Children at risk of becoming not in Education, Employment or Training

An evaluation of Shelter's Knowsley Family Support Service intervention

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Acknowledgments

Main findings

Whole family support model

The family support model provided by Shelter enables multi-agency working from a wide range of partners. Housing, homelessness, financial, accommodation and educational support were specific areas of the model which yielded positive outcomes.

Housing support: Wider stakeholders described effective working relationships between themselves and Shelter to ensure that families were appropriately supported, and to ensure accommodation needs were addressed and temporary accommodation provided (if and where necessary), but for as little time as possible. As a result of Shelter, families had safe housing and parents had the confidence to manage their finances and manage their household, which resulted in increased family stability.

Positive family relationships: The whole family support model provides the opportunity for families to engage in activities together; during family interviews, both parents and children discussed the benefits of being able to undertake positive activities together. Outcomes included better family communication, stable housing, increased family resilience and family stability.

Additional support for parents: The whole family approach provides opportunity for families to gain support as a unit, whilst recognising the importance of working with parents and children on a one-to-one basis. The additional support provided to parents was felt to be particularly important by those who participated in this research. Parents described the advice that they had received from Shelter and the referrals to other support services, such as for financial advice. This resulted in increased knowledge about their rights and control of their finances, which led to an increase in housing stability and access to healthcare and other services. Longer-term outcomes associated with these changes were increased confidence and improved mental wellbeing, as well as motivation and interest in employment.

> *"I finally feel like I am in control of my money, I finally feel like I'm in control of my life, I know that I'm not going to be stuck anytime soon and I know that if I am I know the right numbers and the relevant people to talk to" (female adult)*

Successful outcomes for children

The Theory of Change for Children evidences the support provided to children by the family support model, and the outcomes and future outcomes this can achieve. One-to-one support, financial help with school-related costs, school liaison support and referrals to specialist mental wellbeing services were key components of the service model that were found to be integral to successful outcomes for children. Evidence from this research demonstrates how the service model supports children to achieve short term outcomes such as feeling accepted amongst peers, stable housing and also improved behaviour which led to them attending and enjoying school, feeling happier at home and engaging in positive activities.

> *"The only one who can bring her (daughter) out of her shell is the support worker. She'll sit and have a chat with her" (female adult)*

Impact on children's educational outcomes, resilience and happiness

The Shelter family support model provided specific support for children's education through securing new school placements, providing support with completing homework and through providing children with school stationery. Shelter also provided support to improve parental engagement with schools, including parenting and confidence skills, support with communication via attending meetings with schools, and the promotion of positive engagement with schools. In the longer term this improved educational attendance and attainment, engagement in positive social behaviour and improved health. These outcomes can lead to reduced level of NEET and potentially a decrease in anti-social behaviour.

> *"The support worker used to do reading with her...she used to come and help do homework" (female adult)*

Family stability: The findings from this research demonstrate that the positive impacts of the service model on family stability had important implications for children attending school. Prior to engaging with the service, families described how parental depression and frequent house moves meant that children were unhappy and did not want to attend school, or that they did not attend due to the chaotic nature of their lives.

> *"It was horrible, it was hard [before Shelter]. I remember being off school all the time, for months" (young person, 21)*

Resilience and happiness: Parents described the improvements in children's mental wellbeing that had occurred as a result of the support provided by the Shelter family support model. Parents described how the support that they had received had improved their mental wellbeing; and recognised that this had in turn resulted in improvements in their children's wellbeing. Parents described how their children were happier because they felt happier themselves. Children were no longer witnessing their parents in distressing situations, had less responsibility and did not have to worry as much about their parents. Children described how they were also much happier at school.

> *"Like before we got this house I was getting called dumb and gypsy and everything because we moved around so much. It was just horrible I got called names like every day" (female child, aged 12)*

The social value exploration demonstrates that The Knowsley Family Support Service provided by Shelter has good value for money when considering the social benefits for the key beneficiaries. For every £1 invested into the service, £6.32 in social value is created in the first year following case closure.

Executive Summary

Introduction Children and young people who are not in employment, education or training (NEET) have become a cause for concern for both local and national government, as having a NEET status is often associated with wider forms of social deprivation. The Knowsley Family Support Service was set up by Shelter to support local families with children up to the age of 16 years who had been homeless and/or were having difficulties in maintaining a home and long term tenancy. Part-funding of the service by Positive Destinations aimed to prevent children and young people aged 4-16 from becoming classed as NEET and to ultimately prevent them from experiencing homelessness in the future. Shelter's Knowsley Family Support Service adopted a whole family support model and worked with families to develop action plans to help them maintain their home or find a more suitable home, as well as to support the children and young people to engage with education. This evaluation was commissioned by Shelter and Positive Destinations and has been carried out by the Centre for Public Health at Liverpool John Moores University. The evaluation aims to build on the findings from a previous evaluation which illustrated positive outcomes in preventing homelessness for the whole family, by looking specifically at how supporting families achieves outcomes for children and young people who are at risk of becoming NEET.

Methods The evaluation used a mixed methods approach, involving 12 depth interviews with 10 families, including 10 parents and 11 children aged eight to 21 and telephone interviews and a workshop with 18 Shelter staff and other professional partners involved in service delivery in Knowsley. A thematic content analysis of the qualitative interviews with service users, Shelter staff and wider stakeholders examined key areas including access to support, activities undertaken, support received, relationships with Shelter, outcomes achieved and recommendations for future service delivery. Five case studies were developed from the interviews with families and a social value for money exploration was conducted to explore the social benefits created by Knowsley's Family Support Service. Using the information from the qualitative research, a theory of change for the families was developed. A logic model was also developed based on the input from Shelter staff and wider stakeholders.

Findings

The challenges of the whole family support model, including strengths and weaknesses in local partnership-working and gaps in pathways to local family support services

The Shelter Family Support Service works to prevent children becoming NEET through a whole family support model and focuses on each family member. Through supporting the whole family, Shelter aims to create stable home environments. The families who participated in this research described the breadth of support offered by Shelter, which covered universal support through addressing housing needs, and medium and high levels of one-to-one intensive support with families.
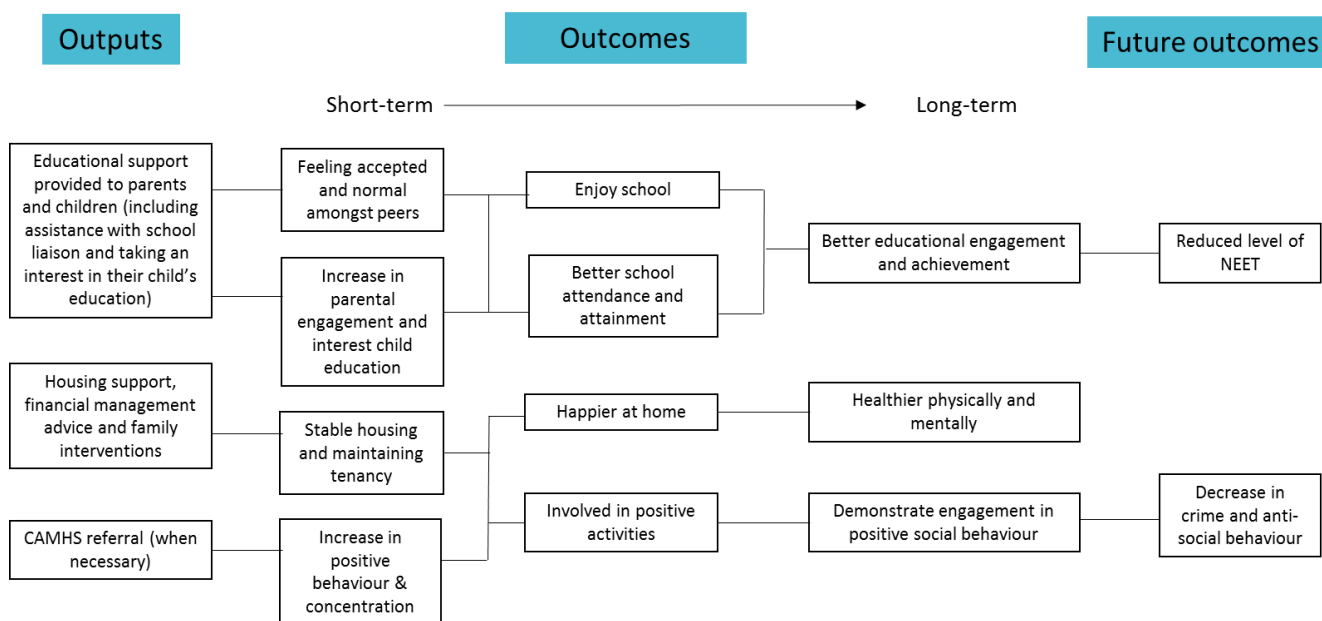
A range of themes were elicited which emerged from all research participants; these themes describe the strengths and weaknesses of the whole family support model, with specific reference to partnership working and the joined-up approach. Strengths included the initial housing support which led to wider benefits for families; stable housing led to improved wellbeing and educational attainment. The whole family model, with additional support for parents and engagement in positive family activities, was found to result in improved family stability. Access to Shelter and good partnership working were seen as further strengths leading to families being able to access specialist services. Weaknesses were identified within partnership working; these included lack of information about the purpose of Shelter provided from other services at referral point and limited external access to specialist mental health services, which meant that Shelter would often be required to provide mental health support.

Components of the service model and delivery that are integral to the successful outcomes for children

This research demonstrated that the service model supports children to achieve short term outcomes such as feeling accepted amongst peers, stable housing and improved behaviour. These outcomes were found to impact on increased attendance and enjoyment at school, feeling happier at home and engaging in positive activities. In the longer term families reported that this improved educational attendance and attainment, engagement in positive social behaviour and improved health. These outcomes can lead to a reduced level of NEET and potentially a decrease in anti-social behaviour.

Theory of change for children

Outputs	Outcomes	Future outcomes

Short-term ⟶ Long-term

Educational support provided to parents and children (including assistance with school liaison and taking an interest in their child's education)	Feeling accepted and normal amongst peers	Enjoy school	Better educational engagement and achievement	Reduced level of NEET
	Increase in parental engagement and interest child education	Better school attendance and attainment		
Housing support, financial management advice and family interventions	Stable housing and maintaining tenancy	Happier at home	Healthier physically and mentally	
CAMHS referral (when necessary)	Increase in positive behaviour & concentration	Involved in positive activities	Demonstrate engagement in positive social behaviour	Decrease in crime and anti-social behaviour

The relationship between the interventions delivered with children and families, and the impact on children's educational outcomes (attendance, attainment, aspiration and parent engagement), resilience and happiness

A number of wider benefits were elicited during the evaluation which demonstrated how the interventions delivered with children and families supported improvements in children's educational outcomes, resilience and happiness. The stakeholder engagement, qualitative research, social value explorations and analysis of secondary data were all used to develop an overall logic model, depicting the specific activities and outcomes associated with the Shelter service. This model demonstrates the wide-ranging support described above, and illustrates the associations between this support and the wider outcomes for children. Following support provided by Shelter, parents and children described how children were happier at school, had made friends and had improved confidence; this in turn helped children to better engage with education, leading to improved attendance and attainment.

Conclusion Our evaluation found that the whole family support model demonstrated effective outcomes for families. The families and stakeholders who participated in this research described the wide range of universal and specialised support that Shelter provides. The support was seen as effective due to the housing support element (support to maintain and manage housing). Families described how receiving support for housing contributed to them seeing improvements in other areas including improved wellbeing and educational outcomes.

The families who participated in the evaluation described how they were referred to Shelter from other local support services in Knowsley. A number of the parents mentioned that they had not heard of Shelter

until the referral point and were previously unaware of where they could access support. Suggesting that without effective engagement with other services, these families would not have accessed Shelter, as they would have been unlikely to directly self-refer.

Our evaluation found that one of the strengths of Shelter was the multi-agency approach and partnership working. Evidence from families, Shelter staff and wider stakeholders demonstrated that Shelter effectively engaged with wider agencies. This approach enables the service to provide appropriate and effective support for the wide-ranging problems associated with housing needs, whilst referring and engaging with specialist support agencies to provide input where required. Many stakeholders described the challenges of providing service support where resources are limited or being reduced, however, strong partnership working will reduce duplication and increase effectiveness of provision.

Many of the families who participated in this research described the support they had received from local agencies as a direct result of engaging with Shelter. Referrals to wider provision were particularly important. Most were direct referrals made by Shelter; however the service provided families with signposting to other services, with a wide range of examples provided (including referrals and signposting to the solicitor service at Shelter, GP and paediatrician, Environmental Health, Prescot and Whiston Debt Advice Centre, Housing Emergency Support Scheme, Knowsley Housing Trust, Family First, CAMHS and a programme to help adults gain employment).

This research supports previous evidence of the relationship between housing and mental health, and the wider associated mental wellbeing outcomes. Our evaluation found that the support provided by Shelter effectively addressed the lower-level mental health needs of service users. In particular, Shelter staff and wider stakeholders described how they felt that Shelter provided support to improve mental health for people who did not meet the criteria to receive specialist service support, or were not able to access support due to long waiting times with the local Child and Adolescent Mental Health Services (CAHMS).

Evidence from this evaluation emphasises the cyclical relationships between housing, health and NEET and also demonstrates the range of ways in which Shelter tackle the housing needs of families in order to provide short-term housing support. This research also demonstrates the longer-term outcomes that occur as a result of this support, which align with the Shelter Common Outcomes Framework.

