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# The Big Manchester Project

## Independent Evaluation Report



The University of  
Nottingham

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## **Foreword and acknowledgements**

This report has been prepared by Ecorys UK, on behalf of the Big Manchester project, as part of the National Evaluation of the Improving Futures Programme (2011-16).

The views expressed are those of the independent evaluators, based on a review of the available evidence, and do not necessarily reflect the opinions of the project or the Big Lottery Fund.

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# 1.0 Introduction



# 1.0 Introduction

The Improving Futures programme was launched by the Big Lottery Fund (The Fund) in March 2011. The £26 million programme provided initial grants up to £900,000 to 26 pilot projects across the UK, to test different Voluntary and Community Sector (VCS) led approaches towards achieving the following outcomes:

- Improved outcomes for children in families with multiple and complex needs.
- New approaches to local delivery, demonstrating replicable models which lead to more effective, tailored and joined up support for families with multiple and complex needs.
- Improved learning and sharing of best practice between public services and VCS organisations.

Whilst the programme allows discretion for projects in identifying and assessing needs, an age limit of 5-10 years was placed on the oldest child at the point of engagement to encourage partnership working between family-focused organisations and schools.

## 1.1 Evaluation Overview

In October 2011, BIG awarded an evaluation and learning contract to a consortium led by Ecorys UK with Ipsos MORI, Professor Kate Morris and Family Lives. The evaluation is funded over five years, to assess the effectiveness and impact of the Improving Futures programme nationally, alongside continuous dissemination activities. As part of the national programme evaluation, the consortium has conducted project-level analysis and research.

This report presents the evaluation findings for the Big Manchester project. The findings are based on:

- A desk review of various documents including business plans, application forms, locally-collected evidence on outcomes achieved and mid-year and annual monitoring reports
- Analysis of project monitoring data inputted by project staff and collected through the Improving Futures Monitoring Information System (IFMIS)
- A qualitative case study visit, during which researchers interviewed staff, stakeholders and families
- A depth interview with the project coordinator.

The views expressed in this report are those of the independent evaluators, based on a review of the available evidence, and do not necessarily reflect the opinions of the project or the Big Lottery Fund.

## 1.2 Project Overview

The Big Manchester (BM) project was awarded a total of £1,079,816 by the Improving Futures programme. An initial grant was made to cover the three-year period between April 2012 and March 2015, at which point the project secured an extension to their delivery to enable them to operate until August 2016. The project offers a child-focused service to families in North Manchester to address the impact that domestic abuse, parental mental ill health and / or substance misuse has on children aged 5 -11 in a household. The project is led by Barnardo's, working in partnership with Women's Aid, Eclipse (Lifeline), Manchester Mind and HomeStart. Four family intervention workers are employed across the partnership. In addition the peer supporter, employed by HomeStart, helps to bring parents together for mutual support and to increase their confidence in engaging with the local community,

### 1.2.1 Key project activities

The project employs a therapeutic approach to working with and engaging families. The project team undertake direct 1:1 work and resilience based group-work with children, focussing on feelings and understandings of family difficulties, whilst enhancing the parents' / carers' understanding of the impact such issues might have had on their children.

Each family is allocated a key worker to build trusting relationship built between the worker and the parent / carer, which is central to the project's approach. A core element of the team's work is the weekly direct one to one therapeutic intervention for each individual child in the family in the age range 5 -11. The key workers (known as Family Support Workers) also hold a personalised family budget for each family engaged in the project to spot purchase chosen activities and services, giving each family support tailored to their needs. Examples of services purchased using the family budget include Family Group Conferencing, Relate counselling and family therapy.

In order to ascertain family need, staff use a variety of standardised assessment tools such as the Family Star; Strengths and Difficulties Questionnaire (SDQ) (for both school and parent) and the Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), alongside assembling a detailed chronology with inputs from families, schools and other key agencies. This leads to an introductory period where the key worker meets with the family (parents and children jointly) to ensure all parties are comfortable, before the weekly sessions begin. Generally these sessions will take place in a school or a children's centre over a period of 8–14 weeks, depending on need. Through the medium of play, and utilising a variety of age appropriate therapeutic techniques, the child-led, resilience building sessions explore feelings and understandings, building each child's emotional literacy and self-esteem. One-to-one, holistic support is also provided to parents: this might include emotional support; practical support; help to access and engage with additional support; and support to tackle particular issues faced by the family.

Running alongside the project's core therapeutic work are a number of complementary strands of activity, building on existing family strengths, raising aspirations and changing the family's own self-perception. These activities include:

- **Group work:** BM offers regular programmes including Triple P Parenting, Children's Self Esteem Building Groups and "You and me, Mum" (run jointly with Women's' Aid for mothers who have experienced domestic abuse). All these groups are led by the staff team and run throughout the year, according to demand. The project reports that engagement with all these groups is high as the staff team are known and trusted. The vast majority of participants have never attended a parenting course previously.
- **The Thursday Group:** For many families the impact of domestic abuse, substance misuse and/or mental ill health has invariably led to isolation, a sense of dislocation and not belonging in the community. The Thursday Group is run weekly in term time by the peer support worker and a BM parent volunteer. It involves a programme of activities such as basic cooking lessons and money advice sessions, as well as trips in the local community, such as to the library or Manchester College. The explicit purpose of the group is to develop a peer support and friendship network for BM parents and to increase their confidence and engagement in their wider communities.
- **BM Radio Project:** In partnership with a local community radio station, the team delivered two BM Radio Projects where a number of families met over a period of eight weeks to create a radio show for live broadcast. Through storytelling, creating adverts, features and jingles, parents and children worked together, developing listening and communication skills. BM also delivered a music project where families worked together to write, record and perform music over the summer holidays.

- **Family-held budget:** Families have access to a small personalised budget (£250 per family). Parents are encouraged to identify for themselves what activities or trips the children would benefit from whilst the core work progresses. This has ranged from structured activities such as swimming lessons, attending a Guide club and camp and going to a dance or football classes through to family day trips to the sea-side, cinema and bowling. The aim is to encourage families to look for local and potentially affordable and sustainable activities.
- **Whole project activities:** in the school holidays, BM organises events and activities for all families. These have included regular excursions to the Water Adventure Centre in Droylsden, games and picnics in Heaton Park and Boggart Hole Clough, and a seaside trip each summer. Much like the Thursday group, the purpose is for families to have more awareness of local facilities. The project workers and families reported that these trips are often the first time families have accessed these facilities; the support and encouragement of staff and other parents increases confidence to access them again in the future.

### 1.3 Report Structure

The remainder of this report is structured as follows:

- **Chapter Two** gives a profile of the families supported, drawing upon both the monitoring data and practitioners' accounts of the main presenting issues for families, including risks and strengths.
- **Chapter Three** reviews the main lessons learned from project delivery. The chapter starts by examining the key learning points from each strand of the project in turn, before going on to consider the overall messages in terms of partnership working, challenges and how these were overcome.
- **Chapter Four** considers the main achievements of the project, including the type of outcomes that were recorded and reported and the strength of this evidence, and assesses the extent to which these outcomes have been sustainable. It also considers sustainability in the context of the wider project.
- **Chapter Five** draws the report to a close, with a set of overall conclusions and a number of recommendations for the project partners to consider in potentially developing the model further.

