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# Early Help Evaluation Report 6

## Theory of Change and Theory of Action

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## Background

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There are seven reports making up the evaluation of Early Help case work. This is report 6 – Theory of Change and Theory of Action. The collection of reports are detailed below.

**Table 1 – Early Help Evaluation Reports**

<b>Report Title</b>	<b>Description of Report Contents</b>	<b>Pages</b>
<b>Report 1</b> – Summary report	A summary of the key findings	48
<b>Report 2</b> – What Families Say	Families perspective of Leicestershire County Council’s Early Help service – In-depth insight into what families value and what could be different	122
<b>Report 3</b> – Early Help key worker confidence survey	Leicestershire County Council’s case-workers level of confidence against a number of key requirements of their role in supporting families <sup>1</sup>	17
<b>Report 4</b> – Multi agency and other asset based strengths	A multi-agency perspective of Leicestershire County Council’s Early Help service and further in depth insight from families into multi-agencies as well as other asset based strengths and deficiencies within families and communities	191
<b>Report 5</b> – Understanding demand better	In-depth analysis of nine different groups of Early Help families - Understanding how their needs interrelate and which families make the most and least progress	113
<b>Report 6</b> – Theory of change and theory of action	Provides information on the theory of change and theory of action underpinning the Early Help evaluation and some further detailed findings around families progress around key domains where change is measured	150
<b>Report 7</b> – Technical report	Background and technical details of the scope and methods used to inform the evaluation	37

This report provides in depth analysis of The Theory of Change and Theory of Action which was used to underpin the design of the evaluation. It also provides additional key findings related to specific themes and aspects of the Theory of Change and Theory of Action that aren’t covered in any of the other reports above.

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<sup>1</sup> Additional worker feedback can be found in REPORT 2 – WHAT FAMILIES SAY and REPORT 4 – MULTI AGENCY AND OTHER ASSET BASED STRENGTHS

## Methodologies Used in this Report

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### Theory of Change and Theory of Action

A key methodology incorporated in this evaluation is the use of Theory of Change (TOC) and Theory of Action (TOA). The Early Help Theory Of Action and Theory Of Change was developed by the Business Intelligence service in collaboration with the Early Help service and at a high level sought to identify what change was required by families to deem the service intervention a success, why that change was important, what factors enabled that change to occur and what barriers existed that needed to be removed to enable that change.

The development of the Theory Of Change and Theory Of Action helped inform the design of surveys and interview questions to ensure the evaluation was focused around key components and as a result of this evaluation the Theory Of Change and Theory Of Action have been further refined.

### Identifying Family Need

Within six weeks an assessment of 57 high-level needs for all adults and children in the family is completed, including a Family Star Plus<sup>2</sup> assessment (above).

### Cluster Analysis (Need)

Cluster analysis is an exploratory statistical tool used to separate families into clusters of similar groups. From a total of 5,486 families, 1,118 families had sufficient data to be clustered in this evaluation. Families were clustered by the presence or absence of the 57 high-level needs. Nine clusters of families were identified. A large proportion of these families did not have sufficient data captured due to the length and nature of their intervention with the service. Brief cases, for example do not require an assessment to be completed.

#### More Information

For more information around identifying family need and cluster analysis of need see

**REPORT 7 – TECHNICAL REPORT**

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<sup>2</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Most Significant Change<sup>3</sup> (Front Line Workers)

From November 2016 to August 2017, every quarter, all frontline staff were invited to complete a survey identifying a family or an individual person in a family that they had been working with where they felt they had seen the Most Significant Change (MSC). This change could be positive, negative or both. This exercise aimed to identify where key change was happening, what the barriers to change were, which activities and approaches the Early Help Service had within its gift which enabled change to happen, what other enablers of change existed such as contributions from wider partners and family resources, and what the overall impact was.

### More Information

For more information around Most Significant Change see

**REPORT 2 – WHAT FAMILIES SAY**

**REPORT 3 – KEY WORKER CONFIDENCE SURVEY**

**REPORT 4 – MULTI AGENCY AND OTHER ASSET BASED STRENGTHS**

**REPORT 7 – TECHNICAL REPORT**

## CHAID<sup>4</sup> Analysis

CHAID analysis is an exploratory statistical tool used to explain the influence of different factors such as demographics, needs and other characteristics upon the likelihood of families to make progress. The 787 closed families have been included in the CHAID analysis of progress.

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<sup>3</sup> Davies R and Dart J (2005) The 'Most Significant Change' (MSC) Technique: A Guide to Its Use. Available at: <http://mande.co.uk/wp-content/uploads/2018/01/MSCGuide.pdf>

<sup>4</sup> Chi-Squared was used to determine Statistical Significance. For more detail see <http://www.statisticshowto.com/what-is-a-standardized-residuals/>

## Measuring Family Progress

### Family Star Plus<sup>5</sup>

Family Star Plus is a practitioner based tool which enables conversation and family plans to be developed whereby workers and families agree a reading of between 1 and 10 against ten key domains at regular intervals to determine where families' progress is. The ten key domains of Family Star Plus are:

1. Positive experiences with **Home and Money**
2. **Keeping Children Safe**
3. Positive **Boundaries and Behaviours**
4. Positive **Family Routines**
5. Good or improved **Physical Health**
6. Positive **Adult Wellbeing**
7. Positive and supportive **Social Networks**
8. **Meeting Children's Emotional Needs**
9. Positive and appropriate **Education and Learning**
10. Achieving **Progress to Work**

A family's reading for each of the ten key domains are recorded by the worker when both assessing and reviewing each case, capturing a Journey of Change for each family. This Journey of Change can comprise of 5 stages, outlined below.

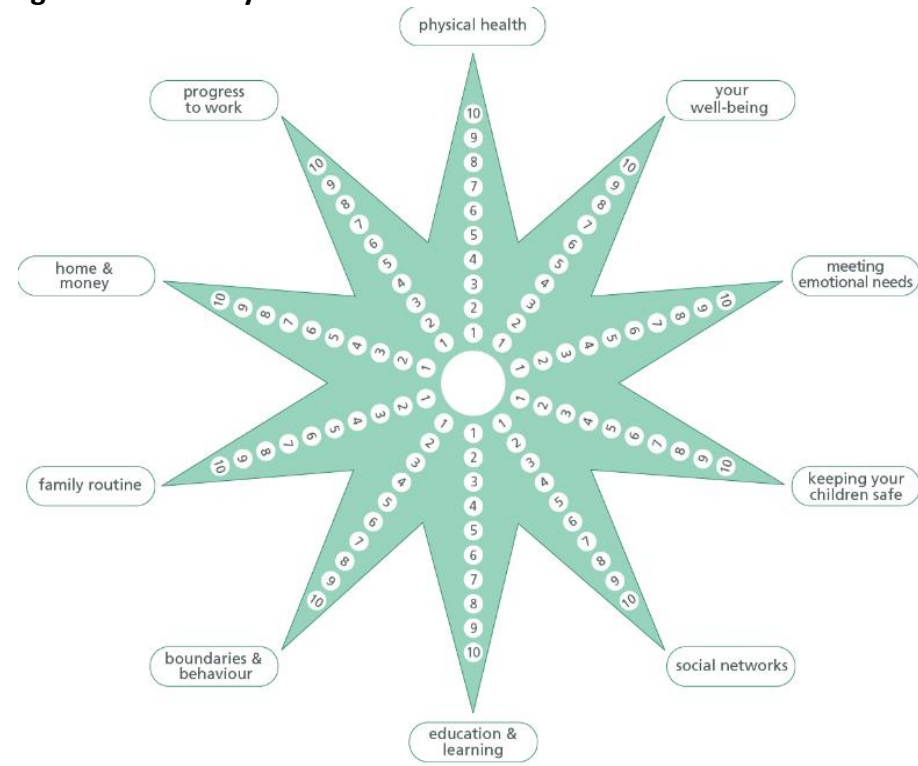
#### More Information

For more information on Family Star Plus<sup>6</sup> see

<http://www.outcomesstar.org.uk/using-the-star/see-the-stars/family-star/>

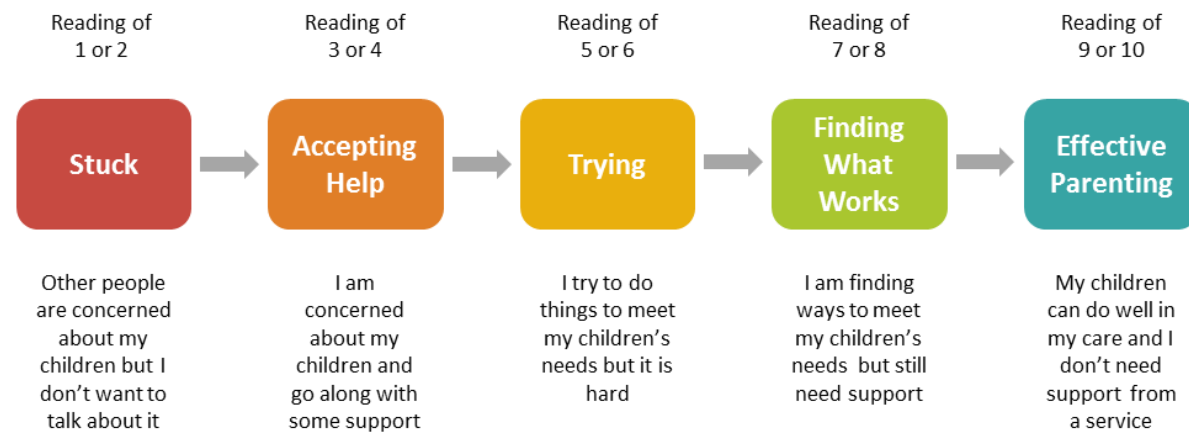
#### APPENDIX 1A – FAMILY STAR

Diagram 5a – Family Star Plus



<sup>6</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Early Help Evaluation - Final Report



Family progress has only been calculated for those families where the case was identified as closed and that both a family star<sup>7</sup> assessment and review were completed during the intervention period. All other families were excluded from the evaluation.

For the purpose of this evaluation, 1,336 families had a closed case with both a family star assessment and a completed review during the evaluation period of 2013 and 2017.

Final analysis of family progress was undertaken on 787 families constituting 4,564 individuals. Information on why some families were excluded from the progress analysis can be found later in this report. This report incorporates key findings against each of the ten specific domains in the Family Star Plus tool

### More Information

For more information around key findings around Family Star see

**REPORT 1 – SUMMARY REPORT**

**APPENDIX 1A – SUPPORTING INFORMATION AROUND KEY FINDINGS**

**REPORT 5 – UNDERSTANDING DEMAND BETTER**

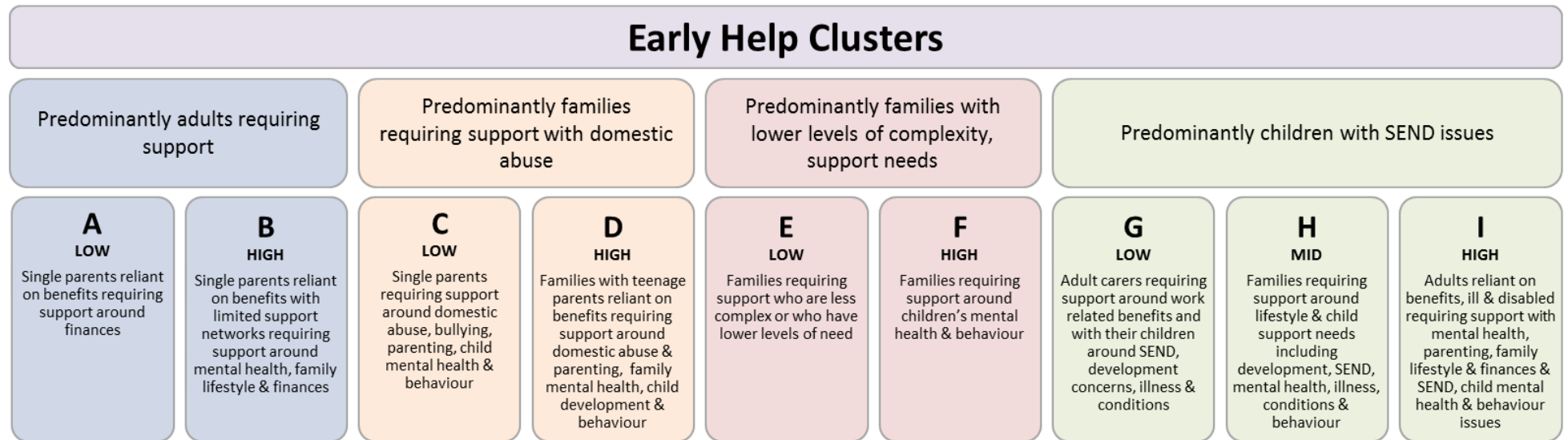
<sup>7</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting



## Summary of Key Findings

### Grouping Families around their Needs

By applying a range of clustering and statistical techniques we have been able to understand demand on the Early Help Service better through the identification of nine clusters of families. These nine clusters group to four high level areas of need, as shown below:



## Progress and relationships between domains

The Theory of Change (where progress around family outcomes could be measured) was identified as being around the key domains of Family Star Plus<sup>8</sup>

1. Positive experiences with **Home and Money**
2. Keeping **Children Safe**
3. Positive **Boundaries and Behaviours**
4. Positive **Family Routines**
5. Good or improved **Physical Health**
6. Positive **Adult Wellbeing**
7. Positive and supportive **Social Networks**
8. Meeting **Children's Emotional Needs**
9. Positive and appropriate **Education and Learning**
10. Achieving **Progress to Work**

The main factor around family progress was found to be around which cluster a family fell into and therefore the combination of needs a family had although other factors such as social care involvement and length of intervention were often significant factors when comparing relative higher and lower progress of families in the individual domains. There were also marked differences between families in different clusters in terms of what the individual domain Family Star start and end readings were.

The relationships between the Family Star domains were found to be complex, with domains largely dependent on change within the other areas and unique to each family circumstance. There was found to be less dependency around progress to work and home and money than the other domains and very strong relationships for all domains in the order of adult wellbeing, meeting children's emotional needs and boundaries and behaviours which potentially indicates these are the foundations that need to be in place to enable change across the other domains.

Outside of which cluster a family fell into, the table below illustrates some of the other single or combined significant factors that were found in relation to each Family Star domain which may be worthy of further attention by the Early Help service:

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<sup>8</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

**Table 6a: A summary of statistically significant findings worthy of further attention around each Family Star Domain**

<b>Family Star Plus Domain</b>	<b>Families Making Lower Progress</b>	<b>Families Making Higher Progress</b>
Physical Health	<ul style="list-style-type: none"> <li>• Adult mental health</li> <li>• Financial difficulties</li> <li>• Adult domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of work related benefits</li> <li>• A lack of adult mental health issues</li> </ul>
Adult Wellbeing	<ul style="list-style-type: none"> <li>• Anti-social behaviour</li> <li>• 3+ female adults in household combined with family low level mental health</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of single parent families combined with a lack of anti-social behaviour</li> <li>• Less than 3 adults in households</li> <li>• A lack of anti-social behaviour combined with a lack of child victim of bullying</li> </ul>
Meeting Children's Emotional Needs	<ul style="list-style-type: none"> <li>• Financial related benefits combined with difficulties parenting and children with a significant limiting disability</li> <li>• Low level mental health combined with adult domestic abuse victim</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of adult domestic abuse victims</li> <li>• A lack of financial related benefits combined with a lack of children with mental health issues</li> <li>• A lack of adult and child domestic abuse victims combined with a lack of low level family mental health</li> </ul>
Keeping Children Safe	<ul style="list-style-type: none"> <li>• Poor parenting</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of low level adult mental health combined with a lack of poor parenting and child violence and/or aggression</li> <li>• A lack of adult smokers</li> </ul>
Social Networks	<ul style="list-style-type: none"> <li>• Limited support networks combined with negative adult lifestyle and financial related benefits</li> <li>• 2+ adult females in the household combined with adult domestic abuse victims and low level family mental health</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of financial related benefits</li> <li>• A lack of adult domestic abuse victims</li> <li>• Less than two adult females in the household</li> </ul>
Education and Learning	<ul style="list-style-type: none"> <li>• Adult drug misuse</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of child low level mental health combined with a lack of adult drug misuse, poor parenting and limited support networks</li> <li>• A lack of low level child mental health</li> </ul>
Boundaries and Behaviours	<ul style="list-style-type: none"> <li>• Work related benefits</li> <li>• BME's with children aged less than five and/or older than ten</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of financial related benefits</li> <li>• Children aged between five and ten</li> </ul>
Family Routines	<ul style="list-style-type: none"> <li>• Difficulties parenting</li> <li>• Adult domestic abuse victims</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of adult domestic abuse victims</li> <li>• Presence of adult domestic abuse victims</li> </ul>
Home and Money	<ul style="list-style-type: none"> <li>• Adult domestic abuse victims combined with poor parenting</li> <li>• Child behaviour problems in school</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of child low level mental health</li> <li>• Presence of financial difficulties combined with low level family mental health</li> </ul>
Progress to Work	<ul style="list-style-type: none"> <li>• Work related benefits combined with adult victims of bullying</li> <li>• A lack of financial difficulties combined with not being single parents or on work related benefits</li> </ul>	<ul style="list-style-type: none"> <li>• A lack of adult bullying victims combined with lack of rent arrears and adult mental health</li> <li>• A lack of adult bullying victims</li> </ul>

The Theory of Action (the activities and approaches needed to enable change) was identified as being around the key themes below:

### **Activities and Approaches**

#### **Workers Do**

- Whole family working
- Organising families
- Doing activities/ showing families how to
- Doing and providing practical things
- Working/ advocating with other agencies
- Helping families reach solutions
- Access to specific courses and activities in buildings families feel comfortable and welcome
- Time
- Home and school visits

#### **Required of the worker/ overall service approach**

- Gaining trust/ building relationships with families
- Flexibility e.g. trying different approaches, out of hours
- Perseverance
- Other positive qualities e.g. empathy
- Observation and questioning
- An understanding of the order in which things need to happen
- Ability to draw on own/ peer knowledge and experience

### Top Early Help Actions in Cases of Most Significant Change

The table below, **highlighted in green** identifies from the 227 cases submitted by workers of Most Significant Change which Early Help actions (activities and approaches) featured as the top five actions across the individual Family Star Plus domains<sup>9</sup>. These will be key areas for further attention by the Early Help service

**Table 6b: A summary of top Early Help actions leading to change in cases of most significant change for each Family Star Domain**

Actions enabling change	Physical Health	Adult Wellbeing	Meeting Children's Emotional Needs	Keeping Children Safe	Social Networks	Education and Learning	Boundaries and Behaviours	Family Routines	Home and Money	Progress to Work
Families relationship with worker										
Workers providing practical support around behaviours, parenting, daily household tasks and routines										
Other Early Help groups										
Workers providing emotional support e.g. encouragement, praise and reassurance										
Voice of child/young person										
Workers supporting parents to have better understanding of child and young person's needs, development and abilities										
Voice of adults <sup>10</sup>										

<sup>9</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

<sup>10</sup> Workers supporting parents to have a better understanding of child and young person's needs and adult voice was often the 6<sup>th</sup> area identified by workers in each domain and as such these have been marked in **light green**

Top Other Enablers of Change in Cases of Most Significant Change

The table below, **highlighted in green** identifies from 227 cases submitted by workers of Most Significant Change which other enablers of change (which were outside of the Early Help Service) featured as the top five enablers across the individual Family Star Plus domains<sup>11</sup>. These will be key areas for further attention by the Early Help service

**Table 6c: A summary of other top enablers of change in cases of most significant change for each Family Star Domain**

Other enablers of change (outside of the Early Help service)	Physical Health	Adult Wellbeing	Meeting Children’s Emotional Needs	Keeping Children Safe	Social Networks	Education and Learning	Boundaries and Behaviours	Family Routines	Home and Money	Progress to Work
Families want change, accept responsibility, support and take advice										
Multi-agency working										
Improved parenting										
Improved family relationships										
Schools										

<sup>11</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

### Top Barriers to Change in Cases of Most Significant Change

The table below, **highlighted in red** identifies from 227 cases submitted by workers of Most Significant Change which barriers to change featured as the top five barriers across the individual Family Star Plus domains<sup>12</sup>. These will be key areas for further attention by the Early Help service

**Table 6d: A summary of top barriers to change in cases of most significant change for each Family Star Domain**

Detail	Physical Health	Adult Wellbeing	Meeting Children's Emotional Needs	Keeping Children Safe	Social Networks	Education and Learning	Boundaries and Behaviours	Family Routines	Home and Money	Progress to Work
Negative upbringing, set-backs and life events										
Parents mental health										
Parents negative qualities										
Child, young person's negative qualities										
Negative family qualities e.g. family relationships, attachment										
Parent's other issues										
Child/young person's mental health										

<sup>12</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Initial Findings from Staff Workshops Informing the Theory of Change and Theory of Action

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### General Barriers

At the design stage of the evaluation of Early Help Services it was identified through staff workshops that there were key barriers stopping or limiting sustainable change for families. These were grouped by person-centred barriers from the families themselves, workers in the service and more service based barriers, as well as issues linked to other agencies.

1. **Family/Community barriers** included:

- Whole families not wanting to engage or individual family members being resistant
- Family members having difficulties with other aspects of their lives including difficult and challenging situations
- Families lack of knowledge, not being honest until they hit crisis
- Families not complying with plans
- Families having negatively influencing social networks
- Intergenerational experiences/ family culture
- Parents mental health
- A lack of parenting skills
- Previous experience with services

2. **Early Help worker and service related barriers** were linked to their lack of confidence with certain tasks/ situations and not having the time to devote to families to build on the relationship and getting families to open up; and

3. **Multi-agency related barriers** included:

- Agencies and professionals having preconceptions about the family and being reluctant to offer support (especially repeat situations)
- Professionals not fully understanding the Early Help Service and make unrealistic promises/ expectations on the service
- Service gaps and thresholds which included skills, knowledge, lack of provision and capacity.



### **Additional findings around General Barriers from the Evaluation to Further Refine The Theory of Change and Theory of Action**

The evaluation also found that:

- Issues changed and became more complex and behaviours had become entrenched because they had not been dealt with earlier

General barriers to change also included:

- Negative neighbourhoods
- Families' isolation
- Individual relationships families had with their workers
- Service referral timescales across agencies

Within the council's Early Help Service itself, additional barriers included:

- Gaps in knowledge and skills with some tasks
- Paperwork/ administration
- Referral timescales
- System/ policy changes
- Limited work with influential people outside the family household also featured as barriers.

It was often found that the limited work was as a result of resistance from the individual rather than the attempt by the worker to engage with them

### **General Needs**

The workshops also identified what families and staff needed;

1. Families needed to see change taking place, to start to believe in themselves and the service being provided; and
2. Staff needed:
  - Support from their managers, senior managers, peers and families themselves
  - Tools they used with families

- Training, specifically the Level 4 award – Working with Families with Complex and Multiple Needs.

## Theory of Change

The workshops identified that the Family Star Plus<sup>13</sup> tool that workers used covered all of the key areas of change and it was suggested that this was used as a framework to develop the Theory of Change.

### More Information

See below for more details on Family Star Plus see

**REPORT 7 – TECHNICAL REPORT**

**APPENDIX 1A – FAMILY STAR**

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<sup>13</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Theory of Action

In addition to the general barriers and needs identified through the workshops and other initial research there were hundreds of different types of actions undertaken by the Early Help worker and the overall service approach that were identified as key to enabling change to happen for families.

For simplicity these were grouped as below

### Activities and Approaches

#### Workers Do

- Whole family working
- Organising families
- Doing activities/ showing families how to
- Doing and providing practical things
- Working/ advocating with other agencies
- Helping families reach solutions
- Access to specific courses and activities

#### Required of the worker/ overall service approach

- Gaining trust/ building relationships with families
- Flexibility e.g. trying different approaches, out of hours
- Perseverance
- Other positive qualities e.g. empathy
- Observation and questioning
- An understanding of the order in which things need to happen
- Ability to draw on own/ peer knowledge and experience

Through the evaluation these key actions have been validated and enhanced through a better understanding of what is valued from the family's perspective, feedback from partners and cases submitted by workers identified as making Most Significant Change (MSC).

**Additional findings around Actions from the Evaluation to Further Refine The Theory of Change and Theory of Action**

1. **Time** (which enables relationships to be built, evidence to be gathered and time for families to build confidence, make and sustain change)
2. **Home visits** (family) and **school visits** (for school age children, particularly younger children). These environments allow behaviour to be observed and further evidence to be gathered, trust can be built and for many families, they can build relationships with their workers within environments they are most comfortable and familiar.
3. **Buildings** (where families could access workers, groups and felt comfortable/ welcome) and other contact methods (phone and text) to contact workers even when cases were closed. This has been incorporated into the groups and activities action below due to the close relationship between groups, courses, activities and buildings.

The following pages identify why these key actions were considered by staff to be important, what staff need to effect those actions and what the barriers are to effect those actions.

The specific barriers (not already included in generic barriers above) are broken down by:

- Family Person Centred Barriers
- Worker Person Centred Barriers and
- Practical Barriers in the Service, with multi-agencies or other practical issues

**Additional high level findings which were identified throughout the course of the evaluation i.e. after the initial development of the Theory of Change and Theory of Action are highlighted in green in each section.**

## Theory of Action: Activities and Approaches

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### Workers Do: Whole Family Working

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Why do it	<ul style="list-style-type: none"><li>• To help build trust/ relationships</li><li>• To fit in with families' needs</li><li>• To give families' a sense of empowerment</li><li>• To promote working in partnership with families' and demonstrate working together</li><li>• To enable all family members to be seen</li><li>• To help engage with families</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• Service dedicated to whole family work</li><li>• Other professionals on board and helping change the culture of working with whole families</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• No additional barriers identified in addition to general barriers</li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• Worker forms better relationship with one or more family members</li><li>• Worker over identifies with one or more family members</li><li>• <b>Worker specialist / more experienced in working with specific family members e.g. youth, under 5's, victims (not perpetrators of domestic abuse)</b></li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• <b>Not all partners have a whole family approach</b></li></ul>

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## Workers Do: Organising Families

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Why do it

- To help bring stability to families'
  - To promote working in partnership with families' and demonstrate working together
  - To get families' into positive routines
  - To promote the importance of children attending school
  - To promote positive family functioning
  - To promote how families' can be self-reliant
- 

What staff 'need'

- The confidence and skills to help families' organise themselves
  - The skills to challenge differing opinions without damaging the relationship with families'
  - The ability to liaise with other professionals
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Lack of confidence in the worker
- 

Person Centred Barriers to Change  
– Worker

- A lack of confidence and/ or skills including a lack of strategies and resilience
  - Not being able to see beyond the crisis issues
- 

Practical Barriers to Change  
– Service/ Multi-agency

- Resistance
-

## Workers Do: Doing Activities/ Showing Families How To

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Why do it	<ul style="list-style-type: none"><li>• Helps build relationships with families</li><li>• To promote working in partnership with families' and demonstrate working together</li><li>• Highlights practical concerns, <b>supports families' needs</b></li><li>• Positive role modelling</li><li>• Know that families have been clearly shown what is expected of them and how to achieve their goals</li><li>• Shows families evidence of support being provided</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• The knowledge and skills to show families that the support offered is partnership and not a 'showing exercise'</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• A lack of confidence and self-esteem (if not approached by the worker in the right way)</li><li>• Embarrassment by families at needing that support</li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• Resistance to offer families practical support</li><li>• Lack of knowledge or skills with certain tasks.</li><li>• <b>Staff had least confidence around specific areas</b> e.g. sexual health and healthy relationships, resolving transport issues, the financial benefits of working, issues in families existing work/ jobs, post 16 plans, EHCP and respite for carers</li><li>• Workers doing things for families rather than with them</li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• <b>No specific service/ multi-agency barriers identified apart from a lack of worker confidence around some multi-agency areas</b></li></ul>

## Workers Do: Doing and Providing Practical Things

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Why do it	<ul style="list-style-type: none"><li>• Can gain a quick win to encourage families' engagement/ building of relationships and trust</li><li>• To promote working in partnership with families' and demonstrate working together</li><li>• Highlights practical concerns, <b>supports families' needs</b></li><li>• Positive role modelling</li><li>• Know that families have been clearly shown what is expected of them and how to achieve their goals</li><li>• Shows families evidence of support being provided</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• To be willing to do and provide practical things</li><li>• Workers ability to build family confidence and ability to work together in the future</li><li>• Confidence and skills at how support is offered</li><li>• Local resources</li><li>• Team and management support including managers agreement</li><li>• Lack of knowledge or skills with certain tasks</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• A lack of confidence and self-esteem (if not approached by the worker in the right way)</li><li>• Embarrassment by families at needing that support</li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• Resistance to offer families practical support</li><li>• Lack of confidence and skills.</li><li>• <b>Staff had least confidence around transport issues</b></li><li>• Workers doing things for families rather than with them</li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• Lack of resources</li><li>• <b>No specific service/ multi-agency barriers identified apart from a lack of worker confidence around some multi-agency areas (see above)</b></li></ul>

---



## Workers Do: Working / Advocating with Other Agencies

---

Why do it	<ul style="list-style-type: none"><li>• To ensure families have a 'voice' and are heard</li><li>• To help relationships between families and other professionals</li><li>• Demonstrates that the service works alongside professionals to improve holistic outcomes for families</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• Skills, confidence and the ability to work with other professionals</li><li>• To be able to represent families fairly by truly advocating and being the family 'voice'</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• Families playing professionals off against each other</li><li>• Breakdown in the relationship with other partners</li><li>• Families not making sustainable change</li><li>• <b>Specific situations and issues</b></li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• Lack of skills and confidence with other professionals.</li><li>• <b>Staff had the least confidence around specific situations and issues</b></li><li>• <b>Challenging multi-agency when timing or situation not ideal</b></li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• Breakdown in the relationship with families</li><li>• Families not receiving the right support</li><li>• Partners believing the service is 'colluding' with the family</li><li>• <b>Lack of information from multi-agency</b></li><li>• <b>Specific situations and issues</b></li><li>• <b>Specific organisations and professionals</b></li></ul>