The family support model provided by Shelter enables multi-agency working from a wide range of partners. Housing, homelessness, financial, accommodation and educational support were specific areas of the model which yielded positive outcomes. Wider stakeholders described effective working relationships between themselves and Shelter to ensure that families were appropriately supported and accommodation needs were addressed. As a result of Shelter's support, families had safe housing and parents had confidence to manage their finances and manage their household, which resulted in increased family stability. The whole family support model provides the opportunity for families to engage in activities together. Outcomes included better family communication, stable housing, increased family resilience and family stability. The whole family approach provides opportunity for families to gain support as a unit, whilst recognising the importance of working with parents and children on a one-to-one basis. Evidence from this research demonstrates how the service model supports children to achieve short term outcomes such as feeling accepted amongst peers, stable housing and improved behaviour. These outcomes led to them attending and enjoying school, feeling happier at home and engaging in positive activities. In the longer term this improved educational attendance and attainment, engagement in positive social behaviour and improved health. These outcomes can lead to reduced level of NEET and potentially a decrease in anti-social behaviour.

The social value exploration demonstrates that The Knowsley Family Support Service provided by Shelter has good value for money when considering the social benefits for the key beneficiaries. For every £1 invested into the service, £6.32 in social value is created in the first year following case closure.

Recommendations

Whole family support model

o   It is important to recognise that without Shelter, families may not have been referred for support and would not have achieved the outcomes evidenced through this evaluation. Without Shelter, there may remain a population of families in need of housing, health and wellbeing support who may be difficult to reach, and who otherwise would not necessarily have access to housing support. Without support these families may continue until a crisis point is reached requiring specialist health, wellbeing, housing and/or educational support. Wider stakeholders should be aware of the need to continue the multi-agency working, and adopt a whole family approach to providing support wherever possible.

o   Future provision should continue to engage the whole family in positive engagement activities, and liaise with partner agencies to engage them in such activities, wherever possible. Visibility of a wide range of agencies at events will support increased awareness and engagement with services.

o   From a social value perspective, the elements of the model that were associated with positive changes for families, children and parents were: facilitation of family activities; housing support including financial management advice and assistance to deal with problems regarding home health and safety and landlord communication; one-to-one support and advice from professionals; educational support for parents (in relation to school liaison and engagement/interest in child education) and children; and specific referrals, such as to CAMHS, when necessary.

o   Families associated wider benefits with initial housing support. Future provision should continue to invest in the housing support element, including support to manage and maintain tenancies.

Service access and awareness

o   The depth of issues families associated with their housing need suggests that self-referral may not be the most appropriate route for families to access Shelter and further highlights the importance of multi-agency working. All agencies should be made aware of the crucial role they have in terms of referring families to services.

Partnership working

o   Wider agencies should be made aware of the importance to continue to engage and collaborate. Disseminating the findings of this evaluation would be one approach to support this.

o   It was difficult to determine the amount of contribution (attribution for social value) by wider stakeholders and agencies. Shelter should consider monitoring contribution from stakeholder organisations and partner agencies by tracking the time that they spend supporting families, parents and children and the level of support that they have afforded. This will be valuable for any future social value exploration of the service to assess level of attribution.

o   New and/or existing services should work to address effective working practices between the Liverpool and Knowsley boundary, in order to better support families who move between areas. Improved awareness of the problem, positive stakeholder relationships and clear communication would be integral to this approach.

- o Ensure wider agencies are aware of what services Shelter provide to ensure appropriate referrals are made and fall in the remit of Shelter's service provision.

A gateway to other services

- o It is recommended that all partner agencies are aware of the gap that Shelter filled in terms of identifying and engaging with these families. Without Shelter, these families may have not received the support that they require, and may have continued with poor housing, health and mental wellbeing until they reached crisis and required high-level specialist support.

Mental health

- o Stakeholders described how sometimes the families they supported were in need of more specialist mental health support than they were able to offer, and that access to these services was often limited. This finding highlights a positive point, in terms of Shelter supporting families who otherwise may have not received support, but also highlights a recommendation for wider agencies and mental health services to consider how families (either adults or children) can access more specialist mental health support.

Data monitoring

A number of limitations were acknowledged throughout the research process, particularly in terms of missing data.

- o It is recommended that Shelter increase the effort to administer assessments to enable impact to be demonstrated. This is especially important for the children's educational and child star chart assessments where there were a lack of secondary data to analyse for outcomes.
- o Shelter should also consider additional assessments to capture and monitor all outcomes that were demonstrated through this research, such as health (of both parent and children), avoidance of children being taken into care and the change in quality family time spent together.

Contents

1. Introduction

1.1 Context of Research

Children and young people who are not in employment, education or training (NEET) have become a cause for concern for both local and national government, as having a NEET status is often associated with wider forms of social deprivation[1]. The Department for Education[2] estimated that from October to December 2014, 13.1% of young people aged 16-24 were classed as being NEET. It has been identified that young people who are NEET often suffer from poorer mental and physical health, are more likely to engage with risky health behaviour such as alcohol and other substance use and men who are NEET are more likely to hold a criminal record than those who are not[1]. Therefore, not only does NEET status have social and economic impact and costs to the individual, it also has wider implications for society. Coles et al[3] researched the estimated lifetime cost of young people who were classed as NEET in 2009 when it was estimated that 208,000 young people aged 16-18 in England were classed as NEET. They estimated the cost of this at £1.8 million resource cost (i.e. loss to the economy, welfare loss to the individual and the family and loss of resources or opportunity cost to society) and a public finance cost (such as jobseekers allowance, housing benefits and reduced income tax yields) of around £1.7 billion[3].

Through discussions with education practitioners in mainstream state education and the third sector, Menzies and Baars[4] identified a number of ways that young people could become disengaged with education and potentially become NEET. They argue that "'pushed out' learners appear to be characterised by a common set of key 'missing pieces' such as feeling hungry and unsafe; lacking social strategies to navigate their way through large schools or struggling with low literacy and numeracy"[4]. They suggest that it is often a combination of these factors that could lead a child to becoming NEET, and that supporting children who are disengaged with education should aim to address numerous factors. This is because it is often the case that whilst some of these issues may not initially contribute to a child becoming NEET, they could potentially become a consequence of the NEET status and make it more difficult to overcome. Menzies and Baars[4] also discuss how if these factors are identified early and appropriate support is put into place, such as additional learning support or 'nurture groups' which help with social exclusion, then the risk of these children becoming NEET is significantly reduced. Their work also identifies how factors outside of education (such as a stable home life and the effects of poverty) can impact on how a child engages in school and thus their educational attainment. After controlling for age, sex, race, social class and family status, a study from the US demonstrated the relationship between child homelessness and poor academic performance[5]. More recently, a major investigation by Shelter and NatCen[6] found that children in Britain living in 'bad' housing (insecure or poor conditions) compared to adequate housing were almost twice as likely to attain no GCSEs and more likely to not attend and/or be excluded from school, experience stress

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[1] Public Health England (2014) Local action on health inequalities: Reducing the number of young people not in employment, education or training (NEET). Available from *http://www.gov.uk/...data/.../Briefing3_**NEETs_health_inequalities**.pdf*

[2] Department for Education (2015) Statistical First Release NEET Quarterly Brief – October to December 2014 [26/02/15]. Available from http://www.gov.uk/government/statistics/neet-statistics-quarterly-brief-october-to-december-2014.

[3] Coles B, Godfrey C, Keung A, Parrott S and Bradshaw J (2010) 'Estimating the life-time cost of NEET; 16-18 year olds not in Education, Employment or Training. Research undertaken for the Audit Commission. University of York. Available from www.york.ac.uk/media/spsw/documents/research-and-publications/NEET_Final_Report_July_2010_York.pdf

[4] Menzies L and Baars S (2015) 'The alternative should not be inferior: What now for 'pushed out' learners? Inclusion Trust.

[5] Rubin DH, Erickson CJ, San Agustin M, Cleary SD, Allen JK and Cohen P (1996). Cognitive and academic functioning of homeless children compared with housed children. Paediatrics. 97 (3): 289-94.

[6] Rice B (2006). Against the Odds. Shelter. Available at:
http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/against_the_odds

and anxiety and have disrupted sleep patterns, all of which were reported as either directly or indirectly impacted on a child's performance in school.

1.2 The Knowsley Family Support Service

Shelter set up the Knowsley Family Support Service to support local families with children up to the age of 16 years who had been homeless and/or were having difficulties in maintaining a home and long term tenancy. The service was part-funded by Positive Destinations, aiming to prevent children and young people aged 4-16 from becoming classed as NEET and to ultimately prevent them from experiencing homelessness in the future. Shelter's Knowsley Family Support Service adopted a whole family support model and worked with families to develop action plans to help them maintain their home or find a more suitable home, as well as to support the children and young people to engage with education. In terms of supporting children and young people who were at risk of becoming NEET, four key aims have been adopted by The Knowsley Family Support Service:

- Ensure that children at risk of becoming NEET recognise anti-social behaviour and are able to build supportive relationships;
- Help children understand their circumstances and the choices that they have made;
- Promote positive engagement between families and the education system, enabling children to take advantage of educational opportunities;
- Assist parents to create home environments in which school attendance and attainment are valued and homework can be completed.

Alongside these service objectives, Shelter is currently piloting a Common Outcomes Framework to explain how outcomes achieved across all its services and campaigns contribute to the organisational vision of "a home for everyone". Through the Framework, Shelter aims to move beyond simply measuring outcomes against individual service funding requirements, towards understand how the range of activities across the organisation work together to achieve its strategic objectives, thereby demonstrating value and impact, and supporting investment decisions and continuous improvement[7]. The Framework sets out a range of lower-level outcomes that work towards people "keeping", "accessing" or "improving" a home, as the three ways through which everyone will have a home.

The Knowsley Family Support Service closed its cases in March 2015 with a view to the service changing to become more integrated with the Shelter service provided in Liverpool. Therefore, this evaluation is important to consider what did or did not work well, to inform development of the family support model within Merseyside and across Shelter more widely.

1.3 Aims and Objectives

This evaluation was commissioned by Shelter and Positive Destinations and has been carried out by the Centre for Public Health at Liverpool John Moores University. The evaluation aims to build on the findings from a previous evaluation[8] which illustrated positive outcomes in preventing homelessness for the whole family, by looking specifically at how supporting families achieves outcomes for children and young people who are at risk of becoming NEET. The evaluation sought to:

- Explain the relationship between the support service interventions and the impact on children's educational outcomes (including attendance, attainment, aspiration and parental engagement, behaviour, resilience and happiness);

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[7] Shelter (2015) Common Outcomes Framework. In development.
[8] Social Action & Research Foundation (2014) Evaluating the longer term impact of Shelter's Family Support Service in Knowsley. Social Action & Research Foundation.

- Analyse the challenges of using a whole family model to support families (including identifying any strengths and weaknesses in partnership working and gaps in local pathways);
- Identify service model components and delivery that are integral to successful outcomes for families (including costs of components). It will discuss how these outcomes have been achieved for the children that have been service users with Shelter and how they align with Shelter's Common Outcomes Framework; and
- Provide recommendations for future Shelter service provision and development both locally in Knowsley, across Merseyside and nationally throughout the UK.

Throughout the report, the term Shelter refers specifically to the support provided by The Knowsley Family Support Service, unless otherwise specified.

2. Methodology

A mixed methods approach was implemented to ensure that study aims could be comprehensively addressed. A combination of a stakeholder engagement session, qualitative interviews with stakeholders, qualitative interviews with families and a social value exercise were undertaken. Ethical approval for the research was granted by the Liverpool John Moores University Research Ethics Committee prior to the commencement of the research (ethical approval 15/EHC/015).

2.1 Family interviews

Families (adults and children aged seven years and over) who had accessed the Knowsley Family Support Service at Shelter within the last year and were no longer accessing the service were invited to participate in the evaluation. Families had not been asked for consent to pass on contact details for research purposes while receiving the service, so had to be re-contacted by Shelter for consent before their details were passed to the researchers. Shelter contacted 89 families who had received support in the past year (40 families were initially contacted by letter and two telephone calls, and 49 families were contacted by two telephone calls in a second wave of recruitment). Unfortunately in the majority of cases, people did not answer repeated phone calls or phone numbers had been changed, which meant that contact details were only passed to the researchers for 16 families. Shelter and the researchers agreed that it would be unethical to repeatedly attempt contact with potentially vulnerable former service users, when they had chosen not to respond to two or three prior contacts.

A member of the research team also attended a Shelter event to discuss the research. Families who agreed to participate were given the option of speaking to researchers at the Shelter service, the researchers visiting them at home or conducting the interview over the telephone (adults only). Families were also given the option of participating in a family group interview, one-to-one interview or focus group involving other families. A total of ten families participated in the evaluation. Six families attended a Shelter event and then participated in face-to-face interviews at the Shelter service and a further four families participated through telephone interviews (adults only). This engagement yielded a total of twelve one-to-one or group interviews (see Table 1 for family sample characteristics), including 10 female adults, and 8 female and 3 male children, aged 8-21. All interviews were audio recorded to allow for transcription and a thematic content analysis. Engagement and data collection techniques (using Lego) were utilised to elicit conversations with children. Case studies were derived through the interviews with families and stakeholders. They detail different journeys for five families of the families who were interviewed that received support from Shelter.