# 2.0 Profile of the Families Supported



## 2.0 Profile of the families supported

While the project was required to follow the Improving Futures Programme eligibility criteria (as described in the introduction to this report), the Big Manchester delivery partnership had some freedom to establish its own targets within those criteria. Following discussions amongst partners and key stakeholders including the local authority (LA), the decision was taken to base the project in the North Strategic Regeneration framework (SRF) area of Manchester, which includes:

- Charlestown;
- Crumpsall;
- Harpurhey;
- Higher Blackley; and
- Moston.

Specifically, the project targets families with children aged 5 -10 who are currently experiencing (or have previously experienced) one or more of the following:

- Domestic abuse
- Parental substance misuse
- Poor parental mental health

As described in Chapter One of this report, all Improving Futures projects were required to submit monitoring data to the national evaluation team through the IFMIS database. This section explores the profile of the families supported by Big Manchester through exploration of the IFMIS data, the project's own monitoring data and qualitative information provided to the evaluation team.

### 2.1 Profile of the families

The project's most recent monitoring report to Big Lottery available at the time of writing<sup>1</sup> showed that Big Manchester had supported a total of 92 families. The IFMIS database held details of 53 of those families (comprising 85 adults and 118 children). Table 2.1 sets out the basic demographic information held in IFMIS for the adults supported by the project. It shows that the vast majority were parents (88%) rather than grandparents or other types of carer, and 65% were female. The majority (81%) identified as White – British; a higher number than the wider population of Manchester, where 67% identified as White – British in the 2011 Census<sup>2</sup>.

<sup>1</sup> This report was produced in March 2016. The most recent monitoring report available to the authors at the time of writing was dated October 2015.

<sup>2</sup>

<http://www.neighbourhood.statistics.gov.uk/dissemination/Info.do?m=0&s=1458170803469&enc=1&page=analysisandguidance/analysisarticles/local-authority-profiles.htm&nsjs=true&nsck=false&nssvg=false&nswid=1440>

<b>Table 2.1 Adults supported by Big Manchester</b>	
<b>Caring role</b>	
Grandparent	1
Other	4
Parent	75
Carer	2
Parent and grandparent	3
<b>Ethnicity</b>	
Asian or Asian British – Pakistani	4
Black or Black British – African	1
Black or Black British – Caribbean	1
Mixed – Other	0
Mixed – White and Asian	0
Mixed – White and Black African	0
Mixed – White and Black Caribbean	4
White – British	69
White – Irish	1
White – Other	4
Chinese	1
<b>Gender</b>	
Female	55
Male	30
Transgender	0

Of the 53 families, 49 were eligible for free school meals at the point of their engagement with the project, and 29 were lone parent families.

The project was designed to deliver early intervention services to families, however over the lifetime of the project staff have noted that the complexity of the issues families present to the project has meant that it is delivering support at a higher level than anticipated, and over a longer duration than initially planned. Staff noted that just over 50% of referred families have either historical or current involvement with social care, and many parents themselves were party to social work involvement in their childhoods.

Figure 2.1 sets out some of the key issues families present to Big Manchester with, as identified by staff interviewed for the research.

**Figure 2.1 Big Manchester: Common themes identified by staff**

- All families engaged with the project are experiencing at least one of the key issues of substance misuse, mental ill-health (encompassing a wide range of illnesses from chronic depression to bipolar and schizophrenia) and domestic violence; eligibility to participate in the project requires this.
- There is a high level of involvement from community mental health amongst the families engaged. Staff noted that thresholds for mental health support are high in Manchester, so those who sit below these thresholds may still have very high needs.
- The families engaged with the project are generally on the edge of a crisis situation - either they've been in crisis and immediate issues have been resolved through their engagement with other services (generally social care), or they're at risk of going into crisis. The aim of the project is to help families avoid crisis situations by resolving the deeper issues present.

The observations made by staff about the issues facing the families engaged in the project are reflected in the IFMIS data. As Table 2.2 demonstrates, at baseline stage stress and anxiety were common features of the families presenting to the project; 65% of children and 76% of adults were recorded as experiencing these issues. Family relationships were also a key presenting factor, with 80% of adults reporting parenting anxiety or frustration and 68% having problems with discipline or boundary setting.

**Table 2.1 Baseline data - most prevalent risks and strengths**

Risk/Strength	No. of participants presenting with risk/strength at baseline*
<b>Risks</b>	
Suspected or reported stress or anxiety (child)	75
Suspected or reported stress or anxiety (adult)	65
Parenting anxiety or frustration	68
Problems with discipline or boundary setting	58
<b>Strengths</b>	
Attending routine GP appointments, health checks and immunisations (child)	108
Attending dental care appointments (child)	100
Supportive peer friendships at school (child)	75
Parental awareness of safe practices (e.g. internet safety, road safety)	69

*\*From a total of 53 families, comprising 85 adults and 115 children*

However, the families engaged also demonstrated a range of strengths, primarily around more practical aspects of parenting such as ensuring children attend routine health appointments (almost all the children engaged – 93% - fell into this category) and that they are kept safe. Two-thirds of the children involved reported having a good peer network of friends at school.

## 2.2 Identifying and referring families

There is a high demand for the project, and the team reports having a waiting list of between 6 and 15 families at any one time. Families are referred into the project, primarily through two routes:

- The Troubled Families referral pathway
- Direct referrals to the project.

Big Manchester is closely aligned to the local Troubled Families programme, and project staff estimate that around 50% of referrals to the project come through a single referral pathway which has been developed for the Family Recovery services provided by the local authority and for Big Manchester. This ensures there is no duplication between local support services; while the project will work alongside social care, they do not work with families who are engaged in the Family Intervention Project (FIP) service locally as the aims and approach are similar. While many of the families engaged with Big Manchester are receiving support from social care, staff believe the support is still “filling a gap” for these families by providing support that is more intensive and therapeutic than social care is able to provide, addressing issues that go beyond those which are visible and presenting.

Direct referrals are mainly made by local agencies, though a small number of families do self-refer. Those referrals made by local agencies predominantly come from schools and health services (for example, health visitors). Where self referrals are made, it is generally a result of the family knowing others who have received support from the project. Project staff describe the project’s referrals as a mix of families being stepped down from social care when they have moved past a crisis point and families being stepped up from schools with concerns about the children in question. Commonly a referrer (and often a parent) will identify concerns about an individual child and make the referral on this basis. Staff note that the basis of this is usually the display of challenging behaviours.

The age criteria for participation in the project were perceived to have been an issue by staff and external partners, excluding families from engaging. At the outset, this had particularly been the case where families had children under the age of five, however staff noted that as referrers became clearer about the criteria this became less of an issue. However, one partner felt the age criteria had been a barrier; *“if they’re the best programme to get involved, why does it have to be age related? That has been the frustration.”*

Interestingly, shifting dynamics of family structures meant that a small number of families were not able to continue their participation as “hidden” older children became apparent to staff (for example, once support has begun, staff discover that there is an older child living elsewhere) or new children entering the family if a new step-parent or partner is introduced. The age restrictions excluded these families from continuing, although The Fund have since relaxed the criteria to enable projects to support a wider range of families.

