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Culturally attuned family support in the Royal Borough of Windsor and Maidenhead

Evaluation Report

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**Usha Boolaky, Tammy Abarno, Katy
Burch, Colin Green, and Sue Wise -
Institute of Public Care, Oxford Brookes
University**

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Executive Summary

The Innovation Programme in the Royal Borough of Windsor and Maidenhead has explored the value of providing culturally attuned family support in Army and Pakistani Muslim communities, in particular for families who, without such support, might require a statutory Child in Need or Child Protection Plan in the future.

Research to date has identified significant barriers to Pakistani Muslim families accessing support when it is needed, including in particular:

- language and communication barriers
- a lack of awareness or information about where to go to for help
- a sense that services won't be sufficiently sensitive to the family's cultural needs

Baseline research undertaken with Pakistani community groups and community leaders in Windsor and Maidenhead immediately prior to the launch of this innovation confirmed these 3 barriers as being particularly significant, and also identified some others: fear of officialdom, including losing one's children into care; worries about the stigma of being seen to need help; and potential opposition from extended family members.

Previous research into barriers for Army families to accessing family support has emphasised similar issues, namely:

- Army families' isolation from and lack of awareness about local services
- a sense of shame or weakness associated with seeking help, particularly where it relates to relationship issues or domestic abuse

Baseline research with Army community groups and leaders undertaken for this innovation programme identified the following barriers: isolation from services (because of frequent family moves and distance from camp to town); a lack of certainty about the future, making it difficult to commit to support; practical difficulties such as child care; concerns about the impact of seeking help on a (partner's) Army career; lack of knowledge about services; a sense that professionals don't understand what it's like to be 'married to the Army'; and internalised cultural norms described frequently by Army Mums as 'you made your bed, now you lie in it'.

The Windsor and Maidenhead Innovation Programme has been developed and delivered in partnership between the local authority and an established local charity, Family Friends. Between September 2015 and June 2016 this partnership offered targeted 1:1 family support to approximately 90 Army and Asian families. The targeted support was embedded in open access community-based activities, including 167 regular parenting groups, whole family events and workshops, recorded during a key 6 month delivery period between January and June 2016, and involving 668 families. The project has

been delivered primarily through 2 multi-disciplinary hubs of culturally matched social workers, family support workers, and community engagement workers working holistically with families with a range of support needs, and their communities.

The 2 main aims of the pilot project were to:

- improve the engagement of these communities with early help services, thereby strengthening the acceptability and accessibility of these services; and
- improve the acceptability and effectiveness of targeted early help, particularly for families with chronic problems, thereby safely reducing the need for a statutory intervention,

including by addressing the likely key barriers to family engagement with services.

Whilst there were excellent strides taken in the early stages, a full realisation of the project, and evaluation of it, have been hindered by problems experienced approximately 6 months into implementation, mainly in the form of (agency) social workers leaving to gain employment elsewhere. This problem illustrates a broader question about the extent to which these kinds of innovations can be fully tested in a relatively short period of time (of 12 months or less) with workers who are brought in for the purpose, rather than those already involved in existing service provision.

This realistic (Pawson and Tilley 1997) and mixed method evaluation from the Institute of Public Care has explored the extent to which the intended programme outcomes have been achieved in the context of different stages of the programme lifetime. This has been done with reference to case file analysis; secondary analysis of data collected by the delivery partners; interviews with families and community leaders involved either directly or peripherally; and interviews with staff involved where possible.

Did culturally attuned community development activities help to engage communities in open access family support or thinking about getting help?

In the early stages of the project (September 2015 – March 2016), culturally attuned community engagement activities and worker presence on the ground appeared to significantly raise the profile of the new offer within both hubs, and build community trust and interest in hearing about or receiving help with family support issues. A big shift noticed by community leaders interviewed at that stage was that these innovation services were listening to, and working with, the community. Whilst trust and interest has continued to a large extent, and community outreach as well as collaborative delivery of workshops with other agencies extended into the later stages, the project's loss of momentum at mid-point appears to have affected some local stakeholders' enthusiasm about it.

However, community development activities in both hubs have been popular with families from both communities and have provided a range of opportunities to meet with hub staff, as well as other families in similar situations, and to learn new skills in a safe and accessible setting. They have also offered opportunities for the hub staff to interact with the families, build their trust and hook them into more targeted support as needed. These activities have been culturally attuned in that they:

- were located within the communities they were trying to support – a visible trusted presence
- were run by staff specifically recruited, with backgrounds which culturally matched the community profiles (for example, a social worker with experience of Army life; community engagement workers who were already established within the Army community; Pakistani Muslim or Asian social worker(s) and family support or community engagement workers)
- had governance structures which involved prominent community stakeholders
- included low-key community activities, provided in neutral environments, in which people could engage with the staff without fear of being judged, or hidden professional agendas
- offered regular groups and activities that were as sensitively attuned to their communities or culture as possible
- included information and advice in accessible formats, such as audio newsletters in Urdu
- included time dedicated to the building of rapport and relationships with the broader Army or Pakistani Muslim community as well as with individual families

Cultural attunement of open access family support appears to have been useful for families from both communities in that it has provided a point of reference; acknowledged that families naturally tend to build relationships with people from a familiar background, and helped to normalise support such as parenting education.

Did the cultural attunement of targeted family support help families from the Pakistani and Army community to engage with workers on a 1:1 basis?

The attributes of effective initial engagement of families from the Pakistani and Army communities identified as requiring 1:1 support included a combination of cultural attunement and broader worker attributes, as follows:

- culturally competent initial conversations, including being able to speak the language and/or understand some at least of the cultural norms within the community

- attention to building rapport and trust with the key carer and the children including: non-judgemental, warm, and empathetic approaches, active listening, drawing out the story and the family member's reflection on it. Evaluators noted that these kinds of approaches may be more challenging to achieve where home conditions and / or parenting are obviously poor
- helping key carers and children to identify what they would like to change / be different (including using age appropriate games and tools)
- providing practical supports and quick wins, including, for example, early tips for managing child behaviour
- giving families particular messages about the project (particularly that it is a new, more culturally attuned way of working with families)

Workers able to demonstrate many or all of these attributes were particularly successful in engaging both mothers and fathers, and even the broader family, in 1:1 family support work.

Did culturally attuned 1:1 targeted family support improve child and family outcomes?

Culturally attuned 1:1 family support appears to have made a positive difference to some family outcomes because it supported joint family and worker understanding of the issues and ability to build trust (in the ongoing work and advice) through:

- having a common language shared by the worker and the family, leading to a more nuanced exploration of family relationships or sensitive issues
- broader, culturally-sensitive and empathetic communication, including assessment of needs (understanding the cultural norms if not always condoning them)

This evaluation suggests that cultural competence (defined as an ability to engage and work effectively with people from different cultural backgrounds irrespective of your own) is generally more important than a shared, lived experience or an exact cultural match, although there were times when such a match worked very well. It also suggests that the building of cultural competence can be assisted through 'immersion' in a community along the lines of the hub model trialled in this pilot programme, although this hypothesis is not fully tested.

At least as significant in terms of the initial or short term impact of a targeted family support intervention with families from the Pakistani or Army community in the Royal Borough of Windsor and Maidenhead were the following other factors:

- holistic interventions, for example, involving fathers as well as mothers and extended family if appropriate (although it may be easier to draw in fathers or the extended family if the worker is culturally competent)
- collaborative assessment and planning with families including use of wishes and feelings tools; distance travelled tools; and a range of games to draw out family aspirations
- clearly identified outcomes at the start of the intervention, so that progress can be monitored with the family
- confident interventions involving a mix of practical for example developing reward charts for children or applying for financial support) and therapeutic (e.g. developing empathy through games and role play) work
- workers applying their theoretical knowledge (for example, about attachment, family and parent relationships, parenting, bereavement and loss, or social learning) through solutions-focused approaches and methods
- structured sessions with families focused on the key need areas including parenting
- some form of structured individual reflective practice on how the family has responded to the session and ways in which the intervention can, or should ,progress as a result

“People can say ‘oh it’s the language that causes barriers’; it can be, but this is too simplistic. It’s about the right attitude, the right approach and using good therapeutic skills and engaging with the community... It’s not just about familiar faces, but skilled approaches”

Community Stakeholder Interview, Maidenhead (September 2016)

Overview of project

What was the project intending to achieve?

The Royal Borough of Windsor and Maidenhead Innovation Pilot Project is an integrated statutory and voluntary sector partnership aiming to deliver culturally attuned family support and early help for families within the context of two community 'hubs' based in localities where there is perceived to be a higher incidence of children coming into care and or with a Child Protection Plan.

The model has been designed to work directly with families who, without support, might require a statutory (Child in Need or Child Protection) Plan in the future. The hubs offer targeted family support services to the Army community within the Clewer North and Clewer South wards in West Windsor, and the Pakistani community within Riverside and Furze Platt in Maidenhead.

The intended outcomes of the pilot project have been to:

- improve the engagement of these communities with early help services
- improve the acceptability and effectiveness of targeted early help, particularly for families with a number of chronic problems, thereby safely reducing the need for a statutory intervention

The hubs formally began life in September 2015 and ran until March 2017.

How would these outcomes be achieved?

The hubs represented an opportunity for the local authority, the Royal Borough of Windsor and Maidenhead (the Borough) to work together with an established local charity, Family Friends in Windsor and Maidenhead (Family Friends), to provide culturally attuned support for families, to encourage them to engage with early help services.