Table 1 Family sample characteristics

Family	Number of interviews per family	Other children in family aged <5 years	Other children >5 years who did not participate	Total number of children in family	Length of support received by Shelter (weeks)	Length of time since engaged with Shelter (weeks)
1	1 adult (*f*) interview & 1 interview with two children (*f*) (age 8 & 10)	0	0	2	33	7
2	1 family interview with one adult (*f*) & one child (*f*) (age 11)	2	0	3	22	41
3	1 adult (*f*) interview & 1 interview with two children (*f*) (age 8 & 9)	0	0	2	35	22
4	1 family interview with one adult (*f*) & one child (*f*) (age 12)	1	2	4	25	21
5	1 family interview with one adult (*f*) & four children (*f*) (age 11, 12, 14 & 21)	0	0	4	49	24
6	1 family interview with one adult (*f*) & one child (*m*) (age 10)	0	1	2	35	22
7	One adult (*f*) interview	1	0	1	21	2
8	One adult (*f*) interview	2	0	2	12	4
9	One adult (*f*) interview	1	0	1	21	10
10	One adult (*f*) interview	0	1	1	13	9
Total	**12 interviews - 10 adults & 11 children interviewed**	**7**	**4**	**22**	-	-

2.2 Stakeholder engagement session and developing a logic model

Logic modelling (a form of service mapping) was utilised to provide a partnership map to illustrate the frameworks and processes in place and work undertaken with families in Knowsley. Logic models are useful tools for exploring the outcomes that occur as a result of a service and are used to inform evaluation planning and outcomes[9]. The model provides a 'theory of change' and can be used to plan, manage and evaluate key activities associated with a programme[6]. In order to develop the logic model for Shelter and the wider support in Knowsley, key partners with subject area expertise were identified and invited to a stakeholder engagement session to outline the key outcomes, activities and outputs involved in their work with families in Knowsley. The research team recommended that representatives attend from a range of services/ organisations, including the housing, health and education sector. A list of 78 local stakeholders was provided by Shelter. All were contacted by email and invited to attend the event. Seven stakeholders attended the event, and a further five provided information to feed into the logic model via a template designed to ensure these views could be captured. All stakeholders that participated in a one-to-one interview provided additional information to feed into the logic model. The logic model was developed following completion of the stakeholder event and interviews and then used to identify partnership working. Thirteen service providers within Knowsley are illustrated in the logic model partnership map, providing a range of activities to support families.

2.3 Stakeholder interviews

Key stakeholders (n=78) were invited by the research team to participate in a one-to-one telephone interview to discuss their role and experience of supporting families in Knowsley. A further five stakeholder

[9] Millar A, Simeone RS & Carnevale JT (2001) Logic models: a systems tool for performance management. Evaluation and Program Planning 24 (2001) 73-81.

contact details were provided by Shelter and 29 were identified using snowball sampling. This recruitment yielded a total of 11 telephone interviews and one provided in written format. All telephone interviews were audio recorded and findings analysed thematically. Table 2 details the stakeholder engagement (interviews and logic model), including input from housing and accommodation services, support services, children's services, education and health. This included 12 front line staff and six managers.

To boost stakeholder participation, the research team utilised snowball sampling and incorporated logic model questions from the event in the one-to-one interviews. A template form was also developed to email out to stakeholders to complete who were unable to take part in an interview over the telephone.

Table 2 Stakeholder engagement

Service type	Event	Interview	Completed logic model template	Logic model information taken from interview
Housing- voluntary	✓ 4	✓ 6	✓ 1	✓ 6
Housing- statutory		✓ 1		✓ 1
Health- statutory	✓ 1	✓ 1		✓ 1
Education- statutory	✓ 1	✓ 2		✓ 2
Social services- statutory	✓ 1	✓ 2	✓ 3	✓ 2
Other- voluntary			✓ 1	
Total: 18	✓ **7**	✓ **12**	✓ **5**	✓ **12**

The Shelter research brief requested 20 interviews with children and their families and 30 stakeholders. The research team proposed to aim to recruit 20 families or a minimum of 20 individuals and aimed to work with up to 30 stakeholders across two elements (interviews and logic model). Ten (21 individuals) of the 89 families contacted, participated in the family interviews (11.2%, which equated to 62.5% of families who agreed to be contacted). The stakeholder engagement included 18 individuals (12.8% of the 141 contacted) with information provided across the engagement event, interviews, logic model specific questions during interviews and logic model template form.

Limitations

As with any research, this evaluation must acknowledge that the approach taken to recruitment may have biased the sampling. Although this evaluation was undertaken independently, the opportunistic sampling approach undertaken, via initial contact with Shelter, may not provide a fully representative overview of service users' experiences and views. Families with positive recollections of service experience may have been more likely to take part than those without; this is a common characteristic of research and must be considered when interpreting the evaluation findings.

Recruitment aimed to engage with families who were no longer in receipt of Shelter support. As a result, some of the contact details were no longer current, and families could not be contacted. A number of families who did initially agree to participate later cancelled, or were not available at the arranged time of interview. To boost recruitment, the team over-recruited and carried out a second wave of recruitment, the team also sent reminder text messages to families and arranged telephone interviews with adults who did not wish to be interviewed in person.

A further recruitment limitation involved working with a service that was closing during the evaluation and data collection period. This was considered when developing the methods for the evaluation and throughout the data collection process. During interview analysis, care was taken to ensure that qualitative research themes reached saturation before data collection ceased.

2.5 Social value exercise

Social value has not been conclusively defined. However, it can be thought of broadly as the value of an activity or organisation resulting from the wider effects, costs and benefits for the direct beneficiaries, community, society and change in service use.

A social value for money exploration was conducted to explore the social benefits created by the Knowsley Family Support Service. Using the information from the qualitative research, a theory of change for the direct beneficiaries (children aged 5-16 years, parents and the family) was developed. Secondary data were collected from Shelter relating to cases that had engaged in the Knowsley Family Support Service with details and outcomes on: case referral; progress in family ability attributes (such as economic wellbeing, housing support needs, and a safe and stable home); Passport to Housing course; child support star chart (such as behaviour and being involved in positive activities); and an educational review tracking progress in children's school attendance, attainment and aspiration as reported by their parent and school. Progress in family ability, child support star chart and the educational review is assessed by Shelter administering scales when the case is opened, then after three months, six months and on case closure. The scales are all 1-5, where 5 equals high ability.

Progress in outcomes: Individuals were counted if they progressed in attributes by at least one score at any point during their support with Shelter. However, if cases fail to continue with their engagement or support with Shelter there is no evidence that they have been adequately supported. This is especially the case when data are not available regarding why they disengaged and outcomes of service use.

The theory of change for each beneficiary group identified key outcomes, and appropriate indicators for each outcome were decided upon. The secondary data was explored to establish the number of individuals experiencing each outcome. The secondary data was analysed relating to cases which were opened between April 2014 and March 2015 this reflects cases that received support during the 2014/15 financial year. This aligns with the time period for which the cost of service information was determined and from when we drew participants for the qualitative research. An individual was deemed to have progressed if they moved up the appropriate scale by at least one score and met the criteria set out in the indicator. For example, the outcome of 'better educational engagement and achievement' in children depends on having improved in both attendance and attainment by at least one score at any point during their case being open. We are not able to identify an impact on individuals who have not experienced a change. Therefore, the social value for money calculation discounted individuals whose score did not change across the time they were supported by Shelter. If there were no secondary data to evidence changes in outcomes, the qualitative information was used.

Cost of Knowsley Family Support Service: The value of the investment into the service was determined by costing the direct front-line delivery, which includes: salaries, related staff costs (e.g. travel expenses), communications (e.g. mobile phone costs), office costs, rent, service charges, and overheads. This data is commercially confidential, thus we cannot disclose this information in the report.

Valuing outcomes: Social outcomes are not physical commodities that can be bought and sold, but they still have an inherent value to the people experiencing them. To determine a value for the outcomes evidence from similar studies, social value databases and unit cost databases were consulted to find financial proxy values; these are estimates of the financial impact of the outcomes to the beneficiaries. Tables a-d (appendix 2) show the description of the proxy values and where they were sourced from. All proxy values are the value of the outcome for one year. The value of the outcomes is then multiplied by the number of people experiencing it.

Establishing impact: The social benefits derived from this research may not be directly attributable to the Knowsley Family Support Service; it is therefore important to establish how much of the social benefits may have been affected due to other factors. Such as the natural trend or background movement in the outcomes (deadweight) which would have happened anyway if the service was not in place, or through contribution (attribution) from other organisations or agencies. To determine deadweight, local or national data for each outcome was investigated. The level of deadweight is estimated by acknowledging that natural increases in outcomes across the local or national population indicate a high deadweight – there is a chance that the outcomes would have happened anyway in absence of the service. The justification for the levels of deadweight applied to each outcome is provided in table e (appendix 10). Attribution was ascertained by analysing the types of agencies that were involved in supporting families, and the number of cases that were referred to other agencies and closed with the appropriate support in place. Substantiation of attribution from wider stakeholders was attempted by directly asking participants during stakeholder interviews to estimate the amount of time they make available to support beneficiaries of the service. However, interviewees struggled to provide an answer to this. Levels of attribution for each of the outcomes are shown in tables a-d (appendix 2) and their justification in table f (appendix 4). The level of influence by these factors is given by a proportion or percentage and removed from the total value of the outcome.

Calculating social value: A calculation of the ratio of the investment into the service: social value was created by dividing the total value of the benefits for all beneficiaries (after accounting for deadweight and attribution) by the value of the investment.

3. Findings

3.1 The challenges of the whole family support model, including strengths and weaknesses in local partnership-working and gaps in pathways to local family support services

The family model

Previous literature has demonstrated the importance of adopting a whole family approach in order to effectively support the needs of parents and children[10]. The Shelter service works to prevent children becoming NEET through a whole family support model and aligned with the Stronger Families Initiative in Knowsley focuses on each family member. Through supporting the whole family Shelter aims to create stable home environments. Previous research undertaken with Shelter[8] cited the strengths of a whole family approach to empower families to take control of their situations through one-to-one key work. Evidence from our evaluation further supports the rationale behind this approach, in terms of addressing need and supporting positive outcomes for the family as a whole.

The families who participated in this research described the breadth of support offered by Shelter; which covered universal support through addressing housing needs, and medium and high levels of one-to-one intensive support with families.

The stakeholder engagement session yielded evidence of the relationships between the key activities and interventions delivered via a whole family support model, and the outcomes associated with these. A logic model was developed to explain the range of partners who provide support within the Shelter family model, either in terms of providing a coordinated approach to partnership working, providing financial support, or providing educational support (see Partnership Logic Model, figure 1). The logic model illustrates the range of engagement with partners and the variety of support provided.

The key elements of the whole family support model and delivery that were deemed integral to the success of outcomes for families were elicited through the qualitative interviews and the social value findings. A range of themes emerged from all research participants. These themes describe the strengths and weaknesses of the whole family support model, with specific reference to partnership working: initial access to the Shelter service, housing support provided via the family model, engagement in positive family activities, additional support for parents, family relationships and access to specialist services. These themes are discussed in detail below.

Multi-agency working is a key principle of Shelter's family support model. Stakeholders described how collaboration between agencies was vital to providing varied support. Agencies worked together to ensure the complex needs of families were met across a range of specialist and non-specialist services. It is important that clear actions are outlined and followed up when services collaborate to ensure that families do not fall between gaps if services believe each other are taking responsibility. Therefore the staff from Shelter and stakeholders discussed how maintaining good communication was imperative to these collaborations. They discussed how they would make a conscious effort to maintain these links and would often arrange multi-agency meetings to facilitate this. Information sharing between professionals requires families to provide personal data which can be difficult for many reasons including lack of trust in services. However multi-agency working was seen as essential for dealing with safeguarding issues to ensure that all those who may be involved with the family were aware of any issues to keep children safe. Again, this

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[10] Department for Children, Schools and Families (2009) Think Families toolkit. Improving support for families at risk. Crown Copyright.

relied on maintaining the positive relationships and communication with other services including social services.

Stakeholders discussed challenges in delivering their services due to funding being restricted and limited resources. They valued collaborating with other services because it meant that they were able to offer a joined up approach and combine knowledge to provide a better level of support for families who were at risk of becoming homeless.

"The problem at the moment though is all the cut backs and there's less and less services and the services that are there, their sort of referral criteria is becoming tighter and it's not as easy for them to take the referrals because of work load and case load pressures" (Health Worker)

"I would say through collaborative work with Shelter the services are able to support families on the whole and Shelter specifically are able to support families in regards to their housing conditions re-settlement and tenancy sustainment. But I would say there probably are some gaps in service provision within Knowsley due to lack of funding through government cuts" (Shelter Staff)

