

# Early Help Evaluation Report 3

## Key Worker Confidence Survey

Paula Forster  
July 2018



**Paula Forster**

Senior Research and Insight Manager

Strategic Business Intelligence Team  
Business Intelligence Service  
Chief Executive's Department  
Leicestershire County Council  
County Hall, Glenfield  
Leicester LE3 8RA

Tel 0116 305 7382

Email [paula.forster@leics.gov.uk](mailto:paula.forster@leics.gov.uk)

Produced by the Strategic Business Intelligence Team at Leicestershire County Council.

Whilst every effort has been made to ensure the accuracy of the information contained within this report, Leicestershire County Council cannot be held responsible for any errors or omission relating to the data contained within the report.

## Contents

---

Background .....	4
Methodologies used in this report .....	4
Staff Survey Key Findings .....	6
Specific findings .....	7
Other Detailed Findings .....	10
Other Staff Insights .....	16

## Background

---

There are seven reports making up the evaluation of Early Help case work. This is report 3 – Early Help key worker confidence survey. The collection of reports are detailed below:

**Table 1 – Early Help Evaluation Reports**

Report Title	Description of Report Contents	Pages
<b>Report 1</b> – Summary report	A summary of the key findings	48
<b>Report 2</b> – What Families Say	Families perspective of Leicestershire County Council’s Early Help service – In-depth insight into what families value and what could be different	122
<b>Report 3</b> – Early Help key worker confidence survey	Leicestershire County Council’s case-workers level of confidence against a number of key requirements of their role in supporting families <sup>1</sup>	17
<b>Report 4</b> – Multi agency and other asset based strengths	A multi-agency perspective of Leicestershire County Council’s Early Help service and further in-depth insight from families into multi-agencies as well as other asset based strengths and deficiencies within families and communities	191
<b>Report 5</b> – Understanding demand better	In-depth analysis of nine different groups of Early Help families - Understanding how their needs interrelate and which families make the most and least progress	113
<b>Report 6</b> – Theory of change and theory of action	Provides information on the theory of change and theory of action underpinning the Early Help evaluation and some further detailed findings around families progress around key domains where change is measured	150
<b>Report 7</b> – Technical report	Background and technical details of the scope and methods used to inform the evaluation	37

## Methodologies used in this report

---

### Theory of Change and Theory of Action

A key methodology incorporated in this evaluation is the use of Theory of Change (TOC) and Theory of Action (TOA)

#### More Information

For more information around Theory of Change and Theory of Action see

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

**REPORT 7 – TECHNICAL REPORT**

---

<sup>1</sup> Additional worker feedback can be found in report 2 & 4

## Early Help Key Worker Confidence Survey

Based on the Theory Of Change and Theory Of Action (above), a staff survey was developed using a self-efficacy methodology<sup>2</sup>. The scaling tool looks at the extent or strength of an individual's belief in their own ability to complete tasks and reach goals, which can be translated into the ability to persist and succeed with a task, i.e. those practitioners with 'high' self-efficacy are more likely to take on and succeed with challenging tasks and aimed to identify key training and development needs as well as other areas where focus around transformation was needed. The survey incorporated over 100 questions.

### More Information

For more information around the Early Help key worker confidence survey see  
**REPORT 7 – TECHNICAL REPORT**

## Most Significant Change<sup>3</sup> (Front line workers)

From November 2016 to August 2017, every quarter, all frontline staff were invited to complete a survey identifying a family or an individual person in a family that they had been working with where they felt they had seen the Most Significant Change (MSC). This change could be positive, negative or both. This exercise aimed to identify where key change was happening, what the barriers to change were, which activities and approaches the Early Help Service had within its gift which enabled change to happen, what other enablers of change existed such as contributions from wider partners and family resources and what the overall impact was. This report details the high level findings from the Early Help key worker confidence survey<sup>4</sup> which looked at staff's level of confidence around a number of key areas. More detailed results are available by worker type, Early Help service, locality and length of time in role to help inform staff training and development.

