



Department for  
Communities and  
Local Government

# National Evaluation of the Troubled Families Programme

Families' experiences and outcomes

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Department for Communities and Local Government



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# Executive summary

In January 2013, Ecorys was commissioned by Department for Communities and Local Government (DCLG) to lead a consortium to provide an independent evaluation of the Troubled Families programme<sup>1</sup>. A mixed methods design was used for the evaluation, incorporating process, impact and economic strands of work.

This executive summary presents key findings from qualitative research conducted over 12 to 18 months with 22 families who were supported by the programme. The aim was to understand families' views and experiences of their intervention; how it compared to previous service use, and their views on the early outcomes that were achieved.

The findings reflect families' views of the programme, supplemented with short key worker interviews. A full account of the research with local authority Troubled Families Teams and their partner organisations is presented in a separate report (White and Day, 2016).

## **Families' circumstances, pre-intervention**

Families often described having complex needs that extended back over a period of many years, and sometimes crossed generations. These problem issues varied according to each family's circumstances, but commonly included a combination of physical or mental ill health, drug and alcohol misuse, and educational and behavioural problems affecting children. Their situation was often compounded by living in poor quality conditions, and managing on a low income.

A few, but by no means all, of the families also reported issues relating to crime and anti-social behaviour, and there were examples of both current and historical domestic abuse. Those families within the sample who were considered to be more intensive cases by the key worker had usually experienced a social care intervention at some point. One case was closed due to the issuing of a Child Protection order and another was closed due to a family member entering custody while the research was ongoing.

Most families had a long history of multiple service use, but generally found this confusing, and struggled to recall the details. Families were quite often wary of professional help, because they had been let down in the past, or had been passed between different agencies. These experiences had affected their willingness to engage in the programme, and their initial expectations of how it might help.

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<sup>1</sup> The evaluation consortium partners include Clarissa White Research; Bryson Purdon Social Research; the National Institute for Economic and Social Research; Ipsos MORI, and the Thomas Coram Research Unit at the UCL Institute of Education.

## **Awareness and initial engagement**

Families' routes into the programme varied considerably. They often first became aware via other agencies, such as schools, social care or housing teams, who sometimes also made a referral. Several families had been 'stepped down' from a previous social care intervention, whilst a few had first learned of the programme when they received a letter notifying them of their eligibility.

There were mixed views about initial engagement. Families generally responded more positively where the programme was explained to them by a trusted professional with whom they were already in contact. They responded less positively to being contacted 'from cold', and some were concerned about feeling stigmatised. The families who were stepped down from a social care intervention each saw the programme as an opportunity to take back more control over their lives.

Families recalled having wanted help with a specific issue at the point when they first engaged, or were concerned about one family member in particular. This was often the case where the intervention centred on an individual child with learning or emotional difficulties that had previously gone undiagnosed. Even so, most families had a wide range of needs affecting multiple family members, and welcomed the fact that the key worker approached their needs holistically.

Successful relationship-building often centred around whether or not families felt key workers had taken the time to listen to them and developed a good understanding of their needs, which they demonstrated by spending time with the family, agreeing shared actions and delivering tangible outcomes; particularly in the early stages of support. In practice this involved key workers talking to family members – both adults and children individually and together at the family home or a neutral venue.

Key workers sometimes encountered greater difficulties in engaging adolescents within the family. This was particularly the case where young men over 16 years of age had distanced themselves from the intervention. This was made harder by the fact that some of the young people had an existing worker, such as a youth worker, and the key worker needed to navigate these established relationships.

In more successful examples, the key worker had secured engagement of older adolescents by arranging separate meetings away from the family home, and providing tailored advice and support in relation to education and employment.

## **Assessment and identifying needs**

Families gave differing accounts of the assessment and review process. Some recalled that the key worker used a specific tool of some kind, such as the Family Star, whereas others described a more informal series of meetings. Families generally found it useful to revisit goals and review progress, regardless of whether this was done using a more formal approach.

One of the advantages of using assessment tools was to validate progress, or to show where the family had fallen back. Several families particularly valued the 'whole family' approach, where their different needs were brought together, including children and young people's direct participation. Having goals defined with a plan was sometimes also helpful

to identify where different agencies were responsible for putting support in place, and in holding them to account.

### **Experiences of service delivery**

Families valued a number of core qualities of the Troubled Families key worker. These qualities included:

- consistency and stability, through having a single point of contact;
- being honest and open about what was/was not possible to achieve;
- taking active steps to get to know the family and to gain their trust;
- persistence and tenacity, particularly around those resistant to change;
- responsiveness – effectively doing what they said they would, and being there for families when it mattered the most; and
- positive reinforcement – valuing families’ strengths, and recognising their ability to coping in the face of adversity, as well as focusing on their problems.

In the main, families were satisfied with the frequency and mode of communication with their key worker. The frequency was thought to depend on the issues faced by the family at a given point in time, and families reported periods of greater or lesser contact depending on the stage in their intervention.

Contact time often also stepped-up during periods when the worker was establishing a routine with the family.

Short telephone calls and texting also featured quite prominently within families’ accounts of their intervention. Having the key worker at the end of the phone was an integral part of the role, and enabled families to gain reassurance quickly if it was needed. Telephone calls and texting also helped workers to give factual information.

### **Key features of family intervention**

Families typically described their intervention as including direct one-to-one support from the key worker, and advocacy with respect to accessing other services. There was always a strong outreach dimension, with the key worker engaging directly with the family in their home environment and around their daily routines.

Most families compared the Troubled Families key worker favourably to previous lead workers that were assigned prior to the intervention. The Troubled Families key worker role was characterised by the intensity of the support provided; the ability to work with both adults and children within the family – both individually and collectively, and the more ‘informal’ style of engagement.

Families consistently valued the following key features of family intervention:

- an emphasis on practical and emotional support;
- advocacy work – helping families to access specialist services, and attending multiagency meetings or hearings alongside the family;
- working with other agencies; and

- use of discretionary budgets – funds held directly by the key worker, or allocated by a panel for small purchases during the course of the intervention.

In the main, families were aware that the intervention was time-limited, and the key worker had discussed exit arrangements from an early stage. Most families were satisfied that the key worker had developed a supportive relationship without creating over-dependence. In a few instances, the family was more anxious about the prospect of the support coming to an end, and this balance was harder to achieve.

### **Families' experiences of change**

By the time they were approaching the exit point of their intervention, almost all of the families reported some degree of improvement in their circumstances, and specifically in relation to the problem issues identified at the start of the intervention.

The outcomes reported by families can be broadly grouped under six main headings, as follows:

- improved coping skills and resilience;
- widened access to entitlements and specialist support;
- improved financial circumstances;
- improved parenting confidence;
- improved social confidence; and
- crisis avoidance

For some families, the improvement at exit stage was significant, and they reported quite substantial changes in family routines, behaviour of children and young people within the family, or in school attendance, and feeling more in control of the family's financial situation. Other families reported similar improvements as a result of their intervention, but expressed some anxieties about maintaining them in the future.



## **Important messages for practice**

The report identified a number of important messages for practice, based on the experiences of families who took part in the qualitative research. These can be summarised as follows:

1. the need to ensure that initial engagement avoids the stigma of singling-out families as being 'troubled', and is based on an understanding of **current** issues within the family rather than relying solely on case files and data;
2. the importance of establishing where there might be existing positive professional roles within families' lives, and ensuring that the intervention takes account of any work that might already be in progress;
3. the importance of seeking regular feedback from multiple family members, to gain an understanding of levels of engagement, beyond the primary carer;
4. the importance of streamlining administrative processes and maintaining an informal style of engagement, whilst maintaining sight of objectives agreed with family members;
5. the importance of recognising the key worker qualities that are most valued by families, which include consistency; honesty and establishing trust; responsiveness; and positive reinforcement of families' strengths and achievements;
6. the value of telephone, texting and other forms of electronic communication as a mechanism of keeping in touch with families between face-to-face visits, and checking information/status updates pertaining to the intervention;
7. the importance of reviewing the range of skills, competences, and tools which are available to key workers to ensure that they are equipped to support families with a diverse range of support needs; from practical advice and techniques relating to parenting, to basic budgeting and money advice;
8. the significance of the role of the key worker in providing advocacy to families in the context of decision-making processes involving other agencies, such as school exclusion panels, assessment panels, and applications for psychological assessment or Special Educational Needs (SEN) statementing, and the importance of families' abilities to acquire the skills to negotiate with other professionals in preparation for exiting their intervention; and
9. the need to ensure that interventions are tailored to take account the ages of the children within the family and to specifically consider mechanisms for engaging older adolescents and meeting their support needs within a family intervention model.

# 1 Introduction

In January 2013, Ecorys was commissioned by DCLG to lead a consortium<sup>2</sup> to provide an independent evaluation of the Troubled Families programme. The evaluation included process, economic and impact strands of work.

This report presents the findings from qualitative research conducted over a period of 12 to 18 months with 22 families who were supported by the Troubled Families programme. It is based on in-depth qualitative interviews with 30 adults and 32 children, exploring their views and experiences of receiving an intervention through the programme and early self-reported outcomes at the point of exiting the intervention or shortly afterwards. It does not include findings from the quantitative strands of the evaluation.

## 1.1 Programme overview

In April 2012, the Troubled Families Unit at DCLG launched the £448 million Troubled Families programme, with the aim of ‘turning around’ the lives of 120,000 families with multiple and complex needs in England. At the core was the desire to achieve an overall shift in public expenditure from reactive service provision, based around responding to accumulated acute needs, towards earlier intervention via targeted interventions, where problems can be addressed before they escalate. In seeking to achieve these results the Troubled Families programme included the following elements:

- a suite of locally designed family intervention programmes;
- a network of local Troubled Families Coordinators, tasked with ensuring a joined-up approach for identifying and engaging eligible families; and
- a Payment by Results (PbR) financial model.

As set out within the Troubled Families financial framework (DCLG, 2013), ‘troubled families’ can be defined as households who meet the following criteria:

1. are involved in crime and anti-social behaviour;
2. have children not in school;
3. have an adult on out-of-work benefits<sup>3</sup>; and
4. cause high costs to the public purse.

To qualify for inclusion within the Troubled Families programme, local authorities were required to evidence that families meet all three of the core criteria (1-3), or two of these criteria plus the fourth ‘high cost’ criterion. DCLG afforded local authorities the discretion to identify their own local criteria to apply as a proxy for ‘high cost’ families (4). The financial framework includes a detailed set of metrics to quantify these judgements.

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<sup>2</sup> The evaluation consortium partners include Clarissa White Research; Bryson Purdon Social Research; the National Institute for Economic and Social Research; Ipsos MORI, and the Thomas Coram Research Unit at the UCL Institute of Education.

<sup>3</sup> This includes: Income Support and/or Jobseeker’s Allowance, Employment and Support Allowance, Incapacity Benefit, Carer’s Allowance and Severe Disability Allowance.

This report covers evidence from families who were supported as part of the phase one Troubled Families programme. The ‘early starters’ for the expanded programme had commenced their activities at the stage when the final wave of fieldwork took place in autumn 2014/spring 2016. The process evaluation captured stakeholders’ views on the transition to the new programme (White and Day, 2016).

## 1.2 Evaluation aims and methodology

The aims of the evaluation were to:

- understand how the Troubled Families programme has made a difference to the lives of families, both in terms of outcomes and experience of services;
- learn how the Troubled Families programme has changed local delivery approaches; and
- measure success in terms of monetary savings.

In responding to the brief, the evaluation included 3 main work streams.

### **A process evaluation**

This involved a programme of qualitative research with 20 case study local Troubled Families programmes, tracked over three years. They were purposively selected to understand how a cross section of Troubled Families programmes were designed and delivered and the impact these were perceived to have on services and systems change at a local level; and telephone depth interviews with a wider sample of 50 local authorities to understand the variation in the local Troubled Families models operating outside of the case study areas. It also included qualitative research with 22 families, who were interviewed towards the start and end of their intervention, over a 12 to 18 month period.

### **An impact evaluation**

To quantify the impacts of the Troubled Families programme for families – and individuals within those families – across a range of outcome measures that the programme aspired to improve. A quasi-experimental research design used outcome data from national administrative datasets and a large-scale face-to-face survey of families, to compare families going through the programme with a matched comparison group.

### **An economic evaluation**

The evaluation team worked with DCLG to develop a Troubled Families programme cost savings calculator, and provided guidance for local authorities to conduct their own economic analysis at a local level.

## 1.3 Qualitative research with families

The purpose of the qualitative interviews was to gain a detailed understanding of families’ views and experiences of the intervention that they received through the Troubled Families programme; how it compared to previous support they had received, and their early views

on the outcomes that were achieved. This strand of the evaluation was concerned with **depth** of information, and served a different purpose to the data captured on family experiences on a larger scale through the survey.

### 1.3.1 Sampling and research design

The evaluation team set out to recruit a purposive sample of at least 20 families, and to conduct interviews with multiple family members in each case, including a primary carer and at least one other family member. The composition of the interviews per family was guided by the age and abilities of the participants, and their full consent and availability to participate in the research. The interviews were phased to take place at two points in time:

- **Baseline** – within 3 months of starting their intervention
- **Follow-up** – at the point when the family was approaching exit, or had recently exited their intervention. In practice, this entailed that the interviews were conducted on a rolling basis, with the follow-up interview taking place at an interval of between six and 18 months according to the length of the intervention.

For practical and logistical reasons, the family interviews were clustered within ten local authorities<sup>4</sup>, all of which were involved in the wider programme of case study research for the process evaluation and had indicated their willingness and availability to be involved in this strand of the evaluation (see White and Day, 2016).

A sampling grid was developed to ensure a cross-section of families supported at different levels of intensity; using different delivery models; and taking into account diverse family circumstances (Table 1.1).

**Table 1.1. Sampling criteria**

Criterion	Description
a) Number and ages of children (resident)	Number
b) Service intensity	Intensive or less intensive
c) Key worker	Family intervention worker, or lead worker; existing duties
d) Main agency involvement	e.g. Youth Offending Team, Probation, or Child and Adolescent Mental Health Services (CAMHS), etc.
e) Pen portrait	Approx. 200 words – very brief overview of family circumstances, and main reasons for inclusion in the TF programme

To implement the framework, local authorities were asked to identify a sample of families whom it would be suitable to approach to obtain their consent for participation in the

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<sup>4</sup> Bristol, North East Lincolnshire, Suffolk, Oxfordshire, Staffordshire, Oldham, Gateshead, Somerset, Merton and Wolverhampton.

qualitative research, based on the stage in their intervention and an assessment of the level of risk presented by taking part in a research interview given ‘live’ issues within the family. Local authorities were asked to over-sample families, enabling the evaluation team to purposively select families to ensure a suitable cross-section based on the criteria above (intensity, delivery models, and circumstances).

Having made a selection, families were approached by the key worker to obtain their consent to participate in the research. Participation was incentivised by way of shopping vouchers. Families were issued with information for the parent/carer and young person, and prior written parental consent was obtained for young people under the age of 16.

