of the system of preventative support for families with multiple problems	**4.2**	3.7

Significant differences *within Time 2* local respondents (T-test): Transform respondents agreed more strongly than other services in relation to sustainability (Mean = 4.91, compared with Mean = 3.71 for other services); partnership working (Mean = 5.20, compared with Mean = 4.42 for other services) and transformation of the system (Mean = 5.04, compared with Mean = 3.80 for other services).

Significant differences *between Time 1 and Time 2* local respondents (T-test): At Time 2 local respondents agreed more strongly with all four statements: sustainability (Time 1 Mean = 3.1, compared with Time 2 Mean = 4.2), partnership working (Time 1 Mean = 3.9, compared with Time 2 Mean = 4.7); inter-agency co-ordination (Time 1 Mean = 3.7, compared with Time 2 Mean = 4.6) and transformation of the system (Time 1 Mean = 2.9, compared with Time 2 Mean = 4.2).

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[5] **The higher the mean is beyond '3.5', the stronger the level of agreement with a statement**. 3.5 on a scale of 1-6 can be seen as a 'neutral' response. Put simply: 3.5 represents a 'neutral' response on a scale of 1-6 1-3 levels of disagreement4-6 levels of agreement

2.3 Evidence of change (Time 1 to Time 2): Surveys

> ♣ Overall the surveys provide **evidence of positive change** in attitudes, values and working practises - towards more co-ordinated whole family working

At Time 2 local (and Transform) respondents agreed more strongly with all four statements about what the STFP is likely to achieve in relation to: sustainability, partnership, inter-agency co-ordination and transformation of the system (see Table 2.2). In effect local and Transform respondents were more positive about what the STFP is likely to achieve at Time 2, compared with Time 1. There is no change in the Partnership Board response at Time 2, indeed three of the four statements received exactly the same rating at Time 2, as in Time 1.

Respondents to the local (and Transform) surveys *agreed more strongly* that 'The Team around the family is well established' at Time 2, with Transform respondents agreeing more strongly than other agencies.

Respondents to the local (and Transform) surveys *disagreed* that 'Complex family problems are referred on to another agency' at Time 2, with Transform respondents disagreeing more strongly than other agencies.

There is evidence that overall staff perceive some change in the way they work as a result of STFP: 23.9% of staff perceive they have changed the way they work 'to a great extent' (a rating of 6, on a scale of 1-6). Nearly two-thirds (63.4%) of respondents indicated that they had changed the way they worked as a result of the STFP, at least to some extent (ratings 4-6, on a scale of 1-6).

Confidence in working with whole families: 46.4% of staff 'very confident'; overall mean rating of 4.93 (scale 1-6, where 6 = 'very confident'); 85.5% - ratings 4-6 (ie confident)

Job role focuses on the needs of whole families: 46.5% of staff agreed that their role was 'entirely' focused on the needs of whole families; overall mean rating of 4.72 (scale 1-6, where 6 = 'entirely'); 73.3% - ratings 4-6 (ie at least to some extent)

There are some important significant differences between the perceptions of Transform respondents and the responses of other services to the local survey. Transform agree more strongly about what STFP is likely to achieve in relation to: the sustainability of change for families, increased partnership working and transformation of the system of support to families. Transform respondents also agree more strongly that their role focuses on the need of whole families. They disagree more strongly that a whole family approach is someone else's job and that complex family problems are referred to another agency.

By Time 2 respondents to both surveys are broadly in agreement about the main 'drivers' for the Programme. Most responses frequently cite improving families' lives, followed by reducing costs and meeting government criteria.

Again, by Time 2 there is broad agreement across the two surveys, with the top 'barrier' to implementing the Programme being: getting services to work together.

Getting (some) families to engage with the Programme was also mentioned in the local survey. A wide variety of other issues were highlighted in both surveys.

2.4 Evidence of change (Time 1 to Time 2): Focus Groups

> ⬦ Overall the focus groups provide **further evidence of positive change**, illustrating the **importance of the development of Early Help Hubs**, alongside the STFP, in relation to the development of more co-ordinated, problem solving and whole family working.

Time 1

At Time 1, all groups were clear about the rationale behind the developing STFP, although they varied in their perspective on the national politics behind the Programme. To a great extent all groups illustrated the view that how services worked with families with multiple problems needed to change and the great motivator for practitioners was 'making a difference' to people's lives.

All groups showed some frustration with aspects of the programme, at the very least it was the problems with and complexities of data sharing and identifying families to meet target numbers. These basic issues did act as a barrier to the speed with which families got help in the early part of the programme. Most groups went on to list a wide range of other issues that were largely to do with communication, resources, timescales and so on. In sum, to varying degrees, many practitioners believed that they were trying to implement the programme without the dedicated resources, work process alignment and systems to support it.

