



THE UNIVERSITY
of EDINBURGH

INTENSIVE FAMILY SUPPORT SERVICE

Phase One (2020-21) Evaluation

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EXECUTIVE SUMMARY

In 2020, Capital City Partnership (CCP) launched the Intensive Family Support Service (IFSS) programme, a new model of service delivery based on the cooperation of regional networks. Already ambitious in scope, the resilience of IFSS's social and organisational structures were put to the test in unprecedented ways throughout its first year. After more than a year of planning, the full rollout of IFSS services was unexpectedly delayed in March 2020. This was the first of several challenges related to the COVID-19 pandemic faced by IFSS staff during the first year of implementation. Despite this, all six IFS services were established within the first year and were all fully operational at the time of this report. This success demonstrates the characteristic perseverance of IFSS staff and the advantages in terms of adaptive capacity of the IFSS delivery model observed throughout the evaluation process.

This evaluation assessed the Phase One (2021-22) implementation of the IFSS programme. The evaluation focused on reviewing the IFSS implementation process as well as the programme's progression towards short-term outcomes. During this period, IFSS implementation activities concentrated on establishing and refining service delivery, building capacity in the third sector, and developing relationships with families. Evaluation of those activities indicated that the IFSS programme is, by and large, being implemented with fidelity across the region. In addition, the report shows that, overall, the IFSS initiative met its targets in terms of both family engagement and short-term outcomes during Phase One (2021-22).

Based on this analysis of IFSS implementation during Phase One (2020-21) there were four recommendations moving forward:

1. **Key Performance Indicators (KPIs):** The KPIs set forth in specification documents may not adequately reflect the activity outcomes of the six services in terms of financial inclusion support. A review of the alignment between the KPIs and the IFSS service activities and a reformulation of KPIs is recommended. Evidence in this report strongly indicates families' economic conditions are closely related to social benefits and the provision of housing. Any revision of KPIs should consider these factors.
2. **Assess embedded services:** Further assessment and monitoring of coordination with local services is likely needed to ensure continuity of IFSS delivery over time. Evidence gathered in this report suggests embedded service were an integral part of the IFSS programme. Service delivery is being supplemented in some places by financing that has an endpoint, and it is unclear how the same level of service can be provisioned when this support ends. Moving forward, embedded services should be monitored systematically across the region.
3. **Engagement criteria:** Narrowing the scope of criteria for family engagement in some cases may improve service delivery. Analysis showed that IFSS partners who targeted a narrower range of criteria to identify families for service engagement were able to build their reputations and establish relationships within their local communities more quickly and efficiently.
4. **Resource allocation:** Not all IFS services reflect the same needs. Evidence suggested that a lower concentration of services is present in rural localities raising potential concerns. More research is needed to draw any conclusions about the effects of rurality, but this should be monitored moving forward. Based on the evidence emerging from this report regarding a significant variability in the needs of some IFS service delivery partners, it is recommended that a reallocation of resources is considered to better provisions services that need it.

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1. SUMMARY OF INTENSIVE FAMILY SUPPORT SERVICE

1.1. Purpose

The Edinburgh and South East Scotland City Region Deal (ESES CRD) Intensive Family Support Services (IFSS) supports the Integrated Regional Employability and Skills (IRES) programme by targeting significant pockets of persistent, entrenched worklessness, and poverty. Evidence of economic distress is visible throughout the ESES city region and intergenerational disadvantage is now a significant social phenomenon. Interventions to address economic hardship that focus on individuals are often limited in their ability to address socially produced hardships, as is the case with families. This is why the IFSS uses a “whole family” approach. The long-term aim of the IFSS is to improve the quality of life and improve opportunities in families for whom accessing and sustaining employment is most challenging. The IFSS focuses on encouraging and nurturing the economic capacity of families using a combination of intensive, general and specialist advice on money, welfare, and financial services, emotional wellbeing and employment.

1.2. Theory of Change

The IFSS aims to provide transformative change for families by building a network of support for families living in the region’s most deprived areas. The IFSS theory of change is socially grounded in stakeholder involvement and relationship building. Research indicates that working with other stakeholders, such as professionals and community leaders, in family interventions to, for example, coordinate resources, standardise practice, and build collaborative community cultures, improved families’ mental and physical health outcomes.¹ Other studies, meanwhile, show that family interventions in which emphasis was placed on building supportive relationships – with, for example, spouses, non-using friends, and mutual support networks – were more effective than those that did not.²

1.3. Delivery Structure

The delivery of the Intensive Family Support Services (IFSS) takes place in six local authorities across the city region. Capital City Partnership (CCP) manages and coordinates IFSS activities across the six local partners. The structure of IFSS service delivery includes third sector and statutory organisations and incorporates a variety of approaches to “whole family” support services. Below, Figure 1A illustrates the regional delivery model, followed by the name of each local service (in *Italics*), the local delivery partner, and a description of the delivery structure in each local area.

FIGURE 1A. LOCAL SERVICE DELIVERY PARTNERS FOR IFSS

East Lothian	Edinburgh	Fife	Midlothian	West Lothian	Scottish Borders
<ul style="list-style-type: none"> • <i>Our Families</i> delivered by Children 1st • Third Sector Partnership 	<ul style="list-style-type: none"> • <i>Early Years Maximise!</i> delivered by Children 1st and CHAI • Third Sector Partnership 	<ul style="list-style-type: none"> • <i>Making it Work for Families</i> delivered by Fife Gingerbread, Clued Up, CARF, FIRST • Third Sector Partnership 	<ul style="list-style-type: none"> • <i>Together for Positive Change</i> delivered by Barnardo's • Third Sector Partnership 	<ul style="list-style-type: none"> • <i>Intensive Family Support</i> delivered by West Lothian Council • Local Authority Joint Working 	<ul style="list-style-type: none"> • <i>Intensive Family Support</i> delivered by The Scottish Borders Council • Local Authority Joint Working

¹ Copello AG, Velleman RD, Templeton LJ. Family interventions in the treatment of alcohol and drug problems. *Drug Alcohol Rev.* 2005 Jul;24(4):369-85. doi: 10.1080/09595230500302356. PMID: 16234133

² Cox, DD. (2005). Evidence-based interventions using home-school collaboration. *School Psychology Quarterly*, 20(4), 473–497. Doi: 10.1521/scpq.2005.20.4.473

East Lothian – Our Families

The 'Our Families' service is a public and third sector approach to working with families who are experiencing disadvantage in the Musselburgh East, Wallyford and Whitecraig areas. The service is based on a 'Total Musselburgh' approach with a focus on supporting families with children aged between 0 and 12 with particular emphasis on early intervention with families with primary aged children.

Edinburgh – Maximise! Early Years

The 'Maximise! Early Years' service is an early intervention approach, targeting families with at least one child aged 0-5 that face multiple barriers to moving out of poverty and require additional support. The service is co-located within the Moffat, Greendykes, Craigmillar, Fort and Granton Early Years Centres in the North West and North East of the city, working in partnership with early years practitioners.

Fife – Making it Work for Families

'Making it Work for Families' focuses on families in Fife where there is at least one young person in S1 or S2 at secondary school where there is current, historic, or 'at risk' substance use within the household. The service works in partnership with high schools to identify young people and families that would benefit from this type of support. The service works primarily in the 'Mid Fife' area which comprises the Cowdenbeath, Lochgelly, Kirkcaldy, Glenrothes and Levenmouth areas.

Midlothian – Together for Positive Change

Barnardo's 'Together for Positive Change' in Midlothian focuses on high-risk families with at least one child/ren under 16 that are known to have a recurring need for support and face multiple barriers to moving out of poverty. The service is aligned with Midlothian Council's Early Intervention and Prevention Team and the Communities and Lifelong Learning team and works in partnership with schools, local third sector and statutory agencies as part of an established multidisciplinary group to support families.

Scottish Borders – Intensive Family Support

The Scottish Borders service is an intervention for vulnerable families in the Scottish Borders who are experiencing further barriers to accessing services due to their rurality. The service focuses on young parents. The service adds value and resource to existing services within the Scottish Borders by linking in with the Scottish Borders Council's existing Parental Employability Support Team.

West Lothian – Intensive Family Support

The West Lothian service adds an employability element to existing family support resource, focusing on high-risk families facing multiple barriers to moving out of poverty who are known to have an intergenerational recurring need for support and have one or more child/ren under 16.

2. SUMMARY OF PHASE ONE (2020-21) EVALUATION

2.1. Process Evaluation

The Phase One evaluation is a process evaluation that will look at how IFS services were implemented during this period. The implementation plan for IFSS outlines an iterative, 7-year process. This evaluation will focus on assessing short-term outcomes. The implementation evaluation will utilize the IFSS theory of change to frame research questions, data collection, and data analysis. The evaluation will include analyses of interviews and focus groups that asked participants to describe local economic conditions and the social context of IFSS implementation. Second, the evaluation will compare IFSS program features and local practices, including social structures that made a difference for families. Third, the evaluation will identify and describe common themes, best practices, and innovative intervention ideas. Finally, the evaluation will determine if IFS services are being delivered with fidelity as defined by each contract agreement.

2.2. Research Questions for Evaluation

The research questions are based on the tenets of process evaluation described above and will focus on three areas: (1) activities, (2) families, and (3) outcomes. The research questions were designed in keeping with the logic model of service delivery developed by IFSS staff at the outset of the project (see Appendix A). The “Activities” section focuses on describing and analysing the implementation of IFSS delivery across the region, while the “Families” section describes the engagement in qualitative and quantitative terms. The “Outcomes” section meanwhile looks at the outcomes and KPI’s and what has been achieved by delivery partners.

Activities

1. Were activities implemented as planned? (how often, when, where, duration) To what extent was there program fidelity (adherence to the intended model of practice)?
2. Did the activities vary from one site to another? Or one staff person to another?
3. Were required resources in place and sufficient?
4. Did staff think they were able to implement the activities as planned? If not, what factors limited their implementation?
5. What activities worked well? What activities did not work so well?

Families

6. How many families were reached? How many individuals? (adults, children)
7. What are some of the characteristics of families enrolled in IFS services?
8. Did IFSS partners reach the intended target groups?

Outcomes

9. Have short-term outcomes been achieved?
10. Have key performance indicators improved over time?

2.3. Data Collection and Analysis

The evaluation will collate the data collected during the planning stage by Capital City Partnership (CCP) with the data from 2021-22 quarterly reports. The evaluation will use mixed methods to answer research, which includes qualitative and quantitative techniques. The qualitative part of this study will include information gleaned from the numerous case study reports provided by IFSS delivery partners as well as semi-structured interviews with IFSS staff. The quantitative section of this study meanwhile will focus on collection and collation of IFSS data accumulated through regular monitoring processes. All interview data was collected virtually through an online survey tool and video-conferencing software. In relation to the quantitative data collection, the evaluation plan will report on a selection of empirical measures to establish baseline data for future benchmarking and evaluation. Table 2A outlines these measures in terms of short-term outcomes and key performance indicators. Like the research questions, the short-term outcomes were derived from the

“IFSS Logic Model” (see Appendix A). Key performance indicators, meanwhile, were derived from the service specification.

