EARLY INTERVENTION FOUNDATION

What Works for Children's Social Care

Coming together as What Works for Early Intervention & Children's Social Care

The Supporting Families Programme
A rapid evidence review

May 2023

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About What Works for Early Intervention and Children's Social Care

What Works for Children's Social Care (WWCSC) and the Early Intervention Foundation (EIF) are merging. The new merged organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care (WWEICSC).

To find out more, visit our websites at: https://www.eif.org.uk and https://whatworks-csc.org.uk.

WHAT WORKS FOR EARLY INTERVENTION AND CHILDREN'S SOCIAL CARE IS PROUD TO BE A MEMBER OF THE WHAT WORKS NETWORK

REPORT COMMISSIONED BY THE DEPARTMENT FOR LEVELLING UP, HOUSING AND COMMUNITIES

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Introduction

This report prepared by What Works for Early Intervention and Children's Social Care (WWEICSC) for the Department for Levelling Up, Housing and Communities (DLUHC) is part of work to develop the evidence base on the most effective ways to support children and their families eligible for the Supporting Families Programme to achieve positive outcomes. The Supporting Families Programme provides targeted interventions for families with complex interconnected problems. The aim of the programme is to build the resilience of vulnerable families, and drive system change so that every area has joined up, efficient local services that are able to identify families in need and provide the right support at the right time.

The content for the report is based on an original set of research questions provided by DLUHC (see Appendix A) and attempts to synthesise a broad range of evidence and focuses on one main research question agreed on by WWEICSC and DLUHC:

- what is currently known about the most effective elements of the Supporting Families Programme in supporting better outcomes for families?

The report is split into four chapters:

1. evidence on the effectiveness of previous relevant programmes
2. current evidence on identified approaches and interventions
3. current evidence on important factors for effective intensive family support
4. conclusions.

Methods

This review draws on a range of different evidence sources and presents a range of different types of evidence. The review focuses on evidence of effectiveness (that is, causal impact) using the Early Intervention Foundation's evidence standards. [1] Where there was limited evidence found on effectiveness, a range of evidence from both quantitative and qualitative methods was used to explore implementation, process and delivery. Throughout the review, information on the robustness of the evidence is presented, but overall caution should be taken when drawing conclusions given the evidence review does not only draw on evidence of impact and it was not a full systematic review. More information on the review's methods can be found in Appendix B.

This is a brief evidence review and was not intended to be systematic. The review does not cover all the elements of the Supporting Families Programme or evidence pertaining to intensive family support and specific groups. Evidence not explored includes children with disabilities, children involved in violence, criminal and sexual exploitation and adolescent mental health. Any future extension or update of this work should consider adding these sections to the review.

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1   For more on the Early Intervention Foundation's strength of evidence ratings,
    see: https://guidebook.eif.org.uk/eif-evidence-standards

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Defining terms

The summary review focuses on families who would be eligible for the current Supporting Families Programme, as highlighted in Box 1 below.

Box 1. Families focused on in this review

Current Supporting Families Programme guidance states the aim of the programme is 'building the resilience of vulnerable families, and on driving system change so that every area has joined up, efficient local services which are able to identify families in need and provide the right support at the right time'.[2] It does not, however, define 'vulnerable families'. Instead, to be eligible families must include dependent children and/or expectant parents and demonstrate a minimum of three eligibility criteria or family needs as set out in the national Supporting Families Outcomes Framework, which includes: getting a good education, good early years development, improved mental and physical health, promoting recovery and reducing harm from substance use, improved family relationships, children safe from abuse and exploitation, crime prevention and tackling crime, safe from domestic abuse, secure housing, financial stability.[3]

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2   Department for Levelling Up, Housing and Communities. (2022). Supporting Families programme guidance 2022 to 2025. https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-1-introduction-and-objectives

3   Department for Levelling Up, Housing and Communities. (2022). Supporting Families programme guidance 2022 to 2025. Chapter 4: Identifying and working with families. https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-4-identifying-and-working-with-families

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Summary

We conducted a rapid evidence review to understand what is currently known about the most effective elements of the Supporting Families Programme. We have summarised our main findings into the following three areas.