---

## Workers Do: Helping Families Reach Solutions

---

Why do it

- To bring stability to families
  - Promotes the family being able to resolve their own issues and problem solve
  - Builds on and looks at strengths already in families
- 

What staff 'need'

- Skills to look at strengths already within families and ability to build on them
  - Effective supervision
  - Local resources
  - Support from peers for both the family and the worker
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Ill health
  - A lack of confidence and self-esteem (if not approached by the worker in the right way)
  - Reluctance to accept solutions
- 

Person Centred Barriers to Change  
– Worker

- A lack of skills in asking solution focused questions
  - **Staff had the least confidence when children moved and visited other parents**
- 

Practical Barriers to Change  
– Service/ Multi-agency

- **No specific service/ multi-agency barriers identified**
-

## Workers Require Within Themselves or From the Service: Gaining Trust / Building Relationships with Families

---

Why do it

- To build partnership working model
  - Effect sustainable change **and help families see change**
- 

What staff 'need'

- To be able to be open and honest
  - To do what they say they are going to do and to be where they say they are going to be
  - To be able to challenge appropriately
  - To be able to see positives and strengths in families
  - **To be able to listen to what families are telling them**
  - **To be able to feedback, reassure, praise and encourage families**
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Resistant family members
  - **Having to challenge parents (worker)**
  - **Safeguarding issues**
- 

Person Centred Barriers to Change  
– Worker

- **Safeguarding issues**
- 

Practical Barriers to Change  
– Service/ Multi-agency

- **Safeguarding issues**
-

## Workers Require Within Themselves or From the Service: Flexibility

---

Why do it	<ul style="list-style-type: none"><li>• To help build trust / relationships</li><li>• To fit in with families' needs</li><li>• To give families' a sense of empowerment</li><li>• To promote working in partnership with families' and demonstrate working together</li><li>• To enable all family members to be seen</li><li>• To help engage with families</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• Good time management and organisational skills</li><li>• To fit in with the needs of different family members</li><li>• Flexible working hours</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• Not being in for visits</li><li>• Feeling dictated to rather than worked with</li><li>• <b>Some approaches do not work with some individuals</b></li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• Lack of robust lone working</li><li>• Other working commitments</li><li>• <b>Other personal commitments/ work patterns</b></li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• Other working commitments</li></ul>

---

## Workers Require Within Themselves or From the Service: Perseverance

---

Why do it

- To engage hard to engage families
  - To show families the service is not willing to give up as other services may have done previously
  - To show families the service is willing to work with them
  - To show families they are valued (worth the time and effort)
  - To help build trust/ relationships
  - To effect sustainable change
- 

What staff 'need'

- The confidence to keep trying to engage the family
  - Team support
  - Different strategies and ways of working with different people
  - Strength based questioning
  - Supervision used effectively
  - Workers using and knowing how to engage with other professionals to help gain family buy in
  - Resilience
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Difficult and challenging situations
- 

Person Centred Barriers to Change  
– Worker

- Other working commitments
  - **Lack of progress being made with families**
- 

Practical Barriers to Change  
– Service/ Multi-agency

- Resistance
-

## Workers Require Within Themselves or From the Service: Other Positive Qualities (e.g. Empathy)

---

Why do it	<ul style="list-style-type: none"><li>• To help build trust/ relationships</li><li>• To effect sustainable change</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• Ability to present different qualities when working with different people</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• Difficult and challenging situations</li><li>• <b>Positive qualities an issue for some families</b></li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• <b>See REPORT 2 – WHAT FAMILIES SAY for specific examples of where worker qualities were not effective in some situations</b></li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• Resistance</li></ul>

---

## Workers Require Within Themselves or From the Service: Observation and Questioning

---

Why do it

- To help build trust/ relationships
  - To give families time to tell their story and articulate their needs
  - To fully understand what has been said
  - Gain true picture of what is happening for the family
  - Piece together information gained from families and professionals
  - Show interest in families
- 

What staff 'need'

- Confidence to ask questions
  - Time to spend with families and observe interactions
  - Time for reflection
  - Supervision and peer support used effectively
  - Signs of safety approach
  - To be able to really listen to the family and what they are telling them
  - Resilience
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Unwilling to make sustainable change
  - Do not want to share information
  - Difficult and challenging situations
  - **Missing information**
  - **Reality differing from behaviours**
- 

continued on next page ...

Person Centred Barriers to Change  
– Worker

- Do not fully get to know the families story
- Do not gain information about family and resilience
- Miss critical information gained
- Make wrong decisions/ referrals
- Lack questioning skills
- Unable to see beyond crisis issues
- Do not see positives/ family strengths
- Do not have enough time to devote to families to enable them to open up
- **Experience with specific family members**
- **Need to ask sensitive questions**
- **Forgetting to ask particular questions**
- **Concerns asking some questions too early will impact on trust/ relationship**

---

Practical Barriers to Change  
– Service/ Multi-agency

- Resistance
  - Do not understand issues
  - Make wrong decisions
  - **Missing information**
-



## Workers Require Within Themselves or from the Service: An Understanding of the Order in Which Things Need to Happen

---

Why do it

- Demonstrates working to families agenda as well as services
  - Helps understand families priorities
  - Help families buy into support/ builds relationship/ trust
  - Gains picture of what the issues are and what needs to be tackled first
  - Ensures work is not being missed or duplicated
  - Helps co-ordinate the right support for families
- 

What staff 'need'

- Questioning skills
  - Confidence and skill at helping families prioritise their issues
  - Skill at challenging different priorities without damaging the relationship
  - Ability to liaise and get support from other professionals including the team and partners
  - Resilience
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Unwilling to make sustainable change
  - Do not want to share information
  - Difficult and challenging situations
  - **Complexity/ range of issues**
  - **Changing circumstances**
  - **Changing priorities**
- 

continued on next page ...

Person Centred Barriers to Change  
– Worker

- Do not get to fully know family issues
- Do not get enough information
- Miss critical information gained
- Make wrong decisions/ referrals
- Unable to see beyond crisis issues
- Do not see positives/ family strengths
- Do not have enough time to devote to families to enable them to open up/ build on relationships
- **Difficulties prioritising**
- **Workload/ time**

---

Practical Barriers to Change  
– Service/ Multi-agency

- Resistance
  - Do not understand issues
  - Make wrong decisions
  - **Changing systems and practices**
-

## Workers Require: Ability to Draw on Own/ Peer Knowledge and Experiences

---

Why do it	<ul style="list-style-type: none"><li>• Needs and situations are complex and no one person can have the skills/ answers for all scenarios</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• Effective supervision, management and team support</li><li>• Ability to listen to potential solutions and try different approaches with different families</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• No specific barriers identified other than general barriers above</li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• No specific barriers identified other than general barriers above</li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• No specific barriers identified other than general barriers above</li></ul>

---

## Workers Require Within Themselves or From the Service: Access to Specific Courses And Activities (and buildings families feel welcome, comfortable and where they know the people who will be there)

---

### Why do it

- Support for **isolation and/ or** a specific issue
  - **Drop in support if families are having a bad day/ need support with a specific issue**
  - Target a particular issue for a family member
  - Encourage independence from worker and look outside service support in readiness for when case is closed
  - Build confidence and self esteem
  - **Welcoming buildings with dedicated people (recognises families lack confidence with groups, new situations, new people and unfamiliar environments)**
- 

### What staff 'need'

- Having courses available locally
  - Having courses available for free within the service locally e.g. parenting
  - Available and 'free' childcare if course is for parents only
  - Workers time to be able to go with families initially to support attendance
  - Workers providing support with transport
  - **Suitable and accessible buildings (for families) in localities to work from**
  - **Timings of groups which meet families' needs**
  - **Courses and activities available to families after they have closed**
- 

### Barriers

- See General Barriers above
- 

continued on next page ...

Person Centred Barriers to Change  
– Family

- Not wanting to mix with others
  - Lack of confidence and self-belief in attending course / BUILDINGS
  - Literacy issues
  - Transport issues
  - Accessibility issues / Ill health
  - Childcare issues
  - English not first language
  - Finances (when required to pay for specific courses)
  - Reluctance to change or accept solutions
- 

Person Centred Barriers to Change  
– Worker

- Lack of local resources/ capacity
- 

Practical Barriers to Change  
– Service/ Multi-agency

- Lack of local resources / capacity / **buildings**
  - **Staff had least confidence accessing family learning and e-safety courses**
-

## Workers Require Within Themselves or From the Service: Time

---

Why do it

- To help build trust / relationships
  - To fit in with families' needs
  - To promote working in partnership with families and demonstrates working together
  - To enable all family members to be seen
  - To observe and gather appropriate evidence
  - To help engage with families
  - For families to make and sustain changes
- 

What staff 'need'

- Small caseloads
- 

Barriers

- See General Barriers above
- 

Person Centred Barriers to Change  
– Family

- Families need more time to make and sustain changes
- 

Person Centred Barriers to Change  
– Worker

- Other workload / priorities
- 

Practical Barriers to Change  
– Service/ Multi-agency

- No specific barriers identified other than general barriers above
-

## Workers Require Within Themselves or From the Service: Home and School Visits

---

Why do it	<ul style="list-style-type: none"><li>• To help build trust / relationships</li><li>• To fit in with families' needs</li><li>• To promote working in partnership with families and demonstrates working together</li><li>• To enable all family members to be seen</li><li>• To observe and gather appropriate evidence</li><li>• To help engage with families in comfortable/ familiar settings</li></ul>
What staff 'need'	<ul style="list-style-type: none"><li>• Support from schools</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See general barriers above</li></ul>
Person Centred Barriers to Change – Family	<ul style="list-style-type: none"><li>• Families feel judged with home visits</li></ul>
Person Centred Barriers to Change – Worker	<ul style="list-style-type: none"><li>• No specific barriers identified other than general barriers</li></ul>
Practical Barriers to Change – Service/ Multi-agency	<ul style="list-style-type: none"><li>• Lack of support from schools</li></ul>

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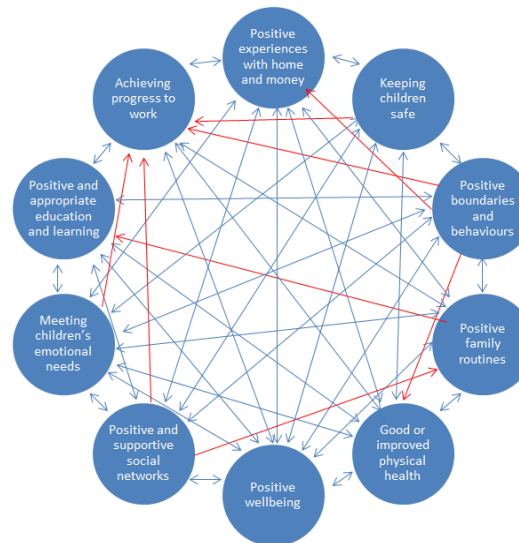
## Dependencies

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The Theory of Change developed for the evaluation, based on Family Star Plus<sup>14</sup>, identified that most families going through the Early Help Service were complex. The relationship/ connector/ dependency graphic below illustrates that complexity. Change within each Family Star Plus domain was largely dependent on change in other domains (varying by each family's unique circumstances).

The blue arrows illustrate a strong two way relationship and the red arrows show a more one-sided relationship for example, achieving progress to work can be dependent on being able to meet children's emotional needs, having positive and supportive social networks, keeping children safe and having positive boundaries and behaviours however meeting children's emotional needs, positive and supportive social networks, keeping children safe and positive boundaries and behaviours was not as reliant on being in employment.

**Illustration 6a: Interdependencies between Family Star domains**



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<sup>14</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting



## Early Help Evaluation - Final Report

Nothing has been found so far that challenges this notion; however through the evaluation, particularly through the cases workers identified where there was Most Significant Change (MSC) in families, this report provides a more informed view of where actions, approaches and enablers are more connected to change around each of the specific domains and which domains are more closely linked.

For most domains the evaluation found that there were stronger relationships with wellbeing, meeting children's emotional needs and boundaries and behaviours and weaker relationships with home and money and progress to work. This implies that adult wellbeing, meeting children's emotional needs and boundaries and behaviours are the key foundations of effective parenting needed to be in place in order to affect change across the other domains.

### More Information

For more detailed information on the findings from Most Significant Change, see  
**REPORT 2 – WHAT FAMILIES SAY** and  
**REPORT 4 – MULTI-AGENCY AND OTHER ASSET BASED STRENGTHS**

The pages below look at each of the outcome areas (Family Star Plus<sup>15</sup> domain's) in more detail and provide key findings related to that specific domain.

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<sup>15</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Theory of Change: Good or Improved Physical Health

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### Illustration 6b: Outcome area from the Family Star Plus™<sup>16</sup>: Physical Health 5 Stages of the Journey of Change



<sup>16</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Physical Health

### Dashboard 6ai : Family Star Progress - Physical Health - Extracted from The Family Star Summary dashboard

Matrix 6ai (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain of Physical Health.

#### Matrix 6ai : Family Star Progress – Physical Health

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	11	10	7	16	6	50
Accepting Help	10	29	43	71	20	173
Trying	3	3	46	142	38	232
Finding What Works	1	5	16	97	63	182
Effective Parenting			3	18	119	140
<b>Total</b>	25	47	115	344	246	777

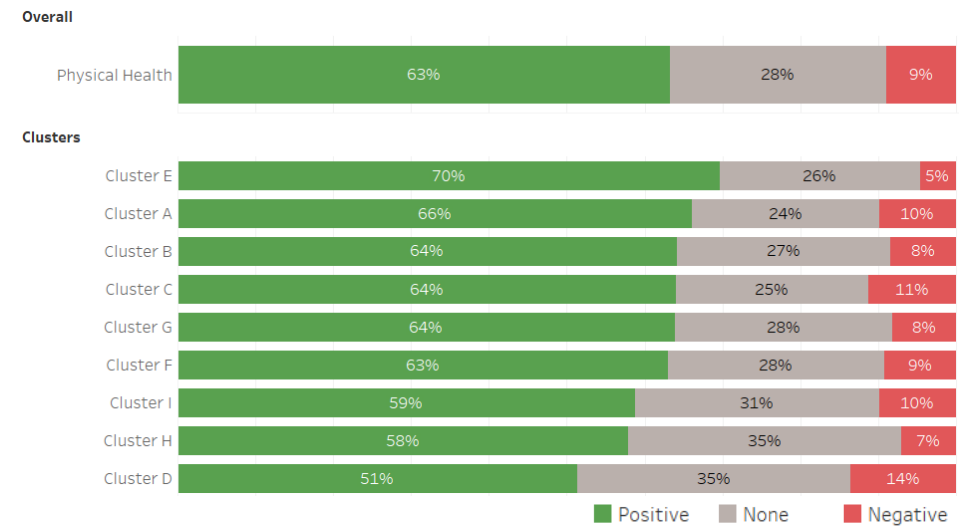
The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Physical Health i.e. moved up at least one stage e.g. 16 families moved from being Stuck to Finding What Works around Physical Health.

Chart 6ai shows that 63% of families make progress overall around the Family Star domain of Physical Health. It also illustrates the variation in progress made in the Physical Health domain across the nine different Clusters of families.

**Most progress** is made around Physical Health Cluster E (Lower needs families - Low) (70%).

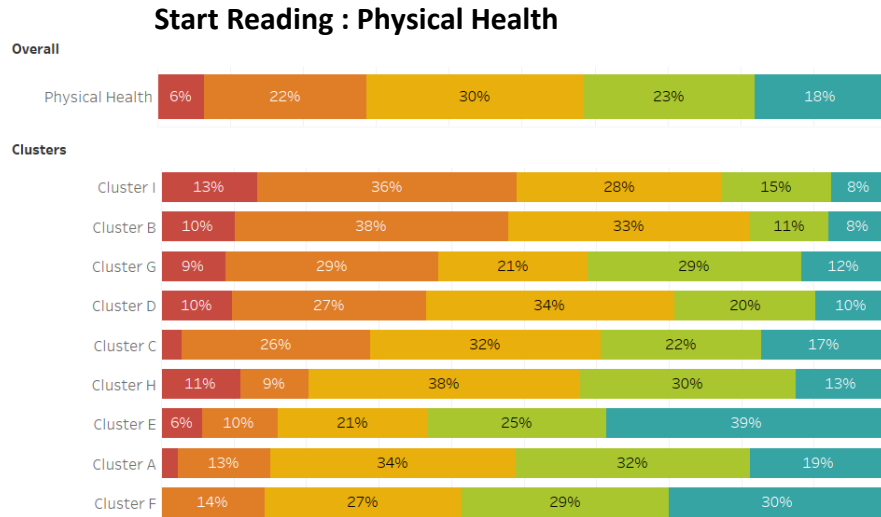
**Least progress** is made around Physical Health by Cluster D (Domestic abuse families – High) (51%).

#### Chart 6ai : Family Star Progress – Physical Health



**Dashboard 6aii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Physical Health.

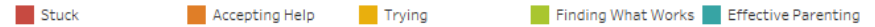


Families in Cluster I (SEND families - High) on average have the lowest start readings, being most likely to start Stuck (13%) or Accepting Help (36%) around Physical Health.

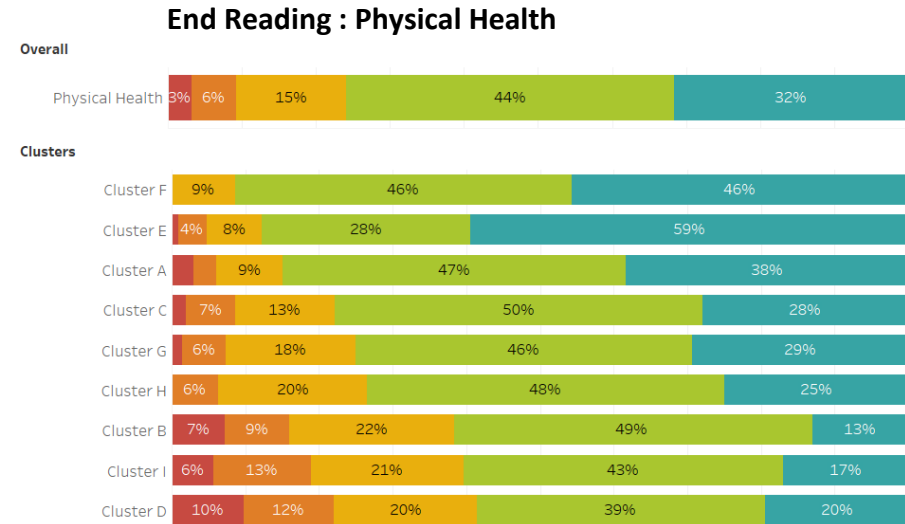
Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (25%) or Effective Parenting (39%) around Physical Health.

**More Information**

For more detailed findings against the nine different groups of families see **REPORT 5 – UNDERSTANDING DEMAND BETTER**



The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Physical Health.



Families in Cluster D (Domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck (10%) or Accepting Help (12%) around Physical Health

Families in Cluster F (Lower needs families - High) on average have the highest end readings, being most likely to end Finding what Works (46%) or Effective Parenting (46%) around Physical Health.

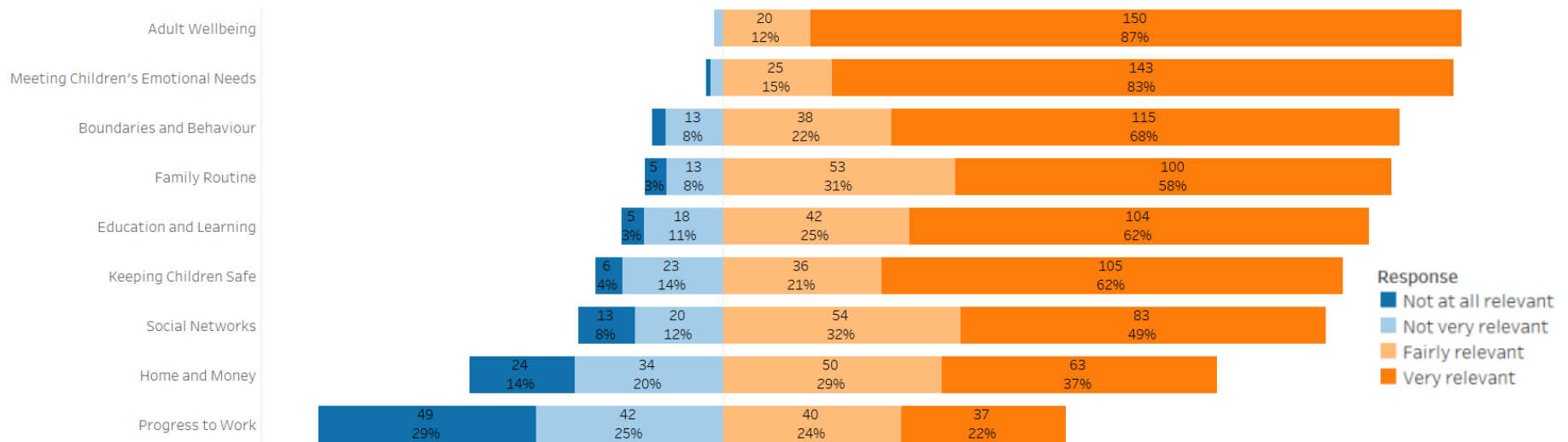
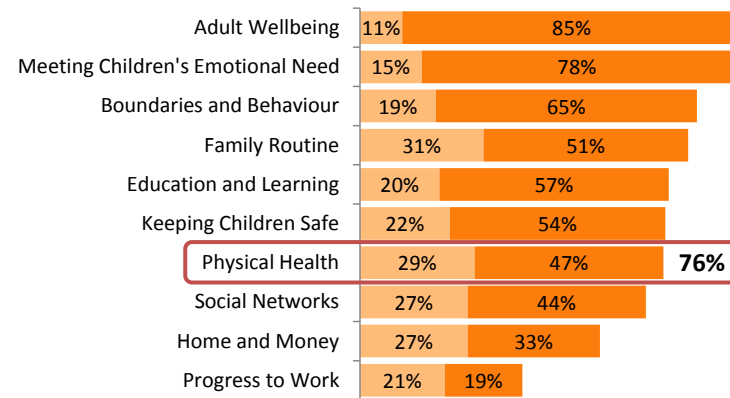
## Most Significant Change: Good or Improved Physical Health

### Dashboard 6a: Relevance of Physical Health to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **76%** said that change was either fairly (29%) or very relevant (47%) to the domain of Physical Health.

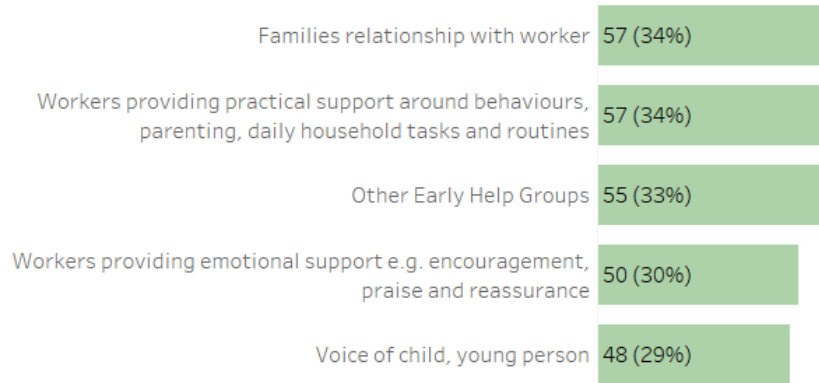
Physical Health Ranked 7th for relevance to change out of the ten family star domains (see right).

Of the cases where Physical Health was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Meeting Children’s Emotional Needs and less likely to link to the domains of Home and Money and Progress to Work.



**Dashboard 6aiv: Activities / Approaches and Enablers for cases where Physical Health was identified as Relevant to Change  
Extracted from The Most Significant Change dashboard**

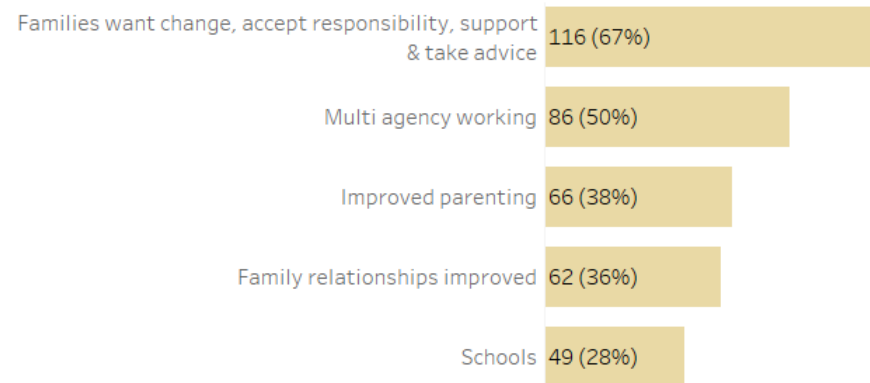
**Top 5 Early Help Activities and Approaches**



**Early Help activities and approaches**

Of the most significant change cases submitted by staff where physical health outcomes were identified, the top five Early Help activities and approaches linked to these cases were the families relationship with the worker; workers providing practical support around behaviours, parenting, daily household tasks and routines; Early Help groups; workers providing emotional support e.g. encouragement, praise and reassurance and the voice of the child/ young person.

**Top 5 Enablers**



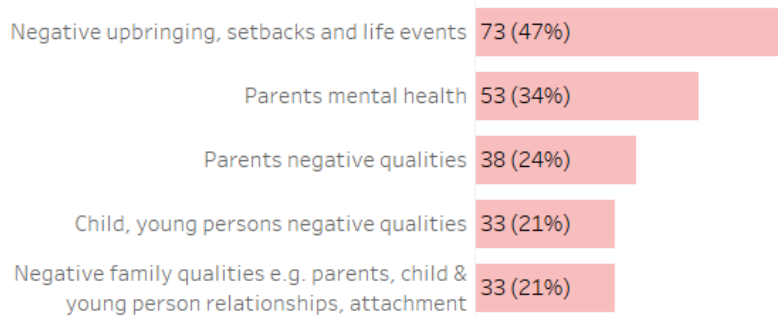
**Enablers**

The top five enablers linked to these cases were families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved parenting; improved family relationships; and schools.

The following enablers also featured in these cases: Health services for children and young people; health services for parents; health services for parent’s mental health; families managing their health; leisure opportunities; and health diagnosis for families.

**Dashboard 6av: Barriers and Other Outcomes for cases where Physical Health was identified as Relevant to Change**  
**Extracted from The Most Significant Change dashboard**

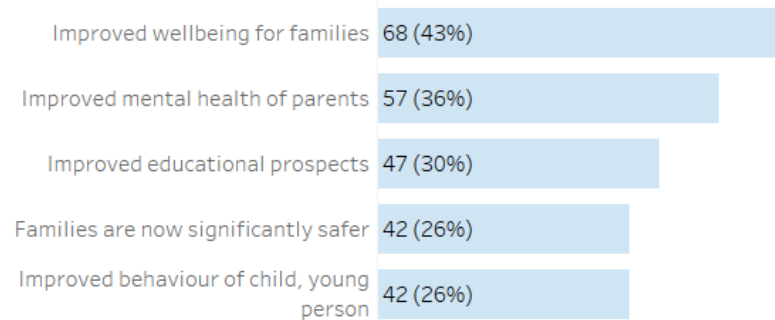
**Top 5 Barriers**



**Barriers to change**

The top five barriers to change linked to these cases were negative upbringing, set-backs or life events; parent’s mental health; parent’s negative qualities; children’s negative qualities; and family negative qualities e.g. family relationships and attachment.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and improved educational prospects. The following outcomes also featured in these cases: improved mental health of child/ young person; improved health of child/ young person; and improved health of parents.

## Theory of Change – Good or Improved Physical Health

---

### Key Needs and Issues

- Children who have development concerns are not sufficiently supported
  - Family members mental health issues e.g. diagnosis, self-harming, agoraphobia
  - Illnesses, conditions and disabilities are not managed
  - Family members smoke
  - Family members are not registered with doctors or dentists and do not receive regular eye tests
  - Family members are engaged in problematic substance misuse
  - There are other negative lifestyle issues e.g. hygiene, diet
- 

### BARRIERS

- See General Barriers above
  - **See table 6a for data findings worth exploring further**
- 

### Additional Person Centred Barriers

- None identified
- 

### Additional Practical Barriers

- Lack of resources
- 

### What Staff 'Do'

- Provide support, advice and encouragement around
  - Dealing with physical health issues
  - Healthy living including hygiene and risky sexual behaviours
- Individual and joint visits, meetings and referrals with
  - Doctors and other health professionals
  - Schools (including SENCO's)
  - Rehabilitation
  - Parent partnerships
  - Think family sessions
- Joint activities and plans including
  - Positive leisure/ physical activities
  - Healthy eating



- Helping families remember to attend appointments
  - Obtaining and regularly taking medication
  - Sourcing and access to items such as
    - Free or subsidised physical activities
- 

What Staff 'Need'

- **Multi-agency support including referrals, understanding and specialist support e.g. diagnosis, medication**
  - Access to specific courses and activities such as
  - Positive leisure activities
  - LEAP
  - Flic
  - Love food, hate waste
  - Healthy eating
  - Counselling
  - Smoking cessation
- 

Staff Need Skills and Training Around

- Think family/ whole family
  - MASH – Multi Agency Sharing Hub
  - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

## CHAID (Statistically Significant Findings) around Progress: Physical Health

**Table 6e – Adults Requiring Support (Clusters A – Low and B – High), Domestic Abuse Families (Clusters C – Low and D – High), Lower Needs Families (Cluster F – High) and SEND Families (Clusters G – Low, H – Mid and I - High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is not a child protection plan after early help intervention but length of intervention is more than a year, these families are more likely to make higher progress around physical health compared to the overall (64.4% vs 53.5%).
- For these families where there is a child protection plan after the Early Help intervention they are almost 3 times more likely to make lower progress around physical health than the overall (19.5%:7.6%). Similarly, they are less likely to make higher progress around physical health compared to those families where there is no child protection plan (39.0%:57.4%).