# 3.0 Lessons Learned from Project Delivery



## 3.0 Delivery model and lessons learned from project delivery

This chapter of the report will explore the delivery model for the project and lessons arising from its implementation. In this chapter we also report on the project's relationship with and influence on key stakeholders and partners.

### 3.1 Working with families

#### 3.1.1 Team structure

The project is governed by a strategic steering group which comprises of managers from each of the five delivery partner agencies, as well as health and social care representatives. The project is led by the project manager who fulfils an operational and strategic role. Each of the partners has provided a worker who is seconded to the project, and thanks to the diversity of the partners each worker brings with them a different specialism. This means the team is able to provide support and guidance on each of the three key issues the project aims to address under one umbrella. The seconded workers from Manchester Mind, Manchester Women's Aid and Lifeline/Eclipse, along with the Barnardos worker, act as family intervention workers providing intensive support directly to families, while the peer support worker from HomeStart provides step down support to families ready to exit the programme.

During the research, project staff stated that their original target of 180 families was with hindsight unrealistic. The project couldn't meet the target due to the complexity of the families being supported and the intensity of the work required. However, this was noted early on in the delivery of the project and within six months a re-profile was agreed with the Big Lottery, allowing the project to recruit another worker to take the family intervention worker total to four. The project staff note that their caseload of 5/6 families per worker is in line with ratios across LA FIP services.

#### 3.1.2 Engagement and assessment of needs

As noted in chapter two of this report, the target group for the Big Manchester project have complex needs and often have a long history of intervention and vulnerability. This has impacted on the approach workers take to engaging families, particularly as the project is not a statutory intervention and participation is voluntary. During the interviews, practitioners reflected that their approach to engagement – *“a softer, more therapeutic approach”* which consciously avoids the risk of any *“start again syndrome”* – was excellent and meant families engaged well. Indeed, one noted *“it's a refreshing change - families actually want to work with you.”* This was reflected in the interviews carried out with families engaged with the project; one mother who had had several previous interventions explained that Big Manchester *“seemed to be the least scary option.”*

While referrals often focus on one particular child in a family, the project's ethos is centred on whole family working, ensuring each child in the target age group is involved. Staff feel that this not only builds the children's personal resilience, but also increases parental understanding of the individual needs of each of their children and how they may have been affected differently by the issues the family faces. To achieve this, the project stresses that although participation is voluntary, full buy-in and engagement from the parents is vital; the tenets of trust and honesty for parents when agreeing to BM support are crucial.

Although staff acknowledge that their approach to engagement is perhaps softer than the approach that other agencies may take, they are clear with families that the process will not necessarily be easier than engaging with mainstream provision.

*"The key thing is...it's not an easy thing; this is going to be extremely hard work. We get the parents to look at how it's impacting on the children. We look at adult issues, but bring in the children's focus too."*

The initial engagement and assessment process is given time by the project staff and it involves a series of meetings with the parents only, exploring family histories and any issues that may impact on support. Workers use a range of tools including the 'Kids Need?' cards, which facilitate reflection on the impact of the parent's approach to parenting, as well as the standardised assessment tools mentioned above. The process also seeks to explore the individual adult's issues and facilitate their understanding of the idea of a Cycle of Change - a concept that underpins the project's work and encourages parents to take a realistic approach to their own development.

*"The nature of the troubled lives, both past and present, for our families, means that setbacks and adversity are commonplace; so being able to recognise how difficult it is to achieve lasting change and to reflect and review when things go wrong again is a key life skill that we frequently find parents lack." (Representative from project)*

The project's ethos is to deliver holistic support, addressing the core issues impacting on the family's function. This philosophy is central to the planning process, which allows for the fact that issues are likely to emerge as the key worker and family members develop their relationship. Workers are prepared for the support process not to be linear but flexible.

*"We're going to get to know you first - it's done slowly. It's not task focused, but sequential, taking one step at a time...We don't want to get too fixed, we add in things to the Action Plan and take away." (Representative from project)*

### 3.1.3 Delivery

Once a family's key worker has met the children together with the parents on a number of occasions and is satisfied that they are all comfortable and that each has a suitable understanding of the BM involvement, the weekly sessions and more intensive support begins. Staff believe that the early family meetings represent an important stage of the process in terms of building a relationship of trust between the family and the key worker:

*"It is not uncommon that the children will have witnessed quite traumatic events such as violence, fights or police raids; the majority of the children will have experienced long periods when a parent has not been emotionally available to them. Therefore it is crucial that the children get an implicit message of trust from their parents (i.e. give permission) that they can engage safely in a process with the key worker."*

As the first chapter of this report explains, the project model involves a mixture of intensive one to one support and spot purchased services, as well as group and social activities. The model has been designed specifically to meet the needs of those engaged; for example, project staff explained that the children supported are commonly functioning at a much lower emotional age than their chronological age. Play therapy, which is based on the theories that play is a child's language, allows the children in the project's cohort to use toys, materials and role play to express their inner experiences, thoughts and feelings. Big Manchester's key workers, who are regularly supervised by a qualified play therapist, have noted that repeated themes emerge that allow some insight into how a child may be interpreting their world. Practitioners were very positive about the therapeutic nature of their work and what this means for the families involved: *"You really look at the psychology of what's going on. You do a lot of reflective practice... It is very empowering, not directive....It's massively about giving the family a voice."*

In summary, practitioners thought Big Manchester's approach and ethos had two main benefits:

- **Building trust and good relationship with the family, leading to better engagement.** Practitioners believed parents engaged more fully because the practitioners had a relationship with all the children - so the parents felt the practitioner really understood the family and who was in it. This trust and good relationship also means the family are more likely to engage when the [key worker refers them onto another service](#).
- **Good understanding of the family, enabling them to give effective advice.** The key workers develop a good understanding of the family because they spend so long getting to know them. In particular, they understand the families' histories and are able to ensure they avoid any pitfalls that may have occurred before.

Staff interviewed for the research felt that the spot purchasing budget and the family-held budget were important tools for the delivery of the support. While the family-held budget is a relatively small pot of money, staff believed that it has an important impact on family engagement and participant's views of the wider plan of work. This sentiment was echoed by the families involved in the research who spoke about how the small purchases of items such as a buggy board had impacted on their day to day routines. Equally, participation in the social activities and making time to spend together as a family had been significant for those involved in the research; one family felt it had been the most important aspect of the support they had received. The impact of these relatively simple measures on improving family functioning was high.

### 3.1.4 Moving families on

On average, families stay with the programme for six to nine months, though many continue attending social events after they have formally disengaged from the project. Families and key workers will develop a gradual exit plan together with key workers ensuring that they *"talk a lot to the family"* before they close a case; one stated that *"they're a part of the dialogue."*

The practitioners felt this approach was very effective for the families and was a *"refreshing change"* to other services.