The project was designed to bring together a range of professional roles across children and family services including culturally matched social workers, family support workers, and community engagement workers, to work holistically with families with a range of family support needs.

Targeted (1:1) support provided by social workers and family support workers has been embedded within a broader, open access community base in order to increase its acceptability, as well as encourage engagement with mainstream preventative services within these communities.

It was intended that social workers would provide 1:1 support for families falling just short of the threshold for a statutory social care intervention, including, but not exclusively, those with relatively chronic issues and who were previously known to social care services. The family support and community engagement workers would focus more on providing earlier, engagement activities and 1:1 parenting support, albeit with some targeted help through a range of group interventions. Both sets of workers would work together with key community agencies, such as the Mosque and Army Welfare Service to help focus activities on what was needed locally and build links with mainstream support services.

Specifically the project set out to:

- offer flexible delivery approaches which fit with the community's way of life
- change the perception of family support and social care in these communities
- stick with families, if need be, across the spectrum of early help and children in need (up to child protection thresholds where appropriate)

It would do this by:

- having social workers physically located within the centre of the two target communities
- providing teams that were culturally matched to the communities they were working with. A social worker with experience of Army life was recruited to the Windsor hub alongside community engagement workers who were already established within the community. Asian social workers, family support and community engagement workers were specifically recruited to the Maidenhead hub for (or just ahead of) this pilot
- delivering a range of community activities to draw families into the hubs and engage them with the support services on offer there. As appropriate, these families would be introduced to professionals offering more targeted 1:1 support in a low-key manner, and without making distinctions in roles between family support and social work
- developing culturally attuned and competent social work and family support practice, through the creative use of tools and techniques to work with families
- strengthening the acceptability and accessibility of family support within each area by the engagement of hub staff with community groups and agencies such as local mosques and Army welfare services
- improving engagement with existing services, helping people access universal offers and support where possible

Have there been any major changes to the project's intended outcomes or activities?

Despite being a pilot project designed to focus effort on two distinct communities, in practice, the hubs had two very different starting points. Family Friends already had a strong presence within West Windsor and the Army base there, with an established model of family support and community engagement activities. The hub was able to maximise these linkages with key agencies to establish the innovation pilot quickly. By comparison, the Maidenhead hub was a much newer venture and, although some staff had been working within the community for a number of months prior to the pilot project starting, it needed to offer more in the way of initial engagement activities to establish itself within the community before it could begin more targeted work with families.

The project began in earnest in October 2015 with a range of community engagement activities designed to introduce the hubs to the areas they were working with, increase awareness of the support they were offering; and begin to identify and engage families who might benefit from the additional support on offer, using community engagement events as a hook into the wider service.

By December, both hubs were fully operational, delivering a range of 1:1 support activities and interventions across the social work, and family and community support workers. These were supplemented by a number of community events, groups and classes (see Appendix 2: Hub Activity Data for a full list).

By February 2016, the early signs were that:

- a number of families with additional needs were engaging with targeted 1:1 culturally attuned support, including many children in need or families on the edge of needing a child-in-need intervention
- the community events and regular community group sessions were incorporating family support elements and messages
- local community leaders were beginning to value the hub contributions

However, at around this time, there was a changeover in senior leadership personnel within the local authority with a new Assistant Director in post. A number of key project staff who had been involved in setting up the project weren't involved any more. From April 2016, the social work staff began to leave the project and, by June 2016, all qualified social workers, including the consultant social worker (team leader) who had been offering professional line management and support, had left the hubs. A community engagement worker based in the West Windsor hub had also left by the time of the final evaluation (this role was quickly re-filled).

By the time of the final evaluation in July – September 2016, it was clear these changes in staffing had created a substantial vacuum in the professional capacity within the hubs and had led to a hiatus in what the remainder could realistically deliver whilst new arrangements could be put in place. During this period, the emphasis of the hubs shifted, quite understandably, to group activities, more light touch support and engaging community stakeholders, such as schools. Where possible, the hubs were still providing 1:1 interventions, but it did mean that the pilot could not operate in a way that would continue to test the original hypothesis about the impact of social work in delivering early help and support in a more culturally attuned way.

At the start of our final evaluation, the question of how to redesign the social work element of the hubs was still being discussed in the Borough. Open cases that had been actively managed by the hub-based social workers had been transferred to the mainstream social work teams within the local authority for a decision and possible ongoing support. The plans that were being discussed at the time meant that it was likely the social work element of the pilot would be delivered through existing Borough structures, such as the Youth Service, with a social worker placed within hubs and resourced by Family Friends until the end of the programme in March 2017.

Describe the context within which this innovation has been taking place

Overall, Windsor and Maidenhead has one of the lowest levels of child poverty in England: 9.9% compared with 20.6% across England and 15.1% across the South East (Royal Borough Windsor and Maidenhead, Joint Strategic Needs Assessment, 2015). However, there are areas of relative deprivation in the Borough, with children living in low income families notably in Clewer South (18.3%), Clewer North (12.6%) and Furze Platt (12.2%). These wards coincide with the sites targeted by the Innovation Hubs and where there are also greater proportions of Army and Pakistani families than in the overall population. It was easier for evaluators to identify the proportion of people of Pakistani origin in the targeted wards (around 10% compared with around 1% in the overall population of Windsor and Maidenhead) than the proportion of Army families, as this is not recorded in official records.

Overview of the evaluation

What were the evaluation questions?

The evaluation set out to assess:

- to what extent has the perception of family services within these two communities improved? Is there a more trusting relationship between the two communities and support services for children and families?
- to what extent has the engagement of families from the two target communities improved?
- how has the provision of flexible, more culturally attuned, interventions improved outcomes for children and families, particularly those with chronic problems?
- how has the innovation reduced demand for social care-led interventions in particular for child protection plans, especially from the two targeted communities?
- to what extent have other local services contributed to interventions for these families?
- how cost effective is the model? What types of intervention are more effective? What are the key characteristics of successful interventions with the two target communities?
- what particular skills or attributes are required by workers to deliver successful interventions within these communities? What others are less critical?
- what is the particular contribution of social workers within the intervention model?

Summary of the methodology

This evaluation has been conducted in three phases including a baseline review prior to the hubs beginning to inform their design and implementation (July-August 2015); an interim evaluation (in February – March 2016) designed to provide realistic, real-time feedback to the teams and managers working within the hubs, to help shape the future activities and programme of work; and a final stage evaluation (in July – September 2016) including activities focused on evaluating the impact of interventions.

The evaluation has comprised a mixed methodology, including:

- desk review of research, policy and guidance; in particular, to explore barriers to, and enablers of, effective engagement of Pakistani and Army families in family support, and to develop a benchmark of cultural competence
- an analysis of local trends in the demand for services at the baseline and by the end of the evaluation

- case-file review at each stage of the evaluation
- community stakeholder interviews at each stage of the evaluation
- manager and staff interviews at each stage of the evaluation

The baseline and final stage evaluations also included interviews with a cohort of families who had participated in 1:1 support; a cost analysis; a desk analysis of administrative data reports and plans, and a review of time-sheets.

Details of key evaluation tools can be found in Appendix 1.

Case File Review

A total of 90 case files were randomly selected and reviewed at the interim and final stages of the evaluation, from lists of interventions underway, or completed, that were provided by colleagues from the project. The 2 rounds of case file analysis essentially captured work undertaken in the hubs over 2 timeframes: the first between October 2015 and March 2016 to explore what was happening as the hubs got underway; and the second between April and June 2016, which coincided with the social workers leaving the team. 52% of the total cohort came from the Maidenhead hub, and 48% from the West Windsor hub (see Table 1 below for further details). Of the original 90 case files randomly selected, 57 were identified as having enough data for further in-depth analysis which looked at:

- the estimated level of presenting family needs at the time of referral (see below)
- any prior history of early help, social care and other statutory involvement
- structure and size of families referred to the hubs
- the type of social work and family support work provided
- the type(s) and method(s) of intervention
- tools and outcomes measures used to capture distance travelled
- evidence of cultural competence in the 1:1 work against our benchmark
- the extent to which other agencies were involved in the intervention
- whether the intervention seemed likely to have prevented an escalation of needs and why / how

A typology of the estimated level of need at referral was applied to each of the case files so that evaluators could track the type of referral into the hubs as the pilot progressed. This was as follows:

- level 2(a) early intervention

- level 2(b) multiple needs requiring service coordination
- level 3(a) complex needs bordering Child in Need thresholds
- level 3(b) Child in Need Plan bordering Child Protection thresholds

Table 1: Breakdown of case files reviewed during the innovation period and the level of need

Activity Timescales	Maidenhead Hub case files	West Windsor case files	Number of case files at level 3	Number of case files at level 2	Total number of cases reviewed	Number of files selected for fuller analysis
October 2015 – March 2016	16	11	10 (8 from Maidenhead) (2 from West Windsor)	17	27	27
April 2016 – June 2016	31	32	29 (25 from Maidenhead) (4 from West Windsor)	34	63	30
Total number of case files	47	43	39	51	90	57

Interview schedule

For the baseline evaluation, evaluators interviewed 6 families who had received 1:1 support in the context of a Child in Need, Child Protection Common Assessment Framework Plan. For the final evaluation, evaluators interviewed 7 families who had received 1:1 targeted support from the hubs and who had a corresponding case record, 4 of whom had received support from the West Windsor hub and 3 of whom had support from the Maidenhead hub. A greater number of families were asked for an interview but declined or were not contactable with the telephone number provided.