Solutions to the situation were wide ranging too. However, they mainly related to better communication, earlier intervention, developing work processes and systems that fit better with a whole family approach. One of the focus groups simply emphasised the view that the programme should be seen as an opportunity to do things differently; another emphasised that change takes time. A move to earlier intervention and/or targeting families with less entrenched problems was mentioned in two groups. A stronger use of sanctions was mentioned in only one group.

At Time 1, the overall picture that the analysis of discussions at focus groups presents was one of wide differences across the county in attitudes, expectations and experiences of STFP at the start of the second year of operation (June 2013). Most groups did not expect the programme to lead to a transformation of the system of preventative support for families with multiple and complex problems.

Time 2

By Time 2 (February-March 2015, about 20 months later); the development of Early Help Hubs, during 2014, alongside the STFP has meant a more obvious integration and co-operation between services working with families. Five of the six Focus Groups were held with Early Help Hubs (EHHs), the other Focus Group was held with a Transform Team). These discussions overall provided further evidence of the changes illustrated in the responses to the on-line surveys. Overall there was a general sense that EHHs are a good idea that has developed in parallel to STFP, *rather than because of* STFP. The integration of working practises between the

STFP and EHHs varies across the county, perhaps not surprisingly because EHHs were established earlier in some areas.

The most obvious change for people in EHHs is that more services are now around the table talking to each other; there is more information sharing; and, more support for staff who need it. This enables a more focussed problem-solving approach to working with families with complex needs. It was often said that the support that could be provided by the EHHs meant that individuals were more willing to take on the lead professional role.

> *"I think the really good thing about bringing the two programmes* [referring to STFP and EHH] *together is having that conversation at the end about…well not 'who's going to be lumbered with doing the work' but 'who's going to be the next person for the family and is also going to make the most difference'? That's really what it's about and I think having…you know, with the Supporting Troubled Families Programme it's a core part of everything that's there. So it's…you know, sometimes it isn't suitable for it to be supporting families but sometimes it is. Sometimes actually it's an ideal case for the health trainer or actually, you know, the Department of Work and Pensions if it's all around employment and worklessness it is a really good opportunity for them to get in and take a bit of a lead with the case."*

The following quote provides a more specific example of the sort of help or support that was provided to staff who felt they needed it:

> *"I think it's been really…it's been useful for me. I mean obviously I work in a children's centre, so we work with under-fives, but I picked up a family from the Early Help Hub with an older child who had a lot of crime. There were a lot of issues going on, which wasn't my area at all, and it really helped being able to talk to everybody and having the Police involved, so, because there were sort of incidents of going out and me feeling a bit unsafe in the home and that. Coming to the Early Help Hub really helped because I was able to talk to the police officer. He said…you know, gave me his contact details and said, you know, if you have a concern or you are not sure before you visit then you can just send me an email and I'll get back to you and make sure that there have been no incidences before you go out, and things like that."*

More simply some staff said in relation to the changes happening because of EHHs and STFP:

> *"It's just brought everybody together. It's easier…"*

> *"I think what this* [STFP and EHHs] *is doing is just making it much more efficient, much more effective and just being smarter with the resources that we have."*

There are some common challenges with individual services, many of which relate in part to resources, such as access to affordable housing and mental health services. In relation to housing: the shortage of affordable housing; the need for deposits and guarantors to obtain tenancies; as well as bidding for properties were highlighted as

problems. Mental health problems could further exacerbate housing problems and this was not helped by long waiting times for CAMHS and lack of adult mental health service representation in EHHs (in all but one area at the time of the focus groups).

Positive change and enhanced participation in whole family working was noted in relation to health visitors and school nurses. Schools were seen as generally helpful. However, views on the use of the Pupil Premium varied, with some participants emphasising that it should be focussed on numeracy and literacy and others indicating that the link to this key focus allowed for some flexibility in expenditure. It was clear that Police participation and information sharing was valued. In some instances this was very important for informing worker safety when visiting families at home. Community safety professionals felt that they could now be more focussed on problem solving, rather than imposing orders on families.

IT issues and specifically SafetyNet were raised in most groups. The overall picture is that there are improvements but that experiences vary:

> "*For some it works well and for others it's getting* [there]*… I think slowly and surely I think it's improving. I think there's a long way to go…….I think you've got more agencies on there than you ever had.*"

And, there is the ongoing issue of different services having different recording systems:

> "*….one of the negatives for me and I don't think we're ever going to get to the stage, or not for a long time, where we have one information sharing system because all of us have to record on different systems. For me, working in Children's Social Care, I've got the children's social care system, I've got the youth crime prevention, I've got SafetyNet. So, you know, there are so many different recording systems that you have but I meet with the coordinating officer for Supporting Families once a month and we look…and we go through the cases and look at the ones which we need updates from so that we know what we've got…*"

2.5 Conclusions

The staff surveys and focus groups illustrate a positive shift in the direction of more partnership working, increased inter-agency co-ordination and a move towards working with whole families, rather than individuals within a family. This change is driven by other imperatives as well as the STFP, but the programme is an important part of the changes happening. Focus groups at Time 2 demonstrated that there are benefits to staff as well as families in this change. Staff at Time 2 reported feeling better informed about the wide range of issues that may affect a family. Staff can draw on the support from a wide range of colleagues and professions in their work with families

SECTION 3: Change in families (case studies)[6]

3.1 Background

Eleven in-depth case studies of families, who had made positive progress during 2013-2014 were carried out over the summer of 2014. Each case study involved STFP staff obtaining informed consent from the family, the provision of some background information on the case. Staff introduced the researcher (face-to-face) to the family in all but one case, where the introduction was by telephone. Each case study included an interview with family members and a separate interview with staff.