### 3.2 Working with partners and other services

Partnership working was a core requirement of the Improving Futures programme, and was also central to the delivery of the model proposed by Big Manchester. This has been borne out not only in operational terms, but also in a strategic partnership approach.

The project works to a consistent and committed steering group that meets quarterly and is comprised of representatives from health, children's services (including the lead of the Complex Families programme), and the five core partner voluntary sector organisations. This group has provided an opportunity for constructive dialogue, both contributing to and influencing the discourse on the service developments for complex families in the city. Participants state that engagement in the group is strong and proactive:

*"There is a culture of openness and honesty and willingness to accept people bringing different things."*

Indeed, the multi-agency team was perceived to be one of the project's key strengths by many of the research participants. Interviewees described the team as creating a *"merged expertise"* with a *"convergence of knowledge"* and an *"education of different services"*, with the team being able to draw on each other for specialist knowledge and support. It was felt that all four family intervention workers have contributed to developing each other's knowledge. The team structure also ensures effective holistic, whole family support, as different parts of the team have expertise working with different family members (for example, Women's Aid have expertise in supporting mothers, and Barnardo's in children).

*"Because we all have specialisms we can really get into the issue. We don't discount their issues and histories. It's fab - I go back [to the office] and I ask [the other team members], 'How do I do this? etc.'"*

Representatives from the partners who participated in the research felt that the project has helped the partner agencies look at whole family working in depth, giving consideration to lessons from the project which could apply to their own services.

*"For us it's made us realise how much we still have to learn with working with the whole family. It really made us think about that area of work. So we have taken lessons and applied them to our service and so we are changing our approach."*

The project has also allowed the organisations to achieve cost savings through working together, for example through the shared commissioning of staff training.

The partnership has also linked well with other key local strategic partnerships and programmes. As noted elsewhere, the project is well connected with the local authority's Troubled Families provision and in the qualitative interviews with staff it was noted that the Head of Complex Families and Big Manchester's project manager meet regularly to review and compare their approaches. Senior staff from Big Manchester also sit on a range of groups/boards within the LA, including the safeguarding board, while the project director chairs a sub-group exploring support for young people. As one interviewee noted, *"we're very linked in strategically with what Manchester Council are doing."*

The project team have also developed a strand of activity providing training and awareness-raising. For example, in year two of delivery the staff ran a number of training events including domestic abuse awareness in the Asian community, using therapeutic techniques for children (at a regional safeguarding event), and a training session on the impact of domestic abuse to final year students at the University of Manchester. At this session, two service users attended and talked to the group about their own experiences.

### 3.3 Challenges and lessons learned

The evaluation found a number of challenges facing the delivery of the project which the team have worked to address.

In the delivery of the project, practitioners described three key challenges. The first was establishing the parameters of the support for families and setting boundaries on the work; *“because it is holistic where do you stop?”* It was noted that it is important for the service to be clear on what they can and can't provide – both for families and referring agencies. This has become more evident as the project has developed and as a result, the message that the team communicate has become more specific.

Practitioners also found managing their time to be difficult due to the intense and open-ended nature of the work which can mean the families need extensive face to face contact. Practitioners also noted that the families can also be large, for example with four siblings. As the project ethos requires all family members to be supported, this can have time implications.

Finally, practitioners emphasised the importance and difficulty of remaining neutral in their work with a family. The families often have very complex dynamics requiring workers to mediate between all family members and consider everyone's needs, without seeming to take sides. However, practitioners felt that reflective practice was crucial to overcoming the challenges mentioned. It was also felt to be very effective in understanding the family and the effectiveness of the support:

*“It's useful to have someone's perspective. It prompts and get you to think about different issues - 'have you thought about this?' You're always looking for a fuller picture, so you get a better understanding of the family.”*

The availability of external support for the families engaged is sometimes problematic. For example, exploring avenues for specialist support at a time of budget cuts has been difficult, particularly in mental health which is a core issue for participating families. Difficulties in making outward referrals can hamper the project team in their work with moving families on, as one key worker noted:

*“Support is so lacking at times of mental health crisis that people are going backwards; it really impacts on our work... it's a missing link to us doing good work, it halts progress if mental health is mis-managed.”*

As noted in chapter two of this report, the project's reach with Black and Minority Ethnic (BAME) families was not reflective of the local population. Although interviewees recognised that the project hasn't necessarily proactively encouraged BAME referrals, family workers have *“learnt from experience”* and addressed some emerging cultural issues. The need for interpretation services has been an issue; while they are able to access interpreters through social care or health visitors, they are not always available. If they have to be sought elsewhere it is very costly.

Although the multi-agency team has been one of the key strengths of the project, establishing the team has had some complexities, particularly around the working arrangements for practitioners. As each key worker is employed by the partner agencies and seconded in, each practitioner has different contracts, leave entitlements, pay and so on. This has meant that the arrangements can get "*a bit complicated*" for example in terms of establishing who the practitioners are accountable to for different things.

One approach to addressing this is ensuring that the team members retain contact time with their 'home' agency, including having clinical supervision from them, attending team meetings and some spending half a day a month in the home agency. This was seen as crucial to ensuring the practitioners didn't lose their specialism when working in a generalist team, helping them keep up to date with developments in their field. Managers from the home agencies also attend the Steering Group so they are involved at a strategic level. Interviewees noted that the partner agencies invested time at the beginning of the project to build a good relationship and put a clear partnership agreement in place, and this has been key in ensuring multi-agency working is effective.

# 4.0 Outcomes and Sustainability



## 4.0 Outcomes and sustainability

The Big Manchester project set itself targets for outputs within its original Business Plan, as well as identifying a number of priority outcomes for families. In this chapter we consider the extent to which the project achieved the intended results, and consider families' perspectives on how or whether the support made a difference.

### 4.1 Project outputs

The project gathered a variety of sources of evidence to demonstrate both outputs and outcomes for children and families, which was supplemented with evidence captured through the evaluation case study work and IFMIS tool. Monitoring data shows that 92 families were supported over the first 3.5 years of delivery, in comparison to the original target to provide support to 180 families over three years. In light of the complexity of needs of the families presenting, the target number of families to be supported was ambitious, and as anticipated by the steering group in the early stages of project delivery, in practice the achieved numbers have fallen some way below the original targets. The evaluation is able to pin point two key factors which have affected the number of families engaged:

- Some staffing problems were experienced; while it was agreed that the project would recruit an additional Family Support Worker early in the delivery of the project, in practice recruitment took some time and it was a further six months before the additional worker was in post.
- The complexities of the families that are referred have increased over the lifetime of the project and this has meant that the work has become more resource-intensive, particularly in terms of safeguarding. It is becoming more common that project staff refer families upwards to social care, where this would have been very unusual in the early days of delivery.

### 4.2 Outcomes for children and families

As discussed elsewhere in this report, family development workers and parent support advisors use the Family Star to assess and record issues faced by the family at the beginning of their intervention and then again at periodic review points, including exit from the project. This section of the report will assess the findings of the Family Star data alongside that collected through the IFMIS tool<sup>3</sup> to gain an insight into the progress made by families supported by Big Manchester.