In total, **22 families** and **62 individuals** were interviewed across the two waves of the research, comprising of 79 interviews in total<sup>5</sup>. This final sample was achieved as follows:

- of the 20 families who were originally gave their consent to participate, three disengaged prior to the interviews taking place, and two were excluded from the sample following multiple broken appointments with the researcher;
- the remaining 15 families went on to participate in the baseline interviews;
- of this group, eight families went on to participate at the exit stage, whilst seven more disengaged following their baseline visit. The reasons for disengagement included where families withdrew their consent; where the key worker lost contact, and where the key worker reported a change in circumstances affecting families’ ability to participate. The latter included one case that was referred to children’s social care; and another where a family member entered custody in the period following the initial baseline research visit; and
- to achieve interview quotas, a further seven families were recruited to participate in a single follow-up wave only.

Table 1.2 provides a summary of the final achieved interviews. Further information on the composition of the sample is provided in Annex One.

**Table 1.2 Summary of the achieved interview sample**

Respondents	Baseline only	Baseline plus exit	Exit only (snapshot)	Grand total
Number of families	7	8	7	<b>22</b>
Number of individuals	25	17	20	<b>62</b>

### 1.3.2 Data collection and analysis

The researchers conducting the family interviews held a short telephone interview with the key worker for the consenting families, in advance of the research visit. These short interviews were used to obtain key factual information regarding the families’ intervention history; the stage reached in the intervention at the point when the interview took place,

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<sup>5</sup> This figure reflects that 17 individuals were interviewed twice (at the baseline and follow-up stages)

and to check logistical and fieldwork arrangements. Families' prior consent was obtained for these telephone calls, given the subject matter to be discussed.

The baseline family interviews were conducted under conditions of informed consent and confidentiality, either at families' homes, or at a venue of the families' choice. Families were informed of the purpose of the research, whom it was for, and how the information would be used. The researchers ensured that families were aware of the voluntary nature of their participation, and that their views would be reported upon anonymously. They were also informed of the researchers' duty to report any potential safeguarding concern.

All of these interviews were conducted face-to-face, and lasted between 45 to 90 minutes for adults and 25 to 40 minutes for children and young people. The composition of each visit varied according to the number of consenting respondents per family, but an interview was conducted with a primary carer and at least one other family member in each case. A small number of these interviews were completed by telephone, where respondents were unavailable on the day. The follow-up stage included a mix of face-to-face and telephone interviews with family members from the baseline stage, and with the additional families who were recruited to replace those that disengaged following the baseline stage.

The research was conducted using semi-structured topic guides, based around the core themes of interest for the evaluation. Separate versions were designed and piloted for adults and young people (aged 11+), prior to implementing the main stage fieldwork. The following core topics were explored through the interviews:

- background information about the families' needs and circumstances;
- the context for their involvement in the programme;
- family members' views and experiences about the initial process of being assigned a key worker;
- family members' views and experiences of their intervention, and how this compared to previous support received;
- the on-going relationship with their key worker, review meetings, assessment, contract and support plan, and involvement of different family members throughout;
- continuity and change over time, as the family progresses from entry to exit;
- perceived outcomes from the service – achieved and aspired towards; and
- key factors for maintaining positive change, post-exit from the programme.

The interview topics were differentiated according to the stage at which the interviews took place. The baseline interviews focused on historical arrangements and explored the steps involved in becoming aware of the Programme and initial engagement and support, whilst the follow-up interviews were weighted towards families' experiences of ongoing support; their perceptions of the outcomes achieved, and their aspirations post-exiting. The first three interviews were treated as a pilot, with a subsequent review and adjustment of the research tools. Any missing information was back-filled at the follow-up stage.

The interviews were digitally recorded, with respondents' consent, and written notes were taken by the interviewer as back-up. All participating families consented to being recorded. Families were made aware at the start of the interview of their right to stop the recording, close the interview at any stage, or to withdraw from the research if they wished to do so.

A number of stages were involved in the analysis of the qualitative interview data. Following the completion of quality checks, manual content analysis was undertaken by the senior members of the evaluation team, using a structured Excel chart based around the core headings from the topic guide. The written notes were then supplemented with the interview transcript data to provide additional depth of information, to facilitate cross-checking where there were data gaps, help ensure the factual accuracy of the charted interview data, and to source verbatim quotes. Responses were compared across time periods, between families, and on the basis of respondent type (i.e. adults and children), followed by a triangulation of the evidence at the final reporting stage.

### **1.3.3 Data limitations and caveats**

The family qualitative interviews provide a snapshot of the views and experiences of a sample of families who were supported through the phase one Troubled Families programme. This strand of work aims to complement the other strands of the evaluation, including the larger scale qualitative data collection undertaken with managers and practitioners, which is reported upon separately (see White and Day, 2016).

There are a number of important caveats to the evidence presented within this report. The family qualitative strand is based upon a small sample of interviews from just ten local authorities. As such, the findings are intended as illustrative only, and cannot be generalised to an entire population (i.e. programme) level. Furthermore, there are a number of inherent limitations to the sampling and data collection:

- the recruitment process was conducted via local Troubled Families Teams. Although teams were required to over-sample to ensure some control over the sampling process by the evaluators, there is some risk of potential bias within the final sample resulting from this approach;
- it was not possible to re-interview all of the families at the follow-up stage. Although the addition of snapshot interviews boosted the overall sample size, this resulted in incomplete sets of 'paired' stage 1 and 2 interviews. It was necessary to cover the baseline interview topics retrospectively for families who only participated in the follow-up stage. This is likely to have affected families' ability to recall past events;
- the research tools were designed to reflect the age and abilities of participants, the extent of their ongoing contact with the key worker, and their decision-making responsibilities within the intervention. As such, a greater volume and breadth of qualitative interview evidence was collected through interviews with adult family members than with children;
- the evaluation team identified a cut-off of 11 years as the minimum age to participate in the interviews, within the scope of the fieldwork. The report does not therefore include the perspectives of younger children; and
- the report does not include an account of non-participants in the programme, whom it was not feasible to interview. This means that we can only examine the factors affecting participation from the perspective of those families who accepted support.

Finally, it is important to note that the findings presented within the report are based on families' perspectives. As with all qualitative research, this evidence is subject to potential difficulties arising from lack of recall or misunderstanding, and should not therefore be understood to represent a fully objective factual account of programme implementation.

With these caveats in mind, we go on to present the detailed findings from the family qualitative interviews in the remainder of this report.



## 1.4 Report structure

The remaining chapters are structured as follows:

- Chapter 2 provides a profile of the families within the study; examining their needs and circumstances prior to starting the intervention, and their past experiences of service use. It goes on to examine the issues that resulted in families being identified as eligible for the programme, their recall of the initial contact with their key worker, and the ensuing assessment and planning processes.
- Chapter 3 reviews families' experiences of service delivery. It starts by examining the qualities of the key worker, and how these compared with relationships with professionals before starting on the programme. It goes on to consider families' views on the intensity and duration of their intervention, and the key features of their intervention, including experiences of 'whole family' working.
- Chapter 4 examines families' progress during their intervention, and the types of outcomes that they self-reported by the stage at which they were preparing to exit or had recently done so. It also reviews the evidence for the effectiveness of the programme in addressing the original issue(s) at engagement stage, and families' views on their ability to sustain progress, post-intervention.
- Chapter 5 draws together and concludes upon the evidence considered for the qualitative study. It starts by reflecting upon the key findings with regard to engagement, service delivery and outcomes, and what these tell us both about the nature of the target group and the effectiveness of the programme in addressing their needs. The report concludes by outlining a number of practice considerations.

## 2 Engagement in the programme

This chapter examines the chronology through which families first came to engage with the programme. It starts by examining families' circumstances prior to their involvement, including the historical issues they faced, and their experiences of the support they received from other services in the past. The chapter goes on to explain how families became aware of the programme, their initial expectations, and how the key worker secured their initial engagement. Finally, it goes on to review families' perspectives on how their needs were assessed, and the approaches that were used to review progress.

### 2.1 Families' circumstances pre-intervention

Families often recalled having complex needs that extended back over a period of many years, and sometimes crossed several generations of the same family. The problems varied according to each family's circumstances, but commonly included a combination of physical or mental ill health, drug and alcohol misuse, and educational and behavioural problems affecting their children. Their situation was often compounded by living in poor quality conditions, and a low income.

#### **Case study examples: The complexity of families' needs, pre-intervention**

In one example, the mother described how her first husband was violent towards her and her children when they were very young. She went on to meet a new partner and to have another child, but this relationship had since broken down. For many years growing up the daughters were attending and achieving at school, but this changed when they became teenagers after the eldest daughter (now 19 and living away from home) became pregnant. They were bullied because she was pregnant and later permanently excluded, and as a result one sibling stopped going to school and began self-harming. The older sister became pregnant again to a different man who was violent like their father.

In a further example, the family's circumstances pre-intervention were heavily influenced by their culture. As a large family, they were experiencing a multitude of problems as individuals and relationships were under strain following an extra-marital affair, a secret marriage, episodes of anti-social and offending behaviour and a number of ongoing health issues in the context of a very traditional cultural background. This required a sensitive approach by the key worker, to gain the family's trust and to maintain confidentiality.

The families differed in terms of whether they were primarily seeking support with an issue that had gone unaddressed for some time, or whether they had encountered a specific crisis point. In a few cases, families' support needs had reduced somewhat and they were referred to Troubled Families programme as part of a step-down arrangement<sup>6</sup>.

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<sup>6</sup> A step-down arrangement denotes where a child is assessed by a social worker as no longer requiring a Child Protection Plan or a Care Order (Section 31), or where a child is returning home after a period of being looked after (Section 20). The child would still require a Child in Need (CIN) plan, but it was possible for a Troubled Families key

Families typically recalled having wanted help with one issue in particular at the point when they engaged with the programme, or they were concerned about the circumstances of one family member in particular. Alongside this, however, families often reported having experienced many individual problems, which were having a negative impact upon all members of the family. Poor quality or overcrowded housing was one example of this. Repeatedly, the main reasons for referral to the programme were children's poor attendance and behaviour at school. There were often underlying problems associated with special educational needs (at times undiagnosed), poor mental and physical health, domestic violence, crime and disorder and unemployment, among other influences.

While school-related difficulties provided a principal reason for referral to the programme, the context and circumstances differed on a case-by-case basis. For example:

- in one family, the referral was for the eldest son's disruptive behaviour. His autism had gone undiagnosed for some time and had only recently been recognised after the family was referred to the programme. In addition, the mother was trying to manage rent arrears;
- poor attendance at school was also the main reason for another family's referral. The grandmother who was responsible for her grandsons after their mother (her daughter) committed suicide, was being threatened with sanctions (e.g. legal action such as a fine or criminal conviction) if his attendance did not improve from its lowest point at 80%. The eldest son aged 20 had been NEET since leaving school and struggled with Attention Deficit and Hyperactivity Disorder (ADHD) and learning difficulties;
- another family was experiencing similar problems as their eldest son had been diagnosed with ADHD and Asperger's and struggled to attend and behave well at school and hence was the focus of support; and
- similarly a further family was referred to the programme because the youngest son in Year 8 was misbehaving at school and had a reduced timetable. At the point of interview he had recently received an SEN statement and the family was hopeful the situation would improve.

Families were often experiencing a variety of individual problems when they were referred to the programme, which made day-to-day life difficult to manage. In one case, the family had multiple long-term problems as they awaited adaptations to be made to their rented home to meet the needs of the middle son who has cerebral palsy and epilepsy. At the time when the first research visit took place, they were waiting to be re-housed as the plans for adaptations to their current house had been refused. Concurrently, the elder son had stopped attending school and later college because he was on the autistic spectrum, struggled to cope with leaving the house (although not officially diagnosed as agoraphobic) and his support needs had not been fully met. Although the middle son really enjoyed school, the mother found it challenging to juggle routines while caring for her youngest son who had recently started part-time nursery aged two.

Where families were referred to the programme as part of a step-down arrangement, this was often perceived both as a change and an opportunity. In one example, a very large

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worker to commence an intervention with the family at this stage, if this was consistent with the requirements of the Children In Need plan. In some instances, the social worker would continue to support the family through a 'co-working' arrangement with the Troubled Families key worker (see White and Day, 2016).

family lived together in overcrowded social housing. The family previously had a support worker who provided intensive support with a range of issues. The father had longstanding health difficulties due to a heart condition and the mother had been unable to work due to caring for her children. One of their sons was about to become a father aged 15 and the baby's mother was aged 13. There were also some problems with school attendance but the key worker reported that the younger children's behaviour in school was fine in contrast to the elder boys who had been excluded.

In another case, the family's long history of social services involvement was de-escalated resulting in a referral to the programme. The father was recently released following a long prison sentence and was recovering from drug and alcohol dependency issues. He was granted custody of the couple's five children following safeguarding concerns and the mother abandoning the family in the middle of the night. The father was therefore required to make huge lifestyle changes and needed support to improve the children's school attendance and behaviour which were ongoing challenges.

In another case, the family had been supported by social services for most of the time since the mid 2000s, but having become 'relatively settled' they were referred to the programme which gave them a chance to engage with services outside of social services, albeit in the shadow of previous negative experiences, which did bring particular challenges on starting the programme.

Notwithstanding this range of different 'problem' issues, families held a wide range of views towards the quality of their relationships and their overall family functioning. Whilst some reflected that conflict between individuals had held them back, and had contributed to their problems, others described their family as a close and supportive unit, which had got them through difficult times in the past without any external support.

### **2.1.1 Past service experiences**

Families frequently had a long history of contact with services at the stage when they first came into contact with the programme. As one family commented, they had 'always needed' support from children's services. By exception, the mother of one family said they had not received any help prior to their involvement with the programme following her son's involvement in a violent incident at school.

More often than not families' recollections of their past service experience were quite poor. Their criticisms were often associated with a lack of common purpose and agreed action by different services; inadequate communication; and confusing, untimely and unsatisfactory exit strategies. All of these factors were evident in one family's account of their past service experience, which was characterised by fragmented and inconsistent support. Crucially, the different services which the family were in contact with were not perceived to have talked to each other. The mother in the family expressed frustration at having to repeat the family's story as a consequence:

*"Every time I went to see someone new... [it was] nobody I knew. I was constantly having to reiterate what I said to the person before. There just didn't seem any communication between the school and CAMHS, CAMHS and outreach and outreach and [alternative provision]"*.

Mother

When the eldest son attended mainstream school, the family received some help from an Education Support Worker (thought to be from the Parent Partnership), but this proved to be of limited help. Moreover, there was no support for their son's autism when he moved to alternative provision:

*“Very frustrating because it was all guidelines, ‘this is what you need to do with your child...’. There was no individuality; it’s this is text book this is what you’ve got to put in place to get him to school. Until they came and tried to get him themselves they didn’t realise how difficult it was”.*

Mother

At the same time, support from CAMHS was not as helpful as it might have been because practitioners failed to persist when the eldest son refused to engage with the service, although they did prescribe medication and provided counselling. At college, he was offered the support of a mentor, but the mother said they did not seem to be able to help and he refused to attend the meetings. A Careers Advisor had more success in encouraging the eldest son to leave the house for meetings. However, he did not understand the advice and guidance he received and said that communication was poor. This resulted in a perception that his needs were not understood.