**Table 6f – Lower Needs Families (Cluster E – Low)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are less likely to make lower progress around physical health compared to those overall (2.8%:7.6%).

### What Factors are Worthy of Further Attention When Looking at Lower Progress around Physical Health

- **Adult mental health**
- **Financial difficulties (even if low level mental health is present)**
- **Adult domestic abuse**

- In families where there are no low level mental health issues, but there are adults with other mental health issues they more likely to make lower progress around physical health compared to the overall (13.0%:7.6%).
- Families with financial difficulties (where there are no adults with low level mental health issues) are more likely to make lower progress around physical health compared to the overall (11.8%:7.6%).
- Families where there are no low level mental health issues and no other adult mental health issues but there are adult victims of domestic abuse are less likely to make higher progress around physical health compared to the overall (31.8%:53.5%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Physical Health

- **Not on work related benefits (even if financial difficulties and low level mental health is present)**
- **A lack of adult mental health issues (even if low level mental health is present)**

- Families with financial difficulties and where there are adults with low level mental health issues (but who do not receive work related benefits') are less likely to make lower progress around physical health compared to the overall (2.6% vs 7.6%). Similarly these families are more likely to make higher progress around physical health compared to the overall (76.6%:53.5%).
- Families who have low level mental health issues (where there aren't adults suffering from other mental health issues) are less likely to make lower progress around physical health compared to the overall (2.0% vs 7.6%). Similarly, they are also more likely to make higher progress around physical health compared to the overall (62.4%:53.5%).

## Theory of Change: Positive Adult Wellbeing

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### Illustration 6c: Outcome area from the Family Star Plus<sup>17</sup>: Your Wellbeing 5 Stages of the Journey of Change



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<sup>17</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Positive Adult Wellbeing

### Dashboard 6bi : Family Star Progress – Adult Wellbeing - Extracted from The Family Star Summary dashboard

Matrix 6bi (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain of Adult Wellbeing.

#### Matrix 6bi : Family Star Progress – Adult Wellbeing

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	27	22	26	38	4	117
Accepting Help	11	47	77	125	20	280
Trying	3	8	49	126	30	216
Finding What Works	2		9	64	48	123
Effective Parenting			1	2	34	37
Total	43	77	162	355	136	773

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Adult Wellbeing i.e. moved up at least one stage  
e.g. 38 families moved from being Stuck to Finding What Works around Adult Wellbeing

Chart 6bi shows that 70% of families make progress overall around the Family Star domain of Adult Wellbeing. It also illustrates the variation in progress made in the Adult Wellbeing domain across the nine different Clusters of families.

**Most progress** is made around Adult Wellbeing by Cluster E (Lower needs families - Low) (78%).

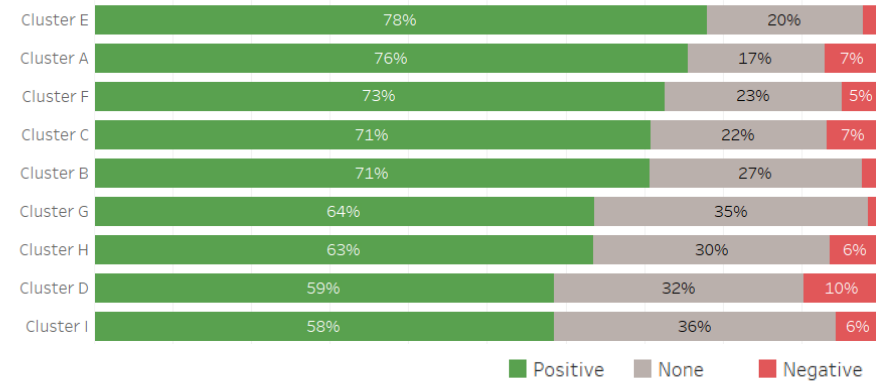
**Least progress** is made around Adult Wellbeing by Cluster I (SEND families - High) (58%).

#### Chart 6bi : Family Star Progress – Adult Wellbeing

##### Overall

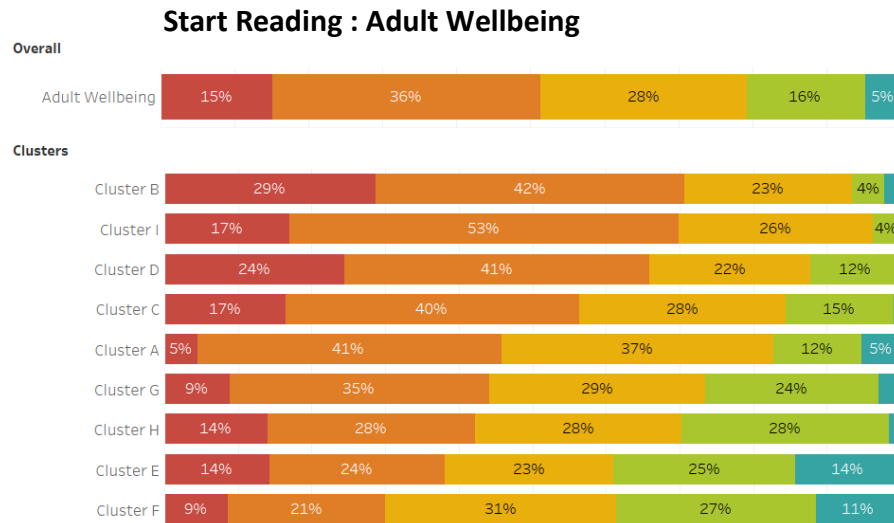


##### Clusters



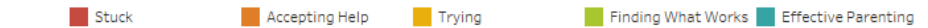
**Dashboard 6bii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Adult Wellbeing.

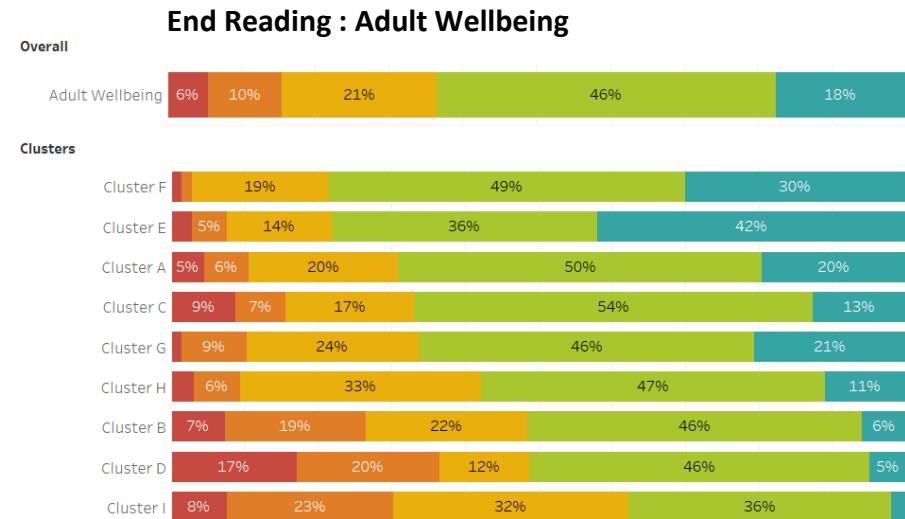


Families in Cluster B (Adults requiring support - High) on average have the lowest start readings, being most likely to start Stuck (29%) or Accepting Help Adults (42%) around Adult Wellbeing.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (25%) or Effective Parenting (14%) around Adult Wellbeing.



The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Adult Wellbeing.



Families in Cluster D (Domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck (17%) or Accepting Help (20%) around Adult Wellbeing.

Families in Cluster F (Lower needs families - High) on average have the highest end readings, being most likely to end Finding what Works (49%) or Effective Parenting (30%) around Adult Wellbeing.

**More Information**

For more detailed findings against the nine different groups of families see **REPORT 5 – UNDERSTANDING DEMAND BETTER**

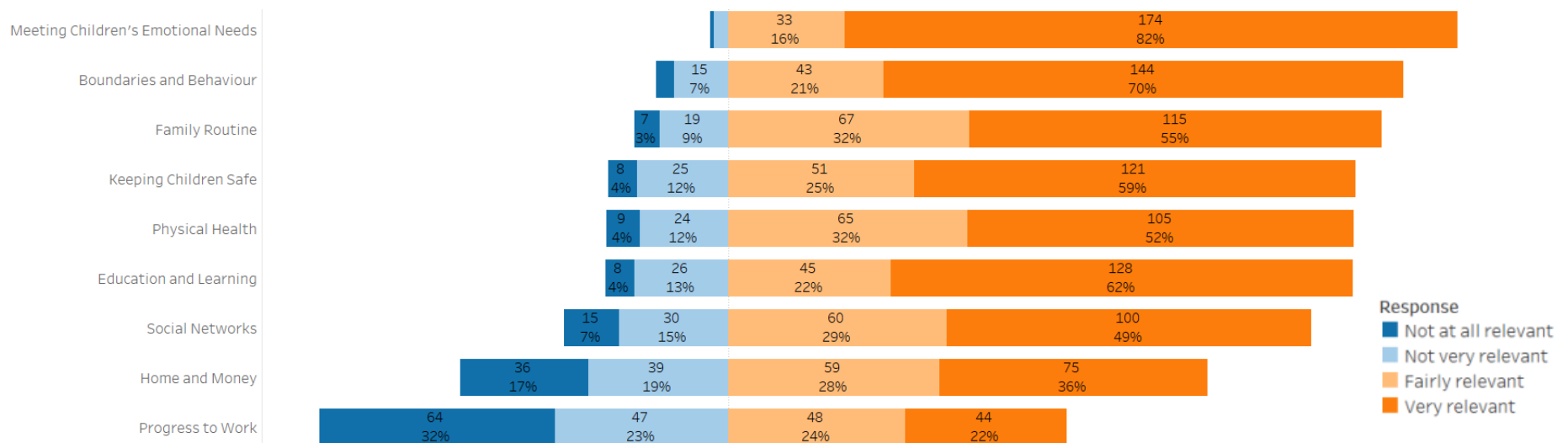
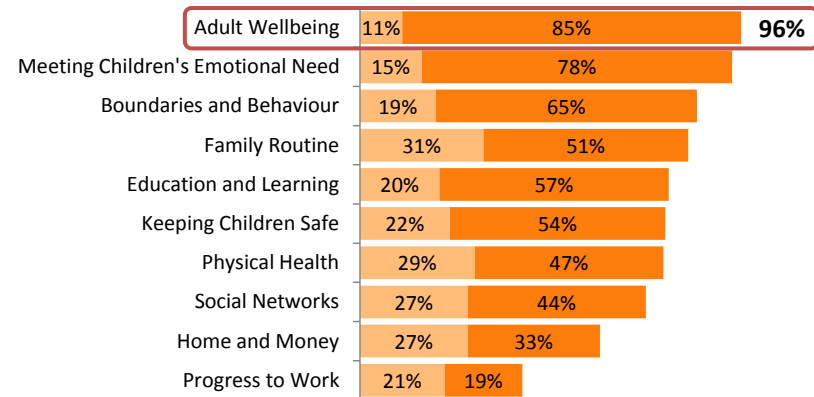
## Most Significant Change: Positive Adult Wellbeing

### Dashboard 6biii: Relevance of Adult Wellbeing to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **96%** said that change was either fairly (11%) or very relevant (85%) to the domain of Adult Wellbeing.

Positive Adult Wellbeing ranked 1st for relevance to change out of the ten family star domains (see right).

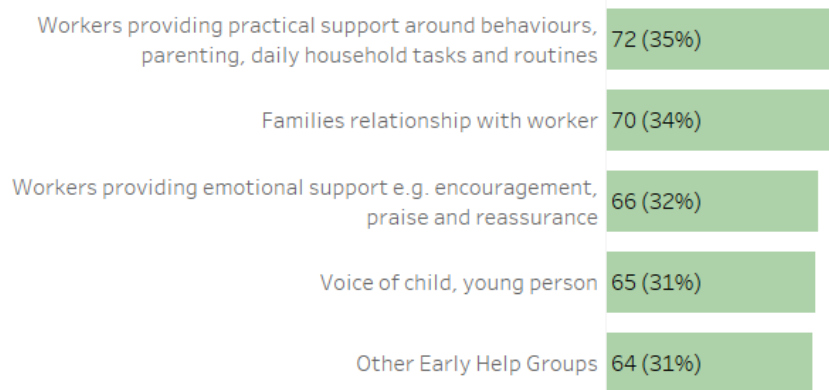
Of the cases where Positive Adult Wellbeing was relevant to change, workers were more likely to link to the domains of Meeting Children’s Emotional Needs and Boundaries and Behaviour and less likely to link to the domains of Home and Money and Progress to Work.



## Most Significant Change: Positive Adult Wellbeing

### Dashboard 6biv: Activities / Approaches and Enablers for cases where Positive Adult Wellbeing was identified as Relevant to Change Extracted from The Most Significant Change dashboard

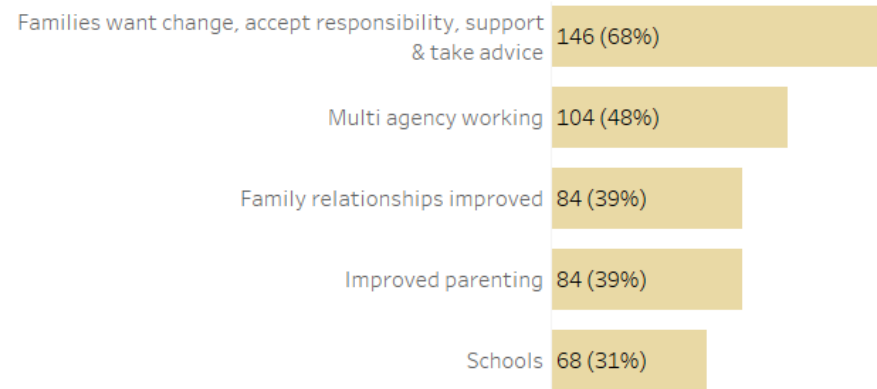
#### Top 5 Early Help Activities and Approaches



#### Early Help activities and approaches

Of the most significant change cases submitted by staff where wellbeing outcomes were identified, the top five Early Help activities and approaches linked to these cases were workers providing practical support around behaviours, parenting, daily household tasks and routines; families relationship with the worker; workers providing emotional support e.g. encouragement, praise and reassurance; the voice of the child/ young person; and Early Help groups.

#### Top 5 Enablers



#### Enablers

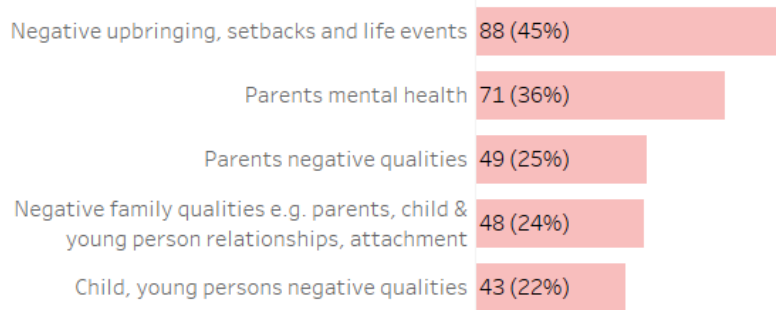
The top five enablers linked to these cases were families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved family relationships; improved parenting and schools.

The following also featured in these cases: health services for parent's mental health; families managing their health; specific services for drug misuse and domestic abuse; and health diagnosis for families.



**Dashboard 6bv: Barriers and Other Outcomes for cases where Positive Adult Wellbeing was identified as Relevant to Change**  
**Extracted from The Most Significant Change dashboard**

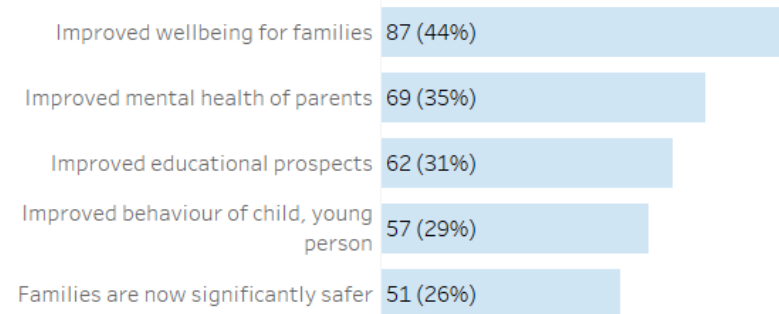
**Top 5 Barriers**



**Barriers to change**

The top five barriers to change linked to these cases were negative upbringing, set-backs or life events; parent’s mental health; other parent’s negative qualities; family negative qualities e.g. family relationships and attachment; and children’s negative qualities. The following also featured as barriers in these cases: parents other issues; child/ young person’s mental health; isolation; and an unstable home environment.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and improved educational prospects.

The following outcomes also related to these cases: improved behaviour of child/ young person; families being significantly safer; progress towards work; improved mental health of child/ young person; an improved future outlook; families less isolated; improved health of child/ young person; improved child development; improved health of parents; and parents and young people in work or apprenticeships.

## Theory of Change – Positive wellbeing

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Key Needs and Issues	<ul style="list-style-type: none"><li>• Family members have low level mental health issues e.g. anxiety, lack of confidence, <b>post-natal depression</b> (see also physical health)</li><li>• Family members are victims of domestic abuse</li><li>• Victims of domestic abuse may have limited support networks, limited finances and inappropriate housing</li><li>• Family members are victims of bullying</li><li>• Carers in family are not sufficiently supported</li><li>• Teenage parents are not sufficiently supported</li></ul>
BARRIERS	<ul style="list-style-type: none"><li>• See General Barriers above</li><li>• <b>See table 6a for data findings worth exploring further</b></li></ul>
Additional Person Centred Barriers	<ul style="list-style-type: none"><li>• Lack of parenting skills/ knowledge</li><li>• Family members do not seek appropriate help for low level mental health issues</li><li>• Victims of domestic abuse are scared to expose or deal with situations</li><li>• There have been previous significant negative life experiences in both childhood and/ or adulthood</li></ul>
Additional Practical Barriers	<ul style="list-style-type: none"><li>• None identified</li></ul>
What Staff 'Do'	<ul style="list-style-type: none"><li>• Provide support, advice and encouragement around<ul style="list-style-type: none"><li>○ Getting families out, making friends, dealing with domestic abuse situation, building confidence, healthy eating, exercise (links to progress to work)</li></ul></li><li>• Tackling presenting issues impacting on wellbeing such as domestic and substance abuse</li><li>• Individual and joint visits, meetings and referrals with<ul style="list-style-type: none"><li>○ Doctors and other health professionals</li><li>○ Counselling</li></ul></li></ul>

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- United Against Violence and Abuse (UAVA)
  - Schools (bullying)
  - Joint activities and plans including
    - Children's Centres and other groups including teenage pregnancy groups pre/ post birth
  - Helping families remember to attend appointments
  - Stress control and management
    - Obtaining and regularly taking medication
- 

What Staff 'Need'

- **Multi-agency support including sanctions, referrals, understanding and specialist support e.g. diagnosis, medication, therapy, practical advice and support**
  - Time to understand the issues
  - Access to specific courses and activities such as
    - Positive leisure activities
    - Post Natal depression groups
    - Counselling
    - Freedom programme
    - Cognitive Behavioural Therapy (CBT)
    - Parenting courses e.g. Solihull
- 

Staff Need Skills and Training Around

- Self-confidence and esteem building strategies
  - Solution focus and motivational interviewing
  - Basic counselling and listening skills
  - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
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## CHAID (Statistically Significant Findings) around Progress: Adult Wellbeing

**Table 6g – Adults Requiring Support (Cluster A – Low) and Domestic Abuse Families (Cluster C – Low)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is children’s social care involvement after the early help intervention they are over three times more likely to make lower progress around adult wellbeing compared to the overall (18.3%:4.7%).
- For these families where there is no children’s social care involvement after the early help intervention they are more likely to make higher progress around adult wellbeing compared to the overall (77.6%:66.8%).

**Table 6h – Adults Requiring Support (Cluster B – High), Lower Needs Families (Cluster E – Low) and SEND Families (Cluster G – Low)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is no children’s social care involvement after the Early Help intervention they are less likely to make lower progress compared to the overall (0.6% vs 4.7%).

**Table 6i – Domestic Abuse Families (Cluster D – High), Lower Needs Families (Cluster F – High) and SEND Families (Clusters H – Mid and I - High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is a child protection plan after early help intervention, they are less likely to make higher progress around adult wellbeing compared to the overall (51.8%:66.8%).

### What Factors are Worthy of Further Attention When Looking at Lower Progress around Adult Wellbeing

- **Anti-Social Behaviour**
- **More than three adult females in households combined with low level mental health**
- **Single parent families combined with child victim of bullying**

- Families with anti-social behaviour issues are almost three times more likely to make lower progress around adult wellbeing compared to the overall (11.1%:4.0%).
- Where families have low level mental health issues and there are 3 or more adult females in the household they are more likely to make lower progress around adult wellbeing compared to the overall (7.7%:4.7%). Similarly, these families are less likely to make higher progress around adult wellbeing compared to the overall (51.9%:66.8%)
- Single parent families where there are child victims of bullying (but where there is no anti-social behaviour present) are less likely to make higher progress around adult wellbeing compared to the overall (50.9%:66.8%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Adult Wellbeing

- **A lack of single parent households and anti-social behaviour (even if low level mental health is present)**
  - **Less than three adult females in the household (even if low level mental health is present)**
  - **A lack of anti-social behaviour and victims of child bullying (even if single parents with children with low level mental health issues)**
- 
- Families where there are adults suffering from low level mental health issues (where they aren't single parent households and there is no anti-social behaviour) are less likely to make lower progress around adult wellbeing compared to the overall (1.1%:4.7%).
  - Families where there are low level mental health issues (but where there are less than 3 adult females in the household) are less likely to make lower progress around adult wellbeing compared to the overall (3.1%:4.7%). Similarly, these families are more likely to make higher progress compared to the overall (72.9%: 66.8%).
  - Single parent families with children with low level mental health issues (where there is no anti-social behaviour and the children aren't victims of child bullying) are more likely to make higher progress around adult wellbeing compared to the overall (78.4%:66.8%).

## Theory of Change – Meeting Children’s Emotional Needs

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### Illustration 6d: Outcome area from the Family Star Plus™<sup>18</sup>: Meeting Children’s Emotional Needs

#### 5 Stages of the Journey of Change



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<sup>18</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting



## Family Star Progress: Meeting Children’s Emotional Needs

### Dashboard 6ci : Family Star Progress – Meeting Children’s Emotional Needs - Extracted from The Family Star Summary dashboard

Matrix 6ci (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain of Meeting Children’s Emotional Needs.

**Matrix 6ci : Family Star Progress - Meeting Children’s Emotional Needs**

Progress Negative ----- Positive	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	24	25	17	31	3	100
Accepting Help	9	37	55	98	11	210
Trying	5	15	72	151	29	272
Finding What Works		4	13	78	52	147
Effective Parenting		1	1	4	41	47
<b>Total</b>	38	82	158	362	136	776

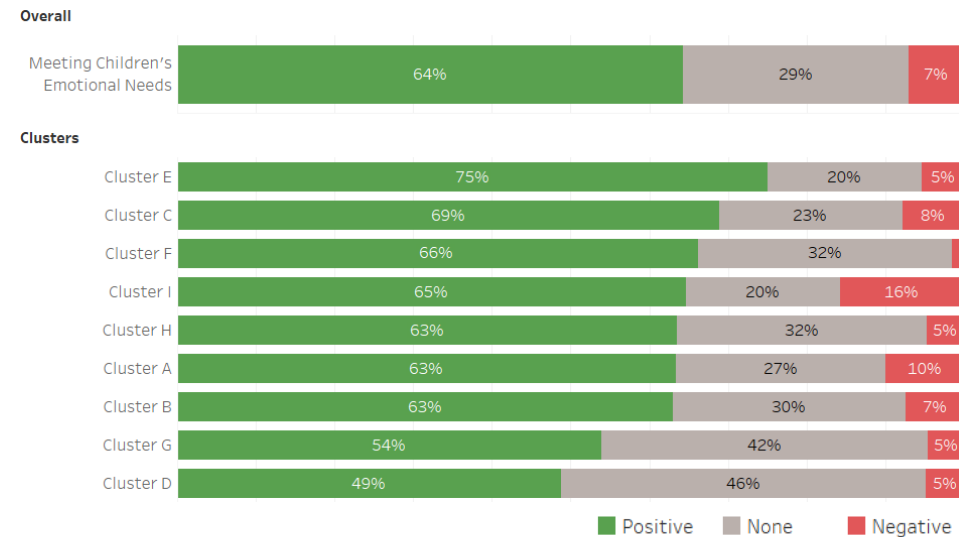
The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Meeting Children’s Emotional Needs  
 i.e. moved up at least one stage  
 e.g. 151 families moved from being Trying to Finding What Works around Meeting Children’s Emotional Needs

Chart 6ci shows that 64% of families make progress overall around the Family Star domain of Meeting Children’s Emotional Needs. It also illustrates the variation in progress made in the Meeting Children’s Emotional Needs domain across the nine different Clusters of families.

**Most progress** is made around Meeting Children’s Emotional Needs by Cluster E (Lower needs families - Low) (75%).

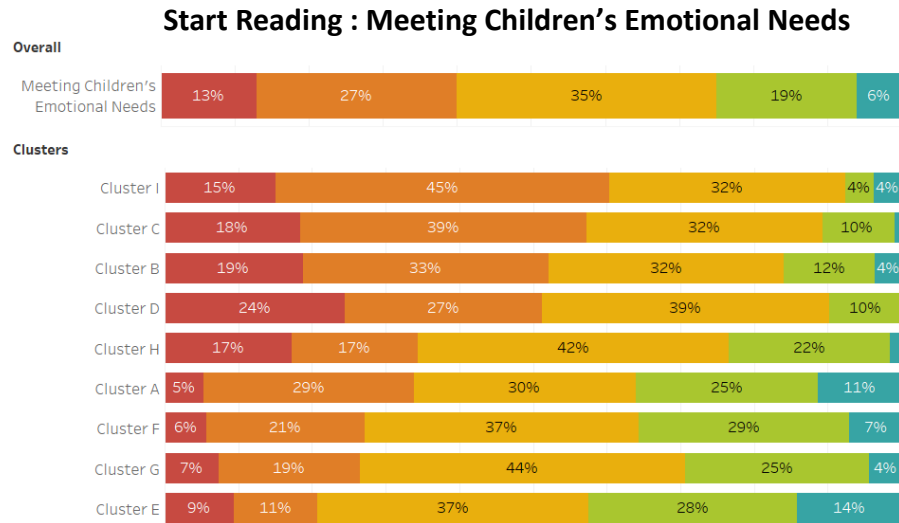
**Least progress** is made around Meeting Children’s Emotional Needs by Cluster D (Domestic abuse families - High) (49%).

**Chart 6ci : Family Star Progress – Meeting Children’s Emotional Needs**



**Dashboard 6cii: Extracted from The Family Star Summary dashboard**

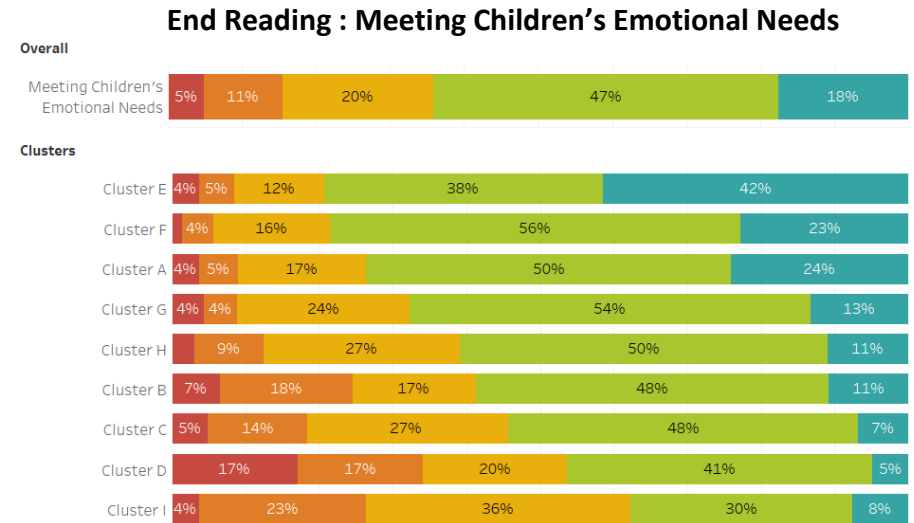
The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Meeting Children’s Emotional Needs.



Families in Cluster I (SEND families - High) on average have the lowest start readings, being most likely to start Stuck (15%) or Accepting Help Adults (45%) around Meeting Children’s Emotional Needs.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (28%) or Effective Parenting (14%) around Meeting Children’s Emotional Needs.