Figure 1 Partnership Logic Model
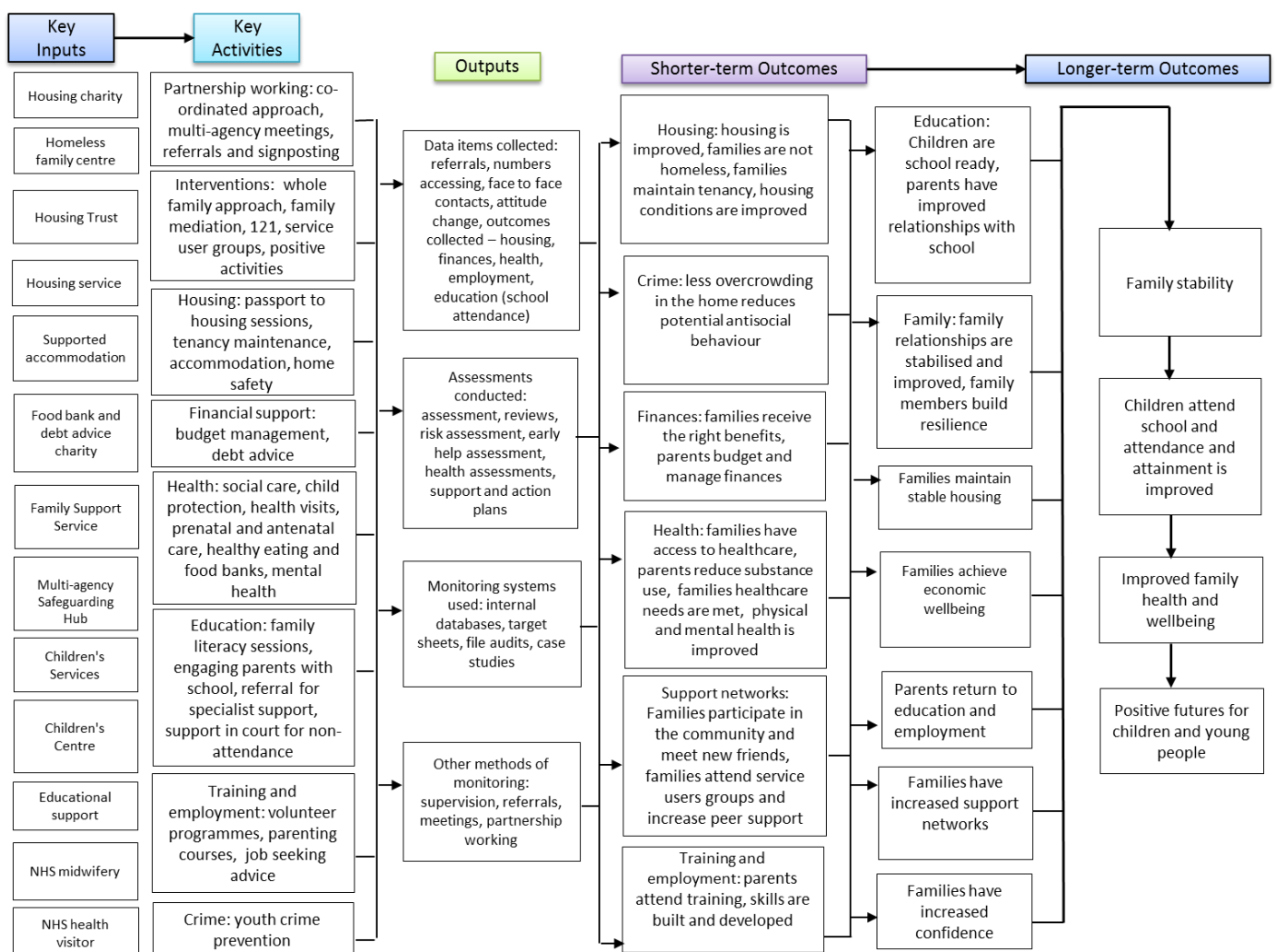
Gaps identified through the partnership logic model

A number of gaps in partnership working were identified through the logic model and interviews with stakeholders and families:

- A number of families were not previously aware of Shelter and what services were provided and some parents had the misconception that requiring support meant that they were 'a bad parent'. Stakeholders felt that communication between services and referral route was seen as important for families engaging with support. Therefore referral services may not always have enough information on the nature of the Shelter support service and what interventions are provided.
- Stakeholders described how limited funding and resources brought about challenges, particularly in terms of helping families to access the support that they required.
- Stakeholders described how sometimes the families that they supported were in need of more specialist mental health support than they were able to offer, and that access to these specialist services was often limited due to long waiting times and referral criteria.

Initial access to the Shelter service

Families were encouraged to attend Shelter through other professionals working with families in Knowsley which relies on other services having good knowledge on what the Shelter service is and what they offer to families. This links to the themes elicited through stakeholder engagement around services working in collaboration and is an important route into support for families who may not have accessed Shelter without the contact from other providers in Knowsley. The families who participated in the evaluation described how they were referred to Shelter from other local support services in Knowsley including a family support service, a domestic abuse refuge, social worker, school, housing services, health visitor and hostel.

A number of the parents mentioned that they had not heard of Shelter until the referral point and were previously unaware of where to access support. All families noted how quickly they accessed support with Shelter following the referral, which was on average between two and ten days. A number of the mothers who participated in this research described how they had initially felt apprehensive about receiving support from Shelter, with concerns that they were a 'bad' parent for needing help. Again, this communication between services and referral route was seen as important for families engaging with support.

"At first I was a bit like oh does this mean I can't look after my kids and stuff, but when I actually come in I met people who were in the same situation as me, I didn't feel alone and I didn't feel as 'I'm a bad mum', do you know what I mean, because that's how I felt at first but I don't feel like that now" (female adult, family A)

All of the families who accessed Shelter had a housing need, such as living in unsafe and unsatisfactory housing, and required specific support in terms of: communicating and tackling problems with private landlords and tenancies; being affected by the removal of the Spare Room Subsidy and not managing to afford their current accommodation; not having permanent accommodation and currently residing in hostels; or were new to the Knowsley area and needed support in finding suitable accommodation.

Interviews with families demonstrated their appreciation of a whole family service, highlighting that it was important for the whole family to be able to access support in one place and not have to attend different services for different issues. A strength highlighted was the person centred approach and close interpersonal relationships with the staff at Shelter. Crucially, families also highlighted that Shelter was the first service that was able to address numerous concerns and understand the complex needs of the families. Shelter was seen as a key collaborator by other stakeholders because of the varied support that they offer which engage the whole family. Stakeholders and families both appreciated that Shelter could provide a number of services all under one roof and this was preferred by families with multiple needs. Many of the parents noted that Shelter had considered potential barriers to accessing support and had provided additional support to avoid families from disengaging with the service, including transport to

Shelter and refreshments. Families described how this support meant that they could attend appointments and participate together in events that they would normally not be able to afford.

"Other places… would turn round and say right well I'm only here to deal with this, if you want counselling for the kids you go there. So you'd be stuck like, you are not going to access things when you are feeling down the way I was. You've got one person that deals with everything" (female adult, family E)

Housing and financial support provided via the family model

Families, service providers and stakeholders described the breadth of ways in which Shelter works with families to ensure that they live in safe and stable housing. Parents described how they accessed Shelter for support because they were at risk of eviction, living in poor housing conditions and/or for advice on debts.

The stakeholders discussed how they worked with Shelter and other local services to help prevent homelessness by providing families with support to help them maintain long term tenancies in appropriate accommodation. Stakeholders described that there were effective working relationships between themselves and Shelter to ensure that support is provided for these families, and to ensure that they are in temporary accommodation for as little time as possible.

The stakeholders recognised the importance of the specialist nature of Shelter and the fact that they were able to work quickly to ensure that any housing and tenancy issues faced by service users were dealt with to avoid further escalation. All stakeholders and families described how Shelter were viewed as integral to this process due to their expertise in providing support with housing and tenancy problems. Stakeholders also described how they work with Shelter to provide housing support to families who were new to Knowsley, including those who have claimed asylum.

The staff at Shelter described that often housing and tenancy problems arose because service users were unaware of their rights as a tenant and/or did not feel confident to approach landlords to address these issues. Whilst the staff would work with the service users to address these initial problems in the short term, they would also provide support to ensure that in the long term they would be able to feel more confident to address the issues if they arose again or take preventative action to avoid such problems in the future. Parents reported that Shelter had helped to speed up the process with their housing situations, describing how they had made contact with landlords and organisations on their behalf in order to arrange for home repairs and challenge decisions made by landlords. Some parents also described how they had attended the Passport to Housing training course provided by Shelter, which provided information regarding their rights and responsibilities as a tenant. Through understanding the system and their rights as a tenant, parents described how they felt more confident to tackle their landlords over decisions that they did not agree with.

"Housing is massive, it's your safe place, it's where you go home, it's a place where you have your quiet space to work or you know, you're able to sort of do the things that you need to do in order to reach those aspirations and if you're going home to a home where you don't have a room in the house which is quiet and available just to you and there's anti-social behaviour all around your community and things like that, your focus is obviously going be changed and different" (Shelter Staff)

Families described how they sought support from Shelter with home repairs in their existing and new homes. Shelter were able to provide them with help to improve their homes and ensure houses were warmer and safer for the children to live in. Families also discussed that Shelter supported them with the move if they acquired new accommodation; they helped provide furniture and apply for funding for home furnishings and helped them 'settle in'.

Parents discussed how Shelter had supported them with their debts and financial worries. Many of the parents had low confidence in completing paperwork and liaising with external agencies to financially manage their household. They discussed going through household bills and drawing up financial plans to avoid and reduce their debts. Shelter helped to apply for benefits and funding to ensure families were receiving the right benefits and also looked at financial tariffs to ensure families were on the most cost effective tariff.

"I think I would have been in debt up to my eyeballs, I wouldn't have been on top of all my bills. I wouldn't have had a clue what I was doing, it would have been really, really hard, I would have been struggling and more than likely lost my house" (female adult, family G)

"I finally feel like I am in control of my money, I finally feel like I'm in control of my life, I know that I'm not going to be stuck anytime soon and I know that if I am I know the right numbers and the relevant people to talk to" (female adult, family G)

Parents described how they had found the financial support invaluable and detailed how they worked towards economic wellbeing and now manage their finances differently. As a result of the support received via the family support model, parents had confidence in dealing with bills and making phone calls and writing letters. It is one of Shelter's aims that these developed skills will transfer to children to break the cycle of debt and homelessness. Parents felt that stability was a key outcome of the support received, with a number noting that they would have been homeless without this support. The parents and children highlighted that they now feel safe and settled in their current home. The children from one family talked about moving to a quieter and 'happier' house. They believed that they would not have been able to move without Shelter.

"We moved last week, it's nice and quiet" (female child aged 10)

Shelter provide a Passport to Housing course for families who are at high risk of not sustaining tenancy; the course trains attendees in skills to successfully secure and manage (budgeting and communication with landlords) their tenancy. During the 2014/15 financial year, three-quarters (74.4%) of the 89 families accessing Shelter agreed to attend this course and 86% were able to manage their tenancy (eight people did not manage their tenancy). However, it is uncertain at what point, or how, their ability to manage their tenancy is assessed. Within this, Shelter monitor cases for course completion. There was a significant relationship between those who complete all course modules and being able to manage their tenancy (chi-square 14.4, $p<0.00$).

In order to monitor if families have sustained tenancy (maintained accommodation) after their case closed, Shelter plan a six month post-closure interview. One-hundred and seventeen of the 273 cases (42.9%) that were initially contacted by Shelter completed support in the last four years; of these, 80 had a six month post-closure call planned within the timeframe of the analysis. Over half (n=47, 58.8%) of these had sustained tenancy at this point. Twenty-six families were not contactable and there were no data for six families.

Addressing wider support needs

Shelter provides medium level support to those families who require extra support through additional one-to-one sessions with their support worker and high level support involving intensive one-to-one sessions. Parents and children both discussed the children meeting with their support worker on a one-to-one basis. Families discussed the positive relationships that they had developed with the support workers at Shelter and reported that their support workers were non-judgmental and they trusted them. Many of the parents discussed how they and their children found it difficult to trust others; a number of the mothers had

experienced domestic abuse and others reported that they had little trust in professional organisations due to past experience or negative perceptions.

Families currently worked with or had previously been supported by other services in Knowsley including social services and Family First. During their time with Shelter, most of the families described how they had benefited from onward referrals to other agencies for additional support. Most were direct referrals made by Shelter; however the service did provide families with signposting to other services for ongoing support. One child was referred to a child bereavement counselling service. Other referrals included the solicitor service at Shelter, GP and paediatrician, Environmental Health, Prescot and Whiston debt advice centre, housing emergency support scheme, Knowsley Housing Trust, Family First, CAMHS and a programme to help adults gain employment. Two families discussed that their children were receiving extra support through CAMHS for behavioural and mental health support.

Mental health was a recurring theme throughout this research, both in terms of the service user outcomes associated with the support received by Shelter, but also in terms of the specific support Shelter were able to provide regarding this particular need. Stakeholders described how limited funding and resources brought about challenges, particularly in terms of helping families to access the support that they required. Stakeholders described how they felt that Shelter provided support to improve mental health for people who did not meet the criteria to receive specialist service support, or were not able to access support due to long waiting times with the local Child and Adolescent Mental Health Service (CAMHS).

"The problem at the moment though is all the cut backs and there's less and less services and the services that are there, their sort of referral criteria is becoming tighter and it's not as easy for them to take the referrals because of work load and case load pressures" (Health Worker)

"I think one of the main things for us is those special agencies that we would refer out to so CAMHS children adolescent mental health service for example…I think that what we find with the cuts the thresholds are getting higher and higher, so we find the more cuts come in the harder it is to access that support" (Shelter Staff)

Engaging in positive family activities

The whole family support model provides the opportunity for families to engage in activities together; engagement with these activities and the outcomes of this were evidenced throughout this research and is illustrated in the Partnership Logic Model (figure 1) and the Shelter Logic Model (figure 5). The models were developed through the stakeholder interviews, and echoed throughout the qualitative interviews. During family interviews, both parents and children discussed that they enjoyed working with Shelter as it was something that they could do as a family and provided them with an opportunity to spend time together. Families described how they enjoyed attending activities such as arts and crafts and coffee mornings. Parents described how they had attended service user groups which were promoted by Shelter staff to encourage peer support and for families to build supportive networks. Families described how they benefited from spending time with other families accessing Shelter, allowing them to be open about their experiences with others who have similar problems and to make friends. Some parents reflected on how this compared to their lives before receiving support from Shelter, when they had felt isolated. One young person mentioned that Shelter was the only place that they felt comfortable going as a family. Two brothers discussed that they enjoyed attending with their mother and spending time with each other.

"I think I've used the majority of departments in Shelter and everyone was so helpful. They weren't derogatory in their speech, how they spoke to you; they didn't make you feel by yourself which is a huge thing when you are going through illnesses" (female adult, family J)

In addition the events and group support, families described attending family day trips to the local park or the seaside, which had been facilitated by Shelter. Families described how Shelter had provided support through practical issues such as providing transport, organising and attending the activities, and this was perceived as a great help.

"We really did have a good time, I wouldn't have been able to, at the time the way I was feeling again I wouldn't have been able to go to Southport with them on my own, she took us in the car and stuff, and we had a dead good day" (female adult, family C)

Families described how, although they were no longer working with Shelter, they were still invited along to the events. This example of continued support provided by Shelter following completion at the service was felt to be a great source of support for both parents and children.