Thirty two community stakeholders were invited to take part in the evaluation at the interim and final stages (see Table 2), with 21 participating in total (66%). These included representatives from local schools, Mosques, NHS providers and commissioners, local authority commissioners and social work teams, and the Army Welfare Service. Where possible, evaluators actively recruited the same individuals to contribute at both stages of the evaluation. However, in some cases this was not possible due to changes in personnel and their availability at the time of the interviews.

Eight interviewees took part in the interim evaluation only; 7 took part in the final evaluation only and 6 stakeholders contributed to both the interim and final stages. The findings from all the interviews were analysed thematically and reported by theme.

Table 2: Community Stakeholder Interviews

Community Stakeholder Location	Total invited	Interim evaluation only	Final evaluation only	Both Stages	Total interviewed
Maidenhead Hub	19	2	4	2	8
West Windsor Hub	12	6	3	3	12
Both hubs	1	0	0	1	1
Total	32	8	7	6	21

Source: Interview schedule provided by the Royal Borough of Windsor and Maidenhead and Family Friends

Some interviews were also conducted with community leaders (6) and with groups of parents in Maidenhead and West Windsor (6) for the baseline to inform service development. Evaluators conducted 1:1 interviews with the existing staff group and hub managers at each stage.

Case Studies and Vignettes

Throughout our report we have used case studies and vignettes to illustrate key points and themes which emerged from our analysis. Case studies have been developed from the in-depth analysis of case files and their corresponding family interview; whilst vignettes have been developed from the case files only. Both are labelled clearly within the main body of our findings.

Analysis of findings

Quantitative data was analysed within MS Excel, and qualitative data from the interviews and case files was analysed thematically against the evaluation questions.

All case files were treated confidentially, in line with Oxford Brookes Code of Practice on Ethical Standards for Research involving Human Participants, and assigned unique identifiers for the purposes of evaluation.

Significant changes to the evaluation methodology

Significant changes to the pilot programme delivery mid-way through implementation came too late to significantly change the evaluation methodology originally proposed. However, they did affect:

- the ability of the evaluation team to identify such a large cohort of randomly selected case files as had originally been planned at the final stage
- the quality of case file recording by the final stage of the evaluation (with significant gaps in the information recorded on some files, particularly around the type of support provided and interventions delivered). This in turn affected evaluators' ability to extrapolate the right kind of information required to answer some of the key evaluation questions about 1:1 family support, and to identify a sufficiently large number of families with completed interventions who might be prepared to undertake an interview about their experience(s)
- the ability of the evaluation team to undertake interviews with members of the delivery team, particularly the consultant social worker and other social workers who had left by the time of the final evaluation

Relevant research relating to this innovation

As part of the baseline evaluation, evaluators conducted a review of the evidence base relating to likely barriers (and enablers) for these communities to engage with services, and the attributes of effective, culturally attuned family support services.

Key barriers to engagement

Recent research (summarised by Institute of Public Care, 2015) has identified that families from minority ethnic, including Pakistani groups in the UK can face significant challenges in accessing and engaging with mainstream services, including in particular:

- language and communication barriers
- a lack of awareness or information about where to go to for help
- a sense that services won't be sufficiently sensitive to the family's cultural differences

Baseline research, undertaken with Pakistani community groups and community leaders in Windsor and Maidenhead prior to the commencement of this programme, confirmed these three barriers as particularly significant, and added the following: fear of officialdom; worries about the stigma of being seen to need help; and anticipated opposition from extended family members.

Previous research into the barriers particular to Army families in accessing family support has emphasised similar issues, namely:

- isolation from, and lack of awareness about, local services
- a sense of shame or weakness associated with seeking help, particularly where it relates to relationship issues or domestic abuse

Baseline research with Army community groups and leaders, undertaken for this programme, identified the following barriers: social isolation (because of frequent family moves and distance from camp to town); a lack of certainty about the future making it difficult to commit to support; practical concerns such as difficulties in arranging child care; concerns about the impact of seeking help on a (partner's) Army career; lack of knowledge about services; a sense that professionals don't understand what it's like to be 'married to the Army'; and internalised cultural norms described frequently by Army Mums as 'you made your bed, now you lie in it'.

The significance of cultural attunement

The available research and professional guidance suggests that there are 2 key aspects of cultural attunement:

- the organisational structures and systems which enable culturally diverse populations to engage with them
- what has been described as cultural competency/competence within the workers delivering services to enable them to engage and work effectively with people from different cultural backgrounds

The attributes of culturally attuned services spanning both of these areas include (Betancourt et al 2002; Harrison and Turner 2011; Herritty et al 2011; Oakes 2011; Raghavan and Waseem 2007; Cole and Burke 2012; and National Association for Social Work 2011):

- employment of a diverse workforce, representative of the local community that services are targeting
- being aware of, and responsive to, service users' cultural perspectives
- being aware of the concept of culture and how this can affect beliefs and behaviours, including being aware of one's own cultural bias
- respecting different beliefs and cultural values – creating a non-judgemental environment
- culturally competent communication and assessment
- not assuming that people from the same minority community share the same beliefs or aspirations, or the same social circumstances
- provision of well-located services within local communities
- going beyond the individual to consider the whole family
- the development of partnerships with community groups who have long-established representation through various bodies in the statutory and voluntary sector

Evaluators of this innovation programme also looked in depth at the extent to which cultural attunement (including worker cultural competence) actually made a difference to family engagement and/or outcomes where they received a 1:1 family support intervention. Some of the key known attributes of targeted 1:1 family support for families more generically are (DfE 2013; DfE 2014; Allen 2011; Centre for Excellence and Outcomes 2010; Ofsted 2011; Interface Associates 2011; Institute of Public Care 2016):

- strengths-based (building on family strengths)

- solutions-focused
- actively addressing barriers to engagement and facilitating internal motivation to change in individual family members
- working with the whole family
- drawing on tested methodologies with a strong theoretical base
- sticking to these methodologies; attention to programme fidelity
- more intensive support for families with complex and chronic needs including to address specific difficulties affecting parenting, for example, domestic abuse, parent substance misuse, parent mental health problems, attachment issues, family communication difficulties and other issues as indicated for the particular family

Key Findings from this evaluation

How far has the innovation achieved its intended outcomes?

This was an ambitious project. It required a substantial effort to set up, including finding suitable premises, setting up the IT and information sharing infrastructure across 2 separate partner agencies, whilst recruiting staff into the hubs to deliver the support and interventions.

The impact of unforeseen changes to project personnel described above should not be underestimated. The loss of the social workers, and the skills and knowledge they brought with them, relatively early in the project was keenly felt by a number of community stakeholders, particularly in the West Windsor hub, where 66% of interviewees at the final stage of evaluation felt that the ability of the hub to continue to work within the community as originally envisaged was greatly reduced.

As a result, it has not been possible for the evaluation team to draw overall conclusions about the model. The timescales have been too short, the programme too changed, and interventions sometimes too limited or ill-documented to draw meaningful conclusions. However, it has been possible to answer some of the evaluation questions to a certain extent.

To what extent has the perception of family support services within these two communities improved?

Phase 1: Building Community Relationships

Between September 2015 and March 2016, much community engagement and open access family support activity was undertaken across both hubs, including a very strong emphasis on encouraging a considerable number of families into community activities. Some of these families were already known to Family Friends or Borough Social Services, but others were new to formal services and were engaging with the low-level or open access offer provided by the staff at each of the hubs for the first time (Appendix 2: Hub activity data referencing some of this time period).

These activities ranged from targeted group sessions around issues specific to the communities, to coffee mornings, adult learning opportunities and organised trips for families. They were supported by a range of social media activities, newsletters and leaflets advertising the hubs and the planned events. Social workers, family support workers and community engagement workers all attended and supported the groups and events, with the aim of introducing staff to their local communities in a low-key and non-

threatening way. Feedback from the families attending events was generally very positive, with many people commenting on how well they were run, and how they gave parents the opportunity to engage in activities alongside their children away from the family home. The activities and groups also enabled the hubs to introduce more complex, targeted activities into their wider engagement programme and, over time, they built in sessions with health visitors, financial advisors, and other community organisations and covered a range of topics and issues experienced by their local communities.

By March 2016, the hubs were clearly beginning to establish themselves within their communities and the interviews with community leaders reflected this. The big change noticed by community leaders in both communities was the extent to which the innovation services appeared to be listening to and working collaboratively with the community:

“This is very new and a big cultural shift“

Community Stakeholder Interview, Maidenhead (March 2016)

“[Access to the social worker is] much better and less bureaucratic... she is a bridge to the Council“

Community Stakeholder Interview, West Windsor (March 2016)

“The hub has good links to the community and they try to create the right type of relationships with people in the context of their faith, culture and experience“

Community Stakeholder Interview, Maidenhead (March 2016)

“Early impressions are that the hubs are a very good resource... the combination of cultural attunement and an offer of intensive intervention“

Service Leader Interview (March 2016)

In West Windsor, although Family Friends had been working in the area for some time, the community stakeholders did consider that the innovation hub had brought an additional benefit to the community in the form of the social worker element:

“There is always a stigma about social workers but... [the social worker]... is an incredibly skilled person and does make that element more successful. She’s gaining people’s trust by a softly, softly approach“

Community Stakeholder Interviews, West Windsor (March 16).

