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Process, impact and SROIA of a troubled families programme



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A process, impact and social return on investment evaluation of a troubled families programme in the South West of England.

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Executive Summary:

This project was developed by a research team at the University of the West of England (UWE) under the direction of the Principal Investigator (PI) Dr. James Hoggett to evaluate aspects of a troubled families programme in the South West of England.

After the summer riots of 2011, the Prime Minister David Cameron, ascribed, in part the summer's disorder to '120,000 troubled families'. In November 2011 Louise Casey was appointed, at Director General Level in the Department for Communities and Local Government, to head up the government's response to this issue and 'turn around' these families by the end of the current Parliament. The result was the development of the 'Troubled Families Programme (TFP, Casey, 2012). According to the DCLG (2014) troubled families are those that have problems and cause problems to the community around them, putting high costs on the public sector. The TFP seeks to develop new ways of working with these families, which focus on lasting change in terms of reducing costs to the state and improving outcomes for the families in question. The stated outcomes include both changing the trajectory for families and also changing the way services are delivered to them.

However, evidence for the effectiveness of family intervention projects is weak; for example, a systematic review commissioned by the previous government found no studies to support the claim that such interventions improve outcomes for families (Newman, et al., 2007). In light of these evidential shortcomings a systematic evaluation of the Troubled Families Programme delivered by local government in a city in the South West of England was commissioned.

Given that the programme was a new initiative there was a need to adopt a flexible approach to cope with the dynamic and developing nature of the TFP. The research methodology used to carry out the evaluation was mixed method (Johnson & Onwuegbuzie, 2004) with different methods being utilised to evaluate different parts of the programme. The methods included qualitative interviews with TFP key workers, managers, secondees and families. Case documents for families on the programme were also reviewed. Data captured as part of the programmes payment

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by results (PbR) format was also obtained. A research associate from the UWE team also engaged in extensive ethnographic research with TFP workers and families over an 18 month period. These methods enabled the research team to carry out a process, impact and social return on investment analysis (SROIA) of the programme as well as provide some case study examples of families on the programme and work carried out with them. The results of this project are included in this report.

Key findings from the report include;

- Working with the whole family was perceived as positive by the families interviewed as it enabled a holistic approach to meet individual and family needs.
- The troubled families programme in the area of evaluation had successfully engaged with other professional agencies. This success included better information sharing and communication, important secondment of professionals from other agencies into the troubled families team and increased awareness of family needs and service requirements.
- Time was a vitally important component to the work and success of the programme. The small caseloads that key workers on the programme had allowed them time to both persist in making contact with and engaging families on the programme.
- The small case loads also allowed TFP key workers greater time and flexibility to work with families. Time with families allowed key workers to deal with crises as they emerged during the programme helping families to turn their lives around.
- Flexibility of key worker time, which was deliberately built into the programme, helped the key worker to develop trust with families and this trust was an important enabler of change.
- Empowering families to address their problems by helping to create resilience within them allowed families to make short term changes and the confidence to tackle long term issues.
- Families discussed the success of the programme in terms of helping them to do things rather than doing things to them.

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- The key workers enthusiasm, flexibility and confidence in the programme were vital to its success and the welfare of workers and families on the programme.
- A number of complex issues, particularly mental health, drugs, alcohol and domestic violence appear intertwined in family's lives and often underpin the issues associated with government inclusion criteria of worklessness, anti-social behaviour and school absenteeism. Closing such cases within the prescribed 12 month period is problematic.
- A Social Return On Investment Analysis (SROIA) was carried as part of the research. In essence SROI approaches compare the monetary benefits of a program or intervention with the program costs (Phillips, 1991). It enables service providers and commissioners an opportunity to see the broader value that an intervention may bring.
- Social Return On Investment Analysis was carried out on 16 families who cases had been closed by the family intervention team under evaluation during the research period. The analysis calculated a Social Return on Investment ratio of £1: £0.66. This means that for every pound of investment in the family intervention team evaluated (one of three in the city) 66p of social value is created. This is a parsimonious reflection of the value created.
- Sensitivity analysis based on predictions of the family intervention team successfully closing 76% of the 33 open cases on their files during the research period was carried out. This analysis calculated a Social Return on Investment ratio of £1: £1.33. This means that for every pound of investment in the family intervention team evaluated when the team are reaching similar levels of success as the FIP teams in the past then in an annual analysis of impact there will be £1.33 of social value created.

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Chapter 1: Literature Review:

The evaluation of the Troubled Families Programme and its efficacy is of potential interest and importance to a wide range of constituencies, including practitioners and their managers, policy makers and academics. This literature review will draw on a range of perspectives to briefly consider some of the key themes which elucidate this initiative, and its political and policy context. Firstly the section considers some of the existing knowledge base in relation to poverty studies and social exclusion. It then looks at the development of family welfare programmes, state investment and policy interventions and, finally, discusses the evidence base the programme reflects.

Poverty studies;

Concerns surrounding poverty and cycles of deprivation have been documented since Booth and Rowntree's studies in the nineteenth century. These concerns have been connected with the rise of state interventions into the family, previously seen as a private institution, as well as the individual. Alcock (1997) acknowledges that the study of poverty is in itself a study of social policy, early interventions identified the concept of the deserving and the feckless poor, those who were able and those who were unable to work (Glennister, 2004, p.15-17). To a large extent an association was made in the public imagination between the poor and vagrant and the potentially criminal which informed issues of social control. The focus was mostly concentrated on those who were the problem (poor) rather than on the problem itself (poverty). The term poverty itself was constructed as a measure of what is required to live on in real terms and was first identified in Rowntree's 'life cycle of poverty' (Rowntree, *ibid*). This conceptualisation of poverty was significant because, as Glennister (2004, p.24) states, for the first time factors that determined poverty were considered rather than poverty being related simply to personal agency and failings. Rowntree's theory suggested a social pathology, in which an underclass was created, who lived by and transferred inter-generationally a different set of values to wider society (Alcock, 2006).

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This notion of poverty as a inter-generational cycle helped develop analysis of the poor as an 'underclass' and has been both drawn on and developed by academics and politicians in ideological as well as analytical ways. Garland (2001) describes how the stereotype of a lawless and anti-social generation of underclass youth with no sense of attachment to traditional concepts of community and family espoused by neo-liberal political rhetoric, was geared to appeal to the public's 'common sense' view of the problem of crime and disorder. Burchardt et al (2002a) compare American definitions of the 'underclass' as being similar to those in the UK: - a socially excluded population, geographically located in deprived neighbourhoods, excluded from the benefits and aspirations of the majority of society. The growing focus on the idea that the underclass constitutes a real and socially problematic group helped side step serious issues of poverty and deprivation and enabled policy to shift towards creating measures to re-engage those disparate groups who had been identified as being social excluded. The idea of social exclusion as an important welfare policy issue was given credibility in part by Gidden's 'Third Way' 1980s political philosophy, and Etzioni's communitarianism (Wallace, 2010). The 'Third Way' articulated a new approach to politics that partnered community led activity (and voluntary sector initiatives) with government and state interventions and became a fundamental corner stone to 'New Labour politics. Aligned with Etzioni's thinking on citizenship and the role that individual responsibility played in community cohesion, this formed the basis for policy developments for social inclusion (Imrie and Raco, 2003; Kearns, 2003).

Defining family;

Like poverty, family can be understood as a socially constructed concept. When considering social anthropological studies of non-modern societies, kinship arrangements can be understood as serving the needs of the environment they are found within. This functional concept emphasises the structure of family and the role of the members within it. The modern family developed in relation to, amongst other imperatives, meeting the needs of industrial society and functioning as a socialising and regulatory institution (Parsons et.al., 1955). This somewhat utilitarian picture does not discuss the vast range of contextual factors that impact on how and

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whether these primary functions can or indeed should be 'successfully' undertaken by the family and a wide variety of approaches which challenge Parson's functionalism have been mounted in recent decades. For example, issues of parenting and family dynamics, gender and family roles have become intrinsic to certain academic discussions of the family. Furthermore, the post-war period within which Parson's work was based had not felt the impact of post-war economics, instead poverty was low and welfare measures at their highest (Glennerster, 2004).

However, the nostalgic and idealised view of the family typified by Parson's functionalist writing, has continued to have some impact on thinking about models of the family, and is evident in some political rhetoric and the media. Pearson (1983) suggests that reference to the past evokes thoughts of a nostalgic and idealised time when stability and tradition existed in community and family, and that this creates a sentimental attachment to a period beyond 'twenty years ago' that has no factual accuracy. The family is symbolised as a static institution of stability that should remain constant in a dynamic world (Smart, 1997) whilst the actual political discourse which has developed over time has produced a complex dichotomy. On the one hand government policy is aimed at directing the 'responsibilization' of the individual by the state, and on the other it instigates a directive for the micromanagement of parenting and childhood.

Ruddick (2007) argues that the declining responsibility of public institutions has had a negative impact on the family by increasing pressure on them to fill the gaps left by this decline. Giddens (1992) argues that the postmodern family is one freed from traditional roles, with the concept of family and familial relationships taking many different forms. This appears in contradiction to the 'back to basics' political campaigning for a return to family values in the 1980s and 90s that saw the problems of society rooted at the heart of family breakdown. The disparity arising between this and state interventions and policies that direct the family towards this 'nuclear' ideal do not account for the stress created by the insecurity produced by low income and relationship difficulties, that distract from parenting (Rodger, 2008). The Joseph Rowntree report by Scott et.al., (2006) evaluating the effectiveness of

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parenting programmes, recognised that poverty played a large part in creating stresses on the family including financially, spatially, and on health.

The criminalisation of the family;

Studies of family, poverty and deprivation and links to criminogenic issues, in particular developmental risk factors which assume the possibility of predicting future offenders through identifying risk and protective factors, have become increasingly prevalent since their emergence over 40 years ago (West and Farrington, 1973). Similar to studies of the family and poverty a number of common factors have been identified as potentially causal of criminal behaviour and therefore as worthy of policy attention. Issues relating to mental and physical health, family size, domestic violence and parenting are seen as causal, both singly and in combinations, as are poverty, unemployment, debt and low educational attainment. Research findings have also identified a number of complex interwoven issues which mutually reinforced each other creating a nexus of family problems, poverty and crime. Significant research projects generating evidence in this field have no agreed definition of what constitutes a 'problem family' but fairly nonspecific and inclusive terminology, such as a 'mosaic of maladjustment' (Madge, 1980; Tonge et.al., 1980, p.39) has been adopted in some cases. In addition research studies have mostly side-stepped the issue of predicting factors which determine who may become a problem family, even where there existed families who had been known to social welfare agencies for a number of generations.

The complexity of these issues poses methodological challenges for evaluating family intervention programmes, particular, as with the 'Troubled Families' evaluation here, within a period of a single year. In pockets of research, these challenges have led to the deployment of longitudinal methods, evident in studies such as the Newcastle 1000 project (Kolvin et.al., 1990). The researchers recognised that to understand the complex entanglement of factors impacting on family welfare, situational observation over a number of years is required. Such studies enabled researchers to more fully capture the multifaceted and complex dynamics and situations that impact multi-directionally in a family unit over time.

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Longitudinal studies identified that key to any research carried out with families is a reflection that problems are not isolated to individuals or to situation but are systemic, dynamic and unpredictable, creating challenges and crises within otherwise stable and functional routines. A number of key variables appear to create vulnerability to deprivation amongst the families studied, which become more complex as they impact on each other, and ultimately become more entrenched and immutable. Consideration was given in the Newcastle study to how to assess and determine deprivation in order to be able to predict risk. Physical and financial factors were considered (e.g. housing, debt, illness and unemployment) as well as issues of parenting ability, relationship problems and the condition of the home environment.

The Newcastle study was important in aiding understanding of the different combination of factors which heightened the risk of deprivation and for the influence it had on shaping the direction of social policy interventions to combat this risk (Madge, 1980). However it was research from the Cambridge Delinquency study (West and Farrington, 1973) that really impacted upon government policy formation for family interventions in the latter half of the 20th century. The Cambridge Delinquency study began, in the 1960s, to assess and predict risk related to crime and anti-social behaviour over the lifetime of a set group of boys growing up in London. The study has followed these boys over the 50 plus years from 1961 to the present day. Using a quantitative methodology the research analysed variables that covered aspects of socialisation through relationships with family, education and friendship, in addition to the individual boy's emotional and behavioural disposition. The study has been influential in developing a model of risk assessment that has facilitated an increase in evidence led policy making that has impacted on a number of measures in relation to youth crime, anti-social behaviour legislation, and crime and disorder reduction.

Within the study outcomes the family has become a measure of moral subjectivity, relating to Control Theory and Social Learning Theory. The Control Theory of Sampson and Laub (1993, 2003 cited in Rock, 2007) considered the

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significance of social bonds in reducing deviancy. Linking with Bandura's Social Learning Theory (1977) which emphasised the importance of family as a place of social learning, it located the responsibility for problems of deviancy within the family environment and parenting. The research produced plausible results to show that delinquency was attributable to 8 predictors, of which half were attributed to parenting (Utting, 1994). The most recent findings from Farrington et al, (2013) produced a number of statistically relevant and tangible arguments that claimed a 30% successful prediction rate for adult high level chronic offending, based on risk factors in childhood. The conclusions drawn recognise that the earlier the intervention, with particular regard to education and parenting, the more positive results attained. Such outcomes are not just related to limiting criminal careers, but are also evident in issues related to (improved) relationships, (reduced) substance misuse, better health and better employment; the same variants identified in earlier studies.

The rhetoric of social exclusion and policy development;

Welsman (2006) explores the influence that the risk based studies (above) have had on political rhetoric and policy direction in relation to families and crime from the 1970s up to the New Labour governments of 1997-2010. The resulting focus on attempting to tackle the persistence of certain families in intergenerational 'cycles of deprivation' and crime was recognised as requiring a particular intervention that broadened opportunity at social, economic and cultural levels. The term 'social exclusion' which, like both the terms poverty and family, incorporated a range of complex interlinked factors was introduced into the political vocabulary (Hills et al, 2002). Social exclusion rhetoric became aligned to a more cohesive approach to tackling poverty although in reality the emphasis on personal agency and the lack of consideration of the limitations of circumstances or capacity affecting this remained the same (Chanan, 2000).

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Developing practice;

The Labour party came to power in 1997 with the slogan 'Tough on crime, tough on the causes of crime' which summarised their approach to tackling exclusion and anti-social behaviour (Muncie, 2009). The emphasis was family focused but situated within the community and proposed a number of neighbourhood led interventions to engage with previously excluded groups. The focus was reengagement of the disparate groups that had not benefited from a rise in living standards and continued to be socially excluded. The Social Exclusion Unit was set up in 1997 with the aim of reducing social exclusion through government action in partnership with community and other agencies. The work of the unit included oversight of area-based initiatives such as the New Deal for Communities, as well as action plans for reducing teenage pregnancy. It followed the path of previous government policies tackling problems with families (Rodger, 2008) by increasing private investment to aid area regeneration (Imrie and Raco, 2003) while at the same time failing to recognise research evidence suggesting a link between health inequalities and poverty (Hills, 2002).

The time limited nature of investment in relation to private financing of welfare and regeneration created a dynamic in which families were parachuted in and out of a number of initiatives that were funded to create change but critics suggested, in a short term, narrow, results focused way. Such approaches did not capture the community in a delivery model that could substantiate social capital infrastructure to facilitate continuity. Such flawed community intervention models were subject to further criticisms of lack of real commitment to change, and that they were simply a subtle way for government to seek control over families through engaging the apparent support of voluntary and community activity (Rodger, 2008). Despite these criticisms, research suggests that prevention work which addresses broad ranging interventions has more impact, and that supportive work with families particularly, produces positive outcomes. Ideas relating the significance of community support and early intervention to policy were recognised in the programmes of New Labour and one successful flagship of the government was the Sure Start programme launched in 1998. Sure Start Local Partnerships (SSLP) were set up on a model of

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community led interventions, encompassing ideas around joined up working across agencies to share information and create better interventions for children.

Area-based Interventions;

Much evaluation research has been carried out on government initiatives, in line with political thinking on evidence led work. A number of the more recent studies have looked at the issues of area based initiatives (Sanderson, 2002). The aspirations of the Sure Start Local Partnerships are similar to those in the Troubled Families Programme, which has considered how timely early intervention can impact positively upon outcomes and development of problematic issues later in life (Barnes, 2007). It was identified through a number of research studies that areas with significant representation of disorganisation had higher levels of a number of predictors for poor outcomes for children across health, wellbeing and achievement. The SSLP was developed originally to support those who needed help and intervention without stigmatising families though labelling them as 'problem families' (Melhuish and Hall, 2007). In order to do this the intervention was set up by determining a set of criteria for areas where high levels of young children were living and where deprivation was concentrated. The service was promoted to the community through a tiered system of open referral as opposed to direct referrals to those identified as in need. The service was successful where there was engagement by the participants in a 'buy-in' (Rutter, 2007:200) that gave a level of ownership back to the community it existed within.

An additional overarching aim of the SSLP programme was to create better service provision, through more effective working, both in delivery and economic value. The focus on the child's wellbeing provided a positive input to the potential to change the outcomes and aspirations for families in need, and the possibility for a partnership of community, parents and government to deliver together. Sure Start aimed to reduce the cycle of poverty by tackling it as early as possible in a child's development through the establishment of a new early years institution meeting a specific need, in the way schools and hospitals had. To this end, SSLPs emerged

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as statutory and universal children's centres in 2002 no longer based only within the localities of most identified need, but with a wide community provision. Recent evaluation of centres recognised their value to those that know and use them, but it has also been suggested that as yet they are not a widely understood or used service and therefore may not be engaging those most in need (Railings, 2014).

The evaluation of the SSLP and children's centres has produced evidence to support their delivery of effective work with families. The focus on the health and welfare of children has been measured in relation to the impact of growing up in a household where there are adults in receipt of benefits, lone parent families, 'anti-social behaviour' and crime. However, research suggests that the families who were most likely to benefit from services provided by children's centres were seen as being suspicious of professionals, and did not see themselves as equal partners in the delivery of the service, and were wary of any interventions to the family (Tunstall and Allnock, 2007). These families needed considerable time to build trust in relationships and needed flexibility by workers to successfully engage with them. Where this was achieved there were positive results noted (Anning and Ball, 2007). Recognising the challenges involved in delivering an intervention that is responsive to service user's needs as they reveal themselves is an important factor. The difficulties faced by such initiatives usually appear in relation to the management of resources allocated at a strategic level. The evaluation of SSLP noted challenges to partnership working with regard to this, particularly where commissioning decisions are results led, or where service cultures differed. Addressing better collaborative working across agencies was a key outcome measure for children's centres, with reducing budgets and austerity measures increasing the necessity to identify sharing of resources.

Challenges to working across agencies arise where different models of working are in place, and where agencies have a focus on different outcome measures. The period of development from SSLP to children's centres, witnessed the tragic death of Victoria Climbié and the government's response of new statutory requirements for more effective working across agencies, including the

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establishment of protocols for information sharing. The report 'Every Child Matters' (ECM) (DfES, 2003) set out a number of responsibilities to children and young people that should be addressed to ensure that safeguarding and welfare were at the heart of children's service planning and provision. The move to establish a broad network of children's centres aimed to facilitate this process of collaboration for a universal service which meets the needs of the earliest years. The localisation of resources required agencies to not only work closer together to best provide a coherent service, but to ensure data was collected and shared efficiently. The statutory duty placed on local authorities by the ECM agenda was to establish a single point of reference for information on each child and young person to ensure agencies were identifying and targeting those most at risk, learning from errors made in the Climbié case. The Common Assessment Framework (CAF) was developed as a response, for agencies to collect and share standardised data that all staff should be trained to identify and interpret.

In theory the establishment of these mandatory guidelines were to produce a service that was adequate to address the needs of children and young people across universal and high risk cases and covered all agencies that had contact with children and young people (DoH, 2000; DCSF, 2010). The establishment of Early Help multi-agency partnerships advised in the Safeguarding Policy guidelines in 2010 further cemented the relationship between agencies to address the needs of those at risk young people from escalating to crisis point intervention (DCSF, 2010). In practice service delivery improved with the placing of the ECM agenda at the centre of local authority planning.

However, the response to ensuring risk was addressed adequately also led to a greater emphasis on bureaucratic process which ran contrary to the original aim of ECM to develop a service responsive to the needs of the child. In light of this, a review was commissioned to assess practice across the scope of early help, and identify measures that would address the barriers to responsive delivery. In the Munro Review final report (DfE, 2011) acknowledgement was given to the emphasis that had been placed on procedural process in children's services that had

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effectively reduced the ability of practitioners to utilise their professional capacity in decision making. The delivery of targets to the demands of prescriptive frameworks had proved counterproductive, reducing the time given to children and families, and limiting flexible and responsive action to child protection concerns. Through the Early Help partnership clear accountability in multiagency work, with a strong strategic steer within a structured referral process, allowed for greater autonomy in practice with competently trained social work staff. The Munro review was for the most part heralded as a welcome recognition of the obstacles facing social work practice to deliver effectively, with a promise of more flexibility and integrity in future professional accountability.

The review encompassed the impact on the CAF, and further, a review of the more recently introduced Single Assessment Framework (SAF) (Munro and Lushey, 2012). A crucial aspect of the identification of children who were at risk was the comprehensive and universal assessment tool and safeguarding training for all professionals in contact with young people (DH, 2000; DCSF, 2010). The Munro review reported that the assessment process adhered to a prescriptive timeframe and dataset for completion which potentially restricted the ability of social workers to adequately produce a fully informed response that included the voice of the child or reflected the necessary narrative (Munro and Lushey, 2012). The piloting in a number of local authority areas of a single assessment tool that allowed for more local and individually framed data collection gave positive results in relation to responding flexibly to the family and child rather than entirely being driven by more rigid systems. The ability to practice this model was recognised as being dependent on accountability to the statutory guidelines through a strategic steer and competent staff. The review recognised that local areas' ability to manage the service framework impacted on the referral and case management process. The establishment of Early Help teams facilitated a joined up approach to ensuring that children and families were identified and guided into supported provision from the multiagency team. This development of Early Help incorporated recognition that although families had a variety of needs a single point of entry best ensured oversight and streamlining of finite resources. In addition it also established a preventative element of work.

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The implementation of Early Help often required systemic change within local authorities but had the potential to reduce duplication or blocks to accessing services and created significant economic and social benefits. The model additionally addressed coherence with the 'whole family working model' and a recognition that partnership was necessary between families and social care services to bring about real and long term change. Hearn's family support model (cited in Russell, 1997) regarded the family unit as a whole, and suggested that, if given the right resource and guidance, this unit was best placed to implement early interventions and prevent the escalation of risk to children. Given this capacity, the family was as an integral part of services that were there to support and nurture (Carpenter, 1997) and were a source of 'human capital' (Giddens cited in Spratt, 2009: 437). The concept of whole family support was not a new one and had been raised in policy and local practice over a number of years particularly in relation to social work approaches (Gibbons, 1990). The development of the Children's Plan, and setting up of the department for Children, Schools and Families by the Labour administration in 2007 gave political weight to the joining up of those services, on the basis that they were able to secure the best outcomes for children, young people and adults. The proposed reforms addressed service provision at a family level and also produced the *Think Family* toolkit with funding for local authorities to implement in their localities (DCSF, 2009). One of the objectives was for local authorities to establish Youth Crime Family Intervention Projects (FIPs) following the positive evaluation of previous, similar work.

The development of Family Intervention Programmes;

There is certainly an engaged critique of family intervention programmes (Levitas, 2012; Spratt, 2009; Welsman, 2012; Wincupp, 2013) in part due to the perception that social problems are being re-cast as those of anti-social behaviour and crime, and addressed thus (Newburn, 2007). The labelling of families with complex needs as 'troubled' has perpetuated what Levitas (2012) notes, is the idea that the problem 'is the behaviour of the poor' (p6); while political rhetoric fails to address the causes of poverty or indeed state policy failings.

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The original model for FIP was developed from the Dundee Families' Project. Funded by the Urban Programme, it ran for 2 years with the aim of tackling homelessness amongst a select number of families in relation to anti-social behaviour (Dillane et al, 2001). The project offered intense 24 hour support through a partnership of statutory and non-statutory agencies. Families were identified as being at risk due to a complex range of manifested problems. The research evaluation recognised that the strength of the project lay in its' ability to respond to families across the breadth of challenges they faced that impacted on their ability to manage other areas of their lives such as a tenancy. The report was careful to acknowledge that 'anti-social behaviour' did not equate necessarily to criminal behaviour and that making this link was potentially stigmatising to the families.