Feeling misunderstood was fairly common among families' recollections of past service experience, and this was an apparent factor in families' ongoing lack of confidence in the resulting intervention that had been set in place. The failure of services to identify the reasons why children exhibited challenging behaviours for example lay behind some families' previous negative experiences. One family described how they had asked their youngest son's primary school for help, which was not forthcoming. These problems continued to escalate, and by the time he had started secondary school there were issues with persistent disruptive behaviour and a number of fixed term exclusions:

*“Basically they just told me he was being naughty, he was just acting up, but it was only through persisting and saying, ‘I’m not going mad. There is something amiss with him. He’s not right’ that the school got a psychologist in and he’s actually confirmed the things I was seeing and saying. He’s not medically ill, but they’re saying that his understanding is not of a 12 year old. He’s quite far back academically in school...”*

Mother

Finally, in Year 8 he received a SEN statement after the Troubled Families key worker became involved. This was a turning point for the family, whom until that point felt very frustrated in their contacts with schools and did not know what help was available to them. In another case, the mother was critical of the support and advice that she had received from schools, citing frequent disagreements about what support her son needed. She felt that she had struggled at times to get across her concerns that he was not coping.

Where services came and went, the families had to tell their stories repeatedly and often felt let down and not listened to as one mother emphasised.

*“I spend half my time trying to please all these agencies that I often forget what’s important. Agencies say jump and I say how high, so I concentrate on what they*

*want from me and not what I want for myself and my family. I'm always playing catch up, I've always had someone involved at some point in my life and I suppose I don't know any different but it's always like I'm looking over my shoulder. It's like a continuous circle of being in a pinball machine".*

Mother

*"Yes it's overwhelming and agencies just don't talk to each other, so you end up telling your story time and time again, it does my head in, why can't they just read my file and look at what's happened in the past instead of coming to my house and making presumptions on what my life is like".*

Mother

As the examples throughout this section have shown – poor communication between agencies and with families was frequently mentioned as a reason why families' previous experiences of services were not helpful. In cases where there were single parent families or families who lacked a wider support network, poor communication left families feeling isolated. For instance, a mother complained that staff and services at her daughter's school did not offer support when her daughter enrolled and subsequently dropped out of the school following episodes of bullying. She recalled how they would have welcomed more proactive communications and support during the transition between schools.

In examples where there was a lack of common purpose and agreed action between different services, families were typically despondent about the quality of services they had received. One family had poor relationships with several of their children's schools because they could not cater for the middle son's needs, which were at the time undiagnosed. He was exhibiting disruptive behaviour and had struggled to learn in both mainstream school and in alternative provision. At the point of interview, the middle son was on roll with an Alternative Education Provider, but the mother perceived that they were not managing his disruptive behaviour effectively. In her view they had outsourced his education without fully briefing other providers, which ultimately led to him being repeatedly dismissed. This was further complicated by cross-borough issues around financing support when the family moved to a new house that was located in a different borough to the son's school.

*"It's like every time they're sort of tricking people in to taking him".*

Mother

In a similar manner, a grandmother caring for her grandson reported receiving little coordination from the hospital or the school when she tried to get speech therapy for him. She found issues with school and hospital completing the relevant paperwork. The grandmother also felt that he needed to see a psychiatrist, but had received conflicting advice on this issue. The lack of coordination and leadership in addressing the grandson's needs was apparent.

*"I was told that the school should be picking up if he's dyslexic, or why his behaviour's like it is, but the school said, 'No, it's not up to us to do'. 'Well, where do I go for it then? Who do I go to see?' I go to my doctor's, I get turned away, 'Nothing's wrong with him'. There's definitely something wrong with my child".*

Grandmother

Other reasons for families' negative views of past experiences included a perception that the interventions they received were too short in duration and ended suddenly, without adequate transition planning. Families commonly reported experiencing difficulties with coping without support following the rapid withdrawal of professionals, with a lack of attention to transition planning. Families who were frequently disappointed by service provision in the past tended to struggle to engage with new services as a result of these negative experiences. A father who had recently been given custody of his five children on being released from prison had previously had multiple contacts with different services. As a consequence he said he found it difficult to deal with professionals and authority and often felt suspicious and angry towards services, which made it hard to accept help.

There were also examples of families who struggled to cope with being in contact with multiple services. In one case, the mother recalled having had contact with numerous social workers, as well as contact with different staff at the Jobcentre, and had found this to be an unsettling experience. She commented that these different professionals too often assumed that the mother was aware of the available support, which she did not think was the case at the time.

Similarly, a grandmother looking after her two grandsons described how "...*hundreds of people*" had visited the family in the past, mainly in response to her eldest grandson's difficulties with ADHD and learning difficulties. The numbers of professionals involved proved frustrating especially as it took some time to obtain the ADHD diagnosis. However, a mentor and SEN support for him in class had been "*brilliant*", and enabled him to engage with learning and manage his feelings.

Even in cases where families had found aspects of previous support helpful, there were 'unfinished' examples that appeared to cast a shadow over the more successful aspects of interventions they received. For one family that had experienced domestic violence, one of the daughters had some general support from a 'Smart' Centre which was successful to an extent in managing her developing drink and drug problems when she was going through a difficult period. The family had also recalled having received a good level of support from individual social workers in the past, during a time when they were under Child Protection due to the domestic violence. However, they had also experienced considerable change and lack of continuity when they moved between areas. This lack of continuity was felt to have inhibited any sustained progress. For example, the mother said of a Home Liaison service:

*"We never seemed to get anywhere. Nothing was ever finished. The plan was never followed....it was different professionals...they were meant to see them at school in their dinner time but the workers never turned up".*

Mother

These discontinuities were also apparent in other cases. When reflecting on her experiences with Sure Start over the years, one young parent said she was asked to leave a young parents group when she had been assessed as being better suited to a group for more "*needy*" young parents. The move was disruptive, because the mother felt that she was receiving the support that she needed and was comfortable with staff at the existing group. Her perception was that the move was unnecessary and reflected a lack of engagement and consultation with her as part of the decision-making process. A similar

example occurred in her family where there was poor communication about financial support coming to an end for one of her sons:

*“I felt let down...I asked them, ‘will this end in August?’ and they said it will continue until he’s 18...They need to have better policies for telling people...It was like a kick in the face”.*

Child

There were also examples of positive engagement with services prior to the programme. The involvement of a particular key worker or individual professional was a common theme in this respect, even in cases where families were otherwise frustrated with a perceived lack of access to appropriate support.

This highlights the importance of the qualities of a key worker. Chapter 3 goes on to review some of the factors that were commonly experienced as important about the key worker relationship by families.

## 2.2 Awareness and initial engagement

Families became aware of the programme through various channels, but they were not always able to recall the details of how the new arrangement was explained to them. They heard initially via social services, schools and housing teams, amongst others, although which agencies were involved depended on the circumstances of the individual family.

The initial engagement was recalled in terms of the family having been offered an opportunity to try a new worker or a slightly different approach; usually where they were making limited progress with existing arrangements or where other options had been exhausted. For example, in one case a social worker told a mother that her family would be getting a new key worker “to see what they could do”, but she could not remember any details beyond that. In a further example, the school’s SEN team referred a family at a point when they felt they were approaching crisis. They were receptive to trying a new worker, albeit with a degree of scepticism:

*“We were at our wits end with the way [youngest son] was, and the school suggested a few organisations, CAMHS and [Troubled Families Team] that they could recommend the family for...To be fair at first we didn't think anything would come of it. We'd already been involved with CAMHS with our older boy, but we didn't think much would come of anything and then [the key worker] stepped in”.*

Father

In other cases, the referral was made under more specific circumstances – following the involvement of another agency that had become aware of issues affecting the family and identified an unmet need. For example, one family recalled that they were offered a worker after having been referred via their Housing Officer who identified problems of severe overcrowding pending a move to new accommodation. One of the families was offered a key worker having been referred to a Parent Support Outreach Programme. This had come as something of a surprise. The mother understood that the family was referred as a



result of her sons' behaviour, and so the primary focus was "*sorting them out*". It was only after a while that she understood the key worker could also help her – something she said she had not thought about at first.

There were examples where families were dissatisfied with having been assigned a key worker initially. A mother recalled receiving a letter from a Youth Offending Team. She was very unhappy about the letter, which said that her family had been referred to the programme to try and prevent the other children following the same offending behaviour as the elder sister. The letter used the word 'intervention' which made the mother feel "*ashamed*", as if they were doing this because of her incapability as a mother. The mother recalled having read about this type of support in the media for families who were costing the government a lot of money and she was upset because the letter suggested that her family was one of them. However on reflection she felt it was probably the best way for her to find out because the letter said someone was going to visit and there was nothing she could do about it. The mother later accepted support after a visit from the key worker.

In another case the mother became aware of the programme following an incident where someone made what she described as a "*malicious call*", and claimed her daughter was out in the street and had different men visiting her at home. When the social worker called she did not find any such problems, but learnt of the son's poor attendance at school and suggested that the programme could help to secure a single plan so he could get a statement of educational needs. As a consequence the mother was optimistic about what the programme might offer, and thought that it "*...seemed quite a good idea*".

After learning about his family's impending involvement with the programme, a child said he was angry because he did not feel like he needed any support and did not want to give up his own time, but he decided to try it out. In this case, as in others, the voluntary nature of the programme was accepted. The mother said she liked what she heard when the key worker explained that the main issue they would try and help with was her son's behaviour, which in her mind was the greatest problem and so she signed up. For some families, the voluntary nature of participation was a facilitating aspect, which enabled them to feel more in control and better able to trust their key worker.

Several parents perceived that they had referred themselves for support. In one such example a mother contacted a programme team after her son was permanently excluded for selling cannabis at school. In another case, a mother remembered volunteering to be on the programme, although she could not remember how or why the family moved to this programme from another (NB: the key worker was already supporting the family in another role). In another example, a mother asked the family social worker within the disability team for some help and support, and she was referred to the Programme following this. The family was introduced to their key worker a few weeks later. The mother could not remember how the programme was described to her, but understood that it would offer support.

### **2.2.1 Families' initial expectations and first contacts with key workers**

Where families did share their initial expectations of the programme, there was a tendency for parents to say that they expected the programme to help them (with whatever issues they were experiencing). Sometimes they had a clear sense of what they hoped would be achieved such as improving their child's engagement with school or providing the support

they needed to find a job. In other examples they did not know what to expect, either because they were not fully aware of how the programme could help them or because they had previously had poor experiences of services and therefore had low expectations on starting the programme.

Some families were simply unsure what they needed. For example, a mother said she just knew she needed help.

*“I didn't know what support I needed until they came in and sat down, we had a discussion about what's going on in family life and she... bullet-pointed it, and then figured out where it was that we need some support, and the support was with housing and getting [youngest son] into nursery and some support for [eldest son].”*

Mother

This was also true of some other families. Despite not being referred by an agency and having sought help from the programme herself, a mother said the support had come at the right time when she was struggling to cope.

*“It's been good. They [the key worker] came in at the right time; I was at the end of my tether with everything. The housing situation, with [eldest son] his behaviour with not going to school and college and everything else. It was all getting on top. They came at exactly the right time I think”.*

Mother

The examples above highlight how important it was for families to reach a position where they were willing to accept help and to put their trust in key workers. How the first contact was managed had a significant influence on whether and how quickly key workers were able to establish families' trust and persuade them of the benefits of accepting support. In cases where families were experiencing a particularly difficult time, it was important for key workers to emphasise straight away that they were there in a supporting role. One mother explained how worried she was that the key worker would get social services involved, yet once the key worker had reassured her that there was nothing that she should be reporting to social services and that she was there to support her, the mother was able to trust her.

For families who had had negative experiences of services in the past, key workers had to overcome negative preconceptions about what their support would entail. In one family, both the parents and the children were sceptical on starting the programme because they felt that support workers had failed to deliver on their promises in the past. They gave the example of where resources such as new board games had been promised for their children that never materialised. The family compared their key worker very favourably to these previous experiences, as they felt that the worker always delivered what was agreed within available resources.

For one family it proved more difficult to establish and maintain trusting relationships with their key worker because they already knew their key worker from her previous role as a social worker; a profession they did not speak highly of. The grandson (who was in need of a lot of support) would not speak to her because he knew that his siblings were taken into care by social workers. In addition, the grandmother felt that whatever she used to say, she was in the wrong.

Successful relationships with key workers often centred around whether or not families felt key workers had taken the time to listen to them and developed a good understanding of their needs, which they demonstrated by spending time with the family, agreeing shared actions and delivering tangible outcomes, particularly in the early stages of support. In practice this involved key workers talking to family members individually (e.g. at school or when the children were at school), and together at the family home or a neutral venue. One family described how their first contact with the key worker was at a fast food restaurant with the social worker present. The mother recalled how the social worker had explained who the key worker was; that social services thought it would be the best form of support for the family and how the key worker would help them.

Taking the time and effort to explain and to listen was vital. Being personable, patient and understanding were important qualities of the Troubled Families key worker role. For example, one mother commented that:

*“She sat there so cheerful, and she's not eager to get out the door... she's got all the time in the world for you; whether she's got another appointment. You want to ask her anything, she'll give you an answer for it all, and that's what I like about her. Do [you] know what; my head's chilled out since”.*

Mother

Some families highlighted how important it was for key workers to engage all members of their immediate family, in particular their children. Parents were often more trusting in instances when they felt key workers had been interested, friendly, and open in their communications with the children. One-to-one work with children was said to be an effective way of establishing trust (e.g. taking them out separately for lunch). The youngest son of one family described how the key worker had helped them:

*“She's helped me with the meetings as well about the teachers and my mum went with [the key worker]. She's backed my mum up a lot”.*

Child

The key worker's support for him and his family was important because he is a young carer for both his father and mother.

Having developed trusting relationships, there were examples where children and young people responded positively as a result.

*“I do get on in class. I've been to some more classes”. [He has a revised timetable]. “Yes she helped me. [The key worker] was funny. She came round and I hadn't had my bike out for a long time and I finally got my bike out and literally just like in summer she let me get my bike out. She's letting me go on all these trips and it's quite good. I like the go-karting”.*

Child

Taking time to get to know children was important from the perspectives of parents/carers and their children. Finding common interests and simply showing an interest in children and young people's lives proved significant when establishing trust. There were examples where children and young people felt heard and understood as a result of key workers having engaged in this way. In one case, the mother believed that the key worker had

helped her son to manage his feelings and communicate with people, which together with the introduction of the medication he required for ADHD, has had a positive effect on his engagement with education.

*"I think [the key worker] has probably helped J at school when J gets quite cross, especially with the teachers. He will talk to him...to have someone actually go, 'J, I understand what you are saying mate', I think that has probably had a huge impact on J."*

Mother

Common ways in which key workers were able to develop trusting relationships with families was in demonstrating their reliability; by being regularly present, ever contactable (calls and text messages), and doing what they said they would do, for example by always calling back and carrying out and reporting on actions.

*"When she first met us, we were in loads of crises and everything, and she always said... that she's going to come and find me and help me sort my life out, and, like, she did stick to her word, you know what I mean? She did do what she set out to do".*

Mother

Families trusted key workers when they were offered a range of different types/methods of support and action and some quick wins. One family's most frequently mentioned contribution was the introduction of a 'routine plan' which was a twice daily schedule, one for getting up time and one for the afternoon and evening. It set out all of the activities the daughter had to perform and proved to be a very useful tool that improved day-to-day family life. In another example, the family received practical help from the key worker who spent a day helping the mother to clean the kitchen and deal with a mouse infestation. This type of practical, hands-on support – a key family intervention factor – was welcomed by families who verified practitioners' views that this type of support was critical for offering a potential means of building a relationship with the family and gaining their trust.