Phase 2: Keeping the focus

In the second phase of the pilot (April – June 2016), where social workers or family support workers provided more targeted advice and support, and were able to work on an outreach basis with other agencies, there were good signs of continued development of engagement with the community. The Maidenhead hub, in particular, started to work with, and in, schools around specific issues such as young leadership and emotional literacy. For example, the hub was approached by a local primary school to run a series of sessions with a group of Year 6 British Pakistani boys who had been identified as having some behavioural issues in school, particularly related to working with female teachers and mixing with non-Pakistani children in school. Over a 6 week period, the family support worker and social workers went into the school to run sessions aimed at developing wellbeing and emotional literacy; encouraging the boys to consider the impact of their behaviour; build empathy; manage anger, and respect differences. This was also combined with pre- and post-course sessions with the parents.

Although the impact on the children and families from this, and other, initiatives weren't evaluated specifically, feedback from the schools involved suggests that they have enabled the hubs to build trust with, and link more effectively with, the schools in the area:

“One of our challenging boys said he now felt more confident in going to his respective high school. It has been enlightening for our boys because they have been able to see the barriers they come up against, or indeed build for themselves. They have then explored how they can then move forward. In the sessions, they felt safe to explore their feelings and were able to set goals for the future”

Maidenhead Innovation Hub: Evaluation Data

There is also evidence that the Maidenhead hub, in particular, has latterly begun to work effectively with a range of other agencies (for example, Public Health and the Police) to deliver joint workshops and sessions that are both culturally attuned and address the real issues for families, for example, domestic abuse workshops that reference honour killings and forced marriages, first aid, and child public health awareness sessions for Asian mums.

By the time of our final evaluation, there was stronger evidence of referrals into the hubs from agencies other than social services, including schools, GPs, and Health Visitors. Sixty seven percent (67% or 18/27) of families were referred into the hubs by such agencies by the end of June 2016, compared with 22% (14/63) at the interim stage. This evidence suggests that, as the pilot progressed, local agencies and communities had a greater awareness of the potential role of the hubs.

At the time of the final evaluation interviews (September 2016), 3 out of 6 community stakeholders from the Maidenhead area thought that most Muslim families locally knew about what was available through the hubs; 2/6 thought that some families knew about it, and 1/6 thought that only a few knew about it. One interviewee didn't answer this question. This level of awareness was almost exactly the same as at the interim stage. Two out of six of respondents thought that Muslim families locally were very trusting of the hub workers; 3/6 considered that they were quite trusting; and 1 stakeholder considered that they were not very trusting. One interviewee didn't answer this question. Again, these were almost exactly the same levels as at the interim stage.

Respondents thought that community trust had been built through:

- opportunities for families to participate in fun or helpful events (such as Zumba or English classes) for free
- hub staff working hard to present themselves as friendly and supportive
- presenting learning about parenting in an informal setting
- staff being mainly Asian and Muslim (which suggests at least that they know about the culture and may be able to speak the language)

They thought that trust had been limited or eroded in some cases by:

- changes in the staff over time
- the lack of a crèche facility
- a number of families being referred into the hub by the social services referral team (step downs)
- insufficient focus on extending the reach of the hub into mosques and other community groups, to engage more traditional families who are often most isolated

In West Windsor, a slightly higher proportion (5/7) of community stakeholders thought that most families knew what the hub offered; 2/7 thought that some families knew what it offered at the time of the final evaluation. This was an improvement on the interim evaluation at which stage a smaller proportion (3/9) thought most families knew about the hub; 5/9 thought that some families knew; and 1 thought that only a few families knew.

Five out of seven thought that Army families locally were very trusting of the hub workers and 2/7 that families were quite trusting. These findings were about the same as at the interim stage. Many Windsor respondents at both stages of the evaluation mentioned how trust had been built up over a long period of time (longer than the pilot period) by some of the workers involved. They also mentioned that the following helped to build trust: hubs physically located close to the Army site; the hub being responsive to the

needs of the community; visible presence of the workers; and the careful building of relationships by the social worker involved.

To what extent has the engagement of families from the two target communities improved?

Engagement levels in Community and Open Access Group Activities

Both hubs have delivered a number of community engagement events, group sessions and classes in their local areas. Between January 2016 and June 2016, a total of 79 events and group sessions were held in the Maidenhead hub and 88 in the Windsor hub. During the same time period, there were an estimated 395 unique contacts (new people coming to the projects, rather than repeat attendees) made to the Maidenhead hub through the community engagement activities; and a further 273 through the West Windsor hub activities (see Table 3 below for a full break down).

Table 3: Breakdown of hub activities between January 2016 and June 2016

Hub Location	Total number of activities run (events and group sessions)	Total number of people attending	Total number of unique contacts (i.e. not repeat attendees)	Total number of repeat attendees	Percentage of new people engaging with hub activities
Maidenhead	79	1616	395	1221	24
West Windsor	88	820	273	547	33

Source: Family Friends

These activities have provided a range of opportunities for families and parents to meet with the staff in each of the hubs, as well as with families in similar situations, and to learn new skills away from the spotlight of statutory, or even other forms of, community support. They also offered opportunities for the hub teams to interact with the families, build their trust and hook them into more targeted support as needed.

In terms of cultural attunement, the hubs delivered events which:

- were located within the communities they were trying to support
- were run by staff who were specifically recruited with backgrounds which culturally matched the community profiles
- had governance structures involving prominent community stakeholders

- included low-key community activities provided in neutral environments in which people could engage with the staff without fear of being judged or of hidden professional agendas
- offered regular groups and activities that were as sensitively attuned to their communities or culture as possible
- included information and advice in accessible formats such as audio newsletters in Urdu (Maidenhead)
- included time dedicated to the building of rapport and relationships with the community as well as with individual families

These features seem to have been received well by their local communities.

“The cultural element is useful for families – it provides a point of reference and families tend to build relationships with people from a familiar background who are preferably able to communicate with them in their native language. I feel services in general overlook this and innovations are trying to improve this situation”

Community Stakeholder Interview, Maidenhead Hub (September 2016)

From an analysis of the case files and documentation from the project itself, families appear to have engaged in 2 different types of ways with the community events and open access group activities within the hubs:

- attending events, activities and groups on an open access basis only
- attending group meetings and being referred into these as part of a more targeted 1:1 intervention (for example, to help reduce social isolation for some families)

There were also some examples of families referred into the targeted 1:1 support after they had engaged initially in open access events, activities or groups, as demonstrated in the vignette below.

Vignette from the Interim Evaluation: Case 20

A mother referred herself for targeted support following the Chai coffee mornings within the Maidenhead hub. Her son’s behaviour had deteriorated following the death of a grandparent and she was struggling to manage it. The support from the hub lasted approximately 4 months and included a number of sessions where the family support worker explored the Mother’s feelings and concerns; offered practical parenting tools to help deal with the difficult behaviours; and followed up on what had – or hadn’t - worked in subsequent sessions, so that new strategies could be developed if needed. The support culminated in an accompanied trip to the shops with both Mother and son.

At June 2016, there were also 3 examples within the final case file analysis (11%) where active outreach by the hub workers had led to families referring themselves into the hubs for more in-depth support.

One of the areas explored by evaluators was how well these events were responding to the requirements of the communities they were trying to serve. During our baseline assessment, community stakeholders and families articulated the following attributes as important features of effective community engagement:

- ongoing attention to trust building, including establishing a trusted visible presence over time
- workers working alongside families with compassion, empathy and a non-judgemental approach
- normalising of support such as parenting education
- active addressing of cultural barriers to engagement, both for individual families and within the community more broadly – the top 3 barriers articulated by Pakistani family members consulted at the baseline stage of the evaluation and recognised also in the existing evidence base (Kramer-Roy, 2007) were language; lack of information or awareness of where to go to for support; and interventions not taking account of cultural or religious difference. The most significant cultural barriers articulated by Army families were social isolation; worries about stigma and the impact on Army careers of people knowing your business
- engagement of men as well as women within families, and more widely within the community, particularly within traditional Pakistani communities
- address head on the issues really impacting on parenting within the community such as mental health issues, the treatment of women, or domestic abuse

An analysis of all the available data suggests that, whilst the first four of these important features have been very well addressed through the open access and combined elements of the pilot, the other two attributes (engagement of men and addressing head on the issues) have been harder to deliver consistently in the timescales, but have been emerging latterly as a feature of the open access and open access / targeted offers.

“Men could have been engaged better...trying to understand their needs and engage them is important to successful families and communities... Young men... are very vulnerable in the current climate of extremism and need support”

Community Stakeholder Interview, Maidenhead (September 16)

“[The hubs have given people an] opportunity to get together and express how they feel... It is fundamentally a voice for the community and this is really hard. I have been

working with these communities since 2012 and tried to get the communities engaged but it is really, really hard work. The hub has... helped my role”

Community Stakeholder Interview, Maidenhead (September 16)

The quality and level of engagement of families with targeted 1:1 support

At both the interim and final stages of the evaluation, evaluators considered the extent to which the ‘right’ families were being referred to the hubs, or self-referring for 1:1 family support. This was done by making an assessment of the level of need presenting within the context of case-file analysis. The levels of presenting need for 1:1 support were, generally speaking, in line with the intended aims of the project. Within the West Windsor hub this was consistently the case but, in the first phase of implementation (pre-interim evaluation), the Maidenhead hub was working with a very significant proportion of families with chronic and complex needs and a recent history of involvement with Social Care Services. However, the proportion of very complex or chronic cases compared to those that were early help in nature in Maidenhead did shift over time, particularly as agencies other than the local authority began to refer into the hub.

