



Camden Futures

Independent Evaluation Report

May 2015



Ipsos MORI



The University of
Nottingham

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Foreword and acknowledgements

This report has been prepared by Ecorys, on behalf of the Camden Futures 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 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, the University of Nottingham 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 Camden Futures 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 Camden Futures project was awarded £900,000 by the Improving Futures Programme to cover the three-year period between April 2012 and March 2015, at which point the project secured an extension to their delivery for a further six months to October 2015. The project's services are offered through a partnership of local organisations; Elfrida Rathbone Camden leads a consortium of organisations which includes Coram, Haverstock Healthcare and Camden Citizens' Advice Bureau.

Camden Futures provides support across the London borough of Camden, building on existing provision by addressing specific gaps in support for families with multiple needs. Workers are employed across the partnership and are based in locations across Camden including GP practices and schools, and link with a range of other professionals and organisations in the borough.

The project aims to help local families with a range of problems; these will be explored in more detail in this report but to date they have included breakdowns in family relationships, children's emotional problems, parenting, educational issues, debts and welfare advice. The project is intended to help families who need help from several services, need help over a longer time and where support is needed by both children and a parent. There are three main strands to the delivery:

- **Family support in GP surgeries and school engagement**

Family Development Workers are linked with Camden GP surgeries and offer one-to-one support, home visits and family work. Family Workers provide support and advice around parenting, family dynamics, and child behavioural issues, and help with accessing supportive community resources.

Parent Support Advisors are linked with Camden primary schools and offer information and guidance, one-to-one support, family work and mediation sessions. They support parents to engage with their child's school and to work in partnership around specific issues, including behaviour, special educational needs, and barriers such as language, and family disability.

- **Creative Therapies**

Creative Therapists support children's learning, relationships, and emotional literacy through individual or group art and music sessions within schools. They work closely with staff and parents to help children understand the links between thinking, feeling and behaviour.

- **Financial Support and Advice**

The Financial Inclusion Worker works with a team of volunteers based within Camden CAB branches and GP surgeries to offer information, advice and practical support around debt, housing, welfare benefits and find the appropriate advice services to address practical problems.

1.3 Report Structure

This report pulls together the findings from the evaluation research, and the remainder of it 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 delivery partnership had some freedom to establish its own targets within those criteria. As such, the project aimed to employ Family Workers in each of the nine most deprived wards in Camden with schools and GPs acting as a gateway to the project. However no specific target groups were established in relation to other criteria such as ethnicity for example; as long as a family is resident in Camden and meets the Programme criteria, Camden Futures would be open to taking the referral. Since April 2012 the project has provided support to 212 families with multiple and complex needs through a multidisciplinary team. At the time of writing, 52% of the families supported had received multi-agency interventions through the project.

As described in section one of this report, all Improving Futures projects were required to submit monitoring data to the national evaluation team through the IFMIS database. The IFMIS database held details on 129 families (comprising 205 adults and 235 children) supported by Camden Futures at the time of writing (May 2015). Table 2.1 sets out the basic demographic information for the adults worked with by the project. It shows that the vast majority (92%) were parents rather than other types of carer, and 64% were female. While more than half of the respondents (53%) identified as white, a further 18% described themselves as Black or Black British – African and 11% identified as Asian or Asian British – Bangladeshi. Data from the Local Authority shows that nearly 35% of Camden's overall population are estimated to be from a black minority ethnic group (BME) background, a figure which excludes the White Irish community and other non-British white residents. This demonstrates that Camden Futures engaged families which are broadly representative of the wider community¹.

Table 2.1 Adults supported by Camden Futures

Caring Role	
Grandparent	11
Other	10
Parent	187
Carer	1
Parent and Grandparent	2
Gender	
Female	131
Male	74
Ethnicity	
Asian or Asian British - Indian	1
Asian or Asian British - Pakistani	1
Black or Black British - African	36
Black or Black British - Caribbean	6
Mixed - Other	3
Mixed - White and Asian	2
Mixed - White and Black African	0
Mixed - White and Black Caribbean	2

¹ <http://www.camden.gov.uk/ccm/content/social-care-and-health/health-in-camden/joint-strategic-needs-assessment-2012/chapter-1-demographic-chapter.en?page=2>

Table 2.1 Adults supported by Camden Futures

Other ethnic group - Other	11
White - British	72
White - Irish	1
White - Other	36
Asian or Asian British - Bangladeshi	23
Asian or Asian British - Other	8
Black or Black British - Other	6
Other ethnic group - Chinese	3

The project was initially developed to work with parents at level 2, under the tier 4 threshold and the social services level for intervention. Throughout the delivery period, this model has broadly remained; the project does not work with families who receive statutory support through social services for example, and where existing cases are escalated to statutory support, Camden Futures will withdraw, preventing duplication of services. However, as delivery has progressed, staff report seeing the complexity of family needs increasing; many have had significant problems with housing for example, being very close to eviction at the point of referral. This has meant that staff are required to carry out more practical interventions to ensure a roof is kept over a family's head before they can begin any emotional or therapeutic work. The timescales for working with families have also been longer than anticipated as a result.

Project staff interviewed for the research also noted that support workers were being faced with more complex issues around family breakdown than anticipated. For example, the project has been asked by statutory services to act as a mediator in family disputes, for example where violence and antagonism are present but the family are willing to engage. As one noted, *“that has put a lot more stress on our service”* as it is intensive and requires at least weekly contact. Such complex family dynamics require skilled workers able to gain a high level of trust from the families involved; it was noted that this has influenced the training provided to family development workers and that clinical supervision was being put in place for the workers themselves to support them when dealing with difficult cases.

