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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Glossary of terms

Action Plans	As a requirement of funding, each local authority completed a template document detailing their plans for the implementation of Families First. These 'action plans' were updated in October 2012. An End of Year Report for each area was produced in April 2013, outlining progress against these plans.
Additionality	Refers to the 'additional' contribution of a programme or intervention to a given outcome, over and above what would have been achieved in the absence of the programme or intervention.
Agencies	Refers to a range of organisations, companies or departments which are involved in the delivery of family support services. For example, a Local Health Board or a mental health organisation in the third sector.
Baseline	Refers to a 'starting point' against which the success of Families First will be measured. A series of population indicators have been set by Welsh Government; the 'baseline' figures for these measures have been recorded for 2012 (i.e. prior to the full introduction of Families First across Wales). This and future reports will measure the progress against the original 'baseline' figures.
CAMHS	Child and Adolescent Mental Health Services.
Case studies	Seven local authorities were selected to provide in-depth information about a range of models and practices being used in Families First. Case study visits were conducted in three stages: i) analysis of local secondary evidence to give a detailed picture of the local service context; ii) in-depth interviews and discussion groups with professionals involved in managing and delivering Families First; iii) (in four of the seven areas) in-depth interviews with families who have received Families First services locally.
Children and Young People's Plan (CYPP)	The Children and Young People's Plan is a strategy, set at the local level, which outlines the high-level aims of agencies working for children and young people.
Cymorth	The Cymorth Fund was introduced in 2003/04 by the Welsh Government to provide a network of targeted support for children and young people delivered at a local level. Families First replaced Cymorth from April 2012.
Disability (funding) element	One of the five key elements of the Families First programme. Each local authority's Families First funding includes a ring-fenced amount that should be spent on improving provision for families with disabled children and young carers.
Distance Travelled Tool (DTT)	A framework designed to monitor the progress made by families as a result of an intervention. A range of different DTTs are in place; however they all capture the strengths and needs of individual families at the start of an intervention (against a standard framework) and regularly update this throughout the programme of support to help identify progress.
Early intervention and prevention	Refers to specific stages in the 'continuum of support' offered in family support services. 'Prevention' is an approach that takes account of the wider family needs in pre-empting or addressing those needs before they become acute. This precedes support services designed at 'protection' (support for families who without intervention may reach crisis point) and 'remedy' (support for families near or at crisis point).
Families First leads	Local authority staff with responsibility for delivering the Families First programme in their local area.
Family Outcomes Tool (FOT)	The Family Outcomes Tool (FOT) aggregates data captured by local authorities (using Distance Travelled Tools) to provide an overall assessment of what proportion of families

	experiencing Families First have seen improved outcomes.
Joint Assessment Family Framework (JAFF)	One of the five key elements of the Families First programme. A JAFF is a process used to assess the needs of the whole family across multiple types of need. Each local authority must have a JAFF as a requirement of funding.
Learning sets	One of the five key elements of the Families First programme. Learning sets offer a structured format for groups of staff, agencies and authorities to come together and share learning at a local, regional and national level. Each local authority has a programme of learning sets to share learning about Families First. The Evaluation Team is responsible for delivering annual national learning sets and have created the MLE as a forum for discussion.
Local Service Boards (LSB)	An operational group established in each local authority. LSBs bring a range of public and third sector organisations (such as health, social services, police and children's charities) together to agree how best to deliver services.
Match-funding	Refers to a financial arrangement where the cost of some or all of a grant has been provided by another service or funding stream. Local authorities are able to use 'match-funding' in the delivery of commissioned projects.
Managed Learning Environment (MLE)	A web-based forum. Local Families First staff are able to use the site to share learning, promote best practice and raise questions for the Welsh Government and for each other. The Welsh Government and Evaluation Team can also use the site to disseminate information about the evaluation and Families First programme as a whole.
Multi-agency working	A working arrangement where staff from more than one agency work together towards a common objective. This may be in the joint delivery of a service, or in an agreed 'joined-up' approach to providing an intervention (or range of interventions) for a family.
National stakeholders	Refers to a range of senior staff identified by the Welsh Government as having a relevant contribution to the design or implementation of the Families First programme. These include senior staff from within relevant Welsh Government departments and third sector organisations.
Needs assessment	A process through which local authorities are able to identify the range and volume of 'gaps' between the current and desired skills/circumstances of local residents. Needs assessments are used to plan family support services.
Pioneer areas	Families First was rolled out in phases, with six local authorities acting as early adopters of the programme in July 2010 (phase 1) and eight additional local authorities involved from March 2011 (phase 2). These local authorities are called 'pioneer' areas. The programme was rolled out to the remaining eight authorities from April 2012.
Practitioners	'Practitioners' refers to all staff involved in front line delivery of JAFF and TAF. This will include staff in multiple organisations.
Process Change	A measure of the impact that Families First has had on the processes and systems used to deliver services to families. This is measured through an assessment of how processes and systems have changed and the extent to which changes are due to the introduction of Families First.
Process Change Performance Measures (PCPM)	The PCPM framework helps to demonstrate the extent to which processes and systems in the delivery of services for children, young people and their families have changed and are changing due to the introduction of Families First. Data for the PCPM framework is provided through local authority quarterly progress reports and the stakeholder survey.
Project managers	'Project managers' refers to staff who are responsible for the delivery of projects funded by

	the Families First grant. Project managers are employed by a range of different organisations, including from the public and third sector.
Results Based Accountability (RBA)	A management tool used to define and assess services. Under an RBA approach, the expected results/outcomes are clearly defined at the start of the project and data is regularly collected to review progress against these outcomes. An RBA framework will look in detail at performance accountability (how much did we do/how well did we do it/is anyone better off?) and population accountability (what improvements have been made at the population level).
Service Providers	This term is used by the evaluation team to refer to agencies, local authorities or third sector organisations who have been commissioned to deliver specific services in relation to Families First. These could include third sector or private organisations, or departments within local public services.
Stakeholder survey	Ipsos MORI conducted online surveys of local stakeholders in 2014 (18 February-21 March) and 2015 (10 March-27 May). The survey was disseminated among staff identified by all 22 local authorities in Wales as being involved in the Families First programme. In total, 584 staff took part in 2015 and 648 in 2014.
Stock and Flow	Refers to the number of families flowing through each stage of the JAFF and TAF process to access family support services through Families First. For example, how many TAFs were signed, and how many families were referred to a commissioned project as part of their individual TAF action plan.
Strategic/senior staff	'Strategic staff' is used by the evaluation team to refer to senior decision-makers from all organisations involved in the design and delivery of the Families First programme, including within local authorities and other statutory and voluntary sector organisations.
Strategic commissioning	One of the five key elements of the Families First programme. Projects commissioned using Families First funding are expected to be tied to a coherent strategy based on local need, usually commissioned through a competitive tendering process and delivered as large-scale flexible projects.
Team Around the Family (TAF)	One of the five key elements of the Families First programme. TAF refers to the model of support that oversees and co-ordinates the interventions received by families through the programme. A TAF is expected to take account of the needs of the whole family and involve the co-ordination of multiple agencies in delivering a seamless service for the individual family.
Third sector	Refers to non-governmental and non-profitmaking organisations or associations which are able to deliver family support services. These include charities, voluntary and community groups and co-operatives.

1 Policy context and rationale

Families First aims to improve the design and delivery of local authorities' family support services. It aims to improve services through offering support that caters for whole families, rather than individuals within families, and by co-ordinating the organisations working with families so that families receive joined-up support. The intention is to provide early support for families – particularly families living in poverty – with the aim of preventing problems escalating. The programme is reflective of a UK and international trend towards providing whole-family, early intervention services delivered by multi-disciplinary teams.[1]

The programme is a key response to the Welsh Government's Child Poverty Strategy (CPS) and a significant contributor to the objectives of the Tackling Poverty Plan (TPAP). The CPS and TPAP set out core objectives around: preventing poverty in the next generation through early intervention programmes to help families and children; helping people and families out of poverty through work; and mitigating the effects of poverty in the here and now.

Families First aims to reduce the numbers of families developing complex needs and requiring relatively intensive and costly interventions.[2] The programme is designed to complement mainstream services which tend to focus on delivering core universal services (such as education) or specialist remedial support (such as social care, health and policing). Families First seeks to improve early access to, and the delivery of, preventative and protective support. It is an example of the Welsh Government's 'invest to save' principle, investing in support before families' problems become more complex and costly to resolve.

Families First is one of a suite of programmes aimed to provide support to disadvantaged families and communities across Wales. Local authorities are encouraged to integrate the delivery of Families First with complementary programmes, most notably Flying Start, the Integrated Family Support Service and Communities First. A range of other programmes will also provide opportunities for Families First to link with, including initiatives such as Jobs Growth Wales which provides opportunities for youth employment. The integration of programmes should result in efficiencies in spending, as well as providing seamless support to families.

The early intervention and multi-agency principles of Families First should be strengthened by a number of new initiatives at national and local level in Wales, including the Well-being of Future Generations Act and the Common Outcomes Framework.

The Well-being of Future Generations (Wales) Act places a requirement on public bodies to work collaboratively, set up long-term plans, and to use early intervention approaches.[3] Local authorities will establish Public Services Boards to improve the economic, social, environmental and cultural well-being of their areas, and a national Future Generations Commissioner for Wales will support local authorities. At a time of shrinking budgets, when early intervention principles may be questioned, the Act should provide support for this key principle underpinning Families First.

The Welsh Government plans to roll out the Common Outcomes Framework across Wales from March 2016.[4] The Framework aims to facilitate and encourage better alignment of the programmes that have the greatest potential to tackle poverty: Families First, Communities First and Flying Start.

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[1] http://www.nspcc.org.uk/globalassets/documents/research-reports/families-northern-ireland-experiencing-multiple-adversities-report.pdf
[2] Families First Guidance: http://wales.gov.uk/docs/dhss/publications/111219ffguideen.pdf
[3] http://www.legislation.gov.uk/anaw/2015/2/contents/enacted
[4] http://gov.wales/topics/people-and-communities/tackling-poverty/common-outcomes-framework/?lang=en

Progress in implementation

2 Implementation

2.1 Introduction

This chapter summarises the implementation of the programme to date across its five strands. The review of programme implementation links to the following evaluation objectives:

- to understand how JAFF and TAF have been developed and implemented;
- to understand the targeting and reach of JAFF and TAF;
- to review the progress made by local authorities in putting in place appropriate commissioning arrangements to date;
- to review progress in implementing the disability element of Families First across local authorities; and
- to understand local authorities' approaches to local and regional learning sets.

Progress in delivering against these evaluation objectives is informed by the Theory of Change Model (a copy of which is included in the Appendix). This Model identifies the following aspects of programme implementation, each of which are a specific focus within this chapter:

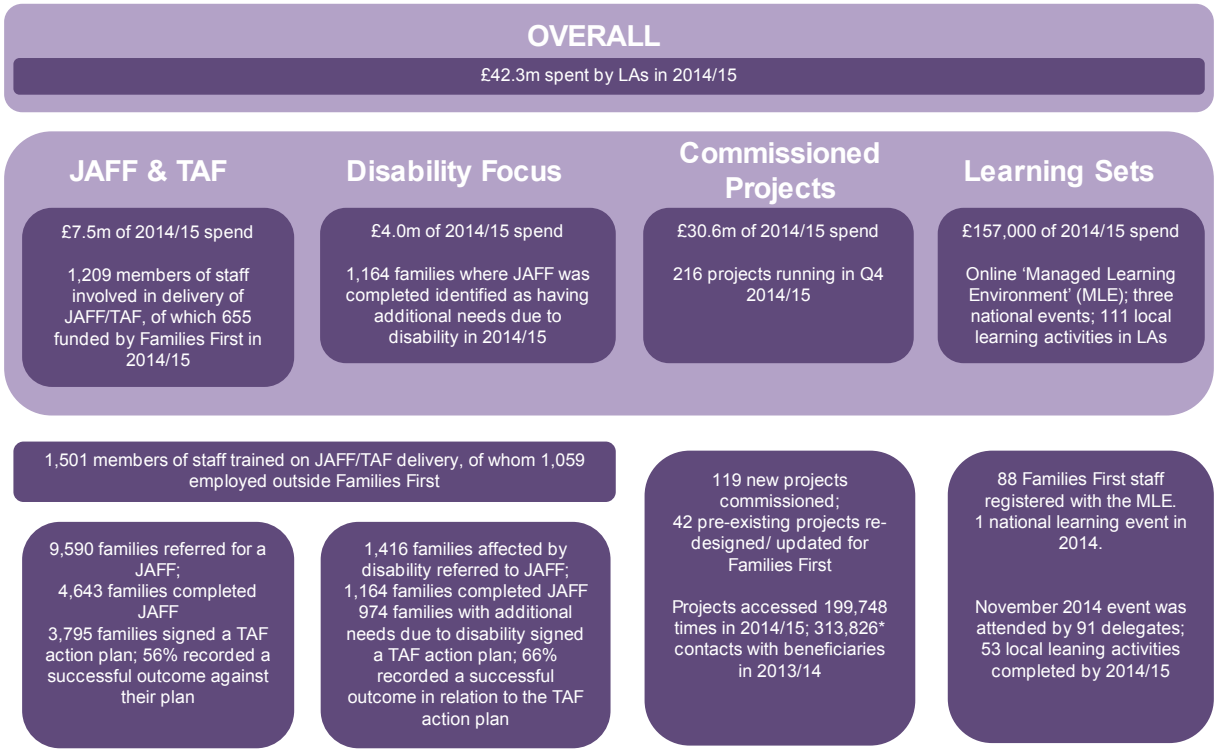
- the inputs or resources dedicated to the design and delivery of Families First (e.g. budget and staff);
- the activities delivered through the programme (e.g. training, learning set activities); and
- the outputs of the activities delivered (e.g. number of TAF action plans signed).

The evidence for this chapter is primarily drawn from local authority progress report data (for 2014/15 as well as for 2013/14), and financial claims made by local authorities for 2013/14 and 2014/15. It also draws on information gathered from case studies and consultations with local authority staff, as well as a survey of Families First stakeholders across all 22 local authorities. Where relevant, data from the second year evaluation (2013/14) has been referenced by way of comparison or to highlight relative progress.

2.2 Overview of implementation

The main inputs, activities and outputs associated with activity in 2014/15 are summarised in Table 2.1 below. Data are drawn from local authority progress reports.

Table 2.1 Summary of inputs, activities and outputs for 2014/15 financial year



** Definition of access changed from 2013/14 to 2014/15. Figures may double count beneficiaries, includes TAF cases.*

2.3 Inputs

The allocation of Families First spending across the core elements of the programme has been strikingly similar over the past two years, with the largest portion of the programme budget (72%) funding strategically commissioned projects (see Table 2.2).

Table 2.2 Total expenditure broken down by programme element 2014/15

Project element	Profiled (£) in 2014/15	Actual (£) in 2014/15	Difference (£) between profiled and actual 2014/15	% of total spend in 2014/15	% of total spend in 2013/14
Commissioned projects	31,558,735	30,629,514	929,221	72	73
JAFF/TAF	7,565,258	7,450,747	114,511	18	18
Disability focus	4,098,005	4,031,658	66,347	10	9
Learning sets	176,255	157,075	19,180	0.4	0.4
Total	**43,398,253**	**42,268,995**	**1,129,258**	**100**	**100**

Source: Local authority progress reports, March 2015. Based on data provided by 22 Local Authorities. 2013/14 expenditure based on local authority progress reports, March 2014. Total spending in 2013/14 was £43.4m of which £39.4 was spent on commissioned projects and JAFF/TAF.

The proportion of the total programme budget allocated to each of the core programme elements varies substantially by local authority, which reflects the range of models being used nationally (see Table 2.3). However, spending on strategically commissioned projects exceeds the JAFF/TAF budget in all but one local authority. There is evidence of local authorities changing JAFF/TAF models over time, with impacts on the proportion spent on JAFF/TAF compared with previous years in some local authorities, although national expenditure has varied little since 2013/14.[5] Expenditure on the JAFF and TAF elements of the programme involves investment in central Families First staff teams, training and awareness-raising and sub-contracting JAFF and TAF to commissioned projects

Table 2.3 Allocation of expenditure by element of programme in 2013/14 and 2014/15 and variation across local authorities[6]

Project element	% spent on element as a proportion of total cost 2013/14	% spent on element as a proportion of total cost 2014/15	Range in % spending among local authorities 2013/14	Range in % spending among local authorities 2014/15
Strategically commissioned projects	73	72	15-89	14-88[7]
JAFF/TAF	18	18	4-78	4-79[8]
Disability	9	10	7-23	4-23
Learning sets	0.4	0.4	0-1.54	0-1.68

Source: Local authority progress reports, March 2015

Compared with last year, local authorities' spending was closer to their budgeted spending in 2014/15, which highlights improvements in forecasting and delivery (see Table 2.4). However, there continues to be a significant underspend on the learning sets element of Families First. Local authorities cite a number of challenges in running learning sets which are discussed further in section 5.5.1. Nationally, spending on disability is in line with budgets but there is some variation at the local level: seven local authorities spent less on disability than the ring-fenced budget allocated, seven spent within 2% of the budget, and eight spent more than the ring-fenced allocation.[9]

Table 2.4 Expenditure against budget in 2013/14 and 2014/15

Project element	% budgeted allocation spent 2013/14	% budgeted allocation spent 2014/15
Strategically commissioned projects	98	98
JAFF/TAF	93	99
Disability	96	101
Learning sets	87	92
Total	**97.2**	**97.6**

Source: Local authority progress reports, March 2015 and March 2014.

Local authority progress data highlight the ongoing work at a local level to engage and equip staff in partner agencies – such as school teachers, police or health care professionals – to play a role in JAFF and TAF. There are currently 1,209 members of staff working on the implementation and delivery of JAFF and TAF across Wales. Some 41% of the staff involved in delivering the programme

[5] See Appendix for details.
[6] Figures may sum to slightly more than 100% due to rounding.
[7] 52-88% if Blaenau Gwent is excluded.
[8] 4-40% if Blaenau Gwent is excluded. This authority has a very different spending profile, exaggerating the reported range.
[9] See Appendix for local authority data.

are not directly employed by Families First, reflecting the fact that implementation requires the active collaboration of staff across a range of local agencies. A large number of individuals have been trained on JAFF and TAF procedures and practices, which enables staff to make appropriate referrals into the programme. Some 71% of the 1,501 staff trained in 2014/15 are based outside Families First teams.

As Table 2.5 shows, agencies focused on supporting children – such as schools and children's social services – are more engaged in JAFF/TAF processes than those focusing on adults, such as adult social services and substance misuse agencies. Child-focused agencies are also more likely than adult-focused agencies to make referrals into the programme. In many authorities, there may be scope to improve the quality and timeliness of referrals into the programme through engaging with adult-oriented services more closely.

The data underline the limited involvement of GPs and CAMHS with TAF teams: the lack of involvement of CAMHS on TAF teams was frequently mentioned during consultations as problematic.

Table 2.5 Agency involvement in JAFF and TAF elements 2014/15

	No. LAs where agency is involved in referrals to JAFF	No. LAs where agency is involved in delivery of JAFF (e.g. conducts assessments)	No. LAs where each agency is involved in delivery of TAF (e.g. participates in TAF process as a key worker or practitioner)	No. LAs where agency was involved in design of JAFF and/or TAF
Schools and other education services	21	14	9	14
Health visitors	21	15	13	16
Children's social services	21	13	8	12
Self-referral	19	10	6	9
Third sector	18	13	11	13
Child and adolescent mental health services	17	10	8	7
GPs	14	7	2	1
Housing services	14	6	5	7
Employment support services	11	5	5	7
Police	11	6	6	5
Adult social services	9	4	3	0
Adult substance misuse services	7	6	4	3
Fire services	4	4	2	4
Other primary care services	18	6	7	8
Other agencies	13	8	9	8

Source: Local authority progress reports, March 2015

Local authorities report that new agencies are increasingly engaging in TAF as they recognise the benefits of involvement. For example, the involvement of a housing association in TAF was

highlighted as a recent success in one local authority consultation. The housing association has been well represented at referral meetings, recognising that TAF is a mechanism for addressing issues like managing relationships with tenants, and issues such as housing maintenance and anti-social behaviour.

2.3.1 Models of delivery

TAF models are fully operational in all 22 local authorities. An important element of the evaluation has been to assess the different models used to deliver JAFF and TAF services across Wales. Key findings and considerations are summarised in Table 2.6.

Table 2.6 TAF models of delivery

Component	Key findings
Timing of JAFF assessment	JAFF may be used as an initial assessment to determine whether Families First support is required, or as the basis of developing family action plans once families have been identified as eligible for Families First. Authorities may use pre-JAFF assessments to determine families' suitability for Families First and to avoid making inappropriate referrals into the programme. These can take the form of meetings to discuss and prioritise cases for TAF. The complexity of families' needs may only become apparent as they work with practitioners, so local authorities will need to ensure early JAFFs do not exclude families who may be eligible for TAF support. In many authorities, JAFF forms have been, or are being, shortened so they are easier to use with families and practitioners willing to use them.
TAF delivery	'Everybody's Business' models (in which practitioners in universal services take a role in the delivery of TAF) initially appeared to offer a more sustainable solution than 'Centralised' models of delivery (in which the TAF functions are carried out by a centrally funded team). However, even Everybody's Business models will require significant ongoing investment (especially in the form of training staff outside Families First teams to play an active role in delivery) if multi-agency working is to continue at its current scale. In practice, most authorities use a hybrid of the Everybody's Business and Centralised approaches. The model of delivery appears to be less important than ensuring staff across the agencies involved in delivering Families First are aware of, and accept, their role in the programme. It is challenging to engage local partners in the active delivery of TAF. Co-located teams and neighbourhood hubs – usually built on existing local structures – appear to be particularly effective in promoting effective multi-agency collaboration. Local authorities have used needs mapping to identify that neighbourhood-based provision needs to cover relatively affluent areas, where support needs can still be prevalent.
Role of TAF panel	Some authorities have a TAF panel which is distinct from the TAF teams that work directly with families. Whether the TAF panel works as a central advisory body, or plays a day-to-day role in referrals and resourcing, regular face-to-face meetings appear to help in building relationships. Staff in some local authorities commented that *ad hoc* TAF panel meetings were poorly attended, but a regular meeting with a fixed membership had improved efficiency.
Thresholds for TAF support	Where eligibility thresholds for accessing TAF are high, families requiring 'early intervention' may find it difficult to access Families First services. Local authorities with higher thresholds have found it useful to offer signposting services to families falling short of the TAF eligibility criteria so they are able to access suitable support.

Governance and management structures	Families First appears to align best with other programmes where there is joint strategic management. Staff cite benefits in terms of better prioritisation of resources, greater clarity of priorities across organisations, better sharing of resources and greater buy-in to Families First principles across the local authority. In most cases, there is some strategic alignment but it does not extend to full joint management across programmes (e.g. programme staff work separately but report to the same board, or there are links between Families First and other teams run through the same directorate).

2.4 Outputs

2.4.1 Commissioning

In the fourth quarter of 2014/15, a total of 216 projects were running across the 22 local authorities.[10]

Prior to Families First, local service provision was often based on awarding grants to local providers. The Families First guidance specified the intention that local authorities would commission a smaller number of larger projects compared to previous arrangements under the Cymorth programme, using formal commissioning processes, and basing commissioning on a coherent strategy.

Families First appears to have prompted a significant change in the service landscape. Based on the data available, it appears that less than 10% of local authorities' spending on Families First projects in 2014/15 went to former Cymorth projects that remained unchanged. Some 52% of authorities' spending on projects went to new projects, while most of the remainder was spent on reconfigured Cymorth projects (see Table 2.7). Please note that these figures should be treated with caution, as classification of projects has been determined locally and may therefore be inconsistent. Nevertheless, the data highlights the significant change in the projects commissioned locally under Families First.

Table 2.7 Commissioning activity; wholly new or pre-existing projects

	Number of projects funded in 2014/15[11]	Approximate value of contracts
New project	119	£18m
Previous Cymorth project	51	£3m
Expanded Cymorth project	27	£5m
Reduced Cymorth project	15	£2.4m
Other (mixed history)	18	£6m
NA (admin/delivery functions)	4	£0.24m

Source: Local authority responses

One-fifth (43) of the services running in Q4 2014/15, involved some element of joint commissioning. Some 30 of these projects involved local authorities commissioning services with other teams within their authority, and 13 projects were commissioned in collaboration with another authority. This level of joint commissioning is similar to 2013/14, when 40 projects were jointly commissioned.

[10] This includes strategically commissioned projects only, and does not cover the commissioning of external providers to deliver JAFF/TAF.

[11] These project figures differ to those quoted earlier because they include non-strategically commissioned project functions such as administration and evaluation spending, and relate to projects operational as of July 2015 (other data is based on data from March 2015)

Commissioned projects make up the majority of services accessed as part of a TAF. The stakeholder survey highlighted that most respondents (70%) felt that the support services available were sufficient to meet the needs of families in receipt of a TAF. Stakeholders were also satisfied that commissioning had been based on an effective assessment of local need (76%) and that there had been appropriate input from a range of agencies (75%). Local authorities report that 45% of projects show a great deal of progress and 50% a fair amount of progress. Over the course of 2014/15 commissioned projects were accessed 199,748 times.[12]

Table 2.8 Commissioned project overview 2014/15

	2014/15 as at March 2015
Total number of active projects	216
Number of projects involving any form of joint commissioning	43
Number of projects showing a great deal/fair amount of progress	205
Total number of times commissioned projects accessed	199,748

Source: Progress reports. Based on actual data from 22 Local Authorities 2014/15

Most authorities have commissioned projects of varying lengths, rather than commissioning all their projects for the same duration. The duration of the contracts in operation shows a mixed picture, with a large number of short-term contracts of a year, and most projects being commissioned for periods of three-four years (Table 2.9).