Our interim evaluation suggested that families with complex or chronic issues may be more wary of engaging with targeted family support, particularly those that have recently stepped down from statutory services or a referral to Children’s Social Care. Families who do not really need a 1:1 intervention may also refuse to engage in it, for understandable reasons. Yet despite this, throughout the period of the pilot, the evaluation has identified examples of very good engagement with families requiring targeted support - from those with early help needs, to those with needs bordering, or leading to, a statutory intervention.

The key generic qualities of effective initial engagement of families with the social worker or family support worker as suggested by the case-file analysis are:

- culturally attuned or competent initial conversations – including being able to speak the language and understand some, at least, of the cultural norms within the community
- attention to building rapport and trust with the key carer and the children, including non- judgemental, warm, and empathetic approaches, active listening, drawing out their story. Evaluators noted that these kinds of approaches may be more challenging to achieve where home conditions and/or parenting are obviously poor
- helping key carers and children to identify what they would like to change or be different (including using age appropriate games and tools)

- providing practical supports and quick wins, including, for example, early tips for managing child behaviour
- giving families particular messages about the project, particularly that it is a new, more culturally attuned way of working with families

A good example of effective initial engagement with families from one of the communities is outlined below:

Case Study from the Final Evaluation: Case 17

A self-referral from a mother sought 1:1 support for managing her 7 year old child's behaviour after meeting the family support worker at the school. The family support worker followed up the initial conversation and worked with the mother over a period of 12 weeks. The family support worker completed a parenting assessment and quickly established a good rapport with the mother. She offered advice and support on dealing with anger, setting rules and boundaries, responding to positive behaviours, and homework. The mother thought that the worker had understood her cultural and parental issues in a non-judgemental way and was able to communicate in her own language.

The Mother reported that she had engaged well:

“..because she took time to call me, listen and agree to see me 1:1 over a number of weeks. I am quite a private person and would not have wanted a group session – I don't want everyone thinking 'she has a naughty child'. It was the best thing her coming into my home – my environment and helping me help myself and my family...Without [the family support worker] it would have got worse I think. It was going really badly. Getting his father involved in the school meeting worked very well – he is much more involved in bringing him up with me not spoiling him so we get on better. We are a united front now and this was definitely due to [the family support worker] helping me”

Family Interview, IPC Case Study 17

However, these qualities were not demonstrated consistently in the case-file analysis at the interim stage, particularly where families had been stepped down from, or had a recent involvement with, Social Care Services.

How has the provision of flexible, more culturally attuned interventions improved outcomes for children and families?

Because of the timescales for evaluation and the way in which the pilot has evolved, it has not been possible to estimate the proportion of families involved on a 1:1 basis who have had improved outcomes, even in the short term.

However, in at least 36/90 (40%) of the randomly selected cases examined for the evaluation overall, there was evidence of culturally competent family support practice.

Culturally attuned, 1:1 family support appears to have made a positive difference to some family outcomes because it supported a more rounded understanding of the issues between the family and the worker and the development of trust in the ongoing work and advice, in particular through:

- having a common language shared by the worker and the family, leading to a more nuanced exploration of family relationships or sensitive issues
- broader, culturally-sensitive and empathetic communication including assessment of needs (understanding the cultural norms if not always condoning them)

This cultural attunement, including worker cultural competence, didn't necessarily have to be a shared, lived experience or an exact cultural match as demonstrated by 2 case studies:

- one where a Christian, Asian social worker worked effectively with a Muslim family of Pakistani origin
- another where a Pakistani worker worked effectively with an Indian family

These cases, and their strong likelihood of occurring even within a strongly uniform culture, seem to reinforce the significance of worker cultural competence, as opposed to cultural attunement achieved through an exact cultural match between the worker and the family. However, there were also instances where such a match did seem to have worked very well.

Vignette from the Interim Evaluation: Case 17

This was a whole-family therapeutic intervention resulting from a Child Protection investigation and aiming to improve child emotional wellbeing, including through improved family functioning and parenting capacity. Carefully phased work was undertaken directly with the child, the parents and the whole family. The sessions demonstrated very confident working, including strategic use of the Quran and poetry, and encouragement of family warmth, respect and kindness, as well as practical, positive parenting approaches. They included some quite bold therapeutic work, using creative approaches such as a letter from the child to the parents, family strengths and kindness charts for the whole family, small steps towards improved relationships.

It is difficult to unpick exactly why interventions do or don't work. Our initial findings suggest that cultural competence has played a strong part in the engagement of families involved in 1:1 support in this pilot. This has included making initial contact, and supporting families to think about making change. Its part in the overall effectiveness or

impact of interventions has been harder to identify, other than on a short term basis and through one-off examples such as Vignette 17 above.

What appear from the case-file analysis to have been at least as significant, in terms of the initial, or short-term impact of a targeted family support intervention, were as follows:

- holistic interventions, for example, involving fathers as well as mothers and extended family if appropriate (although it may be easier to draw in fathers or the extended family if the worker is culturally competent)
- collaborative assessment and planning with families including use of 'wishes and feelings' tools; distance travelled tools; and a range of games to draw out family aspirations
- clearly identified outcomes at the start of the intervention, so that progress can be monitored with the family
- confident interventions involving a mix of practical (for example, developing reward charts or applying for financial support) and therapeutic work (for example, developing empathy through games and role play)
- workers applying their theoretical knowledge (for example, about attachment, family and parent relationships, parenting, bereavement and loss, or social learning) through solutions-focused approaches and methods
- structured sessions with families focused on the key need areas, including parenting
- some form of structured, individual, reflective practice on how the family has responded to each session and ways in which the intervention can, or should, progress as a result

"People can say 'oh it's the language that causes barriers'; it can be, but this is too simplistic. It's about the right attitude, the right approach and using good therapeutic skills and engaging with the community... It's not just about familiar faces but skilled approaches"

Community Stakeholder Interview, Maidenhead (September 16)

Examples of practice highlighting the significance of these other factors are outlined in the vignette below.

Vignette from the Interim Evaluation: Case 22

The family was living in over-crowded conditions with extended family. The key child aged 6 has Autistic Spectrum Disorder (ASD) which was not well understood by family members, putting pressure on Mum in particular. Work with parents started with the provision of clear information about the child's (ASD) diagnosis and suggestions about

small things to help begin the process of change in the family. A second visit focused on actively listening to the Dad's experience of parenting, and also Mum's routine; whilst the third session with Dad included observations of his interactions with the child, and encouragement into a joint play session. Subsequent sessions were focused on encouraging Dad to build his confidence levels through observed and supported play, and trips out with the child including tips and modelling undertaken by the worker.

Case Study from the Final Evaluation: Case 7

Mother and daughter were referred to the hubs by the Borough social work team who had completed a single assessment. They had recently moved to the area, and the mother had a number of significant health problems for which the daughter was providing care and support. There had been no prior involvement of Social Services before their referral into the hubs, and at the time of our case-file analysis, they had been involved in the hubs for 4 months. The social worker was able to build good rapport with the mother and effectively explored her background, including a previous history of domestic violence in Pakistan. The social worker worked closely with the mother, the daughter, the school and adult social care to put support in place for the mother, which reduced the caring burden on the daughter. They were encouraged to attend the community engagement activities at the hub to meet people within the area, and the daughter was directed to Young Carers and counselling. The mother was also given financial planning support and parenting support, and helped not to over-burden the daughter with her own emotional difficulties. She was also helped to access wider community resources and to ensure her daughter was getting support with her schooling. The mother reports that she was concerned about getting involved with the hubs but that the nature of the social worker (kind and listening; understood her situation and went out of her way to support her) meant she could talk, and explain what was going on, without feeling threatened or judged for her situation.

Interventions with the features outlined above appear to have been well received, and in these instances families tended to engage with the whole programme of support offered by the hubs, and remained engaged until the support ended, often with good early stage outcomes, including self-reported improvements in, for example, parents' ability to manage child behaviour; improved family functioning and relationships; and improvements in child emotional health and wellbeing.

There were also cases where social workers and family support workers worked collaboratively and flexibly to help families with a range of issues and a unique set of circumstances, as demonstrated by the following case study.

Case Study from the Final Evaluation: Case 27

A mother with 4 children who has a history of mental health problems and Social Services referrals and interventions, were referred to the Hub by their health visitor and the case was jointly worked by the social worker and the family support worker. The work

focussed on supporting the mother to cope with the children, particularly a 4 year old boy who was presenting some significant behavioural issues. The social worker co-ordinated access to other services, including speech and language therapy (for the child) and the community mental health team (for the mother) as well as providing support for completing a DLA form. The family support worker provided parenting support over a period of 6 sessions using [Triple P parenting techniques](#) (on a 1:1 basis, as the mother could not manage group situations) and getting the children out to community events. The mother considered that the support had improved her situation “quite well” as a result of the input and, although she still has issues, the hub staff have adopted a nurturing and supportive approach, checking in with her and making sure she is still managing.

How has the innovation reduced demand for social care-led interventions from the two targeted communities?

For the duration of the project to date (from September 2015 - September 2016) there is evidence, first, of an increase, followed by a decrease, in the number of Pakistani children with a Child in Need Plan in the Borough. By September 2016, the number of Pakistani children with a Child in Need Plan had settled back at around the same number as in September 2015 (low 70's). The number of children with a Child Protection Plan declined from 8 in September 2015 to 1 at September 2016, with a range of numbers by month in between, and rising initially to 10 at February 2016. Although the number (and percentage) of Pakistani children with a Child Protection Plan seem, therefore, to have decreased significantly, these numbers need to be viewed with caution because of:

- the very small size of this cohort
- significantly fluctuating trends in the proportion of Pakistani children with a Child Protection Plan in the Borough in previous years (for example, from 22% in 2013-14 to 1% in 2014-15)
- a significant increase in the number of overall children in the Borough with a Child Protection Plan during this period (which means that even a static number of Pakistani children with such a plan would seem low in percentage terms)
- the fact that, at the point at which numbers were declining, the project, as originally scoped, had largely ceased to operate in terms of targeted support for families

However, given the significant overall rise in children with a Child in Need (777 to 992) or Child Protection Plan (74 to 109) in the Borough during this 12 month period, it is encouraging that the number of Pakistani children with a statutory plan have remained relatively low.