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Meeting Children’s Emotional Needs.



Families in Cluster D (Domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck (17%) or Accepting Help (17%) around Meeting Children’s Emotional Needs.

Families in Cluster E (Lower needs families - Low) on average have the highest end readings, being most likely to end Finding what Works (38%) or Effective Parenting (42%) around Meeting Children’s Emotional Needs.

**More Information**

For more detailed findings against the nine different groups of families see **REPORT 5 – UNDERSTANDING DEMAND BETTER**

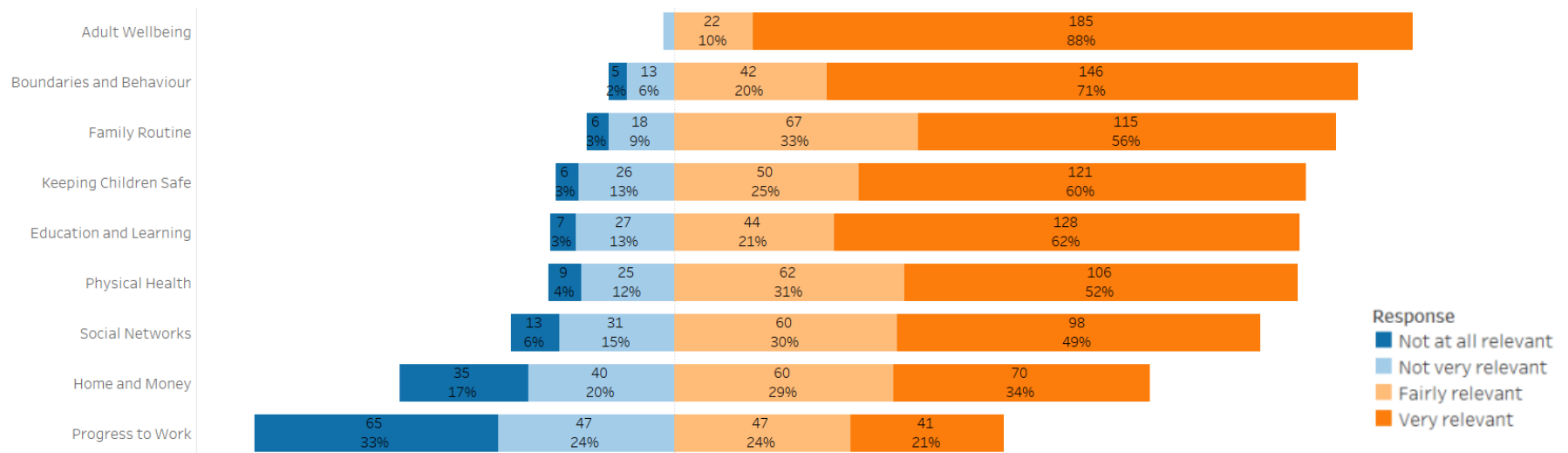
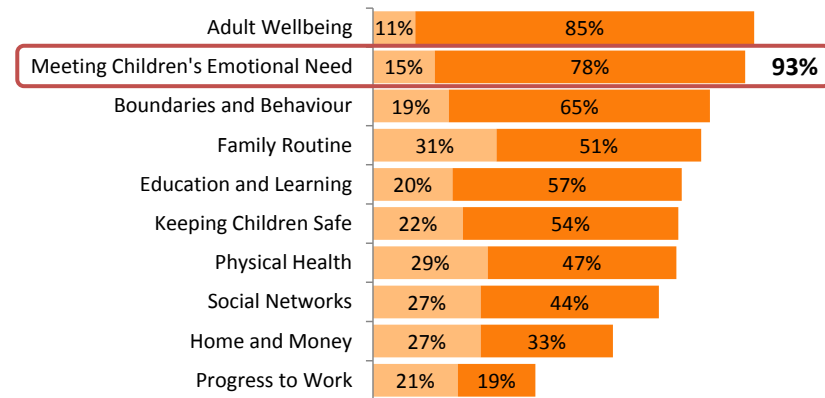
## Most Significant Change: Meeting Children’s Emotional Needs

### Dashboard 6ciii: Relevance of Meeting Children’s Emotional Needs to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **93%** said that change was either fairly (15%) or very relevant (78%) to the domain of Meeting Children’s Emotional Needs.

Meeting Children’s Emotional Needs ranked 2nd for relevance to change out of the ten family star domains (see right).

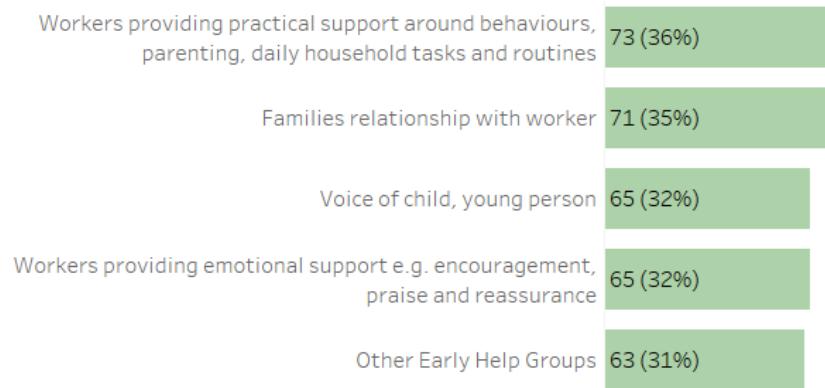
Of the cases where Meeting Children’s Emotional Needs was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Boundaries and Behaviour and less likely to link to the domains of Home and Money and Progress to Work.



## Most Significant Change: Meeting Children’s Emotional Needs

### Dashboard 6biv: Activities/Approaches and Enablers for cases where Meeting Children’s Emotional Needs was identified as Relevant to Change Extracted from The Most Significant Change dashboard

#### Top 5 Early Help Activities and Approaches

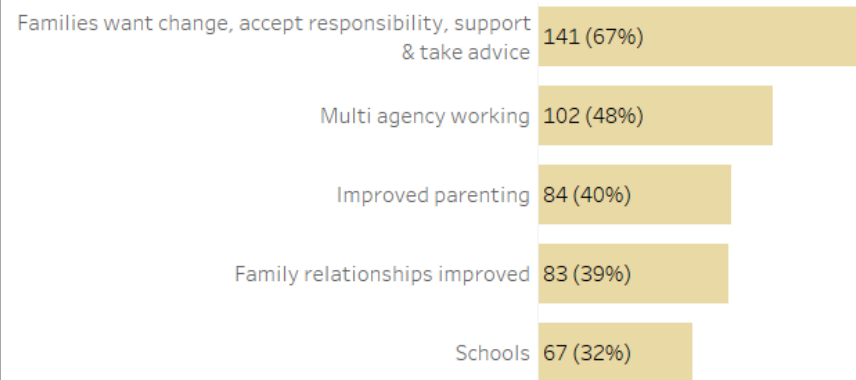


#### Early Help activities and approaches

Of the most significant change cases submitted by staff where Meeting Children’s Emotional Needs outcomes were identified, the top five Early Help activities and approaches linked to these cases were: workers providing practical support around behaviours, parenting, daily household tasks and routines; families relationship with the worker; the voice of the child/ young person; workers providing emotional support e.g. encouragement, praise and reassurance; and Early Help groups.

Workers supporting parents to have a better understanding of children’s needs, development and abilities, whole family working and the Solihull parenting programme also featured in these cases.

#### Top 5 Enablers



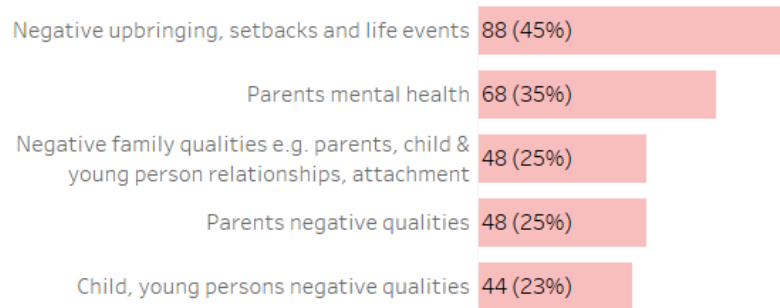
#### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved parenting; improved family relationships and schools.

The following also featured in these cases: health services for children and young people; leisure opportunities; health diagnosis for families; and parental changes in home environments e.g. children/ young people moving in with another parent/ family member.

**Dashboard 6cv: Barriers and Other Outcomes for cases where Meeting Children’s Emotional Needs was identified as Relevant to Change  
Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

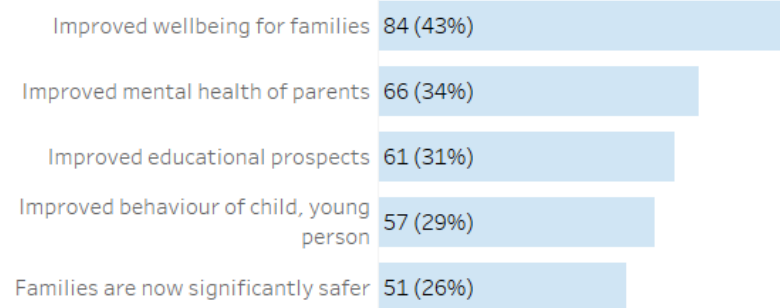


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; family negative qualities e.g. family relationships and attachment; other parent’s negative qualities; and children’s negative qualities.

The following barriers also featured in these cases: children and young people’s mental health; child/ young people’s other issues; isolation; unstable home environments; parents lack of experience or understanding around parenting; and negative wider family, peers or communities.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and improved educational prospects.

The following outcomes also featured in these cases: improved behaviour of children/ young people; families being significantly safer; improved mental health of children/ young people; improved health of children/ young people; improved child development; and parents able to control their anger.

## Theory of Change: Meeting Children's Emotional Needs

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Key Needs and Issues	<ul style="list-style-type: none"><li>• Children's emotional needs are not being met</li></ul>
Additional Person Centred Barriers	<ul style="list-style-type: none"><li>• Parents focus on their own needs or other family members needs</li><li>• Family relationship breakdown</li></ul>
Additional Practical Barriers	<ul style="list-style-type: none"><li>• <b>See table 6a for data findings worth exploring further</b></li></ul>
What Staff 'Do'	<ul style="list-style-type: none"><li>• Provide support, advice and encouragement around<ul style="list-style-type: none"><li>○ Listening</li><li>○ Family time/ activities</li><li>○ Parental reflection on feelings about children</li></ul></li><li>• Help with wider parental difficulties</li><li>• Individual and joint meetings with family members to obtain family voice</li><li>• Joint activities and plans including<ul style="list-style-type: none"><li>○ Role modelling</li><li>○ Discussions about the impact of parental behaviour</li></ul></li></ul>
What Staff 'Need'	<ul style="list-style-type: none"><li>• Access to specific courses and activities such as<ul style="list-style-type: none"><li>○ Counselling</li><li>○ Solihull parenting programme</li><li>○ <b>Domestic abuse and SEND support</b></li></ul></li></ul>

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Staff Need Skills and Training Around

- Direct work with children
  - Capturing the child's voice including words and pictures
  - Signs of safety
  - Basic Solihull awareness
  - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

## CHAID (Statistically Significant Findings) around Progress: Meeting Children’s Emotional Needs

**Table 6j – Adults Requiring Support (Clusters A – Low and B – High), Domestic Abuse Families (Cluster D – High), Lower Needs Families (Clusters E – Low and F – High) and SEND Families (Clusters G – Low and H – Mid)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is a child protection plan after early help intervention they are almost 4 times more likely to make lower progress around meeting children’s emotional needs compared to the overall (25.7%:6.7%). Similarly, they are less likely to make higher progress compared to the overall (31.1%:60.8%).
- For these families where there is no child protection plan or children’s social care involvement after the Early Help intervention and the length of involvement is less than 9 months these families are less likely to make lower progress around meeting children’s emotional needs compared to the overall (1.2%:6.7%).

**Table 6k –Domestic Abuse Families (Cluster C – Low) and SEND Families (Cluster I - High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is no children social care involvement after the Early Help intervention they are more likely to make higher progress around meeting children’s emotional needs compared to the overall (76.3%:60.8%).



### What Factors are Worthy of Further Attention When Looking at Lower Progress around Meeting Children's Emotional Needs

- **Financial related benefits + difficulties parenting + children with significant limiting disability**
- **Families with low level mental health issues + adult domestic abuse victims**

- Families in receipt of financial related benefits with difficulties parenting, where there are also children with a significant limiting disability are more likely to make lower progress around meeting children's emotional needs compared to the overall (9.9%:6.7%). Similarly, they are less likely to make higher progress around meeting children's emotional needs compared to the overall (43.7%:60.8%).
- Families with low level mental health issues and where adults have been victims of domestic violence (but children have not been victims of domestic violence) are twice as likely to make lower progress around meeting children's emotional needs compared to the overall (13.0%:6.7%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Meeting Children's Needs

- **A lack of adult domestic abuse victims (even if low level mental health issues are present in families)**
- **A lack of financial related benefits + children with no mental health issues (even if there are difficulties parenting)**
- **Adult and child victims of domestic abuse combined with low level mental health issues**

- Families with low level mental health issues (but not adult victims of domestic abuse victims) are less likely to make lower progress around meeting children's emotional needs compared to the overall (3.1%:6.7%).
- Families where there are difficulties parenting (but they aren't in receipt of financial related benefits and their children do not have mental health issues) are more likely to make higher progress around meeting children's emotional needs compared to the overall (74.4%:60.8%).
- Families with low level mental health issues and where there are adult and child victims of domestic abuse victims are more likely to make higher progress around meeting children's emotional needs compared to the overall (69.7%:60.8%).

## Theory of Change: Keeping Children Safe

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### Illustration 6d: Outcome area from the Family Star Plus<sup>19</sup>: Keeping Children Safe 5 Stages of the Journey of Change



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<sup>19</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Keeping Children Safe

### Dashboard 6di : Family Star Progress – Keeping Children Safe - Extracted from The Family Star Summary dashboard

Matrix 6di (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain of Keeping Children Safe.

#### Matrix 6di : Family Star Progress - Keeping Children Safe

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	17	8	14	23	6	68
Accepting Help	8	29	31	72	15	155
Trying	3	10	38	129	44	224
Finding What Works	2	8	9	133	65	217
Effective Parenting	2		3	8	99	112
Total	32	55	95	365	229	776

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Keeping Children Safe

i.e. moved up at least one stage

e.g. 72 families moved from being Accepting Help to Finding What Works around Keeping Children Safe

Chart 6di shows that 60% of families make progress overall around the Family Star domain of Keeping Children Safe. It also illustrates the variation in progress made in the Keeping Children Safe domain across the nine different Clusters of families.

**Most progress** is made around Keeping Children Safe by Cluster E (Lower needs families - Low) (68%) and Cluster F (Lower needs families - High) (68%).

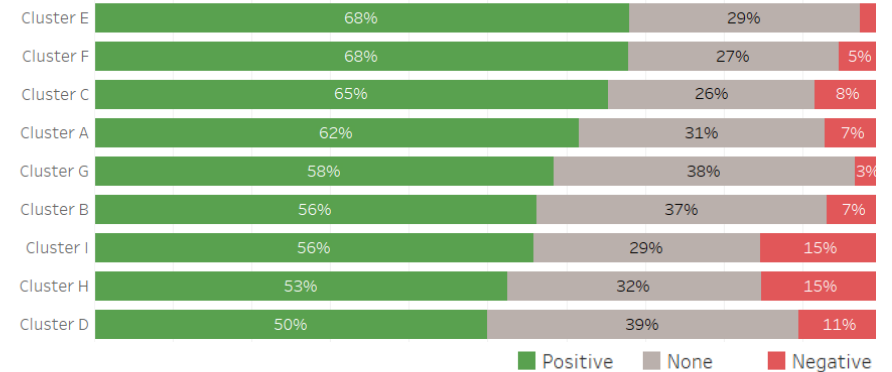
**Least progress** is made around Keeping Children Safe by Cluster D (Domestic abuse families - High) (50%).

#### Chart 6di : Family Star Progress – Keeping Children Safe

##### Overall

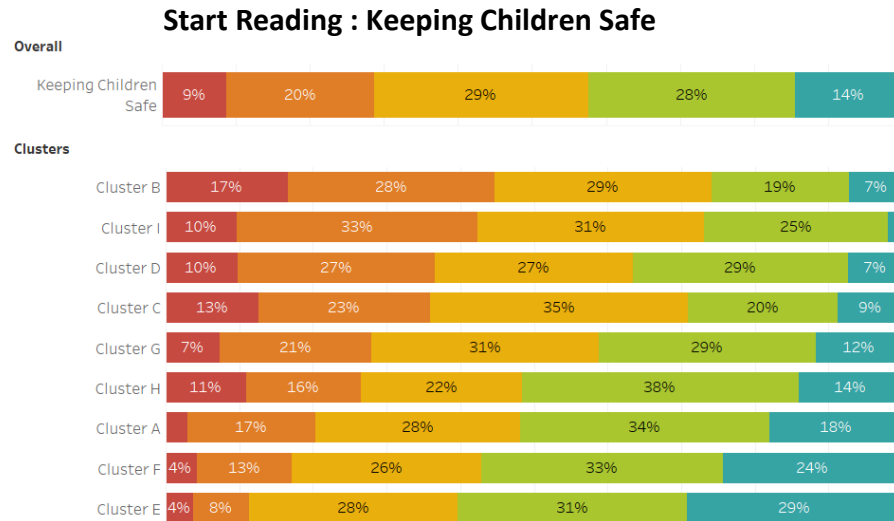


##### Clusters



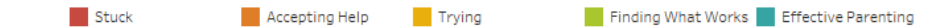
**Dashboard 6dii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Keeping Children Safe.

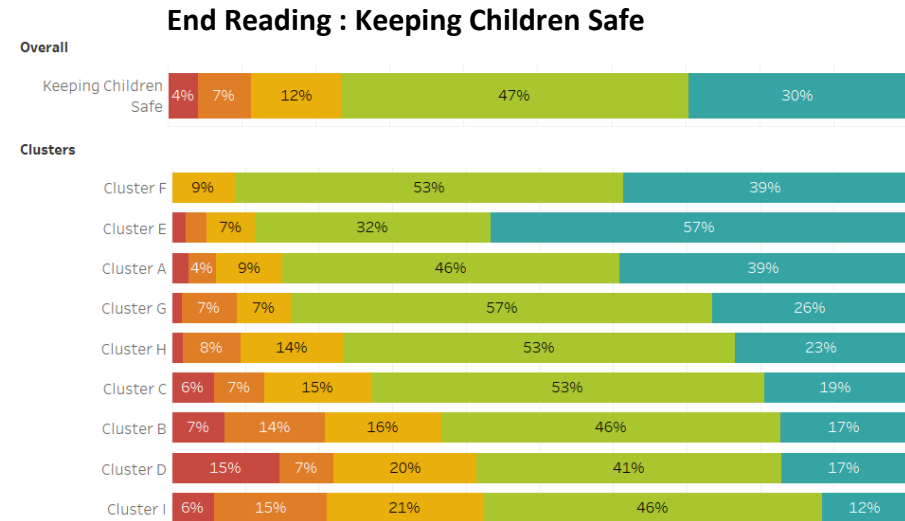


Families in Cluster B (Adults requiring support - High) on average have the lowest start readings, being most likely to start Stuck (17%) or Accepting Help Adults (28%) around Keeping Children Safe.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (31%) or Effective Parenting (29%) around Keeping Children Safe.



The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Keeping Children Safe.



Families in Cluster D (Domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck (15%) or Accepting Help (7%) around Keeping Children Safe.

Families in Cluster F (Lower needs families - High) on average have the highest end readings, being most likely to end Finding what Works (53%) or Effective Parenting (39%) around Keeping Children Safe.

**More Information**

For more detailed findings against the nine different groups of families see **REPORT 5 – UNDERSTANDING DEMAND BETTER**

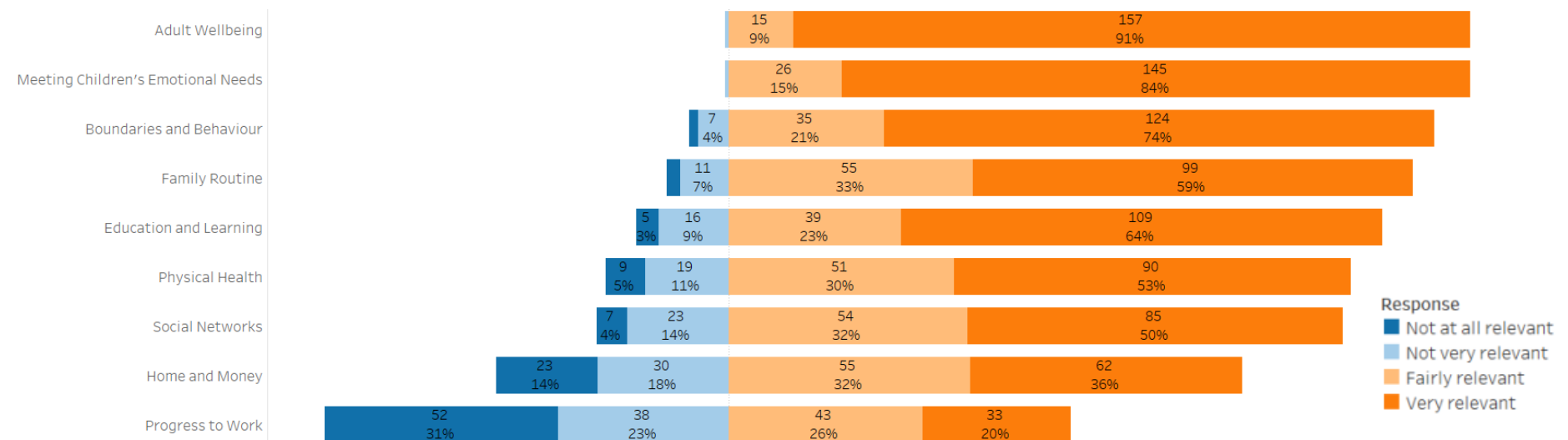
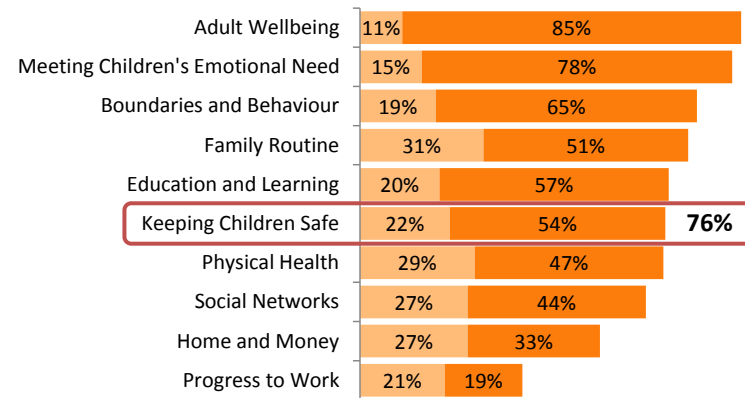
## Most Significant Change: Keeping Children Safe

### Dashboard 6diii: Relevance of Keeping Children Safe to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **76%** said that change was either fairly (22%) or very relevant (54%) to the domain of Keeping Children Safe.

Keeping Children Safe ranked 6th for relevance to change out of the ten family star domains (see right).

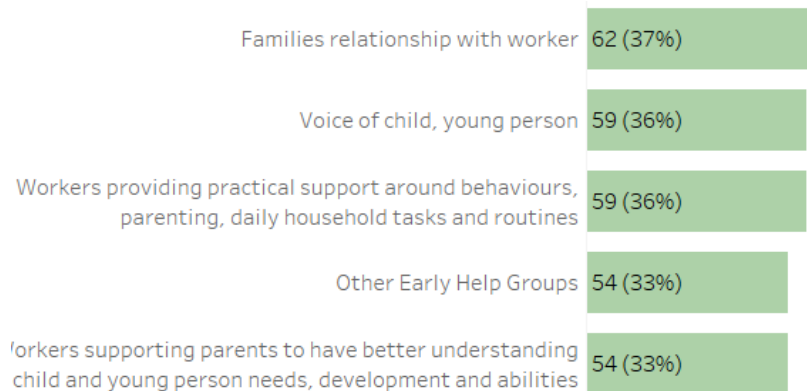
Of the cases where Keeping Children Safe was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Meeting Children’s Emotional Needs and less likely to link to the domains of Home and Money and Progress to Work.



## Most Significant Change: Keeping Children Safe

### Dashboard 6div: Activities/Approaches and Enablers for cases where Keeping Children Safe was identified as Relevant to Change Extracted from The Most Significant Change dashboard

#### Top 5 Early Help Activities and Approaches

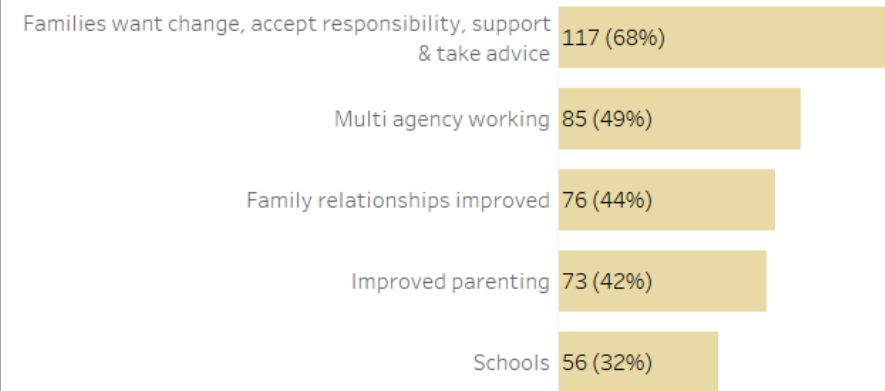


#### Early Help activities and approaches

Of the most significant change cases submitted by staff where keeping children safe outcomes were identified, the top five Early Help activities and approaches linked to these cases were: families relationship with the worker; the voice of the child/ young person; workers providing practical support around behaviours, parenting, daily household tasks and routines; Early Help groups; and workers helping parents to have a better understanding of children’s needs, development and abilities.

Safety activities such as signs of safety, DASH, safety plans and child protection plans also featured in these cases.

#### Top 5 Enablers



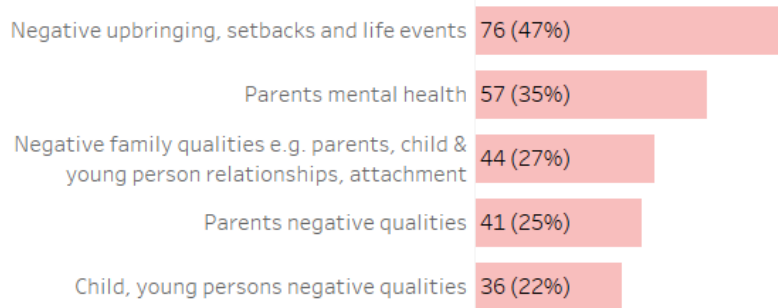
#### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved family relationships; improved parenting and schools.

The following enablers also featured in these cases: general services (which included the police), social care, specific services for drug misuse and domestic abuse; sanctions and orders; and parental changes in the home environment e.g. a child moving in with another parent/ family member.

**Dashboard 6dv: Barriers and Other Outcomes for cases where Keeping Children Safe was identified as Relevant to Change  
Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

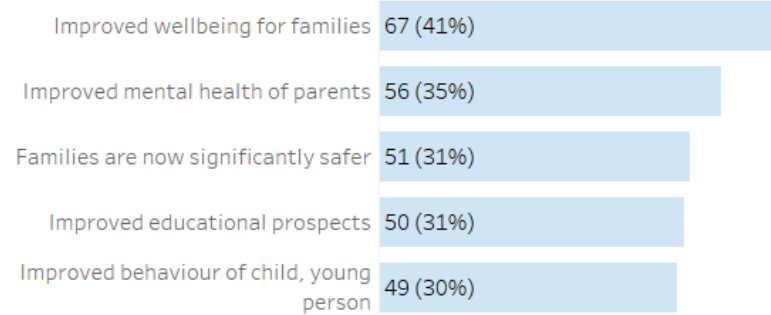


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; family negative qualities e.g. family relationships and attachment; other parent’s negative qualities; and children’s negative qualities.

Other barriers which also featured in these cases included child/ young people’s mental health and parent’s lack of experience or understanding around parenting.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and families being significantly safer.

The following outcomes also featured in these cases: improved behaviour of children/ young people; improved mental health of child/ young person; and parents being able to control their anger.