Table 2.9 Length of commissioned projects (based on all projects running in March 2015)

Years commissioned	6	5	4	3	2	1	Less than a year
Frequency	1	15	52	57	23	63	5

Source: Local authority progress reports, 2014/15

Shorter contracts allow for flexibility of services, and many authorities have adjusted project terms based on poor performance or unexpectedly high or low levels of demand. However, on balance longer contracts may be preferable as the programme develops. Longer contracts allow for stability in delivery and have made recruitment easier[13] in some cases. Longer contracts may also be more efficient, as the administration costs associated with commissioning and the disruption during these periods, are likely to be less significant. Where authorities use longer contracts, shorter contracts and pilots of new services may still be used to maintain flexibility in delivery. For example, a few case study local authorities mentioned that they piloted projects prior to fully commissioning them, to confirm both demand and projects' capacity to respond to local needs. The use of pilots highlights a culture of testing and learning from experience across local teams.

2.5 JAFF and TAF

The number of activities to set up or refine JAFF/TAF models locally has increased slightly from 2013/14 to 2014/15. This reflects the fact that local models are still evolving, and in some cases authorities are responding to poor performance data to change JAFF/TAF models of delivery.

[12] In the previous evaluation it was noted that the figures quoted by commissioned projects related to all types of activity, including general signposting and leafleting. The measure was adjusted to reflect *meaningful interactions* with individuals and families, so as to better reflect the actual numbers being worked with. Therefore, the 313,826 reported in 2013/214 cannot be aggregated with this year's data.

[13] Several authorities have suggested that much of their underspend relates to difficulties in recruiting staff to fixed and short- term contracts. Potential applicants have been less keen to apply for jobs with shorter contracts.

Compared with last year, there have been substantial increases in the number of families signing a TAF action plan and in the number completing TAF plans successfully in 2014/15 (see Table 2.10). The increased flow of families through TAF appears to be due to a higher proportion of JAFF referrals being converted into TAF plans, suggesting that local systems are now working more efficiently.

The local stakeholder survey suggests that overall, the JAFF and TAF elements have been developed well, with the majority agreeing sufficient recruitment and training was conducted to allow for delivery (75% agree) and that authorities raised awareness of referral and support offered through Families First (85%).

Table 2.10 JAFF/TAF overview

JAFF/TAF – overview, cumulative up to March 2015	2014/15	2013/14	% change
Number Key JAFF/TAF activities 'complete'	126	112	13
Number of families referred to a JAFF	9,590	8,019	20
Number of families completing a JAFF assessment	4,643	4,030	15
Number of families signing a TAF action plan	3,795	2,608	46
Number of families whose action plan was closed	3,648	2,463	48
Number of families closed with a successful outcome in relation to the TAF action plan	2,037	1,262	61

Source: Local authority progress report 2013/14 and 2014/215

2.6 Disability

2.6.1 Range and focus of activities

The ring-fenced funding made available to local authorities through the programme has been spent on achieving two broad goals: (i) upskilling staff in mainstream services to cater for the needs of families affected by disability: and (ii) providing specialist disability services.

Table 2.11 depicts the main types of activity delivered under the disability strand of the programme, along with examples of where these activities have been delivered. Most of these activity types represent new services compared to those which existed prior to the implementation of Families First. Families First has enabled and established a shift across several key areas of disability provision:

- Increased levels of support for whole families affected by disability, rather than solely focusing on the individual child or young person directly affected. This reflects a heightened awareness of the wider impact of disability, as well as the value of involving wider family members to support a child or young person with a disability.

- Increased levels of support for older children and teenagers (for example through transition support or an ASD/ADHD project support team in one authority). Prior to the implementation of the programme, local disability services tended to focus on the provision of play or leisure activities for young children.
- Moves toward investing resource in the co-ordination and integration of existing services.
- Flexibility to address newly identified or emerging needs for support.
- Increased support for families at the diagnosis or pre-diagnosis stage, which families report can be a very isolating and confusing stage since access to many disability services are dependent on a formal diagnosis.

Table 2.11 Types and examples of disability activities

Type of Disability service	Example of project delivered with ring-fenced funding
Support focused on addressing a particular area of emergent need	The ASD/ADHD project support team delivered as a commissioned service.
Integrating existing provision and co-ordination of existing services	An Integrated Disability Service has focused on integrating existing provision through working with education, health and social care practitioners to ensure a joined-up provision for families affected by disability.
Support at diagnosis or pre-diagnosis stage	A Children and Families Service has provided a multi-agency family support service which promotes and enhances children's development between 0–18 years with a diagnosed or emerging disability and their families.
Developing skills and capacity within the childcare sector	A Disability Strand has involved increasing the number of childcare places for disabled children and young people, and has worked to upskill mainstream childcare settings to improve capacity and provision for children with a disability.
Developing resilience and coping mechanisms for families	Disability Support has offered professional advice, support and guidance on managing the effects disability has on the family to both families themselves and professionals. The project has also worked directly with families, developing coping mechanisms and building confidence in caring for their disabled child.
Specialist play provision	Play schemes for disabled children and families have been delivered in one local authority. Key worker provision has acted as a single point of contact with services.
Enhancing access to universal services	A 'Buddying Service' has aimed to increase opportunities for disabled children and young people with a wide range of additional and complex needs to access universal youth provision and play and leisure activities within their local areas e.g. youth clubs and after school clubs.
Early needs identification	A 'Pathway to Inclusion' project delivered by Action for Children has worked with children with disabilities and their families to undertake specialist assessment to identify needs early.
Transition support	A project providing 'Transition Support' has aimed to support disabled young people in the transition from childhood to adulthood.

Type of Disability service	Example of project delivered with ring-fenced funding
Support for young carers	A project providing support for children who are caring for parents who are disabled.

Source: Local authority progress reports, 2014/15

The stakeholder survey shows support for the way the disability element has been designed, although findings on the availability of disability services are less positive than other strands of the programme (see section 4.2.4 for more detail). There was also evidence from consultations that certain conditions received insufficient support in some areas, most notably those related to behavioural conditions such as ADHD and Asperger syndrome.

2.6.2 Reach of activities and families supported

The number of families affected by disability completing a JAFF and moving onto TAF support has increased compared with a year ago (see Table 2.12). Around twice as many families completed a JAFF and signed a TAF action plan. Furthermore, the proportion of cases that proceed to TAF has increased compared with last year: over half (53%) of the families considered for a JAFF (including those referred but not given a JAFF) were referred to a commissioned project or single intervention, whilst a slightly smaller proportion (42%) signed a TAF action plan. This compares with only a third of families affected by disability being referred for TAF a year ago (32%). This may reflect local authorities' efforts to build capacity in TAF teams to cater for the needs of disabled families.

Local authorities are at various stages in the delivery of activities related to the disability strand. Expenditure reports highlight that since the first year of the programme, local authorities are delivering to profile in terms of spend. The ring-fenced allocations have been committed as of year three, with the majority of local stakeholders highlighting the value of ring-fenced resources in ensuring the delivery of services to reflect the needs of families affected by disability. At present almost a third (seven) of authorities have instigated wholly new disability activities this year and just over half (12) continue to provide specific training related to the disability element.

Table 2.12 Key outputs delivered through the disability focus

Disability focus	2014/15	2013/14
Number of activities	83	89
Number of activities showing a great deal/fair amount of progress	68	67
Number of projects commissioned specifically to support families affected by disability	16	17
Number of families affected by disability referred to JAFF	1,416	n/a
Number of families affected by disability completing a JAFF	1,164	532
Number of families affected by disability signing a TAF action plan	974	420
Number of families affected by disability closed with a successful outcome in relation to the TAF action plan	522	126

Source: 2015 Progress reports.

2.7 Learning activities

The learning strand of the programme has involved a range of structured activity as described below.

2.7.1 The Managed Learning Environment

The Managed Learning Environment (MLE) is a website designed to support the exchange and dissemination of information and examples of practice between staff involved with the programme. At the time of writing, 88 staff were 'signed up' to the MLE and three electronic bulletins have been sent to MLE members (September 2014, February 2015 and June 2015) as a means of updating them on the programme. Awareness of the MLE has been raised via the Welsh Government through meetings with local co-ordinators from all 22 local authorities. However, the level of sign-up is far smaller than might be expected given the number involved overall, and more work may be required to make the site a recognised location for exchanges about the programme.

Table 2.13 Overview of learning activities

Event	Topic	Date
National Learning Event	JAFF and TAF	July 2012
	JAFF and TAF	January 2013
	▪ disability support services; ▪ health sector involvement and engagement; and ▪ social Services and Well-being (Wales) Act 2014	November 2014
Online Workshops	Disability support services	May 2015
	Health sector involvement and engagement	June 2015
	Social Services and Well-being (Wales) Act 2014	June 2015

2.7.2 Multi-Agency Learning Sets

At local level, there has been the expectation for authorities to operate learning sets with the potential to draw on and develop existing local, regional or national level structures. The intention of 'multi-authority learning sets', has been to facilitate reflective learning for all relevant agencies involved in the delivery of services, across the course of the programme on a range of themes. Stakeholders were broadly positive about the learning sets conducted at a local level. Most felt that the learning sets had offered a great or fair (73%) opportunity to share and learn from good practice within their local authority. A large majority of local stakeholders (84%) felt that the change in learning represents some improvement on what existed prior to Families First.

Multi-agency learning activity has been very varied, both in terms of the type and focus of the activity. Across all 22 local authorities, 111 multi-agency learning set activities have been established with just

under half (53) of these completed as of March 2015.[14] Twenty-one authorities have been involved in multi-authority learning sets, with authorities involved in a median of 2.5 multi-authority learning sets. The number of 'live' learning set activities ranged between local authorities, with as many as nine conducted in one local authority, compared with only one in another. One authority reported conducting no learning activities.

Local authority progress reports highlight that across the board, multi-agency learning set activity has picked up momentum across the recent stages of the programme, for instance between July 2014 and March 2015, 18 new multi-learning set activities were established and 36 were completed. Particular progress across this time has been seen in one authority which, as of September 2014, had reported no multi-learning set activity but since this point has reported that eight learning activities have been completed. However, as discussed in section 5.5, informal learning appears to have had as great, if not a greater, impact on the programme than formal learning sets.

2.8 Summary of key findings

- Spending across the five elements of the programme remains similar to previous years. Strategically commissioned projects accounted for the majority of programme spending in 2014/15. There continues to be significant underspend on learning sets.
- Local authority progress reports show that a wide range of partner agencies are involved in Families First, with 41% of the staff involved in delivering the programme not directly employed by Families First. Agencies focused on supporting children appear to be most engaged in JAFF/TAF processes. Progress report data endorses anecdotal evidence that engaging with GPs and CAMHS can be particularly difficult.
- **JAFF/TAF models** are now fully operational across Wales, although authorities continue to develop delivery models. The volume and quality of referrals to JAFF has improved over time, as have rates of entry into TAF, and the number of families reporting successful outcomes against their TAF plan goals.
- Some 216 **strategically commissioned projects** were operational across Wales as of March 2015, and were accessed 199,748 times. Less than 10% of spending on projects was spent on former Cymorth projects that remained unchanged.
- The **disability strand** of the programme has prompted the introduction of new types of provision, including earlier support for families at the diagnosis or pre-diagnosis stages, whole family support and investment in transition services. The number of families with disability-related requirements entering the programme has doubled since last year: 1,164 families completed a JAFF and 974 signed a TAF action plan in 2014/15. The proportion of cases that proceed to TAF has also increased, which may reflect efforts to build capacity.
- Local authority progress reports suggest that multi-agency **learning set** activity has gathered momentum recently. Stakeholders are positive about the way learning sets offer the opportunity to share and learn from good practice in their authority.

[14]Within progress reports, local authorities reported the number of multi-authority networks or partnerships entered into by a local authority based on Families First principles

3 Programme management and delivery

3.1 Introduction

This chapter reports on the effectiveness of management arrangements at both the local and national level, contributing to five key evaluation objectives:

- the extent to which local and national arrangements are sufficient in terms of supporting capacity and ensuring progress and accountability;
- the extent to which national arrangements deliver the right balance between evidence-based practice and innovation;
- understanding the extent to which the suite of five programme elements have contributed to meeting programme aims overall (such as awareness-raising, among stakeholders, engagement of a range of agencies in design and delivery, and wider service provision benefits);
- the extent to which the programme is contributing to a well-balanced, integrated seamless continuum of support for protection/prevention/remedy, joining up with other relevant services and programmes; and
- identifying any system/service impacts beyond Families First itself in terms of planning and service delivery, including quality and level of input from different agencies and sectors.

The sources of evidence for this chapter are the stakeholder survey conducted in the second and third years of the evaluation and local authority case study staff visits. It is important to note that the views expressed in the stakeholder survey are given by local authority staff and their local stakeholders, not national stakeholders. Information is also drawn from consultations with national stakeholders conducted in the first and final years of the evaluation.

3.2 National management

The programme guidance for Families First outlines the Welsh Government's commitment to deliver the following to manage the programme nationally:

- **good communication** between the Welsh Government, local authorities and the third sector in order to achieve a coherent set of aims and objectives, and to promote multiagency and multi-authority working;
- an appropriate **monitoring framework** with which to assess progress against key objectives; and
- sound **risk management** to understand the factors and influences (from both within and outside of Families First) that will shape whether the programme meets its intended objectives.

As illustrated in Table 3.1 below, the national management of Families First, including the Account Management System, is perceived by local authorities and stakeholders as effective, and as having improved during the life of the programme.

Table 3.1 The national management of Families First

	% rating national governance as 'very successful' or 'fairly successful'		Change Year 2 – Year 3
	Year 3	Year 2	
Providing support to local authorities	76	72	+ 4ppts
Providing clear policy guidance	76	65	+ 11ppts
Showing clear vision and leadership	71	60	+ 11ppts
Providing clarity of roles and responsibilities	70	62	+ 8ppts
Consulting and engaging stakeholders	68	63	+ 5ppts
Developing effective monitoring and evaluation techniques	65	61	+ 4ppts
Providing coherence with Family Support programmes (including Flying Start and Communities First)	58	56	+ 2ppts

Source: Stakeholder survey 2014 (year 2) and 2015 (year 3).

The Welsh Government's **vision and leadership** is highly rated by stakeholders (Table 3.1). The stakeholder consultations highlighted that the Welsh Government has a strong narrative about the value of the programme, how it fits into the Welsh Government's priorities and what it has achieved so far. For example, there is a clear consensus among national policy staff that establishing TAF multi-agency working has been the main achievement of the programme to date.

Stakeholders were also positive about the **support and policy guidance** provided to local authorities. The evaluation consultations highlighted that local authorities value face-to-face contact with the national programme team and Account Managers for providing a dedicated point of contact to resolve issues quickly

Stakeholders feel that the local flexibility built into Families First is fundamental to its effectiveness. However, by the third year of the evaluation many national and local stakeholders acknowledged that more prescriptive guidance, and more national oversight of local authority delivery plans, would have been beneficial at the outset of the programme. Several local authorities have funded external consultants to build capacity in areas such as conducting needs assessments, the process of commissioning projects, and designing local delivery models; local authorities have also learned from experience and refined their approach to these aspects of the programme over time. Effective local delivery of the programme is reliant on expertise as well as responding to local need. More central guidance on those aspects of the programme where local authorities lacked the experience or capacity to deliver effectively would have improved the efficiency of the programme, and ensured that delivery was in line with Welsh Government expectations earlier. In a similar vein, more dissemination of the Pioneer Phase findings could have helped to identify and address some skills and capacity gaps affecting delivery processes: there was a great appetite among local authorities at the outset of this evaluation for more information about the Pioneer Phase.[15]

[15] It is worth adding a note of caution here, though: a few pioneer authorities are still making significant changes to their delivery models, and delivering prescriptive guidance about *delivery models* based on the outcomes of a relatively short pioneer phase could have been misleading. However, the Pioneer Phase could have been the basis for useful guidance about the delivery of some aspects of the programme (approaches to needs assessments and commissioning, for example).

There is some support for greater prescription in the programme guidance in the future, although local and national stakeholders concede that more prescriptive guidance would have disadvantages as well as benefits. The evaluation team found that local authorities that have encountered more difficulty in implementing the programme are more receptive to ongoing guidance. Account Managers report that some local authorities that are successfully delivering the programme are open to greater prescription because it would allow greater comparability across Wales and an improved ability to measure the impact of the programme. More prescription could also help in establishing a more consistent programme that would more likely facilitate future local authority mergers. There may also be scope to use the Account Managers to support and challenge local authorities to a greater degree in the future, although this would need to be underpinned with more systematic monitoring data (see later in this section). Currently Account Managers are perceived by the Welsh Government and local authorities as providing clarification on the programme guidance, ensuring programme delivery is in line with the programme guidance, and assessing local authorities' monitoring data.

Consultations suggest that the relatively low ratings for the Welsh Government's **monitoring and evaluation** arrangements (Table 3.1) reflect the fact that the programme's monitoring framework was not introduced until the delivery of Families First was well underway. As many of the central components of any monitoring system would be intrinsically linked to the programme design and delivery – for example, the design of JAFFs and Distance Travelled Tools, the commissioning of projects – this was problematic for many local authorities. However, close working with a group of local authorities through a series of face-to-face meetings to finalise the monitoring framework was helpful in engaging local authorities with this element of the programme.

National monitoring requires local authorities to report on a number of key progress measures quarterly, such as key inputs (staffing, finances), outputs (stock and flow of families through JAFF, TAF and commissioned projects), and outcomes (the proportion of cases closed with successful outcomes). Authorities also report progress on the programme's implementation. The strong emphasis on monitoring both the quality of delivery as well as outputs, and the widespread use of results-based accountability (RBA) techniques, has helped engender a change in culture within local authorities. Performance data are regularly reviewed and programme delivery is adapted accordingly, at the local level. However, the nature of the monitoring data presents significant challenge in trying to compare outcomes *across* local authorities at the national level to draw conclusions about performance and delivery models. What appear to be differences in local authorities' performance – for example, relatively high or low numbers of families receiving TAF support – could be due to the different models used to implement the programme and/or differences in the way outcomes are measured. Nationally, the quality of LAs' delivery of the programme cannot be judged on the basis of monitoring data.

National stakeholders perceive that there may be scope for local authorities to strategically **link Families First with complementary programmes**, such as Flying Start and Communities First, to a greater degree. However, it is unclear how far this alignment has been pushed nationally, nor how much national programme teams are aligned. Potential opportunities to align programmes further at the national level could include: learning events, common monitoring systems (which the Common Outcomes Framework may start to provide), joint action planning, and complementary programme guidance where commonalities in objectives can be identified.

3.3 Local governance and management

Ratings of local governance continue to be positive across a range of measures (see Table 3.2), with particular improvements seen in the areas of providing leadership, and supporting/scrutinising those delivering the programme.

Despite positive ratings on local leaders' vision and leadership, it was evident during some of the evaluation consultations that local authority Families First Co-ordinators did not always have a strong narrative about what Families First had achieved at a local level. Messages about the value of the programme and what it has achieved are likely to be important in engaging a range of delivery partners in the programme. A few local authorities referenced work they are doing to communicate the success stories achieved so far through Families First: for example, one Families First team is creating a series of videos to distribute to local partners to showcase case studies that bring the impact of the programme to life. However, this type of 'big picture' understanding and communication about the programme was lacking in many local authorities.

Table 3.2 The local management of Families First

	% rating local governance as 'very successful' or 'fairly successful'		Change Year 2 – Year 3
	Year 3	Year 2	
Showing clear vision and leadership	83	73	+ 10ppts
Providing clarity of roles and responsibilities	80	75	+ 5ppts
Consulting and engaging families	82	78	+ 4ppts
Consulting and engaging stakeholders	86	82	+ 4ppts
Providing support to those delivering the programme	87	79	+ 8ppts
Developing effective monitoring and evaluation techniques in line with an RBA (results-based accountability) approach	87	79	+ 8ppts

Source: Stakeholder survey 2014 (year 2) and 2015 (year 3).

3.3.1 Ensuring progress and accountability

Local authorities are making effective use of monitoring data and consultations with local stakeholders to refine the programme's design and delivery. In every local authority there are examples of staff refining the delivery of the programme based on analysis of their data: many of these changes aim to enable or encourage local partners to play a greater role in the programme (see section 3.3 for more detail). Significant changes to delivery models are still being made in some local authorities where monitoring data shows delivery models are ineffective or inefficient.

Figure 3.1 Refining delivery

Refining lines of reporting to improve efficiency

One local authority has cut a tier of middle managers who previously supervised family support workers. This has allowed the local authority to double the number of family support workers they employ, and to ensure that messages from senior management about the referral routes that family support workers should use were communicated accurately. As a result, the number of families progressing through the programme increased substantially in Q4 2014/15. For example, an average of 12 families per quarter signed a TAF action plan in Q1-3 of 2014/15; this increased to 103 families signing a TAF action plan in Q4. Similarly, the number of families referred to Families First projects and/or outside support has increased from an average of three per month in Q1-3 to 52 in Q4 2014/15.

Changing delivery models to help engage partners

Another local authority had implemented an 'Everybody's Business' model of delivery, but has adjusted to a Hybrid model in response to poor engagement from staff based in agencies outside

Families First-funded projects. The local authority's consultations with partner agencies revealed that some were reluctant to refer into the programme because they feared it would entail extra work for them. In response, geographical hubs have been expanded to play a greater role in supporting families, and reduce the need for outside agencies to play an active role in the TAF process.[16]

Local governance structures, and the buy-in of senior management to the principles of early intervention, are significant in supporting the ongoing improvements being made to the programme. Families First teams report on their progress in implementing the programme to local delivery boards, and these reporting processes have helped to drive improvements to the programme in some instances. For example, in one local authority senior management is committed to reinvesting any savings recognised as a result of Families First into developing more preventative services. One of the key challenges in engaging local partners in the programme's delivery is overcoming reservations about the value of early intervention. It was clear in a few local authorities that senior management has played a vital role in convincing local partners of the benefits of early intervention at a time when budgets are under pressure.

Changes in management can impact on the way agencies conceive of their roles in the programme. For example, changes to the management in one local authority has led to a 'dilution of the vision' for the disability strand in the eyes of the Families First co-ordinating team, with the new managerial team adopting a more traditional division of disability services than the team had planned.

3.3.2 Awareness-raising and engagement of stakeholders

A wide range of local agencies – including for example, teachers, health visitors, charity workers – are involved in delivering Families First through activities such as referring families to JAFF, taking part in Team Around the Family meetings, and (in some local authorities) acting as key workers. For the programme to be successful, local authorities need to engage local agencies to work with them in: i) identifying families; ii) assessing strengths and needs; and iii) delivering a seamless package of multi-agency support. Outside of the core Families First teams, much of the contact with families is overseen by other public sector and private sector services. Given this, the success of Families First delivery locally is dependent on the ability to integrate well with other family service provision.

In order to reach this objective, the Process Change Performance Measures framework notes that local authorities are expected to:

- Undertake awareness-raising activity to ensure that strategic and delivery stakeholders: have an understanding of the aims and objectives of the programme; are aware of their roles and responsibilities; and have the information they need to deliver their roles.
- Engage stakeholders to ensure objectives and processes align well (both operationally and strategically) with other service provision to deliver a comprehensive and seamless spectrum of support.

The second year of the evaluation found high levels of awareness of Families First and engagement in its delivery across the spectrum of local delivery partners. The report concluded, however, that there was scope to improve awareness and engagement in the programme among those working outside local authorities, and particularly those based in the health service and third sector.

Stakeholders' awareness of Families First, and understanding of their organisation's role in its delivery, continues to be good.[17] There is also evidence that staff based in organisations outside local authorities have an increasingly good understanding of their role in the programme delivery.[18] The

[16] Data not yet available to judge the impact of this change on the flow of families through the programme.
[17] Around nine in 10 stakeholders said they knew 'a great deal' or a 'fair amount' across all awareness measures, including the aims and objectives of Families First in their area, and when and how practitioners should refer families below statutory thresholds for assessment.
[18] The proportion of staff based outside the local authority who said their organisation's role in delivering Families First was 'very well defined' has increased from 38% in 2014 to 54% in 2015.

data underlines evidence collected across the evaluation that engaging staff in the health sector continues to be a challenge: health workers are less aware of the programme and less aware of the role they can play in it, than staff in other sectors. Consultations highlight that while strategic engagement with the health sector is good, operational arrangements can be more difficult. Families First teams are finding ways to overcome these challenges, however (see Design chapter).

The stakeholder survey data highlights the time needed to engage partners to work collaboratively: the stakeholder survey findings are (across the board) more positive for Phase 1 pioneer areas than Phase 2 pioneers, and in turn stakeholders working with Phase 2 pioneers are generally more positive than staff in non-pioneer local authorities.

Many local authorities have made changes to the delivery of Families First that aim to enable or encourage stakeholders to play a greater role in the delivery of the programme. Common changes include:

- streamlining the administrative requirements on agencies: for example, several local authorities have simplified and shortened JAFF forms in the past two years;
- introducing TAF telephone services to allow families to self-refer, and to provide practitioners with information and advice on the services available locally; and
- changes to the format and frequency of TAF meetings to encourage better attendance: for example, geographical delivery hubs mean more local meetings that partners are better able to attend; some local authorities have moved towards less frequent TAF meetings; and one local authority has a regular meeting at fixed intervals with a fixed membership rather than ad hoc membership.