1. **Evidence on the effectiveness of previous relevant programmes:** An impact evaluation of the Troubled Families Programme found that the programme did have some small positive impacts on outcomes and demonstrated good value for money. The evidence on the effectiveness of other previous relevant programmes is limited.

2. **Current evidence on identified approaches and interventions:** There is strong evidence that some interventions, which may be used as part of the Supporting Families Programme, have a positive impact on outcomes. For example, parenting programmes, family group conferencing, therapeutic and mental health interventions, and motivational interviewing. There is limited evidence on the impact of different approaches, with restorative practice being the only approach identified as having a positive impact on outcomes, and this was not in the children's social care context. It is unclear how prevalent different approaches or interventions are in the Supporting Families Programme.

3. **Current evidence on important factors for effective intensive family support:** While most of the evidence summarised in this chapter is qualitative and reflects the views and feelings of those involved in delivering or receiving support, there is some evidence that factors such as building relationships, workforce skills and characteristics, delivery methods and multi-agency working can contribute to improved outcomes for families and children. For example, studies have found that skills such as exerting 'quiet authority' or the ability to build a therapeutic alliance can contribute to improved outcomes.

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1. Evidence on the effectiveness of previous relevant programmes

This chapter summarises the key findings from a number of relevant family support programmes that provided targeted support for families with certain risk factors, as outlined in Box 1. Throughout this report, these programmes are referred to as 'intensive family support programmes' because they provide multi-strand support over a period of time. These include the Family Intervention Projects, Family Pathfinder Programmes, Intensive Family Intervention Projects Programmes and Phases 1 and 2 of the Troubled Families Programme.

Summary

Previous evaluations of intensive family support programmes lack robust impact evaluations to show effectiveness but highlight important features of delivery (as highlighted below), many of which formed the basis of the Troubled Families Programme, and subsequently the Supporting Families Programme. The Troubled Families Programme Phase 2 impact evaluation was the only programme evaluation looked at that used robust impact methodology and showed a small effect on a small number of outcomes. This included children's entry in to care and youth offending. There were, however, some limitations as the programme evaluation did not provide robust evidence on other outcomes including mental health, domestic violence and parenting. Nor did it identify which elements of the programme were effective in achieving outcomes.

Evidence of impact

The second evaluation of the Troubled Families Programme 2015–21 did demonstrate some evidence of impact with evaluation methods that suggest causality.

A national evaluation of the programme was carried out between 2015 and 2018 and included a quasi-experimental analysis. The evaluation included multiple waves of family and staff surveys as well as in-depth local authority case studies and detailed cost-benefit analysis calculations.

Overall, the findings from the impact study using administrative datasets showed positive but small impacts on a number of family outcomes – for:

- **children who need help,** the programme appears to have reduced the proportion of looked-after children 19–24 months after joining the programme. There was an increase in the proportion of children on Child Protection Plans at 13–18 months, but not at 19–24 months, suggesting that the programme was uncovering need at an earlier stage; increasing the number of children on a Child Protection Plan but preventing children from becoming looked-after children

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- **out-of-work benefits,** there were decreases in adults claiming Jobseeker's Allowance 19–24 months after receiving support but not in adults claiming Employment and Support Allowance or Income Support
- **offending,** there was a reduction in the number of adults and juveniles receiving a custodial sentence in the 24 months after joining the programme but not in the proportion of adult cautions or convictions and juvenile cautions.

Evidence on cost

A cost-benefit analysis showed that the programme provided good value for money. The total net public benefit for the 2017/18 cohort is estimated to be £366 million. This suggests every £1 spent on the programme delivers £2.28 of economic, social and fiscal benefits. Analysis also suggested that for every £1 spent, the programme delivers £1.51 of fiscal benefits (budgetary impacts on services), indicating that the programme is cost-saving to the taxpayer.

Evidence on implementation

Research identified a number of key learnings on delivery of family support programmes. These included the following.

- **Service transformation:** The Troubled Families Programme provided large-scale investment that boosted local capacity and expanded the workforce. However, there was wide variation in how local areas transformed their services. Although some of these reflected differences according to local authority size, structure and demographics, there were substantial differences in local practice models as well as in how local teams recruited, trained and supervised their practitioners, set caseload sizes and provided individual-level interventions.