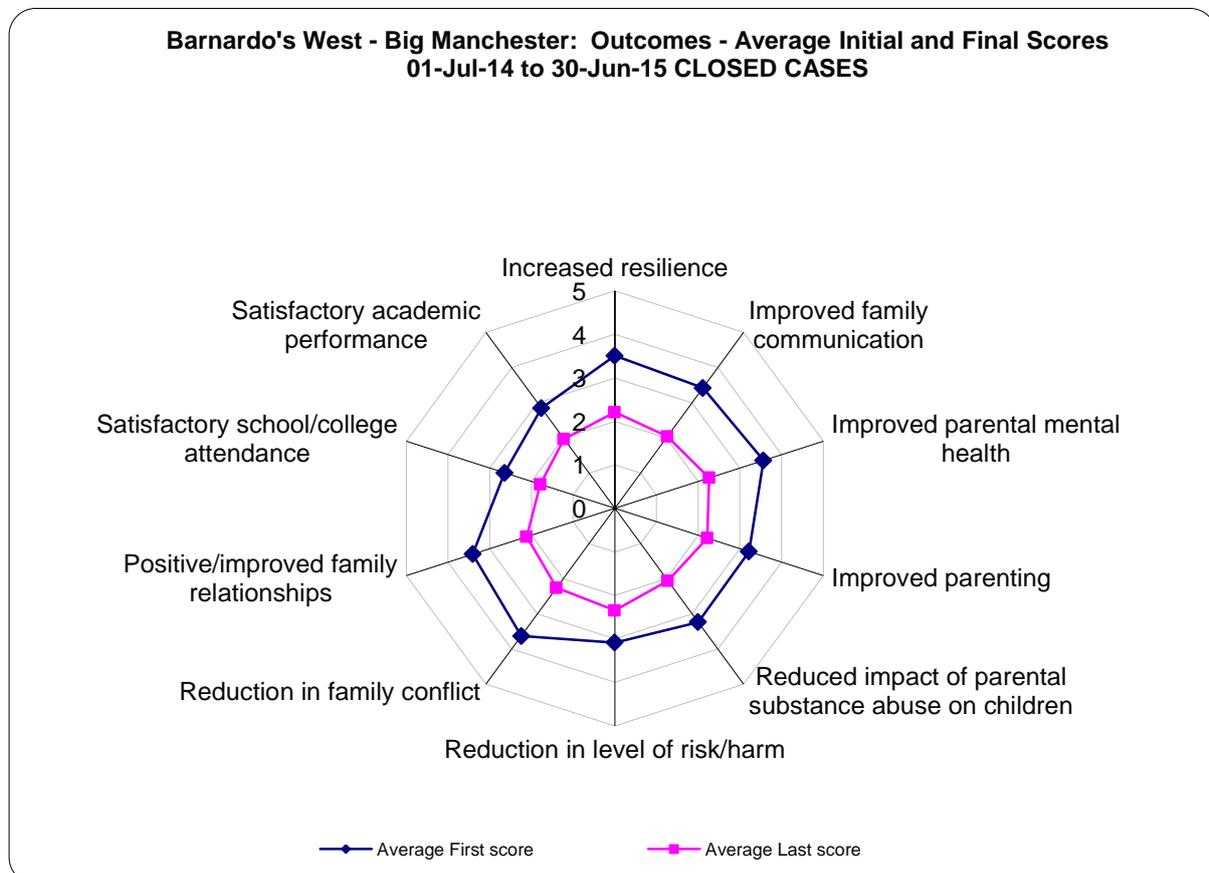
<sup>3</sup> The IFMIS data presented in this chapter is for the cohort of families who completed both entry and exit assessments. This is lower than the total population of families supported.

A review of the project’s own monitoring from the period July 2014 – June 2015 shows that families made consistently good progress against the key Big Lottery programme outcomes, listed here:

- Increased resilience
- Improved family communication
- Improved parental mental health
- Improved parenting
- Reduced impact of parental substance abuse on children
- Reduction in level of risk
- Reduction in family conflict
- Positive / improved family relationships
- Satisfactory school / college attendance
- Satisfactory academic performance

In fact, the monitoring shows that 428 outcomes were achieved by the families in that time period, with 82% of families improving their final Family Star scores in comparison to those they gave themselves when they first engaged with the project. Figure 4.1 demonstrates progress on the outcomes, with families having improved by an average of at least one point on all measures and with those indicators relating to family relationships showing the greatest progress.

**Figure 4.1 Progress on key outcomes July 14 – June 15**



Equally, the IFMIS data provides some important insights to outcomes that would seem to have been stronger / weaker. This analysis is useful for reflection by the project and provides a basis for further exploration by Big Manchester in future.