### More Information

For more information around Most Significant Change see  
**REPORT 7 – TECHNICAL REPORT**

Additional findings from Most Significant Change can also be found in  
**REPORT 2 – WHAT FAMILIES SAY**  
**REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS**

---

<sup>2</sup> promoted by Bandura (1997)

<sup>3</sup> Davies R and Dart J (2005) The 'Most Significant Change' (MSC) Technique: A Guide to Its Use. Available at: <http://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf>

<sup>4</sup> Leicestershire County Council employees

## Staff Survey Key Findings

---

On the whole, staff had, relatively high levels of confidence in being able to effect change with families across a wide range of areas:

- Gaining trust and building relationships with families
- Persevering with families
- Having the ability to question and challenge families
- Advocating on behalf of families
- Acknowledging and praising family's progress
- Observing families
- Being flexible with families
- Working with the whole family
- Understanding the order in which things need to happen
- Challenging other professionals
- Providing support, advice and encouragement to families to do things
- Working up plans and strategies
- Undertaking one-to-one and joint visits with other professionals and other people
- Family voice meetings
- Practical help
  - Sourcing and obtaining items for families
  - Helping families do things

Staff had relatively lower levels of confidence around specific areas such as

- Sourcing and accessing items which help around transport issues e.g. bikes
- Supporting, advising and encouraging families to deal with
  - negative friendships
  - substance misuse
  - getting referrals (and subsequent diagnosis) by health professionals
  - criminal behaviour
  - E-safety
  - risky sexual behaviours and sexual health issues<sup>5</sup>
  - child sex exploitation\*
  - resolving transport issues\*
  - understanding the financial benefits of working\*
  - issues in families existing work and jobs\*
  - families mental health issues
  - bullying and harassment
- Post 16 plans\*
- Capturing pre-verbal and non-verbal children's voice
- Accessing courses around family learning and e-safety
- Working up plans and strategies when children moved and visited another parent
- Improving relationships with family members and other people in their network
- Changing schools or looking at alternative education provision if appropriate
- Moving house

---

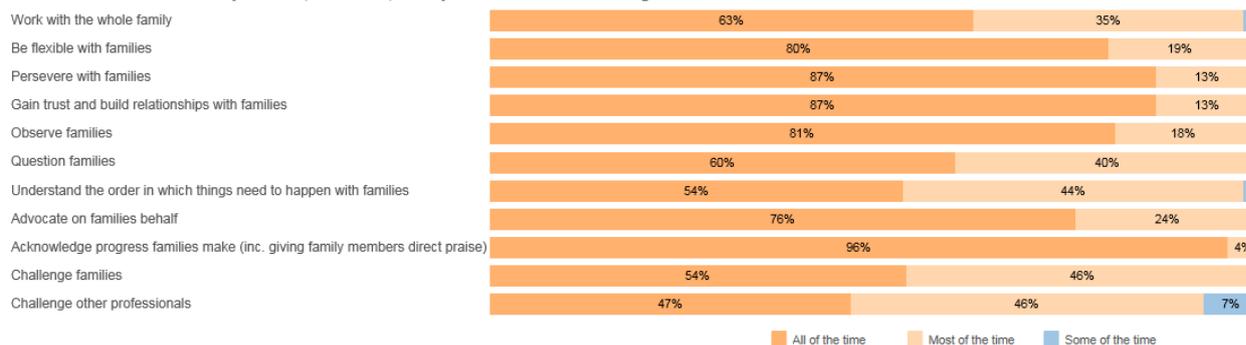
<sup>5</sup> 50% of the responses fell below 70%

Staff had the lowest level of confidence providing support, advice and encouragement around Educational Health Care Plans (EHCP)\*and getting respite for carers (including young carers)\*.

Almost a fifth of staff found it difficult to access some courses. There were a number of areas where staff felt they could do with more support, areas they felt outside of their control and things they felt they shouldn't be doing.