TABLE 2A. QUANTITATIVE MEASURES IN TERMS OF SHORT-TERM OUTCOMES AND KEY PERFORMANCE INDICATORS

Measure	Data	Record
<i>Short Term Outcomes</i>		
Family engagement	Recorded by delivery partners	Quarterly progress reports
Individual support	Recorded by delivery partners	Quarterly progress reports
<i>Key Performance Indicators</i>		
Money management skills	Recorded by delivery partners	Quarterly progress reports
Debt reduction	Recorded by delivery partners	Quarterly progress reports
FE/HE Enrolment (A)	Recorded by delivery partners	Quarterly progress reports
Job outcomes (A)	Recorded by delivery partners	Quarterly progress reports
Educational growth (Y)	Recorded by delivery partners	Quarterly progress reports

3. EVALUATION OF ACTIVITIES

3.1. Overview

The process evaluation of IFSS activity outputs during Phase One (2020-21) indicated programme implementation is progressing according to plan. As laid out in IFSS documentation, and the “Service Specification: Provision of an Intensive Family Support Service – Phase One” document specifically, the first phase of programme implementation concentrated on establishing and refining service delivery, building capacity in the third sector, and developing relationships with families. This section analyses whether those service delivery activities were implemented as planned. These activities encompass the basic IFSS “whole family” approach. This approach, rather than focusing on individual behaviour and supports, focuses on the social aspects of deprivation. More specifically, the whole family approach aims to build positive social relationships within families as a means of tackling child poverty. The analysis was guided by the “IFSS Logic Model” (see Appendix A) which outlines the expected activity outcomes for Phase One. This section furthermore evaluates the activities of the six IFS services across the Edinburgh region, both as individual services and as a regional model of policy governance. Table 3A below indicates the research questions and data collected to evaluate the implementation of Phase One of the IFSS initiative.

TABLE 3A. UNITS OF ANALYSIS, RESEARCH QUESTIONS AND DATA COLLECTION FOR ACTIVITY OUTPUTS³

Unit of Analysis	Research Question	Data Collection
Fidelity	<i>Were activities implemented as planned?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts
Variability	<i>Did the activities vary from one site to another?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts
Capacity	<i>Were required resources in place and sufficient?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts
Perceptions	<i>Were staff able to implement the activities as planned?</i>	Quarterly reports, Artefacts, Stakeholder Interviews

3.2. Fidelity

Were activities implemented as planned?

While IFSS engagement with local services varies significantly across the region, all six IFSS partners have established a dedicated worker in a multidisciplinary team, a process of assessment of barriers advocacy, and regular engagement with additional support services. Taken together, these activity outputs are foundational to Phase One IFSS programme implementation. Figure 3A shows the expected activity outputs for the whole family, young people, and adults based on the “IFSS Logic Model” (see Appendix A)

FIGURE 3A. ACTIVITY OUTPUTS FROM IFSS LOGIC MODEL

Whole Family Activity Outputs	Adult Activity Outputs	Young People Activity Outputs
<ul style="list-style-type: none"> ▪ Dedicated worker in multidisciplinary team ▪ Individual and family action plans ▪ One-to-one and whole family support ▪ Assessment of barriers advocacy ▪ Engagement with additional support services ▪ Family activities ▪ Health and well-being support ▪ Confidence building 	<ul style="list-style-type: none"> ▪ Needs assessment ▪ Action plan ▪ Tailored one-to-one individual support ▪ Group activities ▪ Financial inclusion and money advice ▪ Income maximisation ▪ Parenting skills ▪ Relationship building ▪ Preparation for employability and training 	<ul style="list-style-type: none"> ▪ Needs assessment ▪ Action plan ▪ Tailored one-to-one individual support ▪ Group activities ▪ Confidence building ▪ Health & wellbeing ▪ Engagement with education/employability

All six services have established a **dedicated worker in a multidisciplinary team** accomplishing a primary goal of Phase One implementation. While the composition of each team varies across the six local delivery partners, each service provides the three elements of the standard IFSS model: family support, advice, and employability.

All six services are engaged in **assessment of barriers advocacy** with their local team. The processes for assessing barriers incorporate a wide range of evaluation tools, screening protocols, and professional routines. The quote below describes the Fishbone Quality Improvement Tool (see Appendix A) that the Making It Work for Families team in Fife, uses to help guide conversations with parents and young people:

This is where we present a question and begin to discuss what barriers they face around this question. The question used was “What are your barriers in the home?” and the discussions were in categories – people, environment, and services. After these had been completed, we agreed that next steps would be to bring them together to facilitate discussion around the barriers they each had identified and support them to make a plan on moving forward and improving their relationship.

This quote illustrates a family assessment of barriers. Other delivery partners used a similarly holistic approach to needs assessment. In East Lothian, for example, Our Families adopted a Family Group Decision Making approach within a multidisciplinary referral team. The Our Families team leveraged knowledge resources from experts at Children 1st to help develop a GDPR compliant referral form. This development of the referral form facilitated discussions of family data and the development of a holistic, tailored package of support for each family.

TABLE 3B. WHOLE FAMILY ACTIVITIES*

	East Lothian (Our Families)	Edinburgh (Early Years Maximise!)	Fife (Making it Work for Families)	Midlothian (Together for Positive Change)	Scottish Borders (Whole Family Support Service)^a	West Lothian (Whole Family Support Service)^b
Dedicated worker in multidisciplinary team	✓	✓	✓	✓	✓	✓
Individual and family action plans	✓	✓	✓	✓	✓	
One-to-one and whole family support	✓	✓	✓	✓	✓	
Assessment of barriers advocacy	✓	✓	✓	✓	✓	✓
Engagement with additional support services	✓	✓	✓	✓	✓	✓
Family activities	✓	✓	✓	✓		
Health and well-being support	✓	✓	✓	✓	✓	✓
Confidence building	✓	✓	✓	✓	✓	✓

**Name of service appear in parenthesis on top row*

^a Geographically dispersed services and high intensity deprivation makes the coordination of family activities significantly more difficult in some rural contexts

^b Services supplemented existing family action plans and family support with individual action plans and support for employability

In other areas, well-established local assessment processes were already in place. In both Midlothian and West Lothian, the local social work departments regularly conduct whole family assessments of barriers. In Midlothian, the Early Intervention Team refers families with employability support needs to Together for Positive Change for additional financial health and benefits check.

Next, all local IFSS partners are working with **additional support services** to implement IFSS programme activities. Delivery partners often referred families to additional support services, more commonly known as “signposting”, depending on the individual needs of family members. Our Families (East Lothian), for example, reported signposting families to Sleep Scotland, Community Learning and Development Anxiety Group, and Citizens Advice Bureau. Signposting was part of a broader effort to coordinate with local services and embed IFSS delivery within the local community as the following quote from East Lothian illustrates:

We have consulted with the local community to find out where the gaps are in provision so that we can design our service to match local needs. we linked with representatives from all sectors who have a remit for Musselburgh East; Health, Education, Housing, Police, Third Sector, Statutory and Educational Psychology.

Timing was also a relevant factor in terms of building community networks. Several IFS services, for example, partnered with charity groups during the Christmas and Easter holidays specifically.

A parent supported by Our Families said:

I was glad [the Family Support Worker] kept in touch and supported me with my application. I am glad to be starting a college course and hopefully this leads to employment for me. Thank you also for the help at Easter time this was helpful during the holiday.

More generally, these examples demonstrate how IFSS delivery partners engaged with families in a multitude of ways, which is in turn, a reflection of the whole family approach. In practice, this meant combining support for basic needs like food and housing with employability support through education and training opportunities. Scottish Borders, for example, worked with the Community and Learning Development (CLD) Adult Learning Team and Borders College to provide educational and skill-building opportunities. They have enrolled several parents in courses including Introduction to Childcare and English to Speakers of Other Languages (ESOL).

Parent has registered with ESOL classes and has completed her first block of four, these have been online or with the tutor visiting her at home.

At the same time, Scottish Borders worked regularly with Borders Women’s Aid and Children 1st as well as statutory services in the health and educational sectors. This kind of complex multiagency working is illustrated by the following report:

Parent has endured longstanding emotional, domestic and sexual abuse. Currently in a household with five children, all of whom are exhibiting behaviour which is causing concern. Contact made with Borders Women’s Aid and Children 1st. Children 1st have met with 2 children at this stage and plan to meet with eldest in due course. CAMHS [Child and Adolescent Mental Health Services] unit also involved with eldest son who has dyslexia. Youngest child is being supported by Early Years Centre.

Most IFS services engaged in both **one-on-one and whole family support**. In Fife’s Making it Work for Families service, this is coordinated by the Family Learning Worker who, according to one report, “works with families to support the development of positive relationships within the family while the team continues to work with individual family members towards their goals.” In East Lothian, Our Families reported building relationships with representatives of other community resources and local businesses to coordinate whole family support as follows:

We have set up a multiagency meeting to create a multidisciplinary allocations meeting based around the Our Families service but drawing in support from the whole community, allowing us to develop a 'team around the cluster approach'.

In East Lothian, this was combined with one-to-one support for adults and children in the family. In one case, Our Families supported a lone mother of four who was concerned that "her mental health was getting worse and that her GP and other medical professionals did not seem to be listening to what she was saying."

This example reflects a major trend across the services. That is, IFS services frequently provided individual support related to mental health issues and other issues related to the emotional or psychological well-being of family members. In West Lothian, rather than engaging directly in whole family support IFSS workers supplement existing council services.

Next, to support one-to-one and family support half of the IFS service delivery partners regularly used **individual and family action plans**. Making it Work for Families in Fife similarly developed their own action plans for families and individual family members, as did Maximise! Early Years in Edinburgh. In Midlothian, Together for Positive change reported that "each family has an action plan which has an element of direct work to support parenting confidence and skills."

Half of IFS service delivery partners support families in other ways, such as organising **family activities**, providing **health and well-being support**, and engaging in **confidence building**. In Fife, Making it Work for Families partnered with Skills Development Scotland (SDS) to deliver an online course focused on supporting young people within families, which was described as follows:

The project has really started to take shape as we have got to know the families we are supporting, understood their needs and listened to what they feel would benefit them. This led to a course delivered in partnership with Skills Development Scotland (SDS) called "thinking ahead" which was a programme focused on confidence building, skills, money and aspirations centred around young people. Six families engaged in this activity on Zoom, and we dropped off weekly treats and activity packs to ensure it was a fun and meaningful family experience (some of which was donated by local businesses!).