Figure 3.2 Engaging Stakeholders

One local authority found that the number of referrals of children under five and over 19 into Families First were lower than expected. Through consultations they found that health visitors disliked the referral process: in particular, they were reluctant to complete Families First paperwork in addition to their standard paperwork and they had concerns about data sharing. A compromise has been reached which allows health visitors to send copies of their standard forms to the Families First team. Using smaller TAF panels to discuss families' cases has also helped to alleviate concerns about data sharing.

3.3.3 Joining up with other services and provision

The structural organisation of local teams has a substantial impact on how well the vision of Families First is communicated across agencies, and on how well Families First aligns with complementary services and programmes. Generally speaking, Families First appears to align better with other programmes, and with less duplication, where there is joint strategic management across programmes.

Typically, Families First is governed from within children's services, tackling poverty, or neighbourhood renewal teams. During the period covered by the evaluation, many local authorities have undergone significant restructuring, with Families First shifting to 'sit' within different directorates. Aside from the process of restructuring being disruptive in itself, some local authorities feel that new service configurations have diminished the status of Families First in their area. However, others have found that they have forged better links with programme teams because they are now jointly managed: for example, those moving under the remit of neighbourhood renewal teams commonly report improved working relationships with Communities First.

The degree of alignment with other programmes varies substantially. At one end of the spectrum are a few local authorities using 'whole systems' approaches. These local authorities manage a range of support programmes collectively, with the management of the programmes fully integrated. Individual

programmes – such as Families First, Flying Start, Communities First – are treated purely as funding streams contributing to a common set of objectives. The impetus for adopting this approach is often the vision of particular leaders, and sometimes departmental restructuring and budget pressures. This approach seems to confer significant advantages: staff say that priorities can be set more effectively, resources are shared more readily, services are better co-ordinated and duplication is reduced, and staff have a much better awareness of the overall vision of the team. One local authority explained that this arrangement has helped to encourage the buy-in of social services and the justice system to early intervention principles.

Most local authorities have some alignment with complementary programmes which are less integrated than the 'whole systems' approach, such as joint management between Families First and one other programme that sits within the same directorate. Across most local authorities, there are examples of joint working, such as shared funding of posts and shared training opportunities for staff across programmes. There is also evidence of staff actively trying to avoid duplicating other services: for example, avoiding funding pre-school services through Families First that Flying Start will provide. However, one Families First co-ordinator said that their management team has pulled back from joint working arrangements because they felt staff spent more time on the delivery of other programmes than Families First, which meant poor value for Families First.

3.3.4 System and service impacts beyond Families First

Families First has promoted a change in culture within local authorities, with greater emphasis on collecting and analysing data, and to ensure that data helps to assess not just outputs but the quality of service delivery. This change has implications both for commissioners of services, and those providing services: staff have developed (and continue to develop) skills in data collection and management. This change is endorsed by the stakeholder survey: a third of stakeholders say that Families First has influenced the way they commission or provide services more widely. This rises to around four in 10 stakeholders based in Phase One pioneer areas.

While some authorities report that other teams are sceptical about the benefits of early intervention, a few local authorities report that early intervention principles are also being adopted across their authority.

"One of the big shifts we've had is that the Council is moving more toward commissioning, and we [in the CYPP team] are one of the few areas of the Council where there is a strength around commissioning so we're being pulled to share and develop our practice with others because we're seen as pioneering. There's also the shift … [towards] early intervention, prevention and an all-age approach, so we're doing more work with adults and all-age projects. [The Families First programme manager's] remit now is also domestic abuse, carers and substance misuse for all ages".

3.4 Summary of key findings

- The Welsh Government's leadership and vision for Families First are highly rated by local stakeholders. However, by the third year of the evaluation many national and local stakeholders acknowledged that more prescriptive guidance, and greater national oversight of local delivery plans, would have been beneficial at the outset of the programme. There is also some support for more prescriptive guidance in the future.
- The numerous delivery models and differing approaches limits the extent to which the national team and Account Managers can identify and challenge performance locally using monitoring data, or identify which models of delivery are most effective. Local teams are making effective use of monitoring data to refine the design and delivery of Families First.
- Local level co-ordination with other family support programmes is currently more evident at operational levels.

- Stakeholder survey data show that staff based in organisations outside local authorities have an increasingly good understanding of their role in the programme delivery.

Impact of Families First on local authorities' family support services

4 Impact on service design

4.1 Introduction

This section reviews how Families First has impacted the way local authorities design and manage family support services. These impacts might also be described as the 'process change' associated with the programme to date. In particular, this section of the report considers the effectiveness of the programme in delivering against two of its overarching aims:

- to act as a spur to local area system redesign and implementation; and
- to encourage the development and sharing of learning about best to achieve the objectives of the programme and better support children and their families.

This chapter examines the implementation and impact of four key requirements of the programme:

- aligning services with population needs;
- monitoring service quality and efficiency,
- culture change and efficiencies; and
- Welsh language provision.

4.2 Aligning services with population needs

This section reviews the degree to which Families First has stimulated changes in the way that services are designed and delivered to reflect community-level needs, with a particular focus on strategically commissioned projects. It will review the mechanisms in place for assessing local needs and the way in which approaches to delivering provision have ensured that the needs of families are addressed.

The programme guidance for Families First differs from the Cymorth programme in several respects. It did not prescribe themes for programme activity; instead, local authorities were given the flexibility to respond to locally-identified needs. Local authorities were directed to conduct an initial communities-based needs assessment in order to develop 'a coherent approach to meeting local needs and a coherent set of projects rather than an unco-ordinated and ad hoc commissioning'.[19] The programme guidance also recognised the need to review arrangements on an ongoing basis 'to ensure that your funded activity… continues to take account of emerging learning and best practice'.

4.2.1 Local needs assessments

The process of conducting initial local needs assessments was typically considered useful by local authority staff, although the quality and value appears to have varied across local teams. The programme's emphasis on linking provision with local need is stimulating changes in the types of services commissioned. However, the initial needs assessment was only the first step in a long-term process of realigning services; in practice, data gathered through the operation of Families First has proved to be just as significant in assessing community need and realigning services.

Families First Co-ordinators consistently talked about needs assessments being a useful exercise. In particular, the assessment process provided an opportunity to design projects from first principles, and

[19] http://www.publicmentalhealth.org/Documents/749/Families%20First%20Programme%20Guidance%20July%202011.pdf

think creatively around whether needs could best be met through the introduction of new services or a continuation of existing services. Local stakeholders were generally content that the needs assessment process had been effective in identifying unmet needs in the area.[20]

Stakeholders expressed some concerns about the value and/or outcomes of initial needs assessments in some local areas. One local co-ordinator described their needs assessment as 'a little hit and miss'. Another explained that the process of conducting the needs assessment was more useful than the needs assessment output, because while the process of conducting the assessment helped to crystallise their thinking, the document itself was rarely revisited. In one local authority where national data sets indicated there were significant needs across a range of areas, the needs assessment did not sufficiently prioritise areas to focus on. In a few case study authorities, managers and practitioners highlighted that there is still duplication with other services and that provision could be better aligned with complementary programmes.

Where authorities built on assessments and reviews undertaken for other projects, the process appeared to run more efficiently. In these cases, local authorities shared resources by linking up the assessments, or drew on lessons learned from earlier experiences. For example, programme staff in one local authority reflected that the needs assessment developed for Families First was shorter and more focused than those prepared previously. Staff felt that this experience and 'knowing the market' had made the Families First needs assessment more pragmatic.

4.2.2 From needs assessment to commissioning

The changes made to local commissioning arrangements are one of the programme's great successes, and the lessons learnt about procuring services are having an impact beyond Families First within local authorities. Translating needs assessments into commissioning an appropriate range of services has been a challenge. However, local stakeholders now appear to be largely satisfied: for example, 76% are satisfied that commissioning is based on an effective assessment of local need. National stakeholders also perceive that commissioning processes now run more smoothly, following initial difficulties with the processes.

Previous evaluation reports discussed the challenges associated with the shift from awarding grants to providers (under Cymorth) to conducting formal procurement processes. This shift was particularly significant for those local authorities and providers with no experience of conducting or participating in procurement exercises. Authorities with no prior experience of procurement spoke about the need to commission specialist external support services to guide them through the process. However, authorities report being much more comfortable with commissioning now, having gone through the cycle at least once, and feel better equipped to commission effectively. In fact, several Families First Co-ordinators report that commissioning practices developed through Families First are being adopted by other teams in the authority.[21]

Decommissioning services that have historically been available to families has been a consistent challenge, particularly where it has involved cutting good quality services because they did not meet the objectives of Families First. There are particular sensitivities in realigning services provided for disabled children, which means that progress on this aspect of the programme has taken more time and engagement work. Families First has also required significant changes in the mind-sets of providers of disability services, and it has taken time to engage some providers to ensure they subscribe to the goals of Families First's disability provision. Ongoing work to engage providers and work with them to refocus the services they provide has helped here.

[20] Some 79% rated the needs assessment process as 'fairly' or 'very' effective in identifying unmet need.
[21] Some 83%of local authority staff responding to the Year 3 stakeholder survey report that Families First commissioning has impacted their commissioning practice more widely.

Further challenges lie ahead in repeating procurement processes in the years ahead while maintaining high quality service provision during the recommissioning period. Past experience highlights the risks of service disruption during recommissioning periods, and the staff turnover that can be associated with the uncertainty around projects' futures.

Despite these challenges, local authorities have made significant progress in realigning services with population needs since their initial needs assessments. In addition to gaining experience in procurement, local authorities are developing a keener understanding of how they can align services most effectively with population needs and reduce duplication in delivery. Local authorities consistently reported they were changing the profile and organisation of commissioned services in order to (a) align with the Families First overarching population objectives, (b) create sensible 'packages' of projects organised around common themes, (c) streamline the number of projects or thematic 'packages' to avoid duplication across packages and align services better with population targets, (d) change the scale and scope of services to meet emerging needs, and (e) link more effectively with wider local authority structures and provision.

Families First teams and practitioners both highlighted that the lack of geographical restrictions on eligibility for Families First is advantageous compared to Flying Start and Communities First: support can be provided where it is needed, and families can freely access it, regardless of where they live. However, some practitioners felt that service provision was inequitable and that families unable to take advantage of Flying Start or Communities First services could be at a disadvantage:

"Yes, some local needs are being met, but there is still the danger that this isn't offered in a very equitable way. The fact that some areas are receiving three times the resources through these three programmes [Communities First, Flying Start, Families First] is I think seriously flawed'.

Families First stakeholder

4.2.3 Identifying needs through programme implementation

While initial needs assessments started the process of realigning services to meet local population needs, it is clear that the process of delivering Families First has been as (or more) effective in identifying and meeting demand. There are several aspects of the programme that help to support this:

- **monitoring data** that highlights the scale of demand for services on offer, how well current provision meets that demand, and the quality of services provided;
- **commissioning cycles** which provide natural opportunities to review, reconfigure and recommission projects to align with need;
- **geographical delivery hubs**: Models of delivery based around geographical hubs allow activities and practitioners to respond to variations across areas;
- local level **discretionary funding pots** which mean that emerging needs can be dealt with flexibly;
- a degree of **flexibility within local projects** to tailor activities according to circumstances;
- **multi-agency meetings** such as TAF Panels or Lot provider meetings provide opportunities for practitioners to share views on emerging and changing needs and ideas on how services can best respond;
- better **sharing of information** across agencies, and improved multi-agency working, which helps programme staff to be more informed about family-level needs in the local area; and
- **ongoing needs assessments** use real-time data and input from projects to align services better with population needs.

Examples of the way in which services have been redesigned by individual local authorities to meet emerging needs as a result of reviewing programme data include:

- reallocation of money from mainstream projects to projects catering for families affected by disability, on realising that demand for the latter was much greater;
- establishing a grant funding pot to be used to address emerging unmet needs;
- giving younger children access to a resilience project on the basis of families' feedback that children younger than the target age range wanted to engage; and
- responding to referrals from post-16 education practitioners by increasing provision for this age group.

It is apparent that local need does not always translate into demand for services. Projects have been scaled down, or cut, where there has been insufficient demand for services. For example, a service for new parents of disabled children was cancelled after demand was seen to be unexpectedly low. Piloting of projects before committing to full funding has helped to confirm that there is genuine demand for services.

4.2.4 Outcome: how well does Families First identify and meet local needs?

The impact of Families First on local authorities' commissioning and procurement processes is one of the great successes of the programme. For most local authorities, the commissioning of services through formal procurement channels, with projects commissioned on the basis of needs assessments, represented a significant change in working practices. The stakeholder survey and consultations highlight that, generally, the provision of services through Families First meets the needs of local populations. Some 95% of stakeholders report that projects and services commissioned through Families First meet the needs of identified families 'very' or 'fairly' well.

Table 4.1 Stakeholders' views of commissioning

Stakeholder ratings of local needs assessments and extent to which services meet local needs	2014 (Change from 2013)
% very/fairly satisfied that the process of commissioning projects funded by Families First within your local authority area was based on an effective assessment of local needs	68 (+17ppts)
% reporting that needs assessment process was very/fairly effective at identifying unmet local needs in your local authority area	79 (+7ppts)
% agreeing that local provision is sufficient to address the needs of families affected by disability within your local authority area	45 (-1ppt)
% reporting that projects and services commissioned within your local authority area meet the needs of identified local families very/fairly well	95 (+5ppts)
% reporting that projects avoid duplication (both with other services, and within Families First)	87 (+8ppts)
% reporting that projects Form part of a coherent strategy to improve preventative and protective support for families	90 (+8ppts)
% local authority-based staff reporting that Families First has influenced your organisation's approach to the commissioning or delivery of services and projects beyond Families First a great deal/fair amount	83 (-4ppts)

Source: Stakeholder survey 2014 (year 2) and 2015 (year 3).

Families First Co-ordinators frequently reported that the commissioning processes established through Families First are being transferred to other parts of the authority. Over eight in 10 (83%) stakeholders based in local authority teams said that Families First had changed their approach to commissioning beyond the programme. The impact is also being felt among providers: seven in 10 (69%) stakeholders based in third sector organisations report that Families First's commissioning arrangements have affected their practice more widely (see Table 4.1 above).

Stakeholders are consistently less positive about the way Families First meets the needs of families affected by disability: just 45% of stakeholders think these families' needs are addressed sufficiently through Families First, and ratings are no better than 12 months ago in this respect (Table 4.1). During consultations, local authority staff consistently highlighted disability and mental health provision as problematic. It is worth noting that the unmet needs do not necessarily fall into the remit of the programme: some of the greatest challenges are associated with the constraints on accessing over-stretched mainstream services such as CAMHS and Educational Psychologists. Practitioners highlighted that a lack of provision in these areas acts as a significant constraint to working with some families, who are unwilling to engage with the programme until they receive a diagnosis.

Local authorities are working to avoid duplication with other services, particularly Flying Start and Communities First. For example, Families First Co-ordinators note that they avoid funding provision for pre-school children that will be covered by Flying Start, or avoid particular areas that might be covered best by Communities First. Despite these efforts, practitioners report that more could be done to align services and avoid duplication. It is clear that Families First teams are tackling duplication over time: much of the realignment of services observed over the life of the programme has aimed to streamline and focus Families First provision to avoid duplication. Some 87% of stakeholders agreed commissioning avoids duplication, an increase of 8 percentage points since 2014.

4.3 Monitoring service quality and efficiency

This section considers the performance of Families First at two levels: the performance of projects commissioned by local authorities; and the tools practitioners use to assess families' progress against their objectives. This section considers the approaches used to monitor the performance of the programme at each level and reviews their impact. Families First aims to change the emphasis of local authorities' monitoring, away from focusing on measuring *outputs* to measures that consider the quality of delivery, in order to drive continuous improvements in services; and to consider family outcomes against agreed objectives, in order to achieve better, measurable outcomes for families.

As reported in the Year 2 Evaluation Report, local authorities and projects are more outcomes-focused at the design stage which has better equipped them to evidence the impact they are having. A set of monitoring approaches used across the programme are also instrumental in measuring progress:

- **Results Based Accountability (RBA):** An approach through which data is collected against pre-defined results and outcomes. This approach has been embedded in the programme action plan template which local authorities were required to complete as a requirement of funding and update in 2012.
- **Report cards:** A tool for capturing performance information (often updated quarterly) relating to commissioned projects in particular.
- **Distance Travelled Tools (DTT):** A framework for capturing family indicators and outcomes over the course of programme delivery and allowing for progress to be captured and updated.

4.3.1 Monitoring the performance of commissioned projects

Families First has helped to instigate a stronger culture of performance monitoring, and of using monitoring data to improve services, among both local authorities and agencies providing families' support services. The initial programme guidance recognised the time required to develop and embed systems for assessment and monitoring, and the latest phase of programme activity suggests that systems are generally now in place.

Where monitoring appears to operate most effectively, local authorities are using a combination of informal as well as formal approaches to support and scrutinise the performance of commissioned projects.

Formal monitoring approaches are used by all local authorities and typically include asking projects to complete quarterly 'report cards', which record a range of outputs and quality metrics, and to attend quarterly review meetings to discuss the report card outcomes and agree any necessary changes to service design and delivery. Local authorities also report conducting spot checks of services and some also collect case studies of family outcomes to provide a richer understanding of projects' impact than quantitative data alone could provide.

Typically, authorities supplement formal scrutiny of project performance with informal support for project managers. For example where quality or performance problems have been identified, Families First Co-ordinators have worked with project managers to understand the issues underlying poor performance and to resolve them. Where this support has been received, project staff feel well supported and report that the Families First team has been transparent in their expectations of delivery; they also report feeling able to approach Families First teams when they encounter problems.

Figure 4.1 Improving and aligning services through monitoring information

In one local authority, projects complete quarterly returns reporting against Service Level Agreements set by the Families First team. The Families First team conducts quarterly visits to scrutinise the quality of delivery and project finances, and draws on case studies to review the quality of delivery. The Families First team in this area are keen for project management not to be solely top-down, and encourage projects to devise ways to develop and improve their services. Service Level Agreements are RBA-based and are updated annually to reflect the latest needs assessment and monitoring data.

Where insufficient time had been budgeted for the administration involved in collecting and reporting data – or where contracts specified providers must agree to cap administration costs at a relatively low level – project managers and practitioners expressed concerns over the intensity of monitoring requirements. Some project staff and local authorities were unaware of the resource implications of new monitoring requirements at the point that projects were being planned, and have been unable to change the terms of contracts during the life of the project. In some local authorities, providers reported that financial monitoring requirements for Families First were significantly more detailed than the monitoring required by providers' own management or head office teams. Larger providers reported being able to absorb some of the unanticipated costs in the short-term, but smaller providers are not able to do so. Future commissioning cycles, and providers bidding for contracts in future, will need to ensure that adequate allowance has been made in contracts and budgets for monitoring, to ensure providers are willing to bid for contracts.

The monitoring requirements associated with Families First have required both local authority teams and provider agencies to develop new skills in collecting, reporting and analysing monitoring data. Families First Co-ordinators consistently highlight the skills shortages among providers that have made it difficult for them to collect accurate monitoring data from staff more familiar with delivering family services. Families First teams have had to work closely with providers to ensure they are equipped with the skills to provide high quality monitoring data. Providers that have developed these skills report their great value to their organisations: building up a set of data to evidence their impact on families has been enormously valuable in bidding for other contracts (beyond Families First), particularly in a more competitive bidding environment. Work to up-skill providers is ongoing.

Equally, Families First teams have had to develop skills in analysing and interpreting monitoring data, and using data to identify how services need to be reshaped. In the later stages of the programme, there are increasing numbers of changes being made to the design of individual projects and to the programme design as a whole, to improve the quality and effectiveness of services. For example, one local authority team identified a work-stream that was under-performing because of incorrect assumptions about demand. The lead provider and Families First Co-ordinating team worked together to redesign services so that they were appropriate to the level of need of those accessing the service in practice. Services that were no longer required were decommissioned. While the process was

initially difficult for the provider, they acknowledged that working with the co-ordinator had made finding a solution possible.

A few Families First teams report bringing services in-house in response to poor provision from commissioned services: in these cases, teams felt that quality was better and arrangements more flexible within the local authority than among providers. These examples underline that local authorities are making use of monitoring data and taking action where they identify under-performance, but that monitoring is not always effective in driving improvements among individual providers.

Figure 4.2 Improving the quality and application of data collection

One local authority has seen a great improvement in reporting on outcomes across all projects. The central Families First team in this area has run workshops for commissioned projects to train them on how to collect and collate data and demonstrate the impacts of their service. Challenges included providers not being familiar with using software needed for reporting, or in calculating percentages. Although the team recognises that data is still not perfectly accurate, it has been much improved since they began to support providers in monitoring. Staff reflect that the data provides a useful basis upon which the central team can monitor projects and challenge providers on the scale/quality of delivery.

Another local authority has now begun to collect location data on the families they support. This has shown that families from more prosperous areas are accessing services more often than anticipated. The team is now using this insight to ensure services are accessible for those who need them, regardless of location.

4.3.2 Family outcomes

Family level outcomes have been measured through JAFF and Distance Travelled Tools: together these tools enable practitioners to work with families to set targets and measure progress toward them.

These tools have helped to focus practitioners' minds on working towards improving family outcomes from the outset. Practitioners report that the tools are effective because they integrate the day-to-day process of supporting families with the monitoring of progress towards longer-term outcomes and priorities. One practitioner highlighted that *'[The JAFF] is much more outcome focused in the way it is designed [than our previous ways of working]… we need to be much smarter about measuring outcomes and the place you start measuring outcomes or deciding where this family wants to go is at the beginning. We needed to be much clearer about the whole process rather than thinking about outcomes at the end of the intervention'.*

The introduction of JAFF and Distance Travelled Tools had implications for workforce development, with the need to support practitioners in using these new approaches. As highlighted in section 2.3, large numbers of staff continue to be trained so they can deliver JAFF/TAF, and this appears to be paying off in the widespread engagement of a range of agencies in JAFF and TAF (see Table 2.5).

While Distance Travelled Tools appear to be working successfully for families as a way of reviewing families' progress against their agreed goals, local authority staff and practitioners consistently highlight that the Tools are less effective in evidencing the work practitioners have done with families to effect these changes, or (in some cases) reflecting the true scale of the progress families have made. Many feel that the tools – while an essential part of the family support process – are not sufficiently sensitive to capture families' progress, or in some cases to reflect the significant amounts of work required to effect change among families. The further refinement of Distance Travelled Tools is likely to be an area of significant change over the next phase of the programme's delivery. While Distance Travelled Tools are effective in giving families and practitioners an indication of the progress made by individual families, they are less valuable as a source of consistent monitoring data across all

families and local authorities because they are necessarily somewhat subjective in the way they are applied.

4.3.3 Outcome: is monitoring helping to drive improvements in services?

The improved skills of staff in local authorities and provider agencies in collecting, reviewing and using monitoring data has the potential to outlive Families First and influence wider service delivery. There are already a number of instances where service and strategic level reviews across wider local authority provision have been better informed as a result of Families First monitoring data and information Third sector agencies have also found it valuable to be able to use evidence of the impact their work has had when bidding for new contracts, beyond Families First.

Figure 4.3 Using monitoring data to improve service quality and efficiency

In one authority the co-ordinating team was able to spot where two providers, offering a similar service in different parts of the area, could more effectively support families. Both offered parenting classes; one as a group service and the other as one-to-one support. Centrally reviewing the monitoring data showed that families with differing levels of need were not necessarily accessing the most appropriate service. By allocating families to the right 'intensity' of provision, families are now benefiting more and the services are able to deal with more families.

However, local authorities will need to be careful that monitoring requirements (for projects and family-level outcomes) are proportionate so that providers and practitioners are willing and able to engage with them. Local authorities will need to ensure they support those providers that can provide high quality services, but which lack the skills or systems to engage in the commissioning or monitoring processes required by Families First. Local authorities report encouraging providers to work in consortia with other agencies so that monitoring requirements do not impede the ability of agencies to bid for projects.

4.4 Multi-agency working

This section reviews how the design and implementation of Families First has supported or inhibited effective multi-agency working. It then reviews the extent to which Families First has instigated a change in the way staff across the multiple agencies involved in supporting families work together.

JAFF and TAF provide common tools and processes for agencies within each local authority to work with; they have played an important role in developing and cementing multi-agency working arrangements, and without continued investment in these systems it is unlikely that multi-agency working would be sustained in its current form or extent. Beyond JAFF and TAF, a wide range of other processes are important in fostering common working arrangements locally, including: service design and models of delivery; defining clear roles and responsibilities for agencies involved in the programme; establishing information-sharing systems that enable shared working; and allowing time for relationships to develop.

4.4.1 How programme design and management affects multi-agency working

The level of structural integration appears to play a role in the degree to which collaborative relationships are established within local authorities. As discussed in Section 3.3.3, in most cases Families First teams are well integrated with one or a few other programmes that sit within the same directorate. A few local authorities are taking a whole-systems approach that involves the joint strategic management of Families First and a range of complementary programmes. This approach appears to have engendered effective collaboration across all organisational levels because staff are

united under a common strategy, with resourcing and prioritisation considered across the local authority rather than individual directorates or teams.