## 2.3 Assessment and identifying needs

Based on the recollections of families interviewed, it appeared that some families' needs were assessed more formally than others. This aligns with the findings of the process evaluation which found that not all Troubled Families workers were using action plans with families in the sense of a formal progress review process, although they often acknowledged the importance of goal-setting as a means of maintaining structure. The findings from the family interviews also indicate that there were variations in the methods used by different Troubled Families teams and that assessment, planning and review were an on-going process. Perhaps unsurprisingly, therefore, families were not always able to recall the initial stages of the assessment process.

A number of family-focused tools appeared to be in use. A number of families specifically recalled having used the Common Assessment Framework (CAF) whereas others had used a Family Star or equivalent. Families generally welcomed the participation of all family members in the assessment process, including both adults and children, where this was appropriate. Where families shared the details of more formal assessment they were

often positive. One family said their support plan helped them to prioritise what to work on immediately and what to address further down the line. Having two plans proved useful because they were able to see how much progress they had made.

*“It’s a good way of doing it because they can write down all the issues you want help with, and tick them off when they are done. So you know yes that goal has been done, completed, and you can move onto the next one, I do think it’s a good idea”.*

Father

Another family set up a “Family Circle” at the beginning (also known as the Family Star).

*“We numbered ourselves, read through it and we put down what we felt...[it covered] promoting good health, lifestyle, family routines, about the kids’ mental health and about how we portrayed how we saw it from our point of view or where we would score ourselves and how we judged ourselves”.*

Mother

The family completed the Family Circle as a family and repeated this to see how they had progressed, although sometimes it appeared to be two steps forward and one step back. The key worker also drew up an individual plan with each of the parents and the younger son and younger daughter. The key worker sat down with each family member and “*got to know us each person more personally and talk through*” different issues each family member might have. The family reported being able to reflect on the plans together because the key worker gave them a copy of the plan, and they knew they could say if they did not think it was right.

For those who already had significant engagement with children’s services, the assessment process was not thought to be too dissimilar. As one father said,

*“We were already used to the Team Around the Child [and saw] the family intervention worker as chairing the TAC”*

Father

He described having identified which agencies were responsible for which aspects of support. At each Team Around the Child meeting, they began by reviewing the previous steps to see who had done what, which the family found useful. For another family the six-weekly Team Around the Family meetings were useful because they helped them to understand what all the agencies were doing to support their family and in particular, what was happening with the children at school. The father did highlight that he found the meetings embarrassing, but recognised why he had to share personal details about his family.

There was evidence to suggest that assessment tools were used flexibly. Quite often families were aware that one or more individual family members were the focal point for the intervention and that the assessment and planning centred on that person’s needs. In one case, for example, the Family Star was used with the eldest son only. In another case, the mother was not involved in completing the Family Star, describing herself as not really ‘a plan person’. From her perspective the key worker had done well to fit in with her preferred ‘free and easy’ approach, making suggestions rather than formally setting out and updating a written plan or tool. However, the Family Star was being used with the

children to monitor how they were doing in various areas of their lives (e.g. friendships, family, neighbourhood and behaviour), as was the case with other families. Too much paperwork was an issue for some families and so the key worker limited this aspect of the assessment and tended to plan and reflect with the family in conversation, which they found preferable.

On the whole, a flexible assessment process was welcomed. In one example a sister highlighted how she was able to shape the action plan and felt that the plan was tailored to the family's needs as a result. However, in the same family, the brother did not feel engaged with the process despite being offered a choice about how he would like to be involved. He recalled having to fill in a booklet, but he could not remember the details of what this was about. He chose not to engage with the majority of the Team Around the Family meetings. The professionals at those meetings gave him a choice whether to attend or receive feedback afterwards and he opted for the latter on the basis that his opinions were always rejected in favour of the practitioners; a view that was influenced by poor experiences with other agencies in the past.

*"You don't get a say on it, it will always end up being their opinion taken."*

Brother (child)

Joint ownership of plans was important as one mother highlighted when recalling their families' plan which they were all involved in putting together. Having helped to shape the plan the family felt more motivated to tick things off and move forwards.

*"We did it all together. No one wrote a plan and then gave it us and said 'Right this is your plan and this is what we're going to do.' It totally came from us".*

Mother

The assessment, planning and review process was generally perceived as useful by families, and enabled individual members to focus and reflect – on their own and collectively. For example, one mother realised that the key worker could also help her personally rather than solely in her capacity of being a parent, as a result of having completed a support plan, which appeared to be something of a revelation to her. For another family, the key worker brought the different agencies together to develop a support plan, and the mother found the meeting useful as a result. Both the mother and daughters felt 'less pressure' because the plan mapped out what was needed of them and how the key worker would be involved. She contrasted this favourably to a previous social work intervention where the worker had visited on a more ad hoc basis, which put the family on edge. Six-weekly Team Around the Family meetings helped the family and services to see how things were going and chart progress. One daughter commented on how the plan provided a reference point from which the key worker's actions were made more visible:

*"So far it's been brilliant. I think it's worked really well mainly because she followed through with it, other services didn't seem to do that. I think with the plan you get more trust with her [the key worker]"*

Child, 15

In other cases, family members took reassurance from the fact that they could use the support plan to help validate their own progress from time to time. A mother said she and

her daughter had an action plan in place, which incorporated objectives for them both. Although not part of everyday life, the mother was familiar with the objectives it set and could use it as a reference point.

The process for drafting the action plan did not always involve all members of a family. The mother recalled her first meeting with two support workers to discuss what the family's needs were. At this meeting only she and the youngest son aged two were present. She could remember some paperwork, but not what it involved. Subsequent meetings gradually involved other family to talk through the issues affecting each member. The extent to which the programme has worked with whole families from their perspectives is discussed in the following chapter.

As highlighted earlier in this section, not all interview respondents were able to remember the details of the assessment and action planning process. A father vaguely recalled doing the action plan, but could not provide any details. He said his family did not stick to the plan because it involved his ex-partner who had since disengaged with the process. However, his opinion of progress was very positive because all points had been actioned, and he commented that: *"I know everything she is doing is for the good of the kids"*.

This view contrasts with this father's previous views of professionals, when he often felt suspicious of their actions and motives.

A lack of a written plan was a disappointment for a grandmother caring for her grandson. She could not recall having a written plan that she could refer to and monitor progress against and when the researcher suggested that this may help she concurred that an agreement between the family and support services would be useful to ensure that both sides kept to their side of the plan.

## 3.0 Experiences of service delivery

This chapter examines families' experiences of the support provided through the Troubled Families programme. It starts by drawing out the most valued qualities of the key worker relationship, as perceived by adults and children, and compares these with families' prior experiences of professional support. The chapter then goes on to consider families' views on the intensity and duration of their intervention, and how or whether key workers managed to avoid creating a sense of dependency beyond the intervention period. It then reviews the key features of the intervention and their effectiveness, as described by the families, including how key workers interacted with other services during the course of the intervention. Finally, the chapter examines the concept of 'whole family' working and reviews how or whether this was achieved for the families within the interview sample.

### 3.1 The key worker relationship

A number of key qualities stood out from the role of the key worker on the Troubled Families Programme, from the perspective of family members who were interviewed.

#### **Consistency and stability**

Families generally valued having a single worker to whom they could turn for support, although for some this was not necessarily a new or unique experience, as they had been assigned lead professionals of one kind or another previously. Nonetheless, knowing that there was a single point of contact was welcomed by most families. It was generally thought to be less stressful knowing who would be coming to visit them each time and not having to second guess what they knew and how they would behave towards them.

#### **A non-formal approach**

Families often defined their relationship with the key worker in terms of the non-formal approach or 'style' of working. This was often contrasted favourably with the more formalised appointments associated with social workers, health and educational professionals, with whom families' previous experiences were not always positive. The sense of formality sometimes belied a good deal of pre-planning on the part of the key worker (see also White and Day, 2016). For example, one parent described how their key worker would 'drop by' once or twice a week, for up to an hour at a time, over the 18-month period of the intervention. This was valued by the family and gave a sense of spontaneity that they welcomed. However, a short interview with the key worker in this case showed that the intervention had in fact been very structured, with clear objectives set in place and monitored closely. This example attests to the success of individual key workers in maintaining progress, without resorting to an explicitly 'assessment-driven' approach.

#### **Gaining families' trust**

Trust was said to be a hugely important factor in families' willingness to engage, and this typically had to be earned over a period of months. Previous experiences of being let down by professionals were a factor for some families, who made it clear that their engagement in the intervention was conditional on the key worker's behaviour. Signs that the worker could be trusted included their openness in sharing information about their role and what



the intervention aimed to achieve, including what they could not do for the family. One mother recalled how she was initially suspicious the key worker was covertly seeking to make an assessment of her ability to look after her children. She had decided to give the intervention a chance, but had told the key worker in no uncertain terms that “...*If you go behind my back and snake me and things like that, I won't talk to you. You won't be invited into the house*”. In the event, the relationship had gone well, although the mother reiterated the conditionality of the families' engagement with the programme.

*“It's taken us a lot of time and effort to get to know [the key worker], and it's taken me a lot of effort to let someone into our family ... If they were to fire her, or she couldn't work with me anymore, I'd quit the programme. I wouldn't do it anymore”.*

Mother

A further way that key workers were able to establish families' trust was to demonstrate that they were able to follow-up on their promises. The importance of integrity came through very strongly from the interviews. For example, comments included that:

*“If we sit and discuss something and she says, 'I will go and find that out.' She will, and she'll ring me and she'll let me know”.*

Mother

### **Persistence**

Families valued the persistence and tenacity of their key workers, in tackling difficult issues when family members were resistant to making a change. Often, having some critical distance from the family enabled the worker to avoid tensions between individual family members that had made behaviour change more difficult to achieve without external support. Examples included the key worker physically accompanying a reluctant young person to appointments where her mother had been unable to get her out of bed. In another case, one father described how

*“[The key worker] won't let me get away from the problem; she goes round it in such a way that she makes you answer your own question”.*

Father

### **Responsiveness**

Being contactable and responding quickly when needed was a further valued quality of the key worker. In a number of cases, the family had experienced a crisis of some kind during the course of the intervention, including a family member who was arrested and another whose the house was raided by the police. This was seen as a true test of the key worker, and in each case their availability to the family during a difficult period was greatly valued.

### **Giving positive reinforcement**

A willingness to recognise and give positive feedback to families where they had made progress was also considered to be important. Families often responded well, where the worker viewed their case as more than a collection of problem issues to be addressed, and noticed and commented upon the positives: “*[The key worker] ...notices the good things and reminds me how well I'm doing*”. One parent contrasted the positive reinforcement provided by the Troubled Families key worker with how the family was treated by workers under a previous intervention:

*“They were just concerned with the negative impact of my drug-taking, or if one of the kids has been in trouble with the police, or if my other son's been anti-social behaviour... Not the positive things, like, “You've managed to come through this, like, with all your kids and your sanity... No one's really, not until now... actually sat down and gone, ‘Well, actually, we do kind of understand what sort of life you've had, and understand... the decisions you make”.*

Mother

Children and young people valued many of the same key worker qualities as adults. The non-formal approach, combined with a sense that the key worker took an active interest in them and was approachable, were considered important. In these circumstances, young people generally reported a sense of being at ease.

*“He's not one of those guys that doesn't listen to me...He just wants me to be myself and open”.*

Child, 15

*“If my mum says [the key worker] is coming, it's not a sigh...I don't have a problem with her. She's dead nice”.*

Child, 17

*“She'll help you through anything that you want her to. She like speaks to you on a level, and makes you understand things more clearly”.*

Child, 16

Continuity in the worker was greatly valued, as young people had often seen a large number of different professionals come and go in the past. The daughters from one family agreed that having to tell their story over and over to different professionals was “*boring*” and that it's much better to have one person as the conduit.

As with adult family members, the young person's trust was often gained following instances where the key worker had followed through on their promises:

*“[The key worker] ... she responds. For example, I told her I can't get to sleep, and she did all this research. It's the same with my brother and his dyslexia. She does a lot”.*

Child, 17

Once their trust was gained, young people were often more receptive to receiving difficult messages from the key worker, and accepting their authority in situations where it was necessary for them to be more assertive.

*“She would put her foot down and say ‘no’... Since I've had [the key worker] I've grown up a bit, I was immature...I would listen to her, I wouldn't listen to no-one else”.*

Young adult, 19

Despite these positive perceptions, the key worker sometimes encountered greater difficulties in engaging with the young people in the family. This particularly seemed to be the case for some of the older adolescents within the interview sample, and especially

males. In a few instances, the young person had consciously distanced themselves from the intervention, possibly because they saw it as being targeted at their parents and younger siblings. For example, the son in one family commented of the key worker that they were: *“Nothing to do with me, I don’t even talk to her...I’ve never spoke [sic] to her when she’s come in this house”* (Son, 20). The greater independence of young people in their late teens also meant that there were fewer opportunities to engage during the course of routine visits to the family, as they were not always present and it sometimes proved more challenging to build rapport. However, the worker was sometimes able to get around this by arranging separate meetings with the young person to speak openly, away from the family home (see also Section 3.3 below).

In other instances, the young person already had a good relationship with an existing worker – from the Targeted Youth Support, or the local Youth Offending Team, for example, so the arrival of a Troubled Families worker was not always welcomed because the young person felt that they were already getting the support that they needed.

### **3.1.1 Frequency and intensity of contact**

In the main, families were satisfied with the frequency and mode of communication with their key worker. Families typically described face-to-face contact ranging from once per week to fortnightly, with the level of contact time tapering over the course of the intervention. The frequency was largely thought to depend on the issues faced by the family at a given point in time, and families reported periods of greater or lesser contact depending on the stage in their intervention. One parent described being visited three or more times per week by their key worker during an initial intensive period when the worker provided support with immediate crises relating to housing, police involvement and an impending court case. Contact time often also stepped up during periods when the worker was establishing a routine with the family – such as where visits took place more regularly to help establish bedtime routines or to support parents or carers with getting children ready for school where persistent absence was an issue.

Where key workers were supporting multiple family members, weekly or fortnightly contact with the primary carer in the family was often combined with time spent with other individual adults or children. As we discuss below at Section 3.3, key workers found it important to see family members alone to establish individual needs, and to secure engagement outside the home or family environment. In these situations, the level of contact time could quickly accumulate. The mother from one family described how the key worker would typically see their son once or twice a week; the seven year old daughter once or twice a week, and also with the five year old daughter in a joint session. These cases involving multiple family members placed the greatest demands on key workers’ time, but were felt to be important by families.

Despite issues often arising late at night or during weekends, families were generally reluctant to contact their key worker out-of-hours, unless a serious crisis occurred. Family members often reported taking reassurance from the fact that the worker was only ever a call away if they needed them, but also maintained some boundaries. One parent commented of their key worker that: *“they’re not an emergency service”*. The exceptions to this included where a family member had been arrested and where there was an emergency hospital admission.

Short telephone calls and texting also featured quite prominently within families' accounts of their intervention. Having the key worker at the end of the phone was an integral part of the advocacy role, and enabled families to gain reassurance quickly if it was needed. Telephone calls and texting also had a more straightforward function in imparting factual information, with workers giving updates by text on actions completed and families keeping the key worker informed of any changes to their situation using the same method. This approach was felt to reflect the informal style of the intervention and would seem to have been a factor in avoiding the need for more regular visits.