This example from Making It Work for Families portrays the innovative work of IFS service delivery partners during Phase One, much of which took place during the COVID-19 pandemic. This meant that, for the majority of Phase One, social distancing policies prevented face-to-face working across the region. As in the example above, IFSS partners found creative ways to engage with families.

In Edinburgh, for example, Maximise! Early Years worked with local partners to organise an 'All of Us' Virtual Family Fun Day' as part of the programme entitled 'Get Winter Ready with Maximise!.' According to one report:

The purpose was to facilitate a positive, strengths-based virtual space where families could connect to share and harness their ideas, top tips, and questions about 'Winter Readiness' and where Maximise resources or information could add value and support. A key intention of the session is to create ways we might alleviate fears as we enter further possibilities of lockdowns and isolation related to Covid-19.

From this event Maximise! Early Years developed a newsletter focusing on Winter Readiness which was then circulated to families. This was a continuation of a newsletter series for the suite of Maximise! services provisioned by Children 1st in collaboration with Community Help and Advice Initiative (CHAI). Please see excerpts from newsletter series in Appendix A. Our Families (East Lothian) hosted a range of family activities including providing families with tickets to East Links Family Park and hosting two Safari Park Picnic and Play sessions, which was reported as following:

The team secured around £4000 to support families to enjoy summer activities individually and in groups. Fifteen families joined the staff team on a trip to Blair Drummond which went down brilliantly with children and parents alike. Fourteen families received tickets for East Links Country Park. The funding for summer activities ensured the programme is as accessible as possible, we were able to provide transport and food to prevent cost acting as a barrier to participation for families.

This kind of organising was also a feature of Making it Work for Families (Fife) who, among other things, hosted Easter and Summer programme of events offering outdoor learning and family fun activities.

The IFS service delivery partners support health and well-being in a wide variety of ways. The IFSS delivery often included the provision of emotional support for issues at school. This was the case with a young person that was having attendance issues in the Scottish Borders. The following passage describes his support:

I have been spending time with him in school and he feels embarrassed as the Additional Needs teachers are sitting with him for full lessons, rather than offering some support. He would rather not be in class. He has agreed to talk to some of his teachers individually, with my support, to come up with a way forward.

Issues arising from interactions with schools and other statutory institutions were common. In Scottish Borders, confidence building is a major focus for supporting families with young parents. This is an important preliminary step to employability support as described below:

Parent has decided to do a volunteering qualification at this time to allow her to gain some work experience, with a view to going to college when her youngest is 2 and can attend full time nursery. Parent is very open to support and wants to do her best for her boys. She has the opinion that she is 'nothing, worthless and doesn't matter', and this is something we are working on, slowly.

TABLE 3C. ADULT ACTIVITIES

	East Lothian (Our Families)	Edinburgh (Maximise! Early Years)	Fife (Making it Work for Families)	Midlothian (Together for Positive Change)	Scottish Borders (Whole Family Support Service)	West Lothian (Whole Family Support Service)
Needs Assessment	✓	✓	✓	✓	✓	✓
Action plan	✓	✓	✓	✓	✓	✓
Tailored one-to-one individual support	✓	✓	✓	✓	✓	✓
Group activities	✓		✓			✓
Financial inclusion and money advice	✓	✓	✓	✓	✓	✓
Income maximisation	✓	✓	✓	✓	✓	✓
Parenting skills	✓	✓	✓	✓	✓	✓
Relationship building	✓	✓	✓	✓	✓	✓
Preparation for employability and training	✓	✓	✓	✓	✓	✓

The adult activity outputs common across all six IFS service delivery areas focused on employability and financial support. All six services, for example, conducted individual **needs assessments** for adult family members that, at minimum, included a financial health and benefit check for parents. This was complimented by **financial inclusion and money advice**, as well as **income maximisation** across all six service delivery areas. The additional employability and financial provisions were a critical component of whole family support. As one report succinctly put it:

We have been able to improve the financial circumstances for those families maximising their financial situation by helping them to manage their finances, planning and budgeting which in turn has increased household income and improve the quality of life for those families and created more financial security.

All six IFS services provided financial inclusion and money advice in one way or another. Both Our Families (East Lothian) and Together for Positive Change (Midlothian), for example, have provided financial inclusion support for school engagement by helping parents with claims for free school meals and uniform clothing allowances. Meanwhile, the majority of IFSS delivery partners work with families on benefit related issues and debt issues. Digital inclusion has been an important aspect of supporting families with finance issues as the following quote from East Lothian illustrates:

The team continues to support families with digital inclusion and four families have been given Chromebooks and WiFi packages in the last quarter. This has been an important aid for families managing online benefits such as Universal Credit, job searches and other employment related tasks and for helping children engage with schoolwork.

Finally, individual needs assessments helped **tailor one-to-one individual support** for parents. This was frequently focused on financial and employability support. West Lothian, for example, reported that the additional employability advice, “promotes independence and support to all family members to engage in employment and or/employability related activities by offering tailored advice and support to parents.”

Across all six services individual support for adult family members overlapped with mental health issues. This was, in part, because of the important role that mental health plays in accessing employment. In Scottish Borders, one mother was referred to Thrive and Strive counselling owing to her “severe anxiety and poor mental health causing barriers towards job progression and social interaction.” (SB_21_Q3). Building confidence and stabilising mental health was a necessary first step for employability support and, as the quote below illustrates, a challenging task for IFSS workers:

Although it can be extremely challenging to keep this client group engaged when working remotely, success has come from building rapport with clients and gaining their trust to allow adviser to support them in making steps to change their lives. The lone parents that staff are working with are starting to identify their own self-worth. This is increasing all the time and they are becoming more willing to take the steps outside their comfort zone. One parent in particular will be significantly better off financially claiming benefits, but she still wants to find employment for her own confidence and to provide her children with a role model.

Half of IFS services utilized parent **action plans**, which facilitated long term engagement. Across services, IFSS partners helped to prepare adult family members for employability and training. In West Lothian the connection between getting a job and parenting is made explicit. According to documents the service, “promotes independence and support to all family members to engage in employment and or/employability related activities by offering tailored advice and support to parents”. In Scottish Borders, the following example of employability support as a pathway to family well-being is made clear:

The family are in a great deal of debt. We liaised with a recruiter who offered parent an interview for a job. She was successful, has passed the medical and is just waiting for her driving licence to be returned, at which time she can do her theory test and start her practical training. As additional support we bought parent a theory test book and arranged some practical time with a driver to go over any questions she was having difficulty with. Parent 2 has started a Personal Development SQA with one of the Adult Learning Team, focusing on practical steps and knowledge he needs to start his own printing business. He is really enjoying this and is excited about the future. We have agreed to meet with Citizens Advice next month to start getting the family finances in better order.

Finally, a handful of IFSS partners have incorporated **parenting skills, group activities** and **relationships building** into their services to further support adult family members. In Midlothian, it has been observed that “[e]ach family has an action plan which has an element of direct work to support parenting confidence and skills.” In Fife, meanwhile, Making it Work for Families has conducted a workshop on parenting skills and is focused on building social connections within and between families. A key part of this effort is to build trust. The importance of building trusting relationships is illustrated in the quote below from a parent engaged with IFS services in Fife:

Thanks so much for being there today. It was really difficult but having you in my corner made me feel at ease. Ever since I was little I have been told not to talk to professionals and unfortunately that’s now being passed on to a new generation in my family. But it’s different with your project. I trust you all 100% and I can see how much you want to support us. The kids never asked to get brought into this kind of life, as much as I don’t want them to be in it. So, I really appreciate all the support you’re giving us. It just feels different this time.

As the quote above indicates rebuilding trust with families was a major hurdle across all six regions. Many adult family members had prior experiences with professional support services that were negative. Below is another quote from Scottish Borders that provides further evidence of the importance of building relationships:

Relationship building has been key to the success of IFSS. Work is often long term, and a great deal of support has been focused on enabling families to get into a position, through promoting financial, emotional and material stability, to tackle their numerous social difficulties and disadvantages. Work continues to focus on identified individual goals in Parent Action Plans and through the commitment and professionalism of the IFSS staff, networking and multi-agency work, positive, tangible outcomes are being evidenced enabling families to make significant progress in their lives.

All six of the IFS services provided **tailored one-to-one individual support** for young people. Oftentimes this involved supporting educational activities. For example, IFSS workers frequently help families with household chores, scheduling, and transportation to facilitate school attendance. In Midlothian, it was reported that “[t]wo children are attending school on a part time basis, and we are supporting the school to increase their time by offering individual support and group work.” This quote also demonstrates the ways that IFSS works with school personnel to support children.

TABLE 3D. YOUNG PEOPLE ACTIVITIES

	East Lothian (Our Families)	Edinburgh (Maximise! Early Years)	Fife (Making it Work for Families)	Midlothian (Together for Positive Change)	Scottish Borders (Whole Family Support Service)	West Lothian (Whole Family Support Service)
Needs Assessment	✓	✓	✓	✓	✓	✓
Action plan	✓	✓	✓	✓	✓	✓
Tailored one-to- one individual support	✓	✓	✓	✓	✓	✓
Group activities	✓		✓			
Confidence building	✓	✓	✓	✓	✓	✓
Health and well- being support	✓	✓	✓	✓	✓	✓
Engagement with education/employ ability	✓	✓	✓	✓	✓	✓

In relation, most IFS services do not initiate needs assessments or actions plans for children outside of family action plans. This is, in part, because such support systems are usually already in place. Referrals to IFSS come from schools in many instances.

Most of the IFS services provided health and well-being support for young people. This frequently involved improving a young person's home environment. This was especially critical in the context of social distancing policies. One report from Together for Positive Change (Midlothian) commented that, "[f]or some of the young people, returning after the lockdown period was very challenging and in three cases it involved a phased return with them now attending full time."

Making it Work for Families (Fife) organised **group activities** specifically for young people. This included activities like Clued Up's Munro challenge, a holiday trip to Aqua Fun, and refurbishing a space for young people in the Clued Up building (see Appendix A). Making it Work for Families further developed social infrastructure by way of a youth forum, as described below:

We have established our young person forum, and the group were actively involved in planning summer activities and promoting community provision in our Facebook group. They are also going to contribute to some partnership research with The Collective Scotland soon and are collaborating with Corra Foundation on eligibility for funding.