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

Figure 2.1 Camden Futures: Common themes identified by staff

- Complex financial problems: particularly in relation to debt, benefits changes and housing, which is the biggest factor in families self-referring to the project. The support required to resolve financial issues is extensive, to the point where the financial inclusion worker could be engaged with the family for up to a year after other activities have been completed.
- Mental health: project staff reported seeing higher than anticipated mental health needs amongst parents, either diagnosed or otherwise. It was felt that many of the parents supported were experiencing depression.
- Poor child behaviour and school attendance: these issues were commonly at the centre of referrals from schools.
- Domestic violence: staff report that a history of domestic violence was becoming more common in the families supported.

The issues highlighted by project workers are clearly reflected in the most prevalent risks recorded by staff through the IFMIS database. Table 2.2 demonstrates that parenting issues and stress and anxiety (for both adults and children) were common features of the families presenting to the project.

Table 2.2 Baseline data - most prevalent risks and strengths

Risk/Strength	No. of families presenting with risk/strength at baseline
Risks	
Parenting anxiety or frustration	90
Problems with discipline or boundary setting	82
Suspected or reported stress or anxiety (adult)	70
Suspected or reported stress or anxiety (child)	60
Strengths	
Regular face to face contact with school staff, reporting positive relationships (adult)	114
Supportive peer friendships at school (child)	102
Supporting with school work / homework (adult)	101
Regular participation in play opportunities (child)	94

It is interesting to note that this IFMIS data also reflects the anecdotal evidence of a high number of families experiencing relationship issues; divorce or permanent dissolution was a reported risk for 55 adults at the baseline stage and domestic abuse (either historic or current) was reported in 33 cases. The data also showed that 42 adults were experiencing mental health issues (diagnosed or suspected) at the point of engagement, over and above those who were felt to be experiencing stress and anxiety as demonstrated in Table 2.

The most prevalent strengths are largely linked to schools and relationships within them. It is possible that this is influenced by the fact that a high proportion of referrals came from schools. Families engaging with Camden Futures via this avenue would be likely to have a relationship with the school for issues prompting a referral to come to light.

2.1 Identifying and referring families

The project has built an extensive network of partners, both formal or otherwise, on which it relies for referrals to the project. Family development workers and parent support advisors are based in the community, via schools and GP surgeries; this co-location has been important in generating referrals. Project monitoring data shows across the three years of the project referrals came from 42 agencies (including self referrals). Of these, 13 were agencies linked through co-location. This was seen to be important; staff interviewed during the case study visit in 2014 noted that the bulk of referrals were made by schools and one partner stated that where family development workers are based alongside GPs, the two were able to work together to proactively identify families who could benefit from the project.

By the end of 2013 the team was seeing a marked increase in referrals from statutory services. It was felt that this was *“because their thresholds have raised significantly. Families they would have taken 2 years ago are no longer eligible, because they are playing pretty much a safeguarding role now...before they might have had a preventative role”* (project staff).

Camden Futures also established a Wider Referral Network which was designed to bring together staff from a range of statutory, voluntary and community based organisations in Camden. Interviews with project staff and management demonstrate that the network is felt to have been excellent for raising the profile of the project and developing support and signposting routes for the Camden Futures families, as well as providing a mechanism for the project to receive referrals. According to project staff, the referral network has linked up services much more effectively and strengthened the local VCS; through the network, 80 different local agencies have been brought together and it has become a valued local resource to share best practice, gather and circulate information about relevant services for local families.

In practical terms, the project has a designated link person in each school - usually the SENCO, the Safeguarding lead or the Head. The e-CAF process is used for referrals from schools and for all other agencies who are registered to use the local e-CAF system. These referrals are sent to an e-CAF inbox which is monitored by the project co-ordinator. This process has not been without difficulty; staff report that access to e-CAF has sometimes been problematic and not all referring agencies are registered to use it. In such cases, a separate referral form is used. For the parent support workers, based in schools, the process is sometimes much more informal with parents dropping in to ask for ad hoc support – in such cases the PSAs will support parents to complete the self-referral process in full. In the third year of delivery, Camden Futures conducted a survey of the 23 agencies which made referrals in that year. 100% of respondents said that they were satisfied with the referral process.

Project workers reported some difficulties where families were referred who fell outside of the criteria for the targeted provision. This was particularly the case in relation to the age criteria, with project staff reporting a need for greater flexibility to work with families where there is an older child. In particular, workers would have liked to be able to support children through their transition to secondary school. However, it is important to note that year on year, the number of ineligible referrals decreased, demonstrating an improved understanding of the project's aims amongst referring partners.

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

Camden Futures has 8 core delivery staff employed in different agencies within the partnership, working across the project's three key delivery strands (see figure 3.1 for more details).

Figure 3.1 Structure of the Camden Futures delivery team

Family support in GP surgeries and school engagement: Elfrida Rathbone Camden employs three Family Development Workers who are primarily based in GP surgeries but undertake regular home visits with families. Haverstock Healthcare takes responsibility for engaging GP practices and linking them with the project. Two parent support advisors are based in schools across the borough (each works in a different school every day of the week). They support parents who have particular issues with the school or their child's education. The parent support advisors are employed by Coram and it is not generally part of their role to conduct home visits or provide more intensive support.

Creative therapies: Coram also employs two Creative Therapists who are based in schools. Their work is distinctive in using direct therapeutic interventions with children through music and art, rather than verbal therapies. This aspect of the project is directed at the child, not the parent, although the therapists will feed back to parents to enable them to better support their child outside the therapy.

Financial support and advice: The Citizen's Advice Bureau employs one Financial Inclusion Worker who works full time on the project. Support is sometimes provided in families' homes, but the worker is also based in an office in Regent's Park which is one of the more deprived areas supported by the project.

The project is coordinated through Team Allocation Meetings, which involve all members of the multidisciplinary team and generally take place every 6 weeks. The team also holds Operational Group Meetings which involve the Camden Futures Coordinator and all the managers from each partner agency, and quarterly Board Meetings which have less of an operational focus and more of an approach to strategic decision making.

