

Early Help Evaluation Report 7

Technical Report

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Report Structure

There are seven reports making up the evaluation of Early Help case work as below:

Table 1 – Early Help Evaluation Reports

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Report 2 – 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
Report 3 – Early Help key worker confidence survey	Leicestershire County Council’s caseworkers level of confidence against a number of key requirements of their role in supporting families ¹	17
Report 4 – 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
Report 5 – 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
Report 6 – 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
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¹ Additional worker feedback can be found in report 2 & 4

Background

Leicestershire is committed to supporting the improvement of outcomes for its residents. The challenge is to achieve this against a backdrop of reduced budgets and increasing demands to services where the pressure on resources will continue to increase. There is a need to refocus the work of the council's Early Help services to reduce demand on services in line with these budgets reductions.

This evaluation covers Early Help families which were supported by a case worker from the Supporting Leicestershire Families and Children's Centre's who received an assessed service during 2013 and 2017.

This evaluation recognises and acknowledges wider evaluation activity associated with the National Troubled Families programme due to the large cross over of families within both cohorts.

Introduction

Early Help Services

Leicestershire's Approach

The following definition² usefully encapsulates the Leicestershire approach to Early Help

“Taking targeted action early and as soon as possible to tackle problems emerging for children, young people and their families, or with a population most at risk of developing problems. Early intervention may occur at any point in a child or young person's life”

Our Vision	Our Mission	Our Strategy
Leicestershire is the best place for children, young people and their families	Children and young people are safe and living in families where they can achieve their potential and have their health, wellbeing and life chances improved within thriving communities	<ul style="list-style-type: none">• Moving from control to influence• Collaborating through partnership• Providing the right help at the right time• Securing a commissioning approach• Locality working• Listening and responding to service user voice

Leicestershire's Early help offer blends the three levels of prevention activity described below, including universal and targeted services, and works to

- Reduce risk factors for children and young people
- Build protective factors with families, and;
- Avoid escalation and formal intervention

² adapted from 'Grasping the Nettle' C4EO 2010

Leicestershire’s Framework

Prevention		
Preventing the occurrence of problems	Preventing problem escalation	Reducing the severity of problems
Early intervention is taken at the level of the whole population in order to prevent the development of risk factors. At this universal level the council works collaboratively with partners and with communities to build broad population resilience. We are working to equip the wider workforce to think ‘whole family’ and intervene early	At this level we will intervene early with families who have existing risk factors, vulnerabilities or acknowledged additional needs in order to ensure that problems are halted and do not become more significant or entrenched	At this level we work with families to tackle more complex problems to reduce the severity of problems that have already emerged and reduce or delay the need for specialist service involvement. This includes children, young people and families on the edge of family breakdown

Scope

Purpose of this Evaluation

The purpose of this evaluation is to explore and understand from the perspective of family, partner and staff experience what has been working in Leicestershire since May 2013, what needs to be improved or done differently to support staff and service development, transformation, commissioning and delivery of services which will most likely improve the outcomes of families requiring Early Help support.

The evaluation also aims to provide an understanding of what works for what types of families, in what circumstances, why it works and when things do not appear to go well or improve, why that might be.

Staged Approach

This evaluation covers a part of Early Help Services referred to in this report as Stage 1 families. Stage 1 families are those in the Supporting Leicestershire Families and Children’s Centre Services who received an assessed service and who had an allocated worker. Assessments and case notes were recorded on the Framework-i system from May 2013 until 2017 when it moved over to Mosaic as part of a wider system upgrade for case-worked Children and Family Services at Leicestershire County Council. There is an ambition to expand evaluation out to other Early Help Services, for example, those non-casework families receiving support within Children’s Centre’s and those families receiving brief interventions.

Fit with National Troubled Families Programme

This evaluation recognises and acknowledges wider evaluation activity associated with the National Troubled Families programme due to the large cross over of families within both cohorts.

The National Troubled Families programme was launched in April 2012 with a Payment By Results (PbR) incentive scheme to encourage transformation within Local authorities and localities. There have been two phases to this programme. Phase 1 targeted households involved in crime and anti-social behaviour:

1. With children not in school
2. With adults on 'out of work benefits'
3. Causing high costs to the public purse

Phase 2 which officially started for Leicestershire in September 2014 had greater local discretion to target households with the aim of significant and sustained change across six broad themes of:

- Health
- Domestic Abuse
- Children in need
- Children missing education
- Crime
- Progress to work

Leicestershire have been running the broader Phase 2 model of the programme since the Supporting Leicestershire Families service was launched in April 2013³ and there are cases worked with by Early Help services that don't meet the National financial framework criteria to be eligible to make a PbR claim. For example, there is strict criterion around the 'children missing education' strand. Children need to have 95% attendance for three consecutive terms. After being worked with by Early Help, many of Leicestershire's families show significant and sustained change around education but will never achieve the set threshold of attendance, particularly those who are or move to become home schooled during their 'worked with' period or who have Special Educational Needs and Disabilities (SEND).

More Information

For further information on the National financial PbR framework see

<https://www.gov.uk/government/publications/financial-framework-for-the-troubled-families-programme-january-2018-onwards>

The main other issue which differentiates the cohorts being evaluated relates to data quality and differences in the design of the evaluation. For example for those cases analysed in the quantitative data aspect of the Early Help evaluation where we were looking to measure change in outcomes, it was deemed necessary to have a completed Family Star Plus⁴ assessment and at least one review of the same data on closed families. This is not a requirement for those families being tracked in the National Impact Study (NIS) or Family Progress Data (FPD).