Local authorities use a variety of delivery models to implement JAFF and TAF which can broadly be summarised as Everybody's Business, Centralised or Hybrid approaches (see Section 2.5 and Table 2.6). The evaluation team initially hypothesised that Everybody's Business models had the potential to stimulate greater cultural change across the range of local agencies involved in the delivery of Families First because agencies would play a greater role in the programme's delivery.[22] In practice, there is little evidence to support the idea that Everybody's Business models have fostered a greater degree of multi-agency working than other models, at least at this stage in the life of the programme.

In fact, the delivery model itself appears to be less significant than authorities communicating the requirements of their chosen model to local partners effectively, and ensuring that the agencies involved in delivering the programme understand and accept their role. Where local services and agencies have been asked to play a larger role than they consider feasible, staff have been deterred from engaging in Families First – even in a limited capacity – because of concerns about the workload implications. In other cases, practitioners have failed to subscribe to the role of the key worker – which in some cases is a pure co-ordinating function that refers families to appropriate support, and in other cases involves key workers providing support to families directly – required by the local delivery model. As the programme develops, local authorities will need to continue to dedicate time to consult with local partners to develop a common understanding of roles and to remove potential obstacles to engagement. Memoranda of understanding that specify agencies' roles in Families First have been used to this end – 210 memoranda of understanding have been set up across 13 local authorities – although it is unclear how far they help in engaging resistant partners.

In areas where TAF team arrangements have shifted from dispersed teams to co-located teams or teams based around geographical hubs, the degree of multi-agency working and the levels of information-sharing amongst local partners have improved. Practitioners in most local authority areas reflected that it is easier to develop relationships with other local agencies and partners when there is regular contact. Practitioners highlight that TAF meetings help to form and maintain links with a wide range of other agencies that they draw upon in their other work.

The structure used to organise commissioned projects also has an impact on the degree of multi-agency working. Projects are organised under thematic 'packages' in most local authorities, with packages typically comprising a consortium of local providers working with a lead agency. Families First Co-ordinators consistently reported that commissioning packages or consortia has prompted much greater collaboration between the agencies delivering projects, as well as delivering efficiencies. In one local authority, for example, practitioners and managers described how a new thematic structure has led to more collective and less insular working among the staff within provider organisations. Two other authorities report reorganising packages around particular themes so that providers were working towards a common goal under each package, rather than providers working on similar projects working within different packages. Families First Co-ordinators report that there was subsequently less duplication in provision, and providers worked more flexibly to identify and plug gaps or inefficiencies in provision.

4.4.2 How programme implementation affects multi-agency working

There are a number of formal systems in place to cement collaborative working beyond individuals forming personal relationships, although there appears to be scope for local authorities to develop these formal systems further so that effective multi-agency working at the point of delivery extends beyond TAF.

[22] For example, under Everybody's Business models, staff based in local services such as schools or health visitors might be asked to attend TAF meetings, or take on key worker roles, while other models might simply expect staff to refer families to centralised Families First teams.

TAF arrangements are central to multi-agency working, as they bring together a number of agencies on a formal and regular basis. Other examples of systems underpinning joint working include shared referral protocols, directories of staff and providers of family support services, and computer systems to record details of families currently being supported through Families First. However, many of these systems are not yet common practice. As a result, evidence from the case studies suggests that, outside of TAF arrangements, providers can lack awareness of which families are being supported through the programme. Without continued Welsh Government funds to support the ongoing operation of JAFF and TAF, multi-agency working would be considerably more limited.

Figure 4.4 The importance of TAF in multi-agency working

Practitioners in one local authority feel that TAF Panels have helped partners to focus on meeting the needs of the family rather than being service-led.

"The whole emphasis is on partnership, it's the only way you can work in [this local authority] because of its geographical nature. The TAF panels gave different ideas for thinking outside of the box because you've got other people around the table from all different agencies who say, "oh you don't need to do it like that: you could consider this, or we could offer that"… It was a lot more creative and innovative. The voluntary sector works like that anyway; it gave permission to some of the statutory partners round the table to start to think in that flexible way because the statutory agencies have always been constrained by eligibility criteria".

TAF has also helped to draw schools into local provider networks, and thus enable them to provide more effective pastoral support for their pupils' families. Practitioners report that, as a result of participating in Panel meetings, education practitioners are more aware of what service provision exists in their local area and how it can be used for their pupils.

Local authorities typically report that Families First has stimulated a greater willingness to share information on families among local agencies. Three-quarters (76%) of stakeholders agree that effective protocols for sharing information on individual families are in place to aid in the implementation of JAFF and TAF. In a number of cases, Families First data and monitoring requirements have acted as a catalyst for the development of joint databases that effectively record family support and outcomes. Examples include a shared database across Children's and Adult Services in one authority, a cross-service data platform in another, and a centralised database in a third authority in which all agencies can record and share data on interactions with families. In the development of shared data storage and retrieval mechanisms, some local authorities identified challenges linked to the data protection and sharing limitations, which in some cases had been overcome through securing access to some parts of the platform.

Local authorities have also developed systems to raise awareness of the services that exist in the local area for the benefit of practitioners. One authority has developed a directory of local services and providers has led to efficiencies in working practices: one practitioner explained that '*you can't imagine how much time this has saved us, now there isn't the need to ring lots of teams to check whether they're already come into contact with a family and whether they've delivered any support'.* Several authorities have established a TAF telephone helpline that practitioners can call to discuss family needs and identify appropriate services for families.

In most local authorities, joint training sessions have also led to improvements in multi-agency working, knowledge exchange and more trust as practitioners worked together over time. Staff are encouraged to attend joint training sessions, some of which aim to instruct staff on the therapeutic approaches used by partner agencies, thus raising awareness of the work of other providers and up-skilling practitioners across the workforce. Targeted training has also been a successful means of reaching and engaging specific groups such as health visitors and police, thus increasing the potential for further multi-agency working.

While multi-agency working is widespread, at least within JAFF and TAF implementation, there is a much more limited degree of collaboration across local authorities in delivering the programme. There are examples of joint strategic projects, such as a NEET strategy across one cluster of local authorities, and a strong consortium of authorities in North Wales have established common systems to implement the programme. However, only seven authorities note that they have jointly commissioned projects with other authorities.

The reach of local partnerships continues to grow over time according to local authority consultations. Although as we note in Section 3.3 of this report, partnerships with child- rather than adult-related teams continue to be most prevalent. Families First Co-ordinators report a number of agencies starting to become involved in TAF processes as they recognise the benefits for those they work with, including health agencies, housing associations and schools, although referral patterns do not yet reflect this. Families First teams may be able to capitalise on the real successes achieved through the programme to date to help expand the reach of multi-agency collaboration across more partner agencies, and in particular among adult-focused services that are less likely to be as engaged in the programme at present.

4.4.3 Outcome: multi-agency working

National stakeholders felt that local authorities establishing effective multi-agency working practices have been the most significant achievement of the programme to date. While multi-agency working pre-dated Families First in many local authorities, most report that Families First gave impetus and direction to multi-agency collaboration and has led to the development of much stronger networks. It was evident from the evaluation that staff across a wide range of agencies are enthusiastically embracing the advantages of multi-agency working and seeing the benefits for families and their own organisations.

While multi-agency working appears to be effective for TAF, there is scope to expand the formal structures and processes underpinning joint working so that users of services outside TAF benefit from more joined-up working arrangements, and so that multi-agency working is established on a more sustainable footing. Structures including joint strategic management within local authorities, and consortia arrangements under 'work streams' or 'packages' in project commissioning appear to be effective. At the management level, shared databases and data-sharing agreements are reported as highly effective where they have been introduced.

Local authorities may also be able to capitalise on the successes of the programme to engage more local partners in Families First. For new and existing partners, it will be important to ensure that requirements and expectations of their involvement are clear and reviewed regularly.

4.5 Embedding action learning

The delivery of the programme has included a commitment to sharing learning at local, regional and national levels. The programme guidance places an expectation on all local authority areas to be actively involved in learning sets, and to be able to demonstrate where they have accessed, applied and contributed to shared learning.

The learning strand of the programme has involved a number of formal or structured events and opportunities:

- The **dissemination of information and best practice through a website ('the managed learning environment' or MLE**). A number of electronic bulletins were circulated amongst programme staff to update on the learning strand of the programme and to promote engagement with the MLE resource.

- The delivery of **national learning sets**. This included an event held in January 2013 focused on JAFF and TAF; and an event in November 2014 focused on facilitating the exchange of information and learning across three themes: disability support services, health sector involvement and engagement, and the Social Services and Well-being (Wales) Act 2014. Three online workshops were held across May and June 2015 for key programme delivery staff to further discussions across these themes.
- At local level, there has been the expectation for authorities to operate learning sets, with the potential to draw on and develop existing local, regional or national level structures. The intention of these **'multi-authority learning sets'**, according to the programme guidance, has been to facilitate reflective learning across the course of the programme on a range of themes.

A more detailed review of the activities conducted as part of the national and multi-authority learning set activity is presented in Section 3.7. This section explores how and in what circumstances learning sets have contributed to a culture of learning among the staff involved in delivering Families First. The section also reviews the role of multi-authority learning sets in stimulating cross-authority partnerships and collaboration.

4.5.1 How have formal learning sets helped to embed learning?

Progress on the learning set element of the programme has been slower than other aspects of the programme, with this area more likely to report underspend than any other strand of the programme and consultations revealing uncertainty about the purpose and value of learning sets. Progress on learning sets appears to have accelerated more recently however (see Section 2.7). More guidance on the expectations around learning sets at an earlier stage in the evaluation may have helped to progress this element more quickly.

By the third year of the evaluation, Families First staff reported positive views of learning sets. The benefits of formal learning events were identified as being the opportunity for practitioners to take time out of the day-to-day delivery of the programme and make connections with others delivering the programme. A number of local authority areas felt that the local learning activities had given teams the space to take on new ideas and share experience with delivery staff. Some programme staff reflected that the *'dictate from national government*' to deliver against the learning strand was in some ways helpful, since delivery staff would otherwise usually prioritise other tasks associated with the delivery of the programme over learning sets.

The stakeholder survey results indicate that, on balance, local staff have been satisfied with their operation of learning sets. However, consultations reveal variable experiences of learning sets, with some failing to prompt useful discussion or learnings. Table 4.2 highlights some of the common challenges associated with running effective learning sets, and some of the factors that appear to contribute to the most effective learning activities.

Table 4.2 Success factors and challenges in developing effective learning sets

Success factors	Challenges
▪ Central resource to plan and organise the administration of learning sets – this helps to avoid learning set administration get lost in the day-to-day delivery of the programme. ▪ Ensuring learning sets have a discrete focus, with specific and shared challenges across participating local authorities, means that events are more likely to identify learning that can be applied subsequently. National learning sets with more general discussion topics were considered less useful, and less likely to lead to practical application of learning. ▪ Staff attending learning sets having similar roles and responsibilities. Mixing strategic level and operational staff within the same groups does not typically work well. ▪ Authorities with a shared identity or with commonalities in local populations/local needs. ▪ Structured learning sets with objectives and measurable outcomes. ▪ Local authorities are more engaged in learning sets where they respond to locally-identified challenges or needs, rather than those based around general themes or suggested from the 'top down'.	▪ Resourcing implications in setting up and attending learning sets, especially for relatively small Families First teams. Learning set activity is not regarded as a vital part of programme delivery and is more likely to be scaled back where resourcing is a problem. ▪ Poor attendance (or frequent use of substitutes for staff who cannot attend) has limited the capacity of some multi-authority learning sets to have a real impact. ▪ Defining a sensible 'region' to work within. A number of non-overlapping structures exist at local authority level (including local health boards, sets of authorities that may merge under the Williams' review recommendations, neighbouring local authorities). Determining which local authorities to collaborate with can be difficult. ▪ Reluctance to openly share difficulties or genuine state of local progress at national events, due to presence of senior policy staff and other local authorities. ▪ The variety of approaches used to implement the programme locally. There is a question around how useful collaboration across local authorities can be, when the most useful learning sets typically focus on very specific challenges and issues, and local authorities operate in widely different ways.

While views of the national events were still positive, consultations highlighted that practitioners and stakeholders felt that the information at national events was less directly applicable to their day-to-day work than local events. Possibly as a result, stakeholders were slightly less positive about national than local learning sets in several respects including: the ability to share good practice, attendance and application of learning (see Table 4.3).

Table 4.3 Satisfaction with national and multi-authority learning sets

	% Satisfied with national learning sets	% Satisfied with multi-authority learning sets
The quality of the discussion	82 (+ 4ppts)	91 (+5ppts)
Attendance from the appropriate range of agencies and departments	78 (-1ppt)	86 (+1ppts)
The ability to share good practice	82 (+ 6ppts)	89 (+4ppts)
The format of the session/day	79 (+ 4ppts)	89 (+5ppts)
The overall experience	78 (+ 4ppts)	87 (+7ppts)
Application of learning after the event	69 (no movement)	82 (+ 3ppts)

Source: Stakeholder survey 2015

The evaluation suggests that, while learning sets have provided forums for information-sharing, they have not necessarily been engines for embedding practical learning in local authorities' day-to-day work. There is evidence that learning sets have played a role in the development of networks and facilitated the exchange of information, but less evidence of local practice being changed or created on the basis of learning from other authorities. Although local authorities valued the opportunity to *'step out of the silo'* and '*think through things with fresh eyes'* by reviewing practice elsewhere, there was limited evidence that participation in multi-agency or national learning sets had a tangible impact on local authority practice. Local activities seem to be slightly more successful than national or multi-authority activities in this regard, perhaps because local learning sets are more tightly defined around a particular challenge or need.

The primary focus of learning sets on information exchange rather than developing applied learnings is, to some degree, a consequence of the different delivery models used by local authorities. In this context, staff tend to be focused on sharing views and information, rather than working together to identify principles and tools that could work or improve practice across local authority and delivery contexts. The focus of local authority activity to date has often been on establishing and refining local approaches, rather than drawing ideas and approaches from other areas. While there are instances of local authorities drawing on approaches used in other authorities, these tend to be isolated examples. Whilst national stakeholders expressed that they would have liked to have seen a greater degree of collaborative working as a result of learning activities, local stakeholders were less likely to share this ambition.

Table 4.4 The impact of Learning Sets on service design and delivery

To what extent, if at all, has the application of learning from learning activities improved the quality of services delivered in your local authority area in the following areas?	% A great deal / fair amount
Development and implementation of JAFF	84 (+6ppts)
Development and implementation of TAF	83 (+ 3ppts)
Process of commissioning and delivery of strategically commissioned projects	76 (+4ppts)
Allocation and implementation of funds ring-fenced through disability element	72 (+10ppts)
Delivery of Families First overall	87 (+ 7ppts)
Services to children/families overall	91 (+ 9ppts)

Source: Stakeholder survey 2015 Base (2015): 958

4.5.2 How has informal learning impacted the delivery of Families First?

Outside of formal learning sets, informal learning at a local and multi-authority level has been widespread. The main 'learning' benefits realised to date have often been generated through informal local learning and, in some cases, informal learning across local authorities. In line with this 'meetings with immediate colleagues' are rated more highly than other types of learning among local stakeholders.[23] This may reflect that some of the barriers that exist in setting up formal learning sets – such as resource constraints and a reluctance to share difficulties – are less significant when considering local learning. It may also reflect the large amount of learning that takes place among practitioners to share therapeutic approaches used by other disciplines, in order to raise their awareness of how other teams work and promote better multi-agency working.

Informal learning has extended to multi-authority arrangements which are typically based on existing relationships and networks. This has been generated through a number of means: for example, movement of staff across local authorities helping to build networks, or via other multi-authority arrangements such as Regional Educational Consortia. Building on these relationships, staff have

[23] See full data in the Annex.

sought advice from other authorities about specific challenges they have faced and helped to find solutions. The development of networks as a result of the formal learning sets has the potential to assist in more informal learning over time.

4.5.3 Outcome: the impact of learning sets on Families First

The stakeholder survey indicates a positive picture, both in terms of the improvement in sharing learning and good practice, and the implementation of this (see Table 4.4). The majority (75%) of local stakeholders felt that they had had the opportunity to share and learn from good practice locally, whilst a larger proportion (84%) felt that the sharing and learning of good practice had represented an improvement from what existed prior to Families First. A similar proportion (82%) felt that the application of learning had improved the quality of services delivered in their local authority area.[24] Programme staff were broadly positive about how the learning strand of the programme had operated, and the associated impacts. There is evidence to suggest that learning is helping to refine the implementation of the programme locally and that informal local learning in particular is proving effective in this respect.

Despite the positive picture painted by the survey, it is not clear that learning sets have achieved the ambitions set out for them. Learning sets appear to have been conceived of primarily as a means of refining and improving processes locally, rather than a means of improving the design of local strategy or delivery models. As a result, local authorities appear to have concentrated mainly on establishing their local-level approaches, and using local learning to refine processes. Cross-authority collaboration has been useful to share ideas and approaches, but appears to have had a limited impact on local strategy and design.

4.6 Welsh language

Local Families First models are required to have had due regard for Welsh Language Scheme requirements[25] in the co-ordination and delivery of TAF. There is evidence that local authorities have carefully considered how TAF and commissioned projects should be delivered to best serve the needs of Welsh speaking families. Examples of this include clauses within commissioned service contracts at commissioning stage that ensure providers have due regard for Welsh language requirements. In one local authority, the Families First team and delivery staff are fluent in Welsh and English, and opportunities are taken to encourage the medium of Welsh in programme delivery to reflect the preferences of Welsh speaking families. Families First teams have also been careful to highlight the requirements of the Welsh Language Scheme to providers, especially those representing organisations based in England that have had limited experience of delivering support within the context of the Scheme.

There is some evidence that Families First teams are proactively working to ensure that commissioned service delivery reflects Welsh language requirements. For instance, in one local authority, where a large proportion of the population speaks Welsh,[26] the team has reviewed provision to ensure that services (including information materials and actual service delivery) are pro-actively offered to families. Here the team is effectively seeking to embed and encourage Welsh language provision, rather than merely ensuring that delivery responds to Welsh language needs. There are some challenges in filling staff vacancies with Welsh speaking staff in order to deliver the services needed to meet Welsh Language Scheme requirements, and to encourage the use of the Welsh language by

[24] See Annex for full data tables relating to the impact and views of Learning Sets.
[25] As defined in the Welsh Language Act 1993 http://www.legislation.gov.uk/ukpga/1993/38/part/II
[26] In the 2011 census, the percentage of Welsh speakers varied substantially by local authority; 7.8% are able to speak Welsh in Blaenau Gwent, compared with 65.4% in Gwynedd. Across the whole of Wales the rate is 19%.

families. This is endorsed in the stakeholder survey findings which show (see Table 4.5) that only 56% of local stakeholders agree that Families First services and resources meet the Welsh language needs of families.

Table 4.5 Welsh language needs

Welsh language	
% stakeholders reporting that *the projects and services commissioned within their local authority meet the Welsh language needs of families* very/fairly well (Base: 324)	72
% stakeholders strongly/tend to agree that *the services and resources provided by my organisation through the Families First programme meet the Welsh language needs of families* (Base: 481)	56

Source: Stakeholder survey year 3

4.7 Summary of key findings

- Families First has been effective in prompting systems redesign. Stakeholders support the view that the process of commissioning, the quality of projects commissioned, the range of support provided, and the sharing of learning have all improved under Families First.

- Changes to the culture of commissioning and project monitoring should be considered as one of the great successes of the programme. Changes to commissioning practices have been instigated by Families First policy guidance which stipulated that clear evidence of formal commissioning based on needs assessments was required.

- The delivery principles and monitoring requirements also helped to promote the use of results-based accountability techniques, and a focus on the quality of delivery as well as outputs. Over time, there has been a growing support for the discipline of monitoring among local authorities as they recognise its contribution in delivering efficiencies and improving service quality.
- The stakeholder survey and consultations highlight that, generally, the provision of services through Families First meets the needs of local populations. However, stakeholders have been consistently less positive about the provision available for families affected by disability. Some of the greatest unmet needs are likely to be associated with the constraints on accessing over-stretched mainstream services, such as Child and Adolescent Mental Health Services (CAMHS) and support from Educational Psychologists.

- Local authorities scrutinise the quality of projects via a range of monitoring data. Providers have found it invaluable to be able to evidence the impact of their work with families when bidding for other contracts.

- Local authorities will need to ensure that formal monitoring requirements are proportionate so that high quality providers are able to bid for contracts; providers that underestimated the time/budget implications have found monitoring requirements onerous. Local authorities may need to support those providers with the potential to provide high quality services, but which lack the skills or systems to meet Families First programme requirements.

- Family outcomes are primarily monitored through the use of JAFF and Distance Travelled Tools. Distance Travelled Tools appear to be working for families as a way of reviewing families' progress against their agreed goals and encourage practitioners to focus on

outcomes; however, local authority staff and practitioners consistently highlight that they do not always reflect the true scale of the progress families have made.

- National stakeholders highlighted the establishment of effective multi-agency teams as one of the great successes of the programme. Most report that Families First gave new impetus and direction to multi-agency collaboration and has led to the development of much stronger networks. A wide range of agencies see the benefits for families and their own organisations.

- TAF continues to sit at the heart of effective multi-agency working, because it brings together a number of agencies on a formal and regular basis. Ongoing funding for TAF is essential if multi-agency working is to be sustained at its current scale.

- There is still further scope to improve the co-ordination of other Families First services at the point of delivery – such as using common databases and directories of local providers – to ensure local provision is joined-up at the point of delivery, and that multi-agency arrangements are sustainable. In the next phase of programme delivery, exploring the extent to which cross-authority partnerships and delivery could improve service quality and efficiency could also be valuable; the recommendations of the Williams Commission will also affect greater cross-border working in future.[27]
- Families First has also encouraged the development and sharing of learning to drive improvements in the quality of services. Programme staff were broadly positive about how the learning strand of the programme had operated. The impact of *informal* local learning appears to have been more significant than formal learning on local authorities' practices. Local partners may have better grasped the intentions of learning activities had national expectations been better articulated, especially regarding aspirations for cross-authority collaboration.

- The stakeholder survey data paints a mixed picture on authorities' progress on Welsh language provision. Most feel the needs of Welsh language speakers have been considered, but only half feel the results actually meet these needs. Authorities reported challenges in recruiting appropriately-skilled staff with the requisite language skills.

[27] https://assemblyinbrief.wordpress.com/tag/williams-commission/

5 Impact on service delivery

5.1 Introduction

The Families First guidance sets out a number of programme elements that each local authority should adopt, including joint family assessments (JAFF), team around the family working arrangements (TAF), and a focus on ensuring families affected by disability can access the support they need. The programme guidance also sets out a number of principles that should characterise the delivery of each element of the programme: support should be **family focused** rather than focused on individual family members; it should be **bespoke** so that it tackles the needs families want to address and builds on their strengths; it should be delivered by **integrated** multi-agency teams working together; it should be **proactive** so that families receive help early and before their problems escalate; and it should be **intensive**.

This section explores these delivery principles in turn, looking at how local authorities and practitioners have interpreted the guidance, how these principles translate into service delivery, and how they have affected families' experiences of support.

5.2 Family focused

'Family focused' is described in the programme guidance as: 'taking a whole family approach to improving outcomes.' Furthermore 'family' should be a fluid term and practitioners are encouraged to 'think critically about what counts as 'a family''.

5.2.1 How Families First promotes family focused working

The JAFF and TAF processes have been an integral part in promoting a family-focused way of working.

There is an aspiration that all family members involved in the JAFF input into the form, and the survey data suggest this is typically realised: 92% of stakeholders report that JAFF includes the whole family and 84% think that it involves the views of children and young people. The use of a range of age-appropriate assessment tools enables all family members to play a meaningful role in JAFF. In one local authority, a specific child assessment has been developed as an appendix to the main JAFF. This has helped to ensure that children's input can be factored into the whole family assessment; *"we have two or three exercises we do with children so they have a direct voice and so it is not lost in the rest of the family views"*. Bespoke tools to allow teenagers to input into the process have also been adopted.

In general, a TAF meeting involves the presence of the whole family. Care and attention is given to ensure that participants are comfortable and able to participate. Practitioners report that TAF encourages them to think about what families need, rather than what services they offer, and to be creative in formulating packages of support to address families' needs. Parents consistently report that the TAF meeting was a turning point for them because service professionals were listening to their family's story. Parents reported that TAF helped to build their confidence, as well as giving them a sense of empowerment to take control of their problems (see Figure 5.1).

Figure 5.1 Case study: TAF involving the whole family

Rachel is a single mother and lives with her son, Luke (6) and daughter, Olivia (16). Families First started working with the family after Rachel's mental health and financial situation deteriorated following postnatal depression and her husband leaving.

Rachel praised the key worker, Susan, for ensuring that the whole family took part in the support. She made sure that both Rachel and her children decided the structure of the initial TAF meeting, who would attend, who would get to speak in which order and where they would sit. Each family member was also allowed bring someone with them for extra support.

The disability element has helped to promote a different conception of disability provision in some local authorities by allowing support to be accessed by whole families *affected* by disability, rather than only those *with* a disability. Specific provision has been introduced in many LAs: examples include a project targeted at young carers of disabled parents, and a project for siblings of disabled children.

5.2.2 Approaches to whole family working

Broadly, the scope and focus of the support provided to families may fall into three categories;[28]

1. **Working with the family to support the service user:** The family 'is seen as a basis for support for an individual within that family' and the service provision seeks to strengthen the ability of family members to offer support to that individual. For instance, where a child has a behavioural difficulty, parents might receive coaching to help manage the child's behaviour.