## Theory of Change: Keeping Children Safe

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Key Needs and Issues	<ul style="list-style-type: none"><li>• Children are not being kept safe or are at risk of not being safe</li></ul>
Barriers	<ul style="list-style-type: none"><li>• See General Barriers above</li><li>• <b>See table 6a for data findings worth exploring further</b></li></ul>
Additional Person Centred Barriers	<ul style="list-style-type: none"><li>• Parents lack ability to make changes</li><li>• Families are reluctant to report incidents due to fear of consequences</li><li>• Dysfunctional family relationships</li><li>• Young people are hiding or lying about relationships/ friends</li></ul>
What Staff 'Do'	<ul style="list-style-type: none"><li>• Provide support, advice and encouragement around dealing with<ul style="list-style-type: none"><li>○ Home safety issues</li><li>○ Domestic abuse including fleeing an abusive home/ relationship</li><li>○ Hygiene issues</li><li>○ Risky sexual behaviours</li><li>○ Negative friendships</li><li>○ Substance misuse. See also physical health</li><li>○ The underwear rule</li><li>○ Hate issues</li><li>○ Crime and harassment</li><li>○ <b>SEND issues</b></li><li>○ <b>Behaviour (including aggression and violence)</b></li></ul></li><li>• Individual and joint visits, meetings and referrals with<ul style="list-style-type: none"><li>○ Social Care</li><li>○ Anti-social behaviour officers</li><li>○ Housing</li><li>○ Family members</li></ul></li></ul>

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- Joint activities, education and plans including
    - Child Sex Exploitation
    - Appropriate adults in the household
    - What to do with minor injuries
    - E-safety
    - Ensuring children are supervised appropriately at home
    - Step ups to social care
  - Sourcing and access to items such as
    - Sexual health resources
    - Safety equipment for the home (and fitting if needed)including first aid kits
- 

What Staff 'Need'

- **Multi-agency support e.g. referrals, sanctions and threats e.g. social care, criminal justice system, housing, domestic abuse and substance misuse**
  - Access to specific courses and activities such as
    - Fire safety checks
    - E-safety
    - Horizons (substance misuse)
    - Freedom programme (domestic abuse)
    - The warning zone
- 

Staff Need Skills and Training Around

- Internet and social media
  - Child Sex exploitation
  - Domestic abuse
  - Hate Crime
  - Signs of Safety
  - Voice – e.g. words and pictures
  - Safeguarding training and competencies
    - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
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## CHAID Statistically Significant Findings around Progress: Keeping Children Safe

**Table 6l – Domestic Abuse Families (Clusters C – Low and D - High) and SEND Families (Clusters H – Mid and I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- Families where there is children social care involvement during the Early Help intervention are almost 3 times more likely to make lower progress around keeping children safe compared to the overall (19.8%:6.8%). Similarly, they are less likely to make higher progress around keeping children safe compared to the overall (41.9%:52.4%).

**Table 6m – Adults Requiring Support (Clusters A – Low and B - High), Lower Needs Families (Clusters E – Low and F – High) and SEND Families (Cluster G – Low)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- Families where there is no children social care involvement during the Early Help intervention and the length of intervention is less than 9 months are less likely to make lower progress around keeping children safe compared to the overall (2.1%:6.8%).
- Families where there is no children social care involvement during the intervention but the length of intervention is more than 9 months are more likely to make higher progress around keeping children safe compared to the overall (66.9%:52.4%).

### What Factors are Worthy of Further Attention When Looking at Lower Progress around Keeping Children Safe

- **Poor parenting**

- Families with poor parenting (where there are no adults with low level mental health issues) are almost twice as likely to make lower progress around keeping children safe compared to the overall (12.7%:6.8%). Similarly, they are less likely to make higher progress around keeping children safe compared to the overall (40.3%:52.4%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Keeping Children Safe

- **A lack of low level adult mental health combined with a lack of poor parenting and children without violent or aggressive behaviour**
- **A lack of adult smokers (even if low level mental health is present)**

- Families where there are no adults with low level mental health issues, poor parenting isn't present and there are no children with violent or aggressive behaviour are less likely to make lower progress around keeping children safe compared to the overall (1%:6.8%).
- Families where there are adults with low level mental health issues (where adults don't smoke) are more likely to make higher progress around keeping children safe compared to the overall (58.5%:52.4%).

## Theory of Change: Positive and Supportive Social Networks

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### Illustration 6e: Outcome area from the Family Star Plus<sup>TM20</sup>: Social Networks 5 Stages of the Journey of Change



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<sup>20</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Social Networks

### Dashboard 6ei : Family Star Progress – Social Networks - Extracted from The Family Star Summary dashboard

Matrix 6ei (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain of Social Networks.

#### Matrix 6ei : Family Star Progress - Social Networks

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	22	23	17	25	3	90
Accepting Help	3	32	73	79	15	202
Trying	3	10	55	134	37	239
Finding What Works		3	6	107	51	167
Effective Parenting		1	2	5	70	78
Total	28	69	153	350	176	776

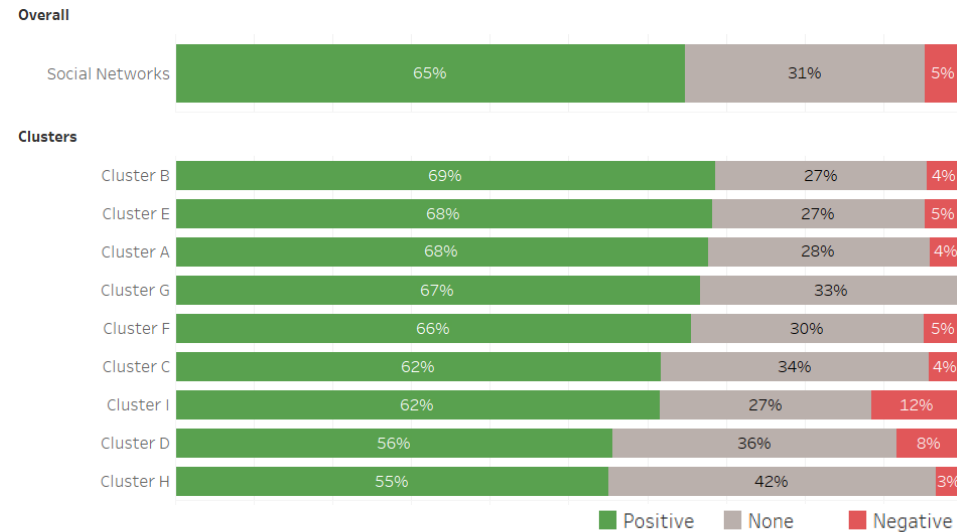
The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Social Networks i.e. moved up at least one stage  
e.g. 37 families moved from Trying to Effective Parenting around Social Networks

Chart 6ei shows that 65% of families make progress overall around the Family Star domain of Social Networks. It also illustrates the variation in progress made in the Social Networks domain across the nine different Clusters of families.

**Most progress** is made around Social Networks by Cluster B (Adults requiring support - High) (69%).

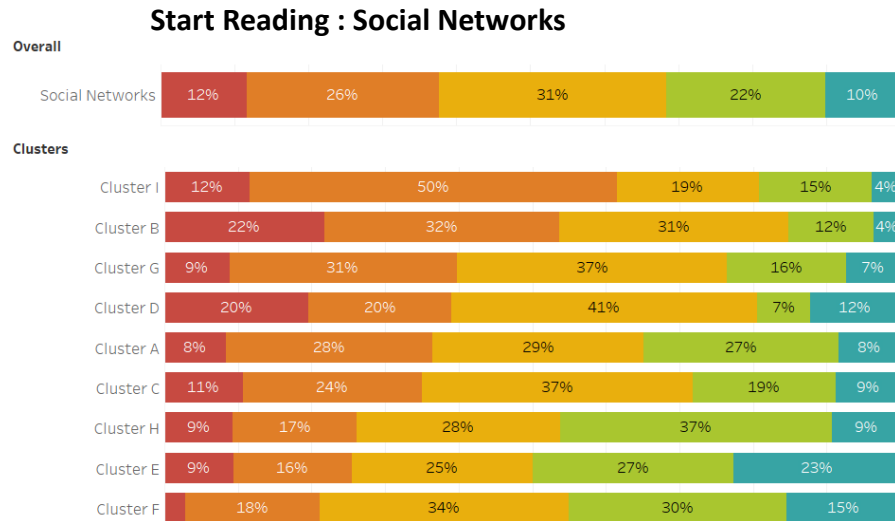
**Least progress** is made around Social Networks by Cluster H (SEND families - Mid) (55%).

#### Chart 6ei : Family Star Progress – Social Networks



**Dashboard 6eii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Social Networks.

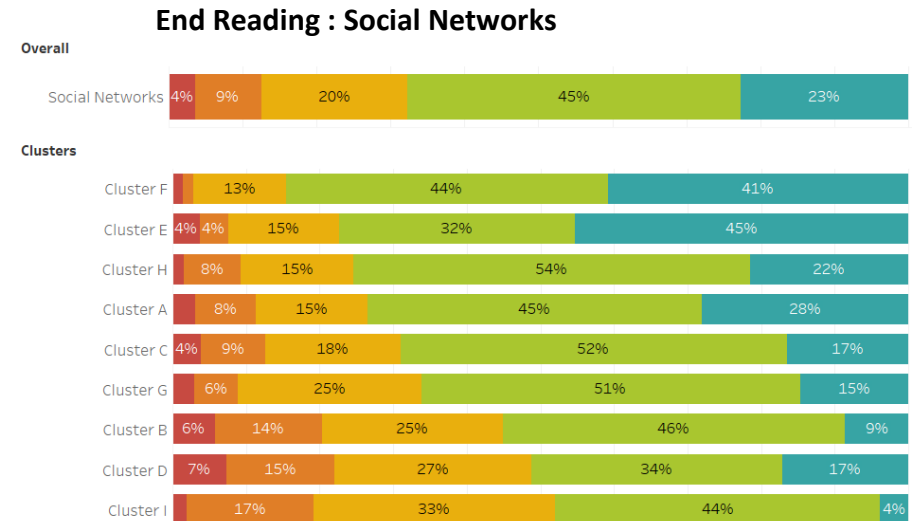


Families in Cluster I (SEND families - High) on average have the lowest start readings, being most likely to start Stuck (12%) or Accepting Help Adults (50%) around Social Networks.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (27%) or Effective Parenting (23%) around Social Networks.

■ Stuck ■ Accepting Help ■ Trying ■ Finding What Works ■ Effective Parenting

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Social Networks.



Families in Cluster D (Domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck (7%) or Accepting Help (15%) around Social Networks.

Families in Cluster F (Lower needs families - High) on average have the highest end readings, being most likely to end Finding what Works (44%) or Effective Parenting (41%) around Social Networks.

**More Information**

For more detailed findings against the nine different groups of families see **REPORT 5 – UNDERSTANDING DEMAND BETTER**

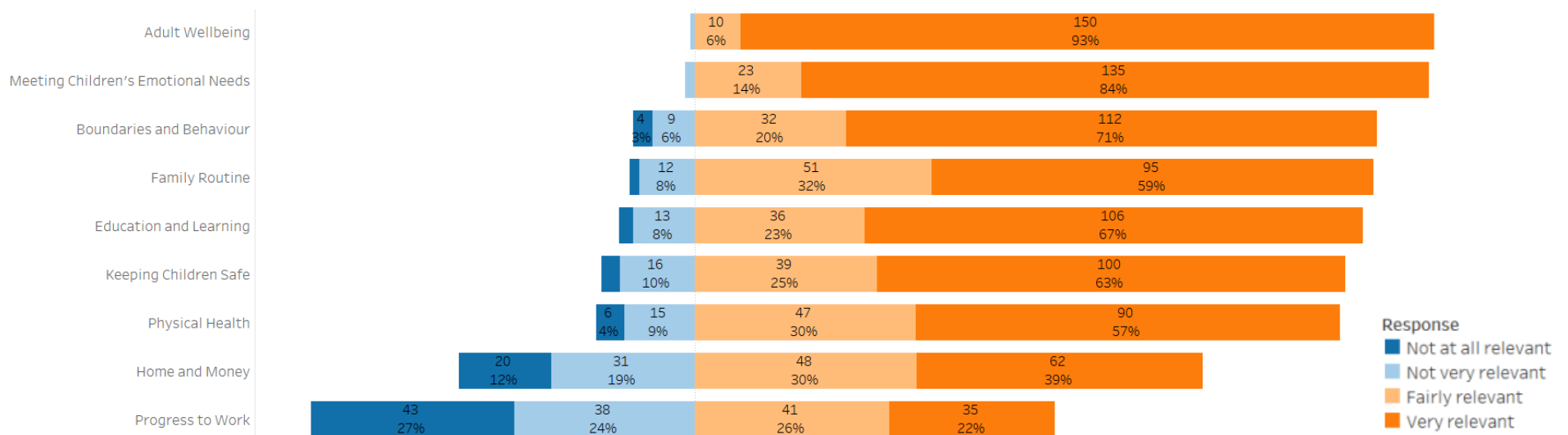
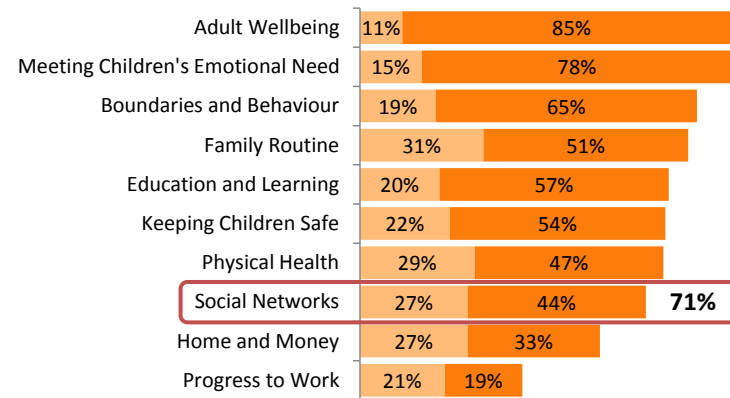
## Most Significant Change: Social Networks

### Dashboard 6eiii: Relevance of Social Networks to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **71%** said that change was either fairly (27%) or very relevant (44%) to the domain of Social Networks.

Social Networks ranked 8th for relevance to change out of the ten family star domains (see right).

Of the cases where Social Networks was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Meeting Children’s Emotional Needs and less likely to link to the domains of Home and Money and Progress to Work.

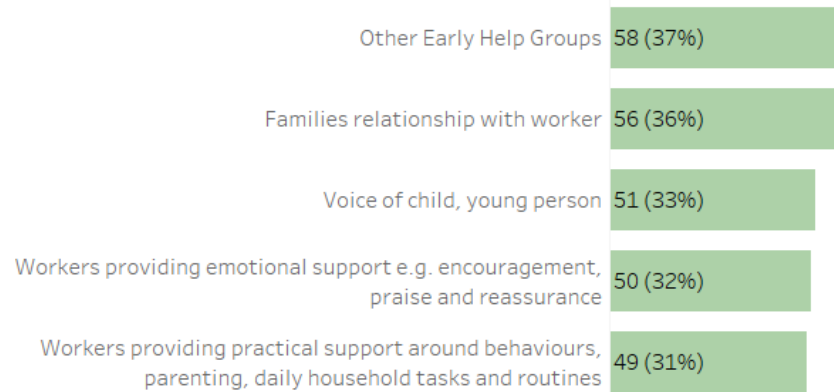




## Most Significant Change: Social Networks

**Dashboard 6eiv: Activities/Approaches and Enablers for cases where Social Networks was identified as Relevant to Change**  
 Extracted from The Most Significant Change dashboard

### Top 5 Early Help Activities and Approaches

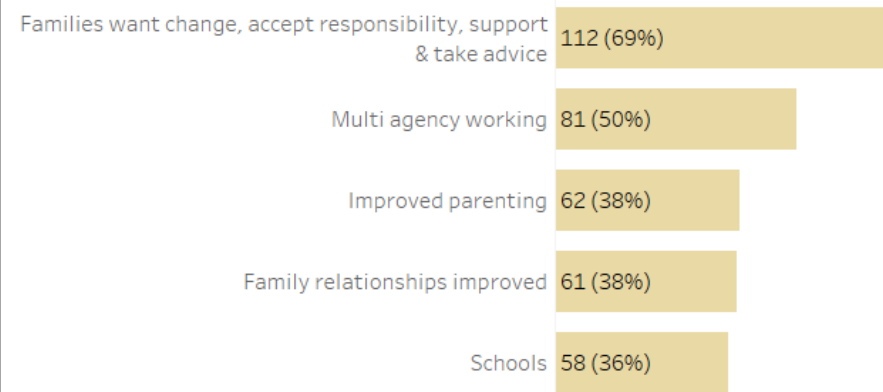


### Early Help activities and approaches

Of the most significant change cases submitted by staff where Social Networks outcomes were identified, the top five Early Help activities and approaches linked to these cases were: Early Help groups; families relationship with the worker; the voice of the child/ young person; workers providing emotional support e.g. encouragement, praise and reassurance; and workers providing practical support around behaviours, parenting, daily household tasks and routines.

Other activities featuring in these cases included other groups such as the Solihull parenting programme.

### Top 5 Enablers



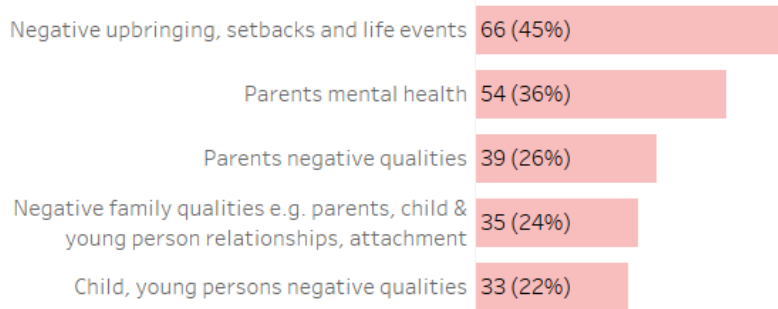
### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved family relationships; improved parenting and schools.

The following enablers also featured in these cases: general services (which included the police), social care, specific services for drug misuse and domestic abuse; sanctions and orders; and parental changes in the home environment e.g. a child moving in with another parent/ family member.

**Dashboard 6ev: Barriers and Other Outcomes for cases where Social Networks was identified as Relevant to Change**  
**Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

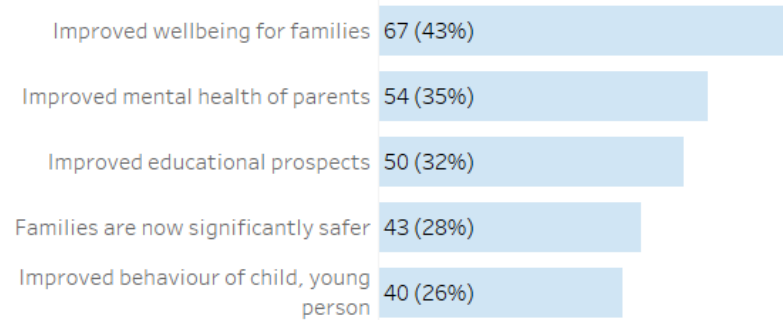


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events, parent’s mental health; other parent’s negative qualities; family negative qualities e.g. family relationships and attachment; and children’s negative qualities.

The following barriers also featured in these cases: isolation; negative wider family, peers, communities; and cultural issues e.g. travelling communities or where English is not the first language.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and improved educational prospects.

Other outcomes featuring in these cases included families being less isolated.

## Theory of Change – Positive and Supportive Social Networks

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### Key Needs and Issues

- Family members do not have positive and or/ supportive and appropriate social networks
  - Families wo not accept family members/ families
  - Families and family members are isolated
- 

### BARRIERS

- See General Barriers above
  - **See table 6a for data findings worth exploring further**
- 

### Additional Person Centred Barriers

- No specific barriers identified other than general barriers above
- 

### Additional Practical Barriers

- Lack of resources e.g. Lack of local groups and activities or financial resources to be able to attend groups and activities
  - Anti-social behaviour is a particular issue in the neighbourhood and it is unsafe to go out
- 

### What Staff 'Do'

- Provide support, advice and encouragement around
    - Getting families out, attending groups and activities and being involved in groups and activities such as parent support groups
    - Making appropriate friends and identifying positive people
    - Improving family/ network relationships
    - House moves
  - Individual and joint visits, meetings and referrals with
    - Family/ networks
  - Joint activities and plans including
    - Attending groups and support groups where other families have similar issues
  - Sourcing and access to items such as
    - Free or subsidised activities
-

What Staff 'Need'

- Access to specific courses and activities such as
    - Local groups
    - Parenting groups
    - Specific support groups e.g. Post Natal Depression
- 

Staff Need Skills and Training Around

- **See REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

## CHAID Statistically Significant Findings around Progress: Positive and Supportive Social Networks

**Table 6n – SEND Families (Cluster I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are more likely to make lower progress around social networks compared to the overall (11.5%:4.3%).

**Table 6o – Adults Requiring Support (Clusters A – Low and B - High) and SEND Families (Cluster G – Low)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is no children social care involvement after the intervention they are less likely to make lower progress around social networks compared to the overall (1%:4.3%). Similarly, they are also more likely to make higher progress around social networks than the overall (71.4%:58.9%).

**Table 6p – Domestic Abuse Families (Clusters C – Low and D – High), Lower Needs Families (Clusters E – Low and F – High and SEND Families (Cluster H – Mid)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is children’s social care involvement during intervention they are less likely to make higher progress around social networks compared to the overall (47.8%:58.9%).

**What Factors are Worthy of Further Attention When Looking at Lower Progress around Social Networks**

- **Families with limited support networks combined with adult negative lifestyles and in receipt of financial related benefits**
- **Two or more females in the household combined with adult domestic abuse victims and low level mental health**
- **Children with violent or aggressive behaviour (even if families don’t have a limited support network)**

- Families with a limited support network, who are in receipt of financial related benefits and where adults have negative lifestyle factors are twice as likely to make lower progress around social networks compared to the overall (8.4%:4.3%).
- Families with low level mental health issues, where there are two or more adult female in the household, and where adults have been victims of domestic abuse are almost three times more likely to make lower progress around social networks compared to the overall (11.5%:4.3%). Similarly, they are less likely to make higher progress compared to the overall (48.7%:58.9%).
- Families with children with violent or aggressive behaviour (but where they don’t have a limited support network) are less likely to make higher progress around social networks compared to the overall (43.8%:58.9%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Social Networks

- **Families not in receipt of financial related benefits (even if they have limited support networks)**
  - **A lack of adult domestic abuse victims (even if there are two or more adult females in the household and families have low level mental health issues)**
  - **One or less adult female in the household (even if low level mental health issues are present)**
- 
- Families with limited support networks (but who are not in receipt of financial related benefits) are less likely to make lower progress around social networks compared to the overall (2.0%:4.3%). Similarly, they are more likely to make higher progress around social networks compared to the overall (82.7%:58.9%).
  - Families with low level mental health issues with two or more adult females in the household (but where there are no adult domestic abuse victims) are less likely to make lower progress around social networks compared to the overall (1.4%:4.3%).
  - Families with low level mental health issues but where there is one or less adult female in the household are more likely to make higher progress around social networks compared to the overall (67.1%:58.9%).

## Theory of Change – Positive and Appropriate Education and Learning

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**Illustration 6f: Outcome area from the Family Star Plus™: Education and Learning**  
**5 Stages of the Journey of Change**





## Family Star Progress: Education and Learning

### Dashboard 6fi : Family Star Progress – Education and Learning - Extracted from The Family Star Summary dashboard

Matrix 6fi (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain Education and Learning.

#### Matrix 6fi : Family Star Progress - Education and Learning

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	13	17	23	23	9	85
Accepting Help	8	24	44	88	22	186
Trying	3	13	57	110	34	217
Finding What Works	1	1	15	102	58	177
Effective Parenting		1	3	16	92	112
Total	25	56	142	339	215	777

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Education and Learning

i.e. moved up at least one stage

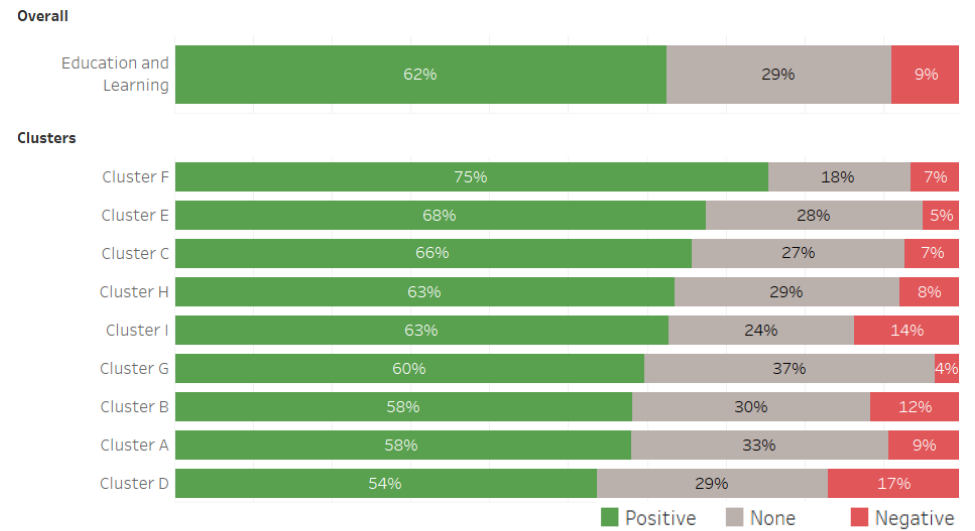
e.g. 34 families moved from Trying to Effective Parenting around Education and Learning

Chart 6fi shows that 62% of families make progress overall around the Family Star domain of Education and Learning. It also illustrates the variation in progress made in the Education and Learning domain across the nine different Clusters of families.

**Most progress** is made around Education and Learning by Cluster F (Lower needs families - High) (75%).

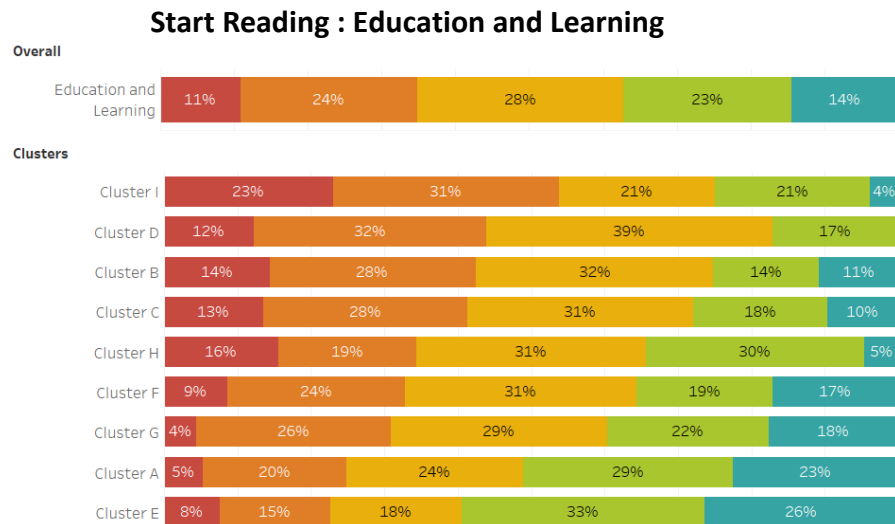
**Least progress** is made around Education and Learning by Cluster D (Domestic abuse families - High) (54%).

#### Chart 6fi : Family Star Progress – Education and Learning



**Dashboard 6fii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Education and Learning.

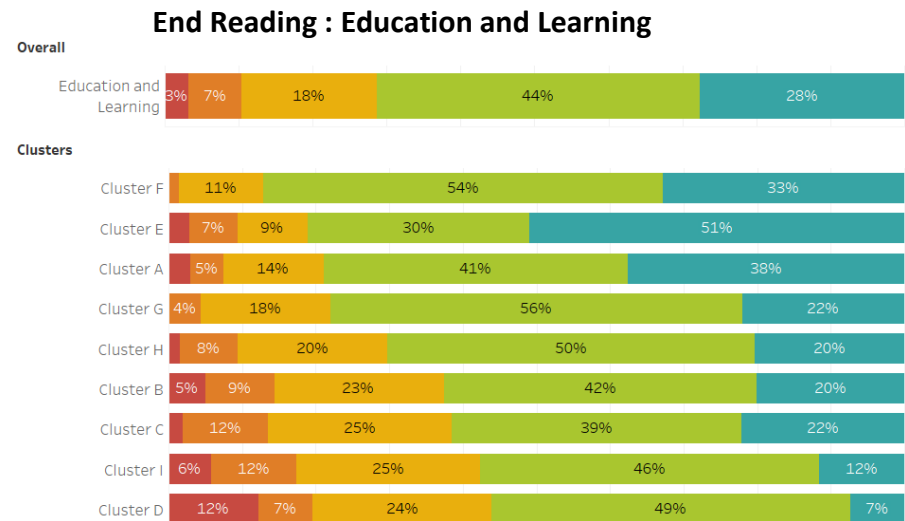


Families in Cluster I (SEND families - High) on average have the lowest start readings, being most likely to start Stuck (23%) or Accepting Help Adults (31%) around Education and Learning.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (8%) or Effective Parenting (15%) around Education and Learning.

■ Stuck ■ Accepting Help ■ Trying ■ Finding What Works ■ Effective Parenting

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Education and Learning.



Families in Cluster D (Domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck (12%) or Accepting Help (7%) around Education and Learning.

Families in Cluster F (Lower needs families - High) on average have the highest end readings, being most likely to end Finding what Works (54%) or Effective Parenting (33%) around Education and Learning.