**Figure 4.2 Risk factors recorded in IFMIS**

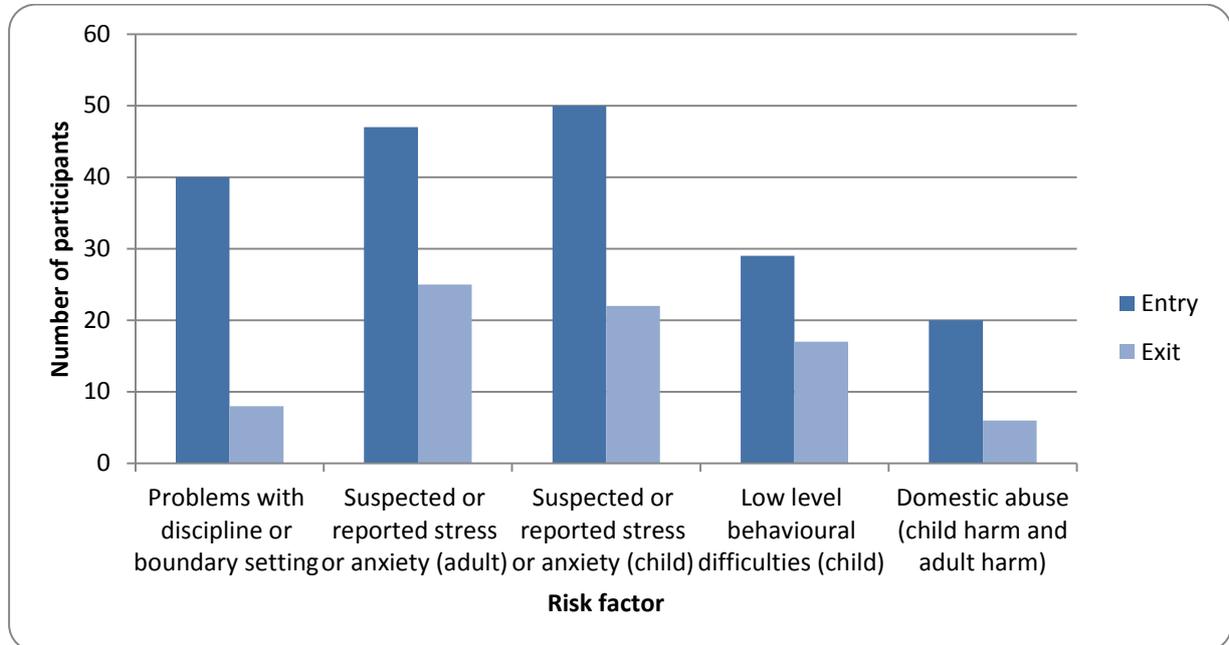
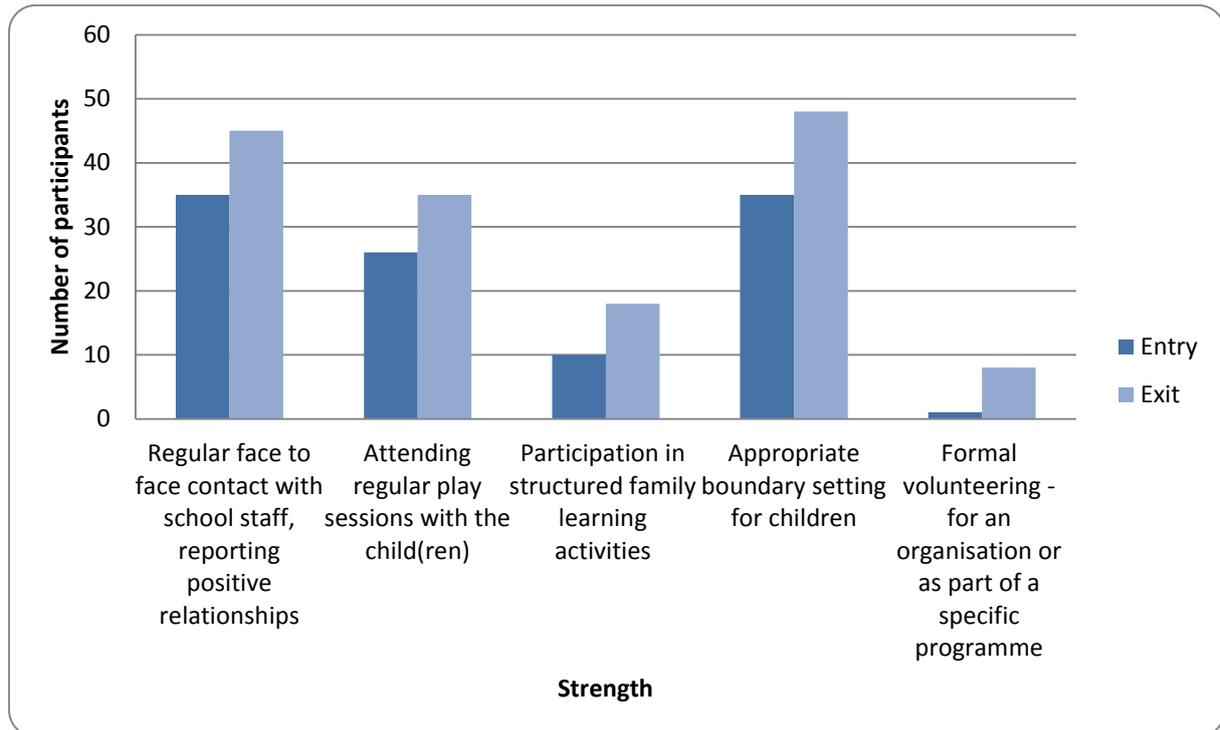


Figure 4.2 shows progress in reducing some of the key risks faced by the families according to their baseline entry and exit assessments. As noted in chapter two of this report, stress and anxiety were the biggest risk factors faced by families, closely followed by problems with discipline or boundary setting, behavioural issues and domestic abuse.

As can be seen in figure 4.2, families made extensive progress against these key risks, particularly in relation to discipline and boundary setting, which saw a significant drop in the number of families reporting this as an issue (from 40 on entry to the programme to 8 on exit).

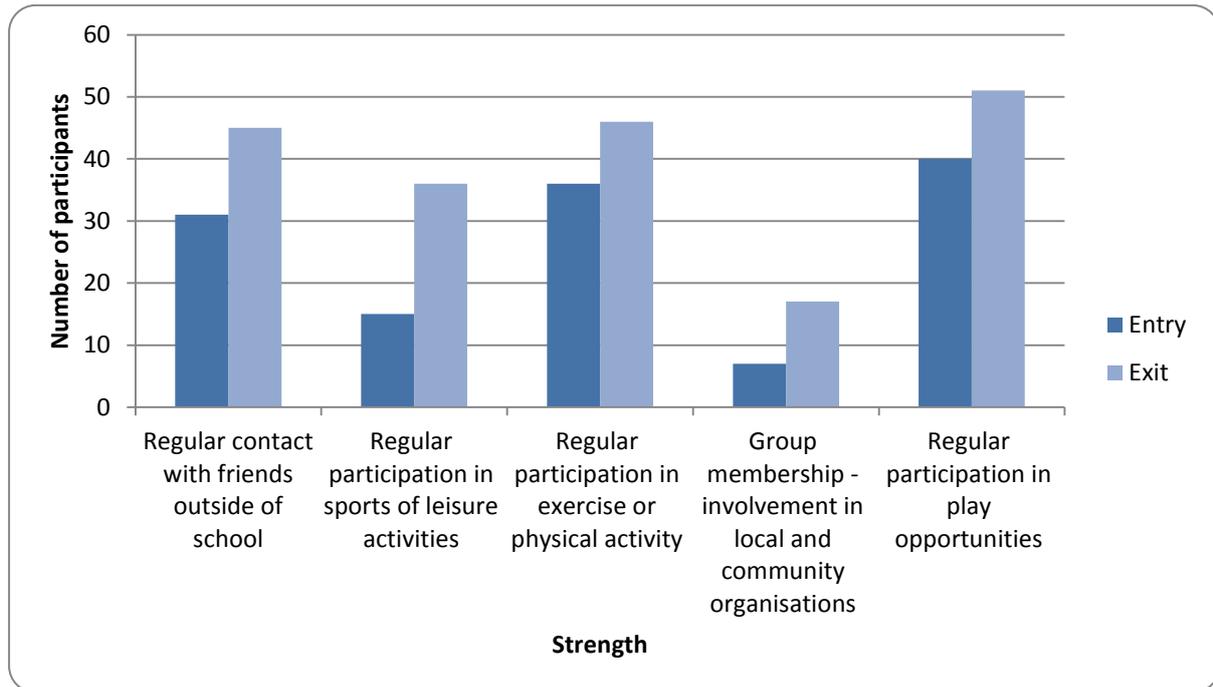
Figure 4.3 Strengths recorded in IFMIS – adults



Figures 4.3 and 4.4 show the greatest improved strengths recorded via IFMIS for adults and children. Perhaps unsurprisingly given the progress seen in figure 4.2, the greatest improvements related to appropriate boundary setting for children, though it was positive to see that progress was also made on improving relationships between parents and school, as well as reported improvements on time spent together as a family through play and learning. Finally, although the numbers of adults involved were relatively small, it is interesting to note that there was an increase in formal volunteering amongst the cohort. In the qualitative research, one parent expressed feeling more embedded in their community and volunteering is one way to achieve this.