Assessment process

The project applies the lead professional approach of the team around the child/ family. The lead professional is key - providing a fast-track service and continuity, so that families aren't required to retell their situation to different professionals. Elfrida Rathbone Camden and Coram both have considerable experience in delivering the lead professional role prior to developing the Camden Futures project.

In practice, this means all families are allocated to a lead professional within the Camden Futures team and have their needs assessed at the beginning of their engagement, with progress reviewed periodically. The different 'types' of worker within the team use different tools to assess family needs in line with the different approaches they use to support families; the Family Outcomes Star is used by family development workers and parent support advisors. However, the music therapist uses the Music Star, the Art Therapist uses the strengths and difficulties questionnaire, and the financial inclusion worker uses CAB internal monitoring measures which focus on finances and related factors. The workers in these roles may also use exercises such as the 'three islands' (my island of always, my island of sometimes, my island of never) an process which is felt to work well to explore what is important to the child and to help the worker to connect with the child.

Staff interviewed described the use of the family outcomes star to have been good; the process allows useful feedback to be collected on a range of issues. Parents interviewed for the research reported that they had found it beneficial to see their progress documented so clearly – one felt she had been empowered by the process: *"I went from the bottom to the top, from zero to... very"*. However, staff noted that there is an increasing challenge to administer the assessment process due to the level of crisis families are in when they first engage with the project; workers feel that it is too intrusive to complete a family star when *"the family is in a desperate state"*. Non-completion of the tool at the beginning of the intervention then makes it difficult for workers to be able to monitor for change and progress – it is recognised by staff that the project needs this information to demonstrate the impact of the intervention.

Completion of the family star leads to the creation of an action plan in order to focus support on the priority areas identified through the family outcomes star. The lead professional revisits the action plan with families at periods of 3, 6 and 9 months which was previously intended to be the end point for engagement with the project. However, this timescale isn't prescriptive and in practice staff work with a high proportion of families for longer than anticipated due to the level of complexity and need. From the family's perspective, they are told that they are able to stop working with the project whenever they want due to the voluntary nature of the provision. The fact that most continue for up to a year demonstrates the extent to which they value the support.

Delivery

The focus of the support offered by the project, particularly the family development workers, is led by the needs of the family at engagement (and other needs which emerge during their support). The range of issues presenting means that the approaches used are varied. The design of the delivery model allows for flexibility in the support, ranging from the practical (form filling, attending appointments, budgeting and securing housing) through to the emotional (the provision of creative therapies and a 'listening ear' from the support workers for parents). Contact with families is frequent and often intensive; one parent interviewed spoke of being in contact with her support worker daily and seeing her face to face at least once a week.

One aspect of the delivery was felt to have been particularly useful by project staff; budget holding, allowing workers to allocate up to £5,000 of Local Authority funding per family to address a range of issues. The eight key workers are also Budget Holding Lead Professionals and they are the only VCS workers to have access to the fund, which demonstrates that Camden Futures is recognised as an important provider of services to families locally. The pot is seen as an emergency fund for items which couldn't be funded elsewhere; examples of how this pot has been used include the purchase of a new mattress / bed, a cooker (although workers noted that they would try to get a budgeting loan for this in the first instance), fumigating a house to remove bed bugs, obtaining access to after-school clubs for children, winter clothing, and books and toys, particularly where families are fleeing domestic violence so have very little. This aspect of delivery helps lead professionals to address environmental factors which *"are often the unpredictable variable in family support work"* (project coordinator).

Because so many families are referred to the project with problems around parenting and problematic behaviour, the lead professionals are often required to help parents develop strategies for behaviour management. *“A lot is to do with setting routines. Giving parenting strategies - and motivating them to do it.”* (Family development worker)

Figures 3.2 and 3.3 outline two examples of family journeys with Camden Futures. They illustrate the diversity of need and support required and show how the multi-agency approach to delivery has benefited the families in question.

Figure 3.2 Family case study 1

A young adult was referred to the project after her mother died and she was left caring for a younger sibling. The Camden Futures team offered emotional support and linked her with bereavement counselling – progress was such that within 2 months of engaging she had started college. The team also helped with finding a school place for the younger sibling and made a referral to Creative Therapy to help the child deal with their loss. The project also offered support in accessing a complete benefits entitlement and accessing funds to refurbish the flat which was allocated to her. The young person is now very positive about her younger sister's future.

Figure 3.3 Family case study 2

Family two comprises a single mother and her daughter who is in reception at primary school. They are close to extended family but the extended family don't live in the borough and can't offer much support. The mother isn't working as she suffers from a medical condition; the medication for which makes her drowsy and affects her vision. She has a history of work and wants to return when well enough. One of the family's key issues relates to the daughter's behaviour; she doesn't like school and always tries to find an excuse not to go.

The parent first met a support worker at her daughter's school and has met with her once a week ever since (at the time of the interview this had been for about 6 weeks). Together they have set up an action plan and this has helped mum to feel more in control. The support worker has helped her develop parenting strategies such as setting up a 'treat box' and pocket money system for her daughter, and given her advice on working with the school if she is too ill to get her daughter there. They have also been on some trips outside the borough which the mother thinks have been very good and included dry skiing, pottery painting, Princess Diana memorial park, and a Kew gardens Charlie and the Chocolate Factory event. The mother thinks that the fact that transport is all free with the project is a benefit. While the family have found the trips to be fun, they think the key benefit has been to link the family with others; *“it really helps as we're so isolated, so it helps us build connections with other families going through similar things, so we don't feel so alone”*.

Other practical support has been put in place; for example staff have helped the mother apply for government funding to move house and helped her fill in other forms. The mother particularly values the accessibility of her support worker - *“the help she has given so far has been really good...I know she is there day or night and I can go and see her at the school... I am able to talk to her on a level, as a friend... the work she has done so far has really benefited us”*.