- **Increased use of dedicated keyworkers for families:** This appeared to be important as it provided continuity of support, allowing keyworkers to build the trusted relationships needed to support families with multiple and often complex needs. A popular approach seemed to be to initially support crisis management and then the underlying issues causing poor outcomes for families. Keyworkers played an important role in advocating for families and coordinating multi-agency support, including referral or delivery of a range of services and interventions. In many programmes this was supported by manageable caseloads and the ability to work with a family intensively over an extended period of time. The ideal caseload as well as length and intensity of support was dependent on the needs of families but was not robustly tested in any of the evaluations. Effective keyworkers appeared to be those who came from a range of professional backgrounds and had a common set of core skills, which included flexibility, assertiveness and the ability to challenge, emotional resilience, openness and transparency, reflectiveness, being approachable and non-judgemental, problem-solving and coordination skills. However, the lack of qualifications and relevant experience among keyworkers was highlighted as an issue in most previous evaluations. There was a perceived need for more standardised training, quality assurance and continuing professional development (CPD).

- **Increasing focus on a whole-family and strengths-based approach:** This included increasing the use of comprehensive assessments of the entire family and the coproduction of a plan linked to family needs and outcomes. This was believed to enable support tailored to the diverse needs of families, recognising that one size does not fit all

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and providing an increasing range of evidence-based and locally tailored programmes, delivered in a variety of formats.

- **Stimulating multi-agency and partnership working:** This included the mainstreaming of the whole-family approach with a range of statutory, public and voluntary services. There also appeared to be an increased use of co-located, multidisciplinary teams. However, this was variable, with more evidence from children's social care, youth offending teams and health visitors, but much less in police, health (especially mental health and adult social care), housing and the voluntary sector. Good practice included clearly understood roles and ways of working across partners, co-location, multi-agency workforce development, shared case management and data systems, and common practice models to create shared language.

- **Recent increased data maturity and a focus on evidencing outcomes:** Since the payment by results auditing requirements of the Troubled Families Programme were implemented, there appears to be an increase in the capacity and quality of local data management systems approach to data recording and sharing between local services through the adoption of standardised assessment frameworks and outcomes plans as well as single referral routes across local partners.

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2. Current evidence on identified approaches and interventions

This chapter summarises current evidence on a broad range of system-level approaches and individual-level interventions relevant to the Supporting Families Programme.

Overview

Many local programmes draw on a range of what can be termed system-level approaches informing the way services are configured and/or how practice is delivered. For example, evidence from recent research about the Supporting Families Programme found that many areas were embedding a range of practice models including, most commonly, Signs of Safety but also other strength-based, restorative and trauma-informed approaches.[4]

Local areas additionally implement a range of individual-level interventions delivered directly to families alongside support from keyworkers. Evidence from recent research into the delivery of the Supporting Families Programme found that keyworker support was often combined with interventions delivered by partner agencies or by qualified keyworkers. [5] These included programmes that supported parenting, mental health, employment, domestic violence, substance abuse and youth crime.

A range of system-level approaches and individual-level interventions were identified within the family support programmes reviewed in Chapter 1. These were supplemented with a rapid search of approaches and interventions delivered in local Supporting Families Programmes. This does not represent all approaches or interventions delivered in local authorities funded by the Supporting Families Programme.

We assessed each approach or intervention's implementation and evidence of effectiveness (further details on the methodology can be found in Appendix B). What follows is a summary of this, first looking at system-level approaches and then individual-level interventions. Further information, including references to all the evidence highlighted below, can be found in the matrix in Appendix C.

Evidence on system-level approaches

What works: system-level approaches with evidence of impact

Restorative practice is a term used to describe behaviours, interactions and approaches that can involve both a proactive approach to preventing harm and conflict, and activities that repair harm where conflicts have already arisen. It has been widely used across

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4   Suffield, M. et al. (2022). Supporting Families Programme: Qualitative research: Effective practice and service delivery: Learning from local areas. Kantar Research for Department for Levelling Up, Housing and Communities. https://assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064758/Supporting_Families_-_Effective_ practice_and_service_delivery_-_Learning_from_local_areas.pdf