The focus of the interview was to capture what kind of help the family had experienced from the STFP, the progress the family and staff perceived they had made and their evaluation of aspects of the programme. Families were asked about the kind of help and support they had experienced in the past; and, what had been most and least helpful. Staff interviews had matched themes, so that perspectives on a case could be compared.

The case studies set out to capture the complexity of family needs, identify common needs and issues across families, as well as use each case study to illustrate some aspect of what needs and issues families present to the programme, alongside the focus of the national criteria in Phase 1 of the TFP.

3.2 Family composition and circumstances

Who lived together in a household as a family was often complex and dynamic: 8 of the 11 households had some change in who lived together during (or after) the support from STFP. Typically this involved teenage or young adult children moving out from (or back into) the main household. The overall family types interviewed varied and included:

- Single parents (5); both birth parents (4); includes one step-parent (2)

Families were large with a wide range in the age of children (to the same birth mother):

- Mean family size at the time of interview: 5.2
  Mean number of children to the same birth mother: 5; typically the age range was from a few years old to late teenage/young adult
  Mean number of children and young people resident in the same household: 3.6

Almost all families lived in rented accommodation:

- 10 of the 11 families lived in rented accommodation

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[6] **SEE full report for more detail:**
 Hayden, C. & Hamilton, S. (2014) *Case studies of families receiving support from Hampshire's Supporting (Troubled) Families Programme*

In relation to the three main national criteria in Phase 1 of the TFP, some issues were universal (educational problems) or near universal (crime and/or ASB), but some families were in full-time work, at the start of the STFP intervention:

- All families had at least one child with school attendance, exclusion or behaviour problems

- 10 of the 11 families had at least one child or young person who was involved in crime and/or ASB

- 4 of the 11 families were in full-time employment before the intervention

3.3 Common issues across cases
(in addition to the three main national criteria)

- **Housing problems (10 of 11 cases)**: debt or arrears (5); overcrowding (3); cleanliness/household conditions (2); damage to property from violent behaviour (1); not suitable for children – upstairs flat (1). One family was facing eviction at the time of interview.

- **Health issues (10 of 11 cases)**: mental health (6); physical (5)

- **Child protection, child in need (10 of 11 cases)**: past (5); ongoing (3); recent (2). Child development was a concern in all cases.

- **Parenting (8 of 11)**: concerns were wide-ranging. All 8 cases included concerns about behaviour management and boundary setting. Other concerns included: emotional abuse (1) and neglect (1),cleanliness and hygiene (1)

- **Domestic violence (7 of 11 cases)**: said to be in the past in 4 cases; current in 3 cases, including one clear case of child to parent violence.

3.4 Other themes highlighted by the case studies
As well as the already complex family circumstances and changing household composition and the issues highlighted above, case studies illustrate particular additional problems (or specific aspects of problems) and considerations for how the STFP works with families. These include:

- The timing and nature of Children's Social Care involvement with a family

- Child to parent violence

- Special educational need and learning disability

- Teenage pregnancy

- Parent returning home from prison

3.5 Evaluation of support provided

Families were very appreciative of the personal qualities of staff; supporting the argument that 'who works' may be more important than arguments about 'what works'.

Families were generally positive about the changes they had made and were optimistic that they could sustain them. At the same time most families had one individual (at least) about whom the spokesperson added some caveats, about their potential ongoing impact on the household. In general STFP staff endorsed these latter concerns.

TABLE 3.1: Overall evaluation of aspects of the help and support provided or co-ordinated

1= 'not at all'   5 = 'to a great extent'

Extent to which the help/support provided or co-ordinated (staff) or received (family)	Staff mean (n=10)	Family mean (n=10)[7]
Take account of the needs of the whole family	4.1	4.6
Involve bringing in help from other professionals	4.2	4.7
Take account of the priorities of the family	4.7	4.8
Focus on practical problems	4.5	4.8
Do something different	4.3	4.5

TABLE 3.1 illustrates the strength of positive experiences from both practitioners and families, in relation to key aspects of what STFP is setting out to do. Families gave more positive ratings in all respects, compared with practitioners.

TABLE 3.2: Extent to which the family changed in a positive way because of the help/support received

1= 'not at all'   5 = 'to a great extent'

Staff mean (n=10)	Family mean (n=10)
4.3	4.3

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[7] **Totals in Tables 3.1-3 are based on 10 cases** because one interview followed a child protection conference which would be highly likely to invalidate the family responses.