Moving families on

The excellent partnership links in place around the project mean that support workers are well equipped to prepare families for leaving, particularly by signposting or holding a 'Team Around the Child' meeting; the Wider Referral Network meetings help with this as the support staff are more aware of other agencies and initiatives active locally. Interviewees noted that the team pass information to any organisations families are referred onto explaining the help that has been provided, and therapists will write to GPs to ensure they are aware of the interventions that have been completed. The family development workers complete a closing family star and may hold a joint family visit with another professional to introduce the new service and share information with the family present.

In summary, the key factors ensuring success of the Camden Futures delivery include:

- **Co-location of workers** in universal services such as primary schools and GP practices: it is felt that this is one of the main strands supporting the success of the project. This model provides easy access to the service for eligible families, as well as signposting to other community support for non-eligible families. Additionally, feedback shows that co-locating workers has helped the practitioners and teaching staff hosting them to think about family support in a more integrated way, and given them improved knowledge about other services available in the community.
- **A key worker / lead professional** who is easily approachable, flexible in their service delivery and support provided, placing the family at the centre by helping parents and children to identify their strengths and the areas they would like to improve. They are assertive and hands on in their engagement with families.
- **The Wider Referral Network**, supporting the multi-disciplinary team and linking it with other practitioners as part of the 'team around the professional', making sure all the relevant expertise to help a specific family is there.
- **Financial Inclusion Work** linked closely with family support is vital as families deal with welfare reform and its impacts. This gives families an element of control over external influences on their wellbeing.

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 Camden Futures. The project partnership is comprised of organisations which were already well-established in the local area, but has allowed services to be linked up, facilitating easy access for families. Involving Haverstock Healthcare has ensured good links with GP surgeries, although implementing the process of co-location has not been without difficulty. However, the model of co-locating with key local services is felt to be groundbreaking; a stakeholder from the local authority who was interviewed for the research noted that there was no other family provision linking directly with primary health care locally, and described it as "*definitely innovative*".

The partnership is governed by an agreement and as noted, the Partnership Board meets regularly to ensure good strategic oversight. All the partnership agencies are represented on the Partnership Board and meet quarterly. Interviewees noted that the project has specifically tried to run a transparent partnership; for example at the end of the first and second years of delivery detailed reviews were conducted as a partnership to arrive at a consensus. It was felt that the partner organisations have bought in appropriately with the right level of seniority on the Board, which has been important.

One interviewee noted that the Board process has been time consuming but worthwhile; *“it has been very useful to discuss operational issues and help the project run smoothly.”* (Partnership Board member)

The placement of a significant and high profile project within the VCS was seen to be very beneficial by a number of interviewees, both for the sector itself and particularly for families who are reassured that the service is not part of the LA. A representative from the CAB felt that workers spent a lot of time reassuring clients that they will not be referred to Social Services about their financial issues: *“Camden Futures feels safer to a lot of families with complex needs, they have had negative experiences of involvement with Social Services before”*. However, as chapter 4 of this report will explore, the project has a good relationship with the local authority and is creating strong links with the Troubled Families team, as well as the Early Help Team which has been recently established. An interviewee from the Local Authority noted that Camden Futures’ contribution to the Early Help Group has been important.

Wider professionals see the Wider Referral Network established by the project as being incredibly positive. The project gathered feedback from 21 professionals who have been part of the WRN and have attended the meetings. All of them reported that the sessions have always been very useful for learning what other services in Camden could offer to families, to network with other professionals and to hear updates about Camden Futures. Meanwhile, project delivery staff note that the networking meetings have really helped with their links with social services as they have already met and are able to communicate more effectively. Taking a broader perspective, Camden Futures project managers felt the network has strengthened the VCS locally by linking services up more effectively and raising awareness of what is available.

3.3 Challenges and lessons learned

While delivery of the project has not deviated significantly from the initial proposed model, the project team have been required to respond to some challenges which are described below.

The colocation model has been very useful but presented some difficulties whilst establishing it. One delivery partner noted that it was very slow and often difficult getting GP practices on board, although this was in part due to the logistics of hosting a worker on site (having adequate space to accommodate them was a particular challenge, for both GPs and schools). However, the partner felt that GPs now see the benefit of being co-located rather than just referring in to the project as the links are much closer and the two can work together to identify families who could benefit from the project.

‘The fact that this arrangement has carried on for the last couple of years is a very good indication that the GPs are happy with the presence of the family development worker in their practice’. (Delivery partner)

Some adjustments have been made to the delivery approach after the project has taken on feedback from families and reviewed project performance. For example, the project management found that the parent support advisor role was not producing the outcomes hoped for in light of the increased complexity and need of the families engaging with the project. Some funds were transferred from this role to provide a greater level of input from the creative therapists which were in high demand. Similarly, the project will be introducing peer support groups which will *“allow parents to find their own ways and solutions better”* (project coordinator). The groups will allow parents to develop strategies for learning and dealing with behavioural issues through sharing ideas and experiences, and will also contribute to reducing social isolation. The parent support advisors will become the facilitators for the parent groups, working with those attending on the themes chosen for discussion. Camden Futures intends to use the final six months of delivery to trial this approach.

Monitoring family progress and change is often a challenge for projects. Camden Futures staff have found that the current commissioning landscape has meant there is a need for the project staff to consider a number of audiences for the project results, creating administrative tasks as data is reconfigured according to different demands.

An equally challenging task for VCS organisations is working in partnership. Interviewees noted that this is the first time Elfrida Rathbone has led a large partnership project and there has been learning as a result. Amendments were made to the partnership agreement in year two to reflect a process of learning between the partners, for example in terms of practice around confidentiality. The perception of the partnership was positive amongst interviewees.