Making it Work for Families (Fife) has also developed a course called "thinking ahead" in partnership with Skills Development Scotland. The programme focuses on confidence building, skills, money, and aspirations centred around young people. In West Lothian, meanwhile, support for young people is focused on employability. There has been some success with educational pathways, as the two examples below demonstrate:

Example 1: The adviser has recently been supporting a young person with learning difficulties, who suffers from anxiety. After multiple conversations she was supported into a college evening course to undertake a beauty course. Funding from ILA was accessed and extra funding from for her manicure kit was provided by IFSS. With the course being an evening course, it has helped with the client's anxieties as the campus is not too busy at nights. The adviser is still engaging with the client to support her with job searching and build her skills and experience.

Example 2: Adviser continues to engage with a young person who was supported to secure a place in college to enrol in a joinery course summer. Adviser continues to engage with the young person by phone to see how he is doing after starting his college course and to support him to sustain engagement with the course.

In Midlothian, young people's educational aspirations are being supported through alternative learning, Barnardo's reporting that, "one young person was referred to PAVE and the other is being supported by a youth worker, with learning focusing on maths and literacy at National level 3 alongside working towards a Dynamic youth award in photography." Midlothian is also having success with older children transitioning away from school and into the workforce:

We have supported two young people to access college courses, one full time and the other part time - in conjunction with staying on in school to complete 5th year. Both young people have also secured part time employment to fit in with their studies. References were provided for both.

3.3. Variability

Did activities vary from one site to another?

Service Delivery Structure

The structure of service delivery in each local area depended on agreed upon specifications. Local IFS service delivery partners included third sector organisations and local councils, which correspond to two kinds of delivery structures: third sector partnership and council joint working. Four of the six IFS services use a third sector partnership model including East Lothian, Edinburgh, Fife, and Midlothian. The other two IFS services in West Lothian and in the Scottish Borders employ a joint working model. Figure 3B (below) shows a comparison of IFSS delivery structures.

FIGURE 3B. COMPARISON OF IFSS DELIVERY STRUCTURES



The differentiated delivery of services across the region are part of IFSS’s **mixed model of commissioning**. This approach provides additional flexibility to specification processes and diversifies services overall. Preliminary findings suggest IFSS’s model makes service delivery more resilient as a regional policy structure. More specifically, the flexibility afforded by IFSS’s mixed commission model enabled the adaptation and improvement of services when and where it was needed.

In Scottish Borders, for example, the service manager was able to negotiate new specifications to localise IFS services to better match the needs of families in that area. The following is a description of this process:

Following the initial proposal [agreed September 2020], further discussion took place within Scottish Borders Council about where best to site the team to best meet the proposed outcomes and the needs of vulnerable families. The initial proposal of siting the team within existing Children and Families Social Work teams was pursued until it was recognised that the proposed activities, target group and outcomes of the service fitted better with the existing Parental Employability Support Fund team. This proposed variation was agreed by Capital City Partnership in November 2020.

The facility with which services could be modified enabled the quick and continuous improvement of services. The Scottish Borders example also shows the benefits of the mixed model of commissioning for integrating IFS services into the institutional structures of local authorities. Table 3E illustrates the finalized model being implemented in The Scottish Borders as an example of council joint working.

FIGURE 3E. EXAMPLE OF JOINT COUNCIL WORKING IN SCOTTISH BORDERS

**Scottish Borders Intensive Family Support
Family Support Worker x2 , Employability Worker, Advice Worker**

Intensive Family Support	Family Support Worker	Family Support Worker
Parental Employability Support	Employability Worker	
Financial Support and Inclusion	Advice Worker	

Together for Positive Change (Midlothian) was also able to adapt their delivery model to their local context. In the context of Midlothian, adaptations to their service delivery model were based on referral patterns from the Early Intervention and Prevention Team within Midlothian Council, as described below:

[We] are now only accepting referrals where there is a component to parents being out of work, looking to seek training or to reduce financial debt, albeit further down the line and still in the first instance have to offer intensive family support to address barriers which would stop this from progressing.

This quote shows how the local situation in Midlothian shifted the priorities of IFSS delivery, which required a modification to Midlothian’s local delivery model. This was reported by the IFSS partner in the area as follows:

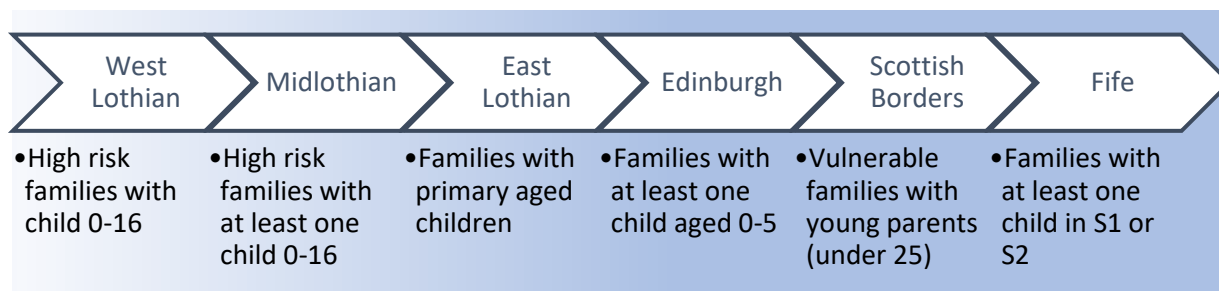
We have now changed our delivery model in response to the type of referrals we are receiving from our partners. From June 2021 we have an additional family support worker in post, and we have reduced our welfare rights post to 10 hours per week to reflect the focus of the work.

These examples demonstrate the advantages of the mixed model of commissioning utilised by the IFSS initiative for regional service delivery.

Target Group

The six local services targeted different groups. Some services targeted a broad range of families. In Midlothian, for example, Our Families offered IFSS to any family with school-aged children in the local area. Other services, meanwhile, used a much narrower set of criteria to identify families for IFSS. Figure 3C shows these differences in order based on specificity.

FIGURE 3C. IFSS DELIVERY PARTNERS BY TARGET GROUP CRITERIA (MOST BROAD TO MOST NARROW)⁴



West Lothian and Midlothian (both on the left), for example, have the broadest target groups of all the services. Fife and Scottish Borders, meanwhile, have the most specific target groups. Preliminary evidence suggests the precision of the target group contributed to variability in the implementation of IFSS across the region. There was some indication that services with broader target criteria had more difficulty establishing service delivery. The following excerpt from a report submitted by Together for Positive Change (Midlothian), for example, describes challenges associated with the services’ adoption of a broad target group:

⁴ This figure only includes information on the age range of children and does not include the targeting of specific challenges or deprivations (i.e., substance abuse; domestic violence, etc.)

As this is a completely new service in Midlothian and our key strategic partner is Midlothian Council the initial stages have been focused on establishing an entry point for families into the service. Unlike some of the other IFSS's there was no clear entry point; target group or geographical focus identified prior to the inception of the project.

Referral Pathways

Referral pathways contrasted across the region. Within some local IFS services, referral pathways were highly centralised. This was the case in West Lothian and in Midlothian where IFSS partners coordinated with the social work departments of their local councils to establish referral pathways. In The Scottish Borders, there is a joint approach to referrals. While the process is centralized within the Borders Council, the Parental Employability Support Team collaborate with IFS workers to allocate referrals. Meanwhile, the referral pathways are more decentralized in Fife and East Lothian, although both are still highly dependent on referrals from schools.

EAST LOTHIAN: LOOSELY CENTRALISED, COMMUNITY-BASED

In East Lothian (Our Families) referrals come from a variety of places and are coordinated through a multidisciplinary referral team. Many come from local schools and from other members of the team, but pathways are generally diverse.

We gathered their views on what the issues were for the families in Musselburgh East, and what the strengths and opportunities were. We then decided to create an Our Families multidisciplinary referral team. Children 1st GDPR officer has supported us to create a referral form that is GDPR compliant and allows us to discuss the families referred to the Our Families service and create a holistic tailored package of support for each family.

EDINBURGH: LOOSELY CENTRALISED, COMMUNITY-BASED

In Edinburgh (Maximise! Early Years) referrals come from Early Years Centres as well as from word-of-mouth within the local community. As the quote below indicates, self-referral was another way that families came to be enrolled in IFSS in Edinburgh:

The number of new referrals in a short timeframe indicates demand. The key relationships between Early Years Staff and families is helpful here. Centre staff welcome ease of access to service and lack of referral form/waiting list. Good number of self-referrals through word of mouth, face-to-face, and virtual promotional routes.

Both East Lothian and Edinburgh relied much more on promoting their service for referrals. In Edinburgh, this included the publication of seasonal newsletters (see Appendix A) and, as the quote indicates, virtual marketing events.

FIFE: MODERATELY CENTRALISED, SCHOOL-BASED

Most referrals come from partner high schools in the mid-Fife region. Making it Work for Families coordinates educators to streamline referral process.

To date, 24 families have been referred to the project and 83% of these referrals have been made by High Schools which ensures positive partnership working and relationships with the schools. This will support our ambition to provide holistic support to families, centred around early intervention support for S1/S2 pupils.

MIDLOTHIAN: HIGHLY CENTRALISED, COUNCIL-BASED

The referral pathway in Midlothian sees all IFSS referrals flow through the local council. In the case of Midlothian, referrals are managed by the Early Intervention and Prevention Team, a unit within the Social Work Department of the Midlothian Council. According to government documents, "Early Intervention is the first point of contact for new referrals into Children's Services." The documents also discuss how family support is considered during the referral process stating, "Early intervention workers provide advice to referrers including family members and other professionals to ensure

children are safe and families are provided the right support at the right time.”⁵ The excerpt below from local IFSS reporting describes the referral process:

We have worked together with development workers from the Early Intervention Team to establish a referral process that is managed by Midlothian Council. We have developed referral materials, promotional material, and assessment material which have been shared with Social Work colleagues and schools to promote referrals. We are now at the stage of receiving referrals and in the initial assessment stages with several families.

WEST LOTHIAN: HIGHLY CENTRALISED, COUNCIL-BASED

The referral pathway in West Lothian is highly centralised. IFSS referrals originate from the local authority’s Families Together service, a unit within the Social Policy Department of the West Lothian Council. The government website, NHS inform, states that the Families Together service, “provides intensive support for families in West Lothian who have multiple and complex needs.”⁶ According to IFSS partner reports, all referrals in the local area flow through the Families Together service. This structure is described in one report from the local IFSS partner as follows:

We have been working well with the support workers within the Families Together Team (Social Policy) and have started to see a flow of referrals into the service. Weekly feedback is being provided to referrers to ensure they are kept up to date with their clients but also to help promote what the service can do and how well the engagement is working with clients.