5   Suffield, M. et al. (2022). Supporting Families Programme: Qualitative research: Effective practice and service delivery: Learning from local areas. Kantar Research for Department for Levelling Up, Housing and Communities. https://assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064758/Supporting_Families_-_Effective_ practice_and_service_delivery_-_Learning_from_local_areas.pdf

education, counselling, criminal justice, social work and family support (both in the UK and internationally). Application can range from workforce training in the principles and use of restorative conversations and peer mediation to restorative conferences, as well as the use of specific interventions, such as family group conferencing (see more on this below) and victim–offender mediation (VOM). There is strong evidence that restorative practices can benefit a range of child outcomes. Meta-analysis shows that when used in criminal and youth justice these practices can have a positive impact on recidivism for offenders and outcomes for victims such as satisfaction and restoration. Systematic reviews show that when used in schools they can have an impact on preventing suspensions, exclusions and bullying, for instance, with some evidence from the UK. However, within children's services, the evidence is sparser, with no robust impact evaluations of system-level implementation of restorative practice, such as those found in a number of Children's Social Care Innovation Programme projects.[6] However, there is emerging evidence of its benefit when used in more prescriptive system-level approaches, such as the Family Valued model (described below).

What doesn't work: system-level approaches with evidence of no, or limited, impact

Trauma-informed care is a universal approach aimed at reducing the stress associated with adverse childhood experiences (ACEs)-related trauma and increasing children's resilience. It has been widely adopted internationally and in the UK throughout the NHS, police and other public services, including local authority adult and children's services. Although reviews have identified some positive outcomes, the first rigorously conducted randomised trial found limited evidence of impact. In addition, a very limited number of evaluations have taken place within children's social care or early help. A potential issue identified was the lack of specification of the activities within the approach, which could range from staff training to specific therapeutic interventions.

Signs of Safety (SoS) is a strengths-based, safety-orientated practice framework for child protection casework designed for use throughout the safeguarding process. Developed in Australia, it is widely used internationally, including in England, in many children's services social work and early help teams. However, there is limited evidence on its implementation or effectiveness. A systematic review found huge variation in how Signs of Safety is implemented and limited specification of how it is possible to be sure of high-quality implementation, as well as little evidence to suggest that Signs of Safety is or is not effective at reducing the need for children to enter care. It did, however, suggest that it can increase positive engagement with parents, children, wider family and external agencies. A subsequent quasi-experimental impact evaluation of Signs of Safety in nine local authorities carried out by What Works for Children's Social Care found no impact on referrals to children's social care, length of assessments or re-referrals.

Evidence on individual-level interventions

In contrast to the relatively small number of known system-level approaches identified in local Supporting Families Programmes, there are a substantial number of individual-level interventions – defined loosely as a set of activities with a beginning, a middle and an end, and a set of eligibility requirements – that support families directly.

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6   Department for Education. Children's social care innovation programme: Insights and evaluation. https://www.gov.uk/guidance/childrens-social-care-innovation-programme-insights-and-evaluation

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What works: individual-level interventions with evidence of impact

Parenting programmes

Evidence from previous surveys found that 78% of keyworkers provided support to help address difficulties regarding parenting/parenting issues.[7] Parenting programmes with good evidence of at least short-term outcomes (at a level 3 or higher on the EIF's evidence standards) included the range of Triple P programmes and Incredible Years programmes, as well as interventions such as Empowering Parents, Empowering Communities (EPEC) and Family Check-up for Children.

Therapeutic and mental health interventions

A range of what could be called therapeutic interventions were identified that supported either individuals or families to work on complex issues such as mental health problems as well as offending behaviour, trauma and substance abuse. Interventions with robust evidence of short- and often long-term impacts (at a level 3 EIF evidence standard rating or higher) included cognitive behavioural therapy (CBT), multidimensional family therapy and functional family therapy (FFT).

Reducing family conflict and improving the co-parenting relationship

Parental conflict: frequent, intense and poorly resolved conflict between parents can have a significant impact on children's mental health and long-term life chances, including emotional, behavioural, social and academic development. As part of the Department for Work and Pensions Reducing Parental Conflict Programme, many local authorities are currently delivering interventions.

The review also identified group-based 'co-parenting' interventions with evidence of effectiveness in improving parental relationships, including Family Foundations (and e-Family Foundations) and Schoolchildren and their Families (also known as Parents as Partners).