“Strong governance is really important and as an outside observer Elfrida seem to have the right things in place to make it an effective partnership.” (Delivery partner)

4.0 Outcomes and Sustainability



4.0 Outcomes and sustainability

The project set itself targets for outputs within the 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 212 families were supported over the three years of delivery; of these 101 received single agency support, while 52% (or 111 families) received multi-agency support. Of the 101 receiving single agency support, 27 are still open cases at the time of writing and may progress to take up other services. In the three-year period, an additional 63 families either disengaged after a short time or were escalated to statutory support.

Camden Futures' original target was to provide support to 250 families per year. In light of the complexity of needs of the families presenting, the target number of families to be supported was perhaps ambitious, and in practice the achieved numbers have fallen some way below the original targets. However, the evaluation is able to pin point a number of factors which have affected the number of families engaged:

- Initially it was anticipated that the project would have staff co-located in the nine most deprived wards in the borough. In the final year of delivery, the project was active in five, mainly as a result of logistical issues of space in the co-location hosting partners. Schools often struggled to find room for the creative therapists to provide support on site for example, and this report has already highlighted some of the issues of providing the support in medical practices.
- Some recruitment problems were experienced for the PSA post which affected the ability of the project to work with as many families as planned.
- Finally, the time limited nature of the project meant referrals slowed in the final year of delivery as referral agencies began to consider whether there was enough time left to support the families in question.

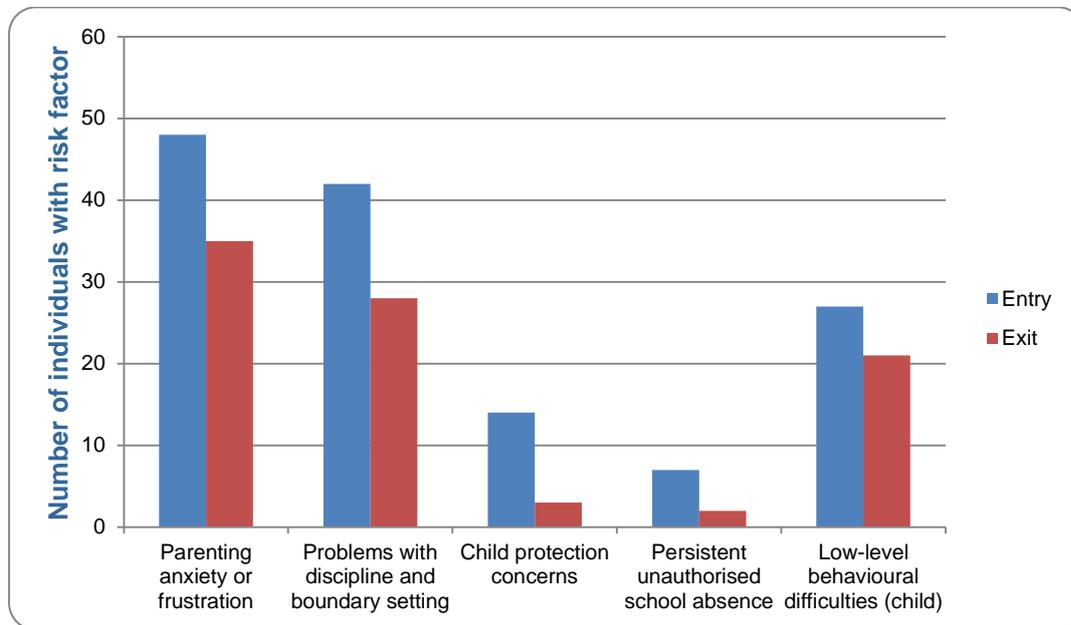
Although the project has worked with fewer families than anticipated, the length of engagement was often for much longer than originally expected; internal monitoring shows that the average duration of support was thought to be between nine months and a year, when it was anticipated that most families would have exited the project by nine months at the latest.

4.2 Outcomes for children and families

As discussed elsewhere in this report, family development workers and parent support advisors use the family outcomes star to assess and record issues faced by the family at the beginning of their intervention and then again at periodic review points. Over the three years, project staff gathered 103 complete family star profiles, involving a baseline measurement and a review point. Of these families, 74 also completed an end point measure giving a complete overview of their journey and change.

This section of the report assesses the findings of the family star data alongside that collected through the IFMIS system to gain an insight into the progress made by families supported by Camden Futures. Project workers were asked to record the strengths and risks experienced by the individuals in each family they supported against a predetermined list, at entry and at exit from the programme. At the time of writing, the IFMIS database held information on 205 adults and 235 children. Linked data for entry and exit points was held for 65 families and the individuals within them, from which the information was drawn for the analysis below.

Figure 4.1 Risk factors recorded in IFMIS



As Figure 4.1 shows, there has been significant progress in reducing some of the key risks faced by the families, including large reductions in the most prevalent; parenting anxiety or frustration was reduced by 27%, while problems with discipline and boundary setting reduced by 33%. At entry point, there were child protection concerns for 14 of the 65 families with entry and exit IFMIS records (or 21%). It is heartening to see that this was reduced to only 3 at exit stage – a decrease of 78%.