### Dashboard 3a: Extract from Staff survey dashboard

Please rate how confident you are (as of now) that you can do the following activities



## Specific findings

### Gaining Trust and Building Relationships with Families

### Persevering with Families

### Having the Ability to Question and Challenge Families

### Advocating on Behalf of Families

### Acknowledging and Praising Family's Progress

100% of responders felt confident all or most of the time gaining trust and building relationships with families, persevering with families, having the ability to question and challenge families, advocating on behalf of families and acknowledging and praising families' progress. Gaining trust and building relationships, persevering and acknowledging and praising families' progress were the areas where more workers felt confident all of the time.

### Gaining Trust and Building Relationships with Families

When workers were asked to explain the circumstances in which they were less confident, gaining trust and building relationships with families, the reasons cited (in order) included: families previous history with services; parental/family resistance; safeguarding issues; and challenging parents.

### Persevering with Families

When workers were asked to explain the circumstances in which they were less confident around persevering with families, the reasons cited (in order) included: parental resistance; workload/time; and a lack of progress with families.

### **Having the Ability to Question and Challenge Families**

When workers were asked to explain the circumstances in which they were less confident around questioning families, the reasons cited (in order) included: challenging situations; having to ask sensitive questions; a dependency on the level of questioning or issues involved; a lack of worker experience, skills or confidence; failing or forgetting to ask something on a visit; feeling as if it was too early in a relationship to raise specific issues; a families previous history with services; and resistant family members.

When workers were asked to explain the circumstances in which they were less confident around challenging families, the reasons cited (in order) included: aggressive or challenging behaviour from families; a dependency on the situation; rejection of challenge or engagement from families; risk of aggressive/challenging behaviour; the importance of building a relationship first; families previous history with services; a lack of experience, training or being new to the role; lone working concerns; grandparents involvement; running the risk of families disengaging; mental health issues; and when abuse was an issue. Some workers said that they would seek additional support such as doing joint visits with a colleague when they were less confident themselves.

### **Advocating on Behalf of Families**

When workers were asked to explain the circumstances in which they were less confident around advocating on families behalf, the reasons cited (in order) included: concerns around their knowledge or confidence; disagreements or conflicts between agencies and families; a dependency on the situation or agency; and specific issues. The agencies or professionals cited by workers they found more difficult to advocate with (in order) included: mental health; health; education; the criminal justice system; housing; behaviour partnership; the Job Centre/benefits; drug workers; First Response; and other local authorities.

### **Acknowledging and Praising Family's Progress**

When workers were asked to explain the circumstances in which they were less confident around acknowledging and praising families' progress, reasons cited included praise being an issue for some families and a feeling that not enough praise was given to families.

### **Being Flexible With Families and Observing Them**

99% of responders felt confident all or most of the time being flexible with families and observing families. When workers were asked to explain the circumstances in which they were less confident around being flexible with families, the reasons cited (in order) included: time or workload; working patterns; personal commitments or other difficulties meeting parent time requests; and the need to prioritise high risk cases.

When workers were asked to explain the circumstances in which they were less confident around observing families, the reasons cited (in order) included: difficult or challenging situations; concerns over missing information; family behaviours not reflecting reality; and knowledge or experience with specific family members.

## **Working With the Whole Family**

### **Understanding the Order in Which Things Need To Happen**

98% of responders felt confident all or some of the time working with the whole family and understanding the order in which things need to happen.

#### **Working With the Whole Family**

When workers were asked to explain the circumstances in which they were less confident around working with the whole family, the reasons cited (in order) included: a lack of experience or confidence with specific family members; resistant family members; family circumstances or living arrangements; specific areas or issues; children with mental health issues; clashes of parental views; domestic abuse; family breakdown; a general lack of worker experience; not being appropriate for the type of intervention or role; parental aggression; previous history with services; and workload issues.