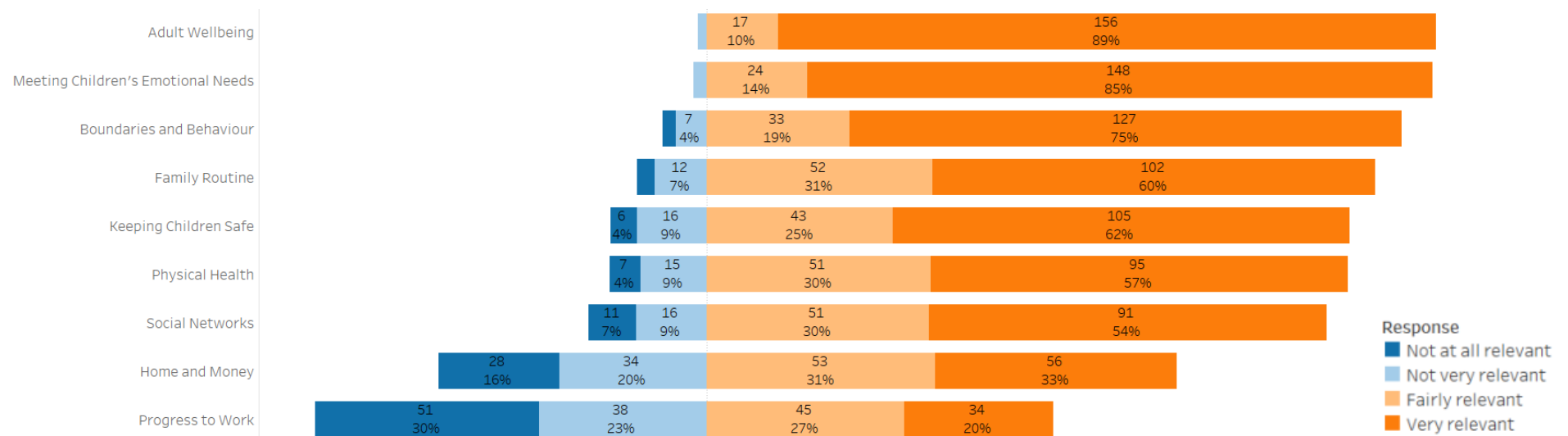
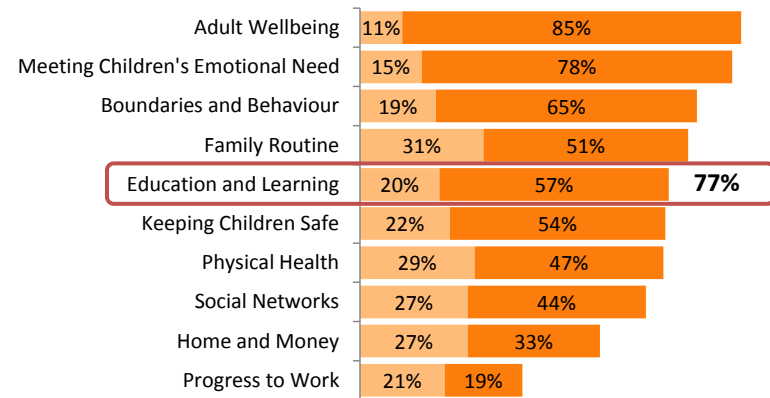
## Most Significant Change: Education and Learning

### Dashboard 6fiii: Relevance of Education and Learning to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **77%** said that change was either fairly (20%) or very relevant (57%) to the domain of Education and Learning.

Education and Learning ranked 5th for relevance to change out of the ten family star domains (see right).

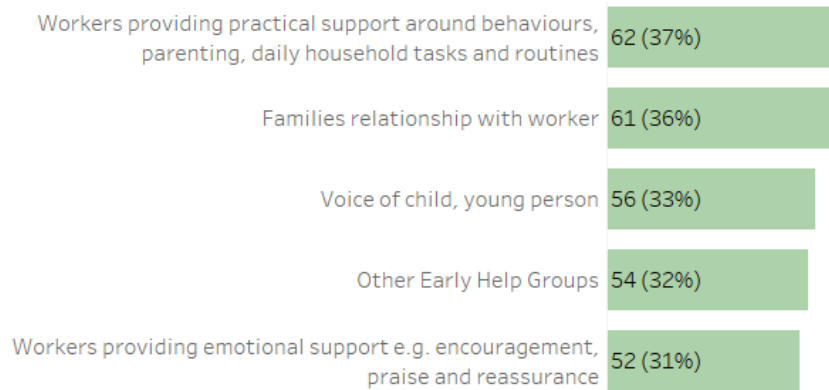
Of the cases where Education and Learning was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Meeting Children’s Emotional Needs and less likely to link to the domains of Home and Money and Progress to Work.



## Most Significant Change: Education and Learning

### Dashboard 6fiv: Activities/Approaches and Enablers for cases where Education and Learning was identified as Relevant to Change Extracted from The Most Significant Change dashboard

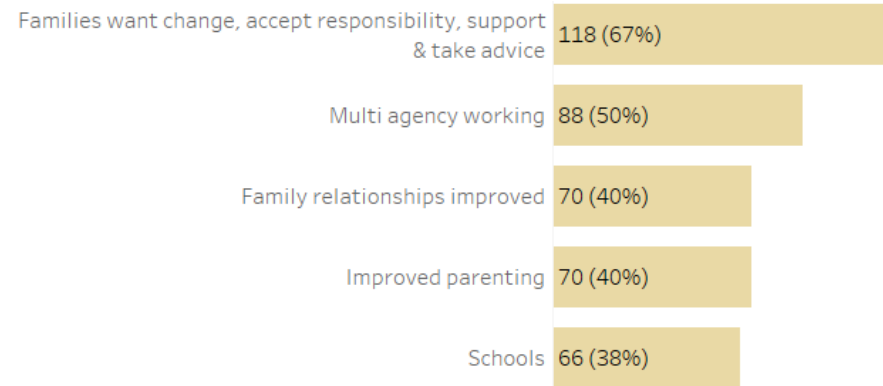
#### Top 5 Early Help Activities and Approaches



#### Early Help activities and approaches

Of the most significant change cases submitted by staff where Education and Learning outcomes were identified, the top five Early Help activities and approaches linked to these cases were: workers providing practical support around behaviours, parenting, daily household tasks and routines; families relationship with the worker; the voice of the child/ young person; Early Help groups; and workers providing emotional support e.g. encouragement, praise and reassurance.

#### Top 5 Enablers



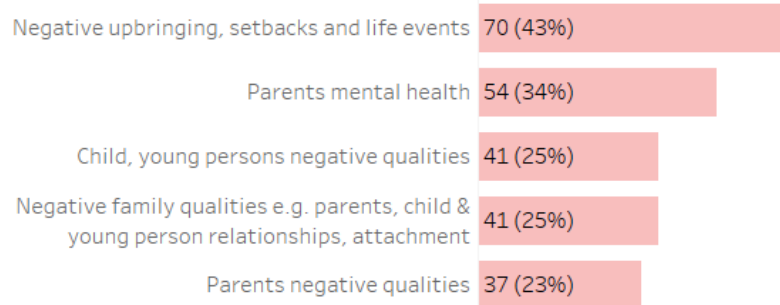
#### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved family relationships; improved parenting; and schools.

Other enablers which featured in these cases included specific services which included those relating to education and school; and education setting changes.

**Dashboard 6fv: Barriers and Other Outcomes for cases where Education and Learning was identified as Relevant to Change  
Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

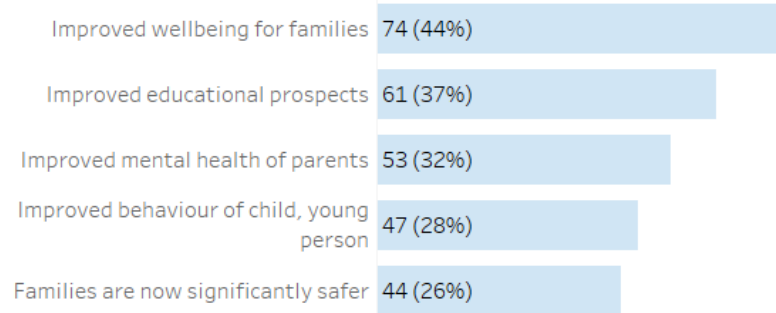


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; children’s negative qualities; family negative qualities e.g. family relationships and attachment; and other parent’s negative qualities.

Other barriers featuring in these cases included service gaps and issues, some of which related to education services and parents negative experience with school/ other services.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were improved wellbeing; improved educational prospects; and improved mental health of parents.

Other outcomes featuring in these cases included improved behaviour of children/ young people and improved child development.

## Theory of Change – Positive and Appropriate Education and Learning

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### Key Needs and Issues

- Children are not attending school
  - There are school behaviour problems
  - Children are struggling with numeracy and literacy
  - Children with learning difficulties are not sufficiently supported
  - Children with special educational needs and disabilities are not sufficiently supported
  - Schools do not understand children's needs
- 

### Barriers

- See General Barriers above
  - **See table 6a for data findings worth exploring further**
- 

### Additional Person Centred Barriers

- Families have unrealistic expectations of the school
  - Parents want children at home for their own reasons
  - There are relationship breakdowns with the school
    - **E.g. around SEND issues, threats to prosecute, how they deal with bullying**
    - **Families' have challenges getting children to different schools**
    - **Parents' previous experience with school**
- 

### Additional Practical Barriers

- Issues with schools –
    - **Gaps in communication, skills and resources**
  - Schools may have pre-conceived ideas about children based on experiences with siblings/ parents
  - Schools may have unrealistic expectations of the child
    - **Some schools at capacity/ or have children with higher priorities**
    - **Schools less willing to support without formal diagnosis**
- 

### What Staff 'Do'

- Provide support, advice and encouragement around
- Getting children to school. See also positive family routines
- Getting the appropriate support from the school

- Getting a special educational needs or disability diagnosis
- Homework clubs
- Parents own educational issues
- Changing schools or changing school environment e.g. home schooling
- Individual and joint visits, meetings and referrals with
- Schools
- SENCO's and school nurses within schools
- SENDIASS
- Educational Psychologists
- Joint activities and plans including
- Helping families remember to attend appointments
- Homework clubs (including those parents can attend)
- Support with applications for
- Educational and Health Care Plan (and review)
- Schools including changing schools
- Sourcing and access to items such as
- School uniforms
- School equipment and books and transport e.g. bikes

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What Staff 'Need'

- **Multi-agency support e.g. nurseries, schools, colleges, home-schooling provision and transport – understanding, referring e.g. educational psychologists, bespoke support e.g. around SEND**
- Access to specific courses and activities such as
- Alternative education provision
- Adult education e.g. Go Learn

---

Staff Need Skills and Training Around

- Education and Health Care Plans
  - Special Educational Needs and Disability
- Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

### CHAID Statistically Significant Findings around Progress: Education and Learning

**Table 6q – Adults Requiring Support (Cluster B – High), Domestic Abuse Families (Clusters C – Low and D – High), Lower Needs Families (Cluster F – High) and SEND Families (Clusters H – Mid and I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is a child protection plan after the Early Help intervention they are more than twice as likely to make lower progress around education and learning compared to the overall (21.0%:7.9%). Similarly they are less likely to make higher progress around education and learning compared to the overall (32.3%:55.1%).
- For these families where there is no children’s social care involvement or child protection plan after the Early Help intervention and where the length of the intervention is less than a year they are less likely to make lower progress around education and learning compared to the overall (1.6%:7.9%).
- For these families where there is no child protection plan after intervention and the length of the intervention is more than a year they are more likely to make higher progress around education and learning compared to the overall (67.6%:55.1%).



### What Factors are Worthy of Further Attention When Looking at Lower Progress around Education and Learning

- **Adult drug misuse**

- Families where there are adults with drug issues (but where there aren't children with low level mental health issues) are more than twice as likely to make lower progress around education and learning compared to the overall (18.0%:7.9%). Similarly they are less likely to make higher progress around education and learning compared to the overall (42.0%:55.1%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Education and Learning

- **A lack of child low level mental health combined with a lack of adult drug use, poor parenting and limited support networks**
- **Low level child mental health (even if adults have negative lifestyle factors)**

- In families where there are no children suffering from low level mental health issues in families, adults do not have issues relating to drug use, poor parenting is not an issue and they don't have limited support networks they are less likely to make lower progress around education and learning compared to the overall (1.4%:7.9%).
- Families where there are children with low level mental health issues are more likely to make higher progress around education and learning compared to the overall (62.9% vs 55.1%).
- Families where children have low level mental health issues and where adults have negative lifestyle factors are more likely to make higher progress around education and learning compared to the overall (67.9%:55.1%).

## Theory of Change – Positive Boundaries and Behaviours

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**Illustration 6g: Outcome area from the Family Star Plus<sup>21</sup>: Boundaries and Behaviours  
5 Stages of the Journey of Change**



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<sup>21</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Boundaries and Behaviour

### Dashboard 6gi : Family Star Progress – Boundaries and Behaviour - Extracted from The Family Star Summary dashboard

Matrix 6gi (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain Boundaries and Behaviour.

#### Matrix 6gi : Family Star Progress - Boundaries and Behaviour

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	18	27	29	30	6	110
Accepting Help	3	41	88	110	15	257
Trying	3	4	49	151	22	229
Finding What Works	2	8	4	71	44	129
Effective Parenting		1		3	47	51
Total	26	81	170	365	134	776

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Boundaries and Behaviour

i.e. moved up at least one stage

e.g. 22 families moved from Trying to Effective Parenting around Boundaries and Behaviour

Chart 6gi shows that 72% of families make progress overall around the Family Star domain of Boundaries and Behaviour. It also illustrates the variation in progress made in the Boundaries and Behaviour domain across the nine different Clusters of families.

**Most progress** is made around Boundaries and Behaviour by Cluster F (Lower needs families - High) (77%).

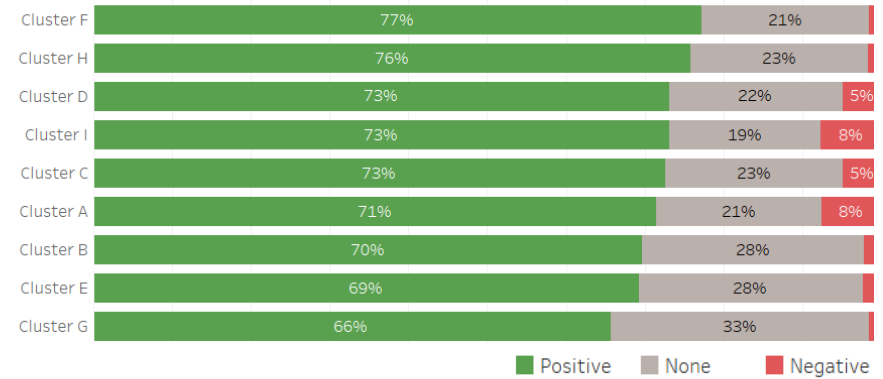
**Least progress** is made around Boundaries and Behaviour by Cluster G (SEND families - Low) (66%).

#### Chart 6gi : Family Star Progress – Boundaries and Behaviour

##### Overall

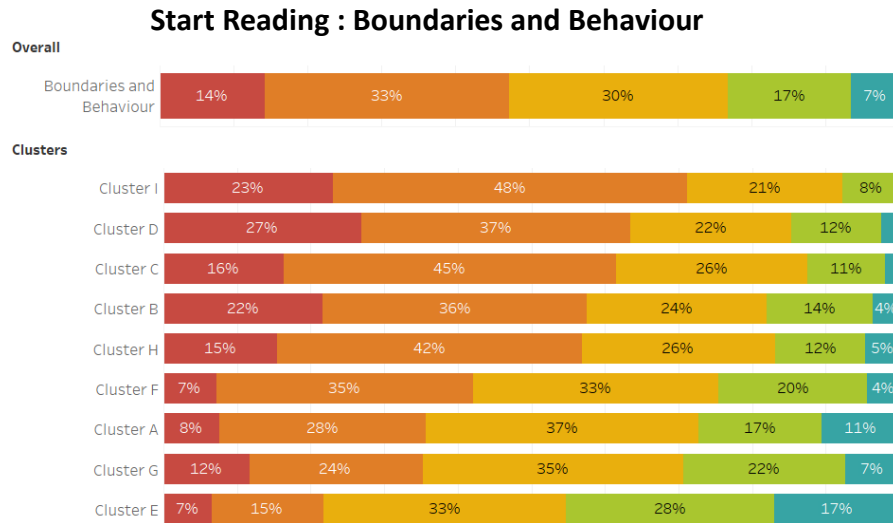


##### Clusters



**Dashboard 6gii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Boundaries and Behaviour.

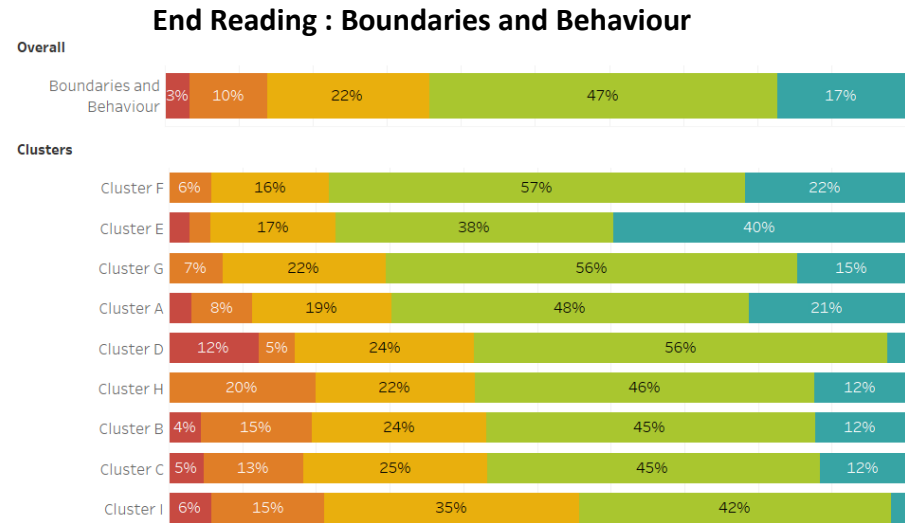


Families in Cluster I (SEND families - High) on average have the lowest start readings, being most likely to start Stuck (23%) or Accepting Help Adults (48%) around Boundaries and Behaviour.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (28%) or Effective Parenting (17%) around Boundaries and Behaviour.

Stuck Accepting Help Trying Finding What Works Effective Parenting

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Boundaries and Behaviour.



Families in Cluster I (SEND families - High) on average have the lowest end readings, being most likely to end Stuck (6%) or Accepting Help (15%) around Boundaries and Behaviour.

Families in Cluster F (Lower needs families - High) on average have the highest end readings, being most likely to end Finding what Works (57%) or Effective Parenting (22%) around Boundaries and Behaviour.

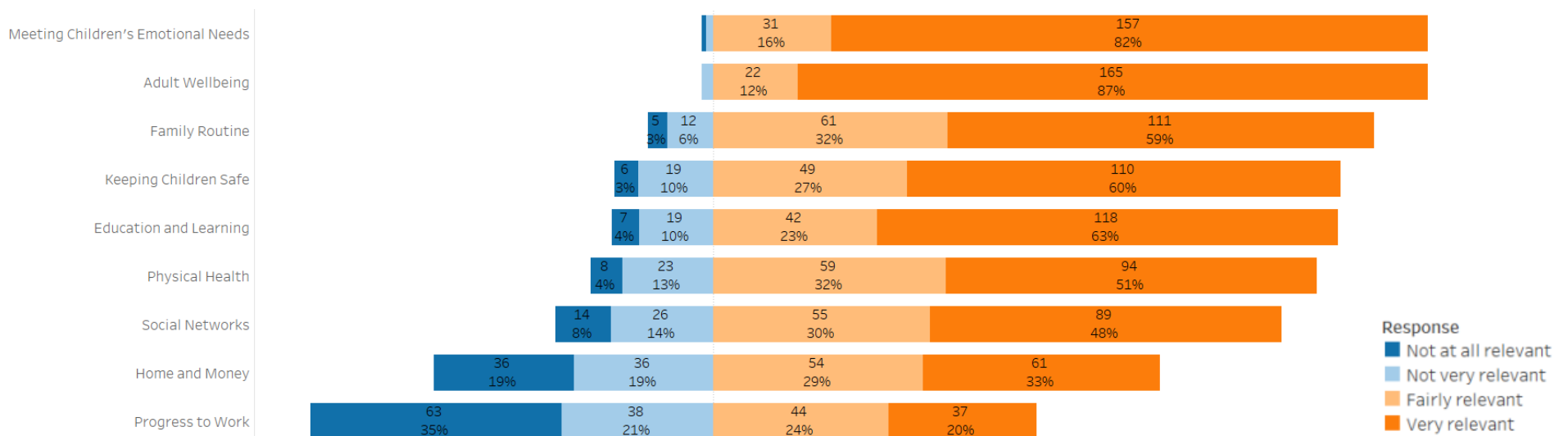
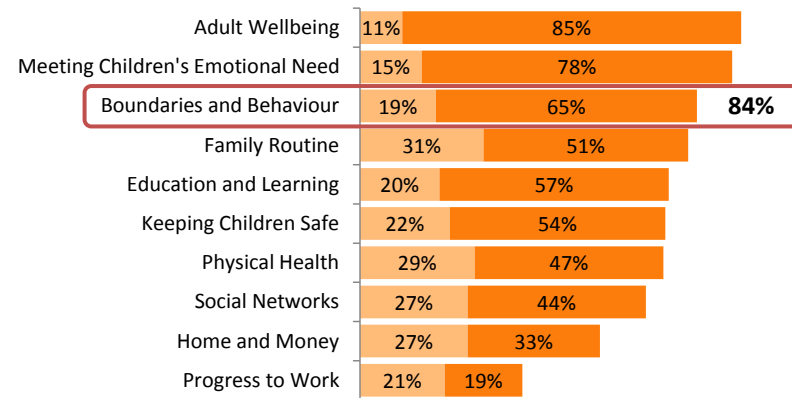
## Most Significant Change: Boundaries and Behaviour

### Dashboard 6giii: Relevance of Boundaries and Behaviour to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **84%** said that change was either fairly (19%) or very relevant (65%) to the domain of Boundaries and Behaviour.

Boundaries and Behaviour ranked 3<sup>rd</sup> for relevance to change out of the ten family star domains (see right).

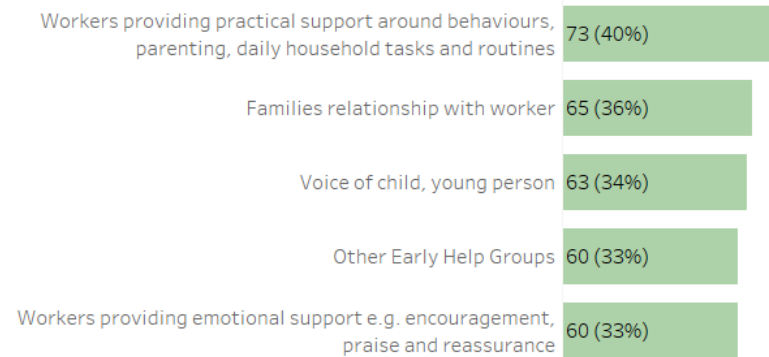
Of the cases where Boundaries and Behaviour was relevant to change, workers were more likely to link to the domains of Meeting Children's Emotional Needs and Adult Wellbeing and less likely to link to the domains of Home and Money and Progress to Work.



## Most Significant Change: Boundaries and Behaviours

### Dashboard 6giv: Activities/Approaches and Enablers for cases where Boundaries and Behaviours was identified as Relevant to Change Extracted from The Most Significant Change dashboard

#### Top 5 Early Help Activities and Approaches

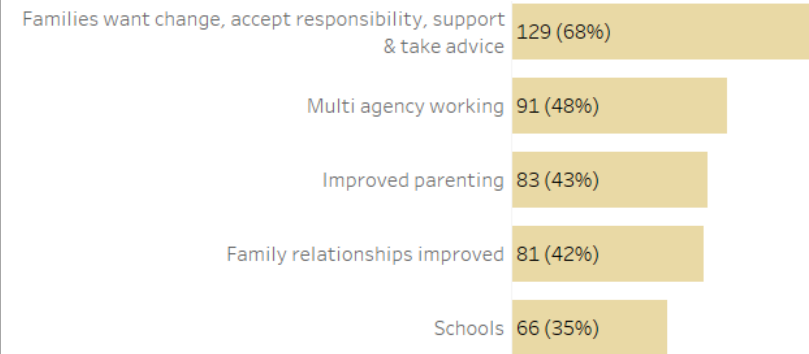


#### Early Help activities and approaches

Of the most significant change cases submitted by staff where boundaries and behaviour outcomes were identified, the top five Early Help activities and approaches linked to these cases were: workers providing practical support around behaviours, parenting, daily household tasks and routines; families relationship with the worker; the voice of the child/ young person; Early Help groups; and workers providing emotional support e.g. encouragement, praise and reassurance.

Other activities included workers supporting parents to have a better understanding of children’s needs, development and abilities; and worker tools which included things like reward charts.

#### Top 5 Enablers



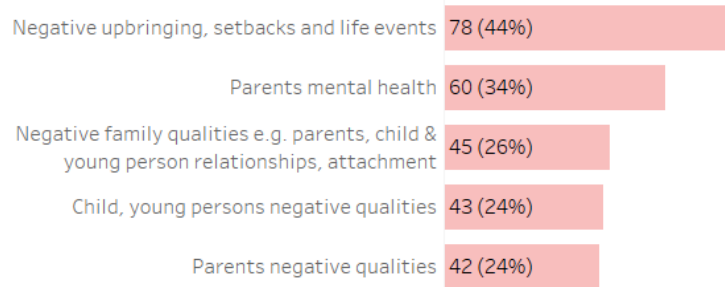
#### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved parenting; improved family relationships; and schools.

Other enablers included positive parent qualities; and families seeing change happen.

**Dashboard 6gv: Barriers and Other Outcomes for cases where Boundaries and Behaviour was identified as Relevant to Change  
Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

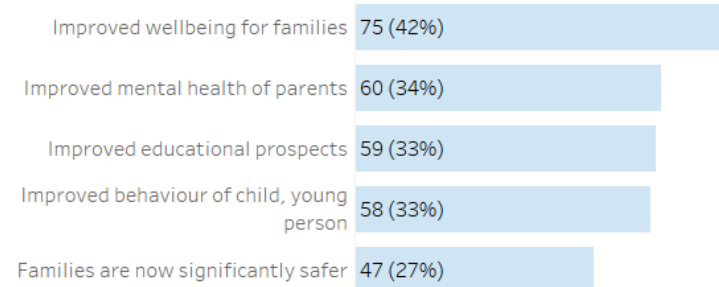


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; family negative qualities e.g. family relationships and attachment; children’s negative qualities; and other parent’s negative qualities.

Other barriers featuring in these cases included: children and young people’s mental health; other issues such as undiagnosed health issues and disabilities; a lack of experience or understanding around parenting and; unstable home environments.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and improved educational prospects.

Other outcomes featuring in these cases included: improved behaviour of children/ young people; improved health and mental health of children and young people; and parents being able to control their anger.

## Theory of Change – Positive Boundaries and Behaviour

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### Key Needs and Issues

- Unstable and disruptive relationships in the household
  - Family members are violent and/ or aggressive
  - Family members are bullying
  - Family members are engaged in anti-social behaviours
  - Family members are involved in criminal activity
  - There is domestic abuse in the household
- 

### BARRIERS

- See General Barriers above
  - **See table 6a for data findings worth exploring further**
- 

### Additional Person Centred Barriers

- Inconsistencies between parents/ carers
  - Parents unable to be consistent due to other issues taking priority
- 

### Additional Practical Barriers

- No specific barriers identified other than general barriers above
- 

### What Staff 'Do'

- Provide support, advice and encouragement around how to deal with situations including
  - Domestic abuse
  - Swearing
  - Angry outbursts
  - Triggers, reactions and consequences
- Individual and joint visits, meetings and referrals with
  - Family meetings
  - Family voice
  - Brief intervention workers
  - Youth Offending Team
  - YISP
  - Police



- Joint activities and plans including
    - House rules
    - Behaviour plans and strategies
    - Charts and rewards
    - Consistent parenting
    - Spending quality time together as a family
    - Moves to another parent
  - Sourcing and access to items such as
    - Sensory toys
- 

What Staff 'Need'

- Access to specific activities and courses such as
    - Positive leisure activities
    - Youth groups
    - Post 16 education
    - Relate
    - Counselling
    - Parenting courses e.g. Solihull
- 

Staff Need Skills and Training Around

- Behaviour strategies and ideas
  - Basic knowledge of youth justice system
    - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

## CHAID Statistically Significant Findings around Progress: Boundaries and Behaviours

**Table 6r – Adults Requiring Support (Cluster A – Low), Domestic Abuse Families (Clusters C – Low and D – High) and SEND Families (Cluster I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there is children’s social care involvement after the intervention they are almost 3 times more likely to make lower progress around boundaries and behaviours compared to the overall (10.6%:3.6%).

**Table 6s – Adults Requiring Support (Cluster B – High), Lower Needs Families (Cluster F – High) and SEND Families (Cluster H – Mid)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where the length of involvement is more than 9 months they are less likely to make lower progress around boundaries and behaviours compared to the overall (1.5%:3.6%). Similarly, they are more likely to make higher progress around boundaries and behaviours compared to the overall (78.9%:67.3%).
- For these families where the length of intervention is less than 9 months and there is a children’s social care involvement after the Early Help intervention they are less likely to make higher progress around boundaries and behaviours compared to the overall (50%:67.3%).