The numbers relating to the Army community are even smaller. For example, the number of children from the Army community with a Child in Need Plan decreased from 19 in September 2015 to 12 in September 2016, but the numbers were relatively steady at 18 from September 2015 through to June 2016. The number of Army children with a Child Protection Plan increased from 0 in September 2015 to 3 in November 2015 through to June 2016. This number decreased to 1 by September 2016. For the same reasons as those given above in relation to the Pakistani community, it is difficult to draw any immediate conclusions about the impact of the innovation on demand for statutory interventions from the Army community.

Tables with fuller information about these trends in demand for statutory plans can be found in Appendix 3 to this report.

To what extent have other local services contributed to 1:1 interventions for families?

By the final stage of our evaluation, there was good evidence emerging of families being signposted, or referred to, and engaging with, other services as appropriate, with 14/27 (52%) of the cases reviewed at that time signposted or referred to other services. These referrals were made to services such as mental health, education welfare and adult social care.

There was evidence within the case files that social work staff and family support workers were able to draw in support from other services to help address specific needs. But formal linkages with other agencies to support the planning of activities and delivery of targeted interventions appear to have taken place on an ad hoc basis rather than as standard practice.

This appears, in part, to be due to the changes within personnel within the management team, but also as a result of the speed with which the programme had to be up and running. There was little opportunity, between getting the service designed and delivered, to understand and clarify the model of support it was offering the two communities and how they would, therefore, link and work with external agencies.

The hubs are now developing better links with the Youth Service who have a strong presence in both communities, and they are proactively working with schools and adult learning to target their inputs more effectively.

What is the particular contribution of social workers within this intervention model?

The particular contribution of social workers within the model was anticipated at the start of the Innovation Programme to be:

- their ability to work with families with more complex needs, including those on the cusp of requiring a statutory plan where some level of risk might be evident
- their ability to advise and support other members of the whole team about risk and what to do about it

The social workers did indeed provide this advice and support, and did take on mostly more complex cases, particularly at the start of the Programme. Family support workers valued the support and advice and reported that it gave them confidence:

“The social workers meant I could work more intensively with families, I felt supported even when the issues the families were facing were quite complex”

Staff interview (September 16)

However, there were also instances (6/90 cases) where families with complex needs (level 3a or above) were co-worked with family support workers, or even where family support workers themselves took on these cases. These continued to be supported by Borough-based social workers once the hub-based social work team left.

Overall, due to the difficulties in recruiting and retaining social workers within the project, the social work aspect of the model was never fully established or tested. Also, in practice, the cultural competence, and broader skills and experience of the worker appear to have played a more significant part in determining positive engagement levels and short term outcomes with families than the particular role or professional qualification of the worker.

How cost effective is the model?

Given the substantial changes to the staffing levels within the project, and the loss of a core element of the model, it is not possible to draw conclusions about the overall cost-effectiveness of this model. However, it is useful to understand the cost of the pilot and the breakdown of the cost elements. Information about these is provided in Appendix 4 to this report.

What lessons have been learned about the barriers and enablers to effective implementation of this innovation?

There were a number of barriers to this innovation which had a significant impact on its ability to meet its outcomes that are worth noting in terms of learning about the implementation of innovation projects in this field more generally. These included, but were not limited to:

- ambitious timescales for setting up and delivering the innovation pilot, which placed the hubs under pressure to deliver activities and interventions without having chance to fully explore the potential needs of the communities within which they were based, and to develop their preferred model(s) of practice prior to implementation
- difficulties in recruiting and retaining staff for the duration of the pilot project. This meant that the planned model of intervention never truly reached full capacity and impact
- use of short-term contracts and agency staff which meant that the social work team were able to leave the project at short notice, causing a significant and almost immediate reduction in the capacity within the teams, and also a degree of upheaval amongst the remaining staff members. Although this was being addressed by the borough and family friends at the time of our final evaluation, the details – and therefore the ability of the measures to mitigate some of the personnel changes – were still being agreed

The biggest impact of these barriers has been a certain level of mission creep within the hub model, highlighted in interviews with community stakeholders, managers and staff, where the loss of the professional voice within the team meant the focus of activity had shifted away from targeted work centred on improving individual family outcomes, to one with more focus on community engagement and open access support.

This mission creep is now being addressed in 2016/17 until the end of the project through formal arrangements for social worker expertise and the development of stronger links between the hubs and Social Care Services, including the Youth Service and social worker pods.

Despite the difficulties outlined above, the commitment of staff to work within, and with, the communities they were supporting has been essential, and will continue to be critical, to its success. The refocussing of resources; recruitment of a social worker to the hubs, and better linkages with the Youth Service and wider community offer may well help to ensure that targeted 1:1 support continues until the project ends in 2017. Other enablers appear to include a commitment to building trust within the communities; cultural competence; and sensitive and skilled professionals with the right skills to engage, listen and support families using a range of tools and techniques in a flexible, non-threatening way to prevent their needs from escalating.

Limitations of the evaluation and evaluation methodology

- the timescales for the implementation of the pilot project were always ambitious, and new or innovative programmes of work will always take time to establish and

embed. This left little time for an evaluation of impact, which also takes time to surface

- it was difficult to gather information from the social workers themselves about the role of social work in early help support, as they had left the project before the time of the final evaluation, leading to more reliance on case studies and qualitative data than originally envisaged
- there were also some difficulties at the final evaluation stage in relation to contacting and engaging community stakeholders and families in interviews over the summer period, although attempts to counteract this were made by extending our window for evaluation until the end of September 2016. Even so, the numbers willing to participate in the in-depth interviews were relatively low

How appropriate was the evaluative approach?

Overall, our approach has been grounded in realistic evaluation theory, understanding what works, for whom and when (Pawson and Tilley, 1997) and adopting a mixed-method approach to gathering data from a range of sources. Case-file analysis allowed evaluators to explore in detail what was happening within individual cases within the hubs, and triangulating this with a sample of family interviews allowed us to drill down into what works in terms of 1:1 family support practice within the targeted communities. Community Stakeholder interviews, undertaken over time, enabled evaluators to collect information about the impact of the pilot on perceptions of family support services within these two communities, and the extent to which a more trusting relationship had evolved between the two communities and the support services for children and families. These, and staff interviews, also added valuable context and allowed us to triangulate our findings from the case-file analysis and family interviews, particularly in relation to those aspects of the support offered relating to cultural attunement and community engagement. Finally, the data collected by colleagues in the Borough and Family Friends provided rich information about demand, activity levels and service costs.

Capacity and plans for future evaluation of this innovation site

Whilst aspects of the innovation may be taken forward by the delivery Partnership in the Borough, there are currently no further plans for ongoing independent evaluation of this programme beyond routine programme monitoring until the end of the pilot period.

Implications and Recommendations for Policy and Practice

This evaluation has explored the value of cultural attunement and worker cultural competence in relation to family support practice in the Army and Pakistani Muslim

communities of Windsor and Maidenhead. In summary, the findings suggest that, whilst a close cultural match between the worker and the family can be helpful, or very helpful, in supporting initial family engagement with, or interest in, the support on offer, other skills or practice attributes become at least as important in terms of generating full family engagement in thinking about, and making changes to, the way in which they function and parent. These skills or attributes include:

- culturally competent initial conversations, including an ability to understand if not always condone the cultural norms within these communities
- attention to building rapport and trust with the key carer and the children
- helping key carers and children to identify what they would like to change / be different, including using age appropriate games and tools
- holistic interventions, for example, involving fathers as well as mothers and extended family, if appropriate
- collaborative assessment and planning with families
- clearly identified outcomes at the start of the intervention, so that progress can be monitored with the family
- confident interventions involving a mix of practical, (for example, developing reward charts for children or applying for financial support) and therapeutic (for example, developing empathy through games and role play) work
- workers applying their theoretical knowledge (for example, about attachment, family and parent relationships, parenting, bereavement and loss, or social learning) through solutions-focused approaches and methods
- structured sessions with families focused on the key need areas, including parenting
- some form of structured individual reflective practice on how families have responded to each session and ways in which the intervention can, or should, progress as a result

The authors hope that these findings will contribute to the evidence base both about how to provide effective targeted family support within these specific communities, and in relation to what works in terms of 1:1 family support more broadly.

The evaluation has also identified some dangers associated with setting up new services for marginalised communities without a plan for their sustainability beyond the very short term, including the inevitable disappointment amongst these communities when they end abruptly.

Finally, the pilot programme and its evaluation have also raised issues relating to the speed at which family support innovations can be expected to take hold and demonstrate impact. Therefore, it is recommended that future nationally funded innovations of this nature include attention to what can realistically be achieved in a short or longer time frame.