More Information

For further information on the National Troubled Families evaluation see

<https://www.gov.uk/government/publications/national-evaluation-of-the-first-troubled-families-programme>

(2012 – 2015)

and

<https://www.gov.uk/government/publications/national-evaluation-of-the-troubled-families-programme-2015-to-2020>

(2015-2020)

³ Families started to be worked with in May 2013 following an extensive training programme for all new staff

⁴ Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

This evaluation recognises that the National Troubled Families programme has supported large scale change in local delivery approaches. The funding received from PbR has been a significant enabler of working with more families, provided the remit to develop greater partnership working, supported the creation of a pooled budget and other related developments including building capacity around data and business intelligence to understand the impact of ongoing transformed Early Help services as the scale of the National monitoring requirements was realised.

This Early Help evaluation will provide evidence to inform Leicestershire's assessment of its transformation maturity (a toolkit developed by the National Troubled Families programme, particularly around the strands of family experience and workforce development)⁵. For further information on the National Service Transformation Maturity Model see

<https://www.gov.uk/government/publications/troubled-families-early-help-service-transformation-maturity-model>

⁵ The other four key strands of the Early Help maturity model are leadership, culture, strategy and delivery structures and processes

Evidence Based Practice

This evaluation acknowledges the wide range of evidence based practice that exists to support and complement the model of the Early Help service which also features as key Troubled Families Programme five intervention factors of:

1. A worker, dedicated to family
2. Practical 'hands-on' support
3. A persistent, assertive and challenging approach
4. Considering the family as a whole – gathering the intelligence; and,
5. Common purpose and agreed action

The Leicestershire Early Help Service model draws on knowledge of what works and other evidence based approaches including, but not limited to:

- Solihull parenting programme
- Signs of safety
- Theraplay
- Protected behaviours
- Cognitive Behavioural Therapy (CBT)
- Wellbeing practitioners
- Feeling Safe
- Freedom programme

Partners, in particular health often use evidence based practice and commissioning for example, Cognitive Behavioural Therapy (CBT).

Internal Processes

The evaluation does not primarily aim to pick up issues specific to internal processes but recognises that some findings will provide evidence to support process improvements such as audit, data quality, supervision, training and the referrals and allocation process.

Background

The Emergence of the Supporting Leicestershire Families Service and Casework in Children’s Centre’s (Early Help Service)

Transformation of Services

Prior to the launch of the National Troubled Families programme, Leicestershire were operating three Family Intervention Programmes (FIP), all relatively small. There was a Leicestershire County Council ran countywide FIP and two districts ran programmes in Melton and Charnwood. All operated different ‘front doors’ to the service and had different threshold criteria.

The emergence of the national Troubled Families programme provided Leicestershire with an opportunity to remodel and using funding from the national PbR programme and a Leicestershire pooled budget funded by the county council, all district/borough councils, the police, CCGs and public health the new Supporting Leicestershire Families service was launched in April 2013 working more intensively with significantly more families who were ‘somewhere before child protection and somewhere much higher than early intervention’.

The new service had one referral mechanism, fifty front line workers based in localities and aimed to work with 350 families each year. Management and other support services were provided centrally by Leicestershire County Council. The Head of Service, Jane Moore, also the Troubled Families Co-ordinator was also responsible for Youth Offending Services which brought these services closer together.

The Local Authority wanted to avoid their Troubled Families programme being seen as a service or a project with a shelf life and wanted to ensure it was developing an approach to working with families that could be extended out beyond March 2015 (the end of phase 1) and the roll out of whole family working was seen as a key part of the transformation journey. During phase 2, this journey is still in progress however a number of key transformations have taken place supporting this vision.

In 2014 responsibility for Children’s Centre’s were transferred to the Head of Service which provided opportunities for whole family working that hadn’t always happened in that service. Families who were being worked with by Children’s Centre’s on a casework basis moved to receive the same assessment processes as those in Supporting Leicestershire Families. These Children’s Centre families are included in this evaluation from that date. Similarly in 2015 Family Steps workers and Youth workers were also moved under the Head of Service remit⁶ and moved to a whole family working remit with the same assessment processes.

⁶ At the time of writing this report, Chris Thomas was the Head of Early Help reporting into Jane Moore, Assistant Director, Children and Family Services

Early Help Evaluation – Final Report

During the evaluation period further restructures took place and the Early Help service saw additional services being drawn into the service across areas such as the Youth Offending Service, SEND, SENDIASS etc.

At the time of starting this evaluation, families supported by a case worker from the Supporting Leicestershire Families service consisted of:

- 8 Senior Family Support Workers
- 48 Family Support Workers
- 1 head of Supporting Leicestershire Families Service

- Families being worked with as casework in Children's Centre's consisted of:
 - 5 Children's Centre Co-ordinators
 - 9 Family Outreach Workers
 - 1 head of Children's Centre Services

Both head of services (above) are also responsible for other families being worked with in their service such as those requiring brief intervention or group work.

Additional support services are provided by the council to Early Help Services including administration and business support and data and analytical support. In addition, support is also provided by way of a secondment from the Department for Work and Pensions in the form of Troubled Families Employment Advisors (TFEA's).

Governance

The governance of the Early Help Service is via the Early Help partnership which has representation from police, police and crime commissioner, health, district/borough council's, voluntary sector, education, some internal council services and probation.

Methodology – How the Evaluation was Conducted

This chapter outlines how the evaluation was conducted.

In Summary:

Use of Tableau

Leicestershire County Council uses a data visualisation tool called tableau to create dashboards. Where possible, for each technique used, dashboards have been created to make access to deeper insights possible. All dashboards referred to throughout the Early Help evaluation reports have been created using tableau

Evaluation design	Dr Adrian Nelson and Dr Alan Boyd, research fellows in Health Care and Public Sector Management from the Manchester Business School at the University of Manchester supported the design of the Early Help evaluation.
Theory of Change and Theory of Action	A key methodology incorporated in this evaluation is the use of Theory of Change and Theory of Action. The development of the Theory Of Change and Theory Of Action helped inform the design of surveys and interview questions to ensure the evaluation was focused around key components.
Family Star Plus⁷ (measuring progress)	Family Star Plus is a practitioner based tool which enables conversation and family plans to be developed whereby workers and families agree a reading of between 1 and 10 against ten key domains at regular intervals to determine where families’ progress is being made. A total of 787 closed families have been included in this evaluation where progress has been measured.
Identifying need	Within six weeks an assessment of 57 high level needs for all adults and children in the family is completed, including a Family Star Plus assessment (above).
Cluster analysis (need)	Cluster analysis is an exploratory statistical tool used to separate families in to clusters of similar groups. A total of 1,118 families had sufficient data to be clustered in this evaluation. Families were clustered by the presence or absence of the 57 high level needs. Nine clusters of families were identified.
Cluster analysis (progress)	Cluster analysis was used to group families Family Star Plus assessment readings for all ten key domains at both the start of the intervention period and then again at a later review. Start and end cluster groups were combined to identify nine categories of progress. The 787 closed families have been included in the cluster analysis of progress.