Family group conferencing: a decision-making meeting in which a child's wider family network comes together to plan around meeting the needs of the child/ren – has mixed and currently low strength of evidence with regard to child protection and maltreatment, but one that is still developing. This includes the evaluation of the Leeds Family Valued model and a current large-scale trial reporting in 2023 by WWEICSC.

Motivational interviewing was designed to help engage individuals and assist them in exploring and resolving their ambivalence about behaviour change and is an explicit component of some system-level approaches, including the Family Safeguarding Model. Overall, evidence is strong for certain outcomes such as parenting, substance abuse and mental and physical health, but the results are more mixed or inconclusive on outcomes such as domestic abuse and child protection, with limited evidence from family support in the UK.

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7   Ipsos MORI. (2018). Troubled Families Programme National Evaluation Staff survey among Troubled Families keyworkers. Conducted by Ipsos MORI on behalf of MHCLG. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/886532/Keyworker_staff_survey_part_4.pdf

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3. Current evidence on important factors for effective intensive family support

This chapter provides a summary of the evidence identified on four factors found in previous research to be important in providing effective intensive family support. These include:

i. engaging families and building trusted practitioner relationships and ending support

ii. practitioner skills and characteristics

iii. delivery methods

iv. multi-agency working.

While these are not the only factors understood to be important, they are those identified as some of the most important in previous relevant evaluations and research – as highlighted in the preceding chapters. These also include the factors highlighted in the original set of research questions from the Department for Levelling Up, Housing and Communities (see Appendix A for more details). The summaries focus on families who would be eligible for the current Supporting Families Programme, as highlighted in Box 1 in the introduction.

These summaries draw mainly on systemic reviews and evidence synthesis, including those conducted by the What Works Network. However, where limited evidence from systematic reviews is available, the summaries also draw on a range of other evidence. Overall caution should be taken when drawing conclusions, given the evidence review was not a full systematic review. Further details on the methodology can be found in Appendix B.

i. Engaging families, building trusted practitioner relationships and ending support

The Supporting Families Programme has set eligibility criteria but no defined process for identifying, referring, assessing or engaging families, but there appears to be a move towards an increasing emphasis on administrative data to identify families and use of a 'universal front door' with children's social care assessing families.

Key findings from research indicate that:

- multi-agency working and advanced data-sharing systems appeared to be important in supporting the identification of eligible families.

- key transition points such as entering school were seen as an important time to identify risks.

- low-income families, ethnic minorities, men, families with young or LGBTQ+ parents, and individuals with mental health problems tend to be less likely to engage in interventions and therefore underrepresented in existing provision.

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- within services, developing collaborative relationships, capacity building, awareness raising training and building a shared and consistent use of language with agencies that work with the target population are ways to support identification and referral.

- anxiety about the initial engagement was a strong theme stemming from families' feelings of uncertainty around the programme and a belief that it was connected to social services.[8] This was often the case for those referred through children's social care. Those referred through other routes such as schools were typically more receptive to support.

- having a consistent lead practitioner with enough time to develop a relationship with the whole family who could work on 'quick wins' before tailoring support to address more complex issues made a perceived difference to families.

- there are a number of barriers centred on awareness, acceptability and accessibility that hinder families at risk of poor outcomes from engaging in interventions.[9] Evidence emphasises the importance of continuity of care, with frequent contact with families.

- building trusting relationships, and specifically building a therapeutic alliance, is a key factor for effective intervention and is associated with improved outcomes for children and families. A positive practitioner–participant relationship, or what is often called the 'therapeutic alliance' – the commitment between the participant and practitioner to achieve the specific goals of the intervention – is an important component of engaging families in family support.[10] Numerous meta-analyses have demonstrated a consistent association between a strong therapeutic alliance and a range of positive participant outcomes.[11]

- sanctions are not helpful for achieving positive behavioural change, and the use of sanctions in families with existing vulnerabilities can further disadvantage families.[12]

- judging when a family was ready to cope on their own without support can be a key challenge.[13] For instance, when exiting the Family Intervention Project, staff noted that it was essential families left in a 'planned and phased' manner because this offered the keyworker a chance to judge the capabilities of the family's independence.

ii. Practitioner skills and characteristics

This section looks at the evidence on practitioner skills and characteristics in intensive family support. Practitioner characteristics that are believed to be important for a strong therapeutic alliance and in supporting families are outlined in the previous section.