The support provided by the whole family model, particularly in terms of facilitating families to engage in positive activities, provides clear links to family stability. These findings were echoed via the Family Unit Theory of Change, illustrated in figure 2. The Theory of Change for the family shows the relationship between the activities provided by Shelter and stakeholders, the immediate outcomes and the changes that occur for the family. Due to the support provided by the service, the family as a whole live in a happy, safe and stable environment. Consequently, they spend more quality time together, sometimes facilitated by Shelter themselves. The qualitative analysis showed that six families achieved this outcome (table c, appendix 2). Furthermore, two families stated that if it was not for the support provided to them by Shelter, it would have been likely that their children would have been taken into Local Authority care. Therefore, another beneficiary was included in the social value for money calculation, the local authority (table d, appendix 2), whereby there were two occasions where this was avoided. The components of the service that were discussed in relation to supporting a happier family home and spending quality time together were: family-oriented interventions (family mediation, one-to-one support, service user groups, facilitation of positive activities); housing support (passport to housing sessions, tenancy maintenance, accommodation, home safety); and assistance with personal finances.

Figure 2. Theory of Change: Family Unit
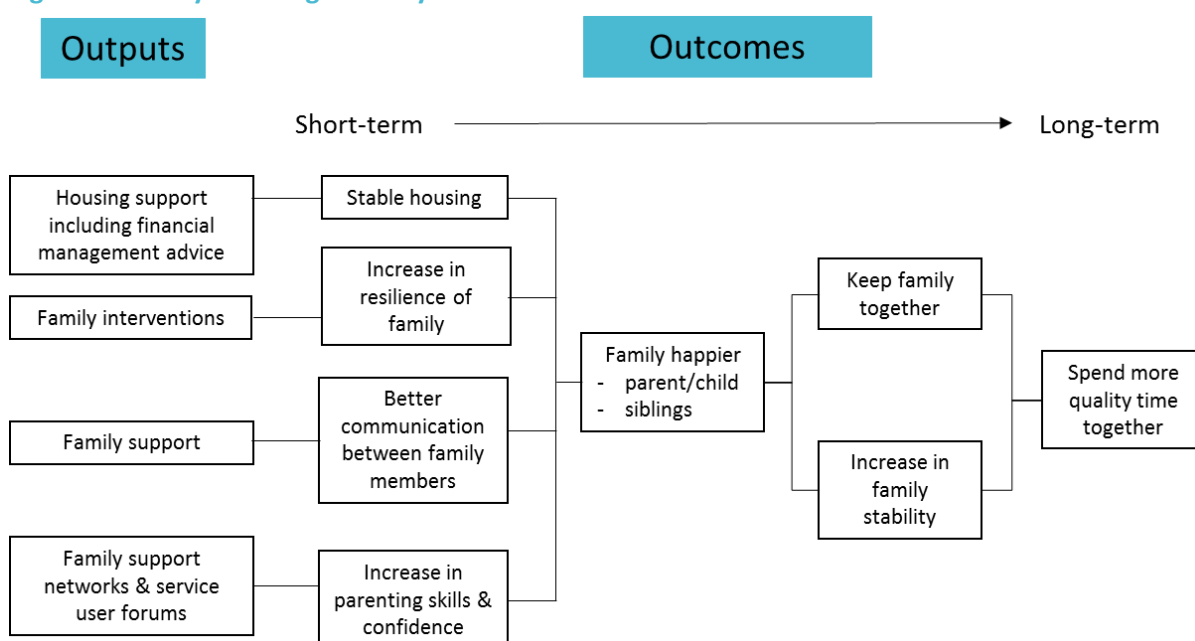
As described above, stakeholders discussed how housing, alongside many other issues such as poverty, domestic violence and mental health difficulties could affect relationships within the family. As discussed, parental concerns would impact on the children and this would often lead to a multitude of problems faced by the family, which was why collaboration with other specialist services was felt to be imperative.

The staff at Shelter gave examples of when they had mediated in family situations, to ensure that both parents and children were able to express their concerns to other members of the family. As has been discussed in the previous section relating to parents experiences, this was perceived as very important in preventing children from becoming NEET because it gave the children the opportunity to disclose any problems that they were having at school which the parents could then be involved with.

"We look at health and this is for parents and children, so whether there is any health issues if they are registered with the appropriate health professionals in the area" (Shelter Staff)

Shelter also described how they worked with families to help them find ways to bond and become a stronger and more resilient family unit. All stakeholders described how this support had a positive impact on the other issues that the family faced such as helping to increase the confidence of the parents in their own parenting ability and helping to create the 'safe space' that was seen as important to the emotional wellbeing and development of the children.

The evidence of wider outcomes were also supported by the social value findings. The Family Unit Theory of Change (figure 2) illustrated that families were living in happy, safe and stable environments as a result of the support provided by Shelter. These outcomes led to increases in family resilience, improved communication and family relationships, increased confidence in parenting skills and happier and healthier families. The majority of families discussed having closer relationships since seeking support from Shelter; one family noted that the siblings were getting along better. These effects led to longer-term outcomes of keeping families together. Two of the families reported that without Shelter's intervention they feared they would have lost residency of their children and the family would have been separated. This was further supported through the quantitative data collected by Shelter, which showed that parents had improved control over their lives and became healthier.

Families discussed how they had sustained their positive outcomes since completing their time with Shelter and that they were taking things 'one step at a time' and utilising the skills and techniques that they had developed with Shelter to effectively manage and deal with any problems that should arise. Families provided evidence of how they were sustaining their stable family relationships through continuing to engage in positive family activities and through building positive supportive networks, which aligns with Shelter's aim of developing supportive relationships. Families described how they continued to sustain positive outcomes through working with onward referrals and through accessing education and training and gaining employment.

Shelter monitor families for outcomes, these were analysed to determine the movement in the scales for cases that were engaged in 2014/15. Eighty-nine families were engaged during this time and data was available for 50 of these. The table below (table 3) and figures in appendix 3 show that there were improvements in many attributes such as economic wellbeing, positive contribution, housing support needs and confidence (to seek services). However, the attributes 'stay safe' and 'be healthy' show that the majority of parents tended to stay at the same level during their time with Shelter. This is largely because individuals tended to score highly from the start of their engagement with the service (see appendix 5 for a glossary of Shelter's ability assessments).

Table 3. Number of families achieving outcomes

Indicator	Number improving at least one point	Number staying the same	Number regressing
Economic wellbeing	39	11	0
Positive contribution	39	10	1
Housing support needs	48	2	0
Stay safe	15	34	1
Improvement in confidence	45	5	0
Enjoy and achieve	33	17	0
Be healthy	19	30	1

The key outcomes for parents as depicted in the Theory of Change (figure 3) were: control over personal life; physically and/or mentally healthier; and motivation/interest in their education/employment. The indicators for each of these outcomes are shown in table b (appendix 2). Of the 50 parents where data were available, 40 improved control of their personal life, 44 became healthier, and 35 had improved motivation towards their own education or employment. The components of the service that were highlighted as achieving the outcomes were: one-to-one advice from professionals; referral to financial management sessions; and housing support (Passport to Housing sessions, tenancy maintenance, accommodation, home safety)

Additional support for parents

In addition to providing support for the whole family, the model comprises specific support for parents. Stakeholders described how limited aspirations of parents could often impact on their housing situation, and with additional issues such as low levels of education, unemployment, domestic violence and substance misuse contributing to this cyclical relationship. Stakeholders and parents described these problems in detail, with particular focus as to how this affected confidence to manage practical aspects of everyday life. Examples were provided of how parents felt they did not have the confidence to challenge landlords regarding inadequate housing, check they were receiving the correct benefit entitlements, or were not ready to seek work or re-engage with education.

"I think it's definitely had an impact on their [children's] learning education, me not being happy with the house situation, with me being depressed and not wanting to go out, that has meant they've not got to school. Basically they were not happy at home because I was unwell all the time; they are not going to want to come to school" (female adult, family A)

Shelter recognise the relationship between poverty and low aspirations[11]; therefore their educational provision for families extends beyond support for children. This evaluation outlined the range of ways in which Shelter provided support and referrals for parents, in terms of training, education, employment and parenting programmes. Parents described how access to such support had improved their confidence, aspirations and parenting skills. A number of parents discussed working towards making a positive

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[11] Kintrea, K., St Clair, R. and Houston, M. (2011) *The influence of parents, places and poverty on educational attitudes and aspirations*. York: JRF

contribution through starting education and training and were looking to start employment in the future; one parent highlighted receiving a referral to a service help them re-enter employment. These findings were further supported by quantitative data and the theory of change for parents (figure 3) which demonstrated that parents were motivated to improve their own education or employment as a result of Shelter.

"I'm hoping it's going help me because I really want to either go back to college or I want to go straight back into work because I want to give my kids a better lifestyle" (female adult, family H)

Tackling the root causes of everyday stress, providing essential life skills (such as controlling finances and communicating with the landlord), and supporting parents to become prepared for education and employment inspired parents to feel positive about their future prospects and aspirations. This also allowed them to provide an encouraging environment for their children's educational achievements.

Mental health was one of the main health and wellbeing issues that the stakeholders identified in families who were at risk of becoming homeless. Stakeholders discussed how depression could affect parents in these families and that it was often the case that depression meant that situations tended to spiral out of control. Stakeholders discussed how many of the parents that they worked with felt anxious about their parenting skills which contributed to their depression.

All parents discussed how they had seen significant improvement in their own mental wellbeing since accessing support from Shelter. All parents discussed experiencing depression and anxiety which they often attributed to their housing conditions. They reported feeling isolated and having very low confidence and self-esteem. Some parents praised Shelter for visiting them at home when they were not confident enough to leave the house.

"By supporting me, the children have a bit of a peaceful and quiet life because I was badly depressed, after that I felt like a big weight had been lifted of me shoulder then. I really felt like I was going to lose their home and felt like a really bad mother, and then they just made me feel like it was alright then, they helped me deal with it all" (female adult, family C)
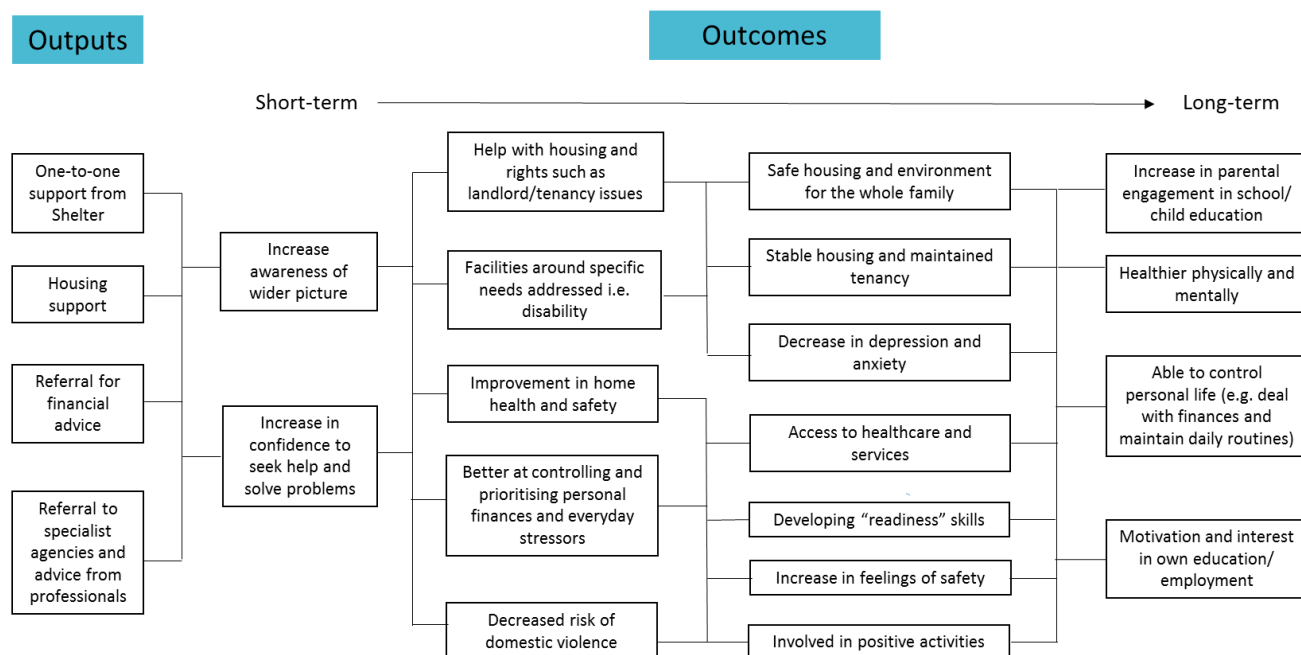
Stakeholders described that Shelter had supported an improvement in parents' mental health, which helped them to develop coping strategies. Stakeholders described the range of specialist health interventions provided via Shelter, including mental health, substance use, maternity support and early years' interventions. Shelter staff described how they would offer support in the short term to help improve the housing for these families and work towards them being able to maintain long term, stable tenancies. In the longer term they would work with families to help them become more resilient so that if they faced similar problems in the future they would feel confident enough to cope and would know where to seek appropriate help, thus hopefully avoiding them becoming problematically anxious or depressed.

Parents having improved mental health and increased confidence in themselves, their parenting skills and in running a household would directly impact on children and young people because of the changes to the family dynamic and the increased stability in their housing. Parents having increased knowledge and confidence around budgeting meant families could afford to have more days out and spend more quality time together.