### **Understanding the Order in Which Things Need To Happen**

When workers were asked to explain the circumstances in which they were less confident around understanding the order in which things needed to happen, the reasons cited (in order) included: complex situations; differing views between workers or partners and families on priorities; changing systems or practices; workload or time; changing circumstances or priorities; a dependency on the case; lack of worker experience or skills; prioritisation difficulties; areas outside of the role; the need to be flexible; having new relationships to build; and the range of issues. Workers cited that they sought advice and that training had helped with prioritisation.

## **Challenging Other Professionals**

93% of responders felt confident all or some of the time challenging other professionals, the lowest overall. When workers were asked to explain the circumstances in which they were less confident challenging other professionals, the reasons cited (in order) included: the response or behaviour of professionals or organisations; areas where confidence or knowledge was lacking; challenging experience or expertise of professionals; management issues; specific organisations or professionals; areas where further learning was required; lack of information; specific situations; being able to challenge the status of a case; and when the timing or situation was not ideal.

When workers were asked to cite which organisations or professionals they had less confidence in challenging, the organisations and professionals cited (in order) included: education; health; mental health; housing; the criminal justice system; strengthening families; transport; adult learning and agencies with strict policies; behaviour partnership; First Response; Safeguarding; Social care; and social worker teams.

## Other Detailed Findings

---

Staff also had a high level of confidence in being able to effect change with families across a number of specific areas

### Accessing Specific Courses

When staff were asked to rate their confidence accessing specific courses they had the greatest average level of confidence accessing the 0-2 pathway at Children's Centre's (99%).

Staff had an average 95% confidence accessing: parenting courses; child behaviour courses such as the Solihull programme; and domestic abuse courses e.g. Freedom programme.

Staff had an average 90% confidence accessing courses around: wellbeing e.g. counselling, Cognitive Behavioural Therapy (CBT); adult education; debt/money management; smoking cessation; food e.g. Love food hate waste; relationships e.g. Relate; and substance misuse e.g. Horizons and postnatal depression.

Staff had the lowest level of confidence accessing courses around family learning and e-safety (85%).

18% of staff found it difficult to access some courses to support families, for example, workers found it difficult to access courses for First Aid due to a lack of provision in the locality.

#### More Information

Details of other courses can be found in

**REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS**

### Practical Help – Sourcing and Obtaining Items for Families

When staff were asked to rate their confidence accessing practical help for families such as sourcing and obtaining items they had the highest average level of confidence accessing food items (99.5%).

Staff had an average 90% level of confidence accessing: items of clothing (including school uniform); items which are essential household goods (including fridges, cookers, washing machines and alarm clocks); items for children such as toys, school equipment and books (for reading, bedtime and school); items which are essential to keep the house safe e.g. stair gates and fire alarms); items such as free/subsidised leisure activities (including youth groups); and items which help applications e.g. finding paperwork and items which help families with house clearing and cleaning e.g. skips.

Staff had the lowest level of confidence sourcing items which support special needs and issues e.g. sensory toys, stress balls (88%) and items which help around transport issues e.g. bikes (80%).

## Practical Help – Helping Families Do Things

Staff had an average 90% level of confidence helping families to: get children to school; complete school applications (including school transport); complete job applications; complete housing applications; complete benefit applications; and fit (or organise the fitting of) safety equipment in the home.

## Providing Support, Advice and Encouragement to Families to Do Things

Staff had the highest average level of confidence providing support advice and encouragement to families in getting their families registered with key services such as the GP, dentist and optician (100%) and having house rules (95%).