2. **Identifying and addressing the needs of family members:** Individual family members' needs are addressed, in addition to the presenting service user. In practice, this occurs where needs among family members are identified when services engage with the referred service user. Individual family members subsequently become service users in their own right, rather than simply supporting another family member.

3. **Whole family support:** Shared needs are identified and the family is worked with as a unit, rather than services working with an individual.

Commissioned projects have been more likely to use the first approach, as projects are often tasked with delivering a particular intervention or working with a specific target group: to help children get back into education, for instance. The second and third approaches are more prevalent in TAF cases, particularly because the key worker's flexible way of working lends itself to identifying and working with any family members that require support. In fact, the flexibility key workers have to work with across these approaches and provide tailored, high quality support where it is required within families appears to be a critical success factor in the delivery of JAFF/TAF.

The most appropriate approach will depend on each family's circumstances, but local authorities may want to consider whether practitioners – especially those based in commissioned projects – have the flexibility to work across all three. One case study family expressed frustration that support had been exclusively focused on the son, despite the mother having complex needs in her own right. The project the family accessed aimed to help young people back into education. The family's case worker explained that the mother would only receive support to build her confidence in dealing with her son, rather than in her own right. The mother was frustrated and upset that she did not receive more support. This case study also highlights that projects will need to manage families' expectations about the focus and scope of support within the family.

[28] http://www.nspcc.org.uk/globalassets/documents/research-reports/families-northern-ireland-experiencing-multiple-adversities-report.pdf

5.2.3 'Family' definitions

Agreeing an appropriate definition of 'family' can be critical in engaging families and achieving family goals. Families highlighted great successes in cases where practitioners used broad definitions of 'family', including in some cases non-resident or absent family members (see for example, Figure 5.2). More restrictive definitions of 'family' sometimes limited the potential impact of TAF, especially where 'excluded' family members were seen (by families) as at the root of their problems, or critical in resolving them. For instance, in a family with a 23 year old son living at home, the family was told that he had to have a separate TAF because he was an adult. This distressed the mother, as she could see how the older son's behaviour was affecting her younger son: *"It was devastating for them not to include him - they said they couldn't include him in the TAF if he was an adult".*

Clearly, practitioners need to agree sensible limits to the definition of 'family' in order to keep cases manageable; however, it may be worth considering whether families could have a greater input into the definition of 'family' used when setting objectives.

Figure 5.2 Case study 1 continued: addressing issues around absent fathers

Jane, a Barnardo's councillor, encouraged the absent father to be involved in the family healing process. As well as leaving the family, the father berated Olivia for not calling him, and blamed Rachel for the breakdown in the relationship. The councillor supported the daughter and mother to speak to the father and challenge his behaviour. As a result, Rachel was able to deal with many of her emotional issues and Olivia gained the confidence to challenge her father's behaviour, when previously she hadn't.

5.3 Bespoke

The programme guidance describes 'bespoke' as, 'tailoring help to individual family circumstances.' This includes 'recognising the strengths and resources within the family rather than taking a deficit-based approach that only identifies needs.'

5.3.1 How Families First promotes bespoke approaches

JAFF and TAF

JAFF and TAF processes encourage practitioners to develop bespoke solutions and to focus on families' strengths. For instance, a member of staff in one local authority remarked of JAFF that: *"It's encouraging and looks at strengths of the families which is a positive thing, sometimes the families don't realise that they have strengths so the JAFF can support this."*

Practitioners typically report that TAF meetings encourage bespoke solutions to families' problems, as they pool ideas and resources to generate innovative solutions to address each family's set of needs. Moreover, those on the TAF panel have been carefully considered so as to make the family as comfortable as possible. For instance, staff in one local authority have found that the police are increasingly involved in the process but choose to be represented by Community Support Officers, as they are seen as less threatening than the police themselves.

Role of the key worker

The role of the key worker is critical in delivering bespoke services in a number of ways. First, families highlighted the flexibility of the key worker to adapt to their changing needs. Practitioners underlined

that it was vital that families rather than key workers identified the areas they wanted to work on, so that families are motivated to engage in the programme and feel a sense of control over the process. Indeed, families stressed that this was one of the positives of the programme.

"Unless something's come up I haven't missed a [key worker] meeting...because I realise that I looked forward to them. I know what it's like when you're in a stressful situation at home: you sometimes feel like climbing up a mountain and having a good scream. These meetings made me feel good about myself...more like I'm in control....I don't let things build up [now]...like untidy rooms...I have to be on top of it."

Family case study

Families also rated the knowledge of the key worker and their ability to provide practical advice and support on aspects such as parenting or money issues. The role of the key worker differs from one local authority to another however. In some LAs, key workers are purely co-ordinating roles, whereas some also deliver support to families directly as well as co-ordinating other services. Where key workers had a co-ordinating role some families felt frustrated that they were unable to offer more advice directly. For instance one mother felt that her key worker should have known more about how to deal with her disabled son than she did: *"I felt like I was answering my own questions, the knowledge wasn't there."*

The attitude of key workers is also crucial in the strong relationships they build with families which in turn are vital for positive outcomes. Families with experiences of statutory services highlighted that, with statutory services, they felt judged and dictated to; in contrast, they felt Families First key workers listened to them and gave them the opportunity to say what help they felt they needed. Practitioners clearly hold families in high esteem – it is families' circumstances that cause or aggravate problems, rather than individuals themselves – and demonstrate a firm belief that families can use their strengths to achieve their objectives.

5.3.2 Limits to bespoke support

Capacity constraints in Families First-funded and/or mainstream services can limit the degree to which practitioners can offer families the tailored support they require. In some cases, families reported being placed on long waiting lists before they could access projects they had been referred to. In one instance, a family was awaiting a CAHMS assessment before their key worker could devise a support plan; the assessment was delayed, and there was no sign that the key worker had proactively pushed for the assessment to be complete. In another case, a family was awaiting a child counsellor; although other family members were receiving support in the meantime, the impact of their support was limited because key issues relating to their child were not yet being addressed. Some families also felt that services were suggested because they were available rather than because they would choose them or that were particularly helpful to them.

However, local authorities are actively managing waiting lists and finding ways to provide interim support for families. Local authorities also find ways to involve services that have restricted capacity in the TAF process. For instance where CAMHS cannot attend TAF meetings, practitioners seek advice in advance so that their input can be used in the meetings. In one authority, families waiting for disability services have been referred to a specialist centre with access to signposting services and temporary support.

As discussed in Section 5.5, practitioners report that families can be reluctant to engage with Families First: in these cases waiting lists can help give them time to build up trust before intensive support begins.

5.4 Integrated

The guidance describes an integrated way of working as 'effective co-ordination of planning and service provision across organisations, ensuring that needs assessment and delivery are jointly managed and that there is a seamless progression for families between different interventions and programmes.'

The culture of inter-agency working has been noted by practitioners as having improved since the introduction of Families First. Some 76% in wave 2 of the survey said that JAFF and TAF ensured the development of systems needed to share information about families and nearly nine in ten (87%) said that projects and services have avoided duplication (both with other services and within Families First).[29] The processes that local authorities have used to facilitate multi-agency working are discussed in Section 5.4 of this report.

The success of the principle has largely been seen through the lens of local authorities and stakeholders, as many families did not see support in terms of its ability to be joined-up or support worked well for them and therefore they were only aware of the lack of coherence, when something went wrong. However where some families had a history of accessing disjointed services, they highlighted the joined-up nature of Families First:

'It just kind of seems like everyone is in one big circle and I can go between them all. It feels like everyone works together in a way because you get referred from one person to the next so you don't have to explain your individual situation to everybody.'

Family case study

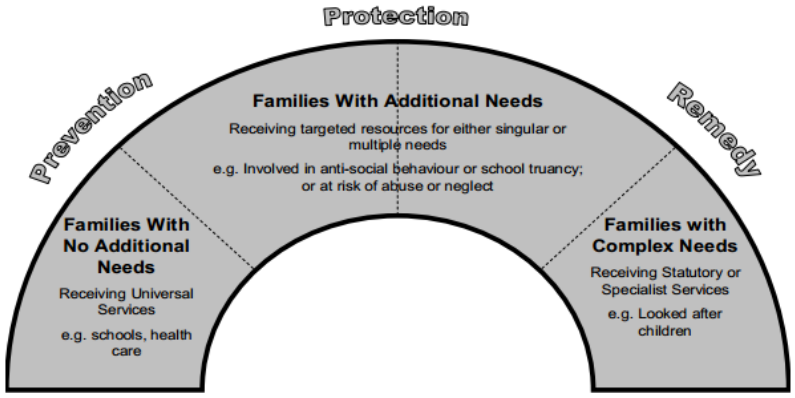
Capacity constraints can hinder this joined-up way of working however. Families with children with ADHD for instance have found that a lack of diagnosis has prevented them from accessing support and moving on as a family.

5.5 Pro-active

The Families First guidance states that being proactive is: 'seeking early identification and appropriate intervention for families.' Furthermore, it describes Families First as supporting those families without complex needs and therefore who do not require statutory services. This is depicted in the continuum of support model (figure 5.3 below): the guidance positions Families First as a prevention and protection programme.

[29] Wave 2, Stakeholder survey, 2015

Figure 5.3 Continuum of needs



5.5.1 Service thresholds

Thresholds for TAF support vary by local authority. Families may be eligible for TAF if they require the involvement of multiple agencies (2, 3, 4 or more). In many authorities, TAF supports families with multiple and complex needs although TAF works across the needs spectrum in some. As the thresholds for social services support have increased during the life of the programme and core services have been cut, Families First teams report that the complexity of the cases they cater for has also increased. Practitioners report that they can achieve greater success in working with relatively complex cases than social services, because Families First ways of working are more effective than the prescriptive nature of statutory services.

Local authorities with higher thresholds have taken steps to ensure that families with lower-level needs are able to access TAF. For example, telephone TAF services introduced in several local authorities allow families to self-refer and/or signpost families with less complex needs to appropriate services.

Commissioned projects tend to work across the needs spectrum. In some cases, access to commissioned projects is prioritised for TAF families due to their more urgent needs, but thresholds for support from projects are typically much lower than TAF. Taken together, therefore, Families First works across the needs spectrum.

5.5.2 Early identification and referral

According to previous research, 'central to achieving early, or earlier, intervention is accurate identification of those families requiring support'.[30] The report discusses elsewhere how local authorities are seeking to raise awareness of the programme among potential referring agencies and streamlining Families First processes to encourage them to refer in a timely way (see Section 3.3.2). Referrals data show that the number of referrals has increased slightly in the past year, and that there has been a significant uplift in the appropriateness of referrals into Families First (see Section 2.5). Stakeholders are positive that JAFF helps in the early identification of needs: over eight in ten (82%)[31] stakeholders consider that JAFF has made a contribution to identifying needs before they have become acute.

[30] http://www.nspcc.org.uk/globalassets/documents/research-reports/families-northern-ireland-experiencing-multiple-adversities-report.pdf
[31] Wave 2 stakeholder survey 2015

Processes have also been put in place to help with early identification, as well as more appropriate referrals. For instance one authority has replaced pre-referral forms with an allocations meeting, whereby agencies meet on a regular basis to discuss pending referrals. This regular meeting replaces *ad hoc* meetings based around specific families, and has proved to be more efficient, have better attendance from agencies, to better identify families already known to several agencies, and to identify families at an earlier stage.

5.5.3 Challenges in delivering early intervention

Practitioners talked about Families First achieving successful outcomes where it reaches 'the right family at the right time'. Consultations revealed that 'the right time' – when families were ready to engage with services – was often at a point when families had reached crisis and felt unable to cope with their problems. It was only at this point that some families with relatively complex needs are prepared to expose themselves to the scrutiny of practitioners. Families' reluctance to engage often related to poor experience of services in the past, and a fear of being judged by service providers. Practitioners work to build trust in families over a period of time to try to engage those who most need help but are not yet ready to enter the programme. This finding highlights a central challenge of Families First realising its ambition of delivering early (or earlier) intervention: families may be unwilling to engage with services at an early stage.

Families First teams stressed the vital role of front-line workers in engaging families in the programme initially to overcome their reticence to share family problems (see Figure 5.4). Evidence from families and practitioners suggests that "first impressions" and the first contact with a Families First service is absolutely vital for engagement. This extends to the early weeks of support. For example, practitioners carefully consider how to administer the JAFF to ensure it is not an obstacle to engagement. Practitioners are keen to differentiate Families First from the paperwork families often associate with social services interventions. As a result, practitioners may delay JAFF until they have built a relationship with families, and/or complete JAFFs across several separate meetings. In the latest phase of delivery, several local authorities are working to streamline JAFFs to ensure the assessments do not act as a deterrent to families or agencies engaging in the process.

Figure 5.4 Case study 2: Building trust to engage families

Claire referred herself to Families First. She became aware of the programme through a key worker, Susan, who was working with Claire's mother. Susan recognised that Claire might benefit from Families First and encouraged Claire to work with the programme. Claire was initially reluctant but Susan slowly built up a relationship with her and helped her see that Families First could help. Once Claire decided she wanted to receive support, help came quickly: she received a home visit after 2 weeks. Claire has flourished in Families First. She has had ongoing problems with depression and was not in work. However, since her involvement with the programme, she has regained her confidence and is now thinking about going back into the job market.

Practitioners and national stakeholders expressed concerns that cuts to some core services will affect their ability to engage families. A non-threatening route to engagement can be through early intervention projects, such as family play sessions: once practitioners have gained families' trust through this type of service, they can engage them in other services. However, practitioners were concerned that budget pressures meant that provision was increasingly focused at higher levels of need.

Other challenges in delivering early intervention echo findings reported elsewhere. For instance, waiting lists or capacity constraints can mean families are unable to access support at an early stage. For some issues, problems can escalate as a result. For instance families found that when children with behavioural issues were unable to be diagnosed, then their behaviour became increasingly worse as they couldn't access the help they needed to deal with it.

It is also important that practitioners across the full spectrum of Families First services aim to achieve early intervention. A few family case studies indicated that families, rather than practitioners, had pushed for additional support.

5.6 Intensive

The guidance for the programme sets out that an intensive service should be delivered 'with a vigorous approach and relentless focus, adapting to families' changing circumstances.'

Families highlighted the commitment of key workers. For instance many described the fact that the key worker would be available for advice at any time, outside of the common weekly or bi-weekly visits. As well as a 'relentless approach' intensive also implies an ability to gain an in-depth insight and therefore solution, into families and their problems. For example, stakeholders and families highlighted the fact that Families First tackles the 'root of the problem' rather than the symptoms.

'The help I had before only worked when the support workers were there, and I couldn't cope when I was on my own. Families First has helped me sort out the root of the problems'

Family Case Study

5.6.1 How Families First provides intensive support services

The need for intensive support depends on how vulnerable families are. Previous research has shown that 'multiple matter' – in other words, 'it is the accumulated number of risks that has been found to be most damaging and also predictive of higher probabilities of negative outcomes'.[32] As such, families with more complex cases may need more intensive support to overcome entrenched and complex issues. Most local authorities are accommodating this through tiered support structures and service thresholds. For instance, one authority has a two-pronged approach to support. Cases where families have low-level needs are expected to be resolved within 4-6 weeks. Where families with more complex needs proceed to JAFF and TAF; these families are also able to access 'top-up' support following the conclusion of their TAF.

The flexibility afforded the key worker also allows them to provide an intensive service, as they are not prescribed set times to work with the family, during the period of support. It is apparent that they are also dedicated people who take on a 'nothing is too much trouble' approach. For example, most key workers will give out their mobile number and many families have reported that they can contact the key worker for advice, outside of their regular visits. However, some families also reported that the key worker was not on hand as much as they would have liked. Some felt that it was difficult to get hold of them. However, this seems to be often due to the key worker's heavy caseload.

5.6.2 Challenges in delivering intensive support

The effectiveness of key workers in providing high quality intensive support to families carries an inherent risk that families become over-reliant on them. This risk of dependency appears to be most significant among families with multiple and complex needs. In these cases, key workers are providing round-the-clock support to families across a number of issues (see example in Figure 5.5).

[32] http://www.nspcc.org.uk/globalassets/documents/research-reports/families-northern-ireland-experiencing-multiple-adversities-report.pdf

Figure 5.5 Case study 3: Range of support provided by key workers

As a family, Carys and her 4 children have complex needs. For instance Carys has debt, housing and mobility problems, as well as learning difficulties. Kathy, the key worker, is therefore on hand to assist with many aspects of the family's life and has done so for the past two years. Listed below are just some of the ways that Kathy helps the family:

- Advocated for Carys at various appointments
- Helped Carys with debt issues
- Went with Carys to the supermarket to buy a shirt for her son (Joel), as she finds going outside difficult due to anxiety issues
- Takes Joel to activities, including bowling and the circus
- As Carys finds letters difficult to read, Kathy will come to read the post, outside of her normal appointments
- Kathy will talk to Carys when she needs her: 'I can text Kathy and say I want a chat and if she's not busy, she'll come over'

As a result many key workers are treated as members of the family: one participant echoed a common sentiment in calling the key worker 'a second mother'. While this support is advantageous, it makes the prospect of exiting the programme traumatic for some. This is particularly the case if expectations have not been managed and families are not told about the duration of the support:

'[My key worker] left me in the lurch….I felt like my life was going places and then she just left.'
Family case study

Key workers aim to provide support that is intensive but which gradually tapers so that families increasingly take on responsibilities, thus facilitating their exit from the programme. However, it was evident from the family case studies that this is difficult to achieve in practice for families with the most complex issues. This may be linked to time-limits imposed on the duration of support offered to families (which were defined when Families First was expected to be working with families with less complex needs). In fact, practitioners perceived that the timeframes for working with families with more complex needs was insufficient to make a real difference, and this may contribute to the difficulty of concluding support for these families (see also Section 6.5.1 which shows that the rate of families achieving successful outcomes increases progressively as case length increases). More data on the extent to which families re-enter the system for more support after exiting TAF would be valuable, to confirm other evidence suggesting there may be value in extending the duration of support for relatively complex cases.

5.7 Summary of key findings

- The evaluation suggests that the JAFF and TAF, and the pivotal role of the key worker, provide the means for realising the key delivery principles outlined in the Families First guidance. The evaluation also endorses these delivery principles as sound.
  JAFF and TAF have been effective in embedding a whole family focus in TAF cases, including cases where families are affected by disability. JAFF helps to promote family-focused working because all family members input into the form, and TAF meetings involve the presence of the whole family. Practitioners across a range of agencies are increasingly conscious of the importance of whole family working.
- Families and practitioners highlighted the bespoke and strengths-based approach of TAF as one of the pillars of success. Capacity constraints, particularly in mainstream services, can limit the scope of key workers to deliver timely and tailored support, but local authorities are actively managing capacity problems.

- Families First works across the spectrum of need. The thresholds for TAF support vary between local authorities, and in some cases are relatively high.
- Early referral is the key to early intervention, and monitoring data and stakeholder feedback suggests that Families First is identifying families in a timely way. There are significant challenges in delivering early (or earlier) intervention, because families may not always be receptive to help until they have reached crisis point.
- Key workers are the means through which intensive support is delivered to families. The key challenge around intensive working appears to be the risk of families becoming dependent on key workers.
- There appear to be some challenges around implementing processes that were designed as an early intervention to cater for families with multiple and complex needs. Despite this, practitioners feel that Families First services can be effective if flexibility in timescales are allowed to suit individual families' needs.

Impact of Families First on families

6 Outcomes for families

6.1 Introduction

This chapter reports on the outcomes for families supported through Families First, whose cases are closed, including families affected by disability. Families' progress against a series of indicators are monitored under each of the four outcome areas set out in the programme guidance:

- Working age people in low income families gain, and progress within, employment
- Children, young people and families in or at risk of poverty achieve their potential
- Children, young people and families are healthy and enjoy well-being
- Families are confident, nurturing, resilient and safe

Much of the evidence on the programme's impact is based on data collected by local authorities for families receiving TAF support through the Family Outcomes Tool, or on local authority progress data.

Practitioners stressed that it is not always easy to measure the outcomes that families achieve, and not always appropriate for them to capture evaluative data about families' progress (for example, where families are in crisis, or perhaps do not realise they have received an intervention). Nevertheless, qualitative feedback and progress data help to build a picture of the outcomes achieved by the programme and its impact on individual families.

6.1.1 Data scope and limitations

At the inception of the evaluation, the evaluation team proposed that all local authorities adopt a common monitoring system to measure the baseline situation and progress of families. This, it was hoped, would provide a consistent means of monitoring the progress of those families benefiting from Families First, so that data could be aggregated across all local authorities. However, most authorities had already designed their own systems based on their local family assessment tools.

To improve the consistency of data collected by local authorities the Family Outcomes Tool (FOT) framework was set up. Each local authority uses a Distance Travelled Tool (DTT) in their assessments of families to record a family's baseline situation and progress during the intervention. These tools measure both 'soft' and 'harder' outcomes; softer outcome areas, such as confidence, are particularly significant for many TAF families. Families define their own goals to work towards during the life of the TAF and families have a significant input into determining the 'scores' they record on Distance Travelled Tools.

A significant amount of work went into the development of Distance Travelled Tools. Many tools are based on academically validated scales, such as the Warwick-Edinburgh Mental Well-being Scale,[33] or the Strengths and Difficulties Questionnaire.[34] Authorities also drew heavily on existing well-established tools such as the Family Star,[35] and/or procured academic teams to assist in the development of appropriate tools. The Family Outcomes Tool framework asks each local authority to map the indicators they measure on their local Distance Travelled Tool onto a common set of domains. Local authorities now submit data in the Family Outcomes Tool framework each year.

Because of the way the data are aggregated, some local authorities will not contribute data towards particular domains because their distance travelled tools do not measure the relevant indicators for that domain. The specific indicators used under each domain will also vary from one local authority to another. For example, the 'emotional health/well-being' measure in some authorities is based on a whole-family assessment of mental health, while in other authorities it focuses on children's self-

[33] http://www.nhs.uk/Tools/Documents/Wellbeing%20self-assessment.htm
[34] http://www.sdqinfo.com/
[35] http://www.outcomesstar.org.uk/family-star/

esteem and development. Table 6.1 below gives some examples of the indicators which contribute to each domain across local authorities. The Family Outcomes Tool only captures data for families who are helped by TAF only, and not those who only benefit from Families First projects.

Table 6.1 The domains measured in the Family Outcomes Tool and examples of specific indicators used by local authorities under each domain

Outcome area/Domain	Examples of family outcome tool indicators contributing to each domain
Outcome 1 – working age people in low income families gain and progress within employment	
Training skills employment and income	In temporary/casual employment; access to training; access basic skills; income, employment and finance
Outcome 2 – children, young people an families in or at risk of poverty achieve their potential	
Engagement with school/formal education	Attendance and participation in learning, education or work; access to extra-curricular activities at school
Achievement and development	Child developmental age; child communications development; speech, language and communication.
Outcome 3 – children, young people and families are healthy and enjoy well-being	
Emotional health/well-being	Parent and child emotional/mental health; child emotional and social development; identify, self-esteem, self-image and presentation
Physical health (child)	Accessing health appointment; child disability; physical development; general health
Relationships and social lives	Access to local community services; family network; social and community links; access to play/sport
Behaviour	Behaviour; support challenging behaviour needs
Outcome 4 – families are confident, nurturing, resilient and safe	
Parenting skills	Setting routines and boundaries; emotional warmth and stability; access parenting groups; cared for and free from abuse and neglect
Parenting capacity	Substance misuse; parent physical health; parent disability or learning needs
Home environment	Appropriate and secure accommodation; housing; providing home and money; young people having independent living skills

Source: Local authority mapping of Distance Travelled Tools to Family Outcomes Tool domains

6.2 Presenting needs

Families' presenting needs most often fall into the health and well-being (90%), and confidence, resilience and safety (88%) areas (see Table 6.2). Notably smaller proportions of families present with needs around achieving children's potential (78%) or gaining employment (73%), although these areas still account for a large majority of families' presenting needs. These data fit with evidence from case studies suggesting that families may have complex issues that need addressing before they have the confidence or ability to begin considering engaging with school, training or work.

The data illustrates that families typically present with several needs. Case study evidence from practitioners and families also highlight that families need support with multiple issues through Families First, and that Families First often operates at a higher level of need than early intervention.

The patterns of presenting needs are generally similar to those observed in the second year of the evaluation. Families are most likely to present with needs associated with health and well-being, and safety and resilience, and less likely to present with needs around training and employment. However, the proportion of families recorded as presenting with needs under each outcome area and domain has fallen in 2014 compared with a year ago. This is most notable in the 'achieving potential' outcome area: 78% of families were recorded as presenting with needs in this area in 2014, down from 96% in 2013. These changes may reflect changes in data collection and reporting methods; certainly programme staff stressed that families' presenting needs are, if anything, more complex at referral than they were in the past.[36]

[36] Family Outcomes Tool data was available for only 567 families across 15 LAs in 2013, the first time it was collected.