Staff and family mean ratings in TABLE 3.3 are the same. Many of the comments made around the ratings given revealed that both staff and families also wanted to give some credit to family members for being able to make changes.

TABLE 3.3: Extent to which the positive changes in the family can be maintained   (whether the changes made are 'sustainable')

1= definitely CANNOT be maintained   5= definitely CAN be maintained*

Staff mean (n=10)	Family mean (n=10)
4.2	4.5

3.6 Services used in the past

Most families had used a range of support services in the recent past (some were still ongoing). Children's services (both social services and school/education based services) were universal, as were police call-outs for a range of reasons. GPs were cited as sources of past (and usually ongoing) support in 9 cases. Other commonly cited services included housing (9); CAMHS (8); YOT (or equivalent) (8). Less common were domestic violence services (5), adult mental health (4); probation (3); children's centres (3); youth work (3); substance misuse (2). A very wide range of 'other services' had been involved with 5 families. These included: NSPCC, Salvation Army, Prince's Trust, Citizen's Advice Bureau, and various counselling services.

3.7 Key messages from families and staff

 From families these included:

How people communicate with them and whether contacts they made to services were responded to promptly
The importance of the personal qualities of the STFP staff
The need for one person to act as a meaningful contact

 From staff these included:

A reminder that there are no quick fixes to complex family situations
A difference of opinion about the merits of SafetyNet
Positive comments about their role and working with other services
The need for flexibility

3.8 Conclusions: changes made and programme criteria

The case studies show very complex family situations with professionals working with a wide range of issues and individuals across families. Getting these families engaged and making positive change is a major achievement. There is evidence throughout these case studies of behavioural and practical changes made with the support of STFP.   There is also evidence of progress to work and family members getting into paid work within these case studies. Families appreciate the family centred approach, the personal qualities and enthusiasm of staff. This was often contrasted with what they had experienced in the past (and were still experiencing in some cases). In the main, the families and staff are optimistic about maintaining the changes made.   However, most families still have major issues to deal with, some

are ongoing (such as SEN, mental and physical health, particular relationships within the immediate family) others are more immediate (such as eviction). So the demands on staff of working in this context cannot be over emphasised.

It is evident from these case studies that the STFP in Phase 1 was already working with families who had problems that crossed all of the six areas, or criteria, in Phase 2 of the Programme. The focus of the programme in Phase 1 may have influenced what was recorded at referral in some cases. As one support worker commented during interview:

> *"Whenever we get a referral, you can read it and you go 'oh, no domestic violence, no mental health issues? That's incredible.' And then you talk to the family and go oh right, they just didn't write it on the form!"*

SECTION 4: Measuring change in Families - Education and Offending Behaviour

### 4.1 Background to the analyses

One of the successes of the TFP is behavioural change as measured by improvements in school attendance and other education criteria, as well as reductions in offending behaviour (particularly youth offending). The data used in this section of the report is based on the best evidence on families who have been successful in making changes. The data has been carefully verified, so that some families have been removed from the analysis if there is any doubt about the data.

The first sub-section (4.2) is based on analysis by **Dave Foley**[8] within the local authority, the second sub- section (4.3) is based on an analysis by **Craig Jenkins** (Research Associate, University of Portsmouth). Both analyses include a change in the numerical basis for their analysis; in order to capture the more sustainable changes where longer time periods have elapsed after families have ended their involvement with the programme.

4.2 Engagement and follow up well evidenced (544 families; 237 at least one year after a claim)

The basis for this analysis was all engaged families in the STFP (where the local authority could evidence engagement) about whom Hampshire made successful payment-by-results (PBR) claims against the crime and education criteria. Hampshire has made more claims than this figure to date. However families were excluded from this analysis where it was not possible to measure their outcomes subsequent to the claim.

FIGURE 4.1: Success and sustainability

Previous success claims made against the crime and education criteria
Performance against this criteria at March 2015