Families closely associated the regularity of contact with a sense that the worker had taken their time to 'get to know' their family and this was also an important part of the process of gaining families' trust and breaking down barriers (see also above):

*"I think with social workers it's sort of quick visits, but with [the key worker], you generally get to know her, spend more time with her, the children can sort of get along with her better... because obviously they see her more".*

Mother

### **3.1.2 Avoiding dependency, post-intervention**

The need to avoid over-dependency on the key worker after the intervention was raised in the qualitative research with practitioners (see White and Day, 2016) and this was also explored through the family interviews. In the main, families were aware of the finite nature of the intervention and discussions of some kind had taken place with the key worker around their plans for moving towards independence at a relatively early stage in the intervention. Inevitably, the frequency of the contact with the worker meant that families often felt a close bond with the worker and saw them as a trusted source of support. From the families' perspective there seemed to be a fine line between the professional relationship and seeing the worker as a 'friend', although families did not always see these 2 roles as irreconcilable and workers appeared to be maintaining enough critical distance to maintain a balance.

*"I have a laugh with her. We have a gossip... [But it's] still a professional relationship... she holds the boundaries of her role well".*

Mother

Nevertheless, in a few cases the prospect of exiting from the programme was a source of some anxiety, and one parent commented how they "*couldn't imagine coping*" without the worker, whilst a further parent described their son's attachment to the worker and how he had told her that "*...you'd better not leave me; I'm fine when you're there*". Where families were re-interviewed following the exit stage, however, most seemed to have moved-on and in some cases there was no residual contact with the key worker at all.

## 3.2 Key features of family intervention

Families' descriptions of their intervention often bore many of the hallmarks of assertive outreach. This nearly always included a combination of:

- a) direct one-to-one support from the key worker
- b) elements of advocacy, with respect to accessing other services.

The relative emphasis on the direct 'hands-on' practical and emotional support, and the use of advocacy with respect to other services was one of the main areas of variation between the individual cases, as described by families within our sample. In some cases, the majority of actions were undertaken directly by the key worker, with a strong emphasis on practical help; introducing routines; often with minimal involvement from other services. In contrast to this, in other cases the key worker made quite extensive use of a range of external services to deliver the intervention and their role was one of brokerage (to specialist advice, counselling, and so forth), whilst holding the primary relationship with the family throughout the process.

When comparing their key worker to professionals with whom they had worked previously, several families commented on their breadth of knowledge and expertise, for both adults and children. Even where the worker did not profess to be an 'expert' on specific issues, this was compared favourably with the narrow remit that families had sometimes encountered from specialist agencies in the past. This inspired confidence in the key workers' ability to take families' full circumstances into account and not to pre-judge.

Families rarely perceived the support they had received as part of a 'structured intervention' per se. Rather, the involvement of the key worker was primarily understood in terms of a series of actions taken over a period of time, to stabilise families' circumstances and to build their capacity for managing their situation for themselves. The intervention often included periods of greater or lesser activity and even disengagement by family members. However, families nearly always recognised the central role of the key worker throughout this process.

### 3.2.1 Practical and emotional support

A direct and 'hands-on' approach was very apparent. Families commonly described how their key worker had been willing to get directly involved in practical tasks such as cleaning, cooking, or helping with housework. These smaller actions were sometimes the precursor for the key worker adopting a similar hands-on approach when seeking to establish new structures or routines:

*"In the beginning it was practical stuff. I took up a wooden floor on my own... if you saw what was underneath it, I was like, 'Oh my God what am I meant to do?' She just came round, pulled her sleeves up and we chat as we do it. It could be anything".*

Mother

*“She's been helping with finding a new house. She's been taking [eldest son] to the Jobcentre...She found [youngest son's] nursery placement and filled in forms for his nursery placement. She came in at the right time... pinpointed it and just 'right we'll tackle one at a time' and help to put things into perspective. Everything was getting on top of me, trying to deal with all these situations on my own”.*

Mother

Where a direct approach was in use; key workers often looked to model positive behaviours for the family, rather than referring them onwards to another professional for support. Examples included:

- setting in place bedtime or mealtime routines for children;
- introducing curfews or sanctions for children and young people, and supporting the parent or carer to implement them;
- working with parents and carers to set-up a calendar to become more organised in getting to appointments on time; and
- practical support with money management: following a weekly budget and help with contacting creditors to schedule debt repayments.

Families often welcomed the directness of this approach and the openness with which the key worker let families know that they were not necessarily ‘specialists’ in every field, but instead wanted to try different approaches to find out what worked best for the individual family. This set the right tone, in terms of the willingness for the worker to set realistic expectations and to accept when they had made mistakes: *“[the key worker] probably has 90 per cent of the answers”*. For some families, it also avoided the negative connotations of a formal (e.g. therapeutic) intervention:

*“She was more real. You can come across some [professionals] and they can sit there and tell you this is how you do it, this is what you've got to do, but she was more real and true to life... She was more approachable. She knew what you were saying. She understood where you were coming from...”*

Mother

*“I quite often text her and say, 'Oh [younger son's] been up to this. What do I do?' She'll just text a little message back not telling me what to do, a bit more moral support more than anything... true to life scenarios, rather than somebody just reeling it off out of a book”.*

Mother

The cumulative benefits of the support provided by the key worker were particularly apparent for families who appeared to have higher levels of need. For example, one family had a long history engaging with services and had live involvement with drugs workers and social services at the point of starting on their intervention. The key worker was able to offer the family practical support, by sourcing food parcels and furniture for their house; as well as arranging re-payments to cover rent arrears and intervening to avert court proceedings for the family. By the exit stage, it appeared that the situation had stabilised to some extent, which the family attributed to a combination of the support that was provided by the key worker and the resulting improved communication between the different agencies involved with the family.

The employment dimensions of the programme were also specifically mentioned during the course of the interviews by adults and young people. Several of the older adolescents who were interviewed commented positively on the practical help provided with CV preparation and job-seeking. One young person observed that this had never been offered previously by youth professionals, whilst another had been surprised and pleased that the worker could work with them to support their needs, having initially assumed that the intervention was intended for their parent or carer or younger siblings.

Key workers also provided emotional and practical support to children and young people. This was done in a variety of ways, ranging from informal relationship-building where children and young people were not the principal focus of the intervention, to more intensive support and advocacy where this was needed. This sometimes included an element of emotional support and making themselves available to the young person if and when this was needed: *“It was just someone I could talk to”*. Key workers were also reported to have engaged with younger children. Some of the children who were interviewed recalled their involvement in considerable detail. When asked what they do with their key worker, the seven year old from one family replied that *“we play with her, have fun”*. The worker had taken a dream catcher with them to the visit and started a rewards board. The seven year old spoke about some of the things on the reward board such as not fighting with her sister, going to bed on time and finishing her dinner. In the main, the interviews showed that the key workers had taken active steps to ensure children and young people’s participation and they had provided regular feedback on progress.

### **3.2.2 Advocacy and mediation**

Whilst key workers often undertook much of the work with families themselves, it was sometimes necessary to access support from a wider network of local agencies. Families often reported that they had been unsure of how or where to access the expert advice they needed, prior to the intervention, or lacked the self-confidence to make an appointment. In these instances, the key worker was able to make a ‘warm referral’ – introducing the family to the relevant service, or even accompanying them to the visit. Examples included counselling, parenting courses, pre-vocational training, and money advice.

*“I didn’t know where to start...she took me there [to the Citizens Advice Bureau] and introduced me and then she left...she makes me feel comfortable before she leaves....I wouldn’t have sorted it out I probably would have got into more debt and ended up in court”*.

Mother

A similar approach also often proved effective when working with young people within the family. One key worker attended appointments at the Job Club and counselling service with a young person whose autism made it difficult to leave the house to interact socially. The young person reflected that they would have found it very difficult to keep these appointments without being accompanied.

The rationale for when to support the family directly and when to refer was not always entirely clear from the interviews. The provision of financial advice is one such example

where key workers seemed to vary in the extent to which they were able to help the family directly, or whether a specialist organisation like a Citizens Advice Bureau was needed.

The advocacy role sometimes required a more assertive approach by the key worker, to assist the family with addressing unresolved issues involving other agencies. In these situations, families sometimes described the role of the worker more in terms of supporting them to make their case and adding weight to negotiations with other professionals. Examples described by families within the sample included:

- attending multiagency CAF/Team Around the Child meetings to represent the family;
- attending school exclusion panels and court hearings;
- providing support with benefits checks, contacting utilities companies, or rectifying inaccurate professional advice;
- providing assistance with housing-related applications or appeals; and
- intervening to ensure that appropriate processes and timescales were followed for professional assessments, including SEN Statementing and CAMHS referrals.

Quite often, families reported that attending multiagency meetings could be intimidating; that they lacked sufficient knowledge to know when to challenge professional judgements and that they did not always consider that their views were taken seriously. Parents or carers reported having been given reassurances that extra support measures would be set in place at their child's school, or that referrals would take place for a psychological assessment, but with no visible action. The presence of the key worker and their professional status and knowledge was felt to be hugely helpful in this respect, and families consistently reported achieving progress:

*"Where it's me against all these professionals, I've got somebody to come with me now to support me, and she'll do some note taking. So we've got things to relate back on... I feel the presence of a professional there in your court; I think that makes a real difference".*

Mother

*"Sometimes she would let me have the conversation, and sometimes she would say 'no, I think this needs to be put in place' and then it has been put in place because she's been with me, it wouldn't have been if I'd been on my own".*

Mother

Key workers had also supported children and young people during discussions regarding attendance at school, behaviour or in SEN statementing processes. Where this was the case, young people spoke positively about the worker and recognised the time and effort that they had invested in supporting them.

*"I was having a hard time at school, because I've got SEN problems and she was like put in place. She helped me push my statement through faster... She's helped me with the meetings as well about the teachers and my mum went with [the key worker]. She's backed my mum up a lot".*

Son, 12



### 3.2.3 Working with other agencies

There were varying accounts of key workers' effectiveness in influencing other agencies, beyond their participation in multiagency meetings and panels. In some instances, there had been longstanding involvement from other specialist agencies, who continued to work with the family after they had started their intervention on the Troubled Families Programme. This included examples where a social worker was still involved, in the context of a statutory order or plan, and several families who were continuing to receive support from mental health professionals during their intervention.

In one example, the family had previously felt overwhelmed by the involvement of multiple agencies. The intervention by the key worker provided a sense of relief that other professionals were listening and that someone had taken control of the situation.

*"I felt like I was repeating everything with everyone and I wasn't heard, because I had several agencies all coming at once, but nothing was joined up... whereas [the key worker has] been able to be a link... The thing that's changed is the support that we're getting. We can't change the system at all, can we, but she's in the middle, she can pull things together a bit better".*

Mother

Elsewhere, however, the interviews showed that other agencies did not always respond well to the assignment of a key worker. One mother recalled how she had been encouraged to disengage from the programme by her SureStart worker, who did not consider the intervention to be appropriate and felt that it placed a stigma on the family.

### 3.2.4 Discretionary budgets

Discretionary budgets – funds held directly by the key worker, or allocated by a panel for small purchases during the course of the intervention – were mentioned in some of the family interviews. Families described how the key worker had been able to remove barriers to participating in social activities together, by covering the costs of bus passes, leisure passes, or enrolling children in the family in a club or organised activity. In some instances the worker had paid for basic items of clothing to enable family members to attend appointments. The use of such budgets as a reward was also evident from the interviews, with some of the young people aware that access to leisure activities or trips was contingent upon their behaviour.

### 3.3 Working with the whole family – in practice

Families described varying approaches taken by their key worker to engage with them during the course of their intervention – often including both individual and group work. There were some marked differences in this respect between:

- cases where the main focus of the intervention was perceived to rest with specific individuals within the family, whose needs were very pronounced; and
- cases where the key worker worked intensively with multiple family members, sometimes facilitating more open communication between them.

These distinctions map quite closely to the categories of working with families that were developed for the ‘Think Family’ literature review (Cabinet Office, 2008<sup>7</sup>).

A stronger ‘whole family’ approach would seem to have been guided at least in part by families’ expectations. A number of the families felt that individual family members were brought closer together by shared needs and experiences. This sense of sticking together meant that it was particularly important for the key worker to gain the trust of all family members. In some instances, this position was a guarded one to begin with – families had negative past experiences of dealing with agencies and had managed this by presenting a united front. The key worker was required to demonstrate that they were working with the family and not against them, as was often perceived to have been the case where there had been intervention in the past.

In practice, whole family working meant spending time with adults and children within the family – both individually and collectively. This could prove challenging in larger families, where there were three generations involved with the intervention, and where individuals had different routines. A typical approach included the key worker ensuring that they were able to visit the parent or carer at home, the children at school or at an organised activity, and the family together. For older children and young people, scheduling one-to-one time away from the home environment was often an important step in encouraging them to speak openly about their views and experiences. Key workers sometimes combined this with a leisure activity, to maintain an informal feel. Parents and carers often valued the fact that the key worker had taken the time to get to know their children and had actively engaged them in the intervention, where this had taken place. This was often felt to be a departure from appointments with social workers or school staff.

*“That’s the real difference, is [the team manager] is coming and talking to all the kids and me, to find out what we’ve all got to say. Not just to tell me how to be a better parent to my kids. Getting involved... with the kids to find out what is it the kids want out of it as well”.*

Mother

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<sup>7</sup> The 3 categories proposed were: Category 1: Working with the family to support the service user; Category 2: Identifying and addressing the needs of family members, and Category 3: Whole family support.

A number of the parents reported that the key worker had a particular aptitude for managing their child(ren)'s behaviour. This included situations where emotive issues were discussed that had resulted in their child(ren) becoming upset or confrontational when dealing with other professionals in the past.

A whole family approach had clear benefits in terms of families perceiving that the key worker "*really knows us*", and was therefore associated with a greater willingness to take their advice. Families were more receptive to the worker explaining the standpoint of individual family members and taking a conciliatory role where communication had broken down. One young person commented that one of the key worker's strengths was to help the family to navigate through a difficult period, by bringing them together. The worker was described as a "*bridge between us all*". In an example from a different family, the mother commented on how the key worker had always taken the time to build rapport with the children in the family, alongside their work with her. When her son had experienced problems at school, he had automatically turned to the key worker for help.

A further advantage of having this whole family oversight was to spot where the relationships between family members were having a positive or negative influence on their circumstances. This was apparent both where the key worker had given families feedback after observing them together: "*...she knows our everyday behaviour*", and – conversely – where taking the time to listen to family members separately shed new light on the root causes of these behaviours.

#### **Case study example: The key worker identifying previously unmet needs**

In one case, the mother recalled how the family had struggled to establish a bedtime routine with their seven year old daughter. After opening up to the key worker, it became apparent that a house fire some years ago was still affecting the girl, and her disruptive behaviour was directly related to these fears. Having disclosed this issue, the key worker and mother were able to try a different approach to encourage the daughter to sleep in her own room. This was ultimately successful, and made it possible to address the behavioural issues that the mother and the girl's school had previously struggled to manage.

In other cases, the family thought that the key worker was primarily there to work with a key individual, whose needs were at the forefront of the intervention, and to help coordinate support from other family members around them. This was sometimes the case where the families' efforts were concentrated on obtaining a diagnosis of treatment for a child with suspected mental health problems or behavioural difficulties.