Table 6.2 Presenting needs of families supported through TAF in 2014 and 2013

Outcome area/ domain	**Number of families presenting with needs (2014)**	**% of all families with needs under each outcome area (2014)**	**% of all families with needs under each outcome area (2013)**
Outcome #1: Working age people in low income families gain, and progress within, employment	**1,609**	**73**	**76**
Training, skills, employment and income	1,609	73	76
Outcome #2: Children, young people and families in or at risk of poverty achieve their potential	**1,716**	**78**	**96**
Engagement with school/formal education	1,594	72	89
Achievement and development	1,452	66	96
Outcome #3: Children, young people and families are healthy and enjoy well-being	**1,991**	**90**	**100**
Emotional health/well-being	1,749	79	98
Physical health (child)	1,480	67	88
Relationships and social lives	1,856	84	98
Behaviour	1,600	73	98
Outcome #4: Families are confident, nurturing, resilient and safe	**1,936**	**88**	**99**
Parenting skills	1,751	80	97
Parenting capacity	1,532	70	95
Home environment	1,593	72	89
Total	**2,202**	**100**	**100**

Source: Family Outcomes Tool data for 21 local authorities for 2014, and from 15 local authorities for 2013

6.3 Outcomes for families receiving TAF support

6.3.1 Overall outcomes

The outcomes achieved by families supported through TAF whose cases closed in 2014/15 are similar to cases closing in 2013/14. Some 56% of families achieved a successful outcome in relation to their TAF action plan in 2014/15, which is up slightly from 53% in 2013/14 (see Table 6.3). Local authorities record a case as 'closed with a successful outcome' where the objectives identified in the TAF action plan are met. These goals differ according to the TAF model and individual family needs. The way in which successful outcomes are defined varies by local authority: practitioners always play a role in defining success, but families have varying degrees of input into determining whether their case has been a success.

Family opt-out and disengagement collectively accounted for 21% of closed cases in 2014/15, a slight decrease on the 23% of families disengaging in 2013/14. It is worth noting that changes in data over time may reflect adjustments to local authorities' referral processes as much as changing rates of engagement.[37] Consultations revealed a variety of possible reasons for disengagement, including inappropriate referrals and families being stepped down from social services – rather than voluntarily engaging in Families First – being reluctant to engage. However, the consultations also highlighted that opt-outs can reflect positive family outcomes, with families disengaging as soon as they feel their problems are resolved, rather than waiting for the TAF to close. Practitioners also stressed that disengagement is an inevitable consequence of their reaching out to families in need of support, rather than targeting easy to reach families.

The proportion of cases that were escalated to statutory services (11%) or stepped down to single agency interventions (7%) were in line with patterns observed in 2013.

Table 6.3 Overall outcomes for families supported by TAF

TAF outcome	Local authority Progress report data 2013/14		Local authority Progress report data 2014/15	
	No.	%	No.	%
Closed with a successful outcome in relation to the TAF action plan	1,262	51	2,037	56
Closed due to family opt-out	211	9	361	10
Closed due to non-engagement	318	13	396	11
Closed as family moved out of local authority area and referred to another local authority	40	2	55	2
Escalated to a statutory service	322	13	405	11
Stepped down to single agency intervention	244	10	244	7
Closed due to other reasons	66	3	150	4
TOTAL	**2,463**	100	**3,648**	100

Source: Local authority progress report data 2013/14 and 2014/15 [38]

[37] One local authority, for example, has introduced a Pre Assessment Number (PAN) as a form of buffering and assessing cases before they are fully counted.

[38] Outcomes data in the Family Outcomes Tool endorses the local authority progress data: 56%of cases were recorded as closing with a successful outcome in relation to the TAF plan, and opt-outs and non-engagement collectively accounted for 21% of TAF cases opened.

6.4 Outcomes by domain

Data based on families' self-reported progress paints a more positive picture in 2014 than in 2013 on all four outcome areas, and particularly on employment and training and children achieving their potential. This may be due to improved data collection in 2014 or improvements in service provision that have generated more positive outcomes for families.

Looking at the four outcomes that Families First aims to effect, it is notable that families are much more likely to record forward movement against outcomes 2-4 (achieving potential, health and well-being, resilient and safe) than under the employment and training outcome area (see Table 6.4.). This means that employment and training receives less investment than other areas of the programme, is less often a presenting need, and achieves a relatively low rate of success. The rate of forward movement recorded against the employment and training outcome is, however, more positive than in 2013 (up 8 ppts to 37% moving forwards).[39]

The second year evaluation report noted that forward movement appeared to be particularly likely on 'softer' outcomes around well-being and confidence. To some degree, this is still true of cases closing in 2014, with the highest rate of forward movement recorded for domains such as behaviour (52%) and relationships and social lives (51%). However as shown in Table 6.4 below, a higher proportion of cases closed in 2014 than 2013 recorded forward movement on the achievement and development (+14 ppts), parenting skills (+ 9 ppts), and parenting capacity (+6 ppts) domains. Furthermore, consultations and family case studies reveal that 'softer' outcomes are critical in Families First success stories: progress on outcomes such as parenting and confidence is often a prerequisite for movement on 'harder' measures such as employment.

Figures may differ slightly because FOT data is based on 21 local authorities, and local authority progress reports are based on returns from 22 authorities, and figures relate to slightly different time periods (FOT is based on calendar year and LA Progress reports on financial year).

[39] It is difficult to interpret change over time: improvements may be down to improvements in services and families' outcomes, or due to improvements in the collection of family monitoring data. Family monitoring data was available for only 567 families across 15 local authorities in 2013/14.

Table 6.4 Outcomes by outcome area and domain in 2014 and 2013

Outcome area/ Domain	2014			2013
	% forwards	% no movement	% backwards	% forwards
Outcome #1: working age people in low income families gain, and progress within, employment	**37**	**59**	**4**	**29**
Training, skills employment and income	37	59	4	29
Outcome #2: children, young people and families in or at risk of poverty achieve their potential	**56**	**39**	**5**	**48**
Engagement with school/formal education	44	52	4	36
Achievement and development	44	52	4	30
Outcome #3: Children, young people and families are healthy and enjoy well-being	**63**	**33**	**5**	**59**
Emotional health/well-being	46	51	3	45
Physical health (child)	36	60	4	27
Relationships and social lives	51	44	5	49
Behaviour	52	44	4	52
Outcome #4: Families are confident, nurturing, resilient and safe	**57**	**38**	**5**	**54**
Parenting skills	49	47	4	40
Parenting capacity	42	52	6	36
Home environment	33	64	3	34

Source: Family Outcomes Tool data from 21 local authorities for 2014, and from 15 local authorities for 2013. Percentages are based on all families presenting with needs under each domain/ where distance travelled data was captured for that domain.

6.4.1 Impact on national indicators

Trends in the national-level indicators relating to the four Families First outcomes are described in Table 6.5 below. These indicators relate to the causes and effects of living in poverty. It was hoped that Families First would contribute towards the objectives of the Welsh Government's Child Poverty Strategy through these goals by: preventing poverty and making it less likely in the long-term, helping people out of poverty, and mitigating the impact of poverty.

Detecting the impact of Families First in national level data is an ambitious aspiration: Families First accounts for around £13 per head of the Welsh population and, as such, the impact it might be expected to effect on national data is negligible.[40] Furthermore, even if changes are observed in national data, it would not be possible to attribute those changes to Families First. A large number of other factors – including the state of the economy, UK Government welfare policy, and other UK and Welsh programmes aiming to effect similar outcomes – will all impact on national data.

[40] Based on a Welsh population of 3,092,036 in 2014 and Families First budget of £41.4m in 2014/15. http://gov.wales/statistics-and-research/mid-year-estimates-population/?lang=en

Nevertheless, it is informative to review the direction of travel of national indicators relevant to Families First over the life of the programme. The data shows:

- Working age people in low income families gain and progress within employment: there are improvements on all national level indicators under this outcome area, especially in the proportion of 18-24 year olds claiming Job Seekers' Allowance.
- Children, young people and families, in or at risk of poverty, achieve their potential: despite slight improvements, the attendance and attainment gap between children who are and who are not eligible for Free School Meals continues to be substantial. The gap at Key Stage 4/ GCSE level is particularly large.
- Children, young people and families, are healthy, safe and enjoy well-being: some positive trends in terms of children being immunised and low underage conception rates, but rates of obesity continue to increase.
- Families are confident, nurturing, and resilient: data paint a mixed picture. The number of Children in Need has increased slightly, as have the number of families who become homeless. However, the number of families living in temporary accommodation has dropped and the numbers of first-time entrants to the criminal justice system has also dropped.

Taken together, despite some positive trends, the population-level data underline that Families First continues to address genuine need in the Welsh population, and has the scope to play an important role in tackling the causes and effects of poverty.

Table 6.5 Change in population-level indicators, 2012-2015

Outcome	Population Indicator	Latest figure	Previous figure	Comment on trends
Outcome 1: Working age people in low income families gain and progress within employment	1. The proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income (BHC)[41]	20.8% (2012)	21.9% (2011)	Broadly in line with 2011, continuing a downward trend from 2009 (23%) and 2010 (22.2%)
	2. Percentage of Year 11 leavers not in education, employment, or training[42]	3.1% (2014)	3.7% (2013)	Numbers continue to fall with a 0.6 percentage point decrease from 2013 to 2014 and a 1.1 percentage point decrease from 2012 to 2014. The trend continues to show a decrease, having previously fallen 0.5 percentage points from 2012 to 2013 and an overall 4.0 percentage points from 7.1% in 2008.
	3 .Proportion of 18-24 year olds claiming JSA[43]	13,600 (Feb 2015)	19,710 (Feb 2014)	After a large increase (of 9,438) between 2008 and 2012, the number slightly increased to 19,710 in February 2014 but it decreased by 6,110 in February 2015 (13,600)

[41] Please note, the new data (2011) is described as the 'percentage of children living in low income families'. This is directly comparable with previous data described as the 'proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income (BHC).
[42] Data published by Careers Wales 29.04. 2014. Available through their website : http://destinations.careerswales.com/
[43] The PI reported in year 1 of the evaluation was 'proportion of 18-24 year olds claiming JSA'. The 2013 figure presented here reflects this change.

Outcome 2: Children, young people and families, in or at risk of poverty, achieve their potential	1. Percentage of pupils eligible for free school meals who achieve the Foundation Phase Indicator (in teacher assessments) compared to pupils who are not eligible for free school meals	72.4 : 88.6 (2013/2014)	69.2 : 86.9 (2012/2013)	The gap from 2012/2014 between eligible and not eligible has decreased 2.0 percentage points overall from 18.3 in 2012 to 16.3 percentage points in 2014.
	2. The percentage of pupils eligible for free school meals who achieve the Core Subject Indicator at KS2, compared to pupils who are not eligible for free school meals.	69.8 : 88.1 (2012/13)	66.7 : 86.7 (2011/12)	Gap has reduced between 2011/13 with 20 percentage points in 2011/12 and 18.3 percentage points in 2012/13.
	3. The percentage of pupils eligible for free school meals who achieve the Level 2 threshold including a GCSE A*-C in English/Welsh and Maths, at the end of KS4 compared to pupils who are not.	27.8 : 61.6 (2013/14)	25.8 : 58.5 (2012/13)	Gap remained stable at 33 percentage points from 2011/2013 and increased to 34 percentage points in 2014.
	4. Percentage of pupils absent from maintained primary schools and eligible for FSM compared to those pupils who are not[44]	7.4 : 4.7 (2013/14)	8.6 : 5.7 (2012/13)	The gap has remained stable between 2011-2013 at 3 percentage points (3.1 in 2011-12 and 2.9 in 2012-13) The gap is broadly in line with 2010/11 and it has fallen from 2009/10 (10.7)
	5. Percentage of pupils absent from maintained secondary schools and eligible for FSM compared to those pupils who are not[45]	10.7 : 5.5 (2013/14)	12.0 : 6.4 (2012/13)	The gap has slightly decreased between 2011/2013 with 5.9 percentage points in 2011/12 and 5.5 percentage points in 2012/13.

[44] The PI in year 1 of the evaluation was 'percentage of half day sessions (overall absence) missed by pupils'. The 2013 trend figure presented here reflects this change.
[45] The PI in year 1 of the evaluation was 'percentage of half day sessions (overall absence) missed by pupils'. The 2013 trend figure presented here reflects this change.

Outcome	Population Indicator	Latest figure	Previous figure	Comment on trends
Outcome 3: Children, young people and families, are healthy, safe and enjoy well-being	1. Percentage of children fully immunised by their 4th birthday*	87.9% (2013/14)	82.4% (2012/13)	Increase of 5.5 percentage points from 2012/13, continuing the trend (increase of 1.6 percentage points from 2011/12 (80.8) and overall an increase of 7.1 percentage points from 2011/12 to 2013/14.
	2. Percentage of live births with a birth-weight of less than 2500g	7.1% (2013)	7.3% (2012)	Increase of 0.5 percentage points was reported from 2011/12 and has decreased 0.2 percentages from 7.3 to 7.1 in 2012/13.

	3. Numbers of conceptions under age 16 years per 1000 female residents aged 13 to 15	5.5% (2013)	5.6% (2012)	A decrease of 0.5 of a percentage point was reported in 2011-12 from 6.1% to 5.6%. This rate has continued to decrease in 2013/14with a reported 0.1% of a percentage point decrease to 5.5%. This is continuing the trend from 8.1% reported in 2008.
	4. The proportion of children in reception class (age 4/5) who are overweight or obese	26.5% (2013/14)	26.2% (2012/13)	The proportion has increased by 0.3 of a percentage point from 2012/13 to 2013/14 (26.2% to 26.5%) but has decreased overall 1.7 percentage points from 2011-12 (28.2%)
Outcome 4: Families are confident, nurturing and resilient	1. The number of households with dependent children accepted as eligible, unintentionally homeless and in priority need.	2,080 (2014/15)	2,015 (2013/14)	An increase was reported in 2014/15 of 65 households from 2015 reported in

				2013/14. A decrease of 330 households was reported from 2012/13 to 2013/14 and overall a decrease of 265 households was reported from 2012/13 to 2014/15.
	2. The number of homeless households with dependent children in temporary accommodation at the end of the period.	765 (2014/15)	855 (2013/14)	Current figures follow previous trends where numbers are decreasing. A decrease of 240 households was reported in 2012/13 from 1250 to 1010.
	3. Children in need by parental capacity (domestic abuse)	4,785 (03/2014)	4,615 (03/2013)	The percentage of children has increased by 1 percentage point from 4,615in 2013 to 4,785 in 2014. Overall the percentage has decreased by 1 percentage point from 25% in 2011. The lowest percentage recorded was 22% in 2010.
	4. First time juvenile entrants into the criminal justice system	883(2014/15)	1,276 (2013/14)	The 2014/15 figure shows a decrease of 393 entrants from the 2013/14 figure of 1,276. The numbers have

				been decreasing steeply since 2009/10 – with current rates almost a fifth of the reported numbers in that year (4,097 for Wales in total).

6.5 Factors affecting families' outcomes

6.5.1 Length of TAF interventions

A key principle underlying TAF is that support is intensive and time-limited. Evidence from earlier in this evaluation made it clear that some local authorities provided time-limited support, regardless of families' outcomes: for example, TAF support might close after six months regardless of whether families had achieved their goals. To identify the length of cases, local authorities were asked to report on case length as part of their Family Outcome Tool data submissions.

While practitioners sometimes expressed concerns during consultations about closing cases too early, 58% of cases closing in 2014 were closed within six months of the TAF plan being signed, and 90% within 12 months of the TAF being signed (Table 6.6). Looking at cases still open at December 2014, 61% had been open for no more than six months, and 87% for no more than 12 months. These findings reinforce other evidence that suggest that the majority of TAF cases are relatively short, but that relatively complex cases can require extended support (5% of cases open in December 2014 had been open for more than 18 months).

Table 6.6 Duration of TAF cases closed in 2014, and duration to date for cases open at December 2014

Total closed cases where a TAF was involved during years Jan-Dec 2014	2964	%
TAF cases closed (between Jan-Dec 2014) between 0-6 months of signing TAF plan	1578	58
TAF cases closed (between Jan-Dec 2014) between 6-12 months of signing TAF plan	888	32
TAF cases closed (between Jan-Dec 2014) more than 12 months after signing a TAF plan	267	10

Total open cases where a TAF is involved at Dec 2014	2652	%
TAF cases open for no more than 6 months	1492	61
TAF cases open for more than 6 but less than 12 months	640	26
TAF cases open for more than 12 but less than 18 months	195	8
TAF cases open for more than 18 months	126	5

Source: Local Authority Family Outcome Tool data, March 2015.

It is hard to conclude from these data whether practitioners are extending TAF cases without due cause, as records of families' distance travelled during the life of their case are unavailable, and therefore it is not possible to assess whether a case closing successfully after more than 12 months could have closed successfully within six months. Equally, the data do not support an assessment about whether shorter cases are closed at an appropriate point, as we do not have data on the longer-term outcomes for families exiting TAF (for example, the proportion of families that re-enter TAF or require other support in the short-term).

However, the data indicate that the proportion of families achieving a successful outcome is slightly improved for longer cases: to some extent, these figures are skewed by the fact that families are more likely to opt out of the programme within the first six months, although success rates are still slightly better when discounting those families who disengage (see Table 6.7). However, rates of forward movement against key outcome measures are substantially higher for longer cases.

Table 6.7 Overall TAF movement and outcome by case length

All TAF families	% Cases closed between 0-6 months	% Cases closed between 6-12 months	% Cases closed more than 12 months
Forwards	56	74	74
Successful outcome in relation to the TAF action plan *among all TAF families*	58	68	69
Successful outcome in relation to the TAF action plan *among families that do not disengage*	67	73	74
Opt outs/ disengagement	14	8	6

Source: Local Authority Family Outcome Tool data, March 2015. Data for 'Forwards' movement based on returns from 21 local authorities. Other data based on returns from 17 local authorities providing individual-level family progress data.

Regardless of the outcome area or domain, TAF cases with longer durations are associated with positive outcomes for more families as illustrated in Table 6.8. This is as true for 'harder' outcomes, where success rates are typically lower (such as employment and training) as it is for 'softer' outcome areas. Some domains which have the lowest success rates in cases closed within six months – such as home environment and employment and training – register the greatest improvements as case length increases. For example, the proportion of families recording forward movement against employment and training outcomes is 26% for cases closed within six months, but doubles to 58% of cases that lasted more than a year.

The exception to this pattern is in the area of parenting skills and capacity, where scores are sometimes lower for cases with longer durations than shorter cases. This may link to a point commonly raised by practitioners which is that families may rate their parenting skills highly at the start of their TAF plan, but come to realise that they have scope to make improvements during their TAF support and rate themselves lower on these attributes over time (despite practitioners perceiving improvements in their parenting).

Table 6.8 Forward movement on each domain by duration of TAF

	% recording forwards movement		
Outcome area/ Domain	**Cases closed between 0-6 months of signing TAF plan**	**Cases closed between 6-12 months of signing TAF plan**	**Cases closed more than 12 months after signing a TAF plan**
Outcome #1: working age people in low income families gain, and progress within, employment	**26**	**47**	**58**
Training, skills employment and income	26	47	58
Outcome #2: children, young people and families in or at risk of poverty achieve their potential	**50**	**61**	**70**
Engagement with school/formal education	38	51	56
Achievement and development	38	48	57
Outcome #3: Children, young people and families are healthy and enjoy well-being	**56**	**72**	**71**
Emotional health/well-being	37	59	54
Physical health (child)	28	42	50
Relationships and social lives	44	59	62
Behaviour	47	56	59
Outcome #4: Families are confident, nurturing, resilient and safe	**50**	**65**	**73**
Parenting skills	45	55	52
Parenting capacity	38	51	39
Home environment	23	44	49

Source: Family Outcome Tool data for 21 local authorities for 2014. Percentages are based on the number of families presenting with a need under each domain within each time period.

6.5.2 Families affected by disability

The rate of cases closing in 2014/15 with a successful outcome was slightly higher for families affected by disability than among other families (66% compared with 56%). Family Outcome Tool data suggests the time taken to achieve a successful outcome is, on average, longer for families affected by disability.[46] This could reflect the increased complexity of disability cases, or the waiting times to gain diagnoses of disabilities that unlock statutory support.

Families affected by disability are less likely to disengage or opt out of the programme than non-disabled families (14% compared with 21%).

[46] Some 65% of cases with successful outcomes closed within six months for families not affected by disability, compared with only 56% for families affected by disability.

Table 6.9 TAF outcome by disability status of family

	Family affected by disability		All families (2014/15)
	N	%	
Successful outcome in relation to the TAF action plan	522	66	56
Family opt-out	47	6	10
Non-engagement	60	8	11
Family moved out of local authority area and referred to another local authority	10	1	2
Escalated to a statutory service	78	10	11
Stepped down to single agency intervention	43	5	7
Other reasons (please state reasons)	31	4	4
Total	**791**	**100**	**100**

Source: Local Authority Progress reports

6.6 Summary of key findings

- Family Outcomes Tool data highlights that TAF-supported families typically present with multiple needs. Families presenting needs most often fall into the health and well-being (90%), and confidence, resilience and safety (88%) areas. This fits with case study evidence suggesting that families may have complex issues that need addressing before they are in a position to begin considering engaging with school, training or work.
- Distance Travelled Tool data and case study evidence show that Families First is achieving positive impacts for families in the short-term that have the potential to have a transformative effect on their lives. Successful outcomes were recorded for 56% of families overall and for 66% of families affected by disability.
- Engaging families continues to be challenging, with around one in five families disengaging from services before cases are concluded. However, too great a focus on this figure may create a perverse incentive for practitioners to target 'easier to reach' families.
- Significantly more families record progress against 'softer' outcomes than more easily quantified measures.
- National population trends on the Families First outcome areas paint a mixed picture, with some measures improving and some declining over the life of the programme. However, despite some positive trends, population data mainly highlights that there continue to be significant needs among the Welsh population, and that Families First has a role to play in tackling the causes and effects of poverty.
- Cases with longer durations are more likely to record forward movement against 'hard' outcomes within the timeframe of TAF support. Extending interventions may not be necessary for all families and extending interventions would reduce the flow of families through the programme. This issue is pertinent given that Families First often works at a higher level of need than originally envisaged.
- It is worth considering what constitutes success in terms of families' outcomes, and the point at which the full benefits of support are likely to be realised. In practice, a monitoring system

that does not record families' trajectories after exiting the programme is unlikely to be able to demonstrate the full impact of Families First, particularly for shorter-term interventions.

7 Does Families First represent good value for money?

Families First aims to provide high quality early intervention, in order to avoid families reaching crisis and requiring relatively expensive remedial care. This chapter explores whether the 'invest to save' principle underlying Families First is sound by reviewing the costs associated with a number of family case studies.

7.1 Methodology used to illustrate potential cost savings

For each of the 21 case study families interviewed as part of the evaluation, the evaluation team has calculated the costs associated with the family's history of using support services in the period before, during and after the Families First intervention. The results of this analysis cannot be aggregated in any way to a population level assessment of savings from the programme (further details are noted in the Appendix). The case studies were selected to provide illustrations of a range of family stories, rather than a representative cross-section of families supported through the programme. While every care was taken to collect as much detail as possible from families to inform the cost estimates, cost analysis should be considered as illustrative examples.[47]

Families were at different stages when they were interviewed but in almost all cases the evaluation team was able to meet with them at a time near to their initial contact with the service and, at the second visit, after exiting the programme. As such, the case studies give an indication of families' service use and outcomes in the short-term, but do not allow us to assess whether outcomes were maintained over a longer period of time, or to assess families' needs for ongoing support in the medium-long term.

The concept of additionality is a fundamental component in cost benefit analysis as it means the results do not attempt to claim benefits that have not been generated by the intervention. Additionality is typically estimated using experimental or quasi-experimental approaches; that is by comparing the outcomes achieved among a sample of families benefiting from a programme with the outcomes among a similar group of families that has not received support from the programme. As robust data was not available to estimate additionality for Families First, we have used a qualitative and subjective assessment of what would have happened to the family in the absence of support. For each case study we have attempted to make a judgement about the contribution of Families First to families' change, in part based on families' (and, where available, practitioners') assessments. However the costs and benefits that are quoted in the family examples later in this chapter, are not adjusted to account for other potential contributors to outcomes and are listed as the full estimated value.

Service costs are based on typical costs for providing particular services, and cost benefits based on the typical costs associated with given outcomes. We have not attempted to calculate the actual cost of services for individual families.[48]

The cost information derived from the case study data provides a useful illustration of the potential savings associated with Families First, but should be treated with caution.[49] The evaluation team was

[47] Costs are all quoted at 2014/15 values, however not all the incidents will have occurred in that time period. The majority of costs are fiscal (incurred by local provisions/services, such as the police or lost taxation for example). Where costs relate to economic or social cost, these will be identified in the text. Economic costs relate the impacts on growth and/or the local economy (such as extra earnings being spent in a local area). Social cost relate to those impacting on the wider world (such as improved health reducing waiting times in local A&E departments).

[48] The cost data that is quoted in this section of the report is sourced from the Unit Cost Database (http://neweconomymanchester.com/stories/832-unit_cost_database) which compiles information on estimated costs of services and scenarios from various, robust sources with much of the data coming from government commissioned or authored reports.

reliant on families and practitioners (where available) being able to recall the details of the services accessed.

7.2 Illustrative examples of the cost savings associated with Families First

This section provides an overview of key conclusions about the potential cost savings associated with Families First based on the analysis of family case studies. A selection of six family case studies follows which illustrate key points made in the commentary below; please note that all family names have been changed to ensure the families remain anonymous.