The assessment process in the Dundee project was a crucial aspect of identifying a tailored intervention package that addressed underlying issues that impacted on family lives and ranged across substance misuse, financial hardship, mental and physical health problems, violence, and parenting skills. The report findings noted success in this particular approach to tackling complex need in families and recommended a number of areas for further consideration. Crucial to success was the referral and assessment process and how this was understood and interpreted by agencies. Successful intervention required partnership work and sharing of information to provide support without duplication across agencies. The report additionally identified the need to further interrogate why families did not engage, or disengaged through the intervention. Key to success was the intensive intervention with families from a single key worker who, managing a small case load, could work alongside the family flexibly and negotiate access to services. Outcomes were measured in a reduced escalation of problems which although requiring further long term study, appeared cost effective in relation to social return investment.

The Labour government introduced intensive family intervention work that aspired to reduce anti-social behaviour and youth crime in addition to tackling

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generational cycles of disadvantage and unemployment. The programme formed part of a raft of measures following the Anti-Social Behaviour Act 2003. The Respect Agenda was introduced in 2006 with an action plan and quasi-legal remit for community action, though that has been criticised in some quarters for extending the net of the criminal justice system to more young people and families (Muncie, 2009). The introduction of measures such as Parenting Orders and Anti-social Behaviour Orders, which incurred legal sanctions if not adhered to, saw preventative approaches and protection of the vulnerable make a 'discursive move' to become linked to a crime agenda (Levitas, 2012). The identification of a number of families considered the most 'troubled' was made originally through the Social Exclusion Unit and was used in 2006 in the establishment of Family Intervention Projects that used sanctions and intensive working to attempt change (Wincup, 2013). The work commissioned by the Department for Education (Lloyd et al, 2011) evaluating the Family Intervention Programmes produced evidence of success in reducing anti-social behaviour, violence and substance misuse, and provided a template for what then became the answer to civil unrest witnessed in 2010.

After the summer riots of 2011, the Prime Minister David Cameron, ascribed, in part the summer's disorder to '120,000 troubled families'. In November 2011 Louise Casey was appointed, at Director General Level in the Department for Communities and Local Government, to head up the government's response to this issue and 'turn around' these families by the end of the current Parliament. The result was the development of the 'Troubled Families Programme (TFP, Casey, 2012). According to the DCLG (2014) troubled families are those that have problems and cause problems to the community around them, putting high costs on the public sector. The TFP seeks to develop new ways of working with these families, which focus on lasting change in terms of reducing costs to the state and improving outcomes for the families in question. The stated outcomes include both changing the trajectory for families and also changing the way services are delivered to them.

However, evidence for the effectiveness of family intervention projects in general and the troubled families programme in particular is weak; for example, a systematic review commissioned by the previous government found no studies to

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support the claim that such interventions improve outcomes for families (Newman, et al., 2007). In light of the literature reviewed here and these evidential shortcomings an evaluation of the Troubled Families Programme delivered by a local government in a city in the South West of England was undertaken. The evaluation, commissioned by the local authority, has three core components. These are firstly, a process and impact evaluation of the programme, how it operates in practice and what those working on it, as well as what those families participating in it think of it. Secondly, a social return on investment analysis (SROIA) of the programme will be conducted to evaluate its social economic cost, impact and value for money. Finally, case study examples from the programme and the families on it will be given that provide context, detail and insight into the nature of the programme, the families it works with and the issues faced in trying to bring about positive change.

Chapter 2: Methodology:

Design;

After initial scoping by the UWE research team with the local authority participating in the research it was evident that a flexible approach to capturing and analysing information relevant to an evaluation was required. This was because at the commencement of the research project the TFP within the local authority was still in its early stages and it was important not to impose too rigid a methodological framework upon it which may have reduced data gathering opportunities. A pragmatic, mixed method approach (Johnson & Onwuegbuzie, 2004) was therefore adopted to enable a flexible approach which could capture the dynamic and developing nature of the programme within the local authority.

It was decided that a number of different methods would be utilised to evaluate different aspects of the programme. After discussion between the UWE research team and the local authorities troubled families coordinator a number of separate but interlinked research strands were identified, including a process and impact evaluation, case study outcome evaluation, a Social Return on Investment Analysis (SROIA), a practice and evidence review (covered in the previous chapters literature review) and a continuous learning element. The methodological design for these different research strands will now be discussed in turn.

In terms of the process and impact evaluation a qualitative semi structured interview approach was developed and used with troubled family workers, programme management, secondees from other professions and the families on the programme. This approach was used to enable participants to fully explore and explain issues relevant to their involvement and experience with the programme while also enabling the researcher to ask questions to all participants which would allow for comparisons to be made between their responses (Bryman, 2012). Data obtained from these interviews were also used to inform aspects of the case study outcome evaluation, SROIA and continuous learning element.

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In terms of the case study outcome evaluation, ethnographic work, interview data and case file notes were used to create short case examples which highlight how the programme, key workers and families worked together. The evaluation will set out what the needs of each family in the case studies were, how the TFP and key worker addressed those needs and what the outcomes of this were. Its summary format will be similar to that provided in the DCLG (2012) report, working with troubled families.

In terms of the SROIA, economic and outcome data was collected from the local authority and combined with the qualitative interview data to help undertake a cost effective evaluation of the Troubled Families Programme. Costs and benefits will be assessed to include an analysis of the net fiscal benefits. Potential 'cashability' of savings and the extent to which cashable savings are being realised will be highlighted. The evaluation will allow success of the TFP to be measured against the Governments fourth success criteria: 'demonstrating a reduction in costs to the taxpayer and local authorities'. It was decided that a SROIA would best deliver this. While a straight forward cost benefit analysis could have been used to calculate economic value; from a technical point of view the SROIA does this but has the advantage that it is increasingly seen by policy makers as an effective way of capturing the economic value of broader social impacts often realised through community interventions (Cabinet Office, 2009).

The SROI approach was deemed appropriate because it can assess/estimate economic returns made across all sectors and usefully identify where most value is created (Arvidson et al 2010:4). It can therefore 'provide an estimate of the socio-economic costs and benefits to families and the wider community'. This will lead to estimates of which sectors can anticipate potential 'cashability' savings. Although potential data on outputs and outcomes from the Troubled Families approach have already been identified as part of the payment by results (PbR) strategy (DCLG, 2012) in reality the process of undertaking an SROI means that hitherto unknown and unanticipated benefits will need to be sought and valorised. Value was calculated from the data collected from the process and impact research methods identified above. This data informed our 'theory of change' and 'impact mapping'

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(New Economics Foundation, 2008) allowing the team to devise value for costs and outcomes. Real time and actual values were used wherever possible but SROI Network proxies have been accessed to supplement our analysis (for a detailed methodological discussion of SROIA see Jones, 2012).

The continuous learning element of the research was based on ethnographic observational and interview data with a variety of professionals working within or around the troubled families programme. Throughout the project the research associate made notes about their own experiences as well notes on the informal conversations they had with different professionals during the course of the ethnography. This helped create an ethnographic diary account of the research (Anderson, 2005). Summary accounts of these notes were then provided to the local authority troubled families coordinator on a regular basis as a form of participatory Action Research, (E.g. Turnbull et al, 1998).

Participants;

The troubled families programme with the local authority was divided into three areas covering the whole of the city. Each one of these areas had their own dedicated family intervention team for the programme consisting of key workers, secondees from other agencies, supervisors and a team manager. Each team was in turn accountable to the troubled families programme co-ordinator at the city council. To start with the research assistant worked with each of these teams getting to know them, the work they did and how they did it. Interviews were carried out with practitioners across all three of these teams to help fully capture data for the process evaluation. After these initial interviews the research focus shifted to working with and obtaining data from families on the programme. In terms of sampling a number of key decisions were made at this point.

Firstly as part of the TFP a number of different cohorts of families had either been involved with the programme already in some capacity or were in the process of being identified for participation. As the research project was beginning a new cohort, cohort 2, were in the process of being identified and worked with. It was

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decided that it was this cohort that the UWE research team would undertake the research evaluation around.

The participations were sampled through a combination of purposive, opportunity and snowballing techniques (Bryman, 2012). This is because we needed to interview practitioners who were working within the programme and families who were on the programme (cohort 2) who were willing to participate in the research. Because of a limited timeframe and busy working conditions of the professionals involved and the sometimes chaotic nature of the lives of the families flexibility in recruitment of participants was essential. In terms of selection of professional participants for the research no formal approach was designated by the research team as to who would be invited to interview. However to get as full as a perspective of professionals working within the programme as possible a purposive sample was used to enable the views of a wide range of professionals to be represented.

Overall 11 practitioner interviews were initially held with staff from across the three team areas. These included key workers, managers and supervisors, as well as five with secondees to the programme including a youth worker, a domestic violence worker, a Police Community Support Officer (PCSO), a parenting coordinator and a professional from the Department for Work and Pensions (DWP). At the time of the interviews there was no worker in place for mental health, either child or adult so interview data from a professional from this area is not included in data in the report. However, data is included from other professionals where issues associated with mental health and mental health workers were discussed by them.

Following these initial practitioner interviews, a review took place between the research team and TFP coordinator, as it was apparent the research schedule did not allow time for all 3 teams to continue to be covered comprehensively. To this end one of the teams, team 3 and the families they worked with, became the focus of the research. The rationale being that team 3 had developed the pilot work with a single contact point for Early Help referrals and had established their work to this

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model. They would therefore be the team best placed to provide the research team with information to complete the Social Return on Investment (SROI). The research assistant continued to maintain some contact with the wider programme through attendance at the city wide management meetings; regular visits to the office and attendance at staff meetings. Towards the end of the research two of the key workers and one of the supervisors from team 3 were subsequently re-interviewed to examine whether their experiences and perceptions of the programme had altered in any way after the first year of involvement. This brought the total number of practitioner interviews to 14.

In terms of family interviews the aim was to interview 10 families, and for these participating families to be working with a key worker in team 3 who had also been interviewed to get a multi-dimensional perspective. As there were only 2 key worker interviews from Team 3, families who had worked with the team 3 DWP secondees were also included. The team 3 supervisor met with the research assistant (RA) having compiled a list of families that were risk assessed as appropriate and most likely to engage (this issue of family suitability is a weakness of the sampling procedure and should be born in mind in the subsequent analysis). In addition the research team had requested that the families represented a variety of stages within the intervention process, as the study was not longitudinal, to capture the full scope of family involvement with the programme. The research assistant began the process of introduction by meeting individually with each key worker and discussing the details of the families selected to find out a bit more background about them and decide how best to make an approach to interview. This included an understanding of the time they had available, whether they would be able to be interviewed in the home or if it would be more suitable to make an alternative location available. Expenses such as childcare needed to be accounted for in this. Following these meetings, the RA requested the key workers introduced the idea of the research to the family, and asked them to help set up a meeting at which the research could be discussed with the family to allow them to decide if they would like to participate. In total 6 families were interviewed out of the 10 identified. This attrition in interview numbers is addressed in the procedure section.

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Procedure;

This research evaluation report represents a year of following the establishment of a family intervention team (team 3) in a large unitary authority city. The research began at the time the key workers had recently been recruited into post, were completing their training and taking on their first family case load. The initial proposal for the research allowed for a scoping across all 3 area teams. Time was spent initially in team 1 developing relationships which supported the evolving interview schedule that was drawn together with the themes arising from the literature review and what had been advised in the original proposal. This gave opportunity to get a feel for the work of the team through participant observation and being part of the team interaction that is a significant part of support and sharing of information within the service.

Team 1 was just settling in to a new location and the team was still being formed as there was some readjustment across the whole area of staff and secondees joining. This is somewhat reflected in the interview transcripts which show different levels of understanding of the work, and differing perspectives of how the teams would work with families. An interview timetable was drawn up by the researcher assistant, in consultation with the team manager and supervisor, with agreement given to hold the interviews using the private room used for supervision and family practitioner meetings. All those staff approached to be interviewed were enthusiastic to talk about the work they were involved in and in being part of the research.

Each interview was planned to last an estimated 60 minutes and was to be semi-structured (see appendix 1 for practitioner interview schedule). Consent forms were prepared and along with information sheets on the research were given to the initial participants before the interview (appendix 2 & 3). There was some interaction and knowledge exchanged therefore before the recorded interview. The majority of participants were not concerned about being recorded or about confidentiality issues with the material, as their professional backgrounds and training had provided them

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with experience in research methodology and using data securely. They were relaxed and open to discuss their experiences, hopes and aspirations of the work. On the whole they were enthusiastic and fully committed to the work, which was reflected in their responses which have been used in the thematic analysis for the process and impact evaluation section of the report. The next stage of the interview process was to move to teams 2 and 3 and cover a similar schedule. Following the initial interviews, as previously discussed a review took place between the research team and TFP coordinator and Team 3 became the research focus for the remainder of the evaluation project.

The research assistant additionally attended a number of city wide meetings to gain a broad perspective on the framework for partnership work that was established to deliver the TFP targets, and regular management team meetings held to discuss issues arising in the local areas. This also allowed opportunity to meet the team managers and supervisors and introduce the research proposal and the possibility of spending time with teams interviewing staff, and then families. These meetings opened up opportunities to meet other staff involved in the work, such as school nurses and education welfare officers, and staff from voluntary agencies who had been commissioned to deliver part of the targeted intervention. The RA was able to approach these individuals and discuss their position to FIT and their experience with the intervention. This interaction included attendance at a conference held by the Local Authority to inform and engage the wide number of agencies that would be required to understand the process of assessment that the FIT workers would be using to support families and how their roles would fit within that. This provided the research assistant an insight into agencies who sat outside the immediate structure of the FIT but within Early Help and how they felt the work impacted on their ability to meet their own agency targets.

The next 4 months were then taken with making contact with families resulting in 6 interviews out of a total 10 identified. Much time was taken with making contact, having a considerable number of cancellations or families not being at home when arranged, or not answering the door. In addition the families had ongoing situations

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and crisis that developed which took their immediate attention. These situations included a child being injured and needing hospital attention, a relationship breakdown, ill health (physical and mental) of parent, an appointment becoming available for a child at short notice. In some cases the families simply forgot, and in some cases they did not want to engage at that time and so made themselves unavailable. One family who agreed to be interviewed at the start of the process and met the RA, arranging a time for her to come back, were then not at home on 2 prearranged occasions, and eventually declined to participate due to changes in their circumstances. One family was introduced to the research assistant but then declined to participate. In one situation the teenage child of a family was interviewed after being placed in foster care, as the parent was a risk due to previous attacks on workers. One family had 3 members interviewed and this gave valuable insight into family dynamics that are evidently important to the nature of family intervention work.

The interviews were all completed in the family homes. The RA spent time explaining the process, covering ethics which ensured the confidentiality and anonymity of the interviewee. All interviews were recorded and transcribed verbatim by the RA who did not share the identity of the family with anyone else on the research team. This lack of disclosure did not extend to any issues of concern about threat to harm to them or others which families were notified at the start of the process would need to be reported on as is standard practice (see ethics section). The interviews lasted between 30 minutes and 90 minutes and reflected the conversation style that allowed for the participant to feel fully engaged (see appendix 4 for family interview schedule). In addition, aspects of ongoing family life were captured within the recordings which gave added value to the insight into families engaged in the TFP.

It was also important to capture information on the families who did not engage in the research as they help provide insight into the work of the TFP and raise issues for the evaluation of process and impact. Arrangement was made to access the initial assessment, case file data and key worker notes and integrate them with data that was relevant and comparable to the interview data that would

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feed into a full assessment for the process and impact section of the research. The key worker notes reflected a detailed chronology of the intervention that reflected the challenges and obstacles the families faced on a daily basis that often impacted on their ability to engage. All the data collected was analysed by the research team and key themes were drawn up and data coded.

Ethics;

Given the nature of the troubled families programme adhering to a strict code of ethical conduct was a pre-requisite. As well as following the research ethics guidelines for the British Psychology Society (BPS), the research also had to pass an ethics review process within the University of the West of England (see appendix 5). Only once ethical review had been completed and agreed did the research take place.

Because a major part of the research project involved speaking to (interviewing) practitioners and families who are part of the troubled families programme issues of confidentiality, anonymity, data protection and participant care were of utmost concern and drove our approach. For example when interviewing families it was important to have input from troubled family key workers. Families were then approached by their key worker to assess whether they would be willing to participate. The key worker and research associate would then arrange a joint meeting with the willing family to introduce the researcher and the research. After this meeting the family could again decide whether they wanted to participate or not. If they did their key worker would let the RA know. The RA would then arrange a time and place directly with the family to carry out the interview. The RA would inform the research team and the Key worker, when and where the interviews would take place to make sure everyone's personal safety and well-being could be monitored.

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Analysis;

Given the mixed methods approach and the different data obtained during the course of the project a number of different analytical approaches were adopted. For the qualitative data a thematic analytical approach was adopted (Braun and Clarke, 2006). The approach began with the RA transcribing all recordings from the interviews conducted into word documents and also typing up their ethnographic data. All material was then read by the research team and discussions were held between the team around issues raised by the data. The PI and the RA then brainstormed the discussions of the research group to create a number of different themes and structural relationships between themes in terms of an analytical mind map (see appendix 5). From this, the data was reread and sub-themes were developed which then form the overall structure of the analysis presented here. The data included in the analysis section of this paper was selected for its representativeness in terms of indicating the wider body of data within the thematic category.

In terms of the social return on investment analysis (SROIA) see chapter 4 for details about how it was carried out. For the case study analysis the initial assessment information captured on the SAF was examined and information on a number of families, their current situation and their involvement with the programme was obtained. Both families who were part of the UWE research evaluation (participants in interviews) as well as those which were not were randomly selected. The SAF information and subsequent case file data was combined with key worker notes and where possible integrated with interview data from the family to create the case profiles included in this report.

Chapter 3: Process and Impact Analysis:

This chapter will discuss the themes identified from the interviews with practitioners and families as well as from field notes captured during observations which respond specifically to the process and impact of the Troubled Families Programme. The thematic analysis (Braun & Clarke, 2006) used a technique associated with a constructivist revision of grounded theory whereby thematic saturation was achieved by collecting data whilst carrying out analysis (Charmaz, 2014; Glaser and Strauss, 2009). The analysis consists of two component parts; A) Internal process and impact evaluation and B) External process and impact evaluation.

Taking the first of these, internal process and impact, analysis looked at the different processes set up by the programme, what those employed on the programme thought about them and how they affected their work. Data for this analysis comes from interviews with a range of practitioners including key workers (*n* 5) manager (*n* 1), supervisors (*n* 2), as well as a secondee from DWP, Next-Link (DV), a police community support officer (PCSO) and two specialists (Youth, parenting). Two main themes were identified within this component which relate to issues associated with 1) the troubled families team and 2) multi-agency working. In relation to the troubled families team theme a number of subthemes were identified which include training, supervision (including informal relationships and spatial relationships), clinical supervision and guidance and direction. In relation to the multi-agency theme subthemes included communication and data sharing, internal and external collaboration and facilitating between agencies and families. Each of these will now be addressed in turn.

Component A: Internal process and impact.

1. The troubled family team:

Key Workers (which include external and seconded practitioners) were interviewed across the 3 area teams and material from all used to inform the themes. The questions were developed to interrogate specific areas for qualitatively evaluating

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the impact of the programme by looking firstly at the processes that were used and how they were put into practice. Questions included what training was received, how the training was utilised, what skills were brought by those employed on the programme and what areas required further input, how were decisions made, how assessments were completed, how capacity was determined and how work was delegated. The review of Munro (2011) and the proceeding review of the SAF (Munro and Lushey, 2012) advocate that staff be adequately trained and are given the freedom to implement professional judgement within a clearly defined framework.

1a) Training:

The key workers came from a range of backgrounds but all were highly qualified in relation to expertise and experience of working with families. The opportunity to study for a specific qualification in working with families with complex needs was welcomed as recognition of investment in them as personnel and in the programme per se. However, there was a perception that they had been employed on the basis of their skills some of which were then re-covered during training making parts slightly repetitive:

“they were talking about listening skills, communication, we’re all very capable of doing that otherwise we wouldn’t have been, um, shortlisted or successful in our interviews if we hadn’t” (KW2).

The more practical aspects of the training were viewed more positively, particularly when those who delivered the training were experienced and enthusiastic about what they did:

“because we have our own parenting workers, who are obviously quite passionate and quite, they know what they’re talking about, they really enjoy what they do and that really came across, and so they really sold it...yeah, I think that everyone, yeah, was just itching to start” (KW1).

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Training was also viewed positively by key workers where it increased their knowledge and understanding of different services available, where they were located and what the family could gain from participating with them:

“We did a bit about parenting course, so the parenting practitioners come in and showed us what were all the parenting courses. So that was really good because that gave us an insight too, so I think that was important that we knew what and where we were signposting families and what that actual service involves because then you can make that decision as to whether its right or not” (KW2).

Training for key workers increased their knowledge and confidence in referring families appropriately and knowing when they could deal with the issue themselves. Sometimes this knowledge was gained from previous experience, and sometimes through training days put on for all teams by the TFP co-ordinator. Key workers also received other training which was delivered within the team and offered at monthly meetings. This involved a number of opportunities for sharing information or informal learning. Observations with team 3 identified that this within team training also addressed the need to find out about what services were already established that were available to refer families to, and how they could be accessed:

“to have spent time sharing information about what’s available in Bristol, do you see what I mean, so actually looking at what services we can get, where we can signpost families to” (KW3).

This approach also worked for sharing out information about the TFP to agencies that might not be aware of how they could work with them to deliver for families. Not only did training help to identify what support was available from other services that families could be referred to, but it also helped key workers to develop relationships with these agencies empowering them to go to and discuss issues openly with them:

“especially in terms of when you talk about the family and what might be going on and you know I don’t know working with a teenager who has got what I

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thought was an eating disorder and actually, you know, she thinks you know, the AWP worker was talking about oh it's to do with contamination she doesn't like dirty things" (KW5).

Attendance at training sessions also enabled the new key workers to meet and spend time with each other, facilitating team building and making sure that everyone had heard the same messages:

"I think it's really helpful to provide us all with the same base to work from because as I said everybody is from very different backgrounds and it's just that you feel a confidence and it sort of develops... it's you know, it creates a good team because we didn't know each other at all it was funny coming into a team where everybody is new so for us all to go through that same experience at the beginning I think was quite good" (KW1).

This was reiterated by a team supervisor:

"From a manager's perspective it's been very helpful because I mean so we have got a foundation but you know regardless if you are social work trained or a psychotherapist you have all had this as your foundation for this programme. So yeah, and it gives me something to link back to you know" (supervisor1).

1b) Supervision:

Overall the supervision and information sharing between the team in a formal and informal way were key aspects to success. Supervision was discussed in a number of different ways which were grouped into subthemes including spatial relationships, management guidance and direction, clinical help and informal relationships. Taking each of these subthemes in turn examples of the processes involved and the impacts achieved will be addressed.

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i) Spatial relationships;

Positive examples of how spatial relationships created by the office setting and layout created a supportive environment were given. For example, accommodating the team in a safe and confidential open plan space meant that practice could be discussed and problems solved between practitioners spontaneously which meant that often resolution was possible much quicker. The fact that teams were housed within a shared community and council properties meant that other agencies and services were additionally often on hand to ask advice informally:

“you have got like our team and then the other side they are ed(educational) psychs (psychologists) we are careful about like names and things but yeah generally quite a few of our families are linked so we can talk to each other about how frustrating families are and you know that someone else on the team is going to be struggling or having the same issue or a really similar issue so a lot of the times you will say, oh I am really struggling with this today, and someone else will say, I am so glad you said that like I am going through the same, so the supports there if you use it and its just making sure that you use it” (KW3).

ii) Management guidance and direction;

The formal supervision sessions offered by the manager were a regular opportunity to address specific issues regarding families, in particular issues relating to safeguarding, and when to escalate a situation to the duty social worker. This guidance and direction fits with recommendations within the Munro Report (2011) of a process of accountability clearly set within a structured framework. The one-to-one sessions were in addition to case log entries made by key workers (and on behalf of secondees) of contacts with families and agencies in relation to families. The manager's role was crucial in having oversight of issues running in families, especially in relation to being able to keep an objective perspective where the key worker may potentially become very close to the reactive crises appearing in a family's life:

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“If there are any issues within the families and the key worker is not quite sure what they are doing or how to do it or..is there another resource or what do I think of this, so it’s on the spot ad-hoc supervision asking questions. I am the safeguard person as well so if there is anything that they are not sure about anything that’s kind of in the back of their mind that wasn’t quite right they can come and have a natter with me and just kind of talk it through just to check that if it is safeguarding we take it further or report it” (manager).