Indeed, families reported varying degrees of contact between the key worker and individual adults and children, according to their different levels of need. In some cases, it was only following a period of assessment that new issue came to light. Elsewhere, changing circumstances within the family also had repercussions for the support that was provided by the key worker and to whom. Examples included where the family or household changed during the course of the key workers' involvement, due to individuals leaving or joining. This sometimes changed the focus of the intervention:

*“When we first started working together, [girlfriend] wasn't staying here. Obviously it's something that's happened since. Yes, she has been very supportive and given advice of where [girlfriend] can go to with regards to housing and stuff like that. So that has been useful”.*

Mother

In other examples, new issues came to light during the intervention that changed the relative emphasis on different family members. An example included where the 15 year old son did not feature prominently within the original intervention, but his needs subsequently escalated after he became a young parent during the course of the intervention. In other examples, the main carer perceived that the intervention was originally focussed on their child(ren), but that over time this support became much broader in scope:

*“She [the key worker] came in initially to help with [younger son] but obviously because family life doesn't just revolve around one thing and one person, she's become involved with a whole aspect of things and helped us quite a bit with a lot of different things”.*

Mother

Fairly often, the main barrier to whole family working was one of 'resistance' to engage in the intervention by individual family members who maintained their distance from the key worker or refused to participate in the assessment and planning processes. Furthermore, the interviews showed that there was not always consensus within the family about the causes of their problems. This sometimes resulted in a lack of agreement about the best course of action to take. In one case, the parents had attributed the family's circumstances to the theft and drug and alcohol misuse of their son, whom they felt should be the sole focus of the intervention. In contrast, the key worker's perception was that many of the son's issues stemmed from tensions in the families' relationships that had previously gone unacknowledged.

In other examples, it was apparent that the family members had different goals, and were sometimes using their contact with services to advance them. For example, the father in one family perceived that the mother was struggling to cope with their son's behaviour, and was therefore overly eager to contact the Police or the social worker when incidents occurred in the hope that he would be removed from the family. In contrast, the mother perceived that the son's best interests were served by remaining at home. The key worker was sometimes able to achieve a successful outcome despite obvious tensions between some family members, as we go on to review in the following chapter.

## 4. Progress and outcomes

This chapter considers the available evidence for the progress made by families during which their involvement in the programme and families' accounts of the differences that the intervention made to their lives. We start by examining the main types of outcomes that were reported by families within this qualitative study, from families' perspectives and how these were achieved. We then go on to review how the exit process was managed, including families' satisfaction with the timing, processes, and aftercare that was set in place. Finally, we examine the extent to which families reported the outcomes had continued to hold in the period after which they were exited and their confidence and aspirations for the future.

### 4.1 Families' experiences of change

The outcomes reported by families within the qualitative study can be grouped under five main headings, which we have identified as follows:

- improved coping skills and resilience;
- widened access to entitlements and specialist support;
- improved financial circumstances;
- improved parenting confidence;
- improved social confidence; and
- crisis avoidance.

We go on to examine these outcomes in further detail, including how and for whom they were achieved, within the remainder of this chapter. It must be noted that the evidence presented in this chapter is based on self-reporting by a small number of families and are not therefore representative of outcomes at a programme level.

#### 4.1.1 Improved coping skills and resilience

One of the principal ways in which families reported benefiting from the Troubled Families programme was their improved confidence and competence in managing problem issues. This often entailed that they felt more resilient in the face of adversity.

These outcomes further divide into two main (broad) areas:

- skills and confidence in dealing with professionals; and
- families' and individuals' coping and self-management skills.

In terms of service access, the key change experienced by families was the fact that they felt better-equipped to navigate the range of sources of support and information that were available to them, and to engage constructively with different professionals (i.e. education, health, and so forth). On numerous occasions, families explained how on their own they were usually exasperated by the processes associated with accessing services. They did not know who, or how, to speak to professionals. When they did, they felt they were not understood, listened to or believed. Many of the families explained that they had lost their

confidence with professionals and when the key worker stepped in it offered an opportunity to 'open doors for them'. The key workers proved to be able to offer families advice on accessing services because they had good knowledge of the systems. The key worker's direct practical engagement with services was useful to put things in place, but a key measure of success was the extent to which parents became less reliant on external support.

The emotional support provided by key workers was important for families to build resilience, confidence and coping skills. The families needed to trust the key worker and their advice to be able to learn strategies and make decisions on their own. There was evidence in the case studies that some parents learned to speak up for themselves and reported feeling more in control of their families. There were also examples of parents gaining confidence and feeling more resourceful. Underlying these changes, parents were feeling more resilient and were better able to keep going when they encountered difficulties. One mother reported that the key worker had been very effective at solving whatever problem she had, which had helped to take the pressure off, especially regarding her son's issues at school. She reflected that she had learnt from this approach and had adopted a calmer approach to problems and was better able to compromise where necessary.

Nevertheless, some parents were not as yet confident to manage without this support, and there were a few examples that indicated that families could be becoming overly dependent on the key worker at the expense of acquiring these skills for themselves. In one case, the key worker said they were seen as another member of the family, and when interviewed the family concurred with this view. In other cases the families became 'used' to the support from the key worker and did not expect them to leave, or they became reliant on the key worker to speak to professionals on their behalf because they lacked confidence in doing so. In these examples the key worker had formed a good relationship with the family, but they had not reached the point where they realised they could use the relationship to develop independence and help the family to recognise the skills that they had on their own.

There were some examples where families did not develop a close relationship with the key worker and made little progress with their problems. In one such example, the key worker was closing a case even though the key worker and the mother were of the same opinion that the intervention had achieved little progress for the family. In the home there were still signs of neglect and poor living conditions, suggesting that improvements could be made, but the family was missing appointments and had seemingly disengaged. The key worker for this family reflected that she had made some progress, but was still not able to find a way to reach out to the mother on a regular basis. Social care involvement was set to continue, post-intervention.

#### 4.1.2 Widened access to entitlements and specialist support

A further commonly reported outcome was to gain access to specialist support, where the family was previously unable to do so. This was particularly the case with regard to support for health and educational problems.

As discussed in Chapter 3, undiagnosed physical and mental health issues and/or learning difficulties were commonly self-reported amongst families within this qualitative study. These included suspected child behavioural or learning difficulties, where the parent or carer had pursued an SEN statement without success, or where previous referrals to CAMHS had fallen through or not been accepted. It also included cases where children had witnessed incidences of domestic abuse or inter-partner violence, which were thought to have affected their relationships with family members and peers. Often the parents had sought specialist help over a considerable period of time with little progress and were experiencing significant frustration and anxiety as a result.

Where these issues had gone unaddressed, families often reported a worsening of the child's behaviour at school and fractious relationships within the family. One child was on a reduced timetable at secondary school and he had been excluded numerous times for his behaviour. His mother commented that there had been issues with his behaviour since primary school, but when she had tried to find help she felt that she had '*...banged my head against a wall*' and was told her child was just playing up.

Once assigned to the Troubled Families programme, key workers were often able to work closely with the family to observe these issues and to make an informed judgement about the adequacy of professional judgements that had been made previously. They were then able to help parents negotiate assessments to secure practical support to families. Where families had found it difficult on their own, the key workers proved to be supportive and helpful at moving things along to achieve an outcome. Successful outcomes included families achieving a referral to specialist CAMHS, the child or young person receiving a SEN statement and managing a successful transition to a special school. The following case study example (overleaf) further illustrates the steps taken to address these unresolved issues.

### Case study example: Key worker intervention to address unresolved issues

In one family, the mother had two sons showing signs of significant behavioural difficulties. The family was referred to the programme after the older child was involved in a violent incident at school. In the lead up to the referral the mother commented that she had felt stressed and under pressure as his behaviour had been escalating for a while: *“I’ve just had enough, I’ve had it with him...He just worries me that he is going to get in even more trouble”*. The mother noted that the son had exhibited behavioural differences since he was four but had never had any professional intervention or support. Her younger son was also showing signs of behaviour issues, which had been observed by an educational psychologist, but he was not receiving any support for his behaviour either.

Upon referral to the programme, the key worker liaised on behalf of the family with the school and doctors and arranged for both children to receive a formal assessment. The child subsequently received a SEN statement and full-time support in class. The parents reflected that the key worker’s engagement had made a significant difference:

*“Because she knew what to say and how to put things. They acted on it as quickly as they could. The school actually phoned me to tell me that the statement had actually been sent across and then it was the education department that phoned me to say they’d received it and they’d acted on it and [the child] would be statemented”.*

Mother

At the time when the follow-up interview took place, the younger son was receiving educational support and the family had seen significant changes in his development and behaviour. The older son was also receiving support to manage his anger and to make progress with his school work.

In other cases families were already engaging well with their child’s school, but the key worker was able to provide help with family routines and wider support that was necessary for the young person to make more rapid progress. In one family the eldest son had a diagnosis of autism and ADHD and was having a lot of difficulties at school, including poor attendance. The mother had a good relationship with the school already, but the key worker helped her to prepare for meetings to arrange a statement for the child, which reduced her anxiety in this situation. As a result of a series of meetings, the child was transferred to a smaller SEN school, where they were in receipt of additional one-to-one support and were able to benefit from appropriate transport arrangements. In another example, the programme had focused on securing support for a son with autism. The mother thought that the school would have provided support *‘eventually...but without the key worker I don’t think we’d be down this road yet’*.

Families described how, as a result of a successful diagnosis or referral, they had seen improvements in their child’s development and wellbeing – they were more confident and optimistic that their child’s needs were being met and were less stressed because their child was attending and enjoying school more. A father noticed that since the statement and better support in lessons his child was staying in school more and being excluded less. At interview the son said:



*“[The key worker] has helped me with confidence because I’m in school better now. Now I’ve got my TA [Teaching Assistant] and my statement has gone through I’ve actually got the help I need and the school has assigned it now”.*

Child, 12

There were also examples where the key worker had supported the family by co-ordinating their involvement with other services. One mother believed that the improvements seen in her family were because she was in receipt of more help, not only from the key worker but also from the social worker, the police, the school and doctors. She described the co-ordinated support as a ‘network’. In another family the key worker was working with the young man to facilitate access to his child. She helped the young person to understand his legal rights as a parent and put in place strategies that would help his case working with social services.

#### **4.1.3 Improved financial circumstances**

Families frequently reported struggling financially; usually as a result of no adults within the household being in work (a referral criterion for the programme), and often combined with self-reported poor levels of financial capability prior to their involvement in the programme.

To improve the financial circumstances in families, key workers were able to use their knowledge of services to identify if families could be better supported. Some families that were experiencing financial hardship benefited from discretionary budget payments to cover basic household goods, such as beds, kitchen tables, new carpets and sofas. Others received food parcels through food banks – either as a ‘one-off’, or on a regular basis. This improved the living conditions of the family and reduced stress in households. One mother expressed relief at the financial support, as the *“pressure was taken off”*.

Accessing discretionary budgets and food banks helped families to meet their basic needs, which reduced the immediate stress of the family and improved their quality of life. However, removing overwhelming financial strain also saw families become more focussed on achieving their education and employment-related goals. One key worker accessed a discretionary budget to buy a child a bicycle. This motivated the child to attend school again with 100% attendance. Another key worker helped a family to access grants to improve their home so that the mother could return to work as a childminder.

A number of the families had accumulated debts and some were in difficulties as a result of rent arrears. This situation had often compounded other sources of stress and anxiety. In these cases the key worker visited the council on their behalf or assisted them in telephone calls.

### **Case study example: Addressing multiple needs**

One family required intensive support in improving their financial situation. The father had only recently gained sole custody of the children after returning from prison. He reported that he was inexperienced in his responsibilities at home and needed quite intensive support in relation to parenting. There were significant debt issues, where his partner had not paid bills for water or electricity.

The key worker supported the father to attend meetings at the local Citizens Advice Bureau and arranged to have some of the debts cancelled. The key worker also provided the children with regular food parcels, helped the father apply for financial grants to afford school uniforms and arranged the appropriate benefits for the family. Over the course of the programme this intervention became more orientated around making the family independent, by helping the father to fill out forms and make phone calls for himself. This action by the key worker not only helped to stabilise the family's situation, but also restore some of the father's confidence in his ability to parent his children.

For some families the financial support was more straightforward and involved the key worker completing the correct paperwork for benefits or council tax, to ensure that they were being paid the right amount. In one case study the key worker was able to arrange for a Troubled Families Employment Adviser to provide advice to the family. The Troubled Families Employment Adviser was able to restore Disability Living Allowance, which improved the family's financial situation and allowed them to afford essentials again.

To ensure that the ability to manage financially was maintained in the long-term, parents also received some general support around budgeting and money management, particularly using the Citizens Advice Bureau services. There were examples where key workers recommended services to the families, attended meetings with them, and gave advice on what to do. One mother who felt quite self-sufficient engaging with services reflected that she would have attended the meetings with the Citizens Advice Bureau to resolve issues related to debt anyway, but found it useful to have someone who understands the processes to double-check decisions with.

The combined support around benefits and debt management aimed to ensure that families had the income they were entitled to and made them aware of the issues which would minimise the risk of getting into serious debt again.

#### **4.1.4 Improved parenting**

It was common for parents or carers to report difficulties in managing children's routines or discipline, with a knock-on effect for their non-attendance at school, behaviour and general wellbeing. Often underlying these issues were parents who lacked confidence or felt overwhelmed by a situation and did not know what action to take. In one example, a child's behaviour at home and at school had become so extreme that his mother phoned social services herself for help. She reported that she was suffering from mental health issues at the time and no longer felt in control of the situation.

*"I phoned social services and I said, 'Look, I'm not a bad mum. I don't beat my kids. I really need some help', like I'm crying down the phone please help me".*

Mother

The programme was able to help parents by suggesting small changes in the home; new routines or strategies for parenting. This support was less structured than a formal parenting programme, but because the key workers had a relationship with the children they could also demonstrate to the parents the effectiveness of the different strategies with the children in the home. In some cases the key worker did also refer the parent to a parenting course to consolidate their skills and to meet other parents in a similar situation.

For this mother it was the *"little things"* that the key worker did differently with her children that had positive effects on their behaviour. Following the key worker's example, the mother adopted different approaches with her son and reached out to professionals at his school. The mother found that her confidence increased and she and the key worker believed that incidents could have been prevented and the child would have not been permanently excluded had the key worker been in place a few months earlier.

In another family, the daughter had very poor attendance at school and both mother and daughter had confidence issues. The key worker quickly set in place a plan to provide structure to the morning and evening routines. The plan *"...made a lot of difference"* to the family, and it was not difficult to persuade the daughter to comply. The mother observed that the plan had made things easier in the morning, resulting in improved punctuality and attendance over the year, from below 85% to over 90%, with 0% unauthorised. The mother had also gained confidence talking to other people, from attending an eight-week parenting course where she had met other parents.

Another mother, who struggled to establish routines, rules and responsibilities with her children because they were of different ages, reported that she had not suffered any *"stressful"* or *"cracking"* points (regarding her mental health) since the key worker arrived. With the key worker's support she had established good routines for her youngest daughters, improved their attendance at school and they were now attending a young carer's group once a fortnight. She also attended a ten-week parenting programme covering a range of parenting issues and felt more confident in asserting her parenting skills. For example, she has been able to stop her son smoking cannabis in the house and she was firmer with him about keeping to a curfew set by the police.