Figure 4.2 Strengths recorded in IFMIS – adults

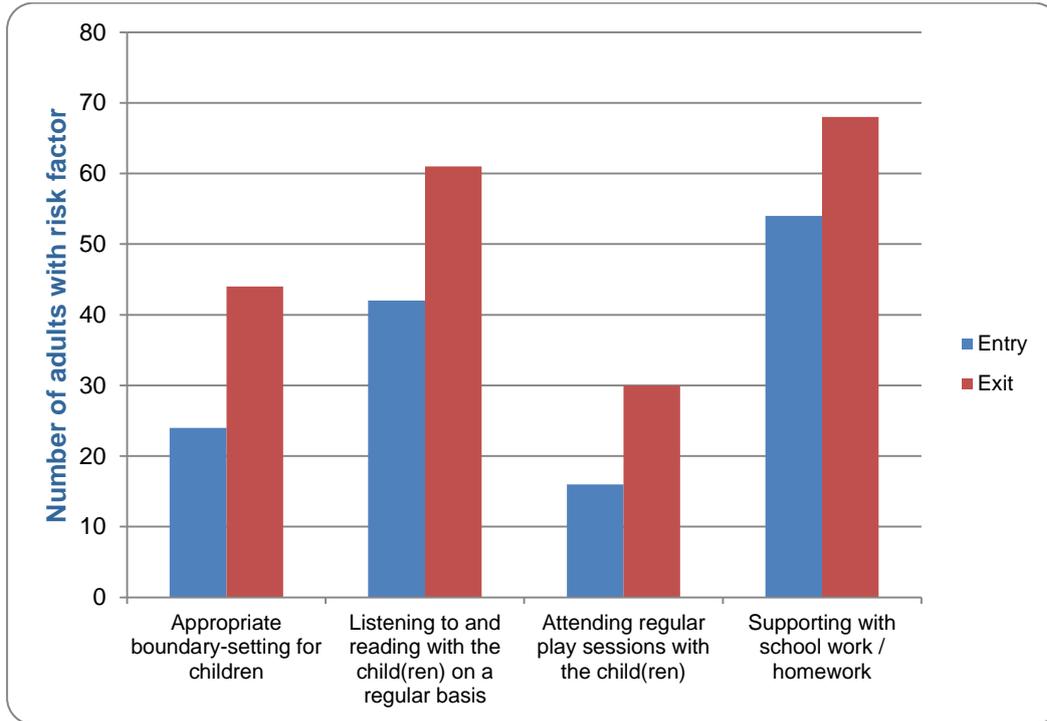
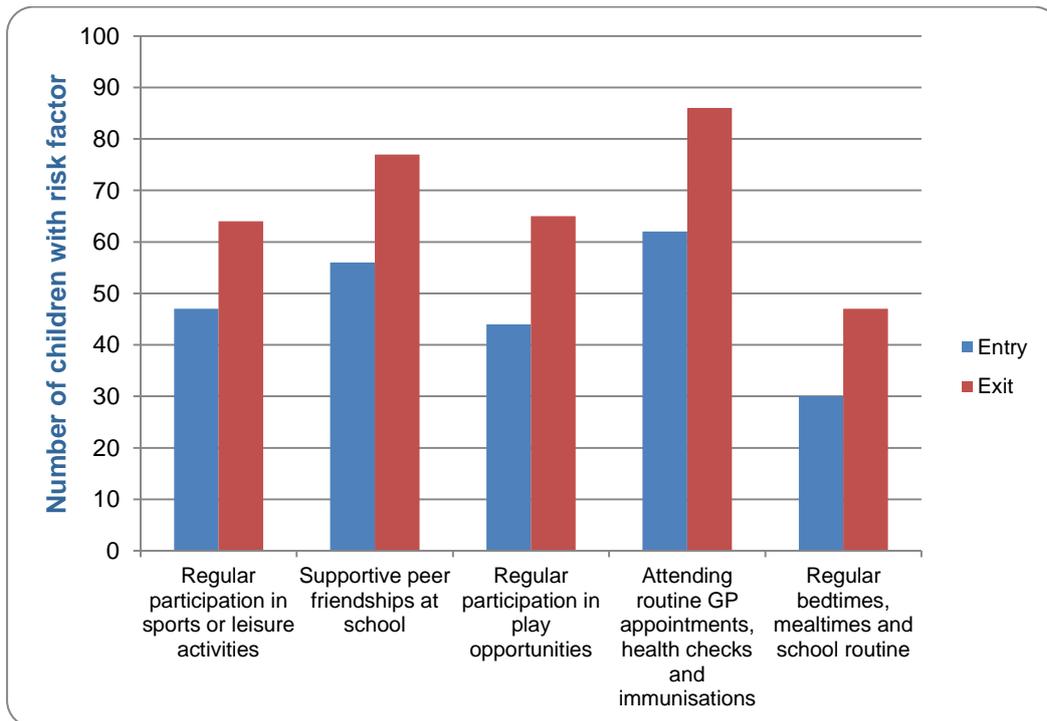


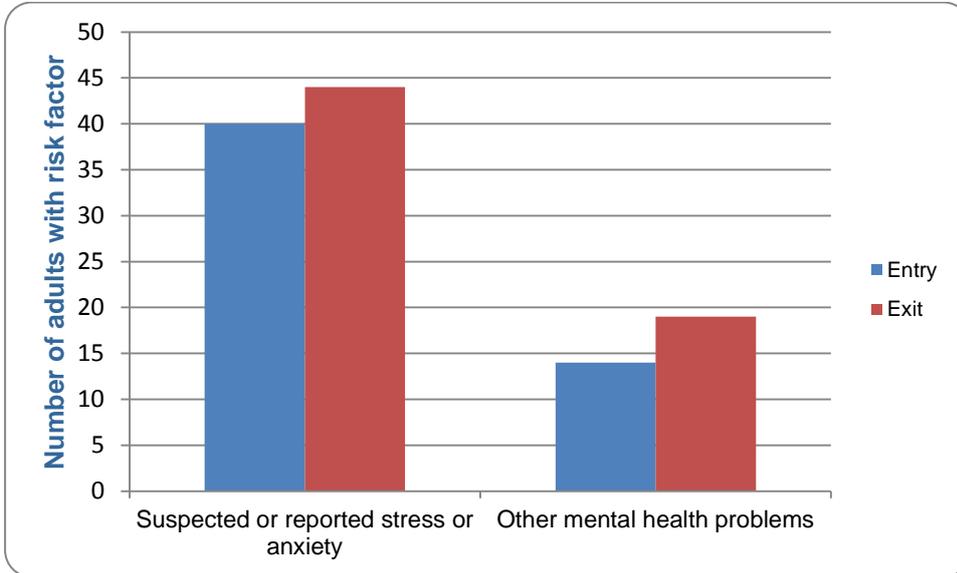
Figure 4.3 Strengths recorded in IFMIS – children