⁷ Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting. Also see APPENDIX 1A – FAMILY STAR

CHAID analysis (progress)	CHAID analysis is an exploratory statistical tool used to explain the influence of different factors such as demographics, needs and other characteristics upon the likelihood of families to make progress. The 787 closed families have been included in the CHAID analysis of progress.
Parent voice (journey maps)	In depth semi structured interviews with fourteen families were held which were translated into journey maps to enable an understanding of dependencies and experiences.
Parent voice (surveys)	Parent voice was captured from adults who attended a ‘pop up’ event at Twycross Zoo and from adults who participated in some younger children’s voice work for Children’s Centres (see below). Of the 130 adults who attended the event, a total of 64 parents completed the Twycross survey and 66 families participated in the younger children’s voice work.
Child and young person’s voice (pop up event)	A ‘pop up’ event was held at Twycross Zoo. This was a whole day event and children and young people were invited to leave their views using a range of interactive techniques. Of the 190 children and young people who attended the event, 136 provided feedback in facilitated interviews and others participated in table top activities.
Child voice (pre and non-verbal children)	Workers collected child voice through observation and recordings at families’ regular settings with 66 families.
Staff survey⁸	A staff survey based on the Theory of Change and Theory of Action was developed using a self-efficacy methodology. The scaling tool looks at the extent or strength of an individual’s belief in their own ability to complete tasks and reach goals. A total of 97 staff contributed to this survey.
Most Significant Change (staff)⁹	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). A total of 227 cases were received.
Most Significant Change (partners)	All identified partners where we had an email address at that time were invited to complete a survey identifying where they had seen MSC generically as a result of the Early Help service or specifically for a family or family member they also worked with. Partners were also asked questions around their expectation and perception of the Early Help service and what could be done to better meet their expectations. Of the 300 individuals identified, 36 individuals provided feedback.

⁸ Bandura (1997)

⁹ 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>

Case Studies	The Early Help service regularly collects case studies for various purposes. Where case studies could be assigned to one of the nine groups of families clustered by need, 18 have been included in this evaluation.
Other	Further qualitative work was undertaken on families who were 'stuck', i.e. families open longer than the target maximum period of 12 months who had made relatively no or negative progress.
Stakeholder analysis	The initial stage of the evaluation identified key stakeholders involved in delivering Early Help services across Leicestershire and the evaluation aimed to engage them in the evaluation. At a high level, the key stakeholders identified were families, staff and partners.
Participation	During the evaluation period, key stakeholders were involved in validating theory and findings throughout.

Evaluation Design

The evaluation was commissioned by the Early Help Service to the Business Intelligence Service at Leicestershire County Council. Dr Adrian Nelson and Dr Alan Boyd, research fellows in Health Care and Public Sector Management from the Manchester Business School (MBS) at the University of Manchester supported the design of the evaluation as part of a wider year long programme to develop capacity to evaluate asset based approaches across the Leicestershire Partnership Trust.

Leicestershire Partnership Trust (NHS) commissioned MBS and invited Leicestershire County Council to share and participate in the learnings in recognition that there was not an 'off the shelf' method for evaluating asset based approaches such as those being delivered by Early Help Services.

Theory of Change and Theory of Action

A key methodology incorporated in this evaluation is the use of Theory of Change and Theory of Action. The Early Help Theory Of Action and Theory Of Change was developed by the Business Intelligence service in collaboration with the Early Help Service and at a high level sought to identify what change was required by families to deem the service intervention a success, why that change was important, what factors enabled that change to occur and what barriers existed that needed to be removed to enable that change.

The development of the Theory Of Change and Theory Of Action helped inform the design of surveys and interview questions to ensure the evaluation was focused around key components and as a result of this evaluation the Theory Of Change and Theory Of Action have been further refined.

More Information

For further information on the Theory of Change and Theory of Action see **REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION**

Family Star Plus¹⁰ (Measuring Progress)

Another important methodology included in the evaluation was the use of Family Star Plus as from staff workshops it was identified it covered the main outcomes the Early Help service was aiming to achieve change for families around. Family Star Plus is a practitioner based tool which enables conversation and family plans to be developed whereby workers and families agree a reading of between 1 and 10 against ten key domains at regular intervals to determine where families' progress is. The ten key domains of Family Star Plus are:

1. Positive experiences with **home and money**
2. **Keeping children safe**
3. Positive **boundaries and behaviours**
4. Positive **family routines**
5. Good or improved **physical health**
6. Positive **adult wellbeing**
7. Positive and supportive **social networks**
8. Meeting **children's emotional needs**
9. Positive and **appropriate education and learning**
10. Achieving **progress to work**

Family Star Plus was developed by Triangle Consulting in collaboration with Leicestershire County Council to support the wider objectives of the national Troubled Families programme and forms a key component of Leicestershire's Troubled Families Outcomes Plan (TFOP) for PbR.