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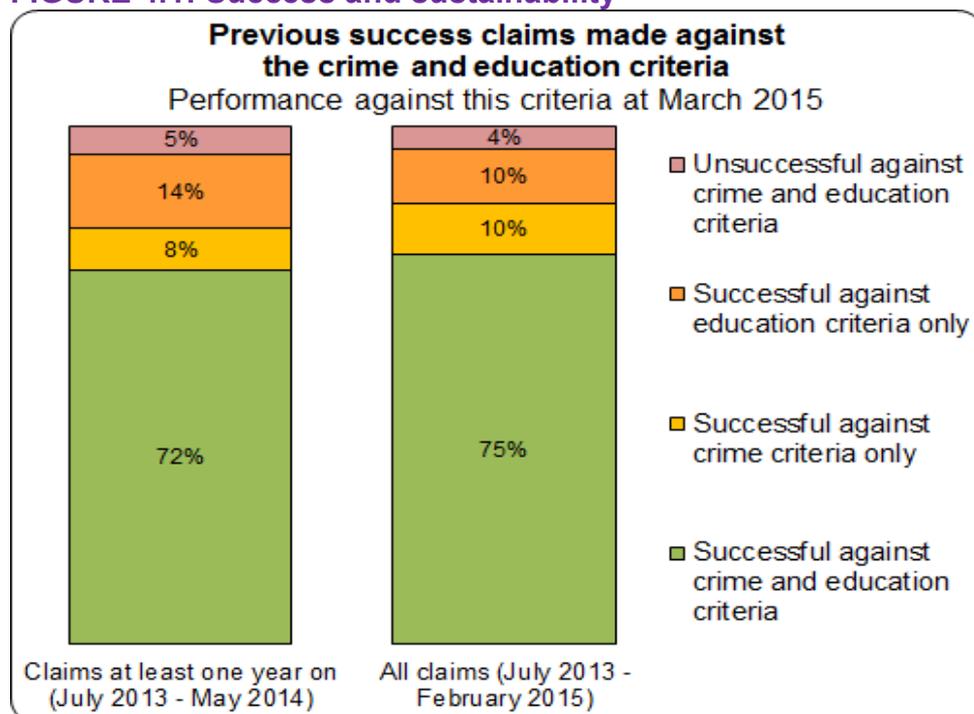
[8] Policy & Performance Officer, HCC

The first bar in FIGURE 4.1 covers the time period July 2013 to May 2014 and is based on the smaller sample of 237 families, where there is evidence on them at least one year on from the original PBR claim. This provides some measure of sustainability of the changes in behaviour that led to the claim.

The second bar in FIGURE 4.1 covers the time period July 2013 to February 2015 and is based on a sample of 544 families. The larger sample of 544 families shows all families claimed for between July 2013 and March 2015 (with good supporting evidence, as noted above). This latter sample is less useful for looking at sustainability but does provide an overview at the end of Phase 1 of the TFP on families for whom success claims have been made.

FIGURE 4.1 illustrates that three quarters of all families (75% of 544 families) were claimed for successfully against both the crime and education criteria and that for the 237 families followed up for at least a year, almost the same proportion (72%) would still fulfil the PBR success criteria. This latter figure provides a measure of the sustainability of the changes made. Small changes are evident in the other measures of success, with only a one percent increase (from 4% to 5%) in the proportion of families who were 'unsuccessful' against the education and crime criteria, at one year or more after a success claim was made.

4.3 A sample of families in the PBR database (219 families)[9]

As already illustrated in the last sub-section, one of the challenges of measuring change in the programme beyond what is recorded for the purpose of claims under PBR is tracking data over time. The work with families evolves and changes over time, so that capturing meaningful data is a challenge. This sub-section presents another analysis based on individuals within families. The analysis started with the claims database for 607 families who were the subject of successful claims to the DCLG under the PBR criteria, by May 2014. Additional databases were supplied on 658 families and 2,921 individuals within these families. This data includes basic demographics and IDs for tracking purposes from the YOT (offending) and Impulse (education) databases. We intended to link this data via the SafteyNet ID to as many families as possible on the claims database. By linking the databases we were hoping to be able to provide more detail on educational and offending issues recorded for each family at their own respective baseline, in the 12 months after the baseline – the intervention year - and then again 24 months after the baseline – the comparison year. Education and YOT data is collated for use within these services, so in practise linking data accurately on individuals within families and then tracking change over time is very complex. Time constraints meant we had to stop at 219 families because some IDs were supplied too late for us to include the families in our analysis. That said the analysis below shows the scale of positive change in educational and youth offending issues.

Overall reductions in persistent absence

Overall the data shows that around **4 in 10** families included a persistently absent child (40.5%) at the baseline. A reduction was shown during the intervention year to fewer than **2 in 10** (18.3%) families. The reductions in persistent absence continue in

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[9] **SEE full report for more detail:**
Hayden, C. & Jenkins, C. (2014) *Supporting (Troubled) Troubled Families Programme. Database Analysis.*

the comparison year, 24 months after the baseline, with only **1 in 20** (4.9%) families still containing a persistently absent child.

Overall there is a:

- **87.9% reduction** in the prevalence of families with a child persistently absent from education from baseline to comparison year

Overall reductions in exclusion
5 in 10 families had a child who had a temporary exclusion from school at the baseline (51.7%). A reduction was shown during the intervention year to just over **1 in 3** families (33.7%). Further reductions are shown during the comparison year with only 24 families, or less than **1 in 4** (23.3%) having a child who experienced a temporary exclusion.

Overall there is a:

- **54.9% reduction** in the prevalence of families experiencing temporary exclusion from baseline to comparison year

Overall reduction in youth offending between intervention and comparison year
We have excluded the baseline data from this calculation because it may not capture a true profile of the behaviour at this time. During the intervention year about **1 in 4** families had a child with a record of offending (25.6%). This prevalence across families reduced to about **1 in 8** (13.2%) between the intervention and comparison period.