The management and guidance aspect of formal supervision was also significant to the overall structure of effective working, as a bridge to the wider implementation of Early Help, and to any strategic and managerial developments, as well as to an assessment and identification of training and support for the key workers themselves as individuals and as part of a team. The key workers were all acknowledged for their skill and professional expertise but recognised that it was easy to get attached to families and not know when to pull back. Additionally key workers talked about families that they did not feel positive towards and how to provide an equal service. Getting a balance when working with families with intensive needs in terms of getting involved with a family but being able to ‘stay alongside’ and not pulled in was where discussing issues as they arose within the team environment and having constant access to a supervisor/manager was key. This was noted for needy families as well as for those who were seen as playing professionals off against each other:

“I think the fact that they talk and they come back and if they have got any queries they know who to go to kind of just sound it off and if not then they come to me and we have a little natter and if I have kind of picked something up and we do in supervision quite a lot pick up, oh hang on a minute you said this just now, what about this, let’s go back to this, what do you mean explain it to me, what did you see, what did you hear. So I will get them to explain to me their perspective on it because it is all our judgements if you like of exactly what we see and then pick it apart, get them to approach it from a different way and then help them to come up with a solution of what they are going to do” (manager).

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While managers spoke about the help they can provide in terms of guidance and direction, it was acknowledged by other workers in the team that this did not result in a management style that was overbearing and that this was a positive. As a secondee to the team noted:

“I want to be respected I don’t want a manager that is going to micro manage me...it’s knowing that you are trusted to use your judgement and your experience to do the job well but when you are in need of support it is there because we are all in need of a bit of support every now and then”
(secondee1).

iii) Clinical supervision;

The clinical supervision offered to key workers on a group level was not discussed much within the initial interviews; it was considered on a much more formal level and is more difficult therefore to measure in terms of its impact. Discussions with individual members during time spent with the teams, suggested that it was valued by some members more than others but was recognised as an opportunity to reflect on professional practice and de-personalise, whilst recognising a shared sense of strength and purpose. Additionally the interviews were held at a time that the key workers were just beginning to deal with some of the challenges within the role, and had not experienced many clinical supervision sessions. A Key worker discussed how the clinical supervision helped provide a level of emotional support that enabled them to deal with the challenges raised by working with families with complex needs who might not be being honest with them and the insecurities this created for them in their role:

“the good thing is we have clinical supervision where I can put on the table I’ve got a family who I’ve been working with and I’m really struggling um, and you know, talk through the process of why, what they’ve done to manipulate you, how they’ve, what they’ve done to other people, and that reassurance that it’s not just you and your feelings, it’s you know, it’s what they do you know, somebody who’s good at being manipulative that’s how they make you feel” (KW1).

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Another key worker explained how while they were aware of the availability of clinical supervision for workers they didn't want to talk about what was going on in their life in a group setting so it was not something that were particularly comfortable engaging with. They felt they wanted to maintain as much objectivity as they could by trying not to become too emotionally involved with the families and work they were doing:

"We have got clinical supervision, we can have that one to one, but I don't feel prepared to use that in a therapeutic way you know? I want to go in and talk about work and not get too emotional about me and my life and what's going on you know" (KW3).

Additionally, secondees from other agencies who were working within the troubled family's team spoke highly of the provision of clinical supervision that was in place:

"I think they've got a very good system of clinical supervision, um, and supervision, where they are able to discuss issues, um, and also often we just talk amongst ourselves about a situation and I think that's really good I think it's quite helpful" (specialist2).

However, while secondees viewed the provision of clinical supervision as a good thing they didn't necessarily think it was something that they could directly use or benefit from as it was too focused on the key workers:

"[There is] Clinical supervision and things like that, but again, the offers there, but I haven't taken it, because it's very key worker centric, to their role, um, so, I don't, they all talk about things that's going on with their key working that doesn't always work, isn't always relevant to myself. But it's all there you know, we've been invited to participate in that" (secondee1).

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iv) Informal relationships;

Informal relationship built through involvement with other agencies as well as other team members was also seen as having positive benefits. For example, being able to informally discuss issues with practitioners from other services was both helpful and empowering for the key workers. A key worker noted how informal relationships with practitioners from mental health partnerships enabled them to be able to support family's to get the right assessment and interventions, particularly for both adults and children:

“So yeah I have spoken to the AWP worker because we had a done a consultation together, she did a morning with me and I got some advice...and that was helpful just to get a kind of a therapist sort of perspective on things” (KW1).

Another key worker also discussed how the informal professional relationships that they were able to establish as part of the role helped develop their own skills and confidence:

“I can go to () the social worker, a lot of the work I do involves child protection and it's really lovely to go to her and say what do you think? I think this, I feel this, what do you think, and they will justify your fears which then sort of galvanises you into actually, right she is a professional, she is very experienced, she thinks there is something wrong, I am not going to let this go until... I have had a case recently and it's you know, it's everything is happening that should be happening and that's only because she has given me the confidence to really push it” (secondee1).

Additionally key workers identified how informal relationships reduced their need for more formal supervision as they felt supported by others on the team where they worked. As one key worker stated:

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“It’s quite easy to get support when you need it um, from the team and the extended team which I think means that you don’t need that formal supervision quite as regularly” (KW2)

2) Multi-agency working:

The family intervention team 3 (FIT) sat within Early Help with referrals coming through a tiered system that identified where resources best matched a case. Families where an element of school attendance, anti-social behaviour and worklessness came through were referred to FIT. Supervisors had a role to play in ensuring the case was one that could be dealt with by the team, and in having the oversight to engage with other agencies to share information. The key workers were given as much freedom as possible as practitioners to deal with families and to not be affected by management issues (Munro, 2011). As lead officers dealing with the Single Assessment Framework (SAF), partnership working with other agencies was crucial for successful service delivery and this was apparent in a number of areas. The action plan drawn up with the family involved key partner agencies who signed up to take responsibility for certain areas of work within the plan. The key worker played a central role in facilitating this process and communication. Understanding how different agencies functioned and what resources were available was essential to provide a coherent service to the family. The team around the family meetings formalised this process, with the recording of all actions in relation to the family and agencies ensuring an audit of accountability from all parties. Seconded’s and specialists to the team provided an important source of data for seeing how information was shared amongst the agencies involved.

2a) Communication and data sharing:

As part of the process of setting up the troubled family’s team, professionals from other agencies and organisations were seconded in to work alongside key workers in the same buildings. This co-location was identified as having a positive impact on the work of the team. For example a key worker discussing the issues stated:

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“I think that’s really fantastic because it just, it makes things so much easier and smoother in terms of being able to just sit down with someone in the office and just talk through a referral rather than just being on a bit of paper” (KW4).

It was not just the key workers themselves that acknowledged this as a good practice however, those workers from other agencies who had been seconded to the team were equally as enthusiastic about the positive impact this process had on their work. For example, a secondee explained how this co-location aided communication and data sharing:

“I don’t assume that they already know because I am sure no matter how long they spent with somebody in a support session that you would get all the information, you don’t, a little bit comes out then a little bit comes out there, and that’s my big thing that you have to share information with everybody not just the team, but outside as well, and that’s a really key thing with this place because you come back and there is the key case worker, I have just been to see so and so and then they feed stuff to you and you just get more knowledge about that family” (secondee2).

Having a process of communication and data sharing set up from the beginning when working with families was also viewed as something that was beneficial to the family themselves as well as the professional involved in working with them. A key worker discussed how it helped expedite the work they could do which was a positive for all parties involved and how this was an important development over previous work processes which were more restricted:

“families don’t seem to be bothered and we need you know when you are doing the kind of information sharing form with them and explaining about confidentiality you know it is need to know but we will be talking to professionals because this is how we are going to provide the most complete comprehensive service for you... we need to advocate on their behalf...whereas in other roles if I was going to share information I would speak to the client get consent for that bit of work and then go and call, do you

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know what I mean, rather than that consent being granted at the beginning” (KW2).

The notion that communication and data sharing had greatly improved through the processes established by the troubled families programme compared to traditional family practices was identified by others:

“In the past I’ve struggled with health um because they’ve got, you know, a culture of patient confidentiality so information sharing and working has always been difficult” (KW5).

The importance of sharing information between agencies and the need to overcome professional and cultural barriers based around ownership of certain information was expressed by the team. Reflecting findings from Munro (2011) it was suggested that data sharing and communication between agencies should be viewed as integral to working with families rather than as a threat to confidentiality. The positive impacts such collaboration could achieve were contrasted with the extreme negative failings that could arise from not collaborating by a team supervisor:

“I get the feeling that some agencies think no, no, no we don’t have to have anything to do with them, no, no, no, the stuff we deal with is confidential we don’t have to share it they have got no need to know it, well actually that’s not the way it should work, everybody should be able to know everything to do with the family or household they are working with and that’s how it should be, that’s how we can stop the Baby Ps of this world happening” (supervisor1).

i) Internal and external relationships;

Overcoming barriers to communication and data sharing were seen as inextricably linked to the relationships between different professional organisations as well as the individuals within those organisations:

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“The missing bits are that not all workers are happy to do that so you get a very...it’s not even organisation led, it’s that person in that organisation is very helpful, we share information, another person in that organisation won’t” (secondee1).

Letting people know what you do, how and why was seen as an important first step in developing relationships and bringing people out of traditional silos:

“I don’t fuff around. I just email or I will get the key worker to email because they have got the relationship, but copy me in so that I know what’s going on, and it is people it’s not it’s not whole departments. But it is getting everybody to understand, I mean the ethos within the council is, it’s one council, but people don’t see that. If you speak to anybody within the council I bet they don’t know even 25% of what the council actually do because they know their own little section” (supervisor1).

Being able to work and communicate with others in other agencies was viewed as something which can help build relationships which can positively impact on inter-agency work and benefit families. Because the TFP is well known it helps to overcome potential resistance to collaboration and opens the doors for relationship building:

“whenever I have said I am working for the family Intervention team people have been, you know, really happy to share information so I think that our reputation has sort of um, people know about the service because it’s been quite well advertised hasn’t it” (KW1).

One issue noted was how with pressures on agencies, often related to the impact of public service cuts and staffing shortage, where the FIT was involved in a case, other services relinquished their role, and this then ran counter to the multi-agency work:

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“I think services in general sometimes if there is...something that needs to be challenged I think there can be the issue of them coming to us...I think we can be used as kind of scapegoats a little bit too”(KW2).

The need to overcome multi-agency barriers and work together for the benefit of the families rather than protecting against future blame was further elaborated upon as a key issue:

“there is a lot of buck passing or there can be between agencies because your're one agency so if something doesn't quite go to plan then it's easy to kind of blame another whereas I have always seen the need for multi-agency working and I guess respected the people in the agency that I need help from because I need them for something and they need me for something so we have got to work together. So I... any challenges now, um, I can't see anything being a real problem to be honest. I can see maybe issues arising because you know at the end of the day the troubled families team are there to help a family and that may... they look at all the other agencies involved with the family and some, I mean with any job there could be issues where somebody is not doing a job as well as they could do or somebody believes their way is the right way and the Troubled Families team are maybe doing things the wrong way. I can see clashes being, you know, a possible challenge to overcome and deal with but at the end of the day it's for, the you know, the people need to see the bigger purpose that we are here to help and get the best results out of any process involved or working with that family” (secondee1).

The ability that key workers had in being able to maintain oversight of a family even when referrals to other agencies had been made was viewed as a positive process which had beneficial impacts for them and for the families involved. As a key worker noted:

“there is so many restrictions and rightly so where it goes to another agency to deal with, there is only so far we can go and then we got to kind of hand it

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over to the appropriate agency whereas I see this as a way of following the whole job through to some degree from start to finish or at least keeping my hand in and seeing what's going on with that job" (KW3).

ii) *Facilitator between family and agencies;*

Although there was a perception among TFP workers that other agencies may be relinquishing responsibility for families to them, it was clear that they did play a central role in establishing and maintaining relationships with both families and other professionals. The key workers themselves recognised their role involved facilitating actions for the family that drew together working relationships and gave responsibility to each agency and family member:

"it's chasing food banks for them, crisis loans, social care to go round and support and I have got another family where its attendance issues so the girls off roll so its chasing people to get her on an access panel into schools" (KW2).

Others spoke about the importance of being able to signpost families to different services which could help them and then actively facilitating their access and work with them:

"I've signposted him to get the support because he is having the hallucinations and, um, it is quite difficult because he is at an age where, 'don't worry about it, forget I even said anything, don't worry about it', so to engage in a service to work with me is very difficult because they obviously need to get in but I'm that person, I'm that middle person who has to encourage him to access that service" (KW5).

Workers also spoke about how the centrality of their role as a form of anchor to other services enabled them to communicate between families and services more affectively helping to overcome misunderstandings and potential impasses:

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“like one school I have got with my really new family, the domestic violence in that family was so severe and the dad got put away for attempted murder, but the school are like, oh, she is just using it as an excuse and you know it’s not as bad as she makes out, well actually he is in custody for attempted murder. She is very open about her medical records and her broken jaws and elbows and all sorts... that when the school do see it they may just actually understand that we need to get the child to school but this is why it may just be a bit patchy at the moment” (KW4).

Finally team members also spoke of the positive impact that this facilitative role and the relationships it enabled them to build had on family’s lives. Workers reported that their role meant that they were able to access and open up doorways to services which previously had not been as supportive to families as they perhaps could have. Working with the whole family rather than just individual members also meant that more than one family member could benefit from a service at any one time:

“one of the key workers has just had a mum assessed and the daughter went as well, they passed the daughter onto a psychiatrist and the mum they basically said she is much to high level for us and they have referred her straight back to a mental health department which is absolutely phenomenal because she wasn’t getting anywhere. The GP wasn’t doing anything because I don’t think he actually understood because I don’t think she was actually telling him exactly what was going on or he wasn’t taking her seriously and she is quite a dangerous woman, quite a dangerous woman and by doing the assessment with (named service) that was actually picked up on and it’s going to be dealt with appropriately” (supervisor2).

Component A summary:

A range of unique features put in place as part of the process of setting up the troubled families programme have been identified that appear to impact positively on the perceptions of practitioners working on the programme. The training, supervision and informal relationships established as part of the process were all viewed

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positively while the development of a multi-agency joined up way of working is seen as both a positive for families on the programme as well as for practitioners themselves. The sharing of information and development of better communication between professional agencies as a result of the programme are seen as important steps forward in being able to provide help and assistance to those families most in need. There are still some issues with certain agencies about data sharing that need to be addressed.

Component B: External process and impact.

Taking the second component of analysis, external process and impact, this section considers the actions of the key workers as process and the outcomes on the family as impact. Data for this analysis again comes from interviews with practitioners on the programme, families participating in the programme and from field notes made during observations. The key workers talked at length about their work in relation to how families were engaging, and how they were seeing change. Practitioners on the programme felt ($n = 16$) that their work/the work of the family intervention team was going to make a difference where other interventions had not been able to. The families who were interviewed talked of the difference the key worker and family intervention programme had made, although all of them ($n = 6$) could not exactly pinpoint what it was that the key worker had done to achieve this. In this respect it is an interesting reflection on the key worker role in the family's life that a key outcome appeared to be the confidence and resilience that working with a key worker created for individuals within the family and the family as a whole. The empowerment that resulted from this increase in confidence and resilience enabled the families to feel that they were making positive changes for themselves rather than having things done to or for them. This idea is similar to that found by Anning and Ball (2007) in their evaluation of children's centres in which they discussed the importance of parents being able to work in partnership with services and how this delivered the best results. A number of different themes and subthemes were identified from the qualitative data for this part of the analysis.

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In terms of the process component these themes can be divided into two main themes and a range of related subthemes. The first theme is associated with assessment of problems and includes subthemes of indirect service and direct service requirements. The second theme is associated with the ability to create unique/individualistic/tailored intervention and has a range of associated subthemes including time (which is further divided into persistence to engage with families and time available to spend with families), differentiation from other services (which has a further subtheme of sanctions), crisis management and finally case closing. Each of these themes and related subthemes will now be addressed in turn.

1) **Assessment:**

The assessment process would begin with a referral through the Early Help Structure where this was in place; in the initial stages of the programme only area 3 had this in place for referrals (as discussed this partially informed the rationale to focus on area 3 for evaluation and SROIA), with the other 2 areas taking referrals mainly from schools on low attendance. This referral issue caused problems as it was identified that little information about the lived situation and experiences of the families were known to staff on the TFP in advance. This problem was discussed in a supervisor's reflection:

"I was given two young people's names and address, dates of birth and the parents name, lack of school attendance, allocated it, key worker got out there I think there is 9 or 10 children, there is mental health, physical health, pregnancies, gang stuff. It was the most chaotic family, but on the face of it lovely and straight forward, what's the problem it's just two little boys not going to school let's get some parenting in place, when you get out there actually the parents are doing a bloody good job just keeping them going and keeping the household fed and house together, so yeah, you never know what you going to get" (supervisor).

The piloted referral structure in team 3 was eventually rolled out across the city and from this point forward workers were able to go with knowledge of the family and

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what agencies were already involved. This was a positive process as having details about the family gained through completing a Single Assessment Form (SAF) that took each individual within the family and considered their needs, enabled key workers to set up a list of agencies to include in the subsequent action plan to support the family to meet certain targets for change:

“that’s how you really understand the behaviours in the family it’s only by doing that really thorough assessment I think that you can see the impact that they are having on each other... it’s just really powerful being able to develop a relationship of trust with somebody to show them you know what’s happening so that they are able to then move on from it or make the changes that are necessary” (KW1).

The key workers spoke of the importance of beginning actions whilst still completing the assessment within the 6 allotted weeks, often as problems could not be left, but professional judgement was crucial in prioritising actions as often the family was already experiencing crisis on referral. The training they had received and the position the teams were in allowed for knowledge of and access to a range of potential service providers across their area, and city wide. One of the secondees who was relatively new to the FIT described it as a ‘family tool box’:

“the troubled families project seems to overview everything that’s going on and say look we just all need to get together and we need to do this and that for this family, for this outcome, so I guess because it’s a kind of co-ordination process of everything that’s already involved” (secondee2).

i) Indirect service requirements;

The biggest service referral that was discussed in the practitioner interviews regarded mental health services (*n* 17). The range of issues ran from diagnosis of Post-Traumatic Stress Disorder (PTSD) to low level depression. The programme recognised the importance of health in relation to meeting outcomes, but difficulties

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were faced on a personnel level in getting health secondees in place. Where the CAMHS worker was employed to the team this created a noticeable impact in overcoming previous obstacles. Challenges with long waiting lists, expectations concerning appointments and complex and lengthy assessments all created blockages to tackling issues that impacted hugely on a families functioning, particularly where the mother was affected. The Joseph Rowntree (2006) evaluation of parenting programmes recognised that a parent tackling poverty, overcrowding, relationship and health problems was not in a position to focus on their children. The TFP assessment was flexible enough to identify and address a number of issues that may be impacting on the family and contributing towards the key indicators of anti-social behaviour, lack of school attendance and worklessness. Although these were the measurable indicators used to identify the family as troubled, it was the issues that lay behind these indicators and interventions designed to tackle them that created the overall impact:

“Mum’s mental and physical health is having a huge impact on the family, she is not going out, she is not taking responsibility for much and that’s not great for the children to see” (KW2).

Issues relating to drug and alcohol use and domestic violence intertwined in what one worker called ‘the toxic trio effect’. Often examples were cited of lack of acknowledgement by GPs and in some cases misdiagnosis (*n* 2). The role the key worker/practitioners had was to be able to advocate and facilitate a broader understanding and a voice for the family where they appeared on occasion either silenced by an awareness of their own predicament or unable to engage within the service’s remit. The key worker was able to bring services to the family; various participants noted a ‘bridging’ effect (*n* 3):

“I have got no professional qualifications but how can you deal with substance misuse if you haven’t dealt with the mental health issue. I managed to get her a psychological assessment which then led to a mental health appointment with the psychiatrist and she is very convinced that my client has ADHD there is an adult form of it and Asperger’s. So hopefully it’s not a magic wand to get

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a diagnosis but maybe there is a possibility that if her moods could be levelled out a bit we might be able to tackle the drugs, and if we can tackle the drug misuse her partner doesn't have as much control, but it's which...well I think you have to start with mental health" (KW4).

ii) Direct service requirements;

One of the clear attributes of having a single key worker at as a central point of contact and facilitation for the family was not just their ability to get other services supporting the family but also their ability to directly provide help themselves. Key workers saw their role less as enforcing statutory measures or sanctions, as other agencies might, but more as one which ensured accountability and advocacy for all and which therefore helped the family to negotiate solutions. It was the mix of the skills and knowledge they held, together with the relationships they formed with other agencies that enabled them to make informed judgements about what help and from who the families might best benefit:

"can you put a lot of those skills and that knowledge and experience and expertise into that one person, that key worker, so that it is essential that one person with the family how much can you do that and how much do you need the specialists how much do the specialists need to do direct work with the family and how much can they support the key worker to take that one forward" (manager).

Similarly those specialists seconded to the FIT talked about how involvement with TFP enabled them to take a more holistic view of family issues and feed this back to their agencies to raise awareness and understanding. Seconded's suggested that they had the ability to influence and support families by informing their colleague's and that of the families they worked with of each other's issues and abilities. In this way they could positively influence practice and reduce the impact of problems similar to those discussed in the Newcastle Study (Madge, 1980) which looked at the interlocking and restrictive nature of deprivation in certain families:

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“It’s been, you know, to make those advisers aware that there might be some extra issues or things going on outside of ... this person’s search for work, search for employment, that might be affecting that...so perhaps they need to take a little bit of extra time.. Then they can tailor their expectations accordingly” (secondee1).

2) **Unique/individualistic/tailored intervention:**

A unique aspect of the key worker approach to working with families was their ability to be flexible and spend time with the family to understand and begin to make plan to address their needs. This tailoring of the service to the family is in contrast to other services that have a more rigid format and schedule which the family are required to meet in order to access their service. This can be problematic where families are chaotic and tackling a number of issues and crises which means they are unable to engage adequately with that service and their schedule. Additionally, often very small and straightforward solutions were not being tackled by families, either through a lack of confidence to engage with services, or because they were having to reactively deal with challenges that were presenting in their current circumstances and in a number of cases because their mental health left them incapacitated

i) Time/ Persistence to engage;

Key workers used persistence to gain access to a family, often going to the family home every day and phoning and writing. This was noted with positive results by key workers:

“I think having the time, the time to be able to go to families as many times as they need you to is helpful, I think having the flexibility to use you know resources and work creatively” (KW3).

ii) Time with family, low case load;

The crucial aspect of the key worker role was having a small case load that meant each family could be worked with according to their need, as opposed to the

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operational capacity of the service. This was something that key workers also believed benefitted the other agencies who may be working with the family as well:

“I think they find it quite handy to work with us because we can, we have the capacity to go round more, because of our smaller cases...but then equally we need them to do the, you know, to kind of lay down the laws and the legal side of things... I guess we complement each other” (KW1).

iii) Differentiation from other services;

This lower case load and greater flexibility and time to engage and work with families were not the only things that made key workers different from other service providers. The fact that they were able to work with families with a wide range issues meant that they could potentially work with families on a range of different problems, some more complex than others. Working with families that needed less time and support enabled them to use their flexibility to work more intensely with those that needed more:

“I think we can be seen as unqualified sort of social workers you know and picking up all this stuff that I suppose 10, 20 years ago social worker would have been doing themselves but because the threshold have risen then they are just dealing with crisis management now” (KW4).

Another way in which key workers differentiated themselves from more traditional services was in relation to sanctions. While key workers can and do use sanctions and were aware of the range of sanctions attached to the programme and available to them, they were viewed more as a resource for other services to use. In other words, the sanctions were not seen as being owned by the TFP but as sitting with other agencies:

“It is fairly straightforward to talk to families in that way I think simply because I am not the one having to.. I am not the one going in and saying actually you know you are going to get evicted” (KW5).

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This is not to say that key workers and the TFP were avoiding taking responsibility for referrals or sanctions. Indeed, the joined up multi-agency approach to working epitomised by the team around the family (TAF) meetings and the jointly produced action plan, ensured that the agencies shared a platform for discussion and responsibility and gave a voice if one agency felt there were concerns that were not being addressed:

“That’s what’s good about the TAFs where everyone feels they can say no I think they need longer, or it’s not just us ruling it, its other people having their say” (KW1)

iv) Crisis management;

Often the families key workers were involved with were either dealing with crisis or about to confront a situation that could possibly escalate into a potentially more serious circumstance. The key workers were able to use this situation to influence the family to get on board with them:

“you need to respond to you know, their crisis really quickly just in order to get them working with you and get those quick results but it immediately relieves the stress of the family so they can actually sit back and then take part in the assessment and talk about their history and how they have got to that crisis point” (KW1).

Some families were in a position to recognise this and engage straight away, but others were reluctant to have an intervention and wanted to keep to themselves. The key workers discussed how families might not recognise that they needed help:

“I think sometimes people just don’t know how to move forward and they can’t see a clear path and they might know that they want something to change but they don’t know what that is or how to start that happening” (KW2).

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Families themselves also discussed how a range of issues meant that often they failed to recognise or deal with certain problems as other issues were preventing them from addressing them. In these circumstances they could not see how entangled these different issues had become, and did not know how to ask for help:

“Just things you know that you just can’t think of, you know you’ve got to do them, but you just kind of, when you’re really ill you think you know, you can’t even think about finances and shopping and things like that” (family 1).