¹⁰ Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

More Information

Further information on Family Star Plus see <http://www.outcomesstar.org.uk/using-the-star/see-the-stars/family-star/>

For further information around Family Star see

REPORT 1 – SUMMARY REPORT

REPORT 5 – UNDERSTANDING DEMAND BETTER

REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION

APPENDIX 1A – FAMILY STAR

Identifying Need

From May 2013 families and other agencies submitted a ‘Request for Services’ via the First Response Children’s Duty Team and most of these requests went to a multi-agency locality hub meeting to determine which cases were allocated and to which service.

In recognition that the time had come to move on from this model (the hubs had achieved closer inter-agency working and information sharing and in most circumstances decisions about appropriate responses to needs could be achieved through effective partnership working without the need for a meeting to discuss all referrals) from June 2017, decisions are now taken more promptly by a centralised team. Where team around the family meetings are still needed to ensure a good response to needs multi-agency meetings are still being convened on a case by case basis.

Within a target of 10 working days a worker is assigned to the family and engages in activities to help understand and address the family’s needs, initially largely focussed around gaining trust.

Within six weeks of being worked with there should be an assessment of high level needs for all adults and children in the family, an assessment of needs affecting the whole family and a Family Star Plus¹¹ assessment which informs the overall family plan.

More Information

Copies of the assessment forms are available on request

Depending on the length of intervention (which varies by family needs but targeted to not take longer than a year), families receive an ongoing assessment and revised plan every 12 weeks until outcomes on the plan are achieved and the case is closed.

At any point through this ongoing assessment of families’ needs and characteristics if a worker feels the family meet social care thresholds they are stepped up to social care.

¹¹ Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

Families can also leave the Early Help Service by being stepped down or closed in the case of those families not engaging.

In order to effectively evaluate the Early Help Service there was a requirement for access to accurate, robust and consistent data about its service users.

The data used as quantitative evidence within this evaluation has been sourced from the main case management system used by the Early Help Service. The Mosaic system is designed to capture information about each family's interaction with the Early Help Service, including details of individual family members, dates and details of their professional relationship with Early Help staff and their needs/issues captured through case assessment and review.

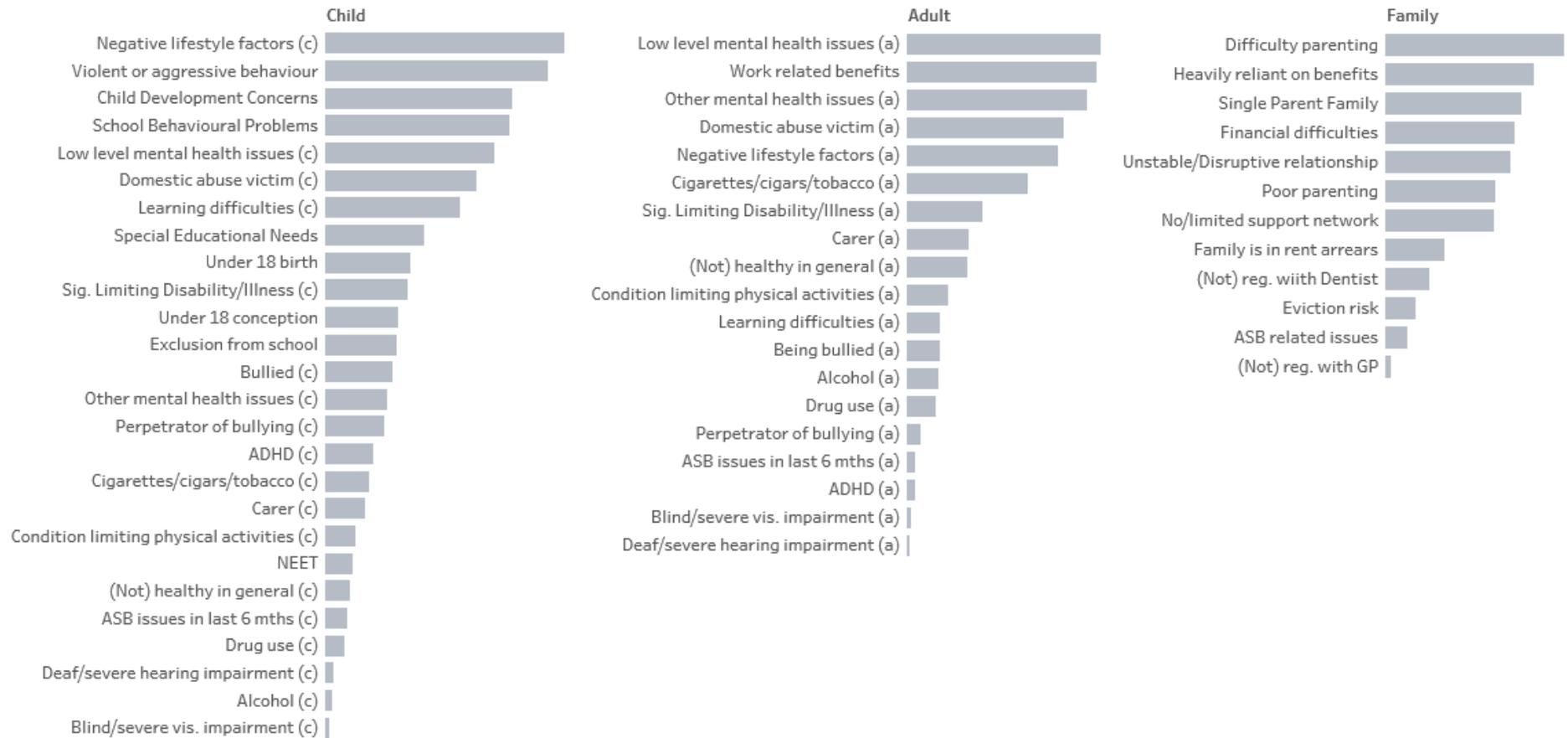
It is difficult to measure true outcomes using single measures from the individual/family assessment and review data because disclosure of certain issues such as domestic abuse may come much later once trust has been built between the victim and the worker.