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Appendix 1: Key Evaluation Tools and Questions

In-depth Case File Analysis

Data was collected in relation to:

1. Case file reference number
2. Key worker name and type
3. Nature of intervention
4. Referral source
5. Timescales of the intervention
6. Key child age
7. Key child gender
8. Key child ethnicity and religion
9. Pakistani or Army community / Maidenhead or West Windsor hub
10. Brief outline of the family structure and members
11. Brief family history to the point of this intervention
12. Summary of presenting issues at the time of referral to this service
13. How was this family engaged in one to one work?
14. To what extent was the early engagement successful? how and why?
15. Assessment type and whether of sufficient quality to plan appropriate interventions
16. A description of the planned intervention(s) for the family and who was to provide what
17. The extent to which the worker(s) demonstrated culturally attuned and competent practice, and how
18. A description of whether and how these interventions 'happened'
19. A description of the ways in which the intervention was effective – and the likely reasons for this
20. A description of any obvious limitations to the intervention and likely causes – particularly any further social services referrals or interventions
21. The level and nature of any social worker involvement in the case
22. The presenting level of need

23. An estimate of the quantity of work e.g. per week or month or overall number of visits / time

Family Interviews (Final Stage Evaluation)

Semi-structured interviews were carried out with families selected from our in-depth case file analysis to explore the impact of the targeted 1:1 support on individuals. Key questions included:

1. What was the reason you accessed the WWIH/ MHIH hub? What was your situation at the time?
2. What information were you given about the hub when you got involved?
3. Who was your key person/contact that assisted you in the hub? [FSW? SW?]
4. Were you having other support services at the time? [other family support services, housing, medical, ASC, carers services etc.]
5. What did the hub say they could help you with given your situation? [general services/ outcomes – what they offered]
6. Who did your key worker liaise with most? eg mother, father, children etc
7. Did you have any concerns or fears about getting help from the hub?
8. How well do you think your key workers understood your situation? And why?
9. To what extent was the key worker able to communicate with you well? Why?
10. To what extent were the workers flexible?
11. To what extent did you trust the key person to understand your situation? Why?
12. Did they discuss any changes or make any suggestions about how your situation could improve? (please explain)
13. If yes – to what extent did you agree?
14. What changes were you encouraged to make?
15. Did you feel supported to start making changes?
16. What type of support / help did they provide you with?
17. Did you feel involved in trying to improve your situation? Did you trust their offer of support/ help?
18. Thinking of the support / help the hub provided you with - what if any was helpful to you? what worked well in particular and why?
19. What, if any, support was less helpful – what in particular and why?
20. Did you think your involvement in the hub improved your situation?

21. Do you think the support offered by the hub will help you longer term – do you think it's made lasting changes?

Community stakeholder interviews

Community stakeholders were interviewed at the interim and final evaluation stage and asked:

1. What do you know about what is available (to Army or Muslim families) through the Innovation Hub?
2. To what extent do you think (Army or Muslim) families locally know about what's available through the Innovation Hub?
3. To what extent do you think other professionals operating locally know about what's available to Army or Muslim families through the Innovation hub?
4. To what extent do you think the Hub(s) is accessible to your Army or Muslim community?
5. To what extent do you think that Army or Muslim families in your community are trusting of the workers in the Hub?
6. What have you noticed, if anything, about how the innovation hub(s) have worked with the community or community leaders to engage families positively?
7. What's been different about these hub arrangements or activities, if anything, compared with what was in place before?
8. To what extent is the offer from hubs culturally attuned to the Army or Muslim community?
9. In your experience what in particular has worked or impacted well, if anything, for people within your community? Why?
10. In your experience, what in particular hasn't worked or impacted so well, if anything? Why?
11. What would you like to see improve about the support which has been offered?
12. What family support services do you think tend to be used / used most by Army or Muslim families in your community? (Why – Any others?)
13. Are there any services you think Army or Muslim families are reluctant to use? Why?
14. Are there any (other) barriers to Army or Muslim families to getting help?
15. What is the perception of Army or Muslim parents within this community towards family support services?

16. To what extent do you think the Innovation Hub has impacted on these perceptions of services?
17. What do you think is the key learning that commissioners and providers can draw from to improve future services?

Appendix 2: Hub Activity Data

Full Hub activity data was provided by Family Friends for the period between January 2016 and June 2016 when the hubs were fully resourced and at their most active.

Table 4: Hub Activity Data January – June 2016

		Jan - Mar 16	April - June 16	Total
Maidenhead Innovation Hub	Number of Community Events Run	1	1	2
	Number of Community Group Sessions	38	39	77
	Total number of Activities and Groups Run	39	40	79
	Number of community members attending	520	1096	1616
	Estimated number of unique community members attending	75	320	395
West Windsor Innovation hub	Number of Community Events Run	7	6	13
	Number of Community Group Sessions	44	31	75
	Total number of Activities and Groups Run	51	37	88
	Number of community members attending	378	442	820
	Estimated number of unique community members attending	126	147	273

Source: Family Friends

Table 5: Examples of hub events and group activities (October 2015 – June 2016)

Hub	Timeframe	Examples of Community Engagement Events and Group Activities
Maidenhead	October 2015 – December 2015	Eid Celebration Event Family Bowling 5-a-side football Visit to Windsor Castle Pizza Making Party Lantern Making Workshop Christmas Bazaar
	January 2016 – June 2016	Half Term Event – Puppet Show, Smoothie Making Easter Event - Eggstravaganza Weekly English for Beginners Weekly Drop in session Weekly Driving Theory Weekly Advanced English Lessons Weekly Pilates Weekly Zumba with Kate Weekly Young Girls Leadership program Finance and home budgeting session Children’s Centre Family Day – Chai Group Ladies & Families Dementia Workshop Story telling in Art – 3 week programme Domestic Violence workshop Reading Refuge
West Windsor	October 2015 – December 2015	Trafalgar Day Afternoon Tea
	January 2016 – June 2016	Weekly Nurture Group session Paediatric First Aid Weekly Lite Bites sessions Getting to know you Understanding our many feelings Mini Golf Day Coldstream Guards Health Fair Understanding and dealing with change in our families Weekly Windsor Boys School / Ministry of

Hub	Timeframe	Examples of Community Engagement Events and Group Activities
		Defence Cooking Course Ask your Health Visitor General community engagement and information provision Monthly Bright Ideas session Understanding and expressing our feelings How to solve our problems in healthy ways Financial Health (Forces Financial) Self Esteem - Being the best me I can be and saying goodbye Household Cavalry Health Fair Safety in the Community
		Getting to know you – the connections we all share Fun with Numbers & Shapes Social & Emotional Aspects of Learning Youth club activities tailored to needs of group Building Emotional Resilience 1 & 2 How to survive feeling stressed Fun with food – 3-8 years Fun with food – 9-14 years Family Fun with Food Workshop x 2 Family Art Workshop Crafty art workshop – 3-8 years Arty fun workshop – 9-14 years Ways to build our children’s self esteem Welcome home – happy ways to say hello Health & Transition Fair How to help your children cope with their anxieties The Value of Play

Source: Family Friends

Appendix 3: Child in Need and Child Protection Plans within Royal Borough of Windsor and Maidenhead

Table 6: Number of Children in Need including with a Child Protection Plan within the Royal Borough of Windsor and Maidenhead by year

Total Number	2012-13	2013-14	2014-15	2015-16	2016-17 (6 months' data only)
Children in Need	774	800	968	1140	1357
Children in Need - Pakistani	62	66	84	108	102
Children in Need - Army	9	14	23	28	22
Child Protection Plans	165	159	182	239	201
Child Protection Plans - Pakistani	24	33	22	13	8
Child Protection Plans - Army	2	1	10	6	3
Percentage of Children in Need who are Pakistani	3.10	4.13	2.27	1.14	0.59
Percentage of Children in Need from Army families	1.16	1.75	2.38	2.46	1.62
Percentage of CP Plans who are Pakistani	3.10	4.13	2.27	1.14	0.59
Percentage of CP plans from Army families	0.26	0.13	1.03	0.53	0.22

Source: The Royal Borough of Windsor and Maidenhead

Figure 1: Numbers of Children in Need and on Child Protection Plans within The Royal Borough of Windsor and Maidenhead by year

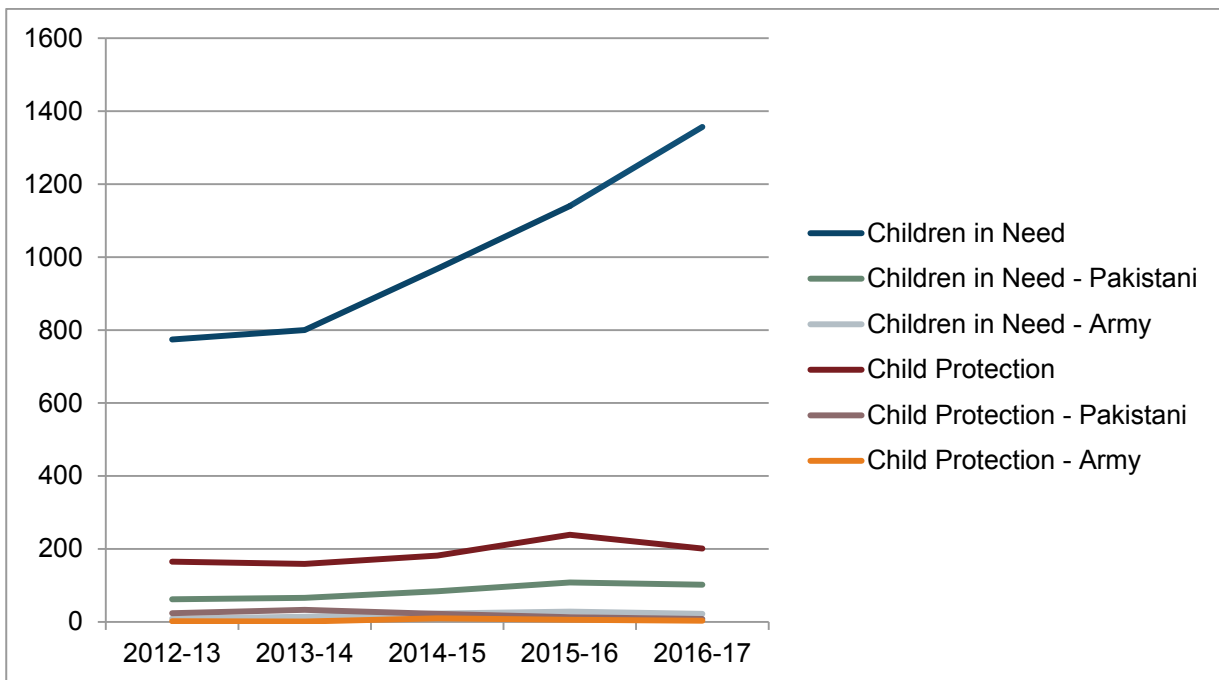


Table 7: Number and percentage of Children in Need and Children with a Child Protection Plan overall and by Pakistani or Army communities within The Royal Borough of Windsor and Maidenhead by month September 2015 – September 2016