Staff had an average 90% level of confidence providing support, advice and encouragement to:

- Ensure children go to school
- Ensure families are organised
- Attend and get involved in groups and activities (including parent support groups)
- Ensure they get appropriate support from school
- Participate in positive leisure activities (including having family time and activities)
- Understand and deal with issues and mealtimes and eating together
- On how to listen to children and reflect on their feelings (including understanding the impact of parental behaviour)
- Shop, plan meals, eat and cook healthily
- Understand and deal with morning and bedtime routines
- Build self-confidence and self-esteem (including getting family members out of the house)
- Understand and deal with their physical health issues (including obtaining and taking regular medication)
- Exercise
- Get involved in volunteering
- Understand and deal with minor injuries
- Have consistent parenting, including parents supporting each other
- Identify positive people and make positive friends
- Understand and deal with home safety issues (including repairs and fire safety checks)
- Understand and deal with parents own educational needs (including accessing adult learning e.g. Go Learn)
- Budget
- Understand and deal with triggers, reactions and consequences (including swearing and angry outbursts)
- Understand and deal with hygiene issues (including cleaning their house, garden and undertaking DIY)
- Understand and deal with domestic abuse
- Access homework clubs (including those which parents can attend)
- Understand and ensure adults in the home are appropriate
- Participate in training opportunities (including In Training, courses organised by the job centre)

Staff had an average 88% level of confidence supporting, advising and encouraging families to find new work (including job searches, CV's, character references) and to ensure they are getting the right benefits.

Staff had an average 85% level of confidence helping families to: understand and deal with their mental health issues (including obtaining and taking regular medication); improving relationships with family members and other people in their network; changing schools or looking at alternative education provision if appropriate e.g. home schooling (if a school isn't meeting a child's needs); understand and deal with bullying and harassment (including reporting hate incidents); and moving house (if the current house isn't meeting the family needs).

Staff had an average 80% level of confidence supporting, advising and encouraging families to: deal with negative friendships; understand and deal with substance misuse; get referrals (and subsequent diagnosis) by health professionals (including those for Special Educational Needs and Disability); understand and deal with criminal behaviour; understand and deal with E-safety; understand and deal with risky sexual behaviours and sexual health issues; understand and deal with child sex exploitation (including education around the underwear rule); resolve transport issues; understand the financial benefits of working e.g. financial comparison calculations; understand and deal with issues in their existing work and jobs; and have post 16 plans.

Staff had the lowest average level of confidence providing support, advice and encouragement around Educational Health Care Plans (EHCP) at 73% and getting respite for carers (including young carers) at 68%.

There were some areas of support, advice and encouragement above where 50% of the responses fell below 70%. These were: understanding and dealing with risky sexual behaviours and sexual health issues; resolving transport issues; understanding the financial benefits of working; understanding and dealing with issues in their existing work and jobs; having post 16 plans; EHCP; and respite for carers.

### Working Up Plans and Strategies

When staff were asked to rate their level of confidence working up plans and strategies they had the highest average level of confidence around remembering and attending appointments and managing behaviour (95%).

Staff had an average 90% level of confidence working up plans and strategies around cleaning, ensuring children are appropriately supervised at home, budgeting, stress control and management and managing of debt.

Staff had the lowest average level of confidence working up plans and strategies when children moved and visited another parent (85%).

## Undertaking 1-2-1 and Joint Visits with Other Professionals

When staff were asked to rate their level of confidence around undertaking one-to-one and joint visits with other professionals they had the highest level of confidence with: other brief intervention workers; the Citizen's Advice Bureau (CAB), housing officers, the Troubled Families Employment Advisor (TFEA); and social care (100%).

Staff had an average level of confidence of 97% with schools (including SENCO's and school nurses) and an average level of confidence of 95% with: health professionals (including GP's, Occupational Therapy, CAMHS, Physiotherapy, Educational Psychologists); the police; youth offending; neighbours/other community members; anti-social behaviour officers; and UAVA.

Staff had an average level of confidence of 90% with the Job Centre, parent partnerships e.g. SENDIASS, Prospects and The Credit Union.

### Other Joint Visits

Staff had a high level of confidence undertaking joint visits to activities and groups where families had similar needs and issues and Children's Centre/other parent groups (including those for pre, post, teenage parents) at 100% average level.

Staff had an average level of confidence of 95% undertaking joint visits with families to job fairs.