Analysing data in too simple a way would be misleading as it could look as if issues have gone up or got worse during intervention when they have essentially always been present but taken time to be disclosed. In addition, Family Star Plus¹² aside, individual and family monitoring assessment and review data largely collects whether something is present, not the extent to which it is present so a true picture of change isn't possible from this needs information.

¹² Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

The dashboard below displays the full range of 57 needs across three areas of child, adult and family;

Dashboard 3 - Extract from the Segmentation Dashboard (787 families)



Cluster Analysis (Need)

The data captured on Mosaic around the 57 needs (above) has been used to develop service user clusters. Cluster analysis is a statistical technique used to create groupings of a set of objects in such a way that objects in the same group (called a cluster) are more similar (in some sense or another) to each other than to those in other groups (clusters).

In 2015, from Mosaic's predecessor, Framework i a pilot data set of 378 families that met sufficient data quality criteria were clustered. The result of the clustering methodology was the creation of a number of groups of families who represented the distinct Early Help service user groups, based on the needs of the families identified at assessment using 57 needs criteria. There were ten clusters identified.

More Information

Detailed results of this initial segmentation are available as a dashboard on request including the data quality criteria used and the methodology applied

Where possible, the unique family reference number (UFRN) was collected for all primary research thereafter with the aim of being able to analyse this at a cluster level at a later stage.

On 29th September 2017 a total of 1,118 families had sufficient data to be clustered for this evaluation. Unfortunately the model was not viable i.e. there were not enough families in each of the clusters to draw any statistically robust conclusions. The learning from this exercise identified an opportunity to use a different clustering methodology. Whilst findings from the initial cluster methodology can be made available, the remainder of this report and findings reflects the new cluster methodology which used the same set of needs criteria and data extracted on 20th September 2017. Whilst the new cluster formation and cluster description was based on the larger cohort of 1,118 families, all other representations in the seven reports of the Early Help evaluation are based on 787 families. (The main reason the evaluation cohort was smaller than the 1,118 families originally identified in the clustering was that as well as the 57 'needs', a family also had to be closed and have a Family Star assessment and review in order to be able to measure progress and it was also necessary for cases to be closed in order to measure other characteristics, for example social care involvement and child protection plans after the intervention, overall intervention length and re-referral rates).

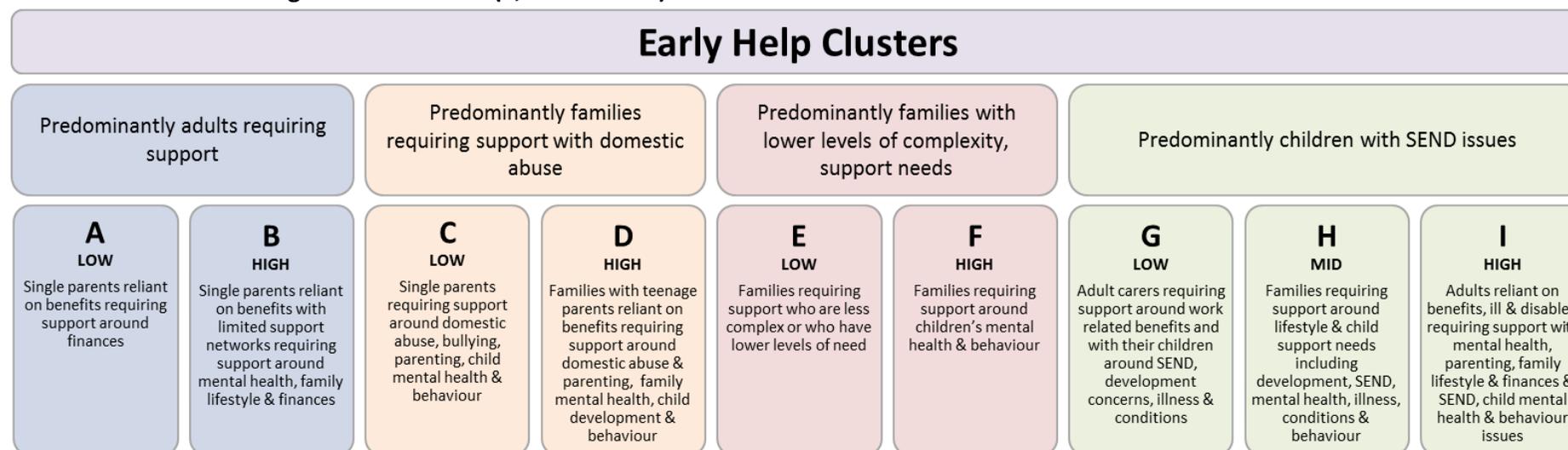
There are needs that may be more likely to arise after initial assessment such as domestic abuse when greater trust has been built between workers and victims for it to be disclosed. For that reason we have taken the most recent assessment of families to cluster to maximise the needs information captured. Based on the presenting needs of each family nine distinct service user clusters have been identified. These clusters have been used to interpret and contextualise the findings within this evaluation. The accurate and robust formulation of these clusters is reliant on the availability of Early Help assessment data captured about individuals and families by the family workers.

To be included in one of the nine clusters, a family must have the following information available:

- At least one completed Individual Assessment for an adult
- At least one completed Individual Assessment for a child
- At least one Family Assessment

The cluster analysis (around need) identified nine clusters of families. These nine clusters group to four high level areas of need, as shown below:

Table 1a: Clusters and High Levels of Need (1,118 families)



More Information

For key findings relating to clusters and further information about clusters see

REPORT 1 – SUMMARY REPORT (including APPENDIX 1B - SUPPORTING INFORMATION AROUND KEY FINDINGS)

REPORT 5 – UNDERSTANDING DEMAND BETTER

REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION

Detailed results of this final segmentation are available as a dashboard on request including the data quality criteria used and the methodology applied

Cluster Analysis (Progress)

In order to illustrate key differences in progress across clusters, families were grouped by their comparative start and end readings using the Family Star¹³ outcomes tool across **all** ten Family Star domains. The matrix below illustrates how families were segmented further for 787 families:

Dashboard 1b: Overall Progress Matrix - Extracted from The Family Star Summary dashboard

	End Readings Lower	End Readings Middle	End Readings Higher	Total
Start Readings Lower	11%	13%	6%	30%
Start Readings Middle	4%	24%	15%	43%
Start Readings Higher	1%	4%	21%	26%
Total	16%	42%	42%	100%

Families were segmented according to their 10 Start Readings (3x rows of the Matrix : Start Readings Lower, Middle, Higher)

Families were also segmented according to their 10 End Readings (3x columns of the Matrix : End Readings Lower, Middle, Higher)

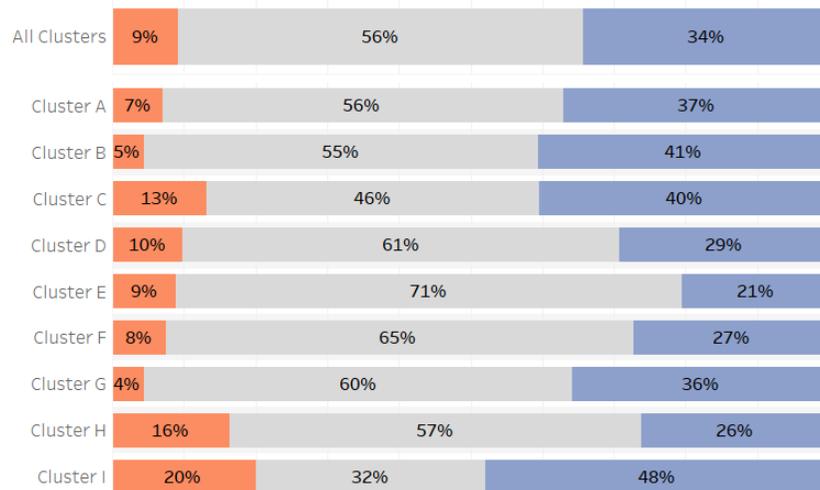
The matrix then identifies enable the identification of:

Families that made higher than average progress (34%) including;

- Cluster I (SEND families - High) 48%
- Cluster B (Adults requiring support - High) 41%
- Cluster C (Domestic abuse families - Low) 40%
- Cluster A (Adults requiring support - Low) 37%
- Cluster G (SEND families - Low) 36%

Families that made lower than average progress (9%) including;

- Cluster I (SEND families - High) (20%),
- Cluster H (SEND families - Mid) (16%),
- Cluster C (Domestic abuse families - Low) (13%)
- Cluster D (Domestic abuse families - High) (10%)



Further exploration is required to understand why certain families in Cluster I (SEND - High) families are making both the most and least progress.

¹³ Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

More Information

For key findings relating to clusters and further information about clusters see

REPORT 1 – SUMMARY REPORT

REPORT 5 – UNDERSTANDING DEMAND BETTER

REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION

APPENDIX 1D – SUPPORTING INFORMATION AROUND KEY FINDINGS

Detailed results of this segmentation are available as a dashboard on request including the data quality criteria used and the methodology applied

CHAID¹⁴ Analysis

CHAID analysis is an exploratory statistical tool used to explain the influence of different factors such as demographics, needs and other characteristics upon the likelihood of families to make progress. The 787 closed families have been included in the CHAID analysis of progress.

More Information

For key findings relating to the CHAID analysis see

REPORT 1 – SUMMARY REPORT

REPORT 5 – UNDERSTANDING DEMAND BETTER

REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION

APPENDIX 1D – SUPPORTING INFORMATION AROUND KEY FINDINGS

Detailed results of the CHAID analysis are available on request including the data quality criteria used and the methodology applied

¹⁴ Chi-Squared was used to determine Statistical Significance. For more detail see <http://www.statisticshowto.com/what-is-a-standardized-residuals/>

Parent Voice

An important approach for gathering insight on families experience was through in depth semi structured interviews with parents. Families were selected at random and include a mix of engaged and less engaged families, closed and open (at the time of interview) and a range of representation across the different clusters.

These interviews were translated into journey maps to understand the most important experiences and dependencies from the families' perspective and as well as testing the findings against the Theory of Action and Theory Of Change to understand what was working well, what could be improved. The interviews took place between October 2016 and February 2018.

Key objectives from these interviews were to capture:

- Family experience and perspective
- Context and dependencies
- What worked well and what could be improved
- The range of interactions a family experiences and different agencies involved
- Approach of key family worker
- Family access to evidence based specialist interventions
- Clear focus on outcomes
- Resilience of family post intervention
- Additional findings to further inform Theory Of Change and Theory Of Action

The total number of families interviewed for each cluster is detailed below:¹⁵

Cluster	High level cluster description and level of need		Supporting Leicestershire Families and Children's Centre's	Supporting Leicestershire Families	Children's Centre's
A	Adults requiring support	Low	0	1	1
B		High	1	1	1
C	Domestic abuse families	Low	0	1	0
D		High	0	1	0
E	Lower needs families	Low	0	0	2
F		High	0	1	0
G	SEND families	Low	0	1	0
H		Mid	0	1	0
I		High	1	1	0

More Information

For detail from the in depth interviews and customer journeys see

APPENDIX 1C – MANDY'S JOURNEY MAP

REPORT 2 – WHAT FAMILIES SAY

REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS

REPORT 5 – UNDERSTANDING DEMAND BETTER (this report contains full journey maps)

Information on the questions used at interview can be made available on request

In addition, parent voice was captured from adults who attended a 'pop up' event at Twycross Zoo and from adults who participated in some younger children's voice work for Children's Centres.

A total of 51 families completed a short survey at Twycross (64 parents). In addition a total of 66 families provided voice as part of Children's Centre voice week.