### What Factors are Worthy of Further Attention When Looking at Lower Progress around Boundaries and Behaviours

- **Families on work related benefits**
- **BME families with children aged below 5 and/or above 10**

- Families on work related benefits (that do not have difficulties parenting) are more than twice as likely to make lower progress around boundaries and behaviours compared to the overall (9.7%:3.6%).
- BME Families (where there aren't any children in the household between five and ten years old) are almost three times as likely to make lower progress compared to the overall (10.7%:3.6%). Similarly, they are less likely to make higher progress around boundaries and behaviours compared to the overall (41.3%:67.3%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Boundaries and Behaviours

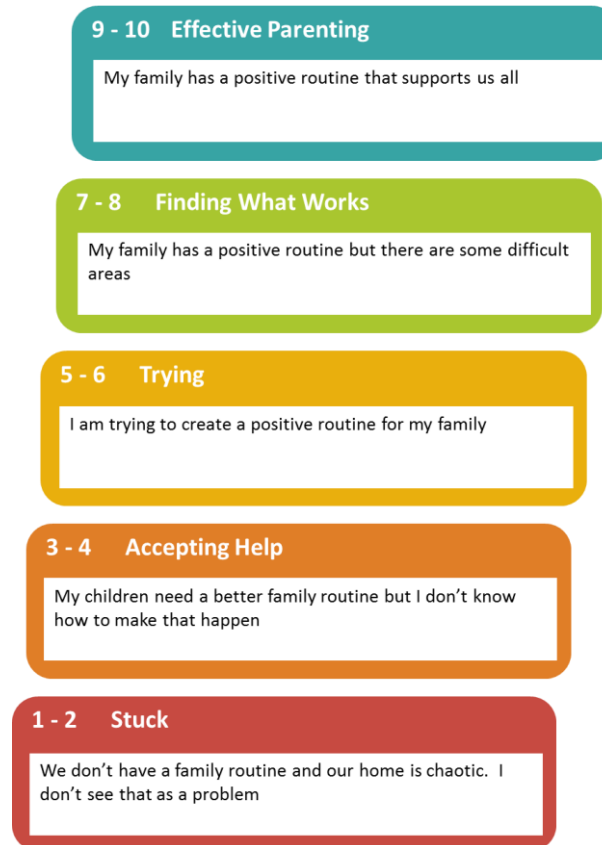
- **A lack of financial related benefits (even if families have difficulties parenting)**
- **A lack of financial related benefits (even if families have difficulties parenting and difficulties with their finances)**
- **Families with children aged between 5 and 10**

- Families with difficulties parenting (but who do not receive financial related benefits) are less likely to make lower progress around boundaries and behaviours compared to the overall (1.0%:3.6%).
- Families with difficulties parenting and who have financial difficulties, (but who do not receive financial related benefits) are more likely to make higher progress around boundaries and behaviours compared to the overall (87.8%:67.3%).
- Families who have with children between the age of five and ten are more likely to make higher progress around boundaries and behaviours compared to the overall (72.2%:67.3%)

## Theory of Change – Positive Family Routines

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### Illustration 6h: Outcome area from the Family Star Plus™<sup>22</sup>: Family Routine 5 Stages of the Journey of Change



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<sup>22</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Family Routine

### Dashboard 6hi : Family Star Progress – Family Routine - Extracted from The Family Star Summary dashboard

Matrix 6hi (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain Family Routine.

#### Matrix 6hi : Family Star Progress - Family Routine

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	18	18	16	30	4	86
Accepting Help	6	36	48	74	17	181
Trying	2	5	51	119	41	218
Finding What Works		2	9	106	65	182
Effective Parenting		1	4	9	94	108
Total	26	62	128	338	221	775

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Family Routine i.e. moved up at least one stage  
e.g. 74 families moved from Accepting Help to Finding What Works around Family Routine

Chart 6hi shows that 63% of families make progress overall around the Family Star domain of Family Routine. It also illustrates the variation in progress made in the Family Routine domain across the nine different Clusters of families.

**Most progress** is made around Family Routine by Cluster H (SEND families - Mid) (69%).

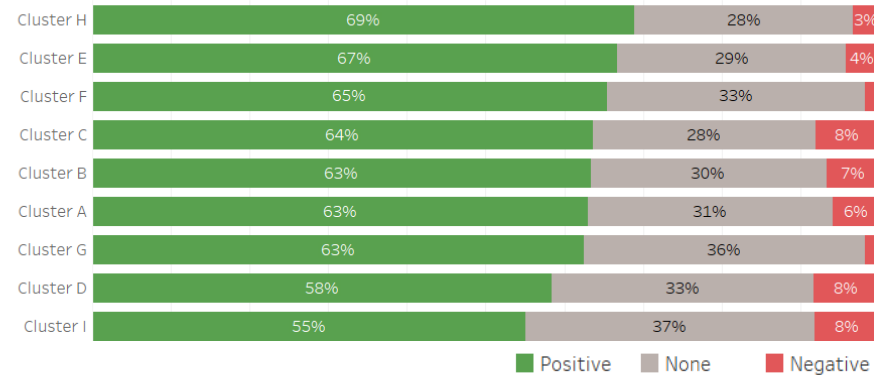
**Least progress** is made around Family Routine by Cluster I (SEND families - High) (55%).

#### Chart 6hi : Family Star Progress – Family Routine

Overall

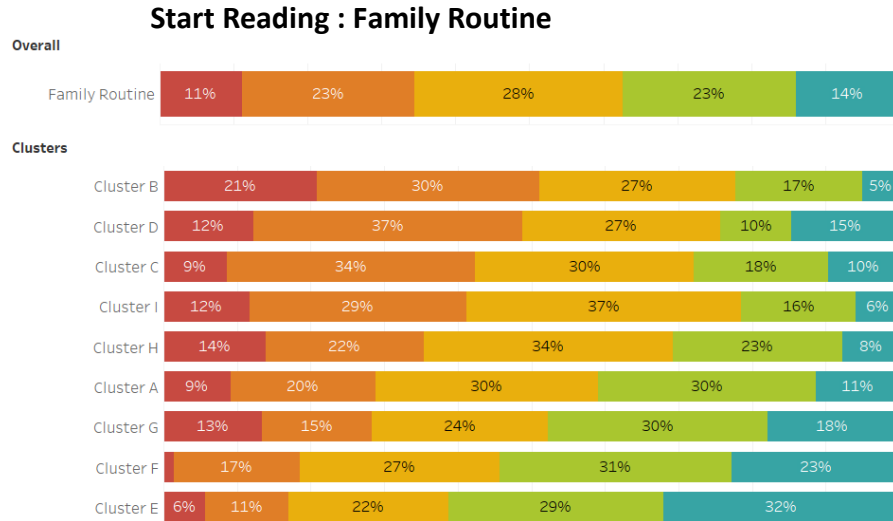


Clusters



**Dashboard 6hii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Family Routine.

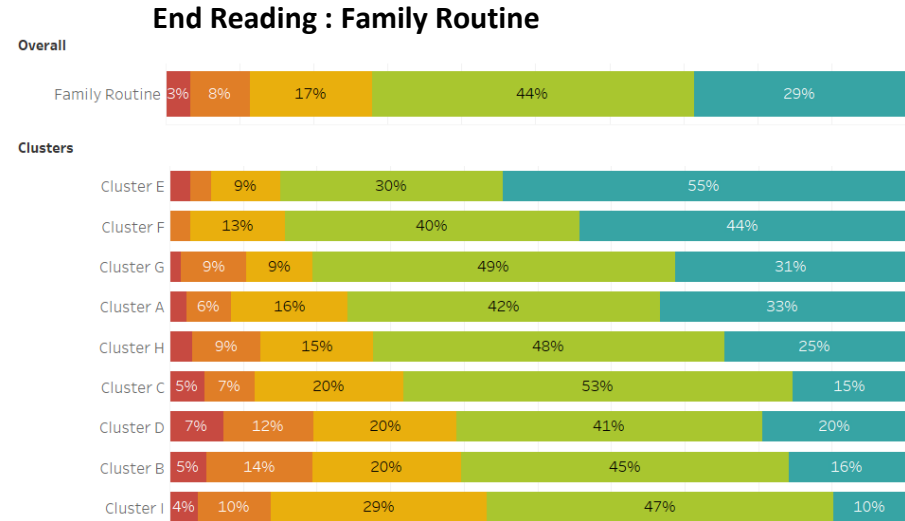


Families in Cluster B (Adults requiring support - High) on average have the lowest start readings, being most likely to start Stuck (21%) or Accepting Help Adults (30%) around Family Routine.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (29%) or Effective Parenting (32%) around Family Routine.

■ Stuck ■ Accepting Help ■ Trying ■ Finding What Works ■ Effective Parenting

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Family Routine.



Families in Cluster B (Adults requiring support - High) and Cluster D (domestic abuse families - High) on average have the lowest end readings, being most likely to end Stuck or Accepting Help around Family Routine.

Families in Cluster E (Lower needs families - Low) on average have the highest end readings, being most likely to end Finding what Works (30%) or Effective Parenting (55%) around Family Routine.

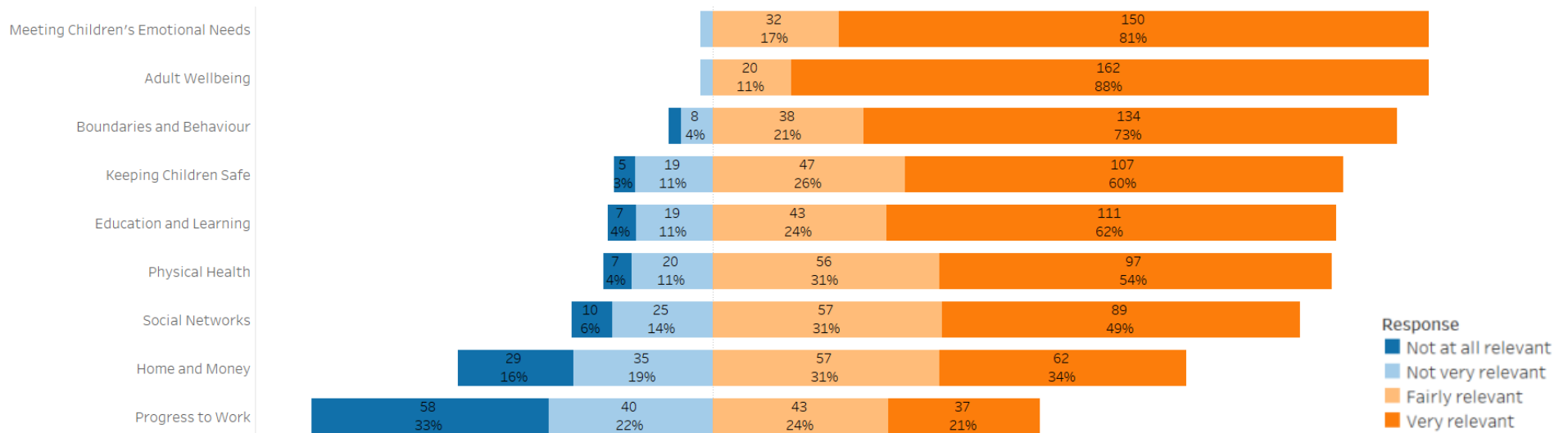
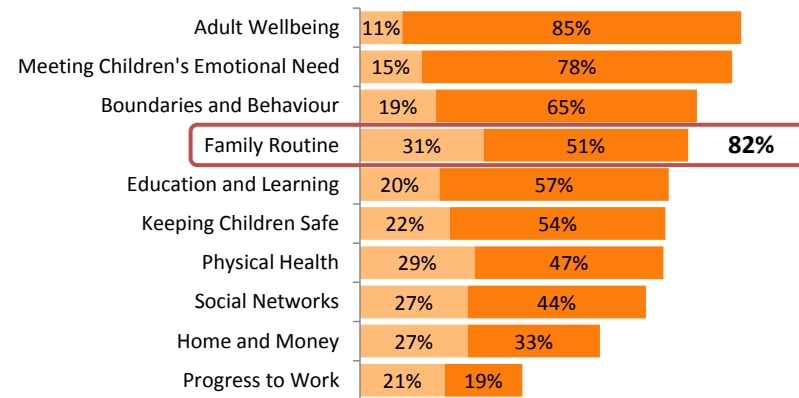
## Most Significant Change: Family Routine

### Dashboard 6hiii: Relevance of Family Routine to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **82%** said that change was either fairly (31%) or very relevant (51%) to the domain of Family Routine.

Family Routine ranked 4<sup>th</sup> for relevance to change out of the ten family star domains (see right).

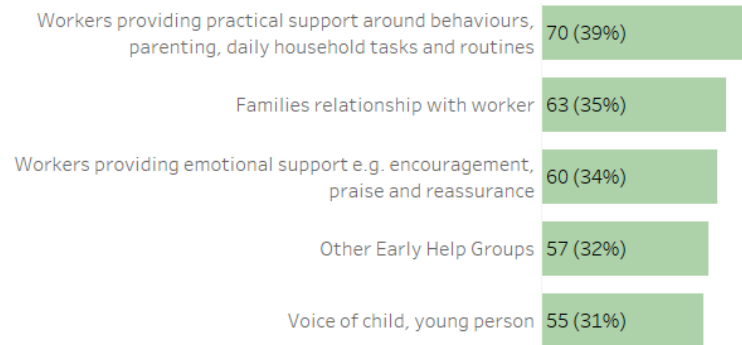
Of the cases where Family Routine was relevant to change, workers were more likely to link to the domains of Meeting Children’s Emotional Needs and Adult Wellbeing and less likely to link to the domains of Home and Money and Progress to Work.



## Most Significant Change: Family Routines

### Dashboard 6hiv: Activities/Approaches and Enablers for cases where Family Routines was identified as Relevant to Change Extracted from The Most Significant Change dashboard

#### Top 5 Early Help Activities and Approaches

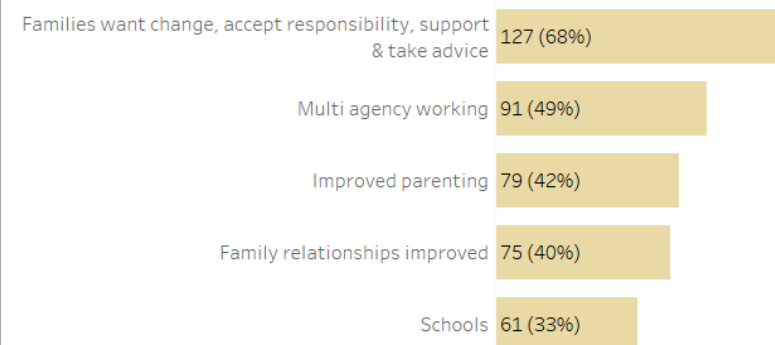


#### Early Help activities and approaches

Of the most significant change cases submitted by staff where Family Routine outcomes were identified, the top five Early Help activities and approaches linked to these cases were: workers providing practical support around behaviours, parenting, daily household tasks and routines; families relationship with the worker; workers providing emotional support e.g. encouragement, praise and reassurance; Early Help groups; and voice of the whole family.

Other activities featuring in these cases included: workers supporting parents to have a better understanding of children’s needs, development and abilities; workers persistence which includes trying different strategies; continued support until change is embedded; and flexible support which included workers supporting at home during morning and bedtime routines.

#### Top 5 Enablers



#### Enablers

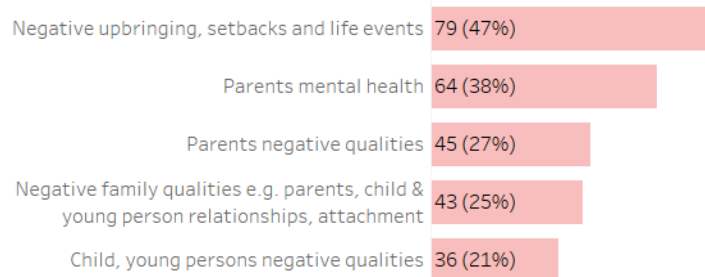
The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved parenting; improved family relationships; and schools.

Other enablers featuring in these cases included: families seeing positive change; changes to home environments; and parenting changes to the home environment which included children and young people moving in with a different parent/ family member.



**Dashboard 6hv: Barriers and Other Outcomes for cases where Family Routine was identified as Relevant to Change**  
**Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

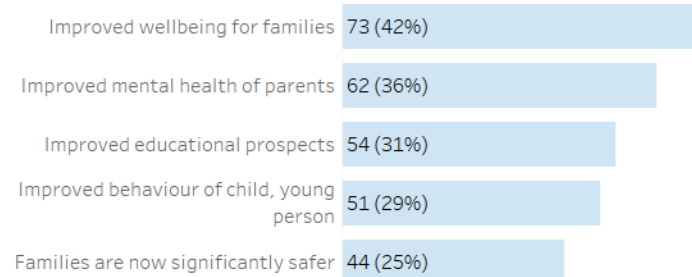


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; parent’s negative qualities; family negative qualities e.g. family relationships and attachment; and children’s negative qualities.

Other barriers featuring in these cases included: other issues in families; children and young people’s mental health; unstable home environments; and parent’s lack of experience or understanding around parenting issues.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and improved educational prospects.

Other outcomes featuring in these cases included: improved behaviour; and improved mental health of children and young people.

## Theory of Change – Positive Family Routine

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### Key Needs and Issues

- Parents have significant issues parenting or a lack of parenting skills
  - Chaotic lifestyles e.g. in the mornings, at mealtimes and at bedtimes
  - No or minimal positive quality family activities
- 

### BARRIERS

- See General Barriers above
  - **See table 6a for data findings worth exploring further**
- 

### Additional Person Centred Barriers

- Inconsistencies between parents/ carers
  - Parents unable to be consistent due to other issues taking priority
- 

### Additional Practical Barriers

- Siblings sharing rooms (impacting on ability to get to sleep)
- 

### What Staff 'Do'

- Provide support, advice and encouragement around
    - Morning, mealtime and bedtime routines
    - Positive family activities e.g. eating together, de-cluttering
  - Individual and joint visits, meetings and referrals with
    - School (to gain support)
  - Joint activities and plans including
    - Parents supporting each other/ being consistent/ role model
    - Behaviour plans and strategies
    - Charts and rewards
  - Sourcing and access to items such as
    - Alarm clocks
    - Books (for reading at bedtime)
    - Free/ subsidised leisure activities
-

What Staff 'Need'

- Access to specific courses and activities such as
    - Parenting courses e.g. Solihull
      - Solution Focus and ABC
- 

Staff Need Skills and Training Around

- **See REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

## CHAID Statistically Significant Findings around Progress: Family Routine

**Table 6t – Adults Requiring Support (Clusters A – Low and B - High), Domestic Abuse Families (Clusters C – Low and D – High) and SEND Families (Clusters H – Mid and I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where the length of involvement is over a year, they are twice as likely to make lower progress around family routines compared to the overall (10.5%:4.9%). However, they are also more likely to make higher progress around family routines compared to the overall (66.3%:55.7%).

**Table 6u – Lower Needs Families (Clusters E – Low and F - High), Domestic Abuse Families (Cluster G – Low)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are less likely to make lower progress around family routines compared to the overall (2.1%:4.9%). However, they are also less likely to make higher progress around family routines compared to the overall (49.0%:55.7%).

### What Factors are Worthy of Further Attention When Looking at Lower Progress around Family Routines

- **Families with difficulties parenting (even if they are registered with a dentist and there aren't adult domestic abuse victims)**
- **Adult domestic abuse victims**

- Families with difficulties parenting and who are registered with a dentist (but aren't adult domestic abuse victims) are more likely to make lower progress around family routines compared to the overall (9.3%:4.9%).
- Families with adult domestic abuse victims are more likely to make lower progress around family routines compared to the overall (6.0%:4.9%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Family Routines

- **A lack of adult domestic abuse victims (even if families have difficulties parenting and aren't registered with a dentist)**
  - **Adult domestic abuse victims (including those with and without difficulties parenting)**
- 
- Families with difficulties parenting (who aren't registered with the dentist and where there are no adult domestic abuse victims in the household) are less likely to make lower progress around family routines compared to the overall (2.1%:4.9%).
  - Families with difficulties parenting and where there are adult domestic abuse victims are more likely to make higher progress around family routines compared to the overall (63.4%:55.7%).
  - Families where there aren't any adult domestic abuse victims are less likely to make lower progress around family routines compared to the overall (3.8%:4.9%). However, families where there are adult domestic abuse victims are more likely to make higher progress around family routines compared to the overall (59.1%:55.7%).

## Theory of Change: Positive Experiences with Home and Money

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### Illustration 6j: Outcome area from the Family Star Plus™<sup>23</sup>: Home and Money 5 Stages of the Journey of Change



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<sup>23</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Home and Money

### Dashboard 6ji : Family Star Progress – Home and Money - Extracted from The Family Star Summary dashboard

Matrix 6ji (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain Home and Money.

#### Matrix 6ji : Family Star Progress - Home and Money

Progress Negative ----- Positive 	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	19	19	18	33	4	93
Accepting Help	5	27	53	68	18	171
Trying	1	12	47	72	37	169
Finding What Works	2	2	11	95	47	157
Effective Parenting	1	2	2	12	166	183
<b>Total</b>	28	62	131	280	272	773

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Home and Money

i.e. moved up at least one stage

e.g. 33 families moved from Stuck to Finding What Works around Home and Money

Chart 6ji shows that 61% of families make progress overall around the Family Star domain of Home and Money. It also illustrates the variation in progress made in the Home and Money domain across the nine different Clusters of families.

**Most progress** is made around Home and Money by Cluster F (Lower needs families - High) (66%).

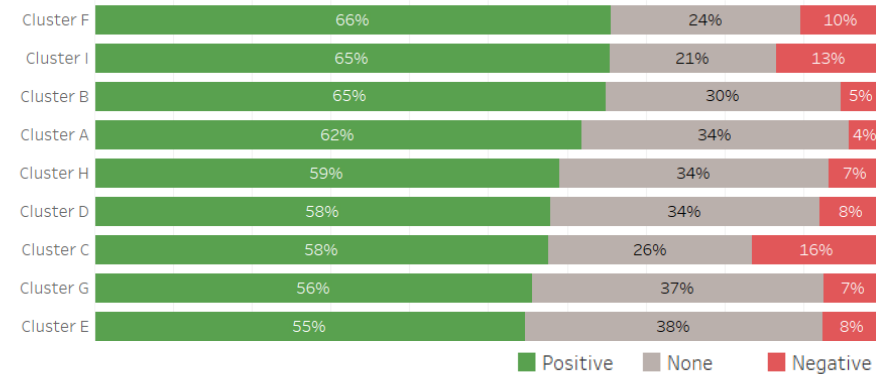
**Least progress** is made around Home and Money by Cluster E (Lower needs families - Low) (55%).

#### Chart 6ji : Family Star Progress – Home and Money

##### Overall



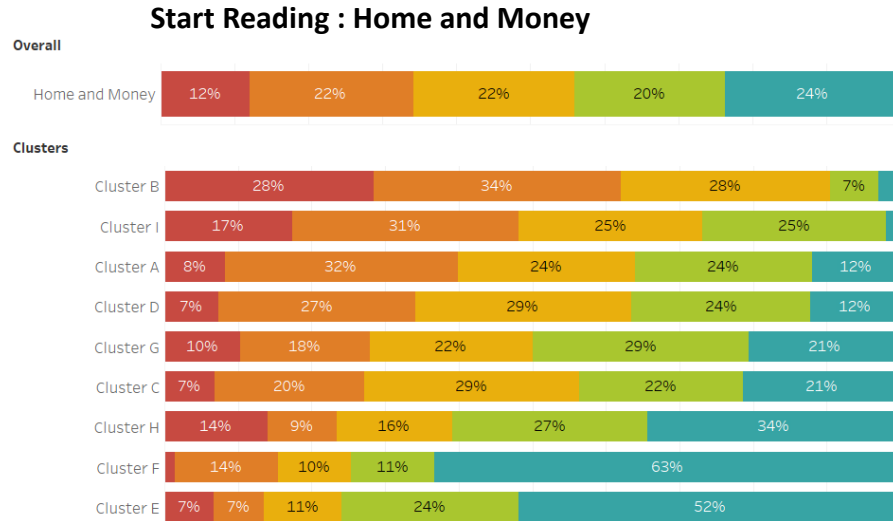
##### Clusters





**Dashboard 6jii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Home and Money.

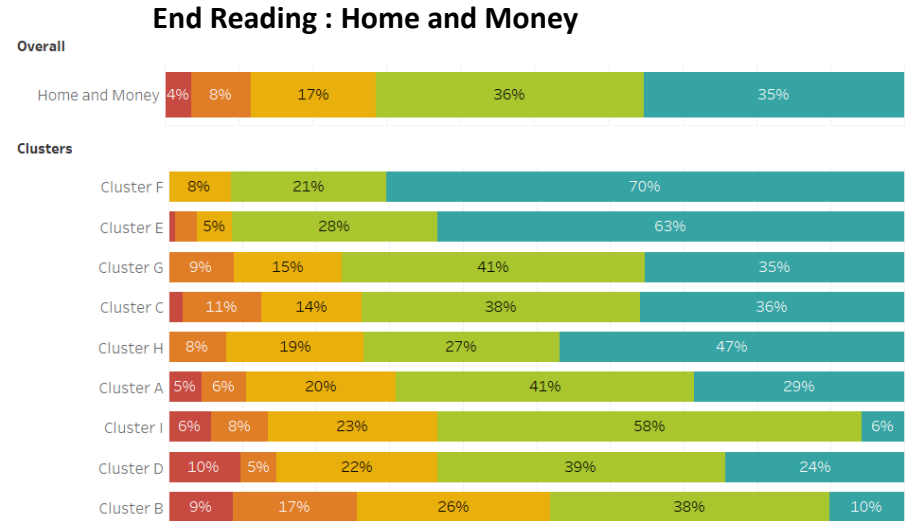


Families in Cluster B (Adults requiring support - High) on average have the lowest start readings, being most likely to start Stuck (28%) or Accepting Help Adults (34%) around Home and Money.

Families in Cluster E (Lower needs families - Low) on average have the highest start readings, being most likely to start Finding what Works (24%) or Effective Parenting (52%) around Home and Money.

Stuck Accepting Help Trying Finding What Works Effective Parenting

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Home and Money.



Families in Cluster B (Adults requiring support - High) on average have the lowest end readings, being most likely to end Stuck (9%) or Accepting Help (17%) around Home and Money.

Families in Cluster F (Lower needs families - High) and Cluster E (Lower needs families - Low) on average have the highest end readings, being most likely to end Finding what Works or Effective Parenting around Home and Money.

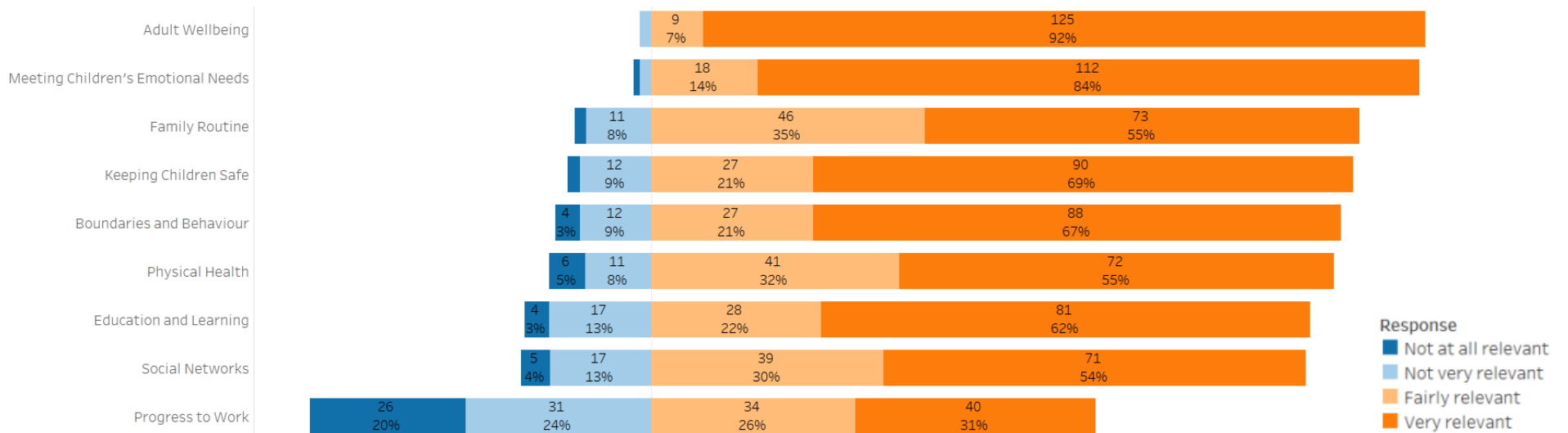
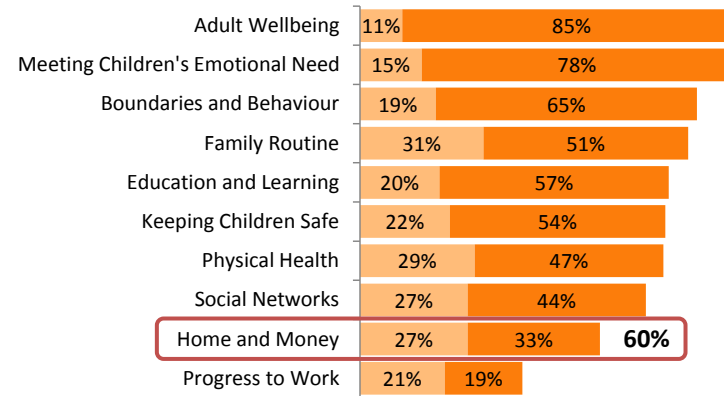
## Most Significant Change: Home and Money

### Dashboard 6jiii: Relevance of Home and Money to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **60%** said that change was either fairly (27%) or very relevant (33%) to the domain of Home and Money.

Home and Money ranked 9<sup>th</sup> for relevance to change out of the ten family star domains (see right).