Key workers could make a big difference by directly helping with a range of smaller issues which helped reduce the overall crises the families may have been facing. For example, dealing with housing and benefit issues were often the issues that families struggled with, and that key workers could either deal with themselves or access the support and knowledge of the DWP secondee:

“I don’t think our families lie about their income, I just think they get very confused...a lot of people had been affected by the benefits cap but hadn’t realised that they were” (KW4).

Families were not accessing the benefits they were entitled to, or had circumstances which were not known by the benefits agency and due to their apparent non engagement had been stopped. In these situations the key worker was able to get the family emergency help whilst getting their benefits resolved. A family member discussed how key workers helped resolve issues, for example those caused by:

“you know just from misunderstandings from what the job centre said, to paperwork, to getting birth certificates, to just getting information you know” (family3).

v) Case closing;

The cases dealt with in the main by the teams were complex needs with at least 2 of the identified national criteria as well as a range of other underlying issues that

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needed to be tackled before dealing with more formative inclusive activity such as gaining employment. The time allotted for families in an action plan would normally be for 12 months, however, from the outset there was recognition that there was a difference between those deemed 'light touch' and those whose problems were more entrenched, spanning several generations and requiring more time. The issue of how and when to stop working with the family and close their case was therefore a difficult one for key workers:

“sometimes you really do have to work out what is good enough and you have to, as a professional that can be quite difficult because you have to exit, you have to pull back from families at a point where it's sort of bumpy but that might be as good as it's going to get and so making those judgements I think is difficult” (manager).

Those working on the troubled families scheme also recognised that closing a case with a family should not simply be dictated by time as closing a case before the family had made progress and were in a position to manage by themselves could be very problematic:

“Using the exit strategies, when we're coming to the end with a family, you cannot just drop a family, it's very, that was probably something that happened a couple of times in the beginning with FIP, and that wasn't very good” (supervisor1).

However, the key workers all recognised that it was important that they were open and honest with the families they worked with that they were not going to be there and help them indefinitely and that because of this it was important that the families successfully engaged with them and the help they provided:

“I feel that the key workers are very tight about exit from the get go, and you're focusing the family for ever more that they're not a support worker, that they're there to provide an intervention and that they are going to go, and that things need to be achieved in that time” (supervisor2).

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2) Family – Impact:

In terms of the impact on the family component of the analysis these can be divided into a number of different subthemes which include, self perception and awareness of need, addressing the family as a whole, specific support and outcomes, time trust and confidence building, differentiation and fear of sanctions, doing with rather than doing to the family and finally resilience and empowerment. Each of these themes will now be addressed in turn

i) *Self-perception and awareness of need;*

As well as the core defining characteristics for inclusion on the troubled families programme, no adult in the family working, children not being in school and family members being involved in crime and anti-social behaviour, the families worked with also had numerous other complex needs and often these were enmeshed in their situation making it difficult for them and the key workers to see how or what to begin with. Families sometimes reported that they had not considered they had any issues to deal with until they were identified in the programme and through the assessment:

“Until they turned up we wouldn’t have known we needed support” (family5).

As previously identified some of the families that were part of the programme did not necessarily recognise that they both needed and would benefit from support:

“you don’t know you need the support until they offer you the support and once you step on that thing, that train for 5 minutes you realise, yeah, it’d be better if I go along with these guys you know” (family 4).

Others identified a reluctance to participate due to previous experiences with other services which they felt had not been tailored to address their needs and which had subsequently deterred them from using such support services:

“Professionals have you know, made comments, oh it will be alright.. it’s not good enough, it’s really not good enough you know, I’m sure they have every

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good intentions of trying to make me feel better, but 'it will be alright' needs to come with a plan" (family 2).

As research into families with multiple needs indicates, one problem can impact to create another, compounding the problem (Madge, 1980). The interviews revealed how a number of the families referred were not aware of services or support available to them:

"I wouldn't know where to go, who to speak to, um, it's stupid things, like I'm dealing with my mum's benefits and stuff and it's like hitting a brick wall repeatedly, and, she sort of offers advice and contacts me when she feels she can and anybody who may be able to point us in the right direction" (family 3).

Interviews also revealed that there was an internal focus for support within the immediate family unit ($n = 6$) which possibly perpetuated and reinforced a sense of exclusion:

"We've always like kept ourselves to ourselves so ... we got like a massive family. Massive ain't we (to partner) so they're always there as well" (family 1).

In addition the communities that a number of the families were located within were seen as disconnected and facilitating a culture that contributed to a desire to keep family matters out of the public sphere. Families who were often contending with a number of difficulties relating to finances, housing and relationships, in addition to a variety of health problems, often were not able to give their attention to parenting (Rodger, 2008). There was a strong sense of shame and of feeling of being judged which kept families isolated and private, and wary to approach services for support:

"it was like I was embarrassed sort of by (sons) behaviour and I was disgusted thinking like if I told anyone if spoke to anyone they're going to feel 'what a crap mum' you know, they're gonna judge me, whereas now I feel like I could talk to anyone about his behaviour and them not judge me" (family 6).

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Although studies suggest that communities can create a culture that accepts criminality and anti-social behaviour (Murray, 2001), this research reflects how families may be attempting to manage their lives in private whilst dealing with a range of issues. It is this privacy which appears to be contributing to a lack of adequate support. Families determination to keep things private may be resulting in a lack of engagement and a subsequent 'institutional anomie' (Rodger, 2008:100) which creates a self-fulfilling dynamic. The interviews provide a brief insight into families who often perceive they have been failed by a range of services or that their lived experiences are ignored which feeds back into their lack of willingness to engage and determination to keep things private.

ii) *Addressing the whole family;*

A key aspect of the programme was the assessment taking account of each individual within a family unit. The challenge was often initially in identifying who constituted a family, as these often reflected in issues with overcrowding and benefits. The family recognised the benefit of having each member supported individually. Having both an individual and family action plan allowed each member to focus on their own pathway whilst also being able to support others in the family:

"Yeah, (KW) came to visit me, he then interviewed me and talked about the, what he could do for us as a family" (family 3).

There was a lack of awareness amongst families of support available to them, or of where they could access support if they needed to. This reflected back on their self-sufficiency. There was a recognition that they were often on the verge of crisis and that where they had possibly focused on one obvious area they had not seen other issues which impacted upon the whole family and where support would be beneficial:

"it opens your eyes up to a lot of things and services and stuff that you don't know about and, yeah, if anyone's going through a bad patch with their kids because it's not just kids that they help is it, it's the whole family" (family 6).

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For one family they saw the importance of being able to address each individual in order to tackle the trauma that lay within that family:

“we do have like, an emotional disorder which shapes our every day, you know, and each one of us, the symptoms are either, they either clash, or have days where we are all the same...but between yourself and your children...you don't really know what the hell is going on” (family 1).

iii) Specific support and outcomes;

Families discussed how working with the programme and the team helped them to begin to deal with issues in their lives and manage some of the crises they were currently facing. Similarly to the earlier point raised that there may not have been one specific thing that key workers did which families recognised as helping, families interviewed discussed the general support and assistance the workers provided as important:

“She'd come to, you know, support, support me really with the things I really wasn't managing. Getting me to appointments, helping B get to appointments, financially I had no money so she would, she sorted for me to go the food bank.. and you know just really helping me to get to and from counselling and stuff”(family 1).

One of the ways in which it was suggested that the key workers were able to help was by providing a positive example which families could identify with and model themselves around. Interviews and observations identified that these examples ranged from dealing with phone calls and meetings, to addressing behaviour in relation to parenting. This played a significant role for families helping them to learn how to deal with situations by themselves:

“Having (KW) I've gained confidence where I've gone to meetings now... and controlled the meeting, and got the result I wanted” (family 5).

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This experience and the opportunities that working with key workers on the programme created for families was viewed as having a positive impact on family life. For example, a mother within a family discussed how:

“I did the parenting group and then .. I did some voluntary work and attached to the same unit they’re working in is parent mentor volunteers, so I went.. I got through the course and I got myself a parent mentoring position, which then opened up that I wanted to go back to college” (family 1).

iv) Time, trust and confidence building;

Being able to spend time with families due to low caseloads appeared vital in enabling the key workers to develop relationships with the families they worked with. Having this time allowed families to get to know and trust the key worker and gave them the confidence to be able to share information that they may not ordinarily have shared with other services. This appeared to create a feeling that the key worker was there to help and that by accepting their help the family wasn’t opening itself up to be indebted to someone or some organisation:

“I’m not in her debt, she does it because it’s obviously part of her job description and it’s safe, it’s safe to be able to ask somebody for something” (family 2).

The time that a key worker could give allowed for the development of the trust, and this positive relationship had an empowering impact:

“if I just said to (KW), you know what I really need to get out and have a coffee, then she would take me out for a coffee... and gradually in the last year I’ve felt able just bit by bit go to the shop myself...just to go out in the garden...I didn’t think I was ever going to get out the flat again” (family 6).

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One parent described how the relationship of trust needed to be built up, and this needed time and patience, particularly where children who had suffered abuse from adults were concerned:

“If they don’t have the time to gain that trust, it’s almost as though they come and they want this, this, this and this, and this criteria to meet...and (child) might need to gain trust because he has none, and that might take...somebody who has to come and visit in their bedroom” (family 3).

For the families, they reported the biggest impact often from the smallest actions. The lack of confidence and self-belief was an obstacle to engagement with external agencies and services, but being heard and valued helped to change their perceptions of themselves:

“(KW) used to ring me up going well done for going a school today, or looking forward to the next day, text me in the morning, hope you have a good day in school.. like stuff like that just encourage me, and that used to make me think yeah I am doing it” (family 4).

Families also discussed how it wasn’t just the amount of time that the key worker could spend with them that had a positive impact but also what the key worker did with the time they spent with them:

“It’s only a 2 minute phone call to see how I am, to see that I’ve got all the paperwork ready, and it’s those things you know that does matter. It doesn’t matter how long they spend with us or anything like that it just matters what they do within those minutes”(family 1).

Having the time to work with and get to know the families to understand the issues they are facing also allowed the key workers to recognise where a family may need more time or extra support from the programme and other agencies:

“social workers were saying that they didn’t feel the need to keep the case open so I (KW) would have been the only person kind of there for the family and (the agency) extended their time for a month at my request and the social workers stayed involved at my request. So I think it’s just good to know that we have the ability to ask people and kind of just be

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influenced maybe to say look we know that there are a lot of needs for this family and we know that you need to be involved and this is why” (KW).

Confidence in both the key worker and in their own abilities was built by being able to spend time together without being hurried to do something. This time with a family appeared to make them feel valued and heard. For some of the families it was being heard for who they were and where they were that was important and this took time and trust:

“it gradually took time I think....so that’s made me thought like she has faith in me, like so I was more myself, I was thinking, someone believes in me and like I’m glad she believes in me and I didn’t use to believe in myself until she told me I can do it” (family 3).

Additionally key workers had to address the issue that some families had experienced not being listened to by other services, even though they had gone to ask for help:

“if you as a mum are going round to all these services and nobody’s hearing what you’re saying, it’s frustrating and then you end up giving up which is what happened with my eldest son”(family 1).

Being able to signpost families to get support and providing direct guidance to them to help achieve the outcomes for themselves was linked to feelings of empowerment and a desire to continue to model the example shown by the key worker:

“I had problems with.. stuff in the flat, general repairs, (KW) would ring up and get them sorted..if I couldn’t make an appointment because I’ve got a phobia of phones.. but I’m getting better with that, you know I’m able to ring up my psychiatrist...and say if I’m not going to be able to make it, so that’s good I think because I’ve not been able to do that for quite some time” (family 1).

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v) Differentiation and fear of sanctions;

The perceived threat of social workers was found in most of the family interviews (*n* 5). In two instances the escalation of cases to a social work intervention created a breaking of the relationship that had been established with the key worker. These cases had not had experience of an intervention previously. Where families had experience of interventions, including social services there appeared more acceptance. It is important to note a difference in (*n*3) cases where the social work intervention was required for support in intervening on behalf of the parent in support of a child, and where the intervention was directed due to concerns around the parent (*n* 2). Regardless of previous experience with social services or not however, the families made a clear distinction between social workers and the TFP key workers. This was often based around a fear of social workers due to the sanctions they could bring to bear on the family:

“One of his first questions was ‘you’re not a social worker are you’ and it’s quite nice to say you’re not you know, because it does help the relationship, it really does” (kw1).

In contrast the approach of the key workers was perceived as less threatening, and generally there was not the tension or fear of the threat that social services represented therefore families were more willing to talk to and work with the key worker:

“(KW) was more about support whereas a social worker is about correction...the way you talk to (KW) is more like a friend, a confidante, with a social worker I couldn’t have been as open about me...I would never have been as honest about my nerves, anxiety and I know (children) wouldn’t have told their worries about me” (family 4).

The families talked about being more open with key workers than they would with social workers, although they were aware that concerns would be raised and escalated if identified. Key workers also identified how this could still provide benefits to social workers as they could share information with them thus enabling them to benefit from the insight the key workers could provide into families:

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“I think they (social workers) find it quite handy to work with us because we can, we have the capacity to go round more, because of our smaller cases...but then equally we need them to do the, you know, to kind of lay down the laws and the legal side of things... I guess we complement each other” (KW3).

vi) Doing with the family rather than doing to the family;

Another way in which the troubled families programme was viewed as having a positive impact on families and which differentiated it from social services was the perception that key workers were working with and for the family rather than doing something to them or working against them:

“Social workers are more over bearing, more pressure into stuff, most of the time it’s either do this or this is going to happen. With (key worker) it’s more, well, this is the opportunities, here’s this and this, which one would you like, or how would you like us to help, or is there anything we can do” (family 4).

As other families discussed it was the way in which the key workers could help by offering options, help and advice rather than controlling what they could or couldn’t do that seemed to be empowering and have a positive impact on the family:

“I think the last few months I probably would have had a breakdown if I didn’t have one sane person there in a corner saying, you know, perhaps you should try this or perhaps you should say ... you know it’s not just contacting people, it’s advice sometimes as well from someone who’s out of, who’s out of all this” (family 1).

vii) Resilience and Empowerment;

The TFP was developed to try and change an intergenerational pattern of disengagement reflected in low school attendance, ASB and worklessness. Longitudinal studies are best placed to measure significant impact over time. Smaller scale studies can measure snapshot outcomes, such as entering work and

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re-engagement at school, and reduced crime. Considering a family's capacity to deal with change, particularly the level of crisis that brought them to the intervention initially, can provide some insight where long term research is not available. The interviews provided a mixed response to the ending of the intervention. Each of the participants recognised they would miss having a contact at the end of the phone, but also reflected on how they had now been given tools to deal with situations they previously avoided. The families were able to state examples where they had put what they had learnt into practice, and felt some confidence in being able to continue:

"I'll be more confident speaking to people on my own behalf because I watched her doing it so many times, I find it easier" (family 3).

The impact of feeling a sense of achievement helped to support a feeling of engagement and wanting to continue to do so which suggest the foundations for long term change may have been laid:

"Those things from passing the courses and things like that, there's all those buzzes and they stick with you, you know" (family 1).

Families did not report an overall increase in accessing and using other community support ($n = 5$), or that they had particularly extended their network ($n = 5$), however for most interviewed they were either still working with their KW ($n = 3$) or had recently had their case closed ($n = 3$). Of those cases ($n = 3$) who had recently closed all were still having follow up phone calls and working with other TFP practitioners ($n = 2$) and or social services ($n = 1$). One of the key interventions that appear to have had important positive short term impact was the parenting support ($n = 3$). Families who had engaged in this programme reported significant change in the family unit, both during their involvement on the course and during its practical application afterwards:

"I do think the parent group helped that as well because I always felt that I was a failure, but I actually saw that I wasn't a failure as a parent" (Family 2).

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The Cambridge Longitudinal study considered the importance of parenting in its key outcome measures for delinquency (Utting, 2004). The evidence in this study is that parenting is a critical aspect of change for the family. The parents interviewed all shared a sense of failure, which was a barrier to accessing support with and for their children. In each of the cases the parents were dealing with ill health, behavioural conditions, and environmental challenges. The parenting course appeared to produce a sense of empowerment which subsequently impacted on the family;

“We’ve always worried about everything, like money, bills, this, that, but we’re coping so much better cos the stress of the kids behaviour ain’t there, and the stress of my depression ain’t there, obviously I can deal with everything a lot more” (family 1).

All the participants reported a feeling of being judged and as not being able to stand up for themselves due to a perceived sense of failure, often as parents, or as a reflection of their lived situation. This would often impact on their ability to reach out for support; however following engagement with the programme some progress for the families was evident:

“When I was in a council property to make a complaint about the property I could not go and talk to the receptionist. Now I’ll go and tell her I’ve got a problem, ask her when it’s going to be sorted, and keep em to it, if you understand what I mean. And that’s a difference for me” (family 6).

Having someone who was an advocate for them and was able to identify their strengths was viewed as one of the most positive roles that the KW had in the family’s life;

“it’s like someone holding your hand, you know, you feel the trust, you feel the...it’s all those things and that’s what it’s like when they’re about you know, you have someone there who trusts you, believes in you, everything like that” (family 5).

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Component B summary:

A range of unique features put in place as part of the process of setting up the troubled families programme have been identified that appear to impact positively on the perceptions of families participating on the programme. The ability to assess the whole family rather than focus only on an individual enabled greater understanding of the issues facing the family and a holistic approach in providing support to them. Time was a particularly important dimension to the impact of the work. Having a low case load allowed key workers to persist in approaching families, gave them greater flexibility to spend time with families and facilitated the building of relationships with the family that created trust. Trust was important as families often felt a sense of shame in discussing their problems and therefore had a reluctance to tackle them outside of the family. They also had a distrust of other professional services who they were either fearful of, due to the imposition of sanctions, or who they mistrusted because they felt that their voice was ignored within the process.

The relationships between key workers and families appeared to empower families by increasing their self-confidence and resilience which in turn enabled them to deal more ably with some of the issue they were facing and manage crisis. Reflecting this families were quick to acknowledge the positive impact that key workers had had on their lives but were less able to identify exactly what the key worker had necessarily done to help them. The notion that the troubled families programme does things with rather than to families appears to capture this.

A range of intertwined serious factors relating to issues such as mental health, drugs and alcohol and domestic violence often appear to underpin the issues of worklessness, school absence and anti-social behaviour. The complex nature of these issues poses challenges for turning families around within 12 months as they need to be tackled before changes in government success criteria can be achieved or at least maintained in the long term.

Chapter 4: Social Return On Investment Analysis:

What is social return on investment (SROI)? SROI developed from traditional cost–benefit analysis in the late 1990’s (Emerson, 2000). It is essentially a more complex form of cost benefit analysis (Arvidson et al, 2010). Governments, in recent times, have become more focused on outcome and impact, along with the concept of ‘value for money’, organizations delivering social interventions realise they need to demonstrate the value of their work. Using the SROI approach is officially accepted is an appropriate method for assessing and demonstrating value (Cabinet Office, 2009). It enables service providers and commissioners an opportunity to see the broader value that an intervention may bring. In essence SROI approaches compare the monetary benefits of a program or intervention with the program costs (Phillips, 1991). In this sense SROI represents a development from traditional cost–benefit analysis as practiced by Grant et al (2000) when they assessed the cost-effectiveness of the *Amalthea* social prescribing intervention projects in Bristol. Developed in in the late 1990’s it aims to fully valorise all social impacts of any intervention (Emerson, 2000). This is a method for measuring and communicating a broad concept of value, which incorporates the social, environmental and economic impacts, generated by all the activities of an organisation (Greenspace Scotland, 2009). SROI therefore works to demonstrate the extent of this value creation by measuring a range of social and economic impacts, using monetary values to represent these impacts and enabling a ratio of benefits to costs to be calculated (Cabinet Office, 2009). SROI is a structured process based upon a series of stages:

- 1) Defining the scope of the study
- 2) Engaging stakeholders to identify outcomes
- 3) Evidencing inputs, outputs and outcomes
- 4) Monetising outcomes
- 5) Calculating impact
- 6) Calculating the SROI ratio

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7) Reporting

The following through of these seven stages allows a Social Impact Measurement (SIM) to be made which Arvidson et al (2009:15) defines as 'the process by which an organisation provides evidence that its services are providing real and tangible benefits to people or the environment'.

One of the early decisions the research team had to make was the defining of the scope of this study. Given the limit of resources and development of the FIT in the city we decided to simply look at the impact of one of the three teams in the city. The research team followed through with stakeholders to assess the impact of the FIT work on their first full year cohort. The City Council's FIT monitoring database was consulted at the end of the first operational year. At this point there were a total of 16 family cases from cohort 2 that were closed in team three's area. Thus a lot of the impact used for the SROI analysis is taken from these families. In addition work continued on an additional 33 families (made up of 69 adults and 100 children) whose cases remain open at the time of the analysis. Eventual impact of the FIT intervention on these families remains unknown. Thus in terms of fully valorising impact this is still almost impossible to know or verify. For the closed 16 families verification for impact was sort in case notes in addition to the stakeholder interviews.

Our analysis suggests that over 30 separate impacts could be identified for valorisation. (See: Appendix 6). These are split into three different categories:

- Key outcomes
- Other outcomes
- Health outcomes

Key Outcomes:

By Key Outcomes we mean the outcomes the programme was designed to achieve:

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The aims of the Troubled Families Programme are to get children back into school, reduce youth crime and anti-social behaviour, put adults on a path back to work and bring down the amount public services currently spend on them.

(DCLG, 2012:9)

Our exploration of local case notes and the database suggests that there has been a return to work for three people, another person has entered voluntary work and these are valorised by assessing the value of benefits saved and by valorising the anticipated voluntary labour at the level of the minimum wage. In SROI it is always important not to over claim, in fact this is key principle of the methodology (Cabinet Office, 2009). Thus we have adopted a parsimonious approach and have calculated the value of voluntary labour commenced on the basis of what somebody would be paid to undertake the tasks and paid a minimum wage to do so. This is a standard proxy in SROI analyses.

In terms of education outcomes we note that there is at least 19 children with increased school attendance, there are fewer children permanently and temporarily excluded and one NEET has returned to education. Assumed savings are made in terms of a EWOs time and reduced fees for PRU referral. Additional values have been calculated in terms of improved housing e.g. rent arrears paid.

At the time of reporting we can verify that two adults and two young people have avoided reoffending and a previous child protection issue has been suitably addressed. In all our valorisations we have sought to use official costings which includes costings on imprisonment from the National Audit Office, the costs of tackling a young offender from the Ministry of Justice and the value of a grant to take on a NEET from the Home Office.

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Other Outcomes:

Besides the key outcomes it is clear from the stakeholder interviews and case notes that other outcomes have been achieved by the service users. Clearly, from a city council perspective, ensuring that families can access key services is an important aim of the intervention.

Our aim is to provide tailored, family led support and access to services such as housing advice, debt management, mental health, etc. in order to move those families most in need, out of crisis. (City Council, 2014, Accessed 5th September 2014)

As the qualitative analysis identified getting service users to recognise they have issues that need to be addressed and appropriately managed is a challenging task in itself and one that takes considerable skill. In many ways this can be about addressing practical problems (DCLG, 2012:21). Thus we are able to valorise things like getting a television licence, doing DIY. There are probably many tasks and challenges actually undertaken by the team that have not been captured in their notes or are undertaken as a matter of course and taken for granted. However these activities are perceived to be vital achievements that enable the workers to gain the family's trust (DCLG, 2012:22).

Beyond practical support the strength of the FIT model is that workers endeavour to get families additional support to address social and emotional issues. Given that a crucial aspect of the intervention is to signpost clients to different services it is crucial to ensure that the issues families present are addressed. Again as the qualitative analysis highlighted, empowering families to manage change for themselves is important. A key skill is the worker's ability to get families to take positive steps to address key personal challenges. In a sense it requires a form of Motivational Interviewing, which is grounded in developing a respectful stance with a focus on building rapport and developing a trusting relationship. This requires the worker to identify, examine and resolve service user ambivalence about changing

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behaviour (Miller et al, 2009). A review of social prescribing projects in Scotland has shown that vulnerable or disadvantaged patients may be unlikely or unable to access community based opportunities without considerable additional support (Friedli, 2007:37). Thus the team therefore provides active support at a crucial time; a key component of developing recovery and starting the process of taking control.

Given the importance of getting service users to accept and tackle the problems that currently challenge themselves and their local communities we are able to valorise an array of other key outcomes like accessing: debt advice and a victim support programme, accessing general AIG, contacting a PCSO to enhance community safety, the payment of rent arrears etc.

Health Outcomes:

One of the interesting outcomes discovered from an examination of the case notes was the role played by the team in getting family health issues addressed. This is particularly important where children are concerned because poor health can cause considerable long term financial burden. Amongst the outcomes that we could valorise this includes dentist registration, immunisation and spectacles for children. In many ways these are basic health services that should have been accessed and used as a matter of routine.