Figures 4.2 and 4.3 show the greatest improved strengths recorded via IFMIS for adults and children. Many of them relate to improved parenting skills and organisation, such as the 56% increase in parents setting regular bedtimes, mealtimes and school routines for their children, and the 83% increase in reported appropriate boundary setting. It is interesting to see, however, that the improvements within the family may also relate to improvements outside the household – for example there was a large increase in children reporting supportive friendships with peers at school, and increased participation in play opportunities (including their parents).

The data recorded in IFMIS stems from the assessment and judgement of the project’s lead professionals. However, these findings are backed up by those recorded in the family outcomes star by the families themselves. Analysis of this data shows that 40% of families felt they had an increased ability to meet their children’s emotional needs, while 32% showed increased ability to improve their children’s health, and 34% said that they were more able to support their children’s learning.

Figure 4.4 Area of less progress – adult mental health



While Camden Futures families made good progress against many of the IFMIS indicators, the data suggested some areas in which less success had been achieved. One area of particular interest is adult mental health; as Table 4.4 highlights, the IFMIS data shows that more parents were leaving the project with suspected or reported stress or anxiety than had entered it – an increase of 10%. Those parents showing signs of other mental health problems had increased from 14 at entry to 19 at exit (an increase of 36%). Interviews with project staff discovered that lead professionals were seeing a growing number of families where parental mental health was a concern, and one interviewee noted that an increasing number of referrals were being made to Camden Futures by mental health professionals. However, while the project has strong therapeutic provision to address children’s emotional and mental health, interviews with staff indicated that environmental concerns (such as resolving housing crisis scenarios) would sometimes take priority in support for parents. That said, it is important to note that the environmental factors affecting families have often contributed to exacerbating mental ill-health where there might have been previously low-lying issues.

“Until we resolve the environmental factors, we can’t resolve their mental health.” (Project staff)

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

- **Outcome 1: 250 Families per year accessing the project and receiving multi-disciplinary support**
 - As the report has already noted, 212 families were supported over the three years of delivery; of these 101 received single agency support, while 52% (or 111 families) received multi-agency support. Of the 101 receiving single agency support, 27 are still open cases at the time of writing and may progress to take up other services.
- **Outcome 2: 150 Families per year reporting an improvement in their ability to access supportive community resources and facilities**
 - Camden Futures' extensive work with schools has been vital for embedding families in their communities through fostering better relationships and greater interaction with their child's school. The IFMIS data reflects this, with significant increases reported for adult participation in informal and formal volunteering (up by 120%), civic participation and membership or involvement in local and community organisations (increased by 43%).
- **Outcome 3: 200 families per year where parents report an increase understanding of how to improve their family's economic or living conditions**
 - 60% of the families worked with received input from the CAB family intervention workers. A review of family outcomes star data for 90 completed profiles with data at baseline, review and end point showed that 37% reported that they are more able to improve the family's living conditions and 54% stayed at same level. In the face of significant changes to the benefits system and the difficulties relating to housing experienced by high numbers of the families supported by Camden Futures, this can be considered a success. Additionally, internal monitoring shows that A total of £233,956 of priority debts like rent arrears, Council Tax and utility bills arrears were managed by the service, equating to an average of £2,820 of important debts managed per parent (across the 83 parents requiring this support). A total of £791,694 of non-priority debts such as overdrafts, benefits over-payments and parking penalties were addressed, equating to an average of £7900 of debts managed per parent (for 100 parents).
 - In addition to the above, the financial inclusion worker helped by finding out whether families individual benefits entitlements were correct, or by actively fundraising for very needy families. This has been recorded as 'financial gain' which amassed a total of £156,565 for 30 parents over three years – an average of £5,220 each.

Family testimonials

The parents interviewed for the evaluation provided a good insight into what has made the project a success for families. Although the cases were quite different, there were parallels between the positive factors drawn out by the interviewees.

One key factor that was reflected was that the interviewees had built good relationships with their lead professionals and this had been important in helping them engage and progress.

"I am able to talk to her on a level, as a friend... The work she has done so far has really benefited us."

"[The Camden Futures worker] was like my Mum, she really supported me emotionally which was the most important thing... she changed me completely emotionally, she was working with me 24-7."

Families appreciated being able to access the lead professionals when they needed them, on a flexible basis. Interviewees were impressed by how responsive the service was; one spoke of being seen on the same day that she was referred which was really helpful and reassuring to her.

"The help she has given so far has been really good...I know she is there day or night and I can go and see her at the school."

"They help families...I was a really bad victim of a bad experience...they really help you emotionally and build your confidence... It was her overall approach and holistic approach - helping financially and emotionally."

Perhaps most importantly, the parents interviewed for the evaluation talked about how they were being empowered to resolve issues for themselves, by dealing directly with the companies to whom they owe money for example. *"I feel more confident in myself now – I'm trying to follow in her steps and follow the advice [the worker] gave me."* This is important in terms of sustainability of outcomes, meaning families will be more empowered to continue the changes implemented when their support is closed.

Finally, one parent summed up how important her family had found the support given to them by Camden Futures:

"No words could describe how helpful they were for the three of us, my son, daughter and me. The government should pay for Camden Futures."