Current Supporting Families guidance does not have requirements for practitioners to hold certain qualifications, nor does it provide a skills, knowledge or competency framework for practitioners. The previous Troubled Families Phase 2 evaluation found that three in five

8   Ipsos MORI. (2017). National evaluation of the Troubled Families Programme 2015–2020: service transformation – case study research: part 1 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/605349/Service_transformation_-_case_study.pdf

9   Pote, I. et al. (2019). Engaging disadvantaged and vulnerable parents: An evidence review. Early Intervention Foundation. https://www.eif.org.uk/report/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review

10 Bordin, E. S. (1994). Theory and research on the therapeutic working alliance: New directions; Lewing, B., Gilbert-Doubell, L., Beevers, T., & Acquah, D. (2018). Building trusted relationships for vulnerable children and young people with public services. Early Intervention Foundation. https://www.eif.org.uk/report/building-trusted-relationships-for-vulnerable-children-and-young-people-with-public-services

11 Flückiger C, et al. (2012). How central is the alliance in psychotherapy? A multilevel longitudinal meta-analysis. J Couns Psychol., 59(1), 10–17. doi: 10.1037/a0025749.; Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. Journal of Consulting and Clinical Psychology, 68(3), 438–450. https://doi.org/10.1037/0022-006X.68.3.438; Baier, A. L., Kline, A. C., & Feeny, N. C. (2020). Therapeutic alliance as a mediator of change: A systematic review and evaluation of research. Clin Psychol Rev. doi: 10.1016/j.cpr.2020.101921.

12 Wu, C.-F., Cancian, M., Meyer, D. R., & Wallace, G. L. (2006). How do welfare sanctions work? Social Work Research, 30, 33–50. White, C., et al. (2008). Family intervention projects. An evaluation of their design, set-up and early outcomes. Research Report No DCSF-RW047. https://eric.ed.gov/?id=EJ744147

13 White, C., et al. (2008). Family intervention projects. An evaluation of their design, set-up and early outcomes. Research Report No DCSF-RW047. https://dera.ioe.ac.uk/8578/1/acf44f.pdf

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(63%) keyworkers reported having an NVQ 4+ or equivalent qualification, and three in 10 (28%) an NVQ 1−3 or equivalent.[14] Seven in 10 (71%) keyworkers reported having more than five years of experience working with families with complex needs, with around a quarter (26%) having six to 10 years and around a third (34%) with 11−20 years. More recent case study research on the delivery of the Supporting Families Programme found that keyworkers continued to come from a range of backgrounds and skillsets.[15]

Key findings from research indicate that:

- having a variety of skills and experiences was seen as important in responding to the diversity of families. Successful keyworkers were generally considered to have a common yet diverse set of skills and personality traits. These included: flexibility; emotional resilience; openness and transparency; the ability to reflect; an approachable and non-judgemental attitude; confidence; problem-solving; and coordination skills

- comprehensive induction, supervision and training of keyworkers were seen as critical to developing their skills. Effective inductions included training opportunities, both skills-based training (for example, conducting assessments) and theoretical aspects (for example, systemic theory). Supervision was also seen as critical, offering an opportunity to reflect on progress, receive support on difficult cases, and support not only learning and development, but also their own mental health and wellbeing

- parenting and intensive therapeutic interventions can achieve substantial improvements in children's behaviour and emotional wellbeing when delivered by highly trained, graduate-level practitioners such as clinical psychologists and social workers. The majority of more intensive interventions developed for vulnerable families require a postgraduate-level qualification (Qualifications Credit Framework 7 or 8) in social work or clinical psychology. Impact evaluations show that a high degree of practitioner skill is necessary to overcome parental resistance and keep parents focused on the goals of the intervention.[16] When practitioners lack these skills, studies show that family outcomes have the potential to become worse. There is also evidence showing that vulnerable families benefit from keyworker support when it is offered alongside social workers and clinical psychologists

- parenting interventions can be effectively delivered by non-graduate professionals, when provided as a group that is supported by detailed training manuals and high-quality pre-service training and ongoing supervision