"There's really, from sort of my experience there is high levels of kind of low level poor mental health. We screen women routinely for post natal depression and you often pick up women who are low in moods, not sort of seriously ill but it does have an effect on their day to day lives" (Health Worker)

"Many parents are suffering from depression and so that's kind of like a key thing that we're working on" (Parental and Community Support Officer)
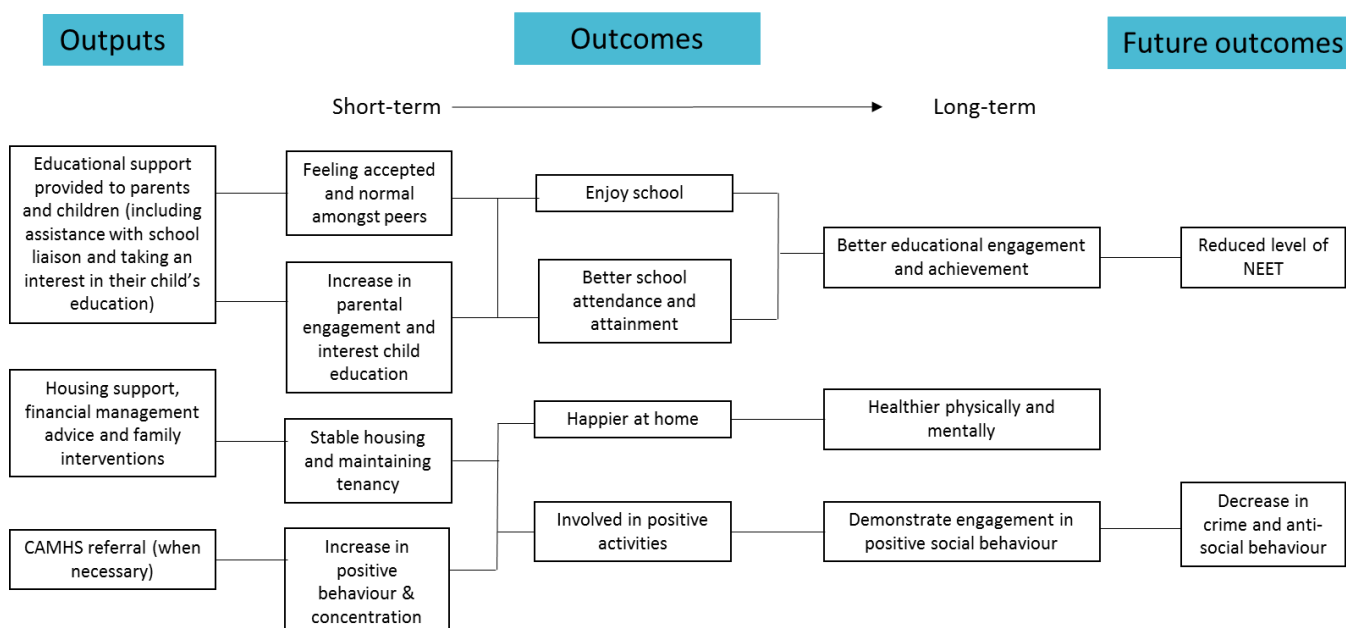
Figure 3. Theory of Change: Parents

Outputs

Outcomes

Short-term ⟶ Long-term

Outputs	Short-term Outcomes		Long-term
One-to-one support from Shelter	Increase awareness of wider picture	Help with housing and rights such as landlord/tenancy issues	Safe housing and environment for the whole family	Increase in parental engagement in school/ child education

(Theory of Change diagram — Parents)

- One-to-one support from Shelter
- Housing support
- Referral for financial advice
- Referral to specialist agencies and advice from professionals

→ Increase awareness of wider picture
→ Increase in confidence to seek help and solve problems

→ Help with housing and rights such as landlord/tenancy issues
→ Facilities around specific needs addressed i.e. disability
→ Improvement in home health and safety
→ Better at controlling and prioritising personal finances and everyday stressors
→ Decreased risk of domestic violence

→ Safe housing and environment for the whole family
→ Stable housing and maintained tenancy
→ Decrease in depression and anxiety
→ Access to healthcare and services
→ Developing "readiness" skills
→ Increase in feelings of safety
→ Involved in positive activities

→ Increase in parental engagement in school/ child education
→ Healthier physically and mentally
→ Able to control personal life (e.g. deal with finances and maintain daily routines)
→ Motivation and interest in own education/ employment

3.2 Components of the service model and delivery that are integral to the successful outcomes for children

The stakeholder engagement session, qualitative research and social value findings all illustrated the ways in which the service model brought about a number of short and long term outcomes for children. The Theory of Change for Children (figure 4) clearly highlights the support provided to children by the family support model, and the outcomes and future outcomes this can achieve. Evidence from this research demonstrates how the service model supports children to achieve short term outcomes such as feeling accepted amongst peers, stable housing and improved behaviour which led to them attending and enjoying school, feeling happier at home and engaging in positive activities. In the longer term this improved educational attendance and attainment, engagement in positive social behaviour and improved health. These outcomes can lead to reduced level of NEET and potentially a decrease in anti-social behaviour.

Figure 4. Theory of Change: Children

Outputs

Outcomes

Future outcomes

Short-term ⟶ Long-term

(Theory of Change diagram — Children)

- Educational support provided to parents and children (including assistance with school liaison and taking an interest in their child's education)
- Housing support, financial management advice and family interventions
- CAMHS referral (when necessary)

→ Feeling accepted and normal amongst peers
→ Increase in parental engagement and interest child education
→ Stable housing and maintaining tenancy
→ Increase in positive behaviour & concentration

→ Enjoy school
→ Better school attendance and attainment
→ Happier at home
→ Involved in positive activities

→ Better educational engagement and achievement
→ Healthier physically and mentally
→ Demonstrate engagement in positive social behaviour

→ Reduced level of NEET
→ Decrease in crime and anti-social behaviour

18

Children, parents and stakeholders all provided evidence as to how the intensive and wide-ranging support provided by the Shelter family support model (as described in the sections above) resulted in successful outcomes for children. Interviews with children provided evidence of their experiences and outcomes of engagement with Shelter.

In addition to the family activities described in section 1 above, Shelter also provided children only activities; this aspect of the model was particularly important to supporting social relationships, building confidence and reducing feelings of isolation. The children described the activities they enjoyed, providing examples of how they had enjoyed day trips, colouring and arts and crafts and playing board games. The children highlighted baking cakes and biscuits as something that they particularly enjoyed and presented to their parents as gifts. Families described how Shelter would also take the children out to clubs, out for meals and to on monthly excursions, including visiting an aquarium.

"She'd come to the house and do baking with the kids, activities with the kids, she always bought activities out, so she was a great help because I was here on my own" (female adult, family D)

A number of the families discussed how the children were invited to draw pictures of their home life and how they felt when they first started with Shelter and then again whilst attending the support service. Parents described the marked difference in the second 'happy pictures'. During the family interviews, parents described how they had kept the second pictures, with Shelter transferring the picture to a canvas print for them to hang on the wall in their new homes.

During interviews with children, researchers encouraged them to draw pictures and build LEGO models to help elicit conversations. The photo below shows a 'happy' picture drawn by an eight year old boy.

Service users also described how they enjoyed taking part in the positive family activities (described above), which allowed the children to spend more time with their parents as a family unit. This again evidences an important element of the model, in terms of confidence building and encouraging socialisation.

It is important to note that not all families who were interviewed as part of this research had accessed the same level of support and it was tailored to need; a number of the families did not access the service with their children, however, they did discuss the positive impacts for the children brought about as a result of

their engagement with Shelter. This research illustrates how Shelter worked to address the root cause for families which supported parents and achieved sustainable outcomes for their children.

"I think all the different days they have for the kids is brilliant, they do loads for the kids and like at Christmas it was really nice, we all come here and they give us all shoe boxes and stuff like that for the kids and selection boxes, it was brilliant. I thought it was really nice of them to do that. I'd recommend them to anyone" (female adult, family A)

In addition to the lower-level support, children also received medium and high level of support through one-to-one sessions with their support worker. The staff at Shelter described how they would have sessions with children away from their parents to ensure that the child's needs were being addressed and that they were aware of what support was available to them. This would allow the staff to identify any problems that the children were facing that the parents were not aware of, for example in school or with their peers. Some children also disclosed their own anxieties about their parents if they had recognised the problems that they were facing. The one-to-one time with staff was perceived as very important by Shelter staff as children would not always necessarily want to voice their concerns in front of their parents in case it increased their parents' anxieties. Shelter staff also described how this one-to-one time gave the staff the opportunity to work with the children to help increase their confidence and discuss their aspirations for the future. The one-to-one work was considered as part of the wider approach that led to positive outcomes for children, rather than a direct contribution to the outcomes outlined in the theory of change.

The parents described how the support workers made time for the children and worked well with the children. Both parents and children explained that they considered the support worker to be a friend. The children noted that the support worker explained things clearly to them and described them as 'helpful' and enjoyed spending time with them and felt comfortable talking to them.

"She's [support worker] got time for her as well. The only one who can bring her out of her shell is the support worker. She'll sit and have a chat with her" (female adult, family D)

"He [support worker] said 'you know you are not alone, don't feel like you have to get upset about it, I know it's hard but we'll help you'" (female adult, family A)

The opportunities created by Shelter for children to mix and build friendships with other children in similar situations was viewed as particularly positive by all those who participated in this research.

Shelter aims to help children who are at risk of becoming NEET recognise anti-social behaviour and understand the roots and consequences of their behaviour. From a behavioural perspective, the children interviewed were of a young age and not perceived to currently be at risk of anti-social behaviour. However, through engagement with stakeholders it was established that Shelter provided prevention work around ensuring younger children do not become involved in crime and therefore reduced the risk of anti-social behaviour. However a number of parents discussed that their children had received support around behavioural issues with a referral to CAMHS. Shelter also provided referrals for other specialist support including counselling.

Stakeholders described how Shelter's work with parents had directly affected children and young people due to the changes in family dynamic, and resulting increased stability in housing. The positive impacts of the model on the parents (as described in section 1 above) meant that children had a happy and stable home life. Maintaining tenancy meant children moved around less and therefore had increased stability through not moving schools, making it easier to sustain friendships. Repairs and new housing also meant children had safe and warm homes.

3.3 The relationship between the interventions delivered with children and families, and the impact on children's educational outcomes (attendance, attainment, aspiration and parent engagement), resilience and happiness

This research has demonstrated the specific ways in which the Shelter family support model impacts positively on parents, children and families as a whole. In addition to the specific examples of how the model supports outcomes for parents and children, a number of wider benefits were elicited which demonstrated how the interventions delivered with children and families supported improvements in children's educational outcomes, resilience and happiness. The stakeholder engagement, qualitative research, social value explorations and analysis of secondary data were all used to develop an overall logic model, depicting the specific activities and outcomes associated with the Shelter service. This model demonstrates the wide-ranging support described above, and illustrates the associations between this support and the wider outcomes for children.

Figure 5. Shelter specific logic model
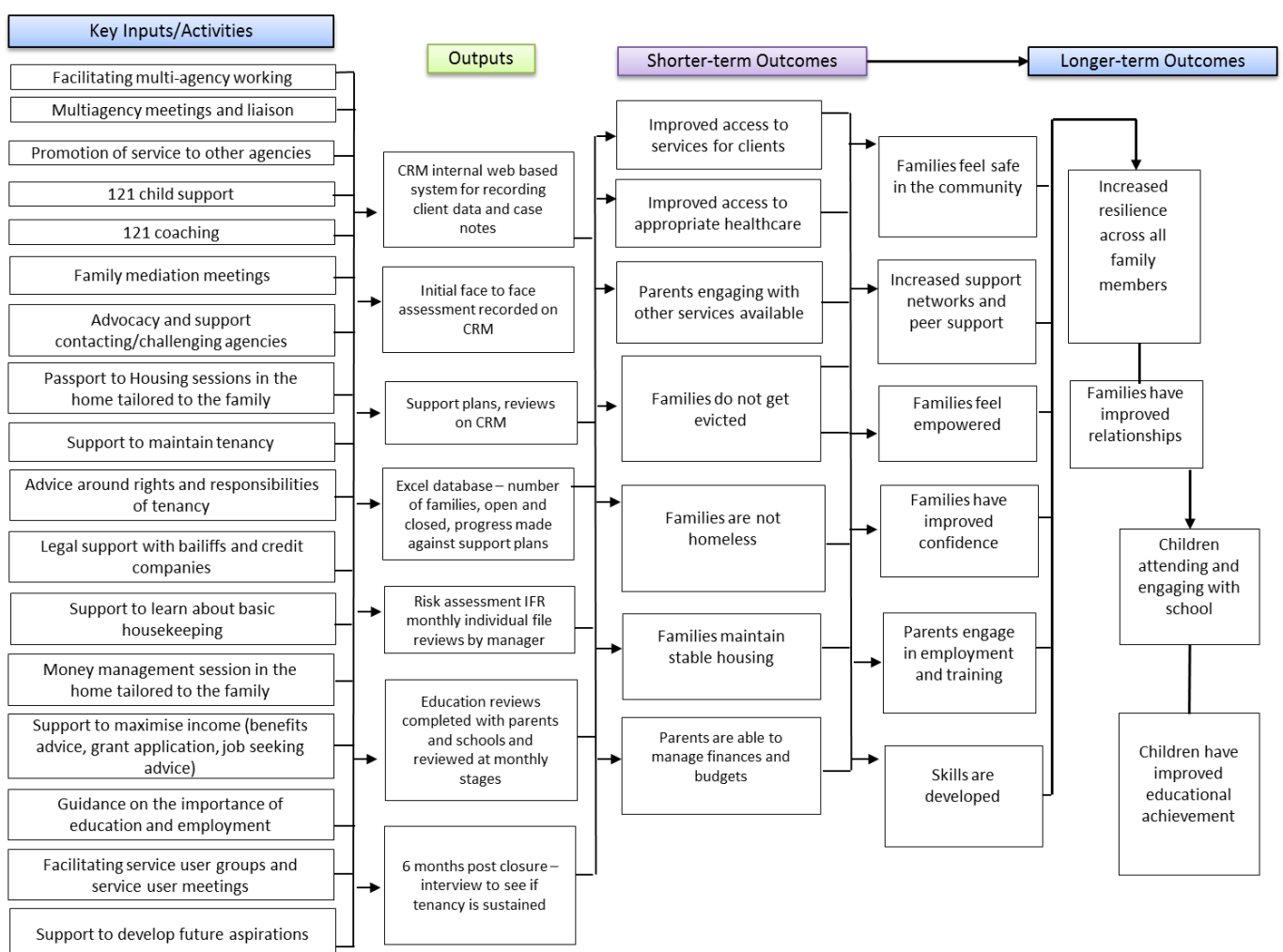
Impact on children's educational outcomes

Findings from this evaluation demonstrate the impact that Shelter has on wider social outcomes. Many families in Knowsley live in areas of high deprivation[12] characterised by unstable and unsafe housing, poor health and wellbeing, and poor educational attendance and attainment. The relationship between deprivation and NEET is well-documented[1], as is the relationship between NEET and housing[4]. It is

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[12]ONS (2011) The English Indices of Deprivation 2010. Department for Communities and Local Government. Crown Copyright.

important that such risk factors are identified as early as possible to ensure opportunity for intervention and appropriate support. Shelter aims to promote positive engagement between families and education; families are encouraged to take advantage of educational opportunities and parents are supported to create home environments in which school attendance and attainment are valued and homework can be completed.