Amongst other outcomes, managing to get three children to access the Child and Adolescent Mental Health Services is one of the highly valorised outcomes in this section. We know that the cost of mental health accounts for 2% of GDP according to Professor Layard (2005). So tackling mental health issues earlier in life is vital to avert later costs. The team also managed to get an early diagnosis of autism for a child.

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In terms of other health outcomes achieved this includes: occupational health assisting in modifying a home to reduce falls and encourage mobility, social isolation of a family was addressed and there is one case of an adult addressing their alcohol addiction. But what are the inputs i.e. the costs of running the FIT programme in team 3?

Table 1: The costs of the FIT programme in team 3; 2013-14.

Item	Costs (£)
Employees	311,379
Transport	4,077
Premises	10,301
Supplies and Services	33,588
Third party payments	28,379
Internal Re charges	16,000
Total	403,724

Based on the monetisation process we can see that in one year Team 3 creates an initial value of £ 385,002 (please see appendix 6 for a full breakdown). Given that the known running costs for the project are £ 403,724 there is almost an exact return on investment.

Establishing impact:

We have valorised the impact of the FIT (team 3). However we need to establish impact to reduce the risk of over-claiming. It is only by measuring and accounting for all of these factors that a sense of the impact that the FIT is having can be understood. There are four aspects to establishing impact:

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Deadweight – how much of the activity would have happened anyway.

Attribution – how much of the outcome was caused by the contribution of other organisations or people.

Displacement – what activities or services are displaced?

Drop-off – the decline in the outcome over time (only calculated for outcomes that last for more than one year).

Deadweight;

Deadweight is a measure to describe the amount of the outcome that would have happened anyway, even if the FIT intervention had not happened or if they had not been referred onto the intervention by other services. In establishing deadweight, and through exploring deadweight during our interviews, it was believed that in most cases the families would have done very little without some form of significant intervention in their lives. We have already highlighted in our discussions around the context to the project that these beneficiaries are already struggling in very desperate situations when they are approached by the FIT. Their chaotic lives and often vicarious living means that they are already exhausting a whole range of existing services and support without having achieved resolution to their troubles. This is officially recognised and is a cause for developing the FIT intervention in the first place:

Troubled families often have a whole host of agencies involved with them, often focusing on the individuals within that family, which can bring its own problems as families become confused by overlapping professionals, assessments and appointments. This costly and unfocussed activity can mask the lack of progress for that family. Some of the starkest evidence for this collective failure to properly help families is to be found in the frequency of problems which are transmitted from one generation of the same family to another (DCLG, 2012:9)

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So we know that very little would have happened for these families had the FIT not adopted a holistic approach to address their needs. In previous work for the local Clinical Commissioning Group it was also highlighted that there are insufficient *holistic* social prescribing provision across the city to address complex needs and none in the area of the city covered by team 3 (Kimberlee, 2013).

Thus the premise here is that deadweight is not necessarily an issue. These families are often desperate people. Other SROI analyses of FIT interventions have modelled between 0% and 15% on worst case scenario projects in their sensitivity analysis (Action for Children, 2010). Others have simply suggested there is no deadweight (Action for Children and nef, 2009). Against this background we will assume a negligible deadweight value of 1%. There is still a chance that one of the family members may have turned their lives around by accessing an external service or even leaving the home to escape insurmountable problems.

Attribution;

Attribution is an assessment of how much of an outcome was caused by the contribution of other organisations or people external to the programme. This is difficult to judge as details of the support offered to the client outside of the FIT were limited. A question was asked, which was used as the basis for our attribution calculations, around what approaches had been made to other support agencies. But again this is difficult to quantify. The case notes tend not to reveal evidence of non-FIT attribution and discussions with the team leader (who discussed this with her team) suggests that this is *nigh on impossible* to quantify. In many ways we would have to investigate each of the families to adequately quantify. This would take considerable resources. Other professional contribution to partnership working is perceived as extremely variable so that at times: *it's a 100% FIT input making the change.*

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Previous research in this area suggest that FITs gets more credit for shorter-term outcomes and less credit for longer-term outcomes; clearly other agencies and professionals can take over in helping families to address their needs (Action for Children and nef, 2009:15). Previous studies who have modelled attribution have suggested attribution rates of between 0 and 15%. The lower end attribution is calculated on the basis that: *many agencies area already involved before FIP engagement, but cases (are known to) still deteriorate without FIP* (Action for Children, 2010:35). In this analysis we will assume the higher end of attribution where other agencies would be required to sustain the outcome over the long term e.g. CAMHS with addressing mental health. However we will assume 0% attribution where the gain is immediate on the assumption that things would have deteriorated had not the FIT got involved. The last column in the SROI analysis (Appendix 6) shows the reduction value for attribution.

Displacement;

Displacement is another component of impact and is an assessment of how much of the outcome displaced other services. Our interviews and focus groups with stakeholders and new beneficiaries revealed very limited evidence of displacement. Their loneliness, absence from or lack of work and the lack of suitable mental health services to suit their needs suggest very little displacement. There are no other services locally that would seem to address their multiple needs. In fact getting support for all of their needs is unique to holistic approaches like FIT. Nevertheless it is a standard SROI approach to assume some displacement. Nef and others are currently working on specific guidance on displacement in relation to employment support and recommended displacement rates for state outcomes of similar projects range from 20 – 60%. In the past others have opted for a median estimate of 40% (Bates, 2013:26). However the essence of this intervention is that existing services have failed to deliver services to these families so we will assume the more conservative estimate of 20%.

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Table 2: Deadweight, attribution and displacement values applied to initial SROI calculations on monetarised outcomes.

Adjustment	Calculation	Adjusted Value
Deadweight	£ 385,002 - 1%	£346,502
Attribution	£346,502 - £11,397	£335,105
Displacement	£335,105 - 20%	£268,084
SROI		£268,084

Having established the impact of the FIT (team 3) we calculate a Social Return on Investment ratio of £1: £0.66.

This means that for every pound of investment in the FIT in the North, 66p of social value is created. We feel this is a parsimonious reflection of the value created. Health economists like Knapp et al (2011) suggest quantifying these impacts across all beneficiary life years, whereas we are just commenting on one year.

Drop off;

Discounting is usually applied to those values that could be projected for longer than one year. The interest rate to be used to discount the value of future benefits should be 3.5% as recommended in the HM Treasury (2011). However in this analysis we are just focusing on one year of value.

Based on the monetisation of the outcomes identified there does not seem to be a return on investment. However in our view it is probably an underestimation of the potential return in the medium term. The FIT intervention is only in its first full year of existence when we undertook our field work. A considerable amount of time was spent bedding down activities and developing client confidence in the activities

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and the approach in people who have long lost their faith and trust in local services. Our interviews with families reveal the great challenges faced by the workers to get even beyond the door in the first instance. So a lot of the time was spent in starting up interventions. In addition, case work continues with an additional 33 families (made up of 69 adults and 100 children). FIT impact on these family lives have not be valorised in this SROI analysis. Client throughput and churn is likely to be greater in subsequent years because the team is now more familiar with local partners and have a greater knowledge of what will work in the future. Thus subsequent efficacy is likely to increase.

It is also our view that the SROI is an underestimation the return because we feel more value could have been given to improved health outcomes. Intervention impact on health outcomes was not anticipated at commencement of the research. It is an intriguing consequence of this analysis that we are able to highlight its importance. Documenting all impacts by the team is still underdeveloped and could be improved. Also getting an accurate assessment of health impact would be useful. However this would need permission to examine medical records and follow clients over a longer period. Clearly there was insufficient resource to do this even for this small scale analysis. In the absence of this data we have therefore been parsimonious in our calculations around values stemming from health improvement. Again it is our view that these would be greater than we have allowed for in this analysis.

Sensitivity Analysis:

A sensitivity analysis is a process by which the sensitivity of an SROI model and value can change in relation to fluctuations in value. If we look at some of the impacts that create high value it is possible to see that the FIT can potentially create more value than that assumed here. In our analysis we have assumed that only 13 families have been supported and their case closed. It is plausible that in year two more cases will be closed. Clearly many of those being worked on at the time of reporting will achieve closure. It has therefore been argued that a longer term

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perspective should be taken on costs and payments. Kineara et al (2014) have argued that it can take up to 18 months just to get an adult client sufficiently prepared to consider attending employment interviews. Thus later benefits will be cumulative and cost effectiveness might be better demonstrated over a longer period. As the FIT continues to grow and deliver it will inevitably bring more beneficiaries onto the project. This means that more beneficiaries will be finding employment and volunteer placements, attendance will increase and debilitating health issues addressed. Previous research also suggests that the length of an intensive family intervention to address multiple issues actually takes around 13 months and that successful outcomes were recorded in 76% of cases on the previous FIP intervention (Dixon et al, 2010:8). If success is achieved over 13 months rather than 12 assumed in the SROI analysis then the value of impact is underestimated.

Therefore our sensitivity analysis will look at what will happen if team 3 achieved closure in 76% of their cases (i.e. 25 families). This is almost double the closure rate reported here. We will assume similar outcomes are achieved as with the initial 13 families in this analysis (appendix 7 shows the analysis).

Table 3: Deadweight, attribution and displacement values applied to adjusted SROI calculations following sensitivity analysis.

Adjustment	Calculation	Adjusted Value
Deadweight	£770,005 - 1%	£693,005
Attribution	£693,005 - £22,794	£670,211
Displacement	£670,211 - 20%	£536,169
SROI		£536,169

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Having established the impact of the FIT (team 3) we calculate a Social Return on Investment ratio of £1: £1.33.

This means that for every pound of investment in the FIT (team 3) when the team are reaching similar levels of success as the FIP teams in the past then in an annual analysis of impact there is a SROI of £1.33 created. We still feel that even this is a very parsimonious reflection of potential value that can be created. Not all of the outcomes being achieved by the team today are necessarily, recognised, known and evidenced. But we can see in just modelling an expected impact that the additional value created is likely to be greater than the value we can currently verify in the limited amount of time we had to undertake this analysis.

Chapter 5: Case studies examples:

As well as analysis of the interviews and observations made with professionals on the TFP programme and the families engaged with it, case study examples provide an informative way of understanding the work of the programme and the issues the families participating with it can face. The following examples are taken from case records, field notes and interviews with participants and provide examples of where families have both been successfully turned around by the programme as well as examples of where success has been limited.

Case example 1:

The family;

A single mother with two teenage children.

The situation;

There are family issues relating to youth offending/ASB, health, education, family functioning, finance, housing and emotional wellbeing. The mother has had considerable contact with services as both a child and adult. As a child she had been in contact with social workers due to abuse in the home and then put into foster care on her own request. The mother had previous substance misuse issues and was vulnerable to abusive relationships and had already been through the Family Intervention Project (FIP, 2008) twice. She was suffering from the impact of long term Domestic Violence and had recently been diagnosed with Post Traumatic Stress Disorder (PTSD).

The referral to the troubled families programme came from the school and was related to the low attendance of the youngest child and concerns with consistency in parenting. The mother was initially difficult to engage with as she was very unwell due to PTSD and often sleeping.

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Key concerns and challenges for the mother were in keeping appointments, both for herself and her children. The mother was also concerned and wanted help with managing expectations, both of herself and of others expectations of her. A key component of the situation was to help the family manage in periods of crisis and help the whole family to keep in touch with each other and support each other in these periods.

Work with the family;

The Key Worker (KW) was persistent and started to do very simple things like help the mother to get to the shops. Providing relatively simple support to the mother to help her when and where she needed was important. For example, the KW supported the family by introducing them to the local food bank to help overcome the fact that the mother had been so ill she had not been able to go out to the shops for food. The flexibility of the KW was central to this support;

“I just knew that she’d come to you know, support, support me really with the things I really wasn’t managing, getting me to appointments, helping (son) get to appointments, um, financially I had no money so she would, she sorted out err for me to go to the food bank, err... and you know just really helping me to get to and from counselling and stuff which is really important, because I was too frightened to go outside, and I could never have got on the bus in the first place. I can now, but I couldn’t of at the start, so, and I most probably, well I definitely wouldn’t have gone if I couldn’t have got there, I just wouldn’t have been able to go, so, I knew that she was here to offer the support” (SIC; Mother, 2014).

The KW also utilised the help of a Domestic Violence Worker (DVW) who was seconded to the Family Intervention Team (FIT). The DVW was able to support the mother and helped to arrange long term counselling for her. At the same time as the KW and DVW worked with the mother, the KW was also able to work with the two children and assess their needs. The KW felt that both boys were suffering from PTSD (from what they have witnessed) and this was substantiated by the school for

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the younger child who was being referred for Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Outcomes;

While the benefits of working with the programme are somewhat evident in the short term, overall benefits need to be assessed over a long term. For example, after one year the family was starting to put in place services that could deal with the years of trauma, but it would seem there was some distance to get to a place where they would be able to start to engage outside of that.

Case example 2:

The family;

A mother of five children and a partner who lives with them. The father of the children is in prison for drug related offences and is a problem drug user. The children in the family are a 17 year old boy, who has had a recent diagnosis of Asperger's. A 16 year old boy who was living with the father before he went to prison and has issues relating to petty crime, anti-social behaviour and low school attendance. A 12 year old boy who has a similar pattern developing as his older siblings since he moved to secondary school with growing concerns and recognition that preventative work is needed. An 8 year old girl and finally a 3 year old boy with autism the family all live in a small council house.

The situation;

The family were referred to the programme through the school because of the one of the boys low school attendance and ASB/behavioural issues. The family has not previously had support or engaged with other support services and the KW recognised the lack of support services in place before referral to the team. Initial work with the family identified how many issues they were dealing with which had previously been unsupported and undiagnosed. In addition there were wider family

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dynamics associated with the imprisoned father's involvement with the family and his drug use as well as the mother's parents who had mental health issues which all had an impact on the functioning of the family unit.

Work with the family;

The KW was able to address multiple issues, from small practical ones like getting a garden fence repaired, to having a shower fitted in the house for a child who refuses baths (autism related). The KW also addressed issues relating to the families health, such as identification of vitamin D deficiency in one child (lack of motivation to exercise).

“she's sort, she's provided help and support for, in different ways for all of my kids really, she's sort of, she's sort of a liaison...we have these meetings, I think it's called Team around the Family meetings, and I'm not very good at speaking at things like that , I'm sort of, I stutter, I choose the wrong words in the wrong places and stuff, so (KW) does a lot of, she comes to these team around the family meetings and she puts my point across without me having to do it. She sort of contacts everyone that she can think of, if there's a problem with the house she'll call the council and say about this, you know the fence needs repairing, and so where I'm not very good at speaking she's sort of does speaking for me and it's not just related to (son) it's all of em” (SIC; Mother, 2014).

A significant support plan was developed to help ensure that medication for the children was taken on time and appropriately, this also helped to address issues of ASB which had not previously been recognised in terms of a health/ASB crossover. Therefore KW liaison with the health visitor, probation, YOT, ASB team, social worker, speech therapist, learning partnership west (LPW) was crucial for full understanding to deal with the presenting issues.

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Outcomes;

The KW was able to help address issues associated with the dynamics of the wider family by involving them. For example working with the father in prison and facilitating children's access to visit him. The KW helped to provide appropriate support for the mother with parenting. A key component of the success of the work was the KW ability to support and be flexible through family crisis whilst on the programme. For example, as the intervention was drawing to a conclusion and the family were becoming more stable, the step (grand) father died, and this was a set back with the mum becoming responsible for siblings, mothers care and financial guardianship. The KW continued to work with family recognising that this could be a potential set back.

Case example 3:

The Family;

Mother and father separated (issues of DV). There are five children in the family, three of who are school ages and in school. There is also a four year old who attends nursery on Wednesday to Friday mornings and a 16 week old baby. Mother has depression and the father has been identified as having an alcohol problem as well as having learning difficulties.

The situation;

Referral came through the police as the child had run away and there was a suggestion of DV. The parental separation following a domestic dispute between the parents left the mother struggling. The children were at school reporting they didn't want to go home. There had been previous police call outs for DV.

The family did not want to engage with the KW or the programme at the start of the process. The family was very insular, the dad acted as an emotional carer/support for mum's depression, which was ok until the dad would relapse into

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drinking. Once this occurred multiple issues would escalate. For example, the dad would leave (disappear on drinking binges), the mother would not be able to get the children to school, there was no food in the house or electricity on the meter (father hasn't provided and mothers depression prevents her from coping with such issues). As a result, the children are not getting to school on time or being taken away from the school altogether by the family. The family has therefore struggled to keep or establish a routine. For example, in terms of getting the children to bed or to school, the amount of time they are spending playing computer games, etc. The family had extended family support but looked inwards and did not engage effectively outside this.

Work with the family;

The KW worked with the family on issues concerning diet and dental care, all members of the family were registered with their local GP. They were also able to use the officer from the Department of Work and Pensions (DWP) who was seconded to the team to help the family sort out their benefits. The KW was able to get the mother to attend a parenting course which had a huge impact in terms of helping establish routines with children as well as increasing the children's attendance at school. The KW also introduced a star scheme for reward recognition to the family which the children positively responded to. The parents acknowledged a sense of achievement in completing the parenting course and receiving a certificate and finally the KW was also able to work directly with the dad on reducing alcohol use.

Outcome;

The family reported better routines, for example the children getting up for school on time after having a proper night's sleep. The parents started to look at decorating the house and spend 'quality' time with the kids, in the garden, playing football, and reading with them;

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“It’s just the whole house is happier and now cos they’re happy, we’re happy we can finally get on and decorate (laughs) cos you ain’t got to worry about anything, It’s just better” (SIC; mother, 2014).

Case example 4:

The Family;

Mum and dad and two children living at home. One child is the mother’s from a previous relationship.

The situation;

Initial referral was made through the school for non-attendance and also for anti-social behaviour and crime. This was the longest running case on the programme in the study area. The family had problems with engagement instead seeking to manage issues for themselves. For example, the family has had previous unsuccessful service involvement with the local Youth Offending Team (YOT) and Child and Adolescent Mental Health Service (CAMHS).

Low numeracy and literacy skills were identified in the young person and school absence was tied in with their not wanting to participate for fear of these issues becoming evident. Also non school attendance was identified as linked to the young person feeling unhappy.

Work with the Family;

KW worked with CAMHS and as a result the Family were referred to LIFT (mental health/depression/CBT). The KW also referred the family to Pennywise (budgeting support) to help them deal with their financial issues as well as accessing support from organisations such as the DWP. The team around the family (TAF) was able to work together and communicate and identify a number of additional problems,

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particularly mental health which may not have been identified without the joined up multiagency approach.

Outcomes;

In the short term a number of successful outcome were achieved. For example, the father engaged with the DWP worker seconded to the team and successfully got work. The older child successfully engaged on a placement as they were struggling with attendance at school while the younger child had improved behaviour and attendance at school.

However, in the long term there were a number of issues which resulted in the family withdrawing from the programme following a number of crisis situations which arose over the course of the intervention reflecting instability and lack of resilience. These crisis included the mother having money stolen out of her account and then not having the money for bus fare for the children to get to school. One parent was also signed off on long term sick during their involvement with the programme. The mother was charged with a fraud offence which involved stealing money and a cash card from neighbour. Financial issues resulted in the family needing to access a food bank. The police were also called out to incidents between one of the children and the father involving the threat of violence with a weapon which resulted in the father temporarily leaving the family home.

As a result of these issues the family disengaged with the action plan that had been developed with the KW. Concerns were then raised around the mental health of one of the children and it was identified that this young person was not taking their MH medication properly or regularly which was affecting their behaviour, with a recurrent increase in ASB. Then later the family withdrew entirely after a referral was made to social services which resulted in escalating intervention due to deteriorating relationships between parent and child and concerns over welfare. The family reported 'feeling betrayed'.

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This case study example demonstrates the complex nature of the issues the families face, their relationships with services and the TFP. The family appeared to present well on paper, however on commencement of work with the family a number of risks were identified. The family either did not want to, or could not engage successfully with the KW and support services which resulted in referrals to social services being made and a resulting escalation in the level of intervention.

Case example 5:

The family;

A mother living with her daughter (primary age) and a son living with his grandmother.

The situation;

Referral was made for low school attendance and ASB as well as mothers employment issues. The mother has chronic health issues including Post Traumatic Stress Disorder and Bipolar. She suffered years of chronic DV which has resulted in PTSD (diagnosed during FIT). She sleeps a lot and is unable to deal with day to day activities. The mother often keeps the daughter at home with her with the curtains closed under the quilt not answering the door. A central issue was dealing with the chronic health problems of the mother which were impacting on the welfare of the child. For example, missing out on education and being a carer/companion for her mother.

Additionally, the family has not engaged sufficiently with services previously so live on child benefit and child tax credit because they had issues in securing other benefits for themselves. For example, the family had massive rent arrears because they had not sorted out their housing benefit. The family has a habit of disengaging when things get too much. The mother would regularly go AWOL and the daughter

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would not be in school and no notification given as to why. The daughter's school attendance was at the 30% level at the beginning of the programme.

Work with family;

Due to these complicating issues, after a protracted period, the case was escalated to social work intervention. Good communication was noted during the process, facilitated and championed by the key worker, with the interest of the child at the centre of the process. The success was getting some movement from an intractable set of circumstances which had reached a point of stagnation. The final case notes note a referral from an anonymous caller with concerns about the child's welfare due to mother's possible substance misuse.

Outcome;

The KW was able to sort out benefits for the grandmother who was looking after the older child who was living with her. Working with the daughter her school attendance went up to over 50% and although this is a big increase on the 30% rate at the beginning of the programme it would not necessarily be acknowledged in the national outcome measures as success. Finally, the family were referred to court for the child's non-attendance. The KW worked with the family during this time and some significant changes occurred, but only after sanctions were imposed for the welfare of child.

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Conclusion:

The troubled families programme has itself had a troubled development. Debates about its role and purpose have largely fallen along two lines. The first is that the programme is simply an attempt by the coalition government to use certain families as a scapegoat for issues such as the August 2011 disorder by labeling them as troublesome and in need of intervention. Supporters of this perspective have identified problems with the figures used by the government that suggested there were 120,000 such families requiring attention. Critics have also argued that the simplistic criteria used to identify and include families on the programme are largely superficial and of limited use to turning families lives around as they fail to identify or address a range of much more complex underpinning issues and problems. Arguments have also been made about the negative connotations associated with being labeled a troubled family. The second refutes these ideas. Instead supporters of the programme suggest that it is aimed at addressing the shortcomings of previous family intervention policies and is designed to help those families most in need while at the same time providing savings for the economy by reducing the cost of these troubled families to wider society.

The purpose of this report is not to weigh in on these debates but rather to reflect the processes and impacts that the programme had for the people who work on it and the families who engage with it in a single area within a large city in the South West of England. However, it would be a disservice to the families interviewed and the professional working on the programme not to note the following point. That is that while the families on the programme had issues with worklessness, anti-social behavior and school absenteeism these do not appear to be the issues that cause these families to be 'troubled'. Instead they are simply a more readily visible symptom of their troubles. In this sense then the label troubled family, based on these surface level symptoms, does not do justice to those families who participated in this project who are facing numerous difficulties. In fact, it is a surprise that these families have coped as well and as long as they have and not sunk under the weight of the problems they face. It is also credit to the people working on the programme

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that they have been able to help families with such complex and entrenched problems and make a positive difference to some of the family's lives.

In terms of key lessons learned from the research a number of issues appear vitally important to the success of the programme. The first is that time appears to be one of the most vitally important aspects of the programme. Time to allow key workers to persist in trying to get families to engage, time to get to know, work with and respond to families in a flexible way and time to establish trust are all common components where families lives have been successfully turned around. Underpinning the time key workers have is that fact that their caseloads are comparatively low compared to other statutory agencies such as social work. With continued budget cuts, pressure for the programme to add greater caseloads to those working on the programme need to be resisted or at least balanced against the need for key workers to have time to be successful. With the increased drive for payment by results and the need to close cases within 12 months this pressure will become even more manifest. However, this report suggests that it is time and not short term targets that should be the dominating factor in taking the programme forward.

The second issue is that it appears that by listening to families (time dependent), key workers can understand their issues and work with them to address them while instilling the resilience and confidence to help them to help themselves. The approach adopted in the troubled family's team that was evaluated of doing things with rather than doing things to the family is something that should underpin the work of the programme. Multi-agency buy in, support and assistance is a key component of this process.

Thirdly, the nature of the complex issues facing a lot of the families on the programme mean that even after their cases have been successfully closed there may be a requirement to continue to monitor them. This will enable research to

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examine whether these families remain turned around and if not, when problems began to resurface and what impacted on this.

Finally, the long term nature of the success of the programme should result in improved social return on investment. Analysis shows that if the programme evaluated continues as it currently is then positive social value will be created for every £1 spent on the programme.