Overall there is a:

- **48.4% reduction** in the prevalence of families with a young offender (with a record of offending with the YOT) from intervention to comparison year

Primary claims criteria – differences across services
Transform had proportionally more families with a primary claim under the employment criteria (34.0% of cases) compared to local cases (22.9%). Conversely, Local cases proportionally, had more families with primary claims from the combination of education and crime/ASB.

4.4 Conclusions
The first analysis illustrates the relative importance of both education and crime related behavioural changes across families in the programme. This analysis also presents evidence of the sustainability of the changes made, with 72% (of 237 families followed up for a year or more) still fulfilling both the education and crime claims criteria; and, 95% fulfilling at least one of these two criteria.

The second analysis across 219 families illustrates the scale of behavioural changes in children within these families. In effect this means more children in school and fewer young offenders.

SECTION 5: Cost savings and Economic Assessment of the Programme

5.1 Background

An important part of the national programme has been a focus on reducing the costs of working with families, both by working differently and more efficiently as well as working (PBR) towards addressing the key changes needed in order to trigger payment-by-results resources. Focus Groups at Time 2 (February-March 2015) illustrated increased recognition of PBR, although at the same time staff reported that they addressed needs irrespective of a PBR incentive. As one professional said:

> *"I think you're more focused, because of the payment by results, because if you weren't, I think in the beginning* [……..] *I was a bit worried about the values, that actually you were going to, like, completely focus on those things* [.....] *and not concentrate on what family's needs were, because that's the idea the programme was set up for, because otherwise you'd spend so much time drifting, it stops you drifting, which I think is the strength of payment by results. So in that respect, I think it's proven to be quite good."*

As noted earlier in this report (p.14) national data on costs and savings compiled by the DCLG (2015) shows remarkably different costs and savings across seven local programmes; this mighty be interpreted as evidence of the difficulties of creating good quality longitudinal data in such a complex area and at a relatively early stage in the programme (ie during the third year of the programme).

In order to really track cost savings and make an economic assessment on a programme researchers would usually follow up family members over a much longer period of time (see Section 1, FIGURE 1.1, p.8). As noted in Section 1, the DCLG (2015) analysis in seven local programmes shows a massive range in *average costs* (£13,235 in Derbyshire to £58,238 in Manchester in year 1) and *average savings* (£6,164 in Redcar and Cleveland to £48,724 in Staffordshire in year 1). This is suggestive of a methodology that is very far from standardised across the seven local authorities. That said it is important to attempt to evidence what can be reasonably done as part of an economic assessment of Phase 1 of the programme. The data for an economic assessment of Phase 2 of the programme should improve and benefit from the lessons learned in Phase 1.

5.2 Local authority data

The next section focuses on data supplied by **Dave Foley**[10] from within the local authority. The data provides a conservative assessment of some of the key cost savings in Hampshire. The data has been collected on different sample sizes and according to very particular measures or aspects of the programme. However, most of the calculations have been made using the DCLG cost calculator. Also it should be noted that the calculations have a slightly different basis in each case:

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[10] Policy & Performance Officer, HCC

Involvement from Children's Social Care: this is a hypothetical calculation on particular savings (or cost avoided), based on an intervention and comparison group. In essence it is an attempt to compare some key outcomes from an intervention (STFP) group and comparison group (that fulfils one of the key criteria for the intervention group).

Reduced police call outs to families: this is calculated by cost per incident, as 'cost avoidance'.

Department for Work and Pensions data; is calculated on the basis of reductions in benefits claimed. These have been referred to as 'cashable benefits'.

Children in Need and Absence from School: reduction in incidence across families is a potential saving or cost avoided in a service.

Children's Social Care

The largest scale data comes from an analysis of Children's Social Care (CSC) data on the intervention group (ie the STFP families, N=2,403 children) and a comparison group, who met the education criteria for the programme (N=3,736 children). At the start of the comparative time period (March 30th, 2011) we know that 13.6% (328 children) who engaged with the STFP were open to CSC; the proportion was lower (7.1%, 265 children) in the comparison group. We don't have detailed data about other aspects of these children's lives, so we don't know how similar or different they may have been by other measures.

However, if we assume some key similarities between the STFP and comparison groups there is evidence of a reduction in children looked after (CLA) or open to Children's Social Care (CSC). So in terms of potential cost savings, this analysis would indicate an additional 40 children in care and 25 children open to CSC by November 30th, 2014. If we take the average cost of a care placement (ie across residential and foster care) as £50,000 per annum; 40 x £50,000 = £2,000,000 over 3 years or £666,666 per annum.

> ♣ *Potential saving on reduced care placements*: £2 million over 3 years; **£666,666 per annum**.

Police occurrence data

The following estimate of 'cost avoidance' from a reduction in police occurrences for four types of incident is based on costs using the DCLG cost calculator and a cohort of 1,020 families in Hampshire's STFP in years 1 and 2.