Shelter provided high level of support to the children and young people who are at risk of becoming NEET. During the interviews, the children and parents discussed the impacts that unstable housing had on children's education. Examples were provided where moving homes and needing to move schools had impacted on educational attainment, with children dropping behind in school.

"I was in top set for maths before we moved around and when I came back I was in the bottom one because we learned new stuff and then when we moved we were learning the same stuff we had already learnt" (female child, aged 12)

"It was horrible, it was hard. I remember being off school all the time, for months" (female young person, aged 21)

Some families described how, prior to support from Shelter, children had poor school attendance and attainment. This was often attributed to parents' mental ill-health that was associated with their poor housing conditions. A number of parents described how they had been too depressed to leave the house and therefore their children had missed school, or that children were unhappy at home and did not want to attend school. Children also discussed moving around frequently made it difficult to make friends and sustain friendships. Families described how stable housing had led to daily routines and general stability, resulting in parents feeling more confident and organised, and meaning children were more likely to attend school and have a more structured day.

Families described the specific support that Shelter provided around their children's education. Examples were provided where Shelter helped find and secure school placements for a family new to the area and had difficulty finding school spaces, supported children with completing their homework and listened to them read and provided school stationary to aid schoolwork. Having a more stable and comfortable home life can give children a place to do their homework.

The role of the parents and their influence on educational outcomes was recognised as important by Shelter staff and wider stakeholders. Staff at Shelter gave examples of how parents could struggle to engage with schools, and if there were any problems with their child in school they were not always communicated or dealt with effectively. This was often due to the parent lacking the confidence to discuss these issues with teachers, or struggling with their own depression or anxiety.

Shelter supported parents and families to maintain positive engagement with schools. Shelter worked with parents to improve their parenting and confidence skills to help them understand the importance of and involve them in their children's education. Parents described instances where Shelter had helped to break down barriers for parents engaging and communicating with schools and teachers, by providing support such as attending school meetings with them and attending education reviews with parents at schools. As a result of this support provided by Shelter, parents felt they now had improved relationships with the schools. Children were attending school more regularly and were engaging in school work and other school activities including sports teams. Children from one family described how they felt that their school work had improved and a number of parents noted that their children had more confidence in their academic ability. Participants also reflected on how the behaviour of children had improved, which meant they were getting into less trouble in school.

"The support worker used to do reading with her...she used to come and help do homework" (female adult, family D)

"She was having problems in school where she was getting called in saying she was outburst in class all the time now the schools don't phone me anymore" (female adult, family B)

"I think basically parents having a poor relationship with school so from the outset often parents who have not had a good education themselves, who then may see school as the enemy...So that is something that we would recognise and that is one of the sessions we do as part of Passport to Housing is the importance of engaging with education not just the children going to the school, but parents being actively involved in what's going on at school and if things are going wrong to talk to school" (Shelter Staff)

Following support provided by Shelter, parents and children described how children were happier at school, had made friends and had improved confidence; this in turn helped children to better engage with education, leading to improved attendance and attainment. Interviews were conducted with young children and the theory of change therefore demonstrates that early preventative work could lead to future benefits and provide further outcomes later in adolescence and adulthood.

Quantitative data collected by Shelter showed largely no change in child attendance and attainment at school during the time the cases were open during 2014/15. Of the 136 children that were engaged in Shelter support during this time, data were available for 46. Eight had improved attendance at school with 38 staying at the same level of attendance; 13 improved in attainment whilst 30 remained at the same level (3 children showed a reduction in attainment during 2014/15). However, this is because attendance and attainment were scored highly (scores of 4 and 5) at the start of the engagement with Shelter (figures h & i, appendix 3). The key outcome relating to education for children is 'better educational engagement and achievement' which is a combination of both attendance and attainment. Analysis of the secondary data showed that three children achieved this outcome during 2014/15 (table a, appendix 2). It is acknowledged that the limited quantitative evidence is likely due to capacity and time pressures that support workers experienced.

The qualitative fieldwork gathered through the present evaluation adds depth and breadth to the limited monitoring data. The qualitative research shows that attendance and attainment depends on the children's enjoyment at school, encouragement with school work and acceptance by peers. A major factor stated by parents, children and stakeholders was the increase in parental engagement and liaison with the school and teachers, as well as renewed interest in their child's education. Thus, the educational support provided to both children and parents (such as family literacy sessions, engaging parents with school, referral for specialist educational support, and support in court for non-attendance) were linked with these outcomes.

Impact on children's resilience and happiness

Parents described the improvements in children's mental wellbeing that had occurred as a result of the support offered by Shelter. One mother discussed that her child's nightmares had stopped since moving away from a domestic abusive situation at home. Other families discussed an improvement in their children's confidence. A number of the families were subject to CAF (Common Assessment Framework) reviews with children's safeguarding services and noted that their Shelter support worker would attend with them to provide moral support and to explain information clearly to them. Another family also discussed accessing support for the child's behaviour and attended anger management sessions.

"People just don't understand what you go through and how you feel at the end of it; it's had a great impact on their behaviour alone" (female adult, family E)

"They got me through to CAMHS and then they helped me with the school getting them involved because I didn't know where to start" (female adult, family B)

The families discussed the stigma attached to having housing problems. One family described that they had moved around a lot and the children had been bullied in school because they did not have a house. The children had felt different to their classmates and found it difficult to settle into new areas and schools. The children discussed not having many possessions and that their clothes smelt due to the poor housing conditions which further isolated them and made it difficult to make friends. The children described how they no longer have these concerns, they no longer worry about having to answer questions about where they live and they enjoy going home to their new house. Children were now enjoying attending school and making friends.

"Like before we got this house I was getting called dumb and gypsy and everything because we moved around so much. It was just horrible I got called names like every day" (female child, aged 12)

The photos below represent how two of the children felt about their new home. Two girls aged eight and 10 built their new 'happy' home and garden using LEGO.

Parents discussed how the support they had received had improved their mental wellbeing; and recognised that this had in turn resulted in improvements in their children's wellbeing. Parents described how their children were happier because they felt happier themselves. Children were no longer witnessing their parents in distressing situations, children had less responsibility and did not have to worry as much about their parents; one young person commented that she no longer has to make phone calls on her mother's behalf now that she has more confidence. Parents were more confident in their parenting skills which gave them a sense of control over their lives, they provided a more stable home for their children and were more confident to take their children to school, therefore children had a happier home life and attended school more regularly.

"She [my Mum] is happy" (male child, aged 8)

The majority of families reported that children had sustained achieved outcomes since leaving Shelter, however, one parent discussed that they were considering a referral back to Shelter as their child had started to become a little withdrawn again five months after they had finished with Shelter.
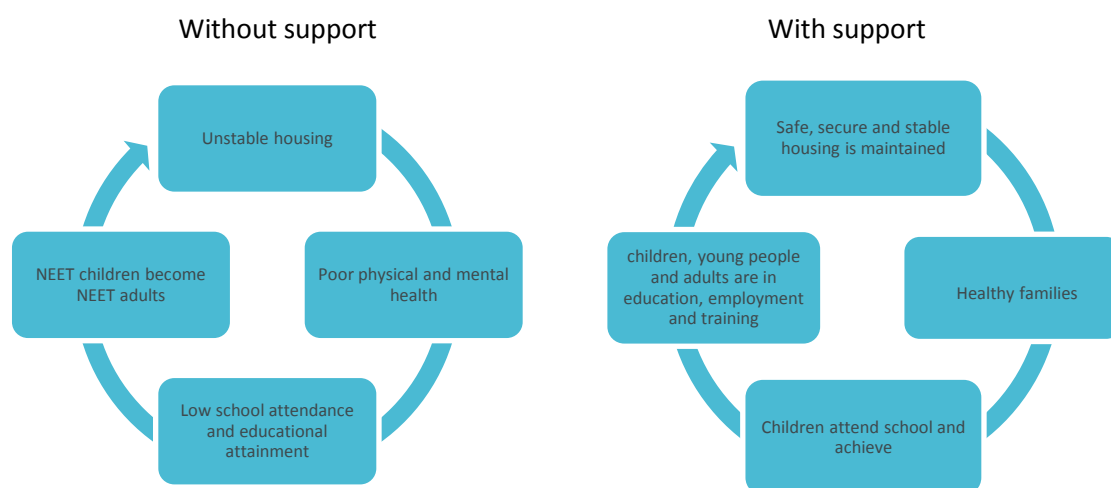
Shelter monitor children using a star chart for child support; this tracks movement in positive behaviour changes, making friends and becoming involved in positive activities for the children who receive a high level (one-to-one) support. Of the 136 children that had been engaged in the service during the 2014/15

financial year, data were only available to analyse for three children who received high level support. All three improved in behaviour, and two found it easier to make friends and became involved in positive activities (figures j, k & l, appendix 3). The qualitative findings and subsequent Theory of Change demonstrated the potential association between the service activities and the outcomes regarding children's resilience and happiness, culminating in the key outcomes of 'demonstrated engagement in positive social behaviour' (n=2, where data was available) and 'physically and/or mentally healthier' (n=7, self-report during interviews). Activities that created a stable home environment (family-oriented interventions, housing support and assistance with personal finances) as well as more specific interventions such as CAMHS referral (for both child and parent if necessary) enabled improvement in behaviour and happiness of the children. This led to children being more likely to become involved in positive activities, make new friends and engage in acceptable social behaviour. Interviewees also stated that this meant that children became more physically and mentally healthy.

Conclusion

Evidence from this evaluation emphasises the cyclical relationships between housing, health and NEET and demonstrates the range of ways in which Shelter tackle the housing needs of families in order to provide short-term housing support. This research also demonstrates the longer-term outcomes that occur as a result of this support, which align with the Shelter Common Outcomes Framework.

The family support model provided by Shelter enables multi-agency working from a wide range of partners. Housing, homelessness, financial, accommodation and educational support were specific areas of the model which yielded positive outcomes. Wider stakeholders described effective working relationships between themselves and Shelter to ensure that families were appropriately supported and accommodation needs were addressed. As a result of Shelter's support, families had safe housing and parents had confidence to manage their finances and manage their household, which resulted in increased family stability. The whole family support model provides the opportunity for families to engage in activities together. Outcomes included better family communication, stable housing, increased family resilience and family stability. The whole family approach provides opportunity for families to gain support as a unit, whilst recognising the importance of working with parents and children on a one-to-one basis. Evidence from this research demonstrates how the service model supports children to achieve short term outcomes such as feeling accepted amongst peers, stable housing and improved behaviour which led to them attending and enjoying school, feeling happier at home and engaging in positive activities. In the longer term this improved educational attendance and attainment, engagement in positive social behaviour and

improved health. These outcomes can lead to reduced level of NEET and potentially a decrease in anti-social behaviour.

The social value exploration demonstrates that The Knowsley Family Support Service provided by Shelter has good value for money when considering the social benefits for the key beneficiaries. For every £1 invested into the service, £6.32 in social value is created in the first year following case closure.

6. Recommendations for Service Development

Whole family support model

Our evaluation found that the whole family support model demonstrated effective outcomes for families. The families and stakeholders who participated in this research described the wide range of universal and specialised support that Shelter provides. The support was seen as effective due to the housing support element. Families described how receiving support for housing contributed to them seeing improvements in other areas including improved wellbeing and educational outcomes. Multi-agency working was a key strength of the model, with wider stakeholders acknowledging that Shelter supported existing provision, particularly in terms of referrals through to other services and providing lower-level mental health support.

- o It is important to recognise that without Shelter, families may not have been referred for support and will not have achieved the outcomes evidenced through this evaluation. Without Shelter, there may remain a population of families in need of housing, health and wellbeing support who may be difficult to reach who otherwise would not necessarily have access to housing support. Without support these families may continue until a crisis point is reached requiring specialist health, wellbeing, housing and/or educational support. Wider stakeholders should be aware of the need to continue the multi-agency working, and adopt a whole family approach to providing support wherever possible.
- o Future provision should continue to engage the whole family in positive engagement activities, and liaise with partner agencies to engage them in such activities, wherever possible. Visibility of a wide range of agencies at events will support increased awareness and engagement with services.
- o From a social value perspective, the elements of the model that were associated with positive changes for families, children and parents were: facilitation of family activities; housing support including financial management advice and assistance to deal with problems regarding home health and safety and landlord communication; one-to-one support and advice from professionals; educational support for parents (in relation to school liaison and engagement/interest in child education) and children; and specific referrals, such as to CAMHS, when necessary.
- o Families associated wider benefits with initial housing support. Future provision should continue to invest in the housing support element, including support to manage and maintain tenancies.