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References

Action for Children and nef (2009) *The economic and social return of Action for Children's Family Intervention Team/5+ Project, Caerphilly*, Action for Children and nef.

Action for Children (2010) *The economic and social return of Action for Children's Family Intervention Project, Northamptonshire*, Action for Children.

Alcock, P. (1997) *Understanding Poverty* (2nd Ed) Macmillan Press: Hampshire.

Alcock, P. (2006) *Understanding Poverty* (3rd Ed) Palgrave Macmillan: Hampshire.

Anderson, E. (2005). Jelly's Place: An Ethnographic Memoir. *International Journal of Politics, Culture, and Society*, 19(1-2), 35-52.

Anning A, Ball M. Living with Sure Start: Human experience of an early intervention programme. In: Belsky J, Barnes J, & Melhuish E, eds. *The national evaluation of Sure Start: Does area-based early intervention work?* Bristol, UK: Policy Press; 2007:97-112.

Arvidson, M., Lyon, F., McKay, S and Moro, D. (2010) *The ambitions and challenges of SROI*, Working paper 49. Third Sector Research Centre.

Bandura, A. (1977). Self-efficacy: toward a unifying theory of behavioral change. *Psychological review*, 84(2), 191.

Process, impact and SROIA of a troubled families programme

Barnes, J. (2007) Targeting deprived areas: the nature of the Sure Start Local Programme neighbourhoods in Belsky, J., J. Barnes, E. Melhuish (eds) *The National Evaluation of Sure Start: Does area-based early intervention work?* Policy Press: Bristol pp.25-44.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), 77-101.

Bryman, A. (2012). *Social research methods*. Oxford university press.

Bristol City Council, 2014, About Family Intervention Team

<http://www.impactpathways.org.uk/Family-Intervention-Team/Pathway-Services/>

Accessed 5th September 2014.

Burchardt, T. , J. Le Grand & D. Piachaud (2002) Degrees of Exclusion : Developing a Dynamic, Multidimensional Measure in Hill, J., J. Le Grand, D. Piachaud (eds) *Understanding Social Exclusion* OUP: Oxford pp.30-43.

Cabinet Office (2009) *A guide to Social Return on Investment*, Cabinet Office and SROI Network.

Care Forum (2012) *An Evaluation of New Routes: A Social Prescribing Service in Keynsham: 3 years from October 2009 to September 2012*. The Care Forum, Bristol.

Carpenter, B. (1997) Finding the family: early intervention and the families of children with special educational needs in Carpenter, B. (ed) *Families in Context: Emerging Trends in Family Support and Early Intervention* David Fulton Publishers: London pp.20-30.

Casey, L (2012). *Listening to Troubled Families*. DCLG: London.

Process, impact and SROIA of a troubled families programme

Chanan, G. (2000) Community Responses to Social Exclusion in Percy-Smith, J. (ed) *Policy Responses to Social Exclusion: towards inclusion?* Open University Press: Buckingham pp.201-215.

Charmaz, K. (2014). *Constructing grounded theory*. Sage.

Citizens Advice (2012) 3 in 4 of those in debt say money worries are harming their health

http://www.citizensadvice.org.uk/press_20121217

Accessed 26th August 2014.

DCSF (Department for Children, Schools and Families) (2009) *Think Family Toolkit: Improving Support for Families at Risk* HMSO: London

[http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00685-](http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00685-2009#downloadableparts)

[2009#downloadableparts](http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00685-2009#downloadableparts) accessed 25 August 2014.

DCSF (Department for Children, Schools and Families) (2010) *Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children* HMSO: London

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/00305-2010dom-en-v3.pdf> Accessed 22

August 2014.

Department for Communities and Local Government (2012) *Working with Troubled Families: A guide to the evidence and good practice*. DCLG: London.

Process, impact and SROIA of a troubled families programme

Department for Communities and Local Government (2014). *Helping Troubled Families turn their lives around*. DCLG: London.

DfES (Department for Education and Skills) (2003) *Every Child Matters: Change for children* HMSO: London
<https://www.education.gov.uk/consultations/downloadableDocs/EveryChildMatters.pdf> accessed 25 August 2014.

Dillane, J., M. Hill, J. Bannister & S. Scott (2001) *Evaluation of the Dundees Family Project* TSO: Edinburgh
<http://www.scotland.gov.uk/Resource/Doc/158816/0043123.pdf> accessed on 17 July 2013.

Dixon, J., Schneider, V., Lloyd, C., Reeves, A., White, C., Tomaszewski, W. Green, R. and Ireland, E. (2010) *Monitoring and evaluation of family interventions (information on families supported to March 2010)*, Department for Education: London.

DoH (Department of Health) (2000) *Framework for the Assessment of Children in Need and their Families* DoH: London.

Emerson, J. (2000) Social return on investment: exploring aspects of value creation in the non profit sector in Social Purpose Enterprises and Venture Philanthropy in the *New Millennium*, vol. 2., The Roberts Foundation, San Francisco. pp. 131–173.

Farrington, D.P., A.R. Piquero, W.G. Jennings (2013) *offending from Childhood to Late Middle Age Recent Results from the Cambridge Study in Delinquent Development* Springer: New York.

Process, impact and SROIA of a troubled families programme

Friedli L., Vincent A., and Woodhouse, A. (2007) *Development of Social prescribing and Community Referrals for Mental Health in Scotland*, Scottish Development Centre for Mental Health.

Glaser, B. G., & Strauss, A. L. (2009). *The discovery of grounded theory: Strategies for qualitative research*. Transaction Publishers.

Glennerster, H. (2004) The context for Rowntree's contribution in Glennerster, H., J. Hills, D. Piachaud, J. Webb (eds) *One Hundred Years of poverty and policy* Joseph Rowntree Foundation, York pp. 15-28.

Glennerster, H. (2004) Poverty policy from 1900 to the 1970s in Glennerster, H., J. Hills, D. Piachaud, J. Webb (eds) *One Hundred Years of poverty and policy* Joseph Rowntree Foundation, York pp. 63-91.

Grant, C., Goodenough, T., Harvey, I. and Hine, C. (2000) A randomized controlled trial and economic evaluation of a referrals facilitator between primary care and the voluntary sector. *BMJ*, 320, 419–23.

Greenspace Scotland (2009) *Social Return on Investment (SROI) Analysis of the Greenlink, a partnership project managed by the Central Scotland Forest Trust*. <http://www.greenspacescotland.org.uk/SharedFiles/Download.aspx?pageid=133&mid=129&fileid=133> Accessed 13th November 2013.

Hills, J. (2002) Does a Focus on 'Social Exclusion' Change the Policy Response? in Hill, J., J. Le Grand, D. Piachaud (eds) *Understanding Social Exclusion* OUP: Oxford pp.226-243.

Process, impact and SROIA of a troubled families programme

HM Treasury (2011) *THE GREEN BOOK Appraisal and Evaluation in Central Government*

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220541/green_book_complete.pdf. Accessed 4th September 2014.

Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed methods research: A research paradigm whose time has come. *Educational researcher*, 33(7), 14-26.

Jones, M. (2012) The social value of a community-based health project: Healthy living wessex social return on investment report. Project report. University of the West of England, Bristol.

Imrie, R. and M. Raco, (2003) Community and the changing nature of urban policy in Imrie, R. and M. Raco (eds) *Urban Renaissance? New Labour, community and urban policy* Policy Press: Bristol pp.3-36.

Kearns, A. (2003) Social Capital, regeneration and urban policy in Imrie, R. and M. Raco (eds) *Urban Renaissance? New Labour, community and urban policy* Policy Press: Bristol pp.37-60.

Kimberlee, R. (2013) *Developing a Social Prescribing Approach for Bristol*, A report for Bristol Clinical Commissioning Group, October 2013.

Kineara, C. and Hackney, S. (2014) *What constitutes a successful outcome?*

http://horizon2020projects.com/wp-content/uploads/2014/07/H3-Tower-Hamlets_P11304-Pro.pdf

Accessed 4th September 2014.

Kolvin, I., FJW Miller, D.M Scott, SRM Gatzanis, M. Fleeting (1990) *Continuities of Deprivation? The Newcastle 1000 Family Study* Avebury: Hampshire.

Layard, R. (2005) *Mental health: Britain's biggest social problem*: Report Presented to the No.10 Strategy Unit Seminar on Mental Health,

Process, impact and SROIA of a troubled families programme

<http://cep.lse.ac.uk/textonly/research/mentalhealth/RL414d.pdf>. Accessed 6th September 2014.

Levitas, R. (2012) *There may be 'trouble' ahead: what we know about those 120,000 'troubled' families* PSE available online at [http://www.poverty.ac.uk/system/files/WP%20Policy%20Response%20No.3-%20'Trouble'%20ahead%20\(Levitas%20Final%2021April2012\).pdf](http://www.poverty.ac.uk/system/files/WP%20Policy%20Response%20No.3-%20'Trouble'%20ahead%20(Levitas%20Final%2021April2012).pdf) accessed on 26 August 2014.

Lloyd, C. et al (2011) *Monitoring and Evaluation of Family Intervention Services and between February 2007 and March 2011*. Department for Education: London https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/184031/DFE-RR174.pdf accessed on 7 July 2013.

Madge, N. (1980) Identifying Families at Risk in Madge, N. (ed) *Families at Risk* Heinmann: London pp. 197-217.

Melhuish, E. & Hall, D (2007) The Policy background to Sure Start in Belsky, J., J. Barnes, E. Melhuish (eds) *The National Evaluation of Sure Start: Does area-based early intervention work?* Policy Press: Bristol pp.3-22.

Miller, W. & Rollnick, S. (2009) Ten things that Motivational Interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37, p129-140.

Muncie, J. (2009) *Youth & Crime* (3rd ed) Sage: London.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A Child Centred System*. Department for Education: London.

Process, impact and SROIA of a troubled families programme

Munro, E.R. and C. Lushey (2012) *The impact of more flexible assessment practices in response to the Munro Review of Child Protection: Emerging findings from the trials* Childhood Wellbeing Research Centre https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181503/CWRC-00088-2012.pdf. Accessed 25 August 2014.

Murray, C. (1990/2003) The Underclass in McLaughlin, E., J. Muncie, G. Hughes (eds) *Criminological Perspectives Essential Readings* (2nd Ed) Sage Publications: London pp.127-141.

Newburn, M. (2007) Youth Crime and Youth Culture in Maguire, M., R. Morgan, R. Reiner (eds) *The Oxford Handbook of Criminology* (4th ed) OUP: Oxford pp. 575-601.

Newman M, Bangpan M, Brunton J, Tripney J, Williams T, Thieba A, (2007)et al. Interventions to improve the co-ordination of service delivery for high cost high harm household units. A systematic rapid evidence assessment. EPPI Centre, 2007. <http://eprints.ioe.ac.uk/5766/2/Newman2007InterventionsReport.pdf>.

New Economics Foundation (2008) UNLOCKING VALUE: How we all benefit from investing in alternatives to prison for women offenders.

Parsons, T., R.F. Bales (1955) *Family, Socialization and Interaction Process* The Free Press: Illinois.

Pearson, G. (1983) *Hooligan: A History of Respectable Fears* Macmillan Press: London.

Process, impact and SROIA of a troubled families programme

Railings, J. (2014) *What are Children's Centres for?* Barnardo's: Essex
http://www.barnardos.org.uk/15733_what_are_children_s_centres_for_report_v2_hr.pdf accessed 29 September 2014.

Rock, P. (2007) Sociological Theories of Crime in Maguire, M., R. Morgan, R. Reiner (eds) *The Oxford Handbook of Criminology* (4th ed) OUP: Oxford pp. 3-42.

Rodger, J.J. (2008). *Criminalising Social Policy: Anti-social behaviour and welfare in a de-civilised society* Willan Publishing: Devon.

Ruddick, (2007) At the Horizons of the Subject: Neo-liberalism, neo-conservatism and the rights of the child *Gender, Place and Culture*, 14 (6) pp.627-640.

Russell, P. (1997) Foreward in Carpenter, B. (ed) *Families in Context: Emerging Trends in Family Support and Early Intervention* David Fulton Publishers: London pp.v-x.

Rutter, M. (2007) Sure Start Local Programmes: an outsider's perspective in Belsky, J., J. Barnes, E. Melhuish (eds) *The National Evaluation of Sure Start: Does area-based early intervention work?* Policy Press: Bristol pp. 197-210.

Sanderson, I. (2002). Evaluation, policy learning and evidence-based policy making. *Public administration*, 80(1), 1-22.

Scott, S., T. O'Connor & A. Futh (2006) *What makes parenting programmes work in disadvantaged areas?* Joseph Rowntree Foundation: York.

Process, impact and SROIA of a troubled families programme

Smart, C. (1997) Wishful Thinking and Harmful Tinkering? Sociological Reflections on Family Policy *Journal of Social Policy* 26 (3) pp. 301-321.

Spratt, T. (2009) Identifying Families with Multiple Problems: Possible Responses from Child and Family Social Work to Current Policy Developments *British Journal of Social Work* 39 pp435-450.

Tonge, W.L., J.E.Lunn, M. Greathead, S.McLaren, C. Bosanko (1980) Generations of 'Problem Families' in Sheffield in Madge N. (ed) *Families at Risk* Heinmann: London pp. 37-59.

Tunstill, J. and D. Allnock (2007) Sure Start Local Programmes: an overview of the implementation task in Belsky, J., J. Barnes, E. Melhuish (eds) *The National Evaluation of Sure Start: Does area-based early intervention work?* Policy Press: Bristol pp. 79-96.

Turnbull, A. P., Friesen, B. J., & Ramirez, C. (1998). Participatory action research as a model for conducting family research. *Research and Practice for Persons with Severe Disabilities*, 23(3), 178-188.

Utting, D. (1994) Family Factors and the Rise in Crime in Coote, A. (ed) *Families, Children and Crime* IPPR: London pp.15-26.

Wallace, A. (2010) *Remaking Community? New Labour and the Governance of Poor Neighbourhoods* Ashgate Publishing Ltd: Surrey.

Welsman, J. (2006) From the Cycle of Deprivation to Social Exclusion: Five Continuities *The Political Quarterly* 77(4) pp. 475-483.

Process, impact and SROIA of a troubled families programme

Welsman, J (2012) *Troubled Families: Parallels with the Past* PSE available online at <http://www.poverty.ac.uk/articles-families-editors-pick/%E2%80%98troubled-families%E2%80%99-parallels-past> accessed on 26 August 2014.

West, D.J. and D.P. Farrington (1973) *Who becomes delinquent?* Heinmann: London.

Wincup, E. (2013) *Understanding Crime and Social Policy* Policy Press: Bristol.

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Appendices:

Appendix 1: Practitioner semi-structured interview schedule.

- Tell me a bit about your job role within TFP
- What is your background experience?
- What do you see as having the potential to make the difference with the TFP in Bristol?
- What are the key challenges that you see at this point?
- What they think of the programme in terms of its potential for success beyond the year of engagement with families?
- What do you see as the difference between the previous Family Intervention Programme and TFP?
- What are the challenges of multi- agency working [e.g. conflicting systems, workloads, prioritisation, and statutory requirements?
- Who are the key agencies you work with and how do they respond to the TFP?
- How do you work with Children's centres?
- Is service design tailored to individual needs or more generic one size fits all model?
- How does service design work for different BME families or those with learning difficulties?
- What do you think the families you are working with feel about being a 'troubled family'?
- What do you think of the payment by results structure of the TFP? And how this impacts on resource allocation and lifespan?
- What are the resources at your disposal? Have these increased since the start of the TFP?
- What are your communication systems, centralised information and access points?
- How do you find working with Alfresco?
- And how do you feel about the move to Protocol in Autumn?
- How do you work with the other area teams?

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- Are there any issues with families engaging?
- How do you feel about sanctions attached to the programme?
- What has been your experience of using the SAF?

Appendix 2: Participant Consent Form (Staff & Family)

Participant Consent Form (practitioner interviews)

To whom it may concern,

My name is Josie Solle and I am a researcher in Criminology at the University of the West of England, Bristol. I am contacting you in regard to your potential involvement in our current research project, which had been commissioned by XXXXX to evaluate the Troubled Families Programme in Bristol.

The evaluation will consider how the Troubled Families Programme (TFP) seeks to develop new ways of working with families, how it provides lasting change in terms of reducing costs to the state and improving outcomes for the families in question. The outcomes including both changing the trajectory for families and also changing the way services are delivered to them.

The research is using a continuous learning approach, similar to Participatory Action Research, (E.g. Turnbull et al, 1998) to be delivered primarily through four different research strands which together will provide a holistic evaluation of the programme. These four different strands are

- 1) Process and Impact Evaluation,
- 2) Social Return on Investment Analysis (SROIA),
- 3) Outcomes Evaluation and
- 4) Practice and Research Evidence Review.

The aspects of the research which will involve participant interviews at this early stage in the process are informing the **process and impact evaluation**. In order to evaluate how services have been redesigned and systems changed to improve the way in which troubled families are being targeted and supported and the impact these changes are having for practitioners and families a number of different issues will be examined. In terms of methodological approach for this part of the evaluation

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a qualitative interview based approach will primarily be adopted in two stages. In the first stage, to enable evaluation of change processes and potential programme impacts from practitioner perspectives a number of semi structured interviews will be carried out with a sample of practitioners from the TFP and associated agencies. These interviews will seek to gather the opinions of both the TFP workers delivering the programme on the ground (Key Workers) as well as the perspectives of practitioners working at a more strategic level (coordinators, partnership agencies etc).

The interviews will seek to gather participant perspectives on the aims of the programme, how these aims may be achieved and any strengths or weaknesses of the programme and its operationalization. This focus will enable evaluation of how this version of multi-agency working is benefitting the families and practitioners themselves and the issues associated with it.

The research will adhere to regulatory ethical guidelines (UWE; ESRC; British Psychological Society; British Society of Criminology); and the research will be participant focused (i.e., participant(s) having the opportunity to take breaks, ask questions and have access to their transcribed data as well as the resulting publications). As the research is asking for the participants' personal perspectives and opinions there is absolutely no deception involved in this study. Hence, the researcher is only gauge your perspectives and not trying to catch you out, confuse you or trying to gain your support unawares. It is only your true perspective that matters, so please be as honest as possible.

All the personal participant information gathered throughout the research (including but not limited to your name, contact details or your transcript/recorded data) will remain strictly confidential. No-one will know who completed the research or which opinions/attitudes are linked to specific participants. The only person that will have access to the material will be the researcher with all the participant records (audio recordings, transcriptions, participant list) being securely stored. In the final written documentation (i.e., research report, journal articles, conference papers, etc) no-one will be mentioned by name and all information will be described in qualitative or quantitative terms.

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All participants have the right to withdraw from the experiment at any stage; they do not have to give any reason for doing so. The researcher will be available before, during and after the study to answer any questions relating to the material covered within. However, in saying this it does not mean that they will be expert enough to answer all potential questions that are raised. In response to this they will be able to provide reading material and/or agency contacts to help the participants deal with any relevant queries.

All the material collected in the experiment will be destroyed in due course; the audio recordings and digitalised copies of the transcriptions will be kept for the period of the research, data analysis and write up in line with BPS and BCS publication recommendations. Unless the participant withdraws from the research, then it will be destroyed immediately (please note: that the participants' involvement in the focus group would be ignored and removed with the remainder of the group discussion remaining intact).

It is important that you fully understand all the ethical issues involved in this piece of research and that you take them into account when deciding to participate in this study.

Name:(please
print)_____

Signed:_____

Date:

Thank you for reading this and consenting to participate in this research.

Josie Solle

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Participant Consent Form (family interviews)

To whom it may concern,

My name is Josie Solle and I am a researcher in Criminology at the University of the West of England, Bristol. I am involved in a project in partnership with the Troubled Families programme which seeks to examine their experiences of the programme.

I would like to carry out interviews with you to that will ask about how you have found the troubled families programme, what you think have been good or bad parts of it, what you would change if anything about the programme, and what if anything you think you have gained from participation in the programme.

The research will adhere to regulatory ethical guidelines (UWE; ESRC; British Psychological Society; British Society of Criminology); and the research will be participant focused (i.e., participant(s) having the opportunity to take breaks, ask questions and have access to their transcribed data as well as the resulting publications). As the research is asking for the participants' personal perspectives and opinions there is absolutely no deception involved in this study. Hence, the researcher is only gauging your perspective and not trying to catch you out, confuse you or trying to gain your support unawares. It is only your true perspective that matters, so please be as honest as possible.

All the personal participant information gathered throughout the research (including but not limited to your name, contact details or your transcript/recorded data) will remain strictly confidential. No-one will know who completed the research or which opinions/attitudes are linked to specific participants. The only person that will have access to the material will be the researcher with all the participant records (audio recordings, transcriptions, participant list) being securely stored. In the final written documentation (i.e., research report) no-one will be mentioned by name and all information will be described in qualitative or quantitative terms.

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All participants have the right to withdraw from the interviews at any stage; you do not have to give any reason for doing so. The researcher will be available before, during and after the study to answer any questions relating to the material covered within. However, in saying this it does not mean that they will be expert enough to answer all potential questions that are raised. In response to this they will be able to provide reading material and/or agency contacts to help the participants deal with any relevant queries.

All the material collected in the research will be destroyed in due course; the audio recordings and digitalised copies of the transcriptions will be kept for the period of the research, data analysis and write up in line with BPS and BCS publication recommendations, unless the participant withdraws from the research, then it will be destroyed immediately.

It is important that you fully understand all the ethical issues involved in this piece of research and that you take them into account when deciding to participate in this study. By signing this document (or verbally agreeing where appropriate) you are giving your consent to participate in this research project.

Name: _____ (please
print)

Signed: _____ Date: _____

Thank you for reading this and consenting to participate in this research.

Josie Solle

Email: Josie.solle@uwe.ac.uk

Appendix 3: Information sheet.

Information Sheet

1. Study title

An evaluation of the Troubled Families Programme in Bristol.

2. Invitation

You are being invited to take part in a small research study. Before you decide whether or not to take part, it is important that you understand what the research is for and what you will be asked to do. Please read the following information and do not hesitate to ask questions about anything that might not be clear to you – our contact details are provided at the end of this letter.

3. What is the purpose of the study

The evaluation will consider how the Troubled Families Programme (TFP) seeks to develop new ways of working with families, how it provides lasting change in terms of reducing costs to the state and improving outcomes for the families in question. The outcomes including both changing the trajectory for families and also changing the way services are delivered to them.

4. Why have I been chosen?

You have been chosen as a potential interview participant because of your experience in dealing with this new process of tiered examination.

5. Do I have to take part?

The research interviews are voluntary and it is up to you whether you take part or not. If you decide not to take part you can change your mind at any time and withdraw from the research without giving a reason.

6. What will happen to me if I take part?

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You will be asked to take part in a semi-structured interview, which will not last longer than one hour at a place and time convenient to you.

7. What do I have to do?

You are asked to respond to the questions asked in the interviews as honestly and as comprehensively as possible.

8. Are there any benefits in taking part?

You may view your contribution to the research and its subsequent dissemination. Your knowledge will assist in the assessment of this new policy and how it may be further amended and/or developed in the future.

9. Will my taking part in this study be kept confidential?

Research data collected via interviews will be held securely and in confidence. Participants have the option of agreeing to being named publicly or remaining anonymous and identifiers will be removed prior to the publication as required under Data Protection Legislation. However, please note that Freedom of Information legislation will allow access to certain non-personal or generalised data related to the research, if requested.

10. What will happen to the results of the study?

The results will help to assess how effective the new process and policy is and also the impact, if any, it has had on sentencing. A report will be produced which will summarise the key themes emerging from the research in general.

11. Who is organising and funding the research?

The research is organised jointly by the University of Ulster and the University of the West of England. The latter are funding the research.

12. Who has reviewed this study?

The objectives, methodology and ethical considerations of this study have been reviewed by an ethics committee within the University of the West of England.

13. Contact details

Josie Solle

Department of Health & Applied Social Sciences

University of the West of England

Frenchy Campus

Coldharbour Lane

Bristol, BS16 1QY

Tel: 07804733141

Email: josie.solle@uwe.ac.uk

Dr. James Hoggett

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University of the West of England

Frenchy Campus

Coldharbour Lane

Bristol, BS16 1QY

Tel: 0117 328 2267

Email: james.hoggett@uwe.ac.uk

Appendix 4: Family semi-structured interview schedule.

Semi-Structured interview schedule (with interviews with Families)

The interviews with families will seek to examine their experiences the troubled families programme. We will be guided by the work of the Key Worker – use their assessments, action plans developed with the family and knowledge of other agencies involved with the families so that interviews are tailored to the individual family.

The questions will need to be flexible but broadly will seek to find out about the issues the families faced (perceptions for reasons for selection onto the programme) and whether these have been addressed. E.g. what help have they had in the past and now with this programme and with a key worker

We also want to ask about their relationship to their community, whether they feel part of it, about their family, who is in their family, how long they have lived where they do. The interview will consider aspirational issues such as what they would like for the future for their family (employment, school, etc).