Families First has the potential to help realise significant cost savings for the state where it contributes to families avoiding poor long-term outcomes. However, families' self-defined goals will not always generate outcomes that will lead to cost savings, and some families appear to rely on intensive and sustained support from key workers with little prospect of material benefits in the longer term. Where Families First helps children and families avoid poor long-term outcomes it has the potential to generate large cost savings for the state. For example, as we discuss below, support to help the Jones family (assuming outcomes are sustained without the family accessing further support, and assuming the family's assessment of the trajectory they would have followed in the absence of Families First support is accurate) could be in the region of £77,000 per year until the child reaches adulthood. Examples associated with large potential cost savings include interventions that families considered had helped to avoid children being taken into care (**the Jones family**), excluded from school (**the Jones family, the Williams family**), and which succeeded in engaging children with education with improved prospects for them entering work or further education in the future (**the Jones family, the Roberts family**).

The greatest potential cost savings appear to be associated with early intervention, because the costs of intervention prior to families accessing Families First can be significant where families are in crisis and already heavily reliant on services. The case studies demonstrate that Families First has the potential to realise cost benefits even where families have reached crisis point, however. The costs of Families First support were typically smaller than the estimated costs associated with interventions families received before they received support via Families First. Assuming families' outcomes do not deteriorate over time – although no evidence is available to support this assumption – the ongoing costs of supporting these families after exiting Families First are typically lower than the costs of the interventions they were receiving prior to Families First. Examples include **the Patel family** and **the Davies family**.

Not all case studies are associated with significant cost savings, even where families have achieved their goals. For example **the Mills family** achieved their family objectives, with improvements in family relationships and family functioning, but there are no clear economic gains as a result. As noted earlier, families define their own goals and can achieve these without recording forwards movement against the types of 'harder' outcome areas that may be most associated with cost savings. One Families First Co-ordinator highlighted that there is scope for tension between family and economic outcomes: *"we commission services that families need. We don't focus on what's going to save us money, it's about helping families".*

The case studies also highlight the potential for families to become dependent on key workers, and to require long-term intensive support (see for example **the Mills family**). The strength of the key worker relationship has the potential to be the most significant aspect of support families receive (see for example **the Davies family, the Roberts family**). However, some cases appeared to have no

[49] In the absence of a strong control for statistical analysis, these cost focused case studies represent the only option for describing the potential impact of Families First. Similar methods have been used in assessing the impact of the Troubled Families programme and reviews of the Common Assessment Framework completed by the Local Authority Research Consortium (http://www.nfer.ac.uk/publications/LGLC01/LGLC01.pdf)

clear end objective, with families apparently not making any progress and seeming likely to be in contact with services on an ongoing basis.

There were also instances of Families First providing support in instances where families' circumstances may have improved even without external support, and/or where the outcomes achieved by families appear to be largely associated with the capacity of the family members rather than the support they had received (for example, **the Patel family**). However, it would be difficult to assess the extent to which families in need have the capacity to improve independently at the outset of providing support. Furthermore, a consistent finding across the case studies is that the programme itself has often stimulated families to be more self-sufficient, through an increased sense of empowerment and confidence in taking responsibility for their own circumstances (such as **the Davies family**), and it is not possible to assess what would have happened anyway on the basis of qualitative case studies.

Figure 7.1 The Jones family

Referral and presenting need
Families First began supporting Elena and her grandson Peter after she took him in to avoid him becoming homeless. Peter's father, Elena's son, had problems with alcohol and was homeless; Peter had also been mentally abused by a stepfather and his biological mother had an addiction to alcohol. Elena was referred to the service via Peter's school following concerns about his behaviour.

Peter was in his teenage years and had begun to follow a similar path to his father. Elena was keen to make sure Peter did not follow the same path as his father but found caring for him difficult as he was aggressive and often got into trouble at school. Peter had also gone missing on several occasions and the police had been called. He had also been involved in an assault, which was resolved through a reconciliation process.

Families First support
The TAF plan had clear objectives for Peter, ensuring he was able to complete school and move onto some form of work or training. Elena also received considerable support to deal with the difficulties she faced dealing with such a traumatised child: *"he is being a handful...and his behaviour is getting a bit erratic".*

The process of setting up a family plan was helpful for Elena as she was able to see how much progress had been made against the plan's objectives. The support from the case worker has made her feel more resilient and much better than previous social workers. *"She's just done a brilliant job with me, she's been a rock and I really don't think I'd have coped without her".*

Outcomes
Focused activities to build relationships of trust appear to have been very important for Peter, although support appeared to be too late to help him fully re-engage in education. The support he has received has helped him develop better relationships with people and he is now on a work placement in construction.

The support from the Families First case worker appears to have been critical in keeping Peter in the family home and avoiding the intervention of social services: *"My husband would have forced the issue and made us throw him out if I'm being realistic".*

Based on the assumptions made under the financial analysis,[50] we can conservatively estimate the cost to the state of supporting the Jones family was in the region of £13,700 in the period before,

[50] See introduction to this section for an overview, and the Annex for a more detailed description of the assumptions and methods used for this analysis.

during and immediately after Families First interventions.[51] However, if family circumstances had deteriorated as the family had expected without Families First support, significant costs associated with care or social exclusion could have been incurred (around £51,000 and £11,000 per year, respectively). If the outcomes observed during the case studies are maintained, there could be significant cost benefits each year, particularly if the grandson's improved engagement with school means he avoids becoming NEET in future. Assuming the outcomes observed during the case studies are maintained, and the family does not access any further support, the likely cost savings *per year* could be in the region of around £77,000 for the years that Peter would have been in care.

Costs	Benefits
Pre-Families First support Missing person calls - Police Officer cost per hour £40 Reconciliation session - assault and police involvement (average case costs) - £676; Economic £723; Social £1,764 Poor school attendance (five weeks missed) - £1,589; £887 Economic Social services average child protection assessment - £890	**Potential costs saved** Education completed - average annual benefit from NVQ level 2 qualification: £84 fiscal; £449 Economic Child in vocational training course - average annual loss of benefits where a young person becomes NEET: £4,317 fiscal; £9,124 Economic
Families First Women's Aid support for grandmother (TAF 12 months) approximately £3,124 Freedom programme cookery classes and Yoga; cost per course £275 Social services support for elderly carer/caring (costed as re-abetment) £2,155 Additional educational support for child; outdoor activities and support - Cost not identifiable	**Potential costs avoided** Child taken into care - average annual cost of a child taken into care - £51,795 School exclusion - £11,473 and £658 Economic
Post-Families First Ongoing support from Women's Aid £1,562 per year	

[51] Note that this estimate is derived from summing the costs shown in the table above. Costs are based on standard costs for each type of support. Each type of support is costed once only; in practice this may under-estimate costs where families accessed services multiple times.

Figure 7.2 The Williams family

Referral and presenting need
This family of four had begun to experience issues in the household resulting from the worsening behaviour of their son Jonathan (who suffers from Asperger syndrome). Jonathan had become anxious about attending school and subsequently became aggressive. His behaviour caused problems at school and was impacting on family life. Mrs Williams felt she was no longer able to work and her daughter Olivia's behaviour was starting to deteriorate. Olivia's school recommended Families First when they saw Olivia's worsening behaviour.

Families First Support
A case worker was assigned to work with the whole family. Prior to Families First involvement the family had been offered and received a lot of support, but previous interventions had not managed to help in improving Jonathan's behaviour. The case worker focused on improving Jonathan's behaviour while Mrs Williams attended a parenting course to improve her capacity to deal with problems as they occurred in the house. The case worker helped Mrs Williams to find training so she could return to work.

The case worker also offered support to Olivia and provided support to the family when they suffered a family bereavement.

Outcomes
For the family the assistance helped immensely *"[case worker] was like a second mother to Jonathan and Olivia".*

The most important result was that Jonathan's behaviour became far more manageable and this reduced the family stress significantly. Although Mrs Williams had worked before the problems started, her new job as a teaching assistant was a step up from her previous employment"

Based on the assumptions made under the financial analysis,[52] we can conservatively estimate the cost to the state of supporting the Williams family was in the region of £8,150 in the period before, during and immediately after Families First intervention.[53] However, if family circumstances had deteriorated as the family had expected without Families First support, significant costs associated with ongoing social services involvement or school exclusion could have been incurred (around £2,300 and £12,000 per year, respectively). If the outcomes observed during the case studies are maintained, and the family does not access any further support, the likely cost savings *per year* could be in the region of around £28,500.

[52] See introduction to this section for an overview, and the Annex for a more detailed description of the assumptions and methods used for this analysis.
[53] Note that this estimate is derived from summing the costs shown in the table above. Costs are based on standard costs for each type of support. Each type of support is costed once only; in practice this may under-estimate costs where families accessed services multiple times.

Costs	Benefits
Pre Families First support Child psychology and anger management courses - estimated at cost £257 Child safety assessment (for a false allegation made by child) - £980 Ongoing CAMHS support over four years - estimated at £2,000 per year or £40 per hour	**Potential costs saved** Improved behaviour for son and increased educational engagement Attainment of relevant qualifications for new role (assuming level 2 NVQ qualifications) - £501; £890 **Economic** Annual economic benefit of claimant returning to work - £14,044 **Economic** (excluding the fiscal benefit already noted)
Families First TAF case worker providing one-to-one support for child and some for mother - £1,562 per case per six months Parenting course - £982 Adult education (assistant teacher qualifications) - £369	**Potential costs avoided** Ongoing social services involvement - child protection assessment £913; six months child protection case management costs - £1,436 School exclusion - £11,473; £658 **Economic**
Post Families First Ongoing CAMHS support for son - £2,000 per year	

Figure 7.3 The Patel family

Referral and presenting needs
Nita had recently ended an abusive relationship with an ex-partner with whom she had two young children. The household issues had resulted in criminal accusations being made against her. These accusations had resulted in a court case and her losing her job in the caring profession. She had also lost her home and temporarily lost custody of her children. The children had become traumatised as a result of the family problems and the youngest child had fallen behind on his speech and language skills, and had become socially withdrawn.

Nita was keen to stress that she had been seeking extra help for her son for a long time to no avail. After many attempts to find support, her health visitor referred Nita to Families First.

Families First support
Nita initially found the TAF meeting and offer of Families First support overwhelming, and she did not immediately grasp what support was being offered. However, she developed a relationship with a support worker, and selected a package of service that she felt would help her family.

The family were supported via TAF which offered: home educational services for Nita's son; family counselling; debt advice for Nita; and mediation so that the children could develop a relationship with their father again.

Outcomes
Following TAF support, Nita has achieved a great deal, and credits Families First with rebuilding her confidence which means she is now able to approach services and ask for the help she needs. She has identified a new career and began studying for the necessary professional qualifications. Having already completed the level 3 qualification she has been able to organise financial support through the college to continue to study towards a level 4 qualification. Furthermore, she is volunteering, making use of these new skills with a view to gaining experience so as to begin searching for work next year.

Both her children are now progressing normally at school, despite their father ending his relationship with them again. Her son appears to have progressed substantially and now has normal speech and behaviour for a child of his age. Her oldest child still has some minor behavioural issues but Nita is confident she can address these issues.

Despite the obvious motivation Nita had personally, she felt Families First had been instrumental in resolving the families' difficulties. In particular, she felt that individual support from her case worker, and the course for her young son, had been fundamental to *"getting back on track"*.

Based on the assumptions made under the financial analysis,[54] we have conservatively estimated that financial cost to the state related to the Patel family's circumstances amounts to £18,441. The cost of the subsequent Families First support programme and the current funding the mother is receiving amounts to approximately £10,452. If the outcomes described by the mother and practitioners are maintained, then both children should avoid requiring the additional support in school that was originally expected from the circumstances described; this is associated with savings of around £2,000 per year.

[54] See introduction to this section for an overview, and the Annex for a more detailed description of the assumptions and methods used for this analysis.

It is difficult to attribute all the family's outcomes to Families First, given Nita's proactive approach to resolving her problems: however, she did feel the intervention had been necessary to prompt a change in the family's circumstances. If Nita goes on to employment following her training, we would expect her to contribute an additional £2,789 in taxation from her improved qualifications, and an additional £3,169 into the local economy. If the outcomes observed are maintained throughout the children's primary education, the benefits generated per year from this family could be around £4,851 in taxation and cost abatement.

Costs	Benefits
Pre Families First support Domestic abuse average cost per incident - £2,505; £1,494 economic; £6,890 social Child safety assessment (for a false allegation made by child) - £980 Average cost of court case (violence) - £12,894 Estimated cost of poor school readiness (entering school) per child - £1,031	**Potential costs saved** Improved behaviour for son and increased educational engagement - potential £1,031 saving per year per child Retraining in new vocation - potential contribution of level 3 qualification £692; £1,138 **economic** (Level 4 qualification will contribute £2,789 and £3,169) per person per year
Families First Two TAF related case worker providing one-to-one for a year; £6,248 Child development service - £982 Family counselling and debt advice courses - £257 each case Parenting course £965	**Potential costs avoided** Poor educational attainment for children in later years
Post Families First Ongoing educational support grant - £2,000 per year in education	

Figure 7.4 The Roberts family

Referral and presenting needs
The Roberts family were referred to Families First by their GP. The adolescent daughter in the family, Jenny, had an ongoing problem with severe depression. While she was already receiving help via CAMHS, Jenny's problems persisted and she had attempted suicide several times.

All together the family had a range of issues relating to mental health but were generally stable, working well to support each other. Lynn was desperate for effective support, for Jenny only and made it clear that no other family member needed support: *"we all support each other and work perfectly together even though we're all a bit broken. But if one part of the support disappears we are liable to fall apart."*

Families First support
The Families First worker did not set up a TAF plan but referred the family to a local agency funded through Families First. They provided advocacy support for Jenny which resulted in her being prescribed medication for her condition. Jenny also moved to rented accommodation with the support of the agency.

At the first visit to the family the mother was extremely concerned for Jenny's welfare, having just started on the process of a TAF referral. When visiting 12 months later the daughter's situation had been transformed: *"it's good to know that when you say help, you do get it... and the right sort of help."*

Outcomes
The primary objective of the intervention was to improve the management of Jenny's mental health. Her health condition appears now to be under control; she had succeeded in gaining a place at university; and she had started work to raise funds during the summer before first term.

The family praised the role of the key worker in particular: *"I wouldn't like to think what would have happened without the support of [key worker]".*

This example shows how, in some cases, the impact of Families First may not relate to future cost abatement, but rather improving the likelihood of positive results for a family and/or individual and generating a greater social benefit as a result. The mother made it clear that the family's situation would likely have deteriorated significantly in the absence of Families First support, assuming Jenny had not been able to take control of her mental health issues. Based on the assumptions made under the financial analysis[55] and disregarding the wider risk to the family had the daughter succeeded in taking her own life (and the associated cost to the state), it is estimated that Jenny's ongoing mental health problems were costing the local authority around £2,453 per year. Helping the daughter take control of her mental health problems, freeing her to achieve at school and progress in her education will allow her to contribute, if she achieves in line with her education, a further £2,789 in taxation per year, as well as £3,169 in relation to wider economic benefits. Consideration should also be given to the ongoing cost of supporting a person with a long-term mental health condition. Despite this 'deduction' there is still a net gain with respect to the fiscal benefits which still outweighs the estimated economic cost.

[55] See introduction to this section for an overview, and the Annex for a more detailed description of the assumptions and methods used for this analysis.

Costs	Benefits
Pre-Families First support Repeat treatment for attempted suicides - ambulance and A&E treatment £364 per incident Poor school attendance (estimated costs for missing five weeks) - £1,589 and £887 **Economic** per child per year Ongoing CAMHS support (four years) - £2,000 per person per year	**Potential costs saved** Controlled mental health issues for daughter. While the average cost of care for individuals with depression (quoted above) is high, the improvement that the daughter had shown that she would have gone from the most costly end of this range to a more controlled and less costly end Completed school successfully and gained university place - likely contribution per person per year £2,789 and £3,169
Families First JAFF assessment for family (not resulting in TAF) - £40 per hour professional time Ongoing support from single agency support worker - £40 per hour	**Potential costs avoided** Gained employment (avoided becoming NEET) – per person per year £4,317 and £9,124 **Economic** Repeat emergency incident - £364 per incident. Worsening mental health of parents who were both very concerned about their daughter's condition
Post Families First Ongoing assistance from support worker (supported accommodation) - £40 per hour. Average cost of mental health provisions per person per year - £842 and £3,895 **Economic**	

Figure 7.5 The Mills family

Referral and presenting needs
Sara and her daughter Juliet have special educational needs, with the mother known to adult social services for all her adult life.

Sara previously had an abusive relationship with her partner; she sought help from Families First when he died. However, her presenting need concerned her daughter rather than her own needs: she was concerned about her ability to cope with her daughter Juliet as she approached her teenage years.

Families First support
Along with the ongoing assistance she was receiving from social services, a TAF was set up to address some of Juliet's behavioural issues and help Sara learn parenting techniques and methods to address her behaviour in the home. Juliet's school also supported the work to improve behaviour; as part of this work, her school helped Juliet to enrol in several local clubs, allowing her to take up swimming and drama. Juliet also received counselling to address issues related to the death of her father.

Sara expressed an ambition to start working, having always been unemployed. She mentioned several courses that she had started but had failed to finish.

Outcomes
The TAF case was closed recently after around 18 months of support. Sara had achieved some goals with respect to dealing with Juliet's behaviour, but the biggest change for her was the confidence she had drawn from the TAF meeting where she had been listened to by large numbers of professionals. The experience of the TAF meeting alone had boosted her confidence significantly.

However, very little appeared to have changed materially for the family. When asked about ending the support the mother said *"I don't want [case worker] to have to stop helping; I've had lots of help in the past but I've never had it taken away before".* Although Sara was concerned about losing support, she was happy with the provision of Families First services and felt it had achieved the objectives she set out to achieve.

Based on the case worker's reports, the mother has renewed her desire to find work since exiting TAF but it was unclear how much progress had been made against this objective.

Based on the assumptions made under the financial analysis[56] the cost of this Families First intervention will equate to approximately £5,273. This amount is of a comparable cost to the ongoing social care that the family already receive (based on the weekly costs above this would equate to £4,940 per year) and hoped to provide a more bespoke support to the family. The results that have been achieved for the family have been significant in the eyes of their practitioners, but do not generate any clear countable benefits at this time. Future benefits may be accrued if this intervention impacts on the long-term education outcomes for the daughter, which in the long-term can be significant. This example illustrates the challenge in trying to identify benefits over a short time period.

[56] See introduction to this section for an overview, and the Annex for a more detailed description of the assumptions and methods used for this analysis.

Costs	Benefits
Pre Families First support Ongoing adult social care (using average day care costs per person per week) £95 and£47 **Economic**	**Potential costs saved** Improved behaviour of daughter, although no clear indication that this was strongly impacting on education attainment before Families First Improved confidence of mother
Families First TAF assessment and support worker (18 months) - £4,686 Courses accessed (parenting, household skills, youth group) - £275 per course Counselling sessions/ bereavement (daughter) six weeks - £312	**Potential costs avoided** No clear cost abatement in this case
Post Families First Ongoing adult social care (using average day care costs per person per week) £95 and £47 **Economic**	

Figure 7.6 The Davies family

Referral and presenting needs

The Davies family had reached crisis point when the mother, Rhian, became clinically depressed after the birth of her second child and her partner left the household. Rhian had been the primary earner, but lost her job as a health professional due to her illness; she attacked a colleague while at work but was found not guilty in court due to her mental health problems. Rhian's health problems had a significant impact across all aspects of her life. These problems created a great deal of upset for her children and both began experiencing problems at school.

The Davies family was referred to Families First via a local charity that had previously supported the family but would not be able to continue their support. Prior to this Rhian had been referred to social services because of concerns about her children. They had been receiving support from a variety of agencies before the referral but with minimal improvements in their circumstances.

Families First support

The family received a wide range of services, such as counselling, mentoring for the children, practical household skills for Rhian and emotional support.

However, one small part of the intervention appeared to have affected Rhian's life significantly: to overcome a problem with her child being bullied at school, Rhian was asked to speak to a class group about her previous career as part of a "real life heroes" project the child's class was completing. The talk impressed the child's classmates to the extent that they began to behave much more positively towards him. Furthermore, this positivity was communicated to their parents.

"I went from being the mother that always cried in the school yard to someone special… they stopped looking at me as a diagnosis, and became aware of the things I'd achieved in the past"

Rhian felt strongly that this experience had made her realise that, despite her severe mental illness, she was capable of achieving great things and could do again.

Outcomes

Rhian's experience of talking in the school has now set her on a new path of working toward a teaching qualification. The family felt that they were far more settled after the support they received, with the children seeing improvements in their attendance and behaviour in school. The mother was very positive about the support they had received.

"The help we had before was good but it only got me 25% of the way there…once they stopped helping out the problems came back. Families First got me to help myself."

Costs	Benefits
Pre Families First support Cost of court cases (assault *diminished responsibility)* £12,894 per incident Child protection assessment - £913 per child School attainment issues (two children) - £1,000 per child per year Various support agencies (3+) (not co-ordinated) providing regular support - £30 per hour	**Potential costs saved** Improved attendance and attainment issues for both children - indicative saving to schools £1,000 per child per year. Mother volunteering and working towards new specific vocation
Families First TAF assessment and support worker (12 months) - £3,124 Courses accessed - £982 Counselling sessions (children) six weeks - £312 per person Child mentoring - £1,560 in total School support - £136 in total	**Potential costs avoided** Future social service involvement - average cost of six month case £1,436 per child School attainment issues for children
Post Families First Return to work programme for mother - £3,300 in total	

Based on the assumptions made under the financial analysis[57] the cost relating to this family's circumstances prior to Families First intervention was £15,807 (excluding the three charitable services that were also involved). While it cannot be expected that earlier intervention would have avoided the mental health problems, greater support earlier on may have helped avoid some of the other incidents. Regardless, these costs are a good example of how a family in crisis can generate significant costs as a situation deteriorates. Given the chaotic nature of the family when Families First became involved, the cost of their support package through TAF may be considered relatively small (at a cost of £6,114) and certainly smaller than the cost of the reactive services that were involved prior to the intervention. Excluding the benefits that would be accrued from improved educational attainment by the children, the reduction in required support to them could yield a cost saving of approximately £2,000 per year while the children are both in school.

7.3 Summary of key findings

- Indicative financial analysis of family case studies highlight that Families First has the potential to generate large cost savings for the state where it helps families avoid very poor long-term outcomes. However, the data available do not allow an assessment of the extent to which Families First helps families avoid poor long-term outcomes.
- The design of the programme means it will not always be conducive to maximising cost savings. Families specify their own goals, which may not incorporate progress on 'harder' measures that are most likely to generate economic benefits (at least in the short-term).

[57] See introduction to this section for an overview, and the Annex for a more detailed description of the assumptions and methods used for this analysis.

Ultimately, cost analysis is constrained by the lack of data on the long-term outcomes of families supported through Families First and an estimate of additionality.

8 Conclusions and reflections on 'what works best'

This chapter sets out our conclusions based on the evidence provided throughout this report. The first section assesses the progress made in implementing key elements of the programme. The later sections explore key lessons learned, and provide a summary of what works best in achieving positive family outcomes.

Table 8.1 below highlights the main areas of progress against the objectives of each strand of the programme. Key points are highlighted below.

The feedback and experiences of families and practitioners endorse the design and delivery principles of Families First as being sound. Families and practitioners highlight key aspects of the programme design as key to its success, including: multi-agency working to provide whole-family support; and flexible, non-judgemental key worker support for families. Where families report poor experiences of support it is often because one or more of the delivery principles is absent.

Monitoring data highlight that the programme is starting to reach maturity. The numbers of families assisted through JAFF and TAF have increased substantially in the past year, and the increased flow of families suggests that referral processes are improving. Similarly, increasing numbers of families affected by disability are accessing JAFF and TAF services that have been adapted to cater for their needs. Indicative financial analysis suggests that providing these services has the potential to offer large cost savings where Families First helps families to avoid poor long-term outcomes, although more robust data would be needed to assess how far these savings are realised in practice.

The programme has had a striking success in prompting systems redesign at local levels. Local authorities have achieved significant success in establishing multi-agency working practices, and in developing new commissioning processes. Local stakeholders perceive that this has prompted improvements in the quality and range of services provided for families locally. There is a clear culture of learning among those managing the programme, with a strong emphasis on using monitoring data and real time feedback to refine delivery.

Families First required local authorities to make significant changes to their family support services, and it remains at a relatively early stage of implementation. As such, it is unsurprising that there are areas for continued improvement and development of the programme. Key areas include:

- The variety of delivery models and monitoring tools used across Wales makes it difficult to assess the quality of delivery at the national level. This limits the scope of the national team and Account Managers to identify under-performance.

- In general, the degree of collaboration across authorities is more limited than envisaged by national stakeholders. Local authorities have focused on developing new systems and developing staff to support local models of delivery. As a result, collaboration has not been a priority, and may not appear useful in the context of authorities developing separate systems. Greater collaboration offers the potential for greater efficiencies and it may be worth exploring whether this could be encouraged more in the future.
- Short-term monitoring of family outcomes will limit the extent to which the impact of the programme on families' longer-term trajectories – and the potential savings to government – can be identified, which is when the most significant benefits may be felt.

- Families First aims to co-ordinate local services, and where budget pressures and cutbacks to other services constrain their capacity, there will be a knock-on impact on the ability of Families First teams to meet families' needs. This may be particularly significant in the area of disability provision, which has consistently been rated more poorly than other areas of family provision. Cuts to core services have pushed the provision of Families First away from early intervention, towards families at the middle and high-tier needs of support, and further budget pressures may exacerbate this trend.