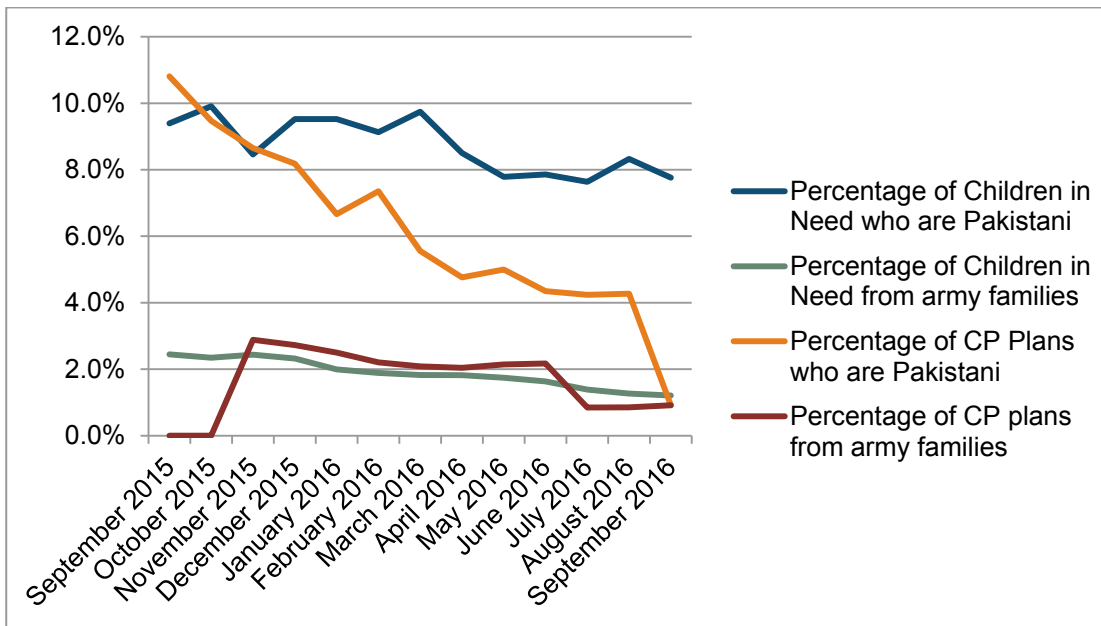
	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
Number of Children in Need at month end	777	767	780	819	903	953	985	988	976	980	1008	949	992
Number of Children in Need from Pakistani families	73	76	66	78	86	87	96	84	76	77	77	79	77
Number of Children in Need from Army families	19	18	19	19	18	18	18	18	17	16	14	12	12

	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
Number of children with CP Plans at month end	74	95	104	110	120	136	144	147	140	138	118	117	109
Number of CP plans relating to Pakistani families	8	9	9	9	8	10	8	7	7	6	5	5	1
Number of CP plans relating to army families	0	0	3	3	3	3	3	3	3	3	1	1	1
Percentage of Children in Need who are Pakistani	9.4	9.9	8.5	9.5	9.5	9.1	9.7	8.5	7.8	7.9	7.6	8.3	7.8
Percentage of Children in Need from Army families	2.4	2.3	2.4	2.3	2.0	1.9	1.8	1.8	1.7	1.6	1.4	1.3	1.2
Percentage of CP Plans for Pakistani families	10.8	9.5	8.7	8.2	6.7	7.4	5.6	4.8	5.0	4.3	4.2	4.3	0.9
Percentage of CP Plans for Army families	0.0	0.0	2.9	2.7	2.5	2.2	2.1	2.0	2.1	2.2	0.8	0.9	0.9
Percentage of Children in Need who are Pakistani	9.4	9.9	8.5	9.5	9.5	9.1	9.7	8.5	7.8	7.9	7.6	8.3	7.8
Percentage of Children in Need from Army families	2.4	2.3	2.4	2.3	2.0	1.9	1.8	1.8	1.7	1.6	1.4	1.3	1.2

	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016	March 2016	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016
Percentage of CP Plans for Pakistani families	10.8	9.5	8.7	8.2	6.7	7.4	5.6	4.8	5.0	4.3	4.2	4.3	0.9
Percentage of CP Plans for Army families	0.0	0.0	2.9	2.7	2.5	2.2	2.1	2.0	2.1	2.2	0.8	0.9	0.9

Source: The Royal Borough of Windsor and Maidenhead

Figure 2: Percentage of Children in Need and Children on Child Protection Plans by ethnicity within The Royal Borough of Windsor and Maidenhead by month September 2015 – September 2016



Appendix 4: Costs associated with the Programme

The overall budget for the Innovation Hub pilots from award in 2015, to the end of the pilot programme in March 2017 was £1,092,386. This included all staffing and related costs, office running costs and corporate project costs, as well as the cost of the external evaluation. A breakdown of the expenditure of the project until September 2016 is shown below in tables 8 and 9 below. All data has been provided by The Royal Borough of Windsor and Maidenhead and/or Family Friends.

Definitions

Staff costs: costs associated with members of staff directly involved in work with families including the social workers, family support workers and community engagement/support workers.

Administration costs: costs related to the provision of administration support staff across both hubs.

Associated staff costs: including hub specific training programmes, DBS checks, and recruitment costs. This does not include any costs relating to the role of the Youth Service in providing social work input into the programme from June 2016 as this is outwith the scope of this analysis.

Activity costs: Costs associated with running group activities, interventions and community events. This also includes travel expenses where required, although these were minimal at 1.73% of the in-year budget.

Management costs: include the staffing costs associated with the Programme Manager and Team Leader roles within the Royal Borough of Windsor and Maidenhead and the Innovation Lead role and Head of Services role within Family Friends.

Other costs: Other costs relate to the expenses associated with the delivery of the pilot project but not related to the actual delivery of family support. This includes direct and indirect costs of premises, office equipment, IT infrastructure, performance and data analysis, HR and finance, consumables, and external evaluation costs.

2015/16

The overall costs for the innovation hubs for 2015/16, excluding evaluation costs, were £442,134.21, of which 38% were staffing costs, 30% were associated with the management of the programme and the hub, and a further 25% were other costs such as office running costs, corporate costs and IT software and consumables, the remainder being administration, and associated staff costs such as training (Table 8).

Table 8: Costs for the Innovation hubs for 2015/2016, excluding evaluation costs

2015/16	FF £	RBWM £	Total £
Community support workers	33,044.64		33,044.64
Family support workers	33,644.96		33,644.96
Social workers		100,852.15	100,852.15
Total Staff Costs	66,689.60	100,852.15	167,541.75
Administration costs	15,403.92		15,403.92
Associated staff costs	3,309.14		3,309.14
Activity costs	9,162.92		9,162.92
Management costs	33,025.81	101,586.85	134,612.66
Other costs	73,741.82	38,362.00	112,103.82
Total	201,333.21	240,801.00	442,134.21

Source: The Royal Borough of Windsor and Maidenhead (RBWM) and Family Friends (FF)

2016/17

The overall costs for the innovation hubs for the 6 months April 2016 to September 2016, excluding evaluation costs, was £254,185.53, of which 39% were staffing costs, 30% were associated with the management of the programme and the hub, 17% were other costs such as office running costs and corporate costs; 9% were activity costs and 5% administration costs

Table 9: Costs for the Innovation hubs for April to September 2016, excluding evaluation costs

April to September 2016	FF £	RBWM £	Total £
Community support workers	21,078.02		21,078.02
Family support workers	23,189.21		23,189.21
Social workers		20,395.50	20,395.50
Youth workers		34,165.00	34,165.00
Total Staff Costs	44,267.23	54,560.50	98,827.73
Administration costs	12,354.86		12,354.86
Associated staff costs	1,741.95		1,741.95
Activity costs	11,668.05	10,225.00	21,893.05
Management costs	31,005.32	44,016.50	75,021.82
Other costs	23,327.12	21,019.00	44,346.12
Total	124,364.53	129,821.00	254,185.53

Source: The Royal Borough of Windsor and Maidenhead (RBWM) and Family Friends (FF)



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Any enquiries regarding this publication should be sent to us at:

richard.white@education.gov.uk or www.education.gov.uk/contactus

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