Finally, the interviews will also seek to examine the relationship between the key worker and the family for example,

- Can you tell me a little bit about your experience of working with your key worker?

- **Prompts;**
 - Has it been different from previous experiences of assistance from other services? If so how and why? If not why not? Better/worse?
 - What, if any, would you say are the good and/or bad things about your key worker?
 - Were there any challenges to working with your key worker?
 - In what ways, if any, do you think the key worker has been of benefit to you and your family?

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- What, if anything, has the key worker helped you and/or your family to do?
- Do you think you could have done these things without the key worker?

- **The future:**
 - Do you think your experience of working with the key worker will have a lasting impact on you and your family?
 - What advice if any would you offer other families who are about to start working with a key worker?

- **Additional issues:**
 - Important to find out what benefits they have from their contact with the service.
 - What other support they have (Services or familial/friends/religious etc.)?
 - What services they have stopped using in recent terms or more to the point what would they have done to resolve the challenges they face?

Appendix 5: Ethics application.



University of the
West of England

University Research Ethics Committee

APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

Guidance Notes

These notes are intended to be read when completing the application form for ethical review of research involving human participants. The University's policy and procedures on research ethics may be found at <http://rbi.uwe.ac.uk/researchethics.asp>. Please address any enquiries which are not covered in these notes to the contact (named below) for the Faculty Research Ethics Committee to which you are submitting your application.

This form may also be completed by researchers outside UWE who plan to conduct research within the University. (Note: Where a researcher has already obtained REC approval from another institution it may not be necessary to submit another application but you will need to send details of the research and evidence of approval to the REC chair before access may be granted to UWE staff and students.)

Research Ethics Committee contacts:

	Name	Email	Telephone
University Research Ethics Committee	Alison Vaughton (Officer)	res.admin@uwe.ac.uk	0117 32 82872

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(UREC)			
<p>Note: UREC reviews applications for ESRC-funded research, research involving surveying on a University-wide basis, and research conducted by staff in the Central Services. All other applications should be directed to the appropriate Faculty committee.</p>			
<p>Faculty Research Ethics Committees</p>			
ACE	Lesley Brock (Officer)	lesley.brock@uwe.ac.uk	0117 32 84222
FBL	Leigh Taylor (Officer)	bbs.researchethics@uwe.ac.uk	0117 32 81170
FET	Tom Brossard (Officer)	tom.brossard@uwe.ac.uk	0117 32 84250
HLS	Leigh Taylor (Officer)	leigh.taylor@uwe.ac.uk	0117 32 81170

External ethics approval

Where the work has already been subjected to ethical scrutiny, for example, by an NHS Research Ethics Committee through the National Research Ethics Service (NRES), you should indicate this on the form.

If your research involves NHS patients (including tissue or organs), or NHS data, you will usually need to get NHS REC approval. The UWE procedures recognise the burden placed on the researcher in applying for NHS REC approval. In order to assist PIs in this as far as possible, you are recommended to apply for NHS REC ethics approval first (using the IRAS form) and submit the letter of approval to your FREC or to UREC (as applicable). Where UWE is the sponsor for the study your FREC Chair will need to see the application before it can be authorised by the sponsor representative. This approach has been designed to retain the right of ultimate 'sign off' by the University without having to go through a separate protracted University process. It is important that PIs conducting research in the NHS

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appreciate that both UWE and NHS Ethics clearance will be needed and are separate. (Achievement of the one does not guarantee success with the other).

If you have already received ethical approval from an external Research Ethics Committee, you should provide evidence of this to UREC/FREC.

Student applications

For student applications, supervisors should ensure that all of the following are satisfied before the study begins:

- The topic merits further research;
- The student has the skills to carry out the research;
- The participant information sheet or leaflet is appropriate;
- The procedures for recruitment of research participants and obtaining informed consent are appropriate.

Declaration

This should be completed once all the following questions have been answered. Where the application is from a student, **a counter-signature from the supervisor is also necessary**. Applications without a supervisor signature will not be processed.

Question 1: Details of the proposed research – aims and objectives of the research

This should provide the reviewer of the application with sufficient detail to allow him/her to understand the nature of the project and its rationale, in terms which are clear to a lay reader. Do not assume that the reader knows you or your area of work. It may be appropriate to provide a copy of your research proposal.

Question 2: Details of the proposed research – Research methodology to be used

You should explain how you plan to undertake your research. A copy of the interview schedule/ questionnaire/observation schedule/focus group topic guide should be attached where applicable.

Question 3: Participant details – Participants from vulnerable groups

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You must indicate if any of the participants in your sample group are in the categories listed. Any Department of Health funded research involving participants who might not have the capacity to consent may need to go through the new Social Care Research Ethics Committee (<http://www.screc.org.uk/>), unless it is already being reviewed through NRES. If your research subjects fall into any of the specified groups, you will need to justify their inclusion in the study, and find out whether you will require a Disclosure and Barring Service (DBS) (formerly Criminal Records Bureau -CRB) check.

Members of staff requiring DBS checks should contact Human Resources hr@uwe.ac.uk. DBS checks for students will usually be organised through the student's faculty, but students in faculties without a DBS countersignatory should contact Leigh Taylor (Leigh.Taylor@uwe.ac.uk).

Please note: Evidence of a DBS check should take the form of an email from the relevant countersignatory confirming the researcher has a valid DBS check for working with children and/or vulnerable adults. It will be the responsibility of the applicant to provide this confirmation.

Question 4: Participant details – Determination of sample size, identification and recruitment of participants

In this section, you should explain the rationale for your sample size and describe how you will identify and approach potential participants and recruit them to your study.

Question 5: Informed consent and withdrawal

Informed consent is an ethical requirement of the research process. Applicants should demonstrate that they are conversant with and have given due consideration to the need for informed consent and that any consent forms prepared for the study ensure that potential research participants are given sufficient information about a study, in a format they understand, to enable them to exercise their right to make an informed decision whether or not to participate in a research study.

Consent must be freely given with sufficient detail to indicate what participating in the study will involve. Withdrawal from future participation in research is always at the

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discretion of the participant. There should be no penalty for withdrawing and the participant is not required to provide any reason.

You should describe how you will obtain informed consent from the participants and, where this is written consent, include copies of participant information sheets and consent forms. Where other forms of consent are obtained (eg verbal, recorded) you should explain the processes you intend to use. See also data access, storage and security below.

Question 6: Confidentiality/anonymity

You should explain what measures you plan to take to ensure that the information provided by research participants is anonymised/pseudonymised (where appropriate) and how it will be kept confidential. In the event that the data are not to be anonymised/pseudonymised, please provide a justification.

Personal data is defined as 'personal information about a living person which is being, or which will be processed as part of a relevant filing system. This personal information includes for example, opinions, photographs and voice recordings' (UWE Data Protection Act 1998, Guidance for Employees).

Question 7: Data access, storage and security

Describe how you will store the data, who will have access to it, and what happens to it at the end of the project. If your research is externally funded, the research sponsors may have specific requirements for retention of records. You should consult the terms and conditions of grant awards for details.

It may be appropriate for the research data to be offered to a data archive. If this is the case, it is important that consent for this is included in the participant consent form.

UWE IT Services provides data protection and encryption facilities - see http://www.uwe.ac.uk/its-staff/corporate/ourpolicies/intranet/encryption_facilities_provided_by_uwe_itservices.shtml

Question 8: Risk and risk management – Risks faced by participants

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Describe ethical issues related to the physical, psychological and emotional wellbeing of the participants, and what you will do to protect their wellbeing. If you do not envisage there being any risks to the participants, please make it clear that you have considered the possibility and justify your approach.

Question 9: Risk and risk management – Potential risks to researchers

Describe any health and safety issues including risks and dangers for both the participants and yourself (if appropriate) and what you will do about them. This might include, for instance, arrangements to ensure that a supervisor or co-researcher has details of your whereabouts and a means of contacting you when you conduct interviews away from your base; or ensuring that a 'chaperone' is available if necessary for one-to-one interviews.

Question 10: Publication and dissemination of research results

Please indicate in which forms and formats the results of the research will be communicated.

Question 11: Other ethical issues

This gives the researcher the opportunity to raise any other ethical issues considered in planning the research or which the researcher feels need raising with the Committee.

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APPLICATION FOR ETHICAL REVIEW

This application form should be completed by members of staff and Phd/ Prof Doc students undertaking research which involves human participants. U/G and M level students are required to complete this application form where their project has been referred for review by a supervisor to a Faculty Research Ethics Committee (FREC) in accordance with the policy at <http://rbi.uwe.ac.uk/researchethics.asp>. For research using human tissues, please see separate policy, procedures and guidance linked from <http://rbi.uwe.ac.uk/researchethics.asp> .

Please note that the research should not commence until written approval has been received from the University Research Ethics Committee (UREC) or Faculty Research Ethics Committee (FREC). You should bear this in mind when setting a start date for the project.

This form should be submitted electronically to the Officer of the Research Ethics Committee (see list above at page 1) together with all supporting documentation (research proposal, participant information sheet, consent form etc).

Please provide all the information requested and justify where appropriate.

For further guidance, please see <http://rbi.uwe.ac.uk/researchethics.asp> (applicants' information) or contact the officer for UREC/your Faculty Research Ethics Committee (details at page 1).

Project Details:

Project title	Evaluation of Bristol City Councils Troubled Families Programme			
Is this project externally funded?	Yes			
If externally funded, please give details of	Bristol City Council			

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project funder			
Proposed project start date	01/12/13	Anticipated project end date	30/09/14

Applicant Details:

Name of researcher (applicant)	James Hoggett (principal investigator)
Faculty and Department	HLS, HASS
Status (Staff/ PG Student/MSc Student/Undergraduate)	Staff
Email address	James.hoggett@uwe.ac.uk
Contact postal address	3L15c Frenchay Campus, Coldharbour Lane BS16 1QY
Contact telephone number	0117 3282267
Name of co-researchers (where applicable)	Josie Solle (research assistant), Yusuf Ahmad, Kieran McCartan, Elizabeth Frost, Richard Kimberlee

(for completion by UWE REC)

Date received:

UWE REC reference number:

For All Applicants:

Has external ethics approval been sought for this		No
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research?		
If yes, please supply details:		

For student applicants only:	
Name of Supervisor / Director of Studies (for PG/MSc and UG student applicants) ¹	
Details of course/degree for which research is being undertaken	

¹For student applications, supervisors should ensure that all of the following are satisfied before the study begins:

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Details of the proposed work:

PLEASE COMPLETE ALL SECTIONS. IF YOU THINK THE QUESTION IS NOT APPROPRIATE, PLEASE STATE WHY.

1. Aims, objectives of and background to the research:

Evaluation of Bristol City Councils Troubled Families Programme. Please see attached research specification.

2. Research methodology to be used (include a copy of the interview schedule/questionnaire/ observation schedule where appropriate):

Mixed methods; Interviews, policy documents, anonymised case notes, and observations.

3. Selection of participants:

Will the participants be from any of the following groups? (*Tick as appropriate*)

Children under 18

Adults who are unable to consent for themselves²

Adults who are unconscious, very severely ill or have a terminal illness

Adults in emergency situations

Adults with mental illness (particularly if detained under Mental Health Legislation)

Prisoners

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- Young Offenders
- Healthy Volunteers (where procedures may be adverse or invasive)
- Those who could be considered to have a particularly dependent relationship with the investigator, e.g. those in care homes, medical students
- Other vulnerable groups
- None of the above

(² Please note, the Mental Capacity Act requires all intrusive research involving adults who are unable to consent for themselves to be scrutinised by an NHS Local Research Ethics Committee – Please consult the Chair of your Faculty Research Ethics Committee, or Alison Vaughton (RBI) for advice)

If any of the above applies, please justify their inclusion in this research:

Part of the evaluation will involve speaking to (interviewing) families who are part of the BCC troubled families programme. These families will be identified and chosen with input from troubled family key workers. The interviews will seek to establish the family's experience of the programme in terms of both the processes involved in their participation as well as perceptions about its relative strengths and/or weaknesses (impact). The Family's will have both adult and children participating in the programme and the research will seek to engage all family members if and where possible

Note: If you are proposing to undertake research which involves contact with children or vulnerable adults, you may need to hold a valid DBS (Disclosure and Barring Service, formerly Criminal Records Bureau – CRB) check.

Where appropriate, please provide evidence of the check with your application.

Josie Solle the Research Assistant who will be conducting the interviews is currently having an advanced DBS check conducted. Josie will not interview anyone until the

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results of the DBS are confirmed.

4. Please explain how you will determine your sample size/recruitment strategy, and identify, approach and recruit your participants. Please explain arrangements made for participants who may not adequately understand verbal explanations or written information in English.

The participants will be obtained through a purposive sampling framework from a list of current families who are part of the initiative and are based within the same area as the sample of Key workers interviewed. The approximate number of families interviewed will be determined by access and opportunity but should be approximately half the number of key workers interviewed (10 families would be an approximate figure). For relevant data to be captured it is important that families have time to experience the TFP before being interviewed. We need to capture a sense of time travelled so these interviews can give us a sense of outcomes gained from the programme. Timing is very crucial with interviews required to be conducted a couple of months before the final report is due to capture maximum value. Therefore this part of the research evaluation will start later than that which is gathering practitioner perspectives (see time frames on research specification).

5a. What are your arrangements for obtaining informed consent whether written, verbal or other? (where applicable, copies of participant information sheets and consent forms should be provided)

A written consent form (attached for Key Workers and Families) will be provided to all participants in advance by the TFP. This form can be verbally read to participants if/where required. Consent will at all-time be auditable. The process and materials used will be accessible and appropriate to the level of understanding of each member of the family interviewed.

Moreover consent will also be assessed in a continuous fashion without pressure, for example observing signs of distress, including the opportunity to ask questions,

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decline and withdraw throughout the project.

b. What arrangements are in place for participants to withdraw from the study?

Participants will be informed before and after the study that they can withdraw at any time. This means that they can stop the interviews at any point and all information will be deleted.

6. If the research generates personal data, please describe the arrangements for maintaining anonymity and confidentiality or the reasons for not doing so.

The Interview data together with all other data collected throughout the project will be anonymised and confidentiality will be guaranteed verbally to all participants prior to commencement of interviews. Further no family member child or young person will be identified by information in writing or image, unless there is a reasonable cause to suspect that the child is experiencing or is likely to experience harm, in which case the researcher will refer to and follow the Safeguarding process promptly.

7. Please describe how you will store data collected in the course of your research and maintain data protection.

Physical security, network security and security of computer systems and files will be considered to ensure security of data and prevent unauthorized access, changes to data, disclosure or destruction of data. In relation to the security of physical data all data will be stored on university computers within the RA's locked office which means that access to the room and computer is controlled. Furthermore, the computer is password protected and therefore stored data will not be able to be accessed even if entry to the office is obtained. To back up the data it will be duplicated onto the University of the West of England's Private H-drive which has an

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enhanced security system of firewalls and anti-virus software. Access to this network is password protected and only the RA will be able to view, and use the data stored here. Any hard copy data, such as policy documents will be kept in a lockable filing cabinet within the PI's office, the key to which only the PI has. Before qualitative data is moved onto the RA's computer it will be kept on a password protected laptop and on a digital recorder. The responsibility for transporting this equipment and data will be undertaken by the RA with support from the PI. If for any reason the computers containing the data need to be repaired then UWE technological support will be used where possible and if external assistance is required then the data will be copied onto a laptop which will then be locked within the filing cabinet in the PI's office.

8. What risks (eg physical, psychological, social, legal or economic), if any, do the participants face in taking part in this research and how will you overcome these risks?

During the course of interviews with families there may arise issues of disclosure. In terms of ethics and issues arising from the interviews we will make sure that we make participants aware of organizations that can help with any support required around any issues that may occur. Additionally we will cite the Care Forum's directory of wellbeing contacts (Bristol based independent charity);

<http://www.thecareforum.org/pagewell-aware.html>

If the interviews lead to the discovery of anything illegal, we will explicitly make clear before the commencement of the interview that we are obliged to report anything that is illegal or effects the life of minors.

The interviewer will also use their judgement (as with the case for consent) to make continuous evaluations about the impact that the interview may be having on participants throughout and be empowered to also call a halt to the interview should they deem its continuation to be causing risk (physical, psychological etc) to participants.

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9 Are there any potential risks to researchers and any other people impacted by this study as a consequence of undertaking this proposal that are greater than those encountered in normal day to day life?

The Research assistant has relevant previous work experience in family intervention work. The RA will also work closely with key workers from the programme and research steering team to discuss any issues that may be encountered during the course of the research.

10 How will the results of the research be reported and disseminated?

(Select all that apply)

Peer reviewed journal

Conference presentation

Internal report

Dissertation/Thesis

Other publication

Written feedback to research participants

Presentation to participants or relevant community groups

Other (Please specify below)

The results of the research will be provided in a written report to the Head of Bristol

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City Councils Troubled Families Programme (Gary Davies) the research funder.

11 Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of the Faculty and/or University Research Ethics Committee?

Checklist

Please complete before submitting the form.

	Yes/No
Is a copy of the research proposal attached?	Yes
Have you explained how you will select the participants?	Yes
Have you described the ethical issues related to the well-being of participants?	Yes
Have you considered health and safety issues for the participants and researchers?	Yes
Have you included details of data protection including data storage?	Yes
Have you described fully how you will maintain confidentiality?	Yes
Is a participant consent form attached?	Yes
Is a participant information sheet attached?	Yes
Is a copy of your questionnaire/topic guide attached?	No
Where applicable, is evidence of a current DBS (formerly CRB) check attached?	NO this is currently being

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	obtained
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Declaration

The information contained in this application, including any accompanying information, is to the best of my knowledge, complete and correct. I have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations and the right of the participants.

Principal Investigator name	James Hoggett
Signature	J.Hoggett
Date	11/10/13
Supervisor or module leader name (where appropriate)	
Signature	
Date	

The signed form should be emailed to the Officer of the Research Ethics Committee (details at page 1) and email copied to the Supervisor/Director of Studies where applicable.

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Appendix 6: SROIA.

Activity/Outcome		Data Collection/Source	Financial Impact/Proxy	Value (£)	Attribution
Key outcomes					
Increase in employment	X 1 parent x 1 young person x 1 parent + 2 parents	Case notes E, A1, S Family Monitoring Data for North	Assume savings made is equivalent to the amount a family can earn on benefits in a year £500/ couple and single parent and £350/single per week for one year. https://www.gov.uk/benefit-cap Accessed 19 th August 2014	£122,200	0% gains are immediate
Access into voluntary placement	X 1	Case notes A1	£6.31, the national minimum wage in 2013. Two hours a week. https://www.gov.uk/government/news/national-minimum-wage-to-rise-from-1-october-2013 Accessed 22nd November 2013	£656.24	0% gains are immediate
Improved	Case	Case	19 children with improved attendance. Assume 18% workload saving.	£3,960	15%

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school attendance	notes x 3 x 1 x 3 x 3 x 4 x 2 x 1 x 1 x 1	notes A,C, E, F, G, T, B1, J, P, M	<p>Saved time of Education Welfare Officer. The average caseload for a EWO is 108.</p> <p>Average starting salary of EWO is £22,000</p> <p>https://nationalcareersservice.direct.gov.uk/advice/planning/jobprofiles/Pages/educationwelfareofficer.aspx</p> <p>Accessed 19th August 2014</p>		Assume some EWO input. £594
ASBOs Reduced	Case notes x 1 x 1 x 1 x 1 x 1 x 1	Case notes A, E, F, A1, J,S Number of police callouts to household – past 6 months	<p>6 fewer ASBOs</p> <p>The estimated average costs of issuing an ASBO in 2005 was £4,800, including the staffing costs of preparing the case and attending meetings.</p> <p>http://webarchive.nationalarchives.gov.uk/20100405140447/http://asb.homeoffice.gov.uk/uploadedFiles/Members_site/Documents_and_images/Enforcement_tools_and_powers/ASBOS_CostReportMar05_0046.pdf</p> <p>Accessed 19th August 2014</p> <p>According Home Office report over two-thirds of Police Forces felt that ASBOs result ‘in savings elsewhere’ and that they would underestimate the cost to other agencies (Home Office, 2005, <i>The Cost of Anti-social Behaviour Orders</i>). Assume additional cost saving of £500.</p>	31,800	0% gains are immediate
Fewer children permanen	X 1	Family Monitoring Data	<p>1 child no longer permanently excluded</p> <p>The cost of one year in a Pupil Referral Unit less the cost of education in a secondary school for one pupil based on 2005 prices.</p>	£14,000	15% Assume some

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tly excluded		for North	£18,000-£4,000 Centre for Social Justice Report (2011) <i>No excuses: a review of educational exclusion</i> http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Educational_Exclusion.pdf Accessed 19 th August 2014		EWO input. £2,100
Fewer children temporarily excluded	X 3	Family Monitoring Data for North	3 children no longer temporarily excluded Children can only be removed for up to 45 school days in 1 school year. English children attend 195 days a year. Total exclusion days at 130 for 3 pupils. Roughly 2/3rds annual running costs for 1 pupil in a PRU less secondary school costs. https://www.gov.uk/school-discipline-exclusions/exclusions Accessed 19 th August 2014	£9,333	15% Assume some EWO input. £1,399
Number of adults with a proven offence – past 6 months	X 2	Family Monitoring Data for North	2 adults have not reoffended NAO figure include the direct costs of crime as well as re-imprisonment are approximately £42,000 a year. http://www.standard.co.uk/news/uk/cost-to-uk-economy-of-criminals-reoffending-is-same-as-putting-on-olympics-every-year-9192484.html Accessed 19 th August 2014.	£84,000	0% gains are immediate
Number of	X 2	Family	2 less young offenders	£16,000	0% gains

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children or young people (10 – 17) with a proven offence – past 6 months		Monitoring Data for North	<p>Each young offender costs £8,000, per year, to the criminal justice system. This includes the costs of police, courts, offender management teams, and custody. It excludes the cost of unrecorded crime. It also excludes the societal costs such as the costs of the physical and emotional impact on victims or the costs businesses and individuals incur in anticipation of crime.</p> <p>The Ministry of Justice (2011) <i>The cost of a cohort of young offenders to the criminal justice system (Technical Paper)</i></p> <p>http://www.nao.org.uk/wp-content/uploads/2010/12/1011663_technical_paper.pdf</p> <p>Accessed 19th August 2014</p>		are immediate
Rent arrears being paid	x 1 x 1 x 1 x 1	Case notes E, F, B1, S	<p>4 families have paid outstanding rent arrears.</p> <p>Rent arrears for council tenants has reached £725,000. The average amount has reached £128/household in arrears</p> <p>https://www.landlordinformationnetwork.co.uk/rent_arrears_documents.php</p> <p>Accessed 20th August 2014</p>	£512	0% gains are immediate
NEET back in education	X1	Case notes A	<p>1 NEET back in education.</p> <p>Value of a government grant given to an employer, training provider or social enterprise for taking on a NEET</p>	£2,200	15% Assume some

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			https://www.gov.uk/government/news/radical-scheme-to-rescue-neets Accessed 20 th August 2014		EWO input. £330
Child Protection issues addressed	X 1	Case notes A	NICE (2008) Costing statement: When to suspect child maltreatment; stress that <i>early identification may lead to significant downstream savings</i> . The weekly cost of looking after a child in care following maltreatment is estimated at £696. Assume a 13 week short term placement saved. https://www.nice.org.uk/guidance/cg89/resources/cg89-when-to-suspect-child-maltreatment-costing-statement2 Accessed 20 th August 2014	£9,048	0% gains are immediate
Other outcomes					
DIY by family member	Case notes x 1	Case notes A	! DIY job following training and certification. According to Money.com the average cost of a DIY job in the UK. http://www.yourmoney.com/your-money/news/2358082/botched-diy-jobs-cost-homeowners-a-fortune Accessed 19th August 2014	£4,000	0% gains are immediate
Debt advise provided	X 1 x 1 x 1 x 1 x 1	Case notes A, D, E, F, T, B1	5 households receiving debt advice On average CAB clients seeking debt advice owed £16,971 in 2008, two thirds higher than in 2001. CAB (2009) <i>A life in debt: the profile of CAB debt clients in 2008</i> Assume 2 hours of advice per household	£300	0% gains are immediate