From one young person's perspective the key worker support helped him to think about the consequences of his actions. The key worker asked the child to complete a timeline exercise called 'Paths' to show what he thought would happen to him if he continued with his current behaviour. This intervention ended with a realisation that the young person's behaviour might culminate in a custodial sentence. The key worker gave the young person continuous feedback on their improved behaviour, which they found motivating. The parents found that this type of support was very helpful in supporting their parenting efforts, and everyone agreed that the young person's behaviour had improved and he had become calmer. As a result of this and other support from the key worker, relationships within the family had improved.

As families' parenting skills and confidence improved, there was also some evidence that their lives were becoming calmer and more settled. There was also evidence that parents had improved relationships with their children. In one family, a grandmother found it difficult to allow her daughter to be independent and mother her own child, which meant the mother and grandmother argued a lot. The key worker worked with them to help them to solve problems together and to compromise. She encouraged the grandmother to let her daughter have clear responsibilities over her grand-daughter, and this reduced the tension in the house.

*"It helped us to understand each other, my daughter and me and calm us down; instead of us having a big argument it was stopped. We learnt to walk away".*

Mother

#### **4.1.5 Improved social confidence**

Another aspect of the support provided by key workers was to organise activities for the children or for the whole family. As many of the families involved in the programme were facing financial hardship or relied on benefits for income they had infrequent opportunities to enjoy activities together. By offering vouchers and arranging activities, the key workers could help families to bond in different ways. There were numerous examples where families reported that they were spending more time together, and their relationships had improved. The activities also meant that families had opportunities to meet new people and to extend their support networks.

One family was introduced to a wide range of activities by their key worker. These included 'Alive and Kicking'; a family exercise and healthy eating programme attended by all of the family. This was considered by the family to have been a success, as encouraging the father to go to the gym with children helped him to manage his health conditions and to provide some respite for the mother. Another family described how attending a four week course at a local farm was *"really calming... doing things together out of the house"*.

Elsewhere, the action taken by the key worker to help broker access to leisure time activities (e.g. go-karting) had helped the young person to develop self-confidence, communication skills and independence. In another family the key worker arranged for a 16-year-old who had been diagnosed with autism to attend a residential course as a way to make more friends. The mother reported that he had gained in confidence as a result.

Several families mentioned that they had received vouchers for swimming and other activities, which had enabled them to do more together. One mother reflected that having the vouchers made sure that they went and more often. In a further case, a father with sole custody of his children said that the activities arranged by the key worker were instrumental in improving the quality of his relationship with his family. The father had recently returned from prison and needed significant support in being there for the children: *"before I would just sit there, I didn't know what to do"*.

#### 4.1.6 Crisis avoidance

A number of the families described how their situation had become 'stuck' at the point when they engaged with the programme. In a few of these cases, the family had reached a genuine crisis point and was facing imminent sanctions. In these instances, the programme had the direct outcome of averting an imminent negative outcome – principally in the form of the child being taken into care or a potential family breakdown.

One family started their intervention at a point when their child's behaviour was becoming increasingly violent, with signs that he was involved in a gang. All members of this family had a history of contact with at least one or more of the police, social care and mental health services. The family thought that the intervention came just at the right time.

*"I dread to think. [The key workers] came in just when I needed them. I think I would have had a breakdown if I'm honest, that's how tough things were getting on top of me... it's get you down, you know you fight and fight for nothing again..."*

Mother

There was strong evidence in the case study that the key worker's involvement averted the child being removed from the family, conditional upon progress made with the intervention. The key worker was effective in building a relationship with the family and made progress with different family members around assertive parenting and confidence building.

#### **Case study example: Addressing recurrent problem issues within the family**

One family was referred to the programme following a violent incident at school, which required police intervention. The mother was initially concerned that the referral meant a social worker would be assigned to the family, with a view to taking the children into care.

The key worker explained the process and liaised directly with a range of services to improve the support around the family. The intervention with greatest impact on the family was the introduction of support for the youngest child, whose behaviour was showing signs of problems like his older brother. The mother recognised how the support for this child eased the strain on her personally and on family relationships. She recognised that the intervention was helping to break negative behavioural patterns at an earlier stage.

Crisis avoidance did not necessarily mean that families' situations were entirely stabilised, however, and a number of the families showing higher levels of need were sometimes still in relatively fragile circumstances approaching exit from the programme.

## 4.2 Exiting the programme

Exiting the programme was an important stage for the families. For many it defined the level of progress that had been made during the intervention, their confidence in the future and their skills, and the extent to which they had achieved independence from the key worker.

Families had mixed views on the timing of the exit arrangements and whether this was right for them. In a few examples where the family had been exited at the point when the follow-up interview took place, they generally thought that the timing was appropriate and they were pleased that the key worker was stepping back because this was an indicator of the progress they had made. They could reflect that they had learnt new skills and wanted to prove that they could use them. In one case, the mother explained that she understood that the intervention was time-bound and was realistic about the fact that the family would need to cope without external support at a future date. Another mother reflected positively on the support that had been provided by the key worker, but they saw this as having come to a natural conclusion and had no further expectations:

*“I don’t expect anything from her. I am just grateful for what she does, so I don’t expect anything from the future”.*

Mother

Where parents reported feeling positive and optimistic about the future, the key worker had helped them to develop a level of confidence in their abilities so that they could see themselves managing new problems without further professional intervention. Again, this contributed towards a sense that the intervention had reached a consensual ‘end point’:

*“I think I can do a few more things now without her because she has made me feel a lot happier about things”.*

Mother

Not all of the cases had concluded in this way, however, and it was not uncommon for families to report being apprehensive about the worker stepping back. Furthermore, not all of the cases had reached the exiting point. There were examples where the case was escalated to social care and where a family had withdrawn of their own accord. In the latter example, the family felt that their support needs had been met in full.

Families had varying interpretations of why their intervention had come to an end. Quite often, the family was aware of the priority issue(s) within their support plan and they understood that the case would be closed in accordance with definitions of progress made towards the start of the intervention. This would certainly seem to have helped to remove some of the uncertainty for families. In one case, for example, the key worker started to make plans to exit the family as soon as the child’s attendance had improved. Attendance was the main reason for the referral to the programme when the grandmother, who was the child’s main carer, had been at risk of statutory sanctions. The grandmother was happy with the progress and was feeling positive about the future. She was assured that she could get in contact if they ever needed helped again. This managed exit helped to smooth the transition.

In cases where parents could foresee changes in their lives, or new issues arising, there was some apprehension about support being reduced. To manage this anxiety, key workers put in place measures at the time of exit. One such measure was to ensure the participation of family members in decisions about readiness to close the case. For example, one mother was aware of the progress her family had made and had discussed exiting the programme with her key worker. She expressed that she was satisfied with the need to move towards closure, but only if her son was settled down well at his new school. This clearly demonstrates that the mother was involved in the decision making about exiting the programme – and that the key worker was planning to end the programme at a point when it was on both of their terms.

The processes for managing the exit would appear to have been determined largely on a case by case basis, with families reporting varied experiences in terms of how the exit plan was explained to them, and the preparatory work that was needed to conclude their support plan. Towards the end of the programme, support for families typically changed from regular face to face visits to infrequent phone calls about specific issues.

The arrangements for exiting the programme ranged from a 'soft' case closure – the case was officially closed, but the key worker maintained the option of lighter touch telephone support if this was needed, to a more formal step-down to other services. The latter included examples where the family said they were continuing to receive support, but only for a single family member or to help manage a residual issue. None of the families reported having exited without some kind of transitional support arrangement in place, although a greater number of families than expected were still being supported at the +12 to +18 months interval following the initial interview and so the exit had yet to take place.

Even for families who felt positive about leaving the programme, the offer of ongoing telephone support was often a reassurance and meant that they could leave the programme feeling on good terms with their key worker. One mother described that as the key worker "*pulled away*" she was not worried because she knew she could reach out through the phone if she needed. She did not anticipate leaving the programme completely problem-free; instead she focused on strategies that she had learnt, including assertive parenting techniques and accessing key services. She felt positive about her progress and was keen to apply her new skills beyond the support.

It was too soon in most cases to determine the extent to which families used the ongoing telephone support offer. One mother who was interviewed after exiting the programme reported to have contacted the key worker several times since the programme, to discuss attending a parenting course and then again with a question about her son. On both occasions, the key worker was able to provide answers, or find someone who could. However, the mother said that she was aware that the programme was time limited and therefore she would not contact her again.

A further way that key workers managed a smooth transition from the programme was to taper the support and to continue to offer lighter-touch support for an individual family member. For example, in a case where the mother's partner was due out of prison, the key worker continued contact with her, even though she was demonstrating strong skills in parenting and confidence in other areas. In this example the mother was aware that her partner returning was the reason for the key worker staying in touch and felt reassured by it. In another case, the key worker had been instrumental in helping a boy aged fifteen negotiate a relationship with the mother of his new-born son. So far this had been helpful

for the family, but there were on-going issues of access. To ensure that progress continued the key worker agreed to work with the son even when no more support was required for the rest of the family.

In another example, where there were residual mental health and safeguarding concerns, a multiagency team involving the daughter's school and mental health team stepped in when the family exited the programme, transferring lead professional responsibilities. This was important as there was a perceived risk of relapse due to the mother's alcohol dependency and a pending education statement decision for her daughter. When the mother became aware that support was ending, she asked for more time with the key worker for these two reasons specifically.

Not all families reported having been satisfied with how the exit process was managed. One mother said that the key worker had looked to close the case abruptly without an offer of continuing telephone contact, or any signposting to other services. The exit was therefore experienced as a 'jolt', with the mother commenting on the decision to end the case: *"I think they ran out of money. We would still like her [key worker] to come down"*. Nevertheless, both mother and daughter still positively reflected on the worker and there was some evidence that the support plan had been completed. The family had remained engaged with other services, including appointments at a local Job Club, and the daughter was taking steps towards independent living.

#### **Case study example: Negative effects of closing the case prematurely**

In one family, the mother thought that the programme had ended without being given the 'choice'. The key worker had worked with the son quite intensively and the mother had noticed improvement in his coping styles and resilience. The key worker had also arranged for an education statement for him so he would receive further support and had secured several grants providing financial assistance for the family. However, the mother felt she had unresolved confidence issues and would have benefited with more support in this area. She was still seeking employment and did not have the confidence to access and use services independently because she felt intimidated by professionals.

*"It got stopped at a point when I actually didn't want it to be stopped. Once we got my son straight, I actually really wanted some help for myself to get back into work and getting myself straight, because I had come out of domestically violent relationships... so my confidence was pretty ruined"*.

Mother

One way that appeared effective to test a family's readiness to exit was to monitor their ability to solve their problems at times when the key worker was still working with them, but was not available. This was demonstrated in cases where the key worker had been unavailable for periods of time during the intervention. Families and key workers reflected that it was an opportunity for families to solve an issue on their own – proving to themselves that they could approach things differently with the new skills they had learned.

*"We've had to [cope without the key worker] in cases where we've not seen her for a few weeks, and it's been good to know that she's not going to be there to hold our hands, in reality. This is the real world"*.

Mother



In another example, a father was initially showing signs of dependency on the key worker, as he still felt that he needed a lot of support to manage his children's lives. The father had reportedly even told them that '*...she [key worker] won't ever get rid of this family*'. The key worker reflected that when she was unavailable, the father demonstrated that he had more self-sufficiency and confidence engaging with professionals than he first realised. He needed the space to prove to himself that he could do it and, as a result, the key worker thought he wouldn't need support for much longer.

Families' self-confidence appears to be an underlying factor to a successful exit. Those families who had gained confidence in their capacity to manage their own lives were keen to return to being independent – even where often quite significant challenges remained. Less confident families showed a greater reluctance to reduce the level of input from the key worker and were often less optimistic about their ability to resolve problems independently.

A key area where families often lacked confidence was in engaging with professionals other than their key worker. Although the key workers judged them to be ready to exit, the families were apprehensive about attending meetings, such as those at their child's school, or to "*do the phone calls*" where it was necessary to seek professional support.

### 4.3 Sustaining outcomes

By the time they had exited or were approaching the exit point of their intervention, almost all of the families who were still engaged reported some degree of improvement in their circumstances and specifically in relation to the problem issues that were identified at the start of the intervention. For some, the difference was significant and they reported quite substantial changes in family routines, behaviour of children and young people within the family or their school attendance, and feeling more in control of the family's financial situation. Other families reported similar improvements as a result of their intervention, but expressed some anxieties about maintaining them in the future.

The families who demonstrated the most potential for sustainable outcomes were those who had learnt new skills from the key worker that had made them more independent and they knew how to reach out for support in the future if they needed it. For example, a mother from a family with four children had worked closely with the key worker and had seen the way she solved problems through accessing services and had learnt techniques from her. At the follow-up interview she was aware that the key worker was starting to work less with her, but she was satisfied with this decision because she would know where to go for help. She also felt she had more confidence; could be more persistent with issues relating to her children; and could understand the processes of different services.

*"I've seen the way she does things and think I could do that".*

Mother

The parents in another family had always felt that they were quite self-sufficient day-to-day, but the key worker had proven to be helpful in sourcing information for them. As a large family they engaged with many services, including housing, Jobcentres and social care services and often they felt intimidated by the processes and meetings. The

support from the key worker enabled them to find the information that they needed to make progress with their issues. The family did not see this as taking over their lives, but rather helping them to navigate things that they did not understand. In the short-term they needed the support for working with social care services to help their son arrange access visits to his daughter, but the mother described how they were learning for themselves as well, and they could see that they needed the key worker less over time.

*“We don’t feel reliant on her, but she’s like the Highway Code, if you have someone who knows the answers you tend to go to that person”.*

Mother

These examples illustrate families recognising and learning new skills from the programme – assertive parenting strategies and accessing services and information. Importantly, these families could see their role in bringing about this positive change and were hoping to continue after the programme had ended.

To help ensure that their progress continued after the programme, families often wanted their lives to be stable before they exited. School placement, attendance and other educational outcomes for the children were strongly associated with long-term stability for the family. Parents described how their family became more “settled” and could develop a routine once their children were receiving the right school support. In one family the key worker challenged a boy on his problems engaging with school and encouraged him to not be late. Once he had the motivation, she took him to school and helped him to develop a routine. At follow-up, the mother could see that he was thriving and she was also optimistic that this improvement would be long-lasting.

In addition to settling children into schools, key workers helped parents in the process for securing a statement for educational support. One family who were waiting for a decision on an educational statement was hesitant to withdraw from the programme until it was in place as this was seen as the greatest risk to their stability in the future. The mother was concerned that if the statement was not given then the daughter may have problem attending school again. She feared that this could increase the risk of a relapse with her alcohol dependency.

Despite these signs of progress, the sample also included examples of families for whom the complexity of their situation presented a continuing challenge to achieving stability. One family for whom there were multiple issues relating to mental health, domestic abuse and involvement in crime had appeared to make real progress at the point when the second interview took place, in terms of improvements to relationships within the family, and to the children’s behaviour and engagement in education, only for a subsequent deterioration in the families’ circumstances. The key worker reported that there had been an escalation in the criminal behaviour of one young person in the family, resulting in a period of ‘firefighting’ by the worker, before the case was stepped up to social care. There were also other families showing signs of progress during the programme, but the family and key worker both shared concerns that possible future events might compromise their progress. Unsettling events included a child moving school or a parent or partner returning from prison. Another family had a long history of crisis intervention and the key worker observed that the situation was still relatively “fragile” even following the 12 months of intervention. These examples underline the importance of observing families’ outcomes over a longer period to form a comprehensive view of whether changes were sustainable.