More Information

For additional key findings from all parent voice see

REPORT 2 – WHAT FAMILIES SAY

REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS

Detail of the adult survey and survey used for the Children's Centre voice week can be made available on request

¹⁵ A family may have had support from Children's Centres, however for the purposes of this table they are counted if it was case work (rather than group or pathway)

Child/Young Person Voice

A 'pop up' event was held at Twycross Zoo. This was a whole day event and children and young people were invited to leave their views using a range of interactive techniques.

The key activity for children and young people was staff facilitated interviews in recognition that it can be difficult to draw out information from children and young people. There were also interactive table top activities for families to participate in, primarily aimed at children and young people.

Children and young people were invited to participate in the range of activities at specific times during the day with the aim of seeing if there were any key differences in child and young people's voice across the high level clusters.

Families were provided with lunch and could enjoy the Zoo for the rest of the day where there were also opportunities to meet other families and gain wider benefit for their family. This 'pop up' event was held on Tuesday 11th April 2017 (during the first week of Easter). In total 190 children and young people and 130 adults attended the event. A total of 78 families completed the survey (with participation from 136 children) and more participated in the table top activities.

Whilst it was recognised that there could be some natural bias and positive feedback, i.e. more engaged families were likely to attend and families were being provided with a free, enjoyable day out, it is also recognised that children and young people are also more naturally honest.

It was important to recognise that this event wasn't as suitable for capturing the voice of much younger children, so during February and July 2017, for those families being worked with as part of case work at Children's Centre's, workers collected child voice through observation and recordings at families regular settings. This was primarily at home as part of outreach work or in Children's Centre's themselves. The information was captured using a semi-structured survey from 66 families.

More Information

For more information relating to child and young person's voice see

REPORT 2 – WHAT FAMILIES SAY

REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS

Detail of the child and young people's survey and survey used for the Children's Centre voice week can be made available on request

Detailed results for both surveys and other table activity analysis are available as dashboards on request

Early Help Key Worker Confidence Survey

Based on the Theory Of Change and Theory Of Action (below), a staff survey was developed using a self-efficacy methodology¹⁶. 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. This survey 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.

In total 97 staff responded, 67 from Supporting Leicestershire Families and 30 from Children's Centre's. The majority of responses were from Supporting Leicestershire Families Family Support Workers (FSW) (54) and Children's Centre Family Outreach Workers (FOW) (28). Participants had been in their role for varying lengths of time – 55, three years or older, 22 between one and two years and 20 less than a year.

There was a high overall response rate at 59% with youth workers least represented at 27%. Supporting Leicestershire Families FSW's were most represented at 78%. Children's Centre's workers represented 54% of responses from their service overall and Supporting Leicestershire Families 62%.

Response by locality varied with Melton Children's Centres showing no responses and Hinckley Children's Centres at 25%. Charnwood and Melton Supporting Leicestershire Families had a response rate of 33%. There were however eight responses received without locality details as this wasn't a mandatory field and therefore the responses could have fell into the unidentified locality category.

Harborough Children's Centres had the highest response rate at 83% with the remainder of the range across localities between 60 and 80%. Hinckley and Bosworth had the highest response rate for Supporting Leicestershire Families at 80% with the remainder of the range across localities between 59 and 75%. The wide range of response rates across localities means that we aren't able to statistically state key differences across localities but results may infer locality issues.

More Information

For more information relating to key findings relating to staff levels of confidence around a number of key areas see

REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY

Detail of the staff survey can be made available on request

Detailed results for the staff survey are available as dashboards on request

¹⁶Bandura (1997)

Most Significant Change (Staff)

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.

The exercise whilst used as part of evaluation enabled significant discussion to take place on what values and impacts were important to the service, created wider sharing of the different service cases and learnings to help with supervision and improvements to case recording of outcomes.

A total of 227 cases were submitted and analysed. Following each quarters submissions, a panel was held in all six localities consisting of the Locality Manager, a Children’s Centre Co-ordinator and a Supporting Leicestershire Families Team Leader. This panel judged from their locality for both Supporting Leicestershire Families and Children’s Centre’s what case they wanted to put forward to a senior panel.

Each quarter, a senior panel consisting of service managers took place and the same exercise was completed.

More Information

For more information relating to key findings relating to staff Most Significant Change see

REPORT 2 – WHAT FAMILIES SAY

REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY

REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS

REPORT 6 – THEORY OF CHANGE AND THEORY OF ACTION

Detail of the Most Significant Change staff survey can be made available on request

Detailed results for the staff Most Significant Change staff survey are available as dashboards on request

For details of the six cases across the year that were submitted and deemed as demonstrating most significant change for Early Help see

APPENDIX 7A

Most Significant Change (Partners)

Between June and August 2017, all identified partners where we had an email address at that time were invited to complete a survey identifying where they had seen Most Significant Change generically as a result of the Early Help service or specifically for a family or family member they also worked with. This change could be positive, negative or both.

As above, this exercise aimed to identify what partners saw as most significant, what the barriers to change were, what activities and approaches the Early Help service had taken which enabled change to happen, what other enablers of change existed and what the impact was.

Partners were also asked questions around their expectation and perception of the Early Help service and what could be done to better meet their expectations.

In total, over 100 partner organisations were identified and 300 individuals were sent an email with a link to the survey. A follow up email was sent to non-responders before the deadline. The Early Help partnership (governance group) were made aware of the request. Some partners chose to provide feedback via email rather than via the survey. A total of 36 individuals provided feedback.

More Information

For more information relating to key findings relating to partner Most Significant Change see

REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS

Detail of the Most Significant Change partner survey can be made available on request
Detailed results for the partner Most Significant Change staff survey are available as dashboards on request

Additional Case Studies and Insight

The Early Help service regularly collects case studies for various purposes. Where case studies could be assigned to a cluster they have also been included in this evaluation.

A total of 18 case studies have been included within this evaluation, 17 from the following clusters and 1 that we were unable to match to a cluster¹⁷.