SCOTTISH BORDERS: LOOSELY CENTRALISED, COUNCIL-BASED

In Scottish Borders, the IFSS team worked jointly with the Parental Employability Support team to coordinate referrals with other Community Learning and Development services within the Schools and Learning Department. This structure is described as follows:

The caseworkers have been promoting the service by contacting and meeting a wide range of referring/signposting agencies. The caseworkers are now receiving referrals, the majority of which seem to be well matched to the service offer. We are taking a joint approach with the Parental Employability Support (PES) team. Weekly meetings are held to discuss and allocate referrals as appropriate across the two teams.

Collaboration with Statutory Services

The IFS services interacted regularly with statutory services in their local area. This included, for example, government agencies in the areas of public health, education, social work, and housing. All the services reported working with the National Health Service (NHS) and their local social work departments, while most reported working with local housing associations. All the services also reported working with some form of public education be it nursery, school, or college. Broadly speaking, collaboration with statutory services was part of a pattern of local networking engaged in by IFSS partners. This is illustrated in the passage below from an Our Families (East Lothian) report:

We have consulted with the local community to find out where the gaps are in provision so that we can design our service to match local need. We used a Family Group Decision Making approach, we linked with representatives from all sectors who have a remit for Musselburgh East; Health, Education, Housing, Police, Third Sector, Statutory and Educational Psychology.

This quote shows the importance of building local networks for the implementation of IFS services, as well as the diversity of services engaged in as part of a whole family approach. Table 3F shows examples of collaborative working with statutory services in each local area. The table furthermore highlights the wide variety of ways IFSS partners engaged with statutory services. There were three areas that IFSS delivery partners worked with worth discussing in greater detail: healthcare, social work, and education.

⁵ https://www.midlothian.gov.uk/download/downloads/id/4006/childrens_services_service_plan_2020-21.pdf

⁶ <https://www.nhsinform.scot/scotlands-service-directory/health-and-wellbeing-services/13255%201wlo1116>

Healthcare

The IFSS delivery partners worked with healthcare services in a variety of ways making it important for IFSS delivery partners to build relationships with myriad parts of the NHS. IFSS partners, for example, frequently made referrals to mental health services. This was common after an initial assessment. Here is an example from one local partner:

Following assessment, an urgent referral was made to the Mental Health Team. GP had already submitted a referral to the Mental Health Team but waiting times are lengthy. Hospital visits expedited support from MH [Mental Health] Team. CBT [cognitive behavioural therapy] and emotional wellbeing course not yet started due to recent events, but the parent insists that this will be beneficial and that they will complete.

This quote shows the integral nature of mental health and poverty reduction. The quote also shows another common point of contact with healthcare services: general practitioner surgeries. Overall, understanding family members' interactions with healthcare was a major factor in providing holistic support.

Social Work

Another statutory service with whom IFSS delivery partners interacted frequently was social work. As described above in the subsection on referral pathways, IFSS delivery was explicitly coordinated with council social work departments. Another way in which IFSS partners interacted with statutory social work services was when family members were assigned social workers on a legal basis. The following excerpt is from a Community Rehab Worker in one local area:

He has not yet disclosed the full detail of substance use and charges, however, I am working in partnership with Social Work. It has taken several weeks to build a relationship, and after several cancellations and "no shows" there is now a lot better engagement. Focused on simply getting to know each other through a weekly catch-up. Some of the things we talk about are his use of alcohol and drugs (which he doesn't feel to be problematic) and his relationship with his social worker. We have talked about the importance of attending contact sessions, and his social work relationship is beginning to improve.

This quote portrays the complex and dynamic nature of IFSS delivery partners' relationships with Social Work.

TABLE 3F. EXAMPLES OF COLLABORATION WITH STATUTORY SERVICES IN EACH IFSS LOCAL AUTHORITY

Local Authority	Example*	Quote
East Lothian	In kind donation from <i>East Lothian Council</i>	"We have managed to source premises in kind from East Lothian Council in the local area, which is hugely beneficial to building community connections."
Edinburgh	Referrals from <i>Home Energy Scotland</i>	"Of the four families accessing support for money management and or debt support; two were referred to Home Energy Scotland."
Fife	Resource sharing with <i>Children and Young People Improvement Collaborative</i>	"Some of the team participated in Quality Improvement training funded through ADES and delivered by Scottish Government CYPIC colleagues, this provided the team with tools for improvement that can be used for developing the project and supporting families."
Midlothian	Co-development of service delivery with <i>Children and Families Social Work Department</i>	"We work closely in partnership with the Children & Families social work department where all our referrals have been received."
West Lothian	Referrals to <i>Access2employment (West Lothian Council Employability Team)</i>	"Two of the female clients attended the Women N2 Work (WN2W) Course delivered by WLC Employability Team Access2employment and offers free transformational personal development as well as working on employability skills."

Scottish Borders	Advocate for families to the <i>Scottish Borders Housing Association</i>	“We completed a Health Assessment and got a letter of support from the parent’s doctor and child’s social worker and gained Gold Priority from a local housing association.”
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*Name of collaborating statutory service is in Italics

Education

There was often an intense and ongoing collaboration between IFSS delivery partners and partners within educational services, particularly schools. Collaborative activities ranged from monitoring and supporting attendance to coordinating referrals to directly supporting children’s educational experiences in school and relationships with school staff. Here are examples from Midlothian (Example 1), Fife (Example 2), and Scottish Borders (Example 3):

Example 1: Communication with our stakeholders is ongoing and working closely in partnership with the C&F [Children and Families] social work department where all our referrals have been received. Since the return of schools after the summer break we are working collaboratively with schools and delivering individual sessions in school to young people.

Example 2: Lucy had not engaged with education or been into a classroom in around 3 years. Mum had been encouraging Lucy to try to attend however she found entering the school building very difficult and usually sat with friends outside. The strong therapeutic relationship that was devised through trust, respect, and empathy allowed Lucy to open up about what it is she found difficult in school. A strong relationship with the Guidance Teacher also allowed us to put in effective intervention with the school at the right time.

Example 3: Both daughters have been attending school but have been completely disengaged from classes. The eldest child would either not go to class at all or do something to get herself removed. I have been spending time with her in school and she feels embarrassed as the Additional Needs teachers are sitting with her for full lessons, rather than offering some support. She would rather not be in class. She has agreed to talk to some of her teachers individually, with my support, to come up with a way forward. The younger child is being bullied daily and is subjected to quite vicious verbal abuse. She was referred to Social Work last year and was on the verge of being taken into the care system.

As indicated from the quotes above, IFS services frequently made and received referrals to educational services – hence the qualification of the majority of IFSS delivery arrangements as “school-based” family services in addition to their “whole family” designation. The last quote furthermore illustrates the integrated and fluid nature of IFSS partners’ work with statutory services; work which cannot easily be sorted into compartmentalised networks of support and is, like the IFSS programme itself, lived as a “whole” network experience.

Collaboration with Targeted Services

The IFS services interact with a variety of targeted services. All six of the services are engaged with income and resource support agencies, while about half are engaged with substance abuse, domestic violence, and translation services respectively. In the case of Making It Work for Families (Fife), the IFSS delivery model explicitly includes a Community Rehab Worker employed by Fife Intensive Rehabilitation and Substance Use Team (FIRST), which facilitates access to targeted services for family members with substance abuse issues (see Table 3G).

TABLE 3G. DELIVERY STRUCTURE OF MAKING IT WORK FOR FAMILIES (MIWFF)*

Making it Work for Families		
Team Leader, Family Support Worker; Youth Worker x2; Advice Worker; Family Learning Co-ordinator Rehabilitation Worker		
Partner Organisation	Key Worker 1	Key Worker 2 (if applicable)

Fife Gingerbread	Support Worker	Family Learning Coordinator
Clued Up	Team Leader Youth Development Worker	Youth Project Worker
CARF	Family Financial Inclusion Caseworker	
FIRST	<i>Community Rehab Worker</i>	

*Partner organisation and key worker supporting substance abuse issues highlighted *in Italics*.

Next, some of the services interacted with targeted services for victims of domestic abuse. The most common partner across these services to coordinate support for family members struggling with domestic abuse issues was Women’s Aid. There are several case studies that describe referrals to this targeted service. Finally, IFSS delivery partners in at least three local areas regularly engaged with translation services to facilitate immigrant families’ access to services. The following quote shows an example of this:

This is a new referral. The family arrived in 2019; Father has a little English, but an interpreter is still needed. Both parents work for an agency although Mother is off just now as she doesn’t have childcare. Both are keen for better, more stable employment. Father has registered for ESOL classes and will start these in January 2022.

Table 3G further illustrates the myriad way that IFSS partners collaborated with targeted services in each of their local authorities, respectively.

TABLE 3H. EXAMPLES OF COLLABORATION WITH TARGETED SERVICES IN EACH IFSS LOCAL AUTHORITY

Local Authority	Example	Quote
East Lothian	<i>Kid’s Love Clothes</i>	“Our Families (East Lothian) collaborated with the charity Kids Love Clothes to help families buy school clothes.”
Edinburgh	<i>Imagination Library</i>	“Eight families referred through Children 1st to Dolly Parton’s Imagination Library – an early years book programme to improve literacy, learning and family time in the home.”
Fife	<i>Clued Up</i>	“The Young Person forum continues to develop successfully – the young people secured £3k to revamp a space in Clued Up for young people and some of our young people are currently on their way to becoming ‘Munro Ambassadors.’”
Midlothian	<i>Bernardo’s Counselling</i>	“One of our parents has been referred to our Barnardo’s counselling service and is due to start sessions next month.”
West Lothian	<i>Connecting Scotland</i>	“Digital connectivity has also been identified as a barrier to employment for clients and the service has managed to eradicate this barrier using the Connecting Scotland programme. All four clients have now been provided with a laptop and free internet connection for two years.”
Scottish Borders	<i>We Are With You</i>	“The parent is alcohol dependent and drinks every day. They have allowed us to refer them to We Are With You, who we are making contact next month.”

3.4. CAPACITY

Were required resources in place and sufficient?

In terms of capacity, the timing of Phase One implementation was highly significant. The IFSS initiative was significantly impacted by the COVID-19 pandemic in Scotland. Uncertainty surrounding policies related to the pandemic hampered partners' efforts to start implementation as planned. The pandemic also put new pressures on families. The switch to virtual schooling created additional obstacles, such as accessing the required equipment and broadband services. New material deprivations were compounded by new psychological stresses in many cases.

Establishing Services

Across the region, the first step of IFSS programme implementation was to establish services within local communities. This included activities like recruiting and training staff, promoting services, and establishing a referral process. The capacity to establish services varied widely across the region. As discussed above, the historical context of Phase One implementation during a national crisis played role in the uneven initiation of services. After postponing the start date for the IFSS programme service delivery began in four local areas in 2020, while the other two services began in 2021 (See Table 31 below).