TABLE 5.1: Cost avoidance – Police occurrence data

Incident type	Engagement year total	2014 total	Reduction	Cost avoidance
Arrests	1,057	965	92 (8.7%)	£62,100
ASB	1,022	735	287 (28.1%)	£180,180
Criminal damage	143	125	18 (12.6%)	£5,454
Shoplifting	97	95	2 (2.1%)	£54
Total cost avoided (in a year)				**£248,418**

Cohort size: 1,020 families (479 Year 1 families; 541 Year 2 families)

This analysis illustrates a cost avoidance of around a quarter of a million (£248,418) for these four types of occurrence. It is important to note that there are a number of other types of incident that are likely to be found in these families, that are not included in the above calculation. For example, domestic violence and 'missing persons' reports.

- *Potential saving on reduced incidents involving the police (arrests, ASB, criminal damage and shoplifting)*: **£248,418 per annum**

Department for Work and Pensions

The following estimate of 'cashable benefits' from reductions in benefit claims
is based on costs using the DCLG cost calculator and a cohort of 342 families in Hampshire's STFP.

TABLE 5.2: Estimated cashable benefit – reduction in claims

Indicator (type of benefit)	Estimated cashable benefit
No. of adults claiming Employment and Support Allowance (reduced from 125 to 34)	£255,507
No. of adults claiming Job Seeker's Allowance (reduced from 99 to 59)	£826.728
No. of adults claiming Lone Parent Income Support (reduced from 139 to 90)	£274,488
Total cost savings generated through these reductions (in a year)	**£1,356,723**

Cohort size: 343 families

- Potential saving on reduced benefit claims: **£1,356,723**

Children in Need and Absence from School

Where data was available and of sufficient quality within the cohort of 1,020 families followed up in the police occurrence data, additional calculations were made using the DCLG cost calculator. These are conservative estimates, with the cost savings again being on a per annum basis.

- *Potential saving from a reduction in Children in Need*: **£69,390 per annum**

- *Potential saving from a reduction in persistent absence from school*: **£56,544 per annum**

Conclusions

All calculations point in the right direction, towards cost savings that look substantial. However, these benefits may not be felt by services overall, or professionals on the front line, for two main reasons. Firstly, in relation to the Children's Social Care data, the national trend for children taken into care is upwards. Secondly, reductions in budgets in the public sector are likely to mean that improvements brought about by the STFP are not actually felt 'on the ground.' Also the concept of 'cashable benefit' raises the question of where the benefit is cashed and to what end.

SECTION 6: Conclusions and looking forward to Phase 2

6.1 Overall conclusions from the research

The different elements of the research, as depicted in TABLE 6.1, have yielded a range of important insights into how the STFP is working in Hampshire. Overall it is a positive picture.

TABLE 6.1: Key conclusions from the different elements of the research

Purpose	Methods	Key conclusions
To set the context for the final report and achievements of the programme	**Brief literature review**	Effecting change with families with multiple problems is a major challenge Evidence about likely cost savings depends very much on parameters set eg services included, timescale. But Criminal Justice System is likely to be a major beneficiary.
To track changes in staff practise, perceptions and evaluation of the programme	**Staff -on-line surveys & Focus Groups:** Time 1: April –June 2013 Time 2: Survey-Nov – Dec 2014; Focus groups-February – March 2015	Positive changes in practise in evidence: more co-operation, co-ordination and whole family workings. Early Help Hubs have been an important development alongside STFP, in changing practise and perception of the programme at the local level.
To understand how the programme is working in cases where positive change has been achieved	**Case studies of 11 families:** in-depth interviews with family members and staff working with them	Whole family working demonstrated. Positive feedback from families.
To evidence the scale of global change in PBR cases *(PBR = payment-by-results)*	**Analysis of database evidence on 219 families:** Merging and cleaning organisational databases on educational and offending data and changes made	Big reductions in the prevalence of educational and offending problems across families. More children in school and fewer with a record of offending after STFP.
To contribute to the economic evaluation of the programme	**Analysis of local authority data**	Cost saving and potential benefits demonstrated in relation to CSC, Police , DWP and CiN education.

The future challenge is to sustain momentum in Phase 2, with reduced resources and more families. The next section draws on the Time 2 Focus Groups.

6.2 Phase 2 of STFP

Focus groups held with groups of staff in six areas (across all 3 lots) during February-March 2015 illustrated the progress made, in a relatively short time, in inter-agency co-ordination and co-operation in relation to whole family working. The development of Early Help Hubs aligns well with the TFP. Focus groups illustrate a readiness to embrace the wider criteria in Phase 2 of the STFP. However, development in relation to the EHHs and how they align with the STFP, is uneven across Hampshire, so there may need to be a greater focus on reducing differences. Some of the key themes discussed in relation to Phase 2 of the programme are illustrated below.