Figure 4.4 shows that the children involved in the programme also benefitted from the project’s emphasis on participating in structured activities with their families. All five of the most-improved strengths amongst the cohort relate to improved participation in activities and play, with the largest relating to sports or leisure.

Figure 4.4 Strengths recorded in IFMIS – children



The data can also provide some insight into progress against of the project's own outcome targets, which were:

- Outcome 1: Improved outcomes for children in families with multiple and complex needs
- Outcome 2: New approaches to local delivery that demonstrate replicable models which lead to more effective tailored and joined up support to families with multiple and complex needs
- Outcome 3: Improved learning and sharing of best practice between public services and voluntary and community sector organisations

The IFMIS data supports a claim that Big Manchester has indeed improved outcomes for children in families with multiple and complex needs, with them having reduced stress and anxiety and higher physical and social activity. To this end, it is also worth noting that the project reduced the number of children about whom there were child protection concerns (from 12 at the entry point to the project to 8 on exit) and the numbers of those children subject to a child protection plan reduced from 14 on entry to 9 on exit.

However, the IFMIS data shows that the incidence of 'other mental health problems' increased slightly from 13 adults at entry to 14 at exit (though this increase was as a result of one parent being supported to secure a proper diagnosis for their condition). At the same time, there was no improvement for those families with diagnosed emotional or behavioural disorders (9 adults) or psychiatric disorders (9 adults). As noted in chapter three of this report, the project staff have struggled to secure specialist mental health support for their participants and this could be a contributing factor to these results. However, it should also be noted that this is a common issue across the Improving Futures projects and in part is a result of the limitations of recording data quantitatively. For example, psychiatric conditions are unlikely to be fully improved by a short-term intervention so remain as a recorded risk at the end of the family's engagement, even though the beneficiary's overall mental wellbeing had likely improved (as is well reflected in the progress the BM team made on stress and anxiety outcomes).

### 4.3 Family testimonials

The families involved in the research were very positive about the project and felt that their participation had had a significant impact on their family function. While the case studies provided in chapter three of this report described the impact the project had had on their families, these findings are elaborated further in this section of the report.

Families were very positive about the assessment and action planning process. One felt that completing the Family Star helped the family reflect on their issues - once they'd put it down on paper the Mum realised the kids weren't as bad as she had previously thought and this immediately made her feel better and put things in perspective. Families also felt they were included in the action planning process and able to shape the support in the direction they wanted:

*"Things with the kids seemed really bad, but when we took a step back I realised it wasn't as bad - it helped me understand the family."*

The emotional support provided by the project staff had been important – one made a point of expressing how much happier her son now seemed. Interviewees also noted how their confidence had improved as a result of their work with the project. One had become particularly engaged and participated in the interviews for a new staff member within the project; she noted that she never would have had the confidence to do something like that before she got involved with Big Manchester.

These sentiments were reflected by testimonials given directly to the project. One mother with mental health problems talked about the difference the one to one support from the key worker had made to her condition:

*"[Key worker] has been a real God send, for the longest time I felt completely overwhelmed like I was lost at sea struggling against the tides and drowning. [Key worker] has being a much needed lifeline, her support has helped pull me to a point where I've managed to take back some control, helping me find a realistic starting point and gain a foothold on the road to my recovery."*

Other testimonials reflect the importance of the project encouraging families to participate in activities and the impact this has had on family relationships.

*"Life was rubbish before. We were always arguing, everything was up in the air, always. Now it just feels easier, we've got more going on, we're not stuck in."* (Mother)

*"I don't flip my lid anymore, we talk. It's like they gave us chill pills."* (Father)

Finally, the holistic and inclusive approach the project takes in their support was clearly valued by participants, as reflected by this mother:

*"It's just been really different. We've had services for years but this one wasn't just about me and all my problems, or just about the kids, but about all of us as a unit. We began to feel like a family. That's been massive."*

Figures 4.1 and 4.2 provide case studies of two families engaged in Big Manchester's provision. They demonstrate how the delivery model is applied in practice and show the impact this has on the families in question.

### Figure 4.1 Family case study 1

The family experiences a range of issues including alcohol abuse and poor family relationships. After turning to the children's school for help, they were provided with information on different sources of support. The mother stated that she chose Big Manchester as *"It sounded the least scary option...It didn't seem as formal as the other things...I've done the psychiatry routes and they don't seem to work for me"*. She also wanted to improve the family dynamic and build her own confidence, and it sounded like the project could do this for her. The father was wary of the support because he thought it was social care.

The support began with a home visit, followed by one-to-one meetings with the children. The family explained that they felt at ease straight away thanks to the workers' informal approach.

The support the family took part included:

- **One-to-one key worker support:** The key worker was very flexible – *"all we had to do was phone and she would come out to visit."* She did one-to-one work with all members of the family, including the mother, father and two children.
- **Family activities:** They did a lot to ensure the family had quality time together. This was to build their confidence and to strengthen family relationships. They would do activities together every week, including work on a community radio show with other families on the project. The project also supported the children to access after-school clubs. The family really enjoyed these activities, and in particular the opportunities to spend time together:

*"It was great to spend time with the kids, and the kids got really stuck in."*

- **Courses:** The father took part in an employment course, which involved visiting and speaking to a range of different businesses, updating his CV and doing some qualifications. The mother attended a personal development course and both parents participated in the Triple P parenting course.
- **Family-held budget:** The project helped to pay for the mother's driving license to give her more independence.

Both parents felt the family activities were the most helpful part of the support, as it brought them together as a family and improved family communication and trust:

*"We were spending time with the kids. It bonded us, we're closer now...And it helped with communication - they had no options but to listen to us...It bonds you together....It's a trust thing."*

The mother believed that the support was better than support she had received in the past (she had previously attended therapy), because of the addition of the family activities which meant that she got to meet new people and experience new situations as well as receiving therapeutic support.

The biggest outcome is the change in family relationships and dynamics. They trust and communicate a lot more with each other now. The mother thinks they have all grown in confidence as a result of the support, and particularly the family activities. Family relationships have improved enormously, with the mother stating that the personal development course "*really helped me put my foot down*" and helped her implement boundaries and structures at home.

The father has reduced substance misuse and is no longer an alcoholic. This is partly attributable to the support he received from alcohol services independent of this, but also as a result of the Big Manchester support which gave him the motivation to reduce his substance misuse in order to spend time with his family.

*"I realised what I'd been missing out on - enjoying and participating with the kids. Because when I was growing up I never got all that."*

#### Figure 4.2 Family case study 2

The family is made up of a mother and three children; at the point of the referral they had just left an abusive relationship. The mother described the family as "*damaged*." After a referral to social services, the family were offered a number of support options. The mother agreed to participate in Big Manchester at the beginning because she felt she had to, but when she met with the key worker she thought the project sounded really interesting.