TABLE 31. START DATES FOR IFS SERVICE DELIVERY PARTNERS

Services Initiated in 2020	Services Initiated in 2021
East Lothian	West Lothian
Edinburgh	Scottish Borders
Fife	
Midlothian	

The first lockdown restrictions went into effect in March of 2020 but were eased in June of 2020. Less than three months later, however, lockdown policies were reinstated in September 2020. This disrupted IFSS implementation during a critical stage. Services had commenced but were not yet fully operational. Delivery partners had not had enough time to get the basics in place. They did not have time, for example, to coordinate with local networks, establish referral pathways, engage with families, or even finish recruiting staff. In Edinburgh, for example, the limited face-to-face communication imposed by social distancing rules extended the timescale for staff recruitment and induction as well as engagement with Early Year Centres. Other IFSS delivery partners reported similar challenges. In East Lothian, the following was reported for example:

Restrictions due to Covid-19 meant that we have had a slower start than anticipated, getting access to a building took time and is still restricted, recruitment was delayed, and we are unable to use the schools as a base in the way we had hoped.

The inability to access a proper workspace – either to meet families or collaborate with colleagues – was a major barrier across all services that continues to the present day. School closures presented serious capacity issues across the region. The ability to coordinate referral pathways and engage with families was significantly hampered in East Lothian, Edinburgh, and Midlothian. In Fife, school closures had less of an impact owing to Making It Work for Families pre-existing relationships with partner schools.

The services that started in 2021 faced fewer disruptions and fewer challenges during the initial stages of IFSS implementation. The Scottish Borders, for example, were able to establish services relatively quickly, as described below:

The caseworkers have been promoting the service by contacting and meeting a wide range of referring/signposting agencies. They are now receiving referrals, the majority of which seem to be well matched to the service offer. We are taking a joint approach with the Parental Employability Support (PES) team. Weekly meetings are held to discuss and allocate referrals as appropriate across the two teams.

In general, remote working made it difficult to initiate and sustain engagement with families, as described in a 2021 report from West Lothian:

At the moment the service is still being delivered remotely and advisers are contacting clients via telephone and email. Although the service is managing to operate this way it is thought that it does create a barrier when advisers are trying to keep clients engaged.

In West Lothian, in-person services had yet to resume at the end of 2021, while remote working continues to impact all six services.

Coordinating Services

The capacity of IFSS partners to coordinate service delivery depended on a variety of factors. Whether or not a service had pre-existing community relationships was a critical factor. Three of the IFSS partners had strong pre-existing links to local networks. In Fife, Making it Work for Families benefitted from strong social infrastructures with key partners that predated the onset of IFSS programming. Making it Work for Families also engaged in coordinating activities with educational services. The Fife team also participated in a program to improve attendance through their local CYPIC network. As the passage below illustrates, participation in local educational networks facilitated access to new knowledge and family support resources:

Our approach to coordinating activity with Education has been greatly supported by our involvement in the ADES project which is a national Quality Improvement project supporting local authorities all over Scotland to implement, test and scale up new ideas to improve attendance and engagement. This has been a really positive experience and has given the team tools, resources and new ideas that we will now 'scale up' to benefit families. By focusing on one family to understand their situation, the system affecting them and identifying successful changes we are now in a position to use this approach with other Schools.

Participating in educational projects was an effective strategy for building relationships with schools and families. Our Families (East Lothian) focused on building links by attending important school events, such as Annual General Meetings, and by participating in key meetings, such as Child Planning Meetings and Social Work Meetings. The capacity of Our Families was further amplified by council support, reporting that they had, "managed to source premises in kind from East Lothian Council in the local area, which is hugely beneficial to building community connections." Having a space to meet and work embedded in the community greatly increased Our Families' capacity to work with local partners and support families.

Maximise! Early Years' (Edinburgh) capacity to coordinate services was impacted by remote working. Initially access to Early Years Centres was unavailable, limiting their efforts to coordinate services. Despite being in a state of constant flux, the Maximise! team persisted in their efforts to build relationships with EYC staff. As the report excerpt below shows, these efforts bore fruit after a few months:

Increased engagement in school/nursery for the children and young people being supported. Our approach to referrals has been to seek permission to engage with EYC Centre staff and attend GIRFEC Child Planning Meetings in a supportive capacity where possible to ensure we can capture needs, strengths and progress towards outcomes as a collaborative team with and around the family.

This quote once again demonstrates how working with school-based groups builds social capacities for service delivery. In Midlothian, West Lothian, and The Scottish Borders delivery partners built coordinating capacities primarily through collaborations with the local council, to varying degrees of success. In Midlothian, Together for Positive Change, reported the following:

We have consolidated our links with our local authority partner Midlothian and established a stakeholder group. We have networked virtually and in person with other agency professionals including 4 schools across Midlothian, Parental employability service, HomeLink, Community lifelong learning and wider early Intervention Service.

Supplementing Services

Another important capacity-building activity across the IFS service delivery partners was supplementing service delivery with additionalities ranging from salary support for personnel to digital devices to food vouchers. The IFSS teams collaborated with local partners and community networks to facilitate access to resources. This was especially important for services during the winter months, when many families needed basic goods, such as food, housing, and gas.

Across all services, the unique needs created by the pandemic prompted services to forge new relationships for access to specific resources, especially digital devices. Most of the IFSS delivery partners facilitated access to digital devices at some point. Devices became essential during the pandemic to attend school and find work. In The Scottish Borders, for example, “Children were home schooling on mobile phones. iPads via Connect Scotland have now been provided for both children.” Overall, the provisioning of devices enabled access to a critical resource and alleviated stress within the family unit. Take, for example, the following report from West Lothian:

She was finding it hard to do anything at home as she had no IT, so I signed her up for the Digital Inclusion project and she was given a notebook to use and Internet for 2 years. She was over the moon with this, and we have now been looking into courses.

This experience was typical given the high number of needs presented by the national crisis of the COVID-19 pandemic. One consequence of social distancing policies was an increased focus on digital inclusion – in fact, the majority of IFSS delivery partners reported working with Connect Scotland. In many areas, IFSS delivery partners accessed extra resources during the holidays as well. Making It Work for Families (Fife), Our Families (East Lothian), and Maximise! Early Years (Edinburgh) all reported additional activities during Christmas and Easter.

3.5. Perceptions

Did staff think they were able to implement the activities as planned?

There was widespread agreement amongst IFSS staff that the national crisis prevented the implementation of activities as planned. This is unsurprising since the plans were finalised before March 2020, the official start of the pandemic. From this point forward restrictive social distancing policies were intermittently implemented and then repealed multiple times throughout the next two years. Lockdown restrictions severely hampered service delivery, especially for those services that started in July 2020. The disruption to services was exacerbated by inconsistent government directives, waves of infections, and school closures (See Section 3.4). According to the analysis of one staff member:

I suspect we are already hampered in achieving these outcomes as time is a key factor. In the context of the last year, we have been at a disadvantage in this respect as we have experienced four months of lockdown and restrictions which has significantly delayed progressing work with families. As we have re-engaged with families from March/April we have found that a number of

our families have been in crisis and we have had to put in significant support to re-establish routines; relationships with schools, etc, to stabilise the family situation.

This quote illustrates the uncertain policy environment in which Phase One implementation took place. Interviews with IFSS staff do, however, indicate the situation is changing. All six partners reported increased stability of services and agreed that IFSS delivery was now “up and running.” Furthermore, all noted significant improvements in collaboration amongst staff and with local partners. All six services also noted improvements in the quality of their services, which was largely attributed to the resumption of face-to-face work.

Communication with stakeholders about referrals was another challenge mentioned by multiple partners. In one area, incomplete information from the referring team diminished the team’s ability to engage with families. In other cases, the referrals were focused on a specific family member but did not consider the family as a unit. In all cases where this was an issue, the referral processes have since been improved.

Finally, another issue was the degree of deprivation experienced by families in some areas. In Midlothian and The Scottish Borders, families had much more serious needs than originally expected. Take, for example, the following descriptions from Midlothian.

Most of our families are Stage 1 or Pre-stage 1 in the employability pipeline and the focus of our work in the early stages tends to be on stabilising the family situation and placing a focus on the referring issues around the child.

This quote illustrates some of the unexpected challenges faced by IFSS delivery partners dealing with higher levels of deprivation than originally anticipated. Similar reports were made by Scottish Borders as the following quote portrays:

Challenges include access to resources to support families, such as counselling, mental health assessment and support, local support groups, etc. In the majority of cases, there are still challenges and issues which need to be resolved before progression to employment and/or education can occur. However, all families are engaging well and speak in an optimistic way about future opportunities.

4. EVALUATION OF FAMILIES

4.1. Overview

Taken together the six IFS services have exceeded the target numbers of families and individuals to engage with and were, by and large, successful in reaching the target groups identified in the “Service Specifications” document. The characteristics of families enrolled in IFS services (see 4.3 in this section) provide insight into the wide range of vulnerabilities that families enrolled in IFS services experience. The issues surrounding housing and mental health may be of particular concern. More research is needed to fully gauge the extent of these issues within each local area. The figures and evidence featured in this section of the report are supported by data provided in Appendix B.

TABLE 4A. UNITS OF ANALYSIS, RESEARCH QUESTIONS AND DATA COLLECTION FOR EVALUATION OF FAMILIES

Unit of Analysis	Research Question	Data Collection
Engagements	<i>How many families were reached? How many individuals?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts
Characteristics	<i>What are some of the characteristics of families enrolled in IFS services?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts
Targets	<i>Did IFSS partners reach the intended target groups?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts

4.2. Engagements

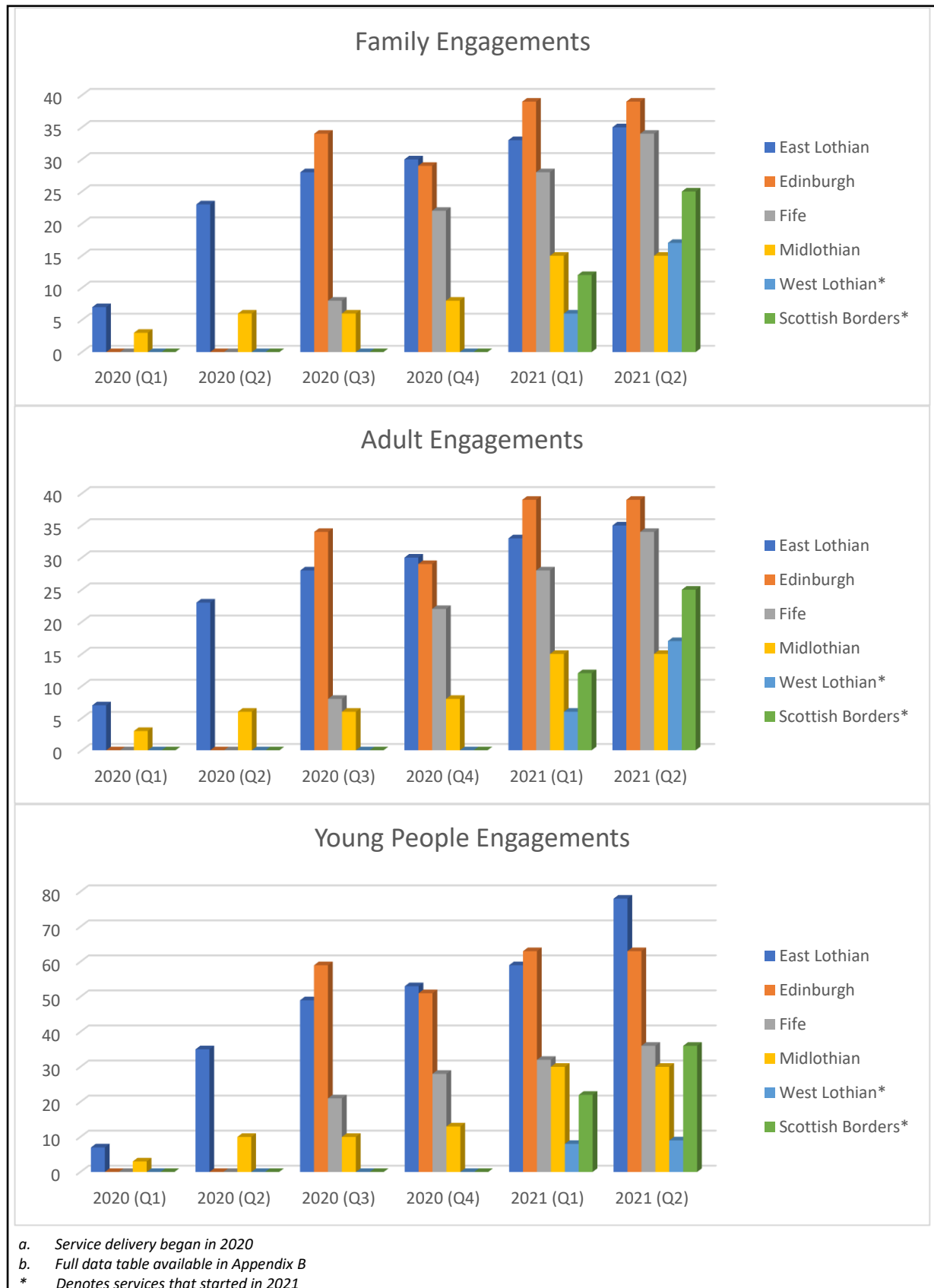
How many families were reached? How many individuals?

At the outset of the IFSS initiative, there was a goal set to engage with a total of 116 families. By the end of 2021, IFS services across the region had already recorded 144 family engagements. This means that the IFSS initiative achieved its target engagement numbers by roughly one-fifth to one-quarter. The top bar chart in Figure 4A illustrates the progression of family engagements from the second quarter of 2020 to the third quarter of 2021 (see Appendix B for data tables). As the bar chart shows all six IFS services show a linear increase in family engagements over time. This indicates that services, after being established, saw a steady inflow of referrals. This is reflected in the qualitative data previously discussed.

Similar patterns were reflected in IFSS engagements with both adults and young people. Individual support is a critical component of the whole family service model. At the outset of the project, the IFSS initiative set a goal of 381 individual engagements. By the end of 2021, there were a total of 419 individual engagements recorded by IFSS delivery partners meaning the IFSS target was met in this case as well. Figure 4A distinguishes individual engagements by adults and young people. Of the 419 individuals engaged in IFS services, 165 were adults and 252 were children and young people. As would be expected the bar charts show a steady progression of engagements with both groups from the second financial quarter of 2020 to the end of the third quarter of 2021.

While the engagement data shows successful completion of the target goals it is not recommended that targets be reset to reflect a higher rate of engagements per quarter. These numbers included initial onboarding which tend towards dramatic upticks when services are first established. Instead, these results indicate that engagement targets are “just right” and do not require adjustments for the next phase of implementation.

FIGURE 4A. IFSS ENGAGEMENTS OVER TIME, PHASE ONE (2020 -21)^{ab}



4.3. Engagement Characteristics

What are some of the characteristics of families enrolled in IFS services?⁷

The families engaging with the IFSS project are some of the most disadvantaged in Edinburgh and South East Scotland. As indicated at the outset of the project the common thread tying together all families enrolled in the IFSS initiative is “entrenched worklessness and poverty.” This report can confirm that this was the case, meaning **economic hardship was a commonality amongst all families working with IFS services across all six local authorities**. For many families, high levels of debt, rising costs for basics like food and clothing, difficulties accessing benefits, and budgeting woes related to inconsistent employment all contributed to an ongoing cycle of financial hardship. This was central to engagements across the spectrum of IFSS delivery partners. The quote below describes a typical engagement:

The caseworker arranged appointments with both parents to explore the level of debt and form a plan to tackle this. He also did a benefit check and supported Mum to apply for benefits she is entitled to but hasn't claimed. Both actions are still in progress but once achieved they will relieve money-related anxiety for both parents and will provide the family with more disposable income. At present, the family are linked in with a food-sharing charity to supplement their weekly shop due to money being tight.

There were several other common themes in terms of characteristics of engagements in addition to economic hardship also worth noting. These include a prevalence across all six services of lone parenting, family members with mental health issues, and a lack of access to adequate housing. In addition to financial struggles, across all six local areas, there were many families enrolled in IFS services in which one parent cared for multiple children. In one local area, the following was reported:

All of our parents are lone parents and as such employability options and learning opportunities will need to be looked at alongside their parenting and childcare commitments. A couple of our parents have health issues which will also hamper what activities they can be involved in relation to learning/work.

While there was only one delivery partner that engaged exclusively with lone-parent families, enrolment patterns reflected an overrepresentation of lone-parent families in every local area. Overall, **more than two-thirds of enrolments were lone-parent families**. This quote, as well as the one below from a different service area, demonstrates some of the challenges associated with lone-parent families:

The lone parents that staff are working with are starting to identify their own self-worth. This is increasing all the time and they are becoming more willing to take the steps outside their comfort zone.

As the quotes above indicate lone-parent families faced many issues related to mental health. This was hardly unique to lone parents. **Mental health issues were a commonality amongst families engaged with IFS services in all six service delivery areas**. This was true for both parents and children. One case report describes a lone-parent family in which the parent “struggles with mental health” and the two children both have “behavioural difficulties.” This portrait of mental health within families was typical of those enrolled in IFSS whether one or both parents were present. Feelings of worthlessness and depression were common. As one report relayed:

⁷ Note that the location and names of the services have been de-identified to protect the confidentiality of families and children.

Mother has the opinion that she is 'nothing, worthless and doesn't matter', and this is something we are working on, slowly.

At the same time, the degree to which mental health impacted individual and family behaviour varied significantly. Of particular concern, was one local area in which over 30% of family engagements involved a case of attempted suicide. Finally, there is a precarious relationship between mental health and employability as indicated by the following quote:

The client has been trying to meet targets with a sales position but consistently fails to do so, which is compounding his poor mental health and issues with self-esteem.

This was hardly the only evidence of complicated relationships between employment, mental health, and poverty. Another IFSS delivery partner described in detail a situation involving a young mother that attempted to return to the workforce before she was ready and, consequently, experienced an ever-greater setback. This aspect of IFSS should be carefully monitored moving forward.

Another characteristic of all IFS services was engagement with families struggling with access to adequate housing. Overall, **between 60-70% of family engagement time involved dealing with a serious housing situation.** The IFSS key workers involved in advice work spent most of their time addressing either financial issues or housing issues. Here, a typical example is reported:

The Advice Worker is also working hard to address the housing situation for the family. There are currently 2 adults and 3 children, aged 2- 12, in a two-bedroom property. Mum had previously tried to raise this with the council but due to the property being situated near the boundary of two local authorities she struggled to get an answer.

This quote above illustrates the precarious situation of many families who, in essence, require a professional to advocate on their behalf to access basic housing. And in too many cases, caseworkers were unable to make a difference. In other instances, caseworkers were systemically successful. This was the case in one local area where more than half of IFSS delivery activities in one quarter included advocacy for proper housing. This example is described in the passage below:

The flat is in a very bad area and being on the 2nd floor makes it very difficult to get the family up and down the stairs. We completed a Health Assessment and got a letter of support from parent's doctor, child's social worker and gained Gold Priority from a local housing association. The family were subsequently offered a 2-bed semi-detached home and should move in next month.

While the efforts of IFSS delivery partners are laudable in this regard, these examples point to a broader trend that is quite troubling. In the case above, it was the family doctor and the IFSS caseworker, and not the family, that was empowered to make decisions about access to housing. This suggests that, when it comes to adequate housing, families are at the mercy of individual professionals who may or may not be able to successfully advocate on their behalf.

Finally, **three of the six IFSS delivery partners reported working with immigrant families** who had specific issues related to housing. Immigrant families appear to be at higher risk of exploitation by private landlords:

The family were initially staying with a relative, all in one bedroom; they then signed a lease with a private landlord for a property that is too small for them on the understanding that it was a temporary lease. It was a permanent lease. I have spoken to the firm responsible for this, and they are aware of the family's understanding that they were signing a temporary lease. They will not be held to the contract. We registered the family with local housing associations, and with the support of the homeless team and weekly bidding, we hope to secure a permanent secure let in the next few weeks.

As this passage describes, language barriers open opportunities for exploitation in housing that are particular to immigrant families. At the same time, it should be noted that the exploitation of families by private landlords was rampant regardless of immigration status.

Next, many family members struggled with substance abuse. **Five of the six services reported regularly engaging with families that had at least one member dealing with serious substance abuse issues.**

Despite such overwhelming challenges, many of the IFSS partners were successful in helping families progress towards education and employment goals. Here are three examples from different local areas:

Example 1: Child was removed from parent’s care due to alcohol dependency but has since been returned and with support has been doing much better. Both parent and child are doing really well. Parent has engaged fully with support, has ceased drinking alcohol and now feels able to consider higher education or employment.

Example 2: The 2.5 year old now goes to nursery full time and is really flourishing there. The 1-year-old will get 16 hours of child care per week through social work. Parent has decided she will do a volunteering qualification at this time to allow her to gain some work experience, with a view to going to college when her youngest is 2 and can attend full-time nursery. Parent is very open to support and wants to do her best for her children.

Example 3: Since working with [Sam] we have focused a lot on his own barriers, mainly his reluctance to education. He was frequently truanting and showing a “negative attitude”. Sam would often have positive relationships with professionals but did not place any value on any support that they wanted to give and would often be very dismissive when you would challenge “poor choices or negative behaviour”. However, after a few months, he has become fully engaged in his education and showing a much better attitude – respecting himself, others and his own learning.