### Family Voice Meetings

When staff were asked to rate their confidence undertaking family meetings they had the highest level of confidence: capturing child voice; ensuring the whole family voice is heard; implementing the Family Star<sup>6</sup> Plan; and capturing the teenager's voice.

Staff were less confident capturing pre-verbal children's voice (85%) and capturing non-verbal children's voice (80%)

## What Staff Would Like Support With

Staff were asked if there were any areas they would like more support with.

The areas cited by staff (in order) included: safeguarding; child voice work; SEN/EHCPs; benefits/entitlements; working with young people; accessing household goods; budgeting/finance/debt; Child Sex Exploitation (CSE); Family Star; ICT systems; and management.

---

<sup>6</sup> Burns, S. & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

One member of staff (not necessarily the same one) wanted more support with: accessing support; finding groups; housing; mental health; multiple areas; safety equipment; service thresholds; Children's Centres; time management; and training and shadowing with social care high risk cases.

One member of staff (not necessarily the same one) wanted more family work to improve their confidence, more time.

One member of staff raised concerns that more was falling within their changing remit and one member of staff suggested that there was a mental health specialist or link within the Early Help team.

### **Areas Staff Felt Were Outside Of Their Control**

When staff were asked what things they felt were outside of their control, areas cited included: lack of engagement from families; paperwork/administration; assessments; specific family issues e.g. finance and childcare; deadlines and workload; stepping up cases; thresholds; housing; referral timings; system changes/new policies; systems/processes; and work outside of their role.

One member of staff (not necessarily the same one) felt the following areas were outside of their control: budgets/debt/finance; challenges when safeguarding was involved; clarity of roles/teams; closure of cases; non-referrals; family motivation; eligibility criteria; lack of targeted therapy; management support; the overall success of a family; a families previous history with professionals; the scale of the challenges; and timings of groups.

One member of staff had concerns with discrepancies over pay grades with comparable work.

### **Other Staff Feedback**

Staff were asked if there was anything they were doing that they felt they shouldn't be doing. Between 2-3 staff cited working with families that should have input from other teams: benefits/financials; fitting safety equipment; routines e.g. supporting children to attend school; and specialist issues.

Only one member of staff (not necessarily the same one) cited the following areas as those they felt they shouldn't be doing: addressing issues re: state of the family property; administration; basic activities e.g. shopping and cleaning; DIY/repairs; healthy eating and exercise; housing; long term work with brief intervention roles; transporting families to groups the worker was delivering; and working with young people.

One member of staff felt there was confusion over their role and remit.

## **Stopping Working with Families**

Staff had an average 90% level of confidence stopping working with families when their cases needed to be stepped up and down.

## **Therapy**

Whilst not specifically mentioned by workers in the staff survey, the national Troubled Families evaluation for Leicestershire identified that managers wanted to offer more training on therapeutic work including life stories and play therapy.