*"Until I met the lady, I wasn't really excited to join. I thought it was another one of those courses...At first I was doing it to co-operate, but then I got interested."*

The family received:

- **One-to-one support for the mother:** The mother was very positive about the support she received, stating that the key worker was always there when she needed her and she was very compassionate. In particular, she felt like the support was tailored and personalised to her:

*"The personal help I got was amazing....The key worker was there for anything I needed...They're really compassionate with what they do....It's not just a thing - they really listen to you and your family. They listen to you personally and put you on to what will help you best...whereas social care go off what they're supposed to do, they go off a book and what they do is standard procedure."*

- **One-to-one support for children:** This was also felt to be very beneficial as it opened her children up and allowed them to talk about the things they'd seen in a safe environment - she felt they had bottled things up because they felt he couldn't say them to her, but they could talk to someone else.

*"They had a chance to talk to someone without worrying about upsetting me."*

- **Community activities:** These included coffee mornings and family days out. The mother believes these activities really helped the family have fun and move on from their difficult past:

*"They were good building blocks to getting ourselves back to normal. It was fun for the family that we couldn't afford. We had time to have fun again. That, with the one-to-one, got us stronger."*

- **Family Budget:** The project helped the family buy items she couldn't afford in order to help the family, such as a buggy board and Hoover. These helped her cope better at home.

The mother felt that all aspects of the support were equally important, though having a consistent presence in the key worker was important. She felt it was the holistic nature of the support that worked:

*"All the different things together made the difference...They don't just work in one area, they work in everything, they do so much. Financially; they take us out; the activities; the counselling. I've never come across anything like it. And even if they can't help you they put you in touch with someone who can."*

She thinks the project has really helped her move on with her life:

*"Over the past year it's helped me get to the point I am now....We've changed massively."*

#### 4.4 Service and systems outcomes

As noted elsewhere in this report, Big Manchester works to target two outcomes related to system change:

- Outcome 2: New approaches to local delivery that demonstrate replicable models which lead to more effective tailored and joined up support to families with multiple and complex needs
- Outcome 3: Improved learning and sharing of best practice between public services and voluntary and community sector organisations.

The model developed by Big Manchester is arguably replicable where agencies can assimilate the relevant and appropriate knowledge within a team. There are transferrable lessons for other organisations providing whole family support, particularly around the combination of the therapeutic work with the more practical aspects of the model such as spot purchasing of services and the family-held budget. The efficacy of this has been cited by strategic partners, project staff and participating families alike. One partner interviewed for the research noted that the community engagement aspect of the project was particularly something that other projects could learn from; they were not aware of anyone else offering this locally. They also felt the way families are supported in a positive way is unique:

*"One of the biggest strengths is the way the families have felt supported by them [Big Manchester], in that they've been treated as an individual and not a number in the system...It's the methodology that's different. It's the approach and representation, it's a very positive process. The key worker has been acting as an intermediary."*

The spot purchasing of services is also useful; project staff cited the ability to access services more quickly than with a standard referral as the approach allows the service to by-pass the waiting list. It also means families can be 'hand-held' through the referral - if they remained on the standard waiting list they might not receive the support until after their involvement with Big Manchester has ended.

The project partnership structure has without doubt contributed to sharing best practice. Several examples of this were cited in chapter three of this report, with seconded staff encouraging learning in their home organisations and consideration being given to wider changes of approach as a result. It was also positive to note that Big Manchester have actively delivered training and learning more widely, disseminating learning from the project.

Their approach has also been recognised by the local authority, and the partnership works closely with relevant representatives from the Complex Families team. Interviewees noted that Big Manchester has been very influential in developing the LA's thoughts on what holistic support for complex families should look like: *"Big Manchester has been a key partner in terms of thinking of what support should be like."*

One partner commented on the unique aspects of the Big Manchester approach compared to other local support, including being more therapeutic and focusing on family functioning with a team of specialists. This partner believes that the project's ethos, and particularly its child-focused approach, adds value to the local support available rather than duplicating provision.

*"They've brought a different perspective to the table..."*

One of the project partners felt that participation in the Big Manchester partnership had put their organisation in a stronger position, as they were now seen as a respected deliverer of holistic family services, increasing their likelihood of being commissioned for other work. Indeed, they are involved in another bid around whole family support, and they have brought learning from Big Manchester into that. They noted, *"strategically it's been very useful."*

At the time of writing the partners had not seen any changes in need/demand for their other services or decrease in referrals. However, they anticipated that they would see this in the longer term as they currently get a high rate of re-referrals – it was thought that by stepping service users down to this project, families would create more sustainable change and ultimately reduce the number of referrals.

## 4.5 Sustainability

The project's delivery partners are committed to Big Manchester and at the time of the interviews were keen to look for additional external funding, with one noting *"we all agree we would invest time into becoming sustainable."* However, partners largely felt unable to fund early intervention work themselves as part of their core service, noting that they only have resource to support families at absolute crisis and would be unable to second staff into an early intervention team without external funding.

# 5.0 Conclusions



## 5.0 Conclusions

Both the representatives of Big Manchester and its partners feel that the service offers something different to other provision - the main difference being in their approach, which is softer, more therapeutic and more flexible, rather than being task/outcome focused. The stronger focus on building resilience is key, achieved through the use of tools to improve confidence and the building of support networks. Their work around community engagement is also recognised as being very innovative, not only by partners but also the families. Indeed, families particularly appreciated the opportunities to spend quality time together building relationships, confidence and social networks, giving them a break from their difficult lives and motivating them to change things for the better. The clear difference in approach to social care is a benefit as the families tend to be wary of social care. As such, the project has had success in engaging and building relationships with families, as confirmed by the families themselves and partners alike.

The project has developed a very clear and replicable approach with key aspects including a multi-agency, specialist team providing intensive key work support to every member of a family. The additional aspects of spot purchasing and flexible family budgets, running alongside group and community work, have proved important, to the extent that partners recognised the impact of the work.

### 5.1 Key strengths and areas for development

There are a number of key learning points that can be taken from the evaluation.

- It has been important to have someone with local knowledge and experience leading the project, as it has enabled them to quickly develop links with local senior members of public services. This has been important for a number of reasons, but particularly in terms of ensuring the project is aligned with local approaches.
- Equally, it has been vital to have local senior leaders (such as the leader of the LA's Complex Families team) sit on the project's steering group to ensure it is aligned with other local whole family service provision.
- In developing the multi-agency team, it has been particularly important to spend time putting together a robust partnership agreement to ensure equality in working conditions for practitioners. Investing time in building a relationship of trust amongst the partners from the start has been critical in keeping the partnership strong in a difficult funding climate.
- It has been important for practitioners to spend time with their home agency specialist teams (for example attending team meetings and clinical supervision) in order to ensure they keep up to date with developments in their field, maintaining their specialist skills. This has also been important in terms of sharing operational learning more widely within the partner organisations.
- The nature of holistic support means it is particularly important that the service sets boundaries on what they do and don't do - for both referrers and families. This equally means that reflective practice has been crucial to ensure practitioners do not get too heavily involved with a family or work beyond their remit.
- The complexity of family needs means that caseloads need to be of such a size that practitioners are still able to work intensively and as flexibly as the families require.
- There has been limited progress in families' mental health conditions, possibly as a result of challenges the project has faced in referring families into more specialist provision. Considering mental health needs consist one side of the 'toxic trio' that the project is trying to address, this would warrant further exploration.