4.4. Engagement Targets

Did IFSS partners reach the intended target groups?

Each of the IFSS delivery partners identified target groups at the outset of this project (see Table 4B). The majority of IFSS partners succeeded in reaching their intended target groups with the exception West Lothian where the IFSS programme operated as a supplemental service and, therefore, did not engage with children and young people as a part of a holistic family support approach (see Appendix B for young person engagement data).⁸

TABLE 4B. SUCCESSFUL ACHIEVEMENT OF ENGAGEMENTS TARGETS BY LOCAL IFSS DELIVERY PARTNER

Local Partner	Target Group	Target Group Reached?
East Lothian	Families with primary aged children	Yes
Edinburgh	Families with at least one child aged 0-5	Yes
Fife	Families with at least one child in S1 or S2	Yes
Midlothian	High risk families with at least on child 0-16	Yes
Scottish Borders	Vulnerable families with young parents (under 25)	Yes
West Lothian	High risk families with child 0-16	Partial

⁸ There is an existing family support service in West Lothian with whom IFSS delivery partners coordinated.

5. EVALUATION OF OUTCOMES

5.1. Overview

A full review of the implementation of IFSS Phase One (2020-21) shows that, despite facing a wide range of unexpected challenges, short-term outcomes have been achieved. The short-term outcomes were identified using the IFSS Logic Model (see Appendix A). Likewise, the key performance indicators (KPIs) have improved over time.

TABLE 5A. UNITS OF ANALYSIS, RESEARCH QUESTIONS, AND DATA COLLECTION FOR EVALUATION OF OUTCOMES

Unit of Analysis	Research Question	Data Collection
Short Term Outcomes	<i>Have short-term outcomes been achieved?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts
Key Performance Indicators	<i>Have key performance indicators improved over time?</i>	Specifications, Quarterly reports, CaseLink Data, Artefacts

5.2. Short Term Outcomes

Have short-term outcomes been achieved?

Overall, all short-term outcomes laid out in the “IFSS Logic Model” have been achieved. Evidence for achieving these outcomes has been described in detail throughout this evaluation report. For each of the seven outcomes below, there is a brief statement that follows indicating whether that outcome has been achieved and which sections of this report the reader may refer to for evidence of that achievement.

Outcome 1: Development of a consistent regional approach to supporting lone parent, low-income, and workless families to progress

Yes, there is ample evidence of a consistent regional approach to supporting lone parents, low-income, and workless families to progress. Please see Section 3.2 of this report for more information.

Outcome 2: Enhanced engagement with lone parent, low income, and workless families

Yes, the IFSS delivery partners across the region have enhanced their engagement with lone parent, low income, and workless families. For evidence of this outcome being achieved please see Section 4.3 of this report.

Outcome 3: Develop trusted relationships; promote independence and raise aspirations for adult children and young people in each family

Yes, the IFSS delivery partners across the region have developed trusted relationships and promoted independence and raised aspirations for adults, children, and young people in families within each local service area. For evidence of this outcome being achieved please see Section 3.2 of this report.

Outcome 4: Increased engagement in school/nursery and raised attendance levels for children and young people being supported

Yes, the IFSS delivery partners across the region have increased engagement with educational services and contributed to raised attendance for children and young people. For evidence of this outcome being achieved please see Sections 3.3, 3.4, and 5.3 of this report.

Outcome 5: Provision of advocacy for families to enhance engagement with relevant, additional services, such as Local Authorities, DWP, Social Work, Housing

Yes, the IFSS delivery partners across the region enhanced engagement with statutory services. For evidence of this outcome being achieved please see Sections 3.3., 3.4., and 4.3. of this report.

Outcome 6: Increased number of participants engaged in further/higher education and training activities

Yes, the IFSS delivery partners across the region have increased participation in further education and higher education and training activities. For further evidence of this outcome being achieved please see Sections 3.3. and 5.3 of this report.

Outcome 7: Increased money management skills for both adults and young people

Yes, the IFSS delivery partners across the region have increased money management skills for adults and young people. For further evidence of this outcome being achieved please see Sections 3.3. and 5.3 of this report.

5.3. Key Performance Indicators

Have key performance indicators improved over time?

As the table below indicates, there was an overall increase in the key performance indicators (KPI) across the board, but not much success achieving KPI targets identified at the outset of services. A careful review of the specification documents and interviews with IFSS staff regarding KPIs revealed that KPIs were not adjusted to reflect challenges associated with the national crisis related to the COVID-19 pandemic. This review also revealed that the selected KPIs do not adequately measure the outcomes of interest. It is strongly recommended that these be reviewed and revised for Phase Two.

TABLE 5B. ACHIEVEMENT OF KEY PERFORMANCE INDICATORS

Key Performance Indicator (KPI)	How many IFS services achieved <u>at least a 70% completion rate</u> of KPI targets identified at the outset of services?	
	1-3 Services	3-6 Services
Money Management		✓
Debt Reduction		✓
Adults in FE/HE	✓	
Adult Job Outcomes	✓	
Young Persons Educational Outcomes		✓

KPI 1: Number of individuals with improved money management skills

Yes, the number of individuals with improved money management skills has increased.

KPI 2: Number of individuals no longer affected by debt as a barrier to social inclusion

Yes, the burden of debt has been reduced overall. While this was difficult to track in absolute terms, the IFSS delivery partners kept careful track of income maximisation which supplemented this indicator.

KPI 3: Number of adults entering further education (FE) or higher education (HE)

Yes, the number of adults entering the educational services has increased.

KPI 4: Number of adults with job outcomes

Yes, the number of adults entering the educational services has increased.

KPI 5: Number of young people achieving an education, training, or employment outcomes

Yes, the number of children and young people achieving education, training, or employment outcomes has increased.

6. Conclusion and Recommendations

This evaluation of services was focused on understanding and assessing the implementation processes of the Intensive Family Support Services (IFSS) initiative during the Phase One (2020-21) period. The body of evidence documented in this report indicated that IFSS programme implementation is progressing according to plan. In the first section, an analysis of service delivery activities showed whole family, adult, and young people activities were, for the majority, being implemented with fidelity to service specifications. Importantly, these activities reflected the basic IFSS “whole family” approach, which focuses on the social aspects of deprivation. This section also examined the variability and capacity of the six IFSS delivery partners to implement the programme as intended. Analysis showed significant variability across the IFSS partners in terms of their service delivery structures, target groups, referral pathways, and collaborations with statutory and targeted services. The analysis also revealed differences in the capacities of the six IFSS partners to establish, coordinate, and supplement services.

The next section examined engagement with families across the six IFS services. Altogether the findings of this report showed that, during Phase One (2020-21) of IFS service programme implementation, the target number of families and individuals to engage with was exceeded. In this section, evidence is also presented that shows the six IFS services were, by and large, successful in reaching the target groups identified in their specification documents. Finally, this evaluation of the Phase One (2020-21) implementation of the IFSS programme showed that the short-term outcomes outlined in the IFSS Logic Model have been achieved and that key performance indicators improved over time.

Based on this analysis of IFSS implementation during Phase One (2020-21) four recommendations can be made moving forward:

- 1. Key Performance Indicators (KPIs):** The evaluation of the KPIs set forth in specification documents (e.g., debt reduction) do not adequately reflect the activity outcomes of the six services in terms of financial inclusion support. More to the point, feedback from IFSS staff in both written reports and interviews revealed that income maximisation could be better accounted for by monitoring support for accessing benefits and housing. Work with benefits was integral to alleviating financial hardship because it provided expanded access to entitlements afforded by social policies. Yet the KPIs did not formally track data related to benefits work. Likewise, helping families access adequate housing was a major activity engaged in across IFSS delivery that was directly related to the amelioration of economic stress. Thus, the next recommendation is to reconsider the KPIs for understanding financial inclusion activities within family support services. In addition, there were issues with the existing KPIs themselves. Analysis indicates that the language used for some of the KPIs was unclear and difficult to track in empirical terms. Overall, KPIs need to better align with service activities that improve families’ economic conditions which are, based on the evidence presented in this evaluation, closely related to social benefits and the provision of housing.
- 2. Assess embedded services:** The evidence presented in this document strongly suggests that IFSS delivery is greatly aided by coordinating and collaborating with existing services. Put differently, embedded service delivery is integral to the effective implementation of the IFSS programme. This is not, however, monitored or assessed in a systematic way. Moreover, there is some concern that inconsistency with embedded services will lead to the discontinuity of services. There is a particular concern in East Lothian where services have been greatly supplemented by other, timebound, funding streams. Put differently, IFSS delivery is being supplemented in some places by financing that has an endpoint, and it is unclear how the same level of service can be provisioned if and when this support ends. Overall, further assessment and monitoring of coordination with local services is needed to ensure continuity of IFSS delivery over time.

- 3. Engagement Criteria:** Analysis of variability across the services revealed potential advantages for narrowing the scope of criteria for family engagement. This was particularly vivid in the cases of Making It Work for Families (Fife) and Scottish Borders Intensive Family Support. In Fife, Making It Work for Families targeted a very narrow range of families based on both the age of the children and a particular social barrier within a fixed geographical area. This approach appears to have afforded these partners several advantages. First, the IFSS partners that targeted a narrower range of criteria to identify families for service engagement were able to build a supportive community network more quickly and efficiently. It was, for example, easier to advise and coordinate with local partners on how to identify families for local IFS services and, therefore, easier to establish referral pathways and scale-up service delivery. Second, and in relation, IFSS delivery partners that had more specific target groups had the ability to build good reputations within their local communities for provisioning a valued service. Put differently, they became the “go-to” service for the delivery of support services to their intended target families.
- 4. Resource Allocation:** The last recommendation is to engage in a systemic review of the variable needs of IFSS delivery by local area. Not all IFS services reflect the same needs. There is concern that two of the IFSS delivery partners – namely Midlothian and Scottish Borders – are stretching their resources very thin when compared with the other IFS services. There is some indication this could be related to rural locality. Evidence suggests that a lower concentration of services is present in these local authorities, raising potential concerns in terms of the outlook of services as well. Given the current economic climate, if anything, supplementary services will be pulling back from more rural localities. More research is needed to draw any conclusions about the effects of rurality, but this is something to monitor moving forward. Based on the evidence emerging from this report regarding a significant variability in the needs of some IFS service delivery partners, it is recommended that a reallocation of resources is considered to better provisions services that need it. The IFSS programme should also consider ways to support the braiding of IFSS funding with public and private grants. Namely – how can delivery partners be supported in identifying additional funding opportunities (e.g., Best Start Bright Futures) and in submitting applications?