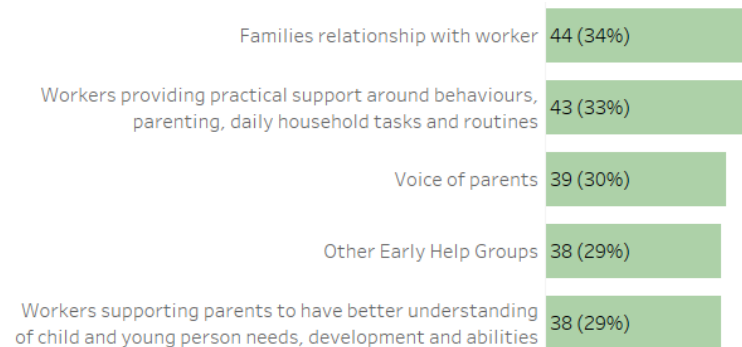
Of the cases where Home and Money was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Meeting Children’s Emotional Needs and less likely to link to the domains of Social Networks and Progress to Work.



## Most Significant Change: Home and Money

### Dashboard 6jiv: Activities/Approaches and Enablers for cases where Home and Money was identified as Relevant to Change Extracted from The Most Significant Change dashboard

#### Top 5 Early Help Activities and Approaches

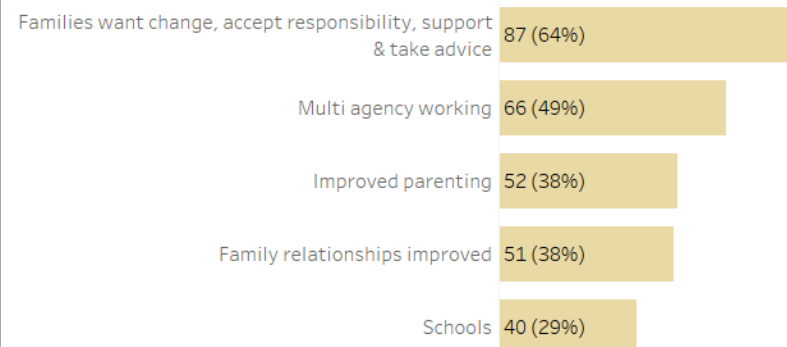


#### Early Help activities and approaches

Of the most significant change cases submitted by staff where Home and Money outcomes were identified, the top five Early Help activities and approaches linked to these cases were: families relationship with the worker; workers providing practical support around behaviours, parenting, daily household tasks and routines; voice of parents; Early Help groups; and workers supporting parents to have a better understanding of children’s needs, development and abilities.

Other activities featuring in these cases included: workers providing practical support around paperwork, applications and processes which included benefit and job applications and house moves.

#### Top 5 Enablers



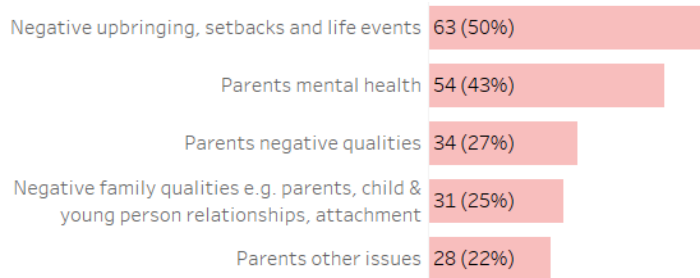
#### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved parenting; improved family relationships; and schools.

Other enablers featuring in these cases included: changes to home environments; other general services which included the DWP; improvements to families’ financial situation; specific services, some of which related to employment and finances; sanctions and orders relating to housing, including the removal of sanctions; and parental changes in the home environment.

**Dashboard 6jv: Barriers and Other Outcomes for cases where Home and Money was identified as Relevant to Change**  
Extracted from The Most Significant Change dashboard

**Top 5 Barriers**

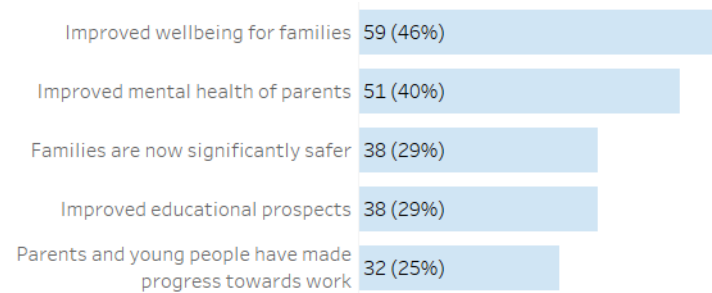


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; parents negative qualities; family negative qualities e.g. family relationships and attachment; and parents other issues which included debt and worries about money, disabilities/ illness.

Other barriers featuring in these cases included: unstable home environments; and isolation.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and families being significantly safer.

Other outcomes featuring in these cases included: progress towards work; and parents and young people in work or apprenticeships.

## Theory of Change – Positive Home and Money

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### Key Needs and Issues

- Family are reliant on benefits
- Family do not acknowledge financial difficulties
- Family have financial difficulties/ rent arrears
- Family are stressed/ anxious about financial difficulties
- Housing is inadequate for family needs
- Family have housing sanctions or are at risk of being homeless
- Family have difficulties with neighbours/ community
- Family are stressed/ anxious about housing situation
  - **Housing does not meet families' needs**
  - **Families need to move to get away from domestic abuse**

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### BARRIERS

- **Changes to benefits e.g. reform, eligibility, age transitions**
- **Issues with communities and neighbourhoods**
- **See table 6a for data findings worth exploring further**

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### Additional Person Centred Barriers

- Family members are bored

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### Additional Practical Barriers

- Doorstep money lenders
  - **Unrealistic debt repayment plans**
  - **Credit easily accessible e.g. banks, catalogues, rent arrears**

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### What Staff 'Do'

- Provide support, advice and encouragement around
  - House moves/ repairs/ DIY/ cleaning
  - Cooking
  - Budgeting
  - The right benefits
  - Jobs

- Individual and joint visits, meetings and referrals with
  - Housing and anti-social behaviour officers
  - Neighbours
  - Job Centre
  - Citizen's Advice Bureau (CAB)
  - Credit Unions
- Joint activities and plans including
  - Clearing and cleaning
  - Shopping, cooking and meal planning
  - Debt management
  - Budgeting
- Support with applications for
  - Housing
  - Benefits
  - Jobs
- Sourcing and access to items such as
  - Skips
  - White goods
  - Clothes
  - Food
  - Safety products
  - **Free school meals**

---

What Staff 'Need'

- **Multi-agency support e.g. housing, DWP, third sector**
  - Access to specific courses and activities such as
    - Love food, hate waste
    - Healthy eating
    - Enquire
  - **Money courses e.g. CAPT**
-

Staff Need Skills and Training Around

- Basic budgeting
  - Benefit, sanction and welfare awareness
    - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

## CHAID Statistically Significant Findings around Progress: Home and Money

**Table 6v – Adults Requiring Support (Clusters A – Low and B - High), Domestic Abuse Families (Clusters D – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are more likely to make higher progress around home and money compared to the overall (58.5%:47.7%).
- For these families where there are more than 4 females in the household they are more than twice as likely to make lower progress around home and money compared to the overall (16.0%:6.5%).
- For these families where there are four or less females in the household (even if low level mental health issues are present) they are less likely to make lower progress around home and money compared to the overall (2.1%:6.5%). Similarly they are more likely to make higher progress around home and money compared to the overall (64.8%:47.7%).

**Table 6w – Domestic Abuse Families (Cluster C – Low) and SEND Families (Cluster I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are twice as likely to make lower progress around home and money compared to the overall (13.5% vs 6.5%).



**Table 6x – Lower Needs Families (Clusters E – Low and F – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are less likely to make lower progress around home and money compared to the overall (4.0%:6.5%). However they are also less likely to make higher progress around home and money compared to the overall (27.4%:47.7%).

**What Factors are Worthy of Further Attention When Looking at Lower Progress around Home and Money**

- **Adult domestic abuse victims combined with poor parenting (even if they aren't in financial difficulties)**
- **Child behaviour problems in school**

- Families with poor parenting and who are adult domestic abuse victims (but who aren't in financial difficulty) are more likely to make lower progress compared to the overall (16.9%:6.5%).
- Families where there are child behavioural problems in school (but where there isn't poor parenting and there are no financial difficulties and no child domestic abuse victims) are over five times less likely to make higher progress compared to the overall (8.3%:47.7%).

### What Factors are Worth Further Attention When Looking at Higher Progress around Home and Money

- **A lack of children with low level mental health issues (even adults have low level mental health issues and financial difficulties)**
- **A combination of difficulties with finances plus adult and child low level mental health**

- Families with financial difficulties and where adults have low level mental health issues (but there are no children with low level mental health issues) are less likely to make lower progress around home and money compared to the overall (1.3%:6.5%).
- Families with financial difficulties and where there are both adults and children with low level mental health issues are more likely to make higher progress around home and money compared to the overall (69.0%:47.7%).

## Theory of Change: Achieving Progress to Work

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### Illustration 6k: Outcome area from the Family Star Plus™<sup>24</sup>: Progress to Work 5 Stages of the Journey of Change



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<sup>24</sup> Burns, S & MacKeith, J. (2013) The Family Star Plus User Guide and The Family Star Plus: Organisation Guide, Brighton: Triangle Consulting

## Family Star Progress: Progress to Work

### Dashboard 6ki : Family Star Progress – Progress to Work - Extracted from The Family Star Summary dashboard

Matrix 6ki (below) illustrates the start stages (down) and end stages (across) recorded for families around the Family Star domain Progress to Work.

#### Matrix 6ki : Family Star Progress - Progress to Work

Progress Negative ----- Positive	Stuck	Accepting Help	Trying	Finding What Works	Effective Parenting	Total
Stuck	55	26	28	27	11	147
Accepting Help	9	34	38	35	21	137
Trying	2	10	30	38	29	109
Finding What Works	1	2	8	53	28	92
Effective Parenting	8	6	2	14	250	280
Total	75	78	106	167	339	765

The areas of the matrix shaded in **green** highlight those families that have made progress around the Family Star domain of Progress to Work i.e. moved up at least one stage  
e.g. 29 families moved from Trying to Effective Parenting around Progress to Work

Chart 6ki shows that 55% of families make progress overall around the Family Star domain of Progress to Work. It also illustrates the variation in progress made in the Progress to Work domain across the nine different Clusters of families.

**Most progress** is made around Progress to Work by Cluster I (SEND families - High) (59%).

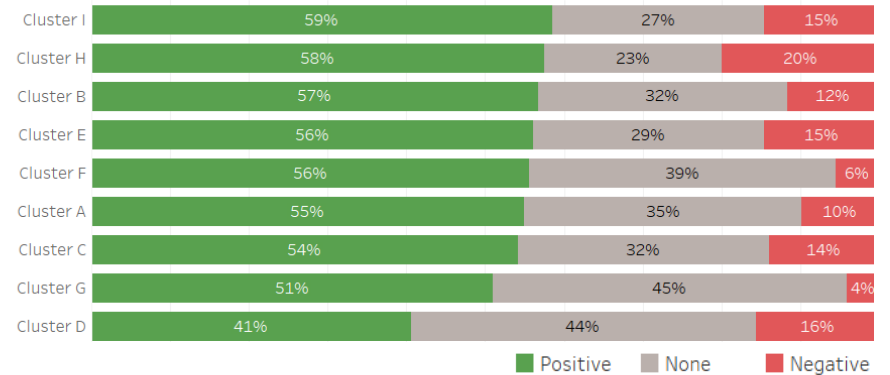
**Least progress** is made around Progress to Work by Cluster D (Domestic abuse families - High) (41%).

#### Chart 6ki : Family Star Progress – Progress to Work

##### Overall

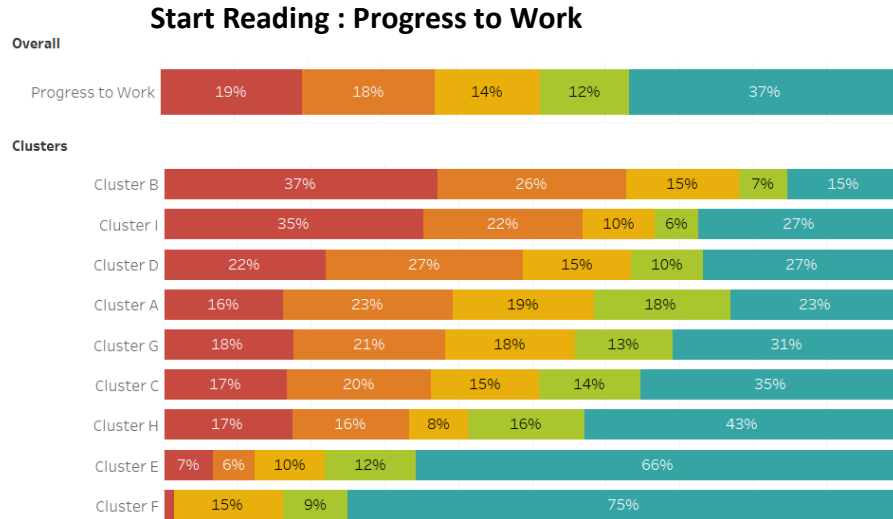


##### Clusters



**Dashboard 6kii: Extracted from The Family Star Summary dashboard**

The chart below illustrates the differences in start readings against the nine different groups of families for the Family Star domain of Progress to Work.

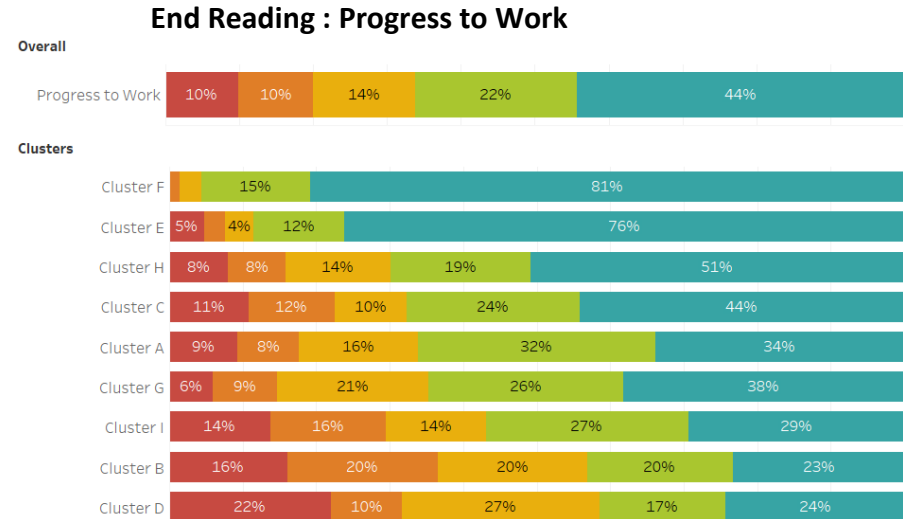


Families in Cluster B (Adults requiring support - High) on average have the lowest start readings, being most likely to start Stuck (37%) or Accepting Help Adults (26%) around Progress to Work.

Families in Cluster F (Lower needs families - High) on average have the highest start readings, being most likely to start Finding what Works (9%) or Effective Parenting (75%) around Progress to Work.

■ Stuck ■ Accepting Help ■ Trying ■ Finding What Works ■ Effective Parenting

The chart below illustrates the differences in end readings against the nine different groups of families for the Family Star domain of Progress to Work.



Families in Cluster B (Adults requiring support - High) on average have the lowest end readings, being most likely to end Stuck (16%) or Accepting Help (20%) around Progress to Work.

Families in Cluster F (Lower needs families - High) and Cluster E (Lower needs families - Low) on average have the highest end readings, being most likely to end Finding what Works or Effective Parenting around Progress to Work.

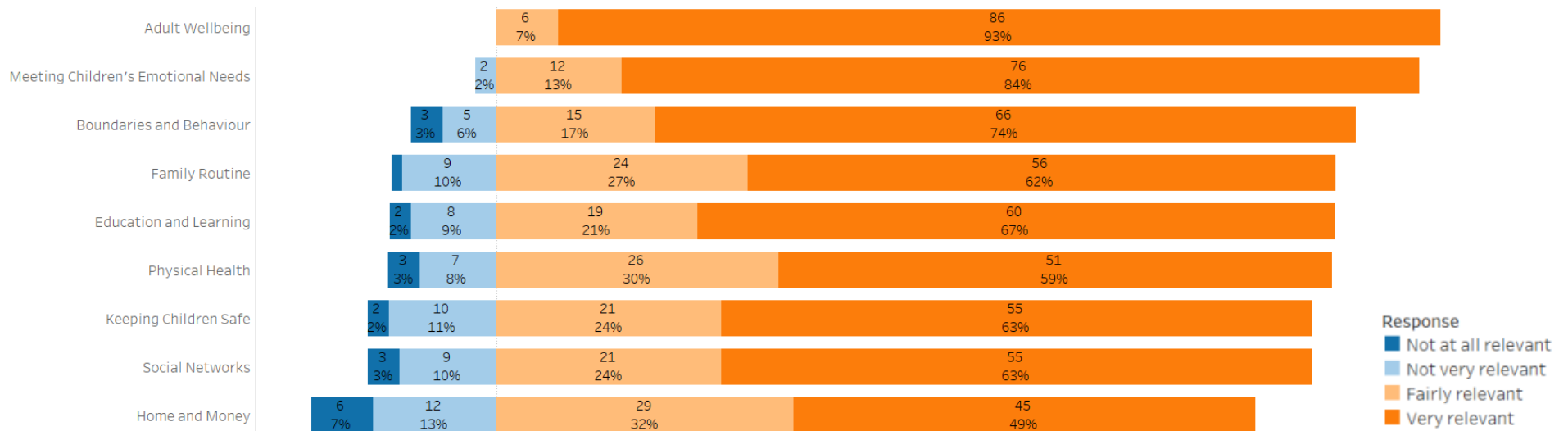
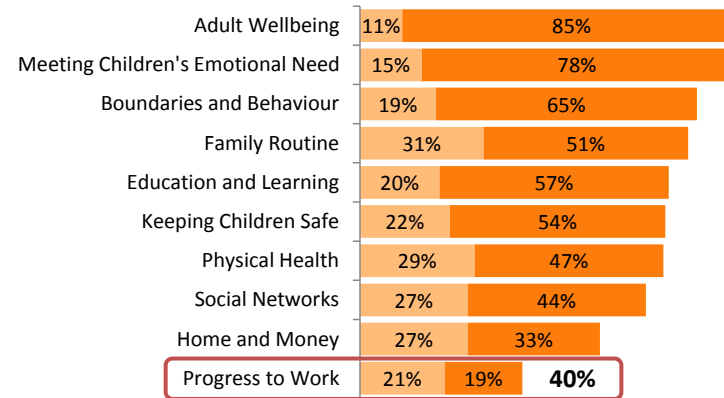
## Most Significant Change: Progress to Work

### Dashboard 6kiii: Relevance of Progress to Work to Change - Extracted from The Most Significant Change dashboard

Of the 227 cases submitted by workers for the Most Significant Change, **40%** said that change was either fairly (21%) or very relevant (19%) to the domain of Progress to Work.

Progress to Work ranked lowest (10<sup>th</sup>) for relevance to change out of the ten family star domains (see right).

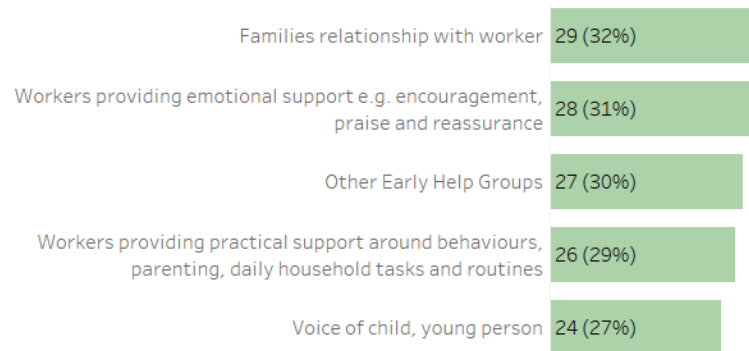
Of the cases where Progress to Work was relevant to change, workers were more likely to link to the domains of Adult Wellbeing and Meeting Children's Emotional Needs and less likely to link to the domains of Social Networks and Progress to Work.



## Most Significant Change: Progress to Work

**Dashboard 6kiv: Activities/Approaches and Enablers for cases where Progress to Work was identified as Relevant to Change**  
 Extracted from The Most Significant Change dashboard

### Top 5 Early Help Activities and Approaches

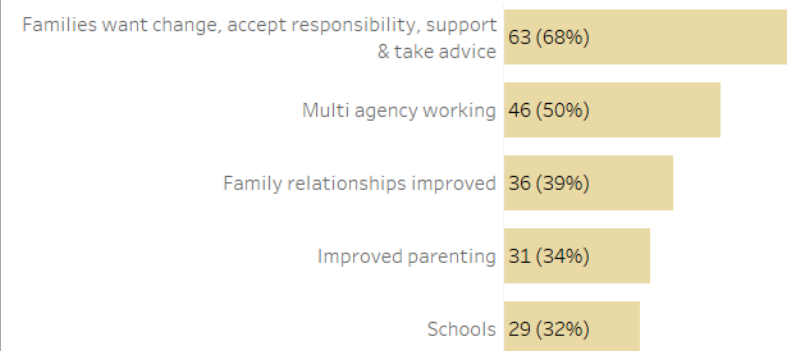


### Early Help activities and approaches

Of the most significant change cases submitted by staff where Progress to Work outcomes were identified, the top five Early Help activities and approaches linked to these cases were: families relationship with the worker; workers providing emotional support e.g. encouragement, praise and reassurance; Early Help groups; workers providing practical support around behaviours, parenting, daily household tasks and routines; and child and young person’s voice.

Other activities relating to these cases included: voice of parents; and workers providing practical support around paperwork, applications and processes such as job applications.

### Top 5 Enablers



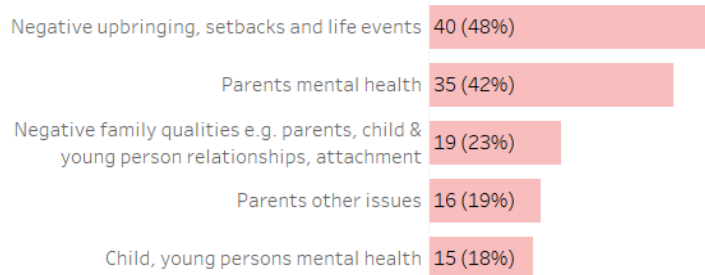
### Enablers

The top five enablers linked to these cases were: families wanting change, accepting responsibility, support and taking advice; multi-agency working; improved family relationships; improved parenting; and schools.

Other enablers relating to these cases included: specific services relating to employment; general services such as the DWP; and improvements to families’ financial situation.

**Dashboard 6kv: Barriers and Other Outcomes for cases where Progress to Work was identified as Relevant to Change**  
**Extracted from The Most Significant Change dashboard**

**Top 5 Barriers**

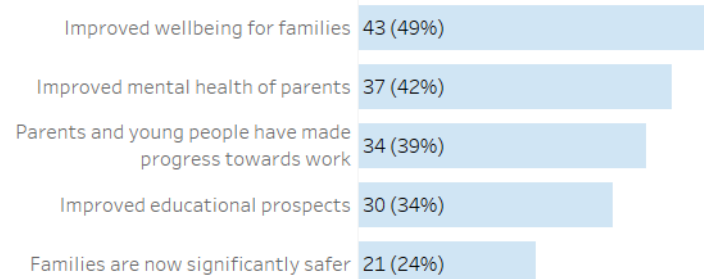


**Barriers to change**

The top five barriers to change linked to these cases were: negative upbringing, set-backs or life events; parent’s mental health; family negative qualities e.g. family relationships and attachment; parents other issues which included debt and worries about money and child/young person’s mental health.

Other barriers featuring in these cases included: parent’s negative qualities; and unstable home environments.

**Top 5 Other Outcomes**



**Other Outcomes Associated with Cases**

The top three outcomes relating to these cases were: improved wellbeing for families; improved mental health of parents; and parents and young people having made progress towards work.

Other outcomes featuring in these cases included: families being less isolated; an improved future outlook; and parents and young people in work or apprenticeships.



## Theory of Change – Positive Progress to Work

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### Key Needs and Issues

- Adults in the household are not in education, employment or training (NEET)
  - Adults are in receipt of work related benefits
  - There are no post 16 plans in place
- 

### BARRIERS

- **Affordability/ viability of returning to work**
  - **See table 6a for data findings worth exploring further**
- 

### Additional Person Centred Barriers

- Lack of education
  - Lack of motivation
  - Lack of aspiration
  - Lack of confidence/ self esteem
  - Criminal record
  - Person involved in substance misuse
    - **Health, wellbeing and SEND related issues**
- 

### Additional Practical Barriers

- No specific barriers identified other than general barriers above
- 

### What Staff 'Do'

- Provide support, advice and encouragement around
  - Applying for volunteering opportunities
  - Training
  - College
  - Jobs
- Individual and joint visits, meetings and referrals with
  - Job Centre
  - Job fairs
  - Prospects
  - Troubled Families Employment Advisors (TFEAs) e.g. Claire Winterton

- Joint activities and plans including
    - Helping families remember to attend appointments
    - Confidence and self-esteem building
    - Showing adults how to do things for themselves
    - Financial comparison calculations
    - Post 16 plans e.g. college, apprenticeships
    - CVs
  - Support with applications for
    - Job/ volunteering applications
    - Courses
  - Sourcing and access to items such as
    - Awareness of local jobs going
      - Transport (including creative ways to resolve transport issues)
- 

What Staff 'Need'

- **Multi-agency support e.g. DWP**
  - Access to specific courses and activities such as
    - Job Centre Courses
    - Adult Learning courses e.g. Go Learn, **basic skills, English as a language**
    - In Training
    - **CV writing and applying for jobs**
- 

Staff Need Skills and Training Around

- Awareness of benefits and sanctions
    - **Also see REPORT 2 – WHAT FAMILIES SAY and REPORT 3 – EARLY HELP KEY WORKER CONFIDENCE SURVEY and the staff survey dashboard for more specific details on staff development**
-

### CHAID (Statistically Significant Findings) around Progress: Progress to Work

**Table 6y – Adults Requiring Support (Clusters A – Low), Domestic Abuse Families (Clusters C – Low and D – High) and SEND Families (Clusters G – Low and H – Mid)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- For these families where there are adults with mental health issues they are more likely to make lower progress around progress to work compared to the overall (11.7%:8.1%).
- For these families where there is children social care involvement during intervention they are more likely to make lower progress around progress to work compared to the overall (18.0%:8.1%).

**Table 6z – Adults Requiring Support (Cluster B - High) and SEND Families (Cluster I – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are more likely to make higher progress around progress to work compared to the overall (48.9%:36.7%).
- For these families where there is no children social care involvement after the intervention they are more likely to make higher progress around progress to work compared to the overall (60.6%:36.7%).

**Table 6aa – Lower Needs Families (Clusters E – Low and Cluster F – High)**

Predominantly Adults Requiring Support		Domestic Abuse Families		Lower Needs Families		SEND Families		
A Low	B High	C Low	D High	E Low	F High	G Low	H Mid	I High

- These families are less likely to make lower progress around progress to work compared to the overall (4.0%:8.1%). However, they are also less likely to make higher progress around progress to work compared to the overall (19.1%:36.7%).

**What Factors are Worthy of Further Attention When Looking at Lower Progress around Progress to Work**

- **Families in receipt of work related benefits combined with adult victims of bullying**
- **Families without financial difficulties, who aren't single parent households and who do not receive work related benefits**

- Families in receipt of work related benefits and where adults have been victims of bullying are more likely to make lower progress around progress to work compared to the overall (22.8%:8.1%).
- Families who aren't single parent households, who do not receive work related benefits and do not have financial difficulties are less likely to make higher progress around progress to work compared to the overall (8.3%:36.7%).

### What Factors are Worthy of Further Attention When Looking at Higher Progress around Progress to Work

- **A lack of adult victims of bullying combined with a lack of rent arrears and adults with adult mental health issues (even if families are in receipt of work related benefits)**
  - **A lack of adult victims of bullying (even if families are in receipt of work related benefits and have rent arrears)**
- Families in receipt of work related benefits (but where adults have not been victims of bullying, have no rent arrears and there are no adults with mental health issues) are less likely to make lower progress around progress to work compared to the overall (0.9%:8.1%). Similarly, families in receipt of work related benefits and have rent arrears (but where adults have not been victims of bullying ) are more likely to make higher progress around progress to work compared to the overall (55.0%:36.7%).

If you require information contained in this leaflet in another version e.g. large print, Braille, tape or alternative language please telephone: 0116 305 6803, Fax: 0116 305 7271 or Minicom: 0116 305 6160.



જો આપ આ માહિતી આપની ભાષામાં સમજવામાં થોડી મદદ ઇચ્છતાં હો તો 0116 305 6803 નંબર પર ફોન કરશો અને અમે આપને મદદ કરવા યત્ન કરીશું.

જેવર ત્રુવાનું ઈસ જાણવાની નું સમજાવે વિષ વ્રુષ મદદ ચાહીદી હૈ ત્રાં વિરખા વરવે 0116 305 6803 નંબર તે ફોન કરે અરે અસીં ત્રુવાડી મદદ લઈ વિસે દા પૂર્ણ વર દવાંગો।

এই তথ্য নিজেই ভাষায় বুঝার জন্য আপনার যদি কোন সাহায্যের প্রয়োজন হয়, তবে 0116 305 6803 এই নম্বরে ফোন করলে আমরা উপযুক্ত ব্যক্তির ব্যবস্থা করবো।

اگر آپ کو یہ معلومات سمجھنے میں کچھ مدد درکار ہے تو براہ مہربانی اس نمبر پر کال کریں اور ہم آپ کی مدد کے لئے کسی کا انتظام کریں گے۔ 0116 305 6803

假如閣下需要幫助，用你的語言去明白這些資訊，請致電 0116 305 6803，我們會安排有關人員為你提供幫助。

Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci pomożemy.

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