# 5 Conclusions

This report has presented the findings from a qualitative study of 22 families who received support through the Troubled Families programme, tracking their experiences and outcomes from the early stages in their intervention to the point of exiting. The findings complement and provide further insights to the other strands of data collection and analysis, including the qualitative research with local services and family survey.

In the previous chapters, we first examined families' engagement with services prior to the Troubled Families programme, their satisfaction with the support that was provided, family assessments and how their needs were identified prior to the programme (Chapter 2). We went on to consider how families' engagement in the programme was secured and their recall of the assessment and planning stages. We then went on to consider the key distinguishing features of the Troubled families key workers, from families' perspectives, their views on the mode and frequency of contact and how the intervention was structured (Chapter 3). We also examined the approaches taken by workers to engage the whole family, and how this worked in practice. Finally, we looked at the main types of outcomes that were self-reported by the families and how these were achieved (Chapter 4).

In this concluding chapter, we draw together and reflect upon the key messages from the qualitative study and we set out a number of emerging 'considerations for practice'.

## 5.1 Overview

Based on the snapshot provided by the qualitative interviews, we have seen that the needs of families supported through the programme were often complex and multi-faceted. Most of the families had a longstanding history of contact with different practitioners. Many acquired a degree of cynicism about professional help, having been passed between multiple agencies, with interventions started but left 'unfinished'. Although some could also recall specific individual professionals whom they considered to have made a real difference to their lives, these positive examples were by no means the norm.

### 5.1.1 Engagement

Families' recall of their initial contact with the programme was often fairly imprecise, even at a relatively short interval following the start of the intervention. In contrast to key workers, who had a clear oversight of the intervention and its boundaries, families located the support that they had received from the programme within a much longer history of contact with different professionals. It often took considerable time and effort for the inputs of the key worker to stand out against the backdrop of other events in families' lives. Where families were better able to recall the initial engagement with their key worker, this had often been explained to them as constituting something 'new' – whether they were being assigned a different worker, or offered an alternative way of working.

The research underlined the importance of getting the initial message right, and families' initial engagement was sometimes memorable for the wrong reasons – they had received a letter from 'cold', or the intervention had been explained to them in a way that implied

problem behaviours with which they did not identify, or a degree of compulsion to which they objected. This sometimes put up boundaries right from the start.

The initial months of the intervention were described as being a critical time in gaining families' trust. The interviews showed that families were often relatively 'guarded' at the prospect of starting with a new worker and that in some instances young people in particular had already invested a certain degree of trust in a different support worker of some kind (e.g. a youth worker). The key worker needed to negotiate these relationships carefully to avoid displacing what was seen to be an existing source of support. Conversely, where the key worker had had previous involvement with the family, this sometimes made it more difficult to challenge preconceptions about what was being offered to the family.

The interviews underlined that there were effectively two stages of securing families' engagement – gaining a foothold with the family, and subsequently securing engagement of individuals within the family. Sometimes, even where the relationship with a primary carer was thought to be very positive and the key worker was working with them to set goals and measure progress, the engagement of other members of the family was more variable. When interviewed separately, these differences in awareness and attitudes towards the programme became more apparent. It was clear that regular one-to-one contact with different members of the family was an important way to gauge progress and that over-reliance on a single family representative (usually a primary carer) risked over-estimating the level of buy-in to the process from the family as a whole.

The interviews demonstrated that practitioners were generally astute at balancing thorough case planning and assessment, with the need to avoid unnecessary exposure of families to administrative processes. Nonetheless, families generally responded well to participatory forms of assessment, such as outcome stars and visual tools. Having a clear plan of some kind written down was beneficial in helping to formalise the offer of support from the key worker and helped to ensure that all families acknowledged the issues that they were seeking to address.

### **5.1.2 Service delivery**

Families' descriptions of their key worker and the qualities that they valued the most resonated with the findings from the research with practitioners (see: White and Day, 2016). Families routinely cited the importance of the following qualities in their worker:

- consistency and stability through having a single point of contact;
- being honest and open about what was/was not possible to achieve;
- taking active steps to get to know the family and to gain their trust;
- persistence and tenacity, particularly around those resistant to change;
- responsiveness – effectively doing what they said they would, and being there for families when it mattered the most; and
- positive reinforcement – valuing families' strengths and recognising their ability to cope in the face of adversity, as well as focusing on their problems.

A key theme to emerge was the importance of families needing to feel that they had a say in whether to engage and on what terms. This was often something that professionals had taken for granted in the past, or which was not even a consideration where a previous

statutory (e.g. social care) intervention was set in place, but which families felt was important to them. The two-way and trusting relationship with the worker helped to provide families with the reassurances that they needed in this respect. It sometimes also helped to secure a degree of compliance when the worker had to be more assertive with families – introducing parenting routines, challenging young people’s behaviour and raising awareness of the potential consequences of non-compliance with sanctions.

The frequency of contact time with the worker seemed to vary during the course of families’ involvement in the programme. With the exception of periods when families were experiencing a ‘crisis’ of some kind, weekly or fortnightly face-to-face visits appeared to be the norm. Families regularly valued the ability to maintain lighter-touch contact with the worker in-between visits, and telephone and texting was effective as a source of day-to-day advice and reassurance. Whilst many of the local authorities offered an ‘out of hours’ emergency service of some kind, families generally maintained clear boundaries and respected the need to avoid over-burdening their worker.

As might be expected, the precise nature of the intervention provided through the Troubled Families programme varied between individual families according to their needs and the complexity of families’ circumstances.

The interviews provided a consistent picture with regard to the models of family intervention that were provided to the 22 families through the programme. All of the cases were characterised by relationship-based support, centring on the key worker. This nearly always included a combination of assertive outreach by the key worker and advocacy with respect to accessing other services. In some cases the key worker delivered most of the intervention themselves, whereas in others they relied more heavily on inputs from external organisations. Although this partly seemed to reflect differences in families’ needs, it also seemed to reflect the degree to which individual workers felt comfortable in providing support in relation to topics such as parenting skills, money management, and so forth. As such, it might also reflect differences in professional training and competencies.

One aspect of the key worker role that came through particularly strongly was their involvement in supporting the family in the context of formal processes involving other organisations. Families routinely described how key workers had attended multiagency CAF meetings or school exclusion panel meetings where their child’s education was discussed, and that they supported families with processes relating to SEN statementing, CAMHS referrals and housing-related actions. Families consistently valued the emotional support from the key worker during these processes, and their knowledge and professional standing. This was often reported to have had real results in un-blocking administrative processes and ensuring that families were not treated unfairly.

The use of discretionary budgets and spot-purchasing seemed to be well established and formed part of the intervention provided to families. Some families also commented positively on the willingness of the key worker to address employability issues as part of the intervention – this was often considered to be a departure from support they had been offered in the past.

As documented in previous research (Cabinet Office, 2008), there were some marked variations in practice between cases where the main focus seemed to be on the specific needs of numbers of individuals, whilst drawing upon the support of other family members

as part of the intervention, and cases where there was a clearer 'whole family' focus. The interviews attested to the fluidity of the work that was undertaken with individual families, whereby the focus of the intervention was subject to change over time in response to changing needs, and as a result of family members leaving or joining (in the case of new relationships and young people entering parenthood, for example).

The ages of children and young people within the family emerged as being potentially significant to how family interventions were best planned and implemented. On the one hand, it was sometimes older adolescents – particularly older males/young men aged 16 plus – who were the most despondent at the point of initial engagement. In contrast where the key workers had specifically engaged this age group, including help with finding work experience or training and attending appointments, the response was generally very positive and the young people were pleased and surprised that the intervention had something to offer them.

### **5.1.3 Progress and outcomes**

The interviews provided an opportunity to explore families' perceptions of what had changed for them as a result of the intervention. Whilst the interviews did not allow for follow-up over a longer period, a clear theme emerged in terms of families feeling better able to cope with their circumstances, and making better use of the support available to them within the family and from local services. The interviews also underlined the extent to which families' access to support hinged on their ability to navigate a maze of professional assessments, service thresholds and multiagency decision-making processes. One of the clear benefits of the key worker's advocacy role was therefore often the opportunity for families to gain first hand experience of what effective 'negotiation' looks like and how results are achieved. Although a number of the families exited their intervention reporting greater knowledge and confidence in this respect, this remained an area of anxiety with regard to potential issues that might arise in the future.

A further area where families reported having benefited from the intervention included their improved access to specialist support – typically as a result of obtaining a long-awaited specialist referral or diagnosis relating to health or educational issues. Families also commonly reported having gained further confidence and skills in respect of managing their finances, including basic budgeting and managing repayments. Furthermore, there was some evidence that families had increased in confidence due to the support given in respect of their parenting. This was apparent from the small changes to routines and techniques for managing behaviour. Finally, there were a handful of examples where the intervention was delivered at a crisis point and was believed by the family to have averted a potential social care intervention/removal of the child from the family.

## 5.2 Key messages for practice

The report identified a number of key messages for practice, based on the experiences of families who took part in the qualitative research. These relate to aspects of family intervention that families consistently felt to be important and that emerged as being common themes within the sample of interviews that were completed for the study.

These key messages are not exhaustive, and we stop short of describing them as 'good practice' on the basis of a relatively small-scale qualitative data-set.

They can be summarised as follows:

1. the need to ensure that initial engagement avoids the stigma of singling-out families as being 'troubled', and is based on an understanding of current issues within the family rather than relying solely on case files and data;
2. the importance of establishing where there might be existing positive professional roles within families' lives, and ensuring that the intervention takes account of any work that might already be in progress;
3. the importance of seeking regular feedback from multiple family members, to gain an understanding of levels of engagement, beyond the primary carer;
4. the importance of streamlining administrative processes and maintaining an informal style of engagement, whilst maintaining sight of objectives agreed with family members;
5. the importance of recognising the key worker qualities that are most valued by families, which include consistency; honesty and establishing trust; responsiveness, and positive reinforcement of families' strengths and achievements;
6. the value of telephone, texting and other forms of electronic communication as a mechanism of keeping in touch with families between face-to-face visits, and checking information/status updates pertaining to the intervention;
7. the importance of reviewing the range of skills, competences, and tools that are available to key workers to ensure that they are equipped to support families with a diverse range of support needs; from practical advice and techniques relating to parenting, to basic budgeting and money advice;
8. the significance of the role of the key worker in providing advocacy to families in the context of decision-making processes involving other agencies, such as school exclusion panels, assessment panels and applications for psychological assessment or SEN statementing, and the importance of families' abilities to acquire the skills to negotiate with other professionals in preparation for exiting their intervention; and
9. the need to ensure that interventions are tailored to take account the ages of the children within the family and to specifically consider mechanisms for engaging older adolescents and meeting their support needs within a family intervention model.

# Appendix A: References

Cabinet Office (2008) *Think Family: a literature review of whole family approaches*. [Online] Available: [http://dera.ioe.ac.uk/7373/1/think\\_family\\_report%20pdf.ashx](http://dera.ioe.ac.uk/7373/1/think_family_report%20pdf.ashx) [Accessed: 23<sup>rd</sup> August 2015]

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# Appendix B: Sampling information

**Table B.1 Sampling Information**

	Local authority area	Intensity	Family composition	Interview details		
Family		Intensive (I) Less intensive (LI)		Respondents		Total number of interviews
				Baseline only (B) Baseline plus exit (BE) Snapshot – exit only (S)		
Family 1	Local authority 1	I	Mother, partner and 3 children (age range: 5 -13 years)	(BE) Mother (BE) Child 2 (S) Child 1		5
Family 2	Local authority 1	LI	Mother and 1 child (9 years)	(BE) Mother (BE) Child 1		4
Family 3	Local authority 2	I	Mother and 5 children (age range: 12 – 19 years)	(BE) Mother (BE) Child 4 (B) Child 1 (B) Child 2 (S) Partner		7
Family 4	Local authority 3	LI	Mother and 3 children (age range: 5 – 14 years)	(BE) Mother		2
Family 5	Local authority 4	I	Mother and 4 children (age range: 5- 18)	(BE) Mother (BE) Child 1 (S) Child 3 (S) Child 4		6
Family 6	Local authority	NR	Mother and daughter (5 years)	(BE) Mother		4

	Local authority area	Intensity	Family composition	Interview details		
Family		Intensive (I) Less intensive (LI)		Respondents Baseline only (B) Baseline plus exit (BE) Snapshot – exit only (S)		Total number of interviews
	5			(BE)	Daughter	
Family 7	Local authority 6	LI	Mother and father and 7 children (age range: 0-21 years)	(BE) (B) (B) (B)	Mother Father Child 1 Child 4	5
Family 8	Local authority 2	LI	Grandmother and 1 child (14 years)	(B)	Grandmother	1
Family 9	Local authority 7	NR	Mother, partner, and 4 children (age range: 4-19 years)	(B) (B) (B)	Mother Child 1 Child 2	3
Family 10	Local authority 4	I	Mother and 5 children (age range up to 17 years)	(B) (B) (B) (B)	Mother Child 2 Child 3 Child 4	4
Family 11	Local authority 7	NR	Mother, husband, mother's brother (16 years) and 5 children (age range: 0 – 6 years)	(B) (B) (B)	Mother Husband Mother's brother	3
Family 12	Local authority 7	I	Grandmother and 2 children (age range: 16-20 years)	(S) (S)	Grandmother Child 2	1
Family	Local authority	NR	Mother and 4 children (age range: 4-14	(S)	Mother	1

Local authority area		Intensity	Family composition	Interview details		
		Intensive (I) Less intensive (LI)		Respondents Baseline only (B) Baseline plus exit (BE) Snapshot – exit only (S)	Total number of interviews	
Family 13	7		years)			
Family 14	Local authority 8	LI	Mother and 6 children (age range: 4 - 19 years)	(S)	Mother	1
Family 15	Local authority 8	I	Mother and father and 9 children (age range: 5 -18 years)	(S) (S)	Mother Father	2
Family 16	Local authority 8	I	Father and 5 children (age range: 6-14 years)	(S)	Father	1
Family 17	Local authority 6	LI	Mother, father and 8 children (age range 2 – 21 years)	(S) (S) (S) (S) (S) (S)	Mother Father Child 1 Child 3 Child 4 Child 5 Child 6	7
Family 18	Local authority 5	LI	Mother and 3 children (age range: 2-16 years)	(B) (B)	Mother Child 1	2
Family 19	Local authority 9	N/A	Mother and 3 children (age range: 5 – 19 years)	(B) (B) (B)	Mother Child 3 Child 2	3

	Local authority area	Intensity	Family composition	Interview details		
		Intensive (I) Less intensive (LI)		Respondents		Total number of interviews
Family				Baseline only (B) Baseline plus exit (BE) Snapshot – exit only (S)		
Family 20	Local authority 9	N/A	Mother and father and 5 children (age range: 10 -29 years)	(B) Mother (B) Father (B) Child 3 (B) Child 4 (B) Child 5		5
Family 21	Local authority 10	I	Mother and 2 children (age range: 12 – 14 years)	(S) Mother		1
Family 22	Local authority 3	LI	Mother and father and 4 children (age range: 6 – 15 years)	(BE) Mother (BE) Father (BE) Child 1 (BE) Child 3 (BE) Child 4 (S) Child 2		11