The criteria

It was common for participants in Focus Groups to say that many of the families they were working with already had issues that covered some combination of the criteria for Phase 2. Many people were positive about the ability to help families that were in significant need but did not fulfil the criteria for Phase 1 of the programme:

> *"….on the positive side it will be inclusive of most families now who need help. We've had quite a lot present to EHH whereby maybe they've got quite a lot of underlying health problems and, therefore, their education's really, really suffering but actually they're not meeting criteria because you've got maybe one parent working and there's no crime raised being in the family. I think we've had quite a few cases like that where you can say, no, this family needs a lot of help and support, but we've not been able to access that funding and that service."*

> "…[the Phase 2 criteria is] *going to be much better because with a lot of the workless families that have been identified, because the adults in the family are the people that maybe do have the mental health issues or they're carers for children with disabilities, it's been the younger people in the family that we've ended up working with because they're NEET…"*

Others more pragmatically said that they would simply have to adapt:

> *"I personally believe we can carry on working like this and carry on making positive changes, whether we stick to the three* [criteria] *or go to the six* [criteria], *I think we'll deal with it, because that's the type of workers we are."*

Service pressures

Access to mental health services and housing were frequently mentioned to be problematic. With mental health services it was generally long waiting lists:

> *"Mental health, CAMHS, there isn't the support out there, for young people the support isn't quick enough. For adults it's so hard to find."*

In relation to housing professional perceptions varied, as did the nature of the issues involved. Again there is a resource issue, but organisational systems and willingness to work with the STFP was sometimes an issue:

"I appreciate there is a pressure on housing stock, but they're not very helpful when you try and deal with them. I've had cases where housing is an issue, and they're not very helpful, they just quote the rules and whatever and don't seem to be able to think outside the box…"

Although experiences were more positive for some staff and in some areas:

"I've had some good experience with housing officers, in XXXX with a family that I work with. They come out to support her, because her anxiety is around opening letters, so obviously there's issues around looking at bills, looking at overdue rent, so they've sent someone out, and they've also helped her to bid for properties because she could be affected by the bedroom tax. And they have come out, and they've sent out two different workers, and they've been persistent when she doesn't answer the door, so, that's…I would say that's a good example of them trying to work with us."

Referral information and prioritising need

Some staff were concerned about how needs could be fairly and accurately prioritised in the expanded programme, with reduced resources per family:

"….how do we prioritise everyone's needs? That's really difficult. And there's very limited guidelines on it. I think, for us, we've only got a certain amount of families, and the way I see it is if the family needs intensive support, and it's a gap in a resource, then we can work with that, but fundamentally, the numbers have got smaller [meaning resources/finance] *but the criteria has expanded, and that is frustrating. Massively frustrating."*

Related to this was a concern that enough information would be made available at referral:

"I think as well, it's about educating professionals who are referring into the service, so that they're actually using the right criteria and giving enough information because if you're one particular agency and you know that there's an issue with something, but you haven't got the capacity to go in and do a family assessment ….   [we need] as much information as possible, so that when we do get them in, we know as much as possible, and we can prioritise the families that are going to get support, and that are going to be accepted."

Time consequences

Section 2 indicated that in general focus group respondents were positive about the EHH developments.   However, there were time pressures for those attending weekly:

"The implication … is [that] *obviously everyone has to, pretty much, have half a day at least,* [for the weekly EHH meeting] *and when you do follow up work, it's pretty much a day out of everyone's diary, really, that's taken up with this. So there is value in that, but obviously that has an impact on the rest of your working week and your caseload and things. At the moment it just seems to be one way of referrals getting out, given to the team for people to pick up, as*

the lead for that family, but it's just what you then do after this meeting, that's where the work really starts."

This sort of comment is indicative of the time consequences of participating in this multi-agency forum. Time pressures meant that some services (eg head teachers, CAMHS staff) attended EHH meetings on a rota. The co-ordination across the STFP staff and the work of EHH may help with efficiency in terms of time spent in meetings, for some staff. However, such meetings may be additional for other staff

6.3 Overall, the current research would indicate that:

Hampshire's STFP is promoting positive change in professional practise with families. The changes made generally align well with the development of Early Help Hubs.   There is more inter-agency co-operation and understanding, better information sharing, more targeted work with families, more whole family working, more positive experiences for service users. As Section 1 of the report indicates, achieving change with families with multiple and often entrenched problems is extremely difficult but a whole family focus is the best way forward for families. The STFP appears to be a more cost effective way of responding to multiple and complex needs. Realising and redirecting cost savings is likely to be a challenge. Nevertheless, Hampshire is well placed organisationally, as it progresses with Phase 2 of the Programme. The incoming Conservative Government of May 2015 has declared 'Troubled Families' to be one of ten national cross department priorities. The key terms of reference are to:

> *'Clear away the red tape to improve the lives of the country's most troubled families'*   HM Government, Cabinet Committees (2015) p. 19.[11]

Finally, it might be a good idea at this point for the reader to consider what other approach (other than 'a whole family approach') could be taken with families with multiple problems.

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[11] **SEE:**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/433440/150608_Committee_list_for_publication.pdf

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