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			<p>10 x £15 The cost of providing 1 hour of debt advice to 21 beneficiaries. Hourly rate charged by Bristol Debt Advice Centre. http://www.bdac.org.uk/services/debtadvice Accessed 5th September 2013.</p>		
Television licence purchased	X 1	Case notes A	<p>1 household legally entitled to entertainment services Cost of a TV licence http://www.tvlicensing.co.uk/check-if-you-need-one/topics/tv-licence-types-and-costs-top2 Accessed 20th August 2014</p>	£145	0% gains are immediate
Benefit advice received	X 1	Case notes C	<p>6 x 1 hour sessions delivered + 10 follow up contacts and action. Assume 5 day's work of the value of a Welfare Rights Officer (WRO). Neighbouring centre employs 1 x WRO. £21000 x 5/260 Based on the starting salary of a Welfare Rights Officer according to the National Careers Service website https://nationalcareersservice.direct.gov.uk/advice/planning/jobprofiles/Pages/welfareofficer.aspx Accessed 21st February 2014</p>	403.84	0% gains are immediate
Rent arrears being paid	x 1 x 1 x 1 x 1	Case notes E, F, B1, S	<p>4 families have paid outstanding rent arrears. Rent arrears for council tenants in Bristol has reached £725,000. The average amount has reached £128/household in arrears</p>	£512	0% gains are immediate

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			https://www.landlordinformationnetwork.co.uk/rent_arrears_documents.php <p>Accessed 20th August 2014</p>		
Debt being repaid	X 1 x 1	Case notes E, F, T	<p>2 households repay debt. Assume 50% of average.</p> <p>On average CAB debt clients owed £16,971 in 2008, two thirds higher than in 2001.</p> <p>CAB (2009) <i>A life in debt:the profile of CAB debt clients in 2008</i></p>	£16,971	0% gains are immediate
Parent skills learnt	X 1 x 2 x 3	Case notes B, B1, M	<p>6 people join parenting class and learn parenting skills.</p> <p>Cost of a six week parenting skills course provided by local private provider. £30/adult.</p> <p>https://www.woodlandschurch.net/event/parenting-course-5-to-11-year-olds</p> <p>Accessed 20th August 2014</p>	£180	0% gains are immediate
Victim support	X 1	Case notes D	<p>Cost of victim support</p> <p>Factor six hours of support of a Young Person's Domestic Violence Support Worker</p> <p>http://www.jobstoday.co.uk/job/298803/young-person-s-domestic-violence-support-worker</p> <p>Accessed 20th August 2014</p>	£55.08	0% gains are immediate

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Child goes on holiday	X 1	Case notes E	Cost of one holiday camp for one child aged 6-14 at an activity week Summer camp http://www.ultimateactivity.co.uk/locations/winchester/ Accessed 20 th August 2014	£164	0% gains are immediate
AIG	X 1	Case notes T	1 adult received advice, information and guidance Assume 1 hour's work at minimum wage level. https://www.gov.uk/government/news/national-minimum-wage-to-rise-from-1-october-2013 Accessed 22nd November 2013	£6.13	0% gains are immediate
Number of family members identified as no longer suffering from Domestic Violence	X 4	Family Monitoring Data for North	4 family members no longer victims of domestic violence. The average cost of giving support to each victim-survivor by an independent advocacy domestic violence scheme was estimated to be £501. Coy, M. and Kelly, L (2011) <i>Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes</i> Child and Woman Abuse Studies Unit, London Metropolitan University.	£2001	0% gains are immediate
Contact with	X 3	Case notes G	3 people feeling safer in the community. It is found that satisfaction increases for people who live in a safe area,	£650	15% Assume

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PCSO to enhance community safety against racism			<p>where they do not perceive vandalism and crime to be a problem, equivalent to about £650 per annum per person. Value calculated by the Housing Associations' Charitable Trust.</p> <p>Cawood, E. and Fujiwara, D (2013) <i>The social impact of housing providers: A summary report</i></p>		<p>others would need to sustain. £97.50</p>
Health Outcomes					
Children attend dentist	X 2	Case notes B	<p>2 children registered with local dentist</p> <p>The cost of complex dental interventions on average are £219</p> <p>http://www.nhs.uk/Conditions/Dental-decay/Pages/Treatment.aspx</p> <p>Assessed 20th August 2014</p>	£438	0% gains are immediate
Child received immunisations	X 1	Case notes B	<p>1 x child immunised</p> <p>Immunising children is one of public health's "best buys" according to health economists.</p> <p>http://www.gavialliance.org/About/Value/Cost-effective/</p> <p>Add in the cost of treating measles in the UK estimated @ £184.48 @2002 prices</p> <p>http://www.biomedcentral.com/1471-2458/2/22</p> <p>Accessed 20th August 2014.</p> <p>Include inflation calculation</p> <p>http://www.thisismoney.co.uk/money/bills/article-1633409/Historic-</p>	£266.35	0% gains are immediate

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			inflation-calculator-value-money-changed-1900.html Accessed 20 th August 2014.		
Child and families happier because of involvement with FAST	X 2	Case notes B	2 individuals demonstrably happier. Evidence of impact of the Families and Schools Together intervention Middlesex University research reported by Save the Children. http://www.savethechildren.org.uk/about-us/where-we-work/united-kingdom/fast Accessed 18th August 2014. Use £80/per beneficiary for 2 beneficiaries; the cost of a workplace intervention provided by a private company to promote well-being McDaid D., Zechmeister I., Kilian R., Medeiros E., Knapp M., Kennelly B. and the MHEEN Group (2008:2) <i>Making the Economic Case for the promotion of mental well-being and the prevention of mental health problems</i> , London: London School of Economics and Political Science.	£160	0% gains are immediate
Attendance a baby massage class	X 1	Case notes D	Cost of a baby massage class in Bristol http://www.iaimbabymassage.co.uk/annebadger#162 Accessed 20 th August 2014	£40	0% gains are immediate
Glasses provided and worn	X 2	Case notes G	2 children have improved vision Youngsters whose visual perception problems were corrected were six times less likely to return to court (See Boston	£16,000	0% gains are immediate

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by children			<p>Consulting Group and Essilor, 2013, <i>The Social and Economic Impact of Poor Vision</i>)</p> <p>Each young offender costs £8,000, per year, to the criminal justice system. This includes the costs of police, courts, offender management teams, and custody. It excludes the cost of unrecorded crime. It also excludes the societal costs such as the costs of the physical and emotional impact on victims or the costs businesses and individuals incur in anticipation of crime.</p> <p>The Ministry of Justice (2011) <i>The cost of a cohort of young offenders to the criminal justice system (Technical Paper)</i></p> <p>http://www.nao.org.uk/wp-content/uploads/2010/12/1011663_technical_paper.pdf</p> <p>Accessed 19th August 2014</p>		
CAMHS input for child	X 1 x 1 x 1	Case notes H, T, A1,	<p>3 children had mental health issues addressed.</p> <p>Mental Health Foundation (2005) report one pilot study, of children aged 4-8 referred with conduct disorder, found that the mean extra cost was £15,282 a year (range £5,411-£40,896). Of this, 31% was borne by families, 31% by education services, 16% by the NHS, 15% by state benefit agencies, 6% by social services, and less than 1% by the voluntary sector.</p> <p>See C Mental Health Foundation (2005) childhood and Adolescent Mental</p>	£45,84 6	15% Assume others would need to sustain. £6,876.90

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			Health: understanding the lifetime impacts.		
Autism diagnosed with referral to Autism Spectrum Disorder Outreach Team	X 1	Case notes H	<p>1 child early diagnosis of autism</p> <p>NICE costing report suggest that an improvement in the recognition of possible autism in in primary care settings leading to earlier appropriate referral could reduce repeat appointments with general practitioners, leading to fewer primary care appointments. Expert opinion suggested that some adults with possible autism may return for GP appointments numerous times without autism being investigated as a potential cause of symptoms. Each GP appointment avoided in this way could save the NHS £53 (Curtis 2011).</p> <p>Nice (2012) <i>Autism: recognition, referral, diagnosis and management of adults on the autism spectrum (Costing Report)</i></p> <p>Assume 1 year of average appointments saved i.e. 3.</p> <p>http://www.gmc-uk.org/3_04_Children_and_young_people_May_2014.pdf_56885387.pdf</p> <p>Accessed 19th August 2014</p>	£159	0% gains are immediate
Alcohol addiction referral	X 1	Case notes H	<p>Support around alcohol addiction</p> <p>6 x£35 for 1 hour of addiction counselling on a 12 week programme</p> <p>http://www.therapychippenham.com/addiction-counselling/</p> <p>Accessed 14th November 2013</p>	£210	0% gains are immediate
Isolation	X 5	Case	5 family members report reduced social isolation	£185.7	0% gains

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reduced		notes T	Essentially a befriending service for 6 sessions of 1 hour charged at the minimum wage rate. 6 x 5 x £6.19. £4,394. https://www.gov.uk/government/news/national-minimum-wage-to-rise-from-1-october-2013 Accessed 22nd November 2013	0	are immediate
Damp and compensation issues resolved.	X 1	Case notes J	1 Family home improved The total compensatory value calculated by the Housing Associations' Charitable Trust for damp and compensatory problems in one year. Cawood, E. and Fujiwara, D (2013) <i>The social impact of housing providers A summary report</i>	£1,713	0% gains are immediate
Occupational Health modified home	X 1	Case notes C	1 home adjusted to support disabilities Fall prevention averted saving hospitalisation. The estimated cost for a hip fracture patient is £1,687. Curry, N. (2006) <i>Preventive Social Care: Is it cost effective?</i> Kings Fund	£1,687	0% gains are immediate
TOTAL VALUE			£ 385,002.34	£11,397	For attribution

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Appendix 7: Sensitivity SROIA.

Activity/Outcome		Data Collection/Source	Financial Impact/Proxy	Value (£)	Attribution
Key outcomes					
Increase in employment	X 2 parent x 2 young person x 2 parent + 4 parents	Case notes E, A1, S Family Monitoring Data for North	Assume savings made is equivalent to the amount a family can earn on benefits in a year £500/ couple and single parent and £350/single per week for one year. https://www.gov.uk/benefit-cap Accessed 19 th August 2014	£244,200	0% gains are immediate
Access into voluntary placement	X 2	Case notes A1	£6.31, the national minimum wage in 2013. Two hours a week. https://www.gov.uk/government/news/national-minimum-wage-to-rise-from-1-october-2013 Accessed 22nd November 2013	£1312.48	0% gains are immediate
Improved	Case	Case	38 children with improved attendance. Assume 18% workload saving.	£7,92	15%

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school attendance	notes x 3 x 1 x 3 x 3 x 4 x 2 x 1 x 1 x 1	notes A,C, E, F, G, T, B1, J, P, M	<p>Saved time of Education Welfare Officer. The average caseload for a EWO is 108.</p> <p>Average starting salary of EWO is £22,000</p> <p>https://nationalcareersservice.direct.gov.uk/advice/planning/jobprofiles/Pages/educationwelfareofficer.aspx</p> <p>Accessed 19th August 2014</p>	0	Assume some EWO input. £1188
ASBOs Reduced	Case notes x 1 x 1 x 1 x 1 x 1 x 1	Case notes A, E, F, A1, J,S Number of police callouts to household – past 6 months	<p>12 fewer ASBOs</p> <p>The estimated average costs of issuing an ASBO in 2005 was £4,800, including the staffing costs of preparing the case and attending meetings.</p> <p>http://webarchive.nationalarchives.gov.uk/20100405140447/http://asb.homeoffice.gov.uk/uploadedFiles/Members_site/Documents_and_images/Enforcement_tools_and_powers/ASBOS_CostReportMar05_0046.pdf</p> <p>Accessed 19th August 2014</p> <p>According Home Office report over two-thirds of Police Forces felt that ASBOs result ‘in savings elsewhere’ and that they would underestimate the cost to other agencies (Home Office, 2005, <i>The Cost of Anti-social Behaviour Orders</i>). Assume additional cost saving of £500.</p>	63,600	0% gains are immediate
Fewer children permanen	X 1	Family Monitoring Data	<p>2 child no longer permanently excluded</p> <p>The cost of one year in a Pupil Referral Unit less the cost of education in a secondary school for one pupil based on 2005 prices.</p>	£28,000	15% Assume some EWO

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tly excluded		for North	£18,000-£4,000 Centre for Social Justice Report (2011) <i>No excuses: a review of educational exclusion</i> http://www.centreforsocialjustice.org.uk/UserStorage/pdf/Pdf%20reports/CSJ_Educational_Exclusion.pdf Accessed 19 th August 2014		input. £2,200
Fewer children temporarily excluded	X 6	Family Monitoring Data for North	6 children no longer temporarily excluded Children can only be removed for up to 45 school days in 1 school year. English children attend 195 days a year. Total exclusion days at 130 for 3 pupils. Roughly 2/3rds annual running costs for 1 pupil in a PRU less secondary school costs. https://www.gov.uk/school-discipline-exclusions/exclusions Accessed 19 th August 2014	£18,666	15% Assume some EWO input. £2,798
Number of adults with a proven offence – past 6 months	X 4	Family Monitoring Data for North	4 adults have not reoffended NAO figure include the direct costs of crime as well as re-imprisonment are approximately £42,000 a year. http://www.standard.co.uk/news/uk/cost-to-uk-economy-of-criminals-reoffending-is-same-as-putting-on-olympics-every-year-9192484.html Accessed 19 th August 2014.	£168,000	0% gains are immediate
Number of	X 4	Family	4 less young offenders	£32,0	0% gains

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children or young people (10 – 17) with a proven offence – past 6 months		Monitoring Data for North	<p>Each young offender costs £8,000, per year, to the criminal justice system. This includes the costs of police, courts, offender management teams, and custody. It excludes the cost of unrecorded crime. It also excludes the societal costs such as the costs of the physical and emotional impact on victims or the costs businesses and individuals incur in anticipation of crime.</p> <p>The Ministry of Justice (2011) <i>The cost of a cohort of young offenders to the criminal justice system (Technical Paper)</i></p> <p>http://www.nao.org.uk/wp-content/uploads/2010/12/1011663_technical_paper.pdf</p> <p>Accessed 19th August 2014</p>	00	are immediate
Rent arrears being paid	X8	Case notes E, F, B1, S	<p>8 families have paid outstanding rent arrears.</p> <p>Rent arrears for council tenants has reached £725,000. The average amount has reached £128/household in arrears</p> <p>https://www.landlordinformationnetwork.co.uk/rent_arrears_documents.php</p> <p>Accessed 20th August 2014</p>	£1024	0% gains are immediate
NEET back in education	X2	Case notes A	<p>2 NEET back in education.</p> <p>Value of a government grant given to an employer, training provider or social enterprise for taking on a NEET</p>	£4,400	15% Assume some EWO

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			https://www.gov.uk/government/news/radical-scheme-to-rescue-neets Accessed 20 th August 2014		input. £660
Child Protection issues addressed	X 2	Case notes A	NICE (2008) Costing statement: When to suspect child maltreatment; stress that <i>early identification may lead to significant downstream savings</i> . The weekly cost of looking after a child in care following maltreatment is estimated at £696. Assume a 13 week short term placement saved. https://www.nice.org.uk/guidance/cg89/resources/cg89-when-to-suspect-child-maltreatment-costing-statement2 Accessed 20 th August 2014	£18,096	0% gains are immediate
Other outcomes					
DIY by family member	X2	Case notes A	! DIY job following training and certification. According to Money.com the average cost of a DIY job in the UK. http://www.yourmoney.com/your-money/news/2358082/botched-diy-jobs-cost-homeowners-a-fortune Accessed 19th August 2014	£8,000	0% gains are immediate
Debt advise provided	10	Case notes A, D, E, F, T, B1	10 households receiving debt advice On average CAB clients seeking debt advice owed £16,971 in 2008, two thirds higher than in 2001. CAB (2009) <i>A life in debt:the profile of CAB debt clients in 2008</i> Assume 2 hours of advice per household 10 x £15 The cost of providing 1 hour of debt advice to 21 beneficiaries.	£600	0% gains are immediate

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			Hourly rate charged by Bristol Debt Advice Centre. http://www.bdac.org.uk/services/debtadvice Accessed 5th September 2013.		
Television licence purchased	2	Case notes A	2 household legally entitled to entertainment services Cost of a TV licence http://www.tvlicensing.co.uk/check-if-you-need-one/topics/tv-licence-types-and-costs-top2 Accessed 20 th August 2014	£290	0% gains are immediate
Benefit advice received	2	Case notes C	12 x 1 hour sessions delivered + 10 follow up contacts and action. Assume 5 day's work of the value of a Welfare Rights Officer (WRO). Neighbouring centre employs 1 x WRO. £21000 x 5/260 Based on the starting salary of a Welfare Rights Officer according to the National Careers Service website https://nationalcareersservice.direct.gov.uk/advice/planning/jobprofiles/Pages/welfareofficer.aspx Accessed 21st February 2014	£807. 68	0% gains are immediate
Rent arrears being paid	8	Case notes E, F, B1, S	8 families have paid outstanding rent arrears. Rent arrears for council tenants in Bristol has reached £725,000. The average amount has reached £128/household in arrears https://www.landlordinformationnetwork.co.uk/rent_arrears_documents.ph	£1,024	0% gains are immediate

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			<p>p Accessed 20th August 2014</p>		
Debt being repaid	4	Case notes E, F, T	<p>4 households repay debt. Assume 50% of average. On average CAB debt clients owed £16,971 in 2008, two thirds higher than in 2001. <i>CAB (2009) A life in debt:the profile of CAB debt clients in 2008</i></p>	£33,942	0% gains are immediate
Parent skills learnt	12	Case notes B, B1, M	<p>12 people join parenting class and learn parenting skills. Cost of a six week parenting skills course provided by local private provider. £30/adult. https://www.woodlandchurch.net/event/parenting-course-5-to-11-year-olds Accessed 20th August 2014</p>	£360	0% gains are immediate
Victim support	2	Case notes D	<p>Cost of victim support Factor six hours of support of a Young Person's Domestic Violence Support Worker http://www.jobstoday.co.uk/job/298803/young-person-s-domestic-violence-support-worker Accessed 20th August 2014</p>	£110.16	0% gains are immediate
Child goes	1	Case	Cost of one holiday camp for one child aged 6-14 at an activity week	£328	0% gains

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on holiday		notes E	Summer camp http://www.ultimateactivity.co.uk/locations/winchester/ Accessed 20 th August 2014		are immediate
AIG	2	Case notes T	2 adult received advice, information and guidance Assume 1 hour's work at minimum wage level. https://www.gov.uk/government/news/national-minimum-wage-to-rise-from-1-october-2013 Accessed 22nd November 2013	£12.2 6	0% gains are immediate
Number of family members identified as no longer suffering from Domestic Violence	8	Family Monitoring Data for North	8 family members no longer victims of domestic violence. The average cost of giving support to each victim-survivor by an independent advocacy domestic violence scheme was estimated to be £501. Coy, M. and Kelly, L (2011) <i>Islands in the stream: An evaluation of four London independent domestic violence advocacy schemes</i> Child and Woman Abuse Studies Unit, London Metropolitan University.	£400 1	0% gains are immediate
Contact with PCSO to		Case notes G	6 people feeling safer in the community. It is found that satisfaction increases for people who live in a safe area, where they do not perceive	£130 0	15% Assume others

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enhance community safety against racism			vandalism and crime to be a problem, equivalent to about £650 per annum per person. Value calculated by the Housing Associations' Charitable Trust. Cawood, E. and Fujiwara, D (2013) <i>The social impact of housing providers: A summary report</i>		would need to sustain. £195
Health Outcomes					
Children attend dentist	4	Case notes B	4 children registered with local dentist The cost of complex dental interventions on average are £219 http://www.nhs.uk/Conditions/Dental-decay/Pages/Treatment.aspx Assessed 20 th August 2014	£876	0% gains are immediate
Child received immunisations	2	Case notes B	2 x child immunised Immunising children is one of public health's "best buys" according to health economists. http://www.gavialliance.org/About/Value/Cost-effective/ Add in the cost of treating measles in the UK estimated @ £184.48 @2002 prices http://www.biomedcentral.com/1471-2458/2/22 Accessed 20 th August 2014. Include inflation calculation http://www.thisismoney.co.uk/money/bills/article-1633409/Historic-inflation-calculator-value-money-changed-1900.html	£532.70	0% gains are immediate

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			Accessed 20 th August 2014.		
Child and families happier because of involvement with FAST	4	Case notes B	<p>4 individuals demonstrably happier.</p> <p>Evidence of impact of the Families and Schools Together intervention Middlesex University research reported by Save the Children.</p> <p>http://www.savethechildren.org.uk/about-us/where-we-work/united-kingdom/fast</p> <p>Accessed 18th August 2014.</p> <p>Use £80/per beneficiary for 2 beneficiaries; the cost of a workplace intervention provided by a private company to promote well-being McDaid D., Zechmeister I., Kilian R., Medeiros E., Knapp M., Kennelly B. and the MHEEN Group (2008:2) <i>Making the Economic Case for the promotion of mental well-being and the prevention of mental health problems</i>, London: London School of Economics and Political Science.</p>	£320	0% gains are immediate
Attendance a baby massage class	2	Case notes D	<p>Cost of a baby massage class in Bristol</p> <p>http://www.iaimbabymassage.co.uk/annebadger#162</p> <p>Accessed 20th August 2014</p>	£80	0% gains are immediate
Glasses provided and worn by	4	Case notes G	<p>4 children have improved vision</p> <p>Youngsters whose visual perception problems were corrected were six times less likely to return to court (See Boston Consulting Group and Essilor, 2013, <i>The Social and Economic Impact of</i></p>	£32,000	0% gains are immediate

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children			<p><i>Poor Vision)</i></p> <p>Each young offender costs £8,000, per year, to the criminal justice system. This includes the costs of police, courts, offender management teams, and custody. It excludes the cost of unrecorded crime. It also excludes the societal costs such as the costs of the physical and emotional impact on victims or the costs businesses and individuals incur in anticipation of crime.</p> <p>The Ministry of Justice (2011) <i>The cost of a cohort of young offenders to the criminal justice system (Technical Paper)</i></p> <p>http://www.nao.org.uk/wp-content/uploads/2010/12/1011663_technical_paper.pdf</p> <p>Accessed 19th August 2014</p>		
CAMHS input for child	6	Case notes H, T, A1,	<p>6 children had mental health issues addressed.</p> <p>Mental Health Foundation (2005) report one pilot study, of children aged 4-8 referred with conduct disorder, found that the mean extra cost was £15,282 a year (range £5,411-£40,896). Of this, 31% was borne by families, 31% by education services, 16% by the NHS, 15% by state benefit agencies, 6% by social services, and less than 1% by the voluntary sector.</p> <p>See C Mental Health Foundation (2005) childhood and Adolescent Mental Health: understanding the lifetime impacts.</p>	£91,692	15% Assume others would need to sustain. £13,753.80

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Autism diagnosed with referral to Autism Spectrum Disorder Outreach Team	2	Case notes H	<p>1 child early diagnosis of autism</p> <p>NICE costing report suggest that an improvement in the recognition of possible autism in in primary care settings leading to earlier appropriate referral could reduce repeat appointments with general practitioners, leading to fewer primary care appointments. Expert opinion suggested that some adults with possible autism may return for GP appointments numerous times without autism being investigated as a potential cause of symptoms. Each GP appointment avoided in this way could save the NHS £53 (Curtis 2011).</p> <p>Nice (2012) <i>Autism: recognition, referral, diagnosis and management of adults on the autism spectrum (Costing Report)</i></p> <p>Assume 1 year of average appointments saved i.e. 3.</p> <p>http://www.gmc-uk.org/3_04_Children_and_young_people_May_2014.pdf_56885387.pdf</p> <p>Accessed 19th August 2014</p>	£318	0% gains are immediate
Alcohol addiction referral	2	Case notes H	<p>Support around alcohol addiction</p> <p>6 x£35 for 1 hour of addiction counselling on a 12 week programme</p> <p>http://www.therapychippenham.com/addiction-counselling/</p> <p>Accessed 14th November 2013</p>	£420	0% gains are immediate
Isolation reduced	10	Case notes T	<p>10 family members report reduced social isolation</p> <p>Essentially a befriending service for 6 sessions of 1 hour charged at the</p>	£371.40	0% gains are

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			<p>minimum wage rate. 6 x 5 x £6.19. £4,394.</p> <p>https://www.gov.uk/government/news/national-minimum-wage-to-rise-from-1-october-2013</p> <p>Accessed 22nd November 2013</p>		immediate
Damp and compensation issues resolved.	2	Case notes J	<p>1 Family home improved</p> <p>The total compensatory value calculated by the Housing Associations' Charitable Trust for damp and compensatory problems in one year.</p> <p>Cawood, E. and Fujiwara, D (2013) <i>The social impact of housing providers A summary report</i></p>	£342 6	0% gains are immediate
Occupational Health modified home	X 1	Case notes C	<p>1 home adjusted to support disabilities</p> <p>Fall prevention averted saving hospitalisation. The estimated cost for a hip fracture patient is £1,687.</p> <p>Curry, N. (2006) <i>Preventive Social Care: Is it cost effective?</i> Kings Fund</p>	£3,374	0% gains are immediate
TOTAL VALUE				£ 770,004.68	£22,794. For attribution

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