4.3 Service and systems outcomes

As previously described in this report, one of the key strengths of the Camden Futures project is the links it has established with other agencies, not only through the Wider Referral Network but by working closely with services offered through the Local Authority such as the Early Help Team and the more complex Troubled Families Team. Interviews with project staff, management and local authority representatives found that the project has raised the profile of the partner organisations and to the extent that they are now recognised as an integral part of the early intervention / L2 / L3 provision locally. Similarly, Camden Futures is now involved as a strategic partner with the Troubled Families Team. For example, Camden Futures workers took part in training funded by Troubled Families on support for families with complex needs. Camden Futures have also offered up information to Troubled Families on the models of working, outcomes, and how they are collected.

The Local Authority representative interviewed for the research felt that the project “probably has changed the Local Authority perception of working with the VCS”; challenging the assumption that the LA would commission and the VCS would provide a service – Camden Futures and its position in the Borough has helped to contest the arrangement, putting the VCS and the LA “more on an equal footing”. This can only be of benefit to both parties in a landscape of restricted budgets for service provision.

Interviewees had anecdotal evidence that suggested the project’s work was contributing to easing pressure on statutory services – not just the LA’s children and family services but also services provided by schools and GPs. Feedback the workers had received was that Camden Futures is enabling GPs and teachers to focus on their core work by easing the pressure on them to deal with extraneous issues; *“we have taken away a lot of the non-GP and non-teacher stuff so they can concentrate on their main roles... we alleviate the pressure on GPs. They are really upset this project is ending.”*

4.4 Sustainability

Sustainability has been addressed by the project in two main contexts – both in terms of ensuring effective transition arrangements for families upon exiting one-to-one support, and the financial sustainability of the project partnership and delivery models beyond the grant period for the Big Lottery Fund.

There was positive evidence that the lead professionals were routinely signposting families to other organisations who could offer step down support when coming towards an end of their support, so that they were better equipped to sustain their progress. As the report has already examined, lead professionals ensure that organisations families move on to are well briefed on the support received to date, and the same applies to other interested / relevant professionals such as GPs. It was positive to note that the families interviewed for the research felt empowered by the service and more capable of tackling and resolving issues themselves.

In terms of financial sustainability, at the time of writing there were no clear plans in place for the project to be maintained in its current form; although interviewees acknowledged that the partnership delivery approach had made the project stronger and more successful, each partner is currently seeking funding to sustain their ‘own’ part of the delivery model.

However, the project is well positioned to access a range of funding should statutory budgets allow. The delivery has supported work conducted by the local authority and compliments the Early Help Strategy well. However, as interviewees for the research acknowledge, the local authority is under significant budgetary pressure, though perhaps should not be ruled out as a source of funding in the longer term.

Equally, the project has contributed to and complemented work carried out in schools and by GPs, both of whom are seeing increased autonomy in commissioning via Clinical Commissioning Groups and the Pupil Premium. Both of these avenues are being explored by delivery partners.

Finally, the project has a proven track record in building individual participation in volunteering and community activity. Consideration could be given not only to sustaining some peer to peer support through this route, but also to seeking out funding avenues which support and enable such activities.

5.0 Conclusions



5.0 Conclusions

In the previous chapters of this report we have examined the context in which Camden Futures was developed, and the lessons learned from setting up and implementing the different strands of the project. We then went on to consider the main achievements and outcomes. In this final chapter we draw together the evidence to reflect on the overall conclusions and to present a set of recommendations.

5.1 Concluding thoughts

Overall, the partnership for the Camden Futures project has developed an impressive portfolio of work with families and communities in the borough, pulling together diverse strands of delivery to one cohesive and holistic package for families. The partnership has ultimately operated well under leadership from Elfrida Rathbone Camden and has worked closely with statutory agencies during the three year period, influencing and shaping local provision. It is testament to the strength of the model that it remains almost in tact from the original business plan, although where changes have been implemented they have been done in response to family need and demand.

5.2 Key strengths and areas for development

The evaluation research demonstrates that Camden Futures has built a model of support for families with multiple needs which is highly valued, both by participants in the programme and partners working in the field. Although the project was some distance from meeting its' original targets, the reasons for this are valid and there is evidence that families who were engaged made good progress. The model, which seeks to address both emotional and environmental factors in a proactive way, is particularly interesting, and it is clear that lessons have been learned across the partnership about the particular issues facing the target group and the resource required to address complex, multiple needs.

It is also commendable that the project successfully brought together wide and diverse range of partners through the Wider Referral Network, contributing to what the research suggests is a stronger, better-connected local VCS. This process also appears to have realigned the position of the VCS with statutory agencies at a time when commissioning buy-in is vital.

In looking ahead to the potential future development of Camden Futures, it is possible to identify a number of recommendations for Elfrida Rathbone Camden and the partners to consider:

Recommendation 1: To explore methods of facilitating co-location of workers in statutory settings. The research highlights support for the co-location model developed by Camden Futures, but equally demonstrates that stretched services can struggle to engage with the concept for logistical reasons rather than for a lack of belief in the model. The project team could usefully consider whether there are ways the project could ease the process for hosts – for example, could a Lead Professional be based in a larger local GP surgery but take referrals from and work more intensively alongside a network of surgeries with more limited space?

Recommendation 2: To establish strategies to address adult mental health issues. As noted in the report, IFMIS data indicates that more adults were leaving the project with mental health issues or stress and anxiety issues than had entered the project. Interviewees acknowledged parental mental health to be an increasing factor for the families supported; as such Camden Futures could explore formalising referral routes for those experiencing mental health difficulties to ensure they receive appropriate support.

Recommendation 3: To further explore the potential for mainstreaming project model as a commissioned service within Camden. The evidence indicates that the Camden Futures model has demonstrated its credibility as a service providing valuable support to families at Level 2 and 3 in the borough of Camden, adding value to existing support structures. In light of this evidence, it would seem appropriate for the project team to use the remaining funding period to identify opportunities to mainstream the service in the medium-term.