Table 8.1 Progress in the implementation of Families First against key policy objectives: a summary of key points from earlier chapters

Element and policy objectives	Progress toward objectives
JAFF JAFF is designed to encourage agencies to work together to assess whether a family needs support and, if so, the nature of the support required. The new framework should demonstrate innovation; take account of the family and support engagement with the family; and ensure that information is accessible, meaningful and useful.	▪ **Progress:** All JAFF models are operational. In the latest phase of delivery, several local authorities are streamlining JAFFs, as longer JAFFs deterred some agencies' involvement and could be difficult to implement with families. ▪ **Engagement in design of JAFF:** JAFFs have been designed in consultation with a wide range of agencies, and through multi-agency steering groups. ▪ **Adherence to design principles:** A wide range of local stakeholders felt that the JAFF has been developed in alignment with the anticipated design principles (throughout Wales), including engaging the whole family in the assessment process. Case studies revealed that the flexibility of key workers to define 'family', and to determine the scope and focus of support within families can be highly effective. Ensuring practitioners have the scope to agree appropriate definitions of 'family' with service users will be important. JAFF is an important part of engaging families and prompting them to recognise their strengths, as well as defining the goals they would like to work towards. ▪ **Effectiveness:** There is a widespread perception amongst stakeholders that Families First has contributed to substantial improvements in processes for family assessment, particularly through securing more comprehensive assessments of strengths and needs. Staff across the workforce appear to see the value of whole-family approaches for improving families' outcomes.
TAF TAF working typically involves: ▪ Professionals from different agencies meeting regularly to discuss a family's needs. ▪ Typically a key worker acting as the main contact for the family, and co-ordinating agencies' support. ▪ Ensuring that support meets the needs of the family, and not solely the child's, circumstances and needs.	▪ **Awareness and engagement:** Levels of awareness and engagement with Families First are widespread and increasing, particularly for agencies based outside local authorities. For example, the proportion of staff based outside the local authority who said their organisation's role in delivering Families First was 'very well defined' has increased from 46% in 2014 to 59% in 2015. Local authorities continue to invest in training and awareness-raising activities so that delivery partners are aware of their roles in the programme delivery. There are particular challenges in engaging health service staff, although local authorities are working to minimise the impact of capacity-constrained services that cannot actively participate in TAF meetings. Referrals data suggest a lack of engagement with adult support services, although authorities report that engagement is improving over time. ▪ **Referrals to JAFF/TAF:** Across all LAs, 4,643 families completed a JAFF in 2014/15, an increase of 15% on the previous year. Some 82% of families completing a JAFF moved on to TAF support in 2014, with the number of TAFs signed increasing substantially since 2013/14 (from 2,608 to 3,795). The data demonstrate the appropriateness of referrals has improved significantly as the programme has matured, although local authorities report that some agencies continue to make inappropriate referrals. A wide range of organisations has been involved both in referring individuals for JAFF/TAF and in delivering JAFF assessments. ▪ **Key worker:** The key worker role is a highly skilled role, and the effectiveness of key workers is fundamental to the success of JAFF and TAF. Family case studies revealed that the key worker could be as instrumental to families' success as other support services. Several elements of the key worker role contribute to their success:

	the best are considered approachable, non-judgemental, flexible in the way they focus support within families, and knowledgeable about local support available. However, there is a risk that some families with multiple and complex problems become dependent on key worker support and find it difficult to access the programme. This issue may be exacerbated by the use of support timeframes that were designed with less complex cases in mind. ▪ **Multi-agency working:** Strategic staff and practitioners surveyed generally agreed that the local TAF models include effective input from key workers/lead professionals (93%). Most agreed that the TAF models include effective input from all agencies relevant to the case (89%). TAF is the engine of multi-agency working, and without continued investment in TAF it is unlikely multi-agency collaboration could continue on its present scale. There appears to be scope to improve multi-agency collaboration at the point of service delivery among non-TAF services (such as commissioned projects). More widespread use of systems to underpin joint working, such as service directories, could also be helpful to ensure multi-agency arrangements are sustainable. ▪ **Information-sharing:** There has been progress in encouraging information-sharing across agencies, which is a critical underpinning to the success of JAFF (76% stakeholders agreed relevant agreements were in place, up from 66% last year). However, evidence from the survey and case studies suggests there is room for improvement: for example, some agencies have not signed up to information-sharing protocols which limits what can be achieved at TAF meetings. ▪ **Addressing needs:** Staff are positive about the way TAF addresses families' immediate presenting needs (90% consider it effective in this regard) and underlying needs (85% rated it effective). Practitioners consulted as part of the case studies highlighted that TAF encourages agencies to develop bespoke support based around families' needs, rather than what providers offer. There appears to be scope for staff in commissioned projects to identify and address the needs of family members beyond immediate service users more effectively.
Strategic Commissioning Local authorities should commission: ▪ a coherent and structured set of projects, that in turn contribute to population outcomes; ▪ based on a local assessment of the needs of children and families; ▪ with a focus on delivery through prevention and early intervention; ▪ consider joint commissioning – both across agencies and across multiple authorities;	▪ **Progress:** 216 projects were in operation as of March 2015, and over the year to March 2015 were accessed 199,748 times. Stakeholders are generally satisfied both with the process of commissioning, and that projects commissioned meet local needs (95% say projects meet local needs well). This element continues to account for the majority of Families First spending (72%). ▪ **Strategic approach:** While stakeholders were relatively satisfied that commissioning strategies were based on effective assessments of local need (76% satisfied), a smaller proportion was satisfied that children and young people had had an input (58%). Where needs assessments have led to decommissioning existing projects (and re-commissioning), there has been some disruption, and stakeholders were relatively dissatisfied with the process of decommissioning. Through the case studies, examples of joint commissioning with Communities First, and Flying Start emerged, although practitioners in a few case study areas felt there was scope to reduce duplication across programmes. Local authorities that had switched to 'whole systems' management approaches across the full suite of family support programmes, considered that it led to better prioritisation of resources and less duplication of services. ▪ **Strategic projects:** The profile of services commissioned has altered substantially under Families First, with

▪ a smaller number of large-scale strategic projects rather than a large number of small-scale bespoke projects; ▪ a set of time-limited projects, with a clear exit strategy; and ▪ include the voice of children and families in the commissioning process.	over 90% of spending on projects funding newly-commissioned or refreshed projects. There is evidence from case studies that local authorities are using monitoring data to scrutinise projects, and changing the make-up of projects to deliver improvements in quality and efficiency. Case studies suggested that defining 'packages' of projects with a lead provider had advantages in promoting collaboration across provider agencies, and improving the coherence of the support offered across projects by allowing flexibility in provision to meet demand. ▪ **Involvement of children and families in commissioning:** A significant minority of stakeholders (16%) did not consider that children and families had been effectively consulted in the commissioning of projects. ▪ **Prevention and early intervention:** Families First works across the spectrum of needs, with JAFF/TAF typically setting higher thresholds than commissioned projects. There are some challenges in delivering earlier intervention to families with complex issues/a history of service use, as they may not be ready to engage in the programme until they reach crisis point. ▪ **Strategic alignment and joint commissioning:** There are examples of strong alignments between Families First, Communities First and Flying Start, including jointly-funded posts, common assessments, and match funding of projects. However, a quarter of staff who were surveyed considered the strategic alignment of these programmes to be poor. Thirty eight of these projects involved joint commissioning. ▪ **Project progress:** Projects were generally considered to be performing well by Families First staff, with 81% rated as showing a 'great deal' or 'fair amount' of progress. ▪ **Accountability:** There has been a shift in the culture of commissioning and monitoring of projects. Compared with arrangements in place under Cymorth, projects are held more accountable and more closely monitored, and project contracts and scope are adjusted on the basis of monitoring data. Local authorities will need to ensure that monitoring requirements are proportionate so that providers are able to bid for contracts.
Disability The guidance encourages local authorities to focus on: ▪ improved co-ordination and integration of services; ▪ income maximisation and awareness of welfare rights; ▪ improved access to employment, education and training; ▪ supplementary provision of short breaks and respite; ▪ training for specific child care provision;	▪ **Progress:** Staff acknowledged this element had been slower to progress than other elements of the programme. Staff felt there were particular difficulties in decommissioning disability services to realign this element of provision. The number of specific disability projects being delivered is 16 in 2014/15. Disability projects were considered to be progressing well, with 71% rated as showing a great deal/fair amount of progress. In eight authorities, all the disability projects run in 2013 were new. There was evidence of more authorities offering disability training as part of their workforce development in 2013 than in 2012. ▪ **Mode of engagement:** Families with additional needs relating to disability were supported through TAF and projects: 53% of those considered for JAFF were referred to single-agency project support, while 42% were supported through TAF. ▪ **Effectiveness:** Stakeholders' ratings of the design of disability services were relatively poor compared with other elements of the programme. A smaller proportion perceived Families First had led to an improvement in disability services than any other areas of family support. Only 45% of stakeholders felt that disability provision was adequate in meeting families' needs, and only 64% felt there was a clear vision and set of objectives around

▪ training and other support opportunities for parents; and ▪ increased access to play and leisure, including pre-school play provision.	disability in their area (up from 52% last year). ▪ Unmet disability needs do not necessarily fall into the remit of the programme: some of the greatest challenges are associated with the constraints on accessing over-stretched mainstream services such as CAMHS and Educational Psychologists. However, stakeholders' ratings were also relatively poor as to whether local needs assessments, and the needs of families, had formed the basis of the local disability strategy.
Learning sets The guidance states that local authorities should participate in local and multi-authority learning sets. These should: ▪ have a 'broad membership' of both managers and practitioners, with all members taking an active role to support a participatory approach to delivery; ▪ be focused on particular activities or work-plans; ▪ meet regularly; ▪ promote reflection and learning as well as challenge and support; and ▪ improve the delivery and quality of services.	▪ **Progress:** Progress on learning sets has lagged behind other elements of the programme. Local authority reports show a greater degree of underspend among a larger number of authorities, than any other element of Families First. Progress appears to have accelerated in the past year, especially among authorities with limited previous engagement. ▪ Reasons for the slower progress relate to a lack of understanding of the goals of learning sets, and – for some issues – a feeling that multi-authority sets have limited value when authorities are using such different models, and working with different populations. Authorities may have been less open to multi-authority learning sets when they were focused on developing and proving their own local systems. ▪ **Membership:** Local authority reports show that 111 local or multi-authority learning sets have/are being delivered in 2015. Families First core team members were likely to be involved in learning sets, but wider membership appears to be less common. ▪ **Promoting learning and improving delivery:** There is a strong culture of learning across local teams, but it is unclear what contribution formal learning sets have made in spreading this culture. The case studies presented limited evidence to suggest that local authorities are implementing good practice from other areas to any considerable degree as a result of learning sets. In practice, the most significant learnings from the programme appear to come from informal learning, and from local authorities' close monitoring of real-time feedback and monitoring data.
National management National arrangements will incorporate: ▪ good communication between the Welsh Government, local authorities and the third sector in order to achieve a coherent set of aims and objectives, and to promote multi-agency and multi-authority working; ▪ an appropriate monitoring	▪ **Communication and support:** Local stakeholders were generally positive about the national leadership of Families First, including the account management system. Some 76% felt local authorities were well supported. By the third year of the programme, stakeholders acknowledged that more prescriptive guidance at the outset of the programme could have improved the efficiency of delivery, and ensured delivery aligned with Welsh Government expectations at an earlier point. There appears to be scope to provide more guidance for authorities that have encountered difficulties in implementing the programme, and more appetite for challenge among authorities keen to develop their systems further. ▪ **Promoting multi-agency and multi-authority working:** national (and local) learning events help in building networks and information-sharing across authorities and agencies. However, multi-authority collaboration continues to be fairly limited, and learning sets may not be the most appropriate forum to promote this ambition. The appetite for cross-authority collaboration may be limited if local authorities continue to implement very different delivery models. ▪ **Monitoring framework:** The programme monitoring at the national level is one of the weaknesses of the

framework with which to assess progress against key objectives; and ▪ sound risk management in understanding the factors and influences (from both within and outside of Families First) that will shape whether the programme meets its intended objectives.	programme's flexibility: the variety of local models makes it difficult to judge the quality of LAs' performance. Furthermore, national monitoring focuses heavily on JAFF/TAF rather than commissioned projects, despite the latter making up 72% of the programme's spend. There were relatively high levels of dissatisfaction among stakeholders (35%) about this aspect of the national programme management, largely due to delays in agreeing the framework and implications for the design of local data systems and contracts. ▪ **Risk management:** Local budget pressures represent a significant risk to Families First: TAF acts to co-ordinate local services for families, and to a large degree its effectiveness relies on other services (mainstream, third sector and other) being available. This may need recognising when assessing the performance of Families First. In the future, local authority mergers may impact on programme delivery, although they could present an opportunity to refine the programme with new guidance and monitoring requirements.
Family outcomes Outcomes are monitored under four areas: ▪ working age people in low income families gain, and progress within, employment; ▪ children, young people and families in or at risk of poverty achieve their potential; ▪ children, young people and families are healthy and enjoy well-being; and ▪ families are confident, nurturing, resilient and safe.	▪ 56% of TAF cases which closed in 2014/15 had a successful outcome in relation to the TAF outcome plan. Of 791 families with needs relating to disability, 66% of cases closed with a successful outcome in relation to the TAF plan. ▪ Although local authorities considered that progress in setting up the disability element had been relatively slow, outcomes data for families affected by disability were relatively positive when compared with all families on the programme (66% families with disability needs recorded a successful outcome, compared with 56% of all families). This is partly because families affected by disability are less likely to disengage from the programme. ▪ Evidence from the Family Outcomes Tool and case studies suggests the programme has a greater impact on soft than hard outcomes: observing change at the level of population indicators is therefore likely to be a challenge. However, case studies underline that achieving progress on soft outcomes is a pre-requisite to achieving change on harder outcomes. In line with this, cases with longer durations are associated with higher rates of success, and significantly higher rates of reported forwards movement. Short-term monitoring data makes it difficult to assess the extent to which Families First generates success beyond the life of the intervention.

8.1 Lessons learned

The following table provides a summary of key lessons learned, and the advantages and disadvantages of the way in which key aspects of the programme have been implemented.

Table 8.2 Lessons learned

Aspect	Comments/advantages/disadvantages
Alignment of Families First and other programmes	Some staff perceive there are conflicts or a lack of alignment of the needs/ requirements of individual programmes. For example, alignment in national policy guidance around the assessments required for different programmes might help with local alignment (for example, Flying Start guidance does not reference JAFF assessments). Other staff explained that national auditing requirements for individual programmes inhibit the extent to which they can readily co-fund or co-staff projects.
Governance	The links between Families First and other areas of the authority vary depending on the location of the Families First team. Where Families First sits within social services, there appear to be smoother step up/step down transitions with Families First; where the team sits within education, relationships and referral routes through schools are stronger; where the team is based in teams with Communities First and Flying Start those programmes are better linked. Whole-systems approaches to management - that treat individual programmes as separate funding streams but collectively manage all family support programmes - appear to be promising in helping to prioritise appropriately and reduce duplication of services.
Monitoring	The experience of local authorities, practitioners and account managers suggests that, while a great deal of progress has been made developing the monitoring systems, a more strategic and Wales-wide approach would be beneficial going forward. The challenges that individual local authorities have faced in developing and establishing their systems could have been avoided by pooling resources. Further development of the monitoring systems should focus on how the data is to be used. In particular, there should be a focus on making sure information can be used to accurately compare performance across local authorities (something that was asked for specifically by many Families First workers).
JAFF/TAFF delivery models	Continued investment in JAFF and TAF will be essential to support the continuation of multi-agency working on its current scale. While 'Everybody's Business' models appear to be more sustainable for the future, they continue to require significant investments in training and awareness-raising across the range of partner agencies involved in delivery. In practice, the delivery model appears to be less important than Families First teams ensuring that local agencies and staff are aware of – and accept – their roles in the model being implemented. Co-located teams and/or geographical delivery hubs appear to be most

	successful in stimulating effective multi-agency working.
The balance of spend across the elements of Families First	In most authorities, commissioned projects account for the bulk of Families First spending, although JAFF/TAF accounts for the largest part of the budget in a few authorities. The variation in JAFF/TAF spending reflects the delivery models used (see above). There is no evidence to date to suggest that ring-fencing is required to protect the focus on JAFF/TAF, which are core elements of all authorities' offer. However, it may be worth revisiting this issue in the context of any budgetary restraints that may be introduced in the future. Any ring-fencing that was introduced would run the risk of disrupting the programme's delivery by being incompatible with the models authorities have developed.
Targeting of families	Local authorities are able to define the thresholds for family support, and there are wide variations in how this is defined: in some authorities Families First is exclusively an early intervention programme while in others Families First works across the spectrum of need. Case study evidence suggests that practitioners consider TAF to be better able to engage families than social services, even where families qualify for statutory support; in some areas, social services teams use the relationships built by Families First teams as a route to gain access to families.
Engaging agencies	It is relatively straightforward to engage commissioned projects in all the requirements for Families First. It is more challenging to engage mainstream agencies so that they are aware of the services available, refer into Families First where appropriate and in a timely way, and take on the key worker role (where local models require this). There are promising examples of peer-to-peer support to support those unfamiliar with conducting JAFF assessments in one local authority.
Commissioning/ decommissioning	Early signs suggest that the lead provider model – whereby one agency leads a consortium of smaller agencies to deliver a project – can work effectively. The model has the potential to ensure smaller agencies can continue to play a role in family support services. This may be particularly important since smaller agencies are often believed to be particularly skilled in understanding families' needs. Local authorities also report that consortia arrangements lead to improved collaboration across providers. However, local authorities will need to ensure that monitoring requirements on projects are proportionate and realistic. Providers suggest they may be deterred from bidding for contracts where they do not feel monitoring requirements are achievable within the budget allocated for management. There is a wealth of evidence available on what works in commissioning that may help to smooth the process of commissioning in future. (See for example the Welsh Government-commissioned 'Best Practice in Families First Commissioning').
Disability	There are challenges around how best to cater for the particular needs of families affected by disability. Authorities are using a range of approaches.

	Disability TAF services have the potential to provide specialist services and up-skill mainstream workers. In response to needs expressed by families, the focus of disability services is shifting over time, to incorporate a greater emphasis on the pre-diagnosis stage and whole-family support to recognise the impacts on the wider family members.
Learning sets	Learning sets appear to be most useful where they include a mix of authorities that face common challenges; where authorities approach learning sets with the aim of supporting improvements in local delivery rather than as a training opportunity; where they are attended by key decision-makers, so that changes can be made to delivery as a result; careful planning of the topics and attendees to make sure that the right group of practitioners/management staff attend to allow sufficiently focused discussions.

8.2 What works best in supporting families

The case studies suggested how the types of support provided to families (Table 6.3) and the specific ways in which support is delivered (Table 6.4) can help Families First to be effective, in those instances where it works well. The tables show common ways of working with families that were used across the case study local authorities, and which staff and/or families highlighted as being effective. The key worker relationship underpins the effectiveness of Families First, and a strong, trusting and collaborative relationship is vital. Practitioners highlight that the different style of working compared with a more punitive social services approach – informal, collaborative and building on families' strengths – is key to the impact of the programme on families.

Table 8.3 What works best and why: the types of help provided

What works best	Why
Advocacy – for example, helping families resolve problems relating to debts, housing, school bullying, benefits	Families lack knowledge of 'the system', the services available locally, and their entitlements. Many also lack confidence to deal with issues on their own. In many cases, key workers advocating on behalf of families was a 'quick win' for the key worker, and the resolution of this type of problem appeared to give the family the space/capacity to start to tackle other issues they faced.
Networks and groups – for example parents groups; children's groups; siblings of disabled children	Helped individuals to feel less isolated, and allowed them to learn from others' experiences. In a few cases, parents reported that social networks developed as part of Families First courses had outlived the formal part of the process as parents themselves now organised groups, and a few felt that the support they derived from these informal networks was as good as, or better, than the formal support they had received.
Role models	Where young teenagers and adults were experiencing behavioural problems, the key worker could act as a positive adult role model outside the family who could engage them in activities. Some families felt they counter-balanced the negative effects of peer groups. One authority had found the use of male key

	workers to be effective in re-engaging absent fathers in family life, and in ensuring that resident fathers played a role in TAF.
Family activities	Family play sessions and trips organised by key workers had the potential to bring families back together, where they had been 'pulling apart' under pressure.
Emotional support – parenting support classes; one-to-one coaching; mentoring; family counselling and play sessions to build family relationships	Emotional support was successful in helping families who had reached a point where they were unable to tackle problems on their own, and needed advice – or sometimes just reassurance that their own judgements were sound. This support often appeared to be most effective and sustained where key workers taught parents and children strategies to cope with issues: in several cases, families noted that they had continued to use these strategies since completing Families First. Families felt that the emotional support they had received had empowered them, built their resilience to deal with problems in the future, and several felt that it had helped to keep their family together.
Practical help – form-filling, managing health appointments, transportation	Parents noted that other services might identify a problem, and perhaps 'tell you what to do', but Families First is effective because it provides the practical and emotional support to enable them actually to achieve it. In rural areas, transportation is a significant issue in terms of accessing services.

Table 8.4 What works best and why: ways of working with families

What works best	Why
Eligibility not defined by geography	Other services, such as Flying Start and Communities First, are often restricted to particular geographical areas. The great advantage of Families First is that it allows support to be targeted at families in need of support, and allows workers to be flexible in the service offer.
Family plan/TAF meetings	Family plans help families to organise their thoughts, and prioritise areas to focus on. They provide a contract of what families, and agencies, have agreed to do. They enable integration of services across agencies. They provide a sense of progress for families that is motivating. TAF meetings were helpful to both families and practitioners, although families sometimes found the prospect of meetings daunting.
Removing potential threats	Practitioners highlighted a number of ways they could make TAF meetings a less daunting prospect for families. This included: allowing families to determine who should attend, seating plans, and the agenda; considering the agency representatives used (Police Community Support Officers rather than Police Officers for example).
Broader conception of	Practitioners say an advantage of Families First is that it gives them license to help families with wide-ranging issues, whereas previously they were

practitioner roles	challenged if offering support outside their specific area of work.
Strong key worker relationships	Practitioners highlighted the fact they are 'not social services' as being critical: a more informal way of working, emphasising positives rather than negatives, helps to gain families' trust. The best key workers were praised for having a friendly, welcoming attitude. Families perceived that 'nothing was too much trouble' for them, and that workers were 'on their side' in dealing with issues. Key workers listened without judgement, and recognised the real problems families faced. Families felt that they collaborated with key workers, rather than being dictated to by them. The continuity in relationships was significant: other services were characterised by a high turnover of staff. On a more practical level, key workers need to be aware of the services available in the area. Families unable to cope need to trust their key worker to resolve the problems they face. A strong relationship provides a route for families to access the services they need: once a key worker has gained a family's trust, other agencies are able to gain access to families where they might otherwise be unable to do so.
Sustainable strategies (routines, coping strategies)	Families felt 'empowered' by techniques and coping strategies they had learnt through Families First that they could apply on their own. A combination of practical and emotional support, and teaching long-term strategies, helped them to feel that they could cope on their own after Families First ended.
Evidenced-based approaches (CBT, motivational interviewing)	Several families cited examples of specific approaches within the counselling and parenting support they had received that worked particularly well. Using evidence-based approaches as part of the wider package of support appears to work well.
Different processes for different levels of need	Many local authorities have managed increasing referral numbers through differentiating between levels of need and having appropriate services for each. For instance, 'TAF light' services.

8.3 Areas to improve in supporting families

The case study research highlighted some areas where families and/or workers felt that Families First could be improved.

Table 8.5 Areas to improve in supporting families

Areas to improve	Why
Time-limited interventions	Can lead to frustration when parents reach the end of the time period without feeling any further forward than when they started the intervention. It can also lead to disengagement (because parents know the service is coming to an end). Local authorities seem to vary in their approach: some work towards goals, regardless of the length of interventions, while others work to a schedule, regardless of outcomes.
Dependency on key workers	The relationship with key workers is all-important to the effectiveness of the programme, but there is an inherent risk that families become dependent on workers. (This may be a greater risk where authorities work to a time schedule in TAF support, and families may need to exit before they have developed in confidence and independence.) Workers were described in a few cases as a 'surrogate mum' or 'surrogate uncle' and a few conveyed that they would feel unable to cope without their worker's ongoing support.
Variable quality of services	Families with mixed views about Families First typically reported positive experiences and relationships with some members of staff, but negative experiences with others. Families differentiated between the quality of service they received between different organisations they had accessed.
Assessment without alienation	Staff felt that the JAFF assessment form was sometimes a barrier to engaging with families, and was not always appropriate for families in severe crisis, or those requiring a relatively low-level intervention. Staff had different ways of dealing with this, such as working with families for a short period of time before completing the forms, or completing forms incrementally across several meetings.
Timely referrals	Practitioners in some local authorities highlighted that some agencies were unaware of Families First and therefore did not refer suitable families at an early enough point. Similarly, a frequent complaint among families was that they had been 'fighting the system on their own' and/or had not received the help they needed for a protracted period before they found out about Families First. In some cases families felt that the programme had come along too late to be useful or to avert negative outcomes (such as children going into prison).
Engaging all relevant agencies	The outcomes that could be achieved by Families First were limited in some cases by the limited engagement of some agencies. For the service to genuinely offer holistic support, all relevant agencies need to be engaged, both in information-sharing, attending TAF meetings, and providing support. It was clear that Families First teams were already working towards achieving this.
Accessibility for all families	Families expressed frustration at services provided during normal working hours that they were unable to attend. Where fathers work but other family members do not, this can serve to exclude fathers from the TAF process.