Cluster	A1	B5	C2	D7	E9	F4	G8	H3	I6
SLF	1	2	1	0	0	2	0	1	3
CC	1	1	1	0	4	0	0	0	0

More Information

For key findings from case studies see

REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS¹⁸

APPENDICES 4A to 4R – CASE STUDIES

Stuck Cases

As the methods above might be seen to bias positive and engaged families, further qualitative work was undertaken on families who were 'stuck', i.e. families open longer than the target maximum period of 12 months who had made relatively no or negative progress

In addition there were families identified in in depth interviews that were considered not suitable for interview at the time. The primary reasons for unsuitability relate to child protection issues i.e. were being stepped up to social care, families in crisis, not engaging with the service at the time or families unwilling to participate in an interview. Other reasons included families being busy with work and family issues.

¹⁷ We have included this one because there is little other evidence around Child Sex Exploitation

¹⁸ Case studies are also included as an appendix in this report

Stakeholder Analysis

The initial stage of the evaluation involved identifying key stakeholders involved in delivering Early Help services across Leicestershire with the aim of engaging them in the evaluation and thus, aiming to create a robust and inclusive picture of those stakeholders' views and experience of the service. In the case of Leicestershire's Early Help Service, the relevant stakeholders are individuals, groups or whole institutions. In effect, these stakeholders constitute the 'system' in which the service operates and form the potential group of informants we wanted to target in our research. In tentatively drawing up a 'map' of potential stakeholders we identified the following key stakeholders:

- Families themselves
- Internal stakeholders, including frontline staff, management and supporting roles
- Other county council services such as those in social care, SEND, education and youth offending services
- Multi-agency partners, such as schools, health, police and housing and those from the third sector including many charities and voluntary organisations
- The wider community

Participation

A key outcome of the evaluation design was the recognition that the evaluation approach should be participatory i.e. involving and validating theory and findings from both quantitative and qualitative research with key stakeholders throughout the evaluation process. From 2015 to 2017, participation events included:

- Stakeholder mapping workshop
- Theory of Change and Action development workshops
- Surveys and interviews
- Management meetings
- Management panels
- Large scale staff events
- A large scale family event
- Family observations
- Updates at the Early Help partnership group
- Updates at a partnership event focused on the Troubled Families Team's maturity model

Quantitative Data Analysis

By applying simple data quality checks and rules the cases that have been included in the progress evaluation are 787 families constituting 4,564 individuals. Data quality issues have and will be continually raised and a number of dashboards have been produced and recommended for workers and team leaders to help pinpoint where data quality action needs to be taken.

More Information

For an overview of the data used for the evaluation, explaining how the data reflects the needs and usage of service users, whilst also highlighting some of the issues with current data recording practices and recommendations to maximise the potential of data see **REPORT 5 – UNDERSTANDING DEMAND BETTER**

Qualitative Analysis

Qualitative findings are by nature descriptive, illustrative and not statistically representative. However the range of experiences and views has been important to this evaluation and using a range of research methods recurring themes have emerged throughout. Whilst we can't quantify the findings or suggest they represent the distribution of attitudes among all relevant stakeholders or families involved, through the participatory nature of this research we have sought to validate findings with key stakeholders throughout.

Cost Benefit Analysis

The National impact evaluation identified that it was not possible to undertake a full Cost Benefit Analysis (CBA) of the programme however the evaluation team worked with the Department of Communities and Local Government (DCLG) to develop a Troubled Families Cost Savings Calculator and provided guidance for local authorities to conduct their own economic analysis at a local level.

For 2014/15, Leicestershire used the Troubled Families Cost Savings Calculator tool to track a cohort of closed Supporting Leicestershire families for 12 months prior to the start of the intervention and 12 months post intervention using unit costs agreed by DCLG against a number of services. The process and methodology was overseen by Leicestershire County Council's internal audit team.

More Information

For headline findings see

REPORT 5 – UNDERSTANDING DEMAND BETTER

Since 2015, there have been a number of changes to the way Cost Benefit Analysis is carried out by the Troubled Families programme which have limited local use of the tool. Local Authorities are now only required to submit the costs of the programme with all other data being collected at a national level and via Family Progress Data. Results of the national data set are not provided back to authorities to undertake their own local analysis.

There has been further data protection limitations put on health data meaning data that was accessible for the original analysis is no longer legal. Similarly, given the increased requirements on partners to provide data such as that from the police and districts for the national data set and an ever growing cohort of families to be tracked, with little data received back at a local level there is currently little appetite for partners to provide data locally.

A requirement for more local support around cost benefit analysis taking into account the issues raised has been fed back to the national Troubled Families Team who in September 2017 were seeking a local authority to apply for grant funding for a Cost Benefit Analysis contract. The aim was to fund a local authority to help the Troubled Families Team provide bespoke support around the collection and submission of local costs data, up skill other areas on how to use the cost savings calculator and identify its strengths and ways it could be improved. At the time of writing this report the training for the new approach had not taken place with local authorities.

In recognition of the need to have more robust local cost benefit analysis, in October 2017, the Business Intelligence team commissioned Vie Consulting, a recognised expert in the field of social return on investment to look at the emerging findings and methodology from the evaluation to identify a proposed potential way forward.

More Information

For recommendations from the independent report and early feedback on the draft on this evaluation see

REPORT 1 – SUMMARY REPORT

APPENDIX 1E – INDEPENDENT REPORT

Acknowledgements

More Information

For acknowledgements in assembling this evaluation of Early Help see

REPORT 1 – SUMMARY REPORT

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 ਸਮਝਵਾਮਾਂ ਥੀੜੀ ਸਦਦ ਈਝਠਾਂ ਡੋ ਨੋ 0116 305 6803 ਨੰਬਰ ਪਰ ਫ਼ੋਨ ਡਰਠੋ ਅਨੇ ਅਸੇ ਆਪਨੇ ਸਦਦ ਡਰਵਾ ਅਵਝਠਾ ਡਰੀਠੁੰ.

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।

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اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں
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Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci pomożemy.

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