- the ability to exert quiet authority while avoiding undue judgement or stigma is a significant contributor to improved family outcomes where child maltreatment is a risk[17]

- having a practitioner who shares personal attributes with individuals receiving support (such as life experience, age, ethnicity, etc) can influence individuals' willingness to engage with support if they perceive attributes to be similar. However, having a practitioner who is similar in characteristics cannot compensate for the professional skillset required to support individuals through complex issues.[18]

14 Ipsos MORI. (2018). Troubled Families Programme National Evaluation Staff survey among Troubled Families co-ordinators. For MHCLG. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784612/National_evaluation_of_the_Troubled_Families_Programme_2015_to_2020_Troubled_Families_coordinators_staff_survey_part_3.pdf

15 Suffield, M. et al. (2022). Supporting Families Programme: Qualitative research: Effective practice and service delivery: Learning from local areas. Kantar Research for DLUHC. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1064758/Supporting_Families_-_Effective_practice_and_service_delivery_-_Learning_from_local_areas.pdf

16 Scott, S., Carby, A., & Rendu, A. A. (2008). Impact of therapists' skill on effectiveness of parenting groups for child antisocial behavior. Kings College London.

17 Forrester, D., Killian, M., Westlake, D., & Sheehan, L. (2020). Patterns of practice: An exploratory factor analysis of child and family social worker skills. Child & Family Social Work, 25(1), 108−117.

18 Orrell-Valente, J. K., Pinderhughes, E. E., Valente Jr, E., Laird, R. D., Bierman, K. L., Coie, J. D., … & Pinderhughes, E. E. (1999). If it's offered, will they come? Influences on parents' participation in a community-based conduct problems prevention program. American Journal of Community Psychology, 27(6), 753−783.

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iii. Delivery methods

This section provides a review of evidence found on the effectiveness of different delivery methods used in local Supporting Families Programmes and early help more widely. Limited evidence was found on the current delivery methods used in local Supporting Families Programmes or in early help more widely. Previous evidence found that the majority of keyworkers worked with families in their homes but did also use a range of other locations such as schools.

This section focuses on four types of delivery: home-based; community and outreach; centre-based; and virtual and digital delivery.

As set out in Supporting Families Programme guidance, there is no single template for how to work with a family, because each will need a different approach depending on their circumstances.[19] Every local authority and their partners will also choose to deliver their services differently to suit their local context using a range of delivery methods.

Key findings from research indicate that:

- programmes that use different types of delivery methods – including home-based, community and outreach, centre-based, and virtual and digital – are effective in improving outcomes. However, the evidence is sparse on how these delivery methods impact on their effectiveness, and even more limited on how effective different methods in supporting families with specific needs.

- outreach workers visiting families at home as part of the support provided by children's centres helped target families with complex needs, but there was little evidence of their direct impact on outcomes.[20]

- web-based parenting programmes are a promising way of improving parenting.[21] However, the evidence base appears to be stronger for face-to-face evidence-based programmes that have been adapted to be delivered online.

- interventions that have some form of personalisation and/or contact with a practitioner (rather than self-directed, non-interactive learning) are more likely to improve outcome.[22]

- the needs of target populations in relation to delivery methods and the workforce skills necessary to deliver them (such as skills for delivering face-to-face support versus online or digital services) is critical.

19 Department for Education and Department for Levelling Up, Housing & Communities. (2022). Chapter 4: Identifying and working with families. https://www.gov.uk/government/publications/supporting-families-programme-guidance-2022-to-2025/chapter-4-identifying-and-working-with-families

20 Department for Education. Evaluation of children's centres in England (ECCE). https://www.gov.uk/government/collections/evaluation-of-childrens-centres-in-england-ecce

21 Nieuwboer, C. C., Fukkink, R. G., & Hermanns, J. M. (2013). Online programs as tools to improve parenting: A meta-analytic review. Children and Youth Services Review, 35(11), 1823–1829. Also see: https://whatworks-csc.org.uk/evidence/evidence-store/intervention/web-based-parenting-programmes

22 Martin, J., et al. (2020). Covid-19 and early intervention: Evidence, challenges and risks relating to virtual and digital delivery. Early Intervention Foundation. https://www.eif.org.uk/report/covid-19-and-early-intervention-evidence-challenges-and-risks-relating-to-virtual-and-digital-delivery

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iv. Multi-agency working

This section provides a review of evidence found on the effectiveness of multi-agency working in the context of family support and early help services. Despite the prominence that multi-agency working has had within family support, our review found limited robust evidence that it improves outcomes for vulnerable families or which key features might make the most difference. The key findings draw on a range of process evaluations and case studies mainly using qualitative methods.