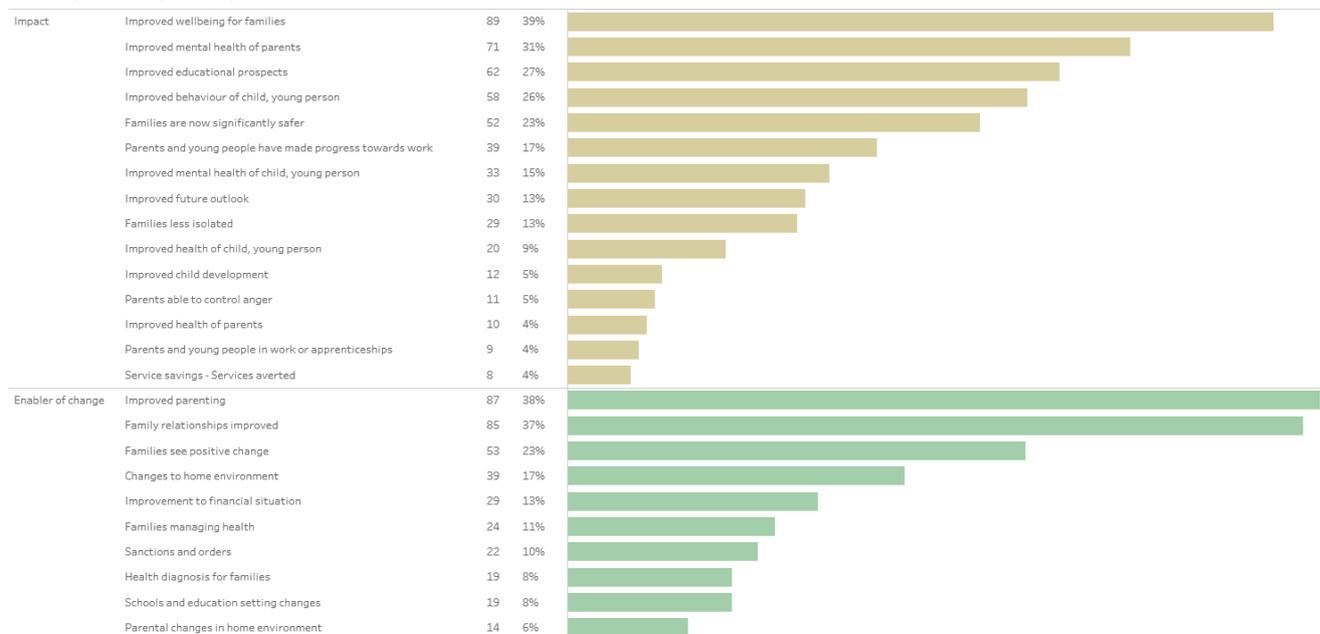
## Other Staff Insights:

Staff also provided insights to this evaluation via the following exercises

Cases where workers had seen the Most Significant Change (MSC).

### Dashboard 3b – An extract from the Staff Most Significant Change dashboard

Impacts/enablers(impacts)



Of the 227 cases submitted by workers, whilst cases may have multiple impacts, improved wellbeing, improved mental health of parents, improved educational prospects, improved behaviour of children and young people, and families being significantly safer were identified in over 20% of cases. In addition, improved parenting, improved family relationships, and families seeing positive change was identified as enablers of change in over 20% of cases. These enablers could be viewed as outcomes in their own right.

#### More Information

Additional key findings from cases submitted by staff and worker observations can be found across four reports. See

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

**REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

There were also workshops, staff events and other staff participation events where key findings were shared and validated throughout the two year period of the evaluation

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.

ਜੇ ਆਪ ਆ ਸਾਹਿਤੀ ਆਪਣੀ ਆਖਾਮਾਂ ਸਮਝਾਵਾਮਾਂ ਥੀੜੀ ਸਦਦ ਈਘਣਾਂ ਡੋ ਨੋ 0116 305 6803 ਨੰਬਰ ਪਰ ਫ਼ੀਨ ਡਰਥੋ ਅਨੇ ਅਸੇ ਆਪਨੇ ਸਦਦ ਡਰਵਾ ਅਵਥਾ ਡਰੀਘੁੰ.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਸਮਝਣ ਵਿਚ ਕੁਝ ਮਦਦ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ 0116 305 6803 ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ ਅਤੇ ਅਸੀਂ ਤੁਹਾਡੀ ਮਦਦ ਲਈ ਕਿਸੇ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਦਵਾਂਗੇ।

এই তথ্য নিজের ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں  
0116 305 6803 اور ہم آپ کی مدد کے لئے کسی کا انتظام کریں گے۔

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci pomożemy.

Strategic Business Intelligence Team  
Strategy and Business Intelligence Branch

Chief Executive's Department  
Leicestershire County Council  
County Hall  
Glenfield  
Leicester  
LE3 8RA  
[ri@leics.gov.uk](mailto:ri@leics.gov.uk)  
[www.lsr-online.org](http://www.lsr-online.org)