Key findings from the research indicate that there are a number of facilitators to multi-agency working. These include:

- an implementation plan to ensure effective implementation of multi-agency working and ensuring that systems, services and staff are 'ready for change' with roles and responsibilities and dedicated resource.

- prior and ongoing commitment from staff at all levels, including strong strategic leadership and governance with clear communication throughout.

- recognition of need and clarity of purpose (through a shared vision and outcomes) as well as a clear articulation of the desired end goal or 'blueprint' agreed across agencies.

- clarity of roles, responsibilities and systems (such as thresholds, pathways and referral routes). For example, one 'front door' and agreed pathways of support.

- joint or pooled funding and commissioning arrangements.

- building trust and relationships, acknowledging organisational and cultural differences but keeping focused on families, not structures, and recognising change (in systems, practices and cultures) takes time.

- effective data and information sharing or joint data systems, on cases as well as monitoring and outcomes, enabled by appropriate hardware and software, and taking account of data protection and differing professional practice and habits to work through the technical and cultural barriers.

- knowledge management, including understanding demand, levels of risk and the ability to evidence benefits.

- inter-professional development, including shared training – CPD, mentoring, supervision sharing of skills and expertise and helping different disciplines to understand the expertise and gaps in knowledge.

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4. Conclusions

This report aimed to summarise what is currently known about the most effective elements of the Supporting Families Programme in supporting better outcomes for families. It looked at the current evidence on the effectiveness of previous relevant family support programmes, on a host of identified approaches and interventions, as well as a number of factors found in previous research to be important for delivery of effective intensive family support.

This rapid review provides timely insights into the family support landscape at a time of increased investment and focus on family support. The additional £200 million investment to expand the Supporting Families Programme represents around a 40% uplift in funding for the programme by 2024/25. This, coupled with the focus on family support as part of the children's social care implementation strategy – Stable Homes, Built on Love[23] demonstrates a cross-government interest in improving services for vulnerable families.

This review found that an earlier version of the Supporting Families Programme – Troubled Families – was effective at improving outcomes and provided good value for money. Troubled Families appears to have improved outcomes across three areas – children's social care, out-of-work benefits and offending – with a reduction in the proportion of looked-after children, decreases in Jobseeker's Allowance claims and a reduction in custodial sentences. The total net public benefit for the 2017/18 cohort is estimated to be £366 million. This suggests every £1 spent on the programme delivers £2.28 of economic, social and fiscal benefits.

Despite some evidence that iterations of the Supporting Families Programme can improve outcomes and provide value for money, it is not clear which elements of the programme drive this effectiveness. This rapid review identified some system-level and individual-level interventions with evidence of impact, such as restorative practice, parenting programmes, family group conferencing and therapeutic and mental health interventions. Some local Supporting Families Programmes will be implementing these evidence-based programmes, but we know that practice varies. In the short term, policymakers should consider more tightly specifying the evidence-based interventions and approaches the Supporting Families Programme delivers, to increase the use of interventions that have been proven to improve outcomes for families.

Future evaluation should also seek to identify which elements of the Supporting Families Programme are most effective. The pilot randomised controlled trial into systemic practice DLUHC is seeking to commission is a good first step. The evaluation will generate initial evidence on whether systemic practice has an impact on child and family outcomes.

We conducted a rapid evidence review to gain insights into the most effective elements of the Supporting Families Programme, but the review was not intended to by systematic. Future research should consider deploying systematic review methodology and including research and evidence on how intensive family support works for specific groups, such as children with special educational needs and disabilities, children involved in violence, criminal and sexual exploitation and adolescent mental health.

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23 See: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1147317/Children_s_social_care_stable_homes_consultation_February_2023.pdf

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