Service access and awareness

The families who participated in the evaluation described how they were referred to Shelter from other local support services in Knowsley. A number of the parents mentioned that they had not heard of Shelter until the referral point and were previously unaware of where they could access support. This finding suggests that without effective engagement with other services, these families would not have accessed Shelter, as they would have been unlikely to directly self-refer.

- o The depth of issues families associated with their housing need suggests that self-referral may not be the most appropriate route for families to access Shelter and further highlights the importance

of multi-agency working. All agencies should be made aware of the crucial role they have in terms of referring families to services.

Partnership working

Our evaluation found that one of the strengths of Shelter was the multi-agency approach to partnership working. Evidence from families, Shelter staff and wider stakeholders demonstrated that Shelter effectively engaged with wider agencies. This approach enables the service to provide appropriate and effective support for the wide-ranging problems associated with housing needs, whilst referring and engaging with specialist support agencies to provide input where required. Many stakeholders described the challenges of providing service support where resources are limited or being reduced, however, effective partnership working will reduce duplication and increase effectiveness of provision.

- o Wider agencies should be made aware of the importance to continue to engage and collaborate. Disseminating the findings of this evaluation would be one approach to support this.
- o It was difficult to determine the amount of attribution by wider stakeholders and agencies. Shelter should consider monitoring contribution from stakeholder organisations and partner agencies by tracking the time they spend supporting families, parents and children and the level of support they have afforded. This will be valuable for any future social value exploration of the service to assess level of attribution.
- o New and/or existing services should work to address effective working practices between the Liverpool and Knowsley boundary, in order to better support families who move between areas. Improved awareness of the problem, positive stakeholder relationships and clear communication would be integral to this approach.
- o Ensure wider agencies are aware of what services Shelter provide to ensure appropriate referrals are made and fall in the remit of Shelter's service provision.

A gateway to other services

Many of the families who participated in this research described the support they had received from local agencies as a direct result of engaging with Shelter. Referrals to wider provision were particularly important. Most were direct referrals made by Shelter; however the service provided families with signposting to other services, with a wide range of examples provided (including referrals and signposting to the solicitor service at Shelter, GP and paediatrician, Environmental Health, Prescot and Whiston debt advice centre, housing emergency support scheme, Knowsley Housing Trust, Family First, CAMHS and a programme to help adults gain employment).

- o It is recommended that all partner agencies are aware of the gap that Shelter filled in terms of identifying and engaging with these families. Without Shelter, these families may have not received the support they require, and may have continued with poor housing, health and mental wellbeing until they reached crisis and required high-level specialist support.

Mental health

This research supports previous evidence of the relationship between housing and mental health, and the wider associated mental wellbeing outcomes. Our evaluation found that the support provided by Shelter effectively addressed the lower-level mental health needs of service users. In particular, Shelter staff and wider stakeholders described how they felt that Shelter provided support to improve mental health for

people who did not meet the criteria to receive specialist service support, or were not able to access support due to long waiting times with the local CAHMS.

- o Stakeholders described how sometimes the families they supported were in need of more specialist mental health support than they were able to offer, and that access to these services was often limited. This finding highlights a positive point, in terms of Shelter supporting families who otherwise may have not received support, but also highlights a recommendation for wider agencies and mental health services to consider how families (either adults or children) can access more specialist mental health support.

Data monitoring

A number of limitations were acknowledged throughout the research process, particularly in terms of missing data.

- o It is recommended that Shelter increase the effort to administer assessments to enable impact to be demonstrated. This is especially important for the children's educational and child star chart assessments where there were a lack of secondary data to analyse for outcomes.
- o Shelter should also consider additional assessments to capture and monitor all outcomes that were demonstrated through this research, such as health (of both parent and children), avoidance of children being taken into care and the change in family quality time spent together.

Appendices

Appendix 1. Case studies

Five case studies, illustrating the range of journeys and outcomes for children and families

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Case study 1

This family of three (a mother and her two children under five years of age) were referred to Shelter by their Health Visitor. They were having problems getting their landlord to acknowledge and fix an issue that they were having with flies in their house. The family were unsure of their housing rights so Shelter supported them by enabling the mother to attend a course to improve her knowledge and awareness of their tenancy rights and what to do if they became homeless, as well as speaking to the landlord about the flies.

"…in myself I feel a little bit more confident because I know what rights and what rights I do and don't have towards what I can do about my Landlord" (Female adult)

The mother had also previously experienced domestic violence, and was frightened that her ex-partner may find her and her children. She felt that Shelter had helped to reduce these fears by provided information about what she could do if this happened; and that it would not result in her becoming homeless.

"I went through a really bad domestic violence before I had Shelter and was frightened of my ex-partner finding out where I was living, and things like that and like he [support worker] helped me to see what I can do if he does I'm advised that I don't actually have to be on the streets to be homeless, it can be something that you're scared of, so I think I feel a little bit more positive in myself" (Female adult)

Shelter also passed the mothers details onto an organisation called Steps, who help people to get back into work. The mother wanted to go back to college or get into work to provide "a better lifestyle" for her children. As a result of accessing the Shelter Family Support Service the mother felt more positive and confident. She also said that as a family they were happier in their home and felt healthier.

"We're just happier within our home, um as I say the flies have [been] kind of a nightmare, I was scared for the babies so I was swatting them or just them being a health hazard really, and with Shelter's help getting rid of them I just feel happier like healthier within my home and my kids" (Female adult)

Case study 2

This family of two (a mother and her 12 year old daughter) were having problems with their landlord and were seeking legal advice. The mother had found out about Shelter through AA car recovery service's free legal advice. The mother accessed a number of Shelter services and felt supported by Shelter throughout a court case with the landlord, with the family support worker going through key paperwork with the mother to help her understand her rights.

"I think I've used the majority of departments in Shelter and everyone was so helpful. They weren't derogatory in their speech, how they spoke to you; they didn't make you feel by yourself which is a huge thing when you are going through illnesses" (Female adult)

They also provided her with information around how to budget for her family and deal with problems that she was having with her child tax credits; and support during a period of time when the family were in financial crisis – the family support worker went to a food bank to get them some food, but due to the families food intolerances this was not effective, and so the support worker went out of their way to provide food vouchers.

"At one point I literally had no money so she [support worker] supported [me] in terms of vouchers…she really went out of her way and genuinely caring and understood it's not just a job to them, they actually believe and want to help people to the best that they can" (Female adult)

The mother felt that without the support of Shelter, she may have ended up back in hospital due to her anxiety and suffering from panic attacks. She also felt that her relationship with her daughter had also improved, as she didn't have to see her mum unwell and worry about her and knew that her mum had some support.

"So by Shelter helping me, they've helped my daughter. She hasn't come home to a mum that is more fragile and that therefore helps my daughter in terms of her wellbeing and our relationship. When you're caught up with the whirl of thinking you are losing your home, you get very anxious and that coupled with anxiety and depression and a health condition, my daughter seeing it day in and day out obviously causes concern for her and makes her worry even more and then she's carrying things on her young shoulders" (Female adult)

Case study 3

The family (a mother and her four children [two under aged five]) had accessed Shelter twice and initially found out about the services they offered through a neighbour while they were living in a hostel. The first time they accessed the service, due to problems with housing and her daughter's behaviour, was for a period of approximately 12 months.

"I have been twice now. The first time I was in the hostel we'd just moved up from [another area]. I was due to get my own house, I just was suffering with help with housing and [daughter] at the time. We were having to put up with her behaviour, so since we have been with them we have had so much help with the groups she has gone to. Group anger management is one…it's done her good" (Female adult)

The second time that the family accessed the service the mother was suffering from pre-natal depression. Shelter supported the mother with these feelings and also took her to appointments. The mother felt that this support had helped to improve her confidence and being able to speak about how she was feeling without fear of being judged. The family was supported by Shelter for five months during this time. The mother saw the support worker every week at first, and then on a fortnightly basis once things improved. The family was also still having ongoing issues with her daughters issue with anger. Shelter provided the family with a range of support, which included sessions with the whole family, art and craft and one-to-one sessions with the daughter to talk about her feelings, and they also helped to involve the school. They also helped to refer the daughter to CAMHS and also to Family First.

"We had meetings I'm not sure if I was with Shelter but I use to have CAF meetings with the school. I think we were all combined in one room at the time the school was involved as well. But then after my twelve months they didn't just leave me they helped me find more help they referred me to Family First" (Female adult)

When the family moved into a house there were problems with the garden being incomplete and unsafe which led to their son breaking his shoulder bone. Shelter supported the family in contacting the landlord and council to ensure the garden was repaired. Due to the support that Shelter provided their daughters behaviour improved. The mother also felt that she has got the bond with her daughter back, and has also introduced a number of family members to the service.

"Our lives have completely changed because I have learned to do my phone calls myself and to just be a mum where I wasn't taking the step properly ……it's just given me my role back"(Female adult)

"I have with [daughter] because when she first started with the school she had a group of friends and she was having problems in school where she was being getting called in saying she was outburst in class all the time now the schools don't phone me anymore" (Female adult)

Case study 4

The family (a mother with her four daughters aged 11, 12, 14 and 21 years, including one with severe learning difficulties). They were referred to Shelter by a hostel where they were living when one of the hostel workers recognised the mother was suffering from exhaustion. The family had been homeless for over seven years and had lived in a caravan, hostel and bungalow. In the bungalow, the family experienced particularly harsh living conditions, which included sleeping in rooms that had damp due to a lack of central heating (a boiler that did not work). This also meant that they did not have access to hot water or central heating for two years. Moving schools and location often heavily interrupted the children's learning ability and the mother considered it to have had long term effects on the children's confidence when socialising with other children.

"I remember lying in bed and the ceiling, the boiler had burst in the loft and the water was just dripping through onto my bed and I'm just sitting there like… not having any carpet, no floor boards, it was freezing for two years, no hot water, no central heating, nothing… You know when people say they've got damp in the house and it's like a little bit and they think it's really bad, this was literally from the floor to the ceiling and it was growing hairs it was disgusting…It would stink the house, your clothes" (Female young person aged 21).

For 12 months Shelter's case worker worked with the family to find a new house, complete the paperwork for her bills, apply for funding for carpets and furniture for their new house, refer the family to a counselling service, as well as helping the children find a place into a new school. This was the first time the family reported that they felt they were being listened to and could build up a relationship with someone they trusted and who was going to help them address their variable needs. The case worker arranged to see the family fortnightly, however, there were many occasions when the family received daily support from Shelter. The mother said that support from Shelter had helped to increase her confidence in being able to do daily tasks, such as making phone calls and paying bills; and to start a new life for her and her children.

"Well I had mine [support worker], she helped me with the moving in and the settling in, just building confidence in you again. We've been about seven years homeless, we've been living in a caravan, a hostel, you name it and I was sent from the hostel that I was… I was suffering from exhaustion by the time I got that house and it was just really, making phone calls, you don't realise but you just lose all confidence in how to do anything. Your priority of your bills you know, what you must pay to keep the shelter over your head…"
(Female adult)

Case study 5

The family (a mother and her two sons aged eight and nine) were given contact details for Shelter from a housing organisation as they were going to be evicted from their home. This was due to the Spare Room Subsidy as they lived in a three bedroom house and were required to move to a two bedroom house, despite none being available at that point in time. The mother sought help from her local council but failed to receive any, and so thought her family was shortly going to be homeless. This led the mother to suffer from depression which she felt impacted on the wellbeing of her children. Shelter visited the family three to four times a week and helped the mother go through all the necessary paperwork and letters she needed to address in order to keep her house. Shelter also helped her to access food banks.

"…whenever I picked the phone up and phoned X myself or then she would phone and check on me a lot. If she helped me with one thing, she helped me with the Property Pool; she took me down to here to get to her office to do work on her computer because I never had a computer at the time. What else did she do… she done loads of things, like food banks when I needed the food banks, she took me down and went and did shopping for me, so I had contact with her I'd say three or four times a week" (Female adult)

"I was really, really depressed, I had really bad depression and they just sorted everything out for me and it just felt like I could, I just felt like I could find somebody I could talk to and trust to do it for me so…" (Female adult)

Through Shelter the mother was able to access a Passport to Housing course which gave her the confidence to deal with the council and property pool as well as know her housing rights. The support worker, who was regarded as someone the family trusted, helped the family get the holes in their downstairs window repaired and organised fun activities for the family such as baking and a trip to Southport. The mother reported her confidence had improved and that she had a new positive outlook on life, which has improved her relationship with her children and brought stability to their lives.

"…. they have helped me with my problems and I'm a lot less stressed, the children have been in school a lot of the time when I've been with X and stuff, but obviously it's a knock on effect, if I feel better in myself then they do so it really has changed them" (Female adult)

"Stability, everything. It's just really helped get us back on our feet because I didn't know where we were going to be without them, I'd have been homeless probably, I'd have probably had nowhere to live" (Female adult)

Appendix 2. Cost calculations and impact map

A social value for money exploration was conducted to explore the social benefits created by The Knowsley Family Support Service. Using the information from the qualitative research, a theory of change for the direct beneficiaries (children aged 5-16 years, parents and the family) was developed. Secondary data were collected from Shelter relating to cases that have engaged in the Knowsley Family Support Service. A calculation of the ratio of the investment into the service: social value was created by dividing the total value of the benefits for all beneficiaries (after accounting for what would have happened anyway and attribution) by the value of the investment.

Table a. The outcomes for children aged 5-16 (n=131), their value and levels of deadweight and attribution applied.

Outcome	Indicator	N	Financial Proxy	Value(in£)	Source of financial proxy	Deadweight: What would have happened without the activity?	Attribution: Who else contributed to the change?
Better educational engagement and achievement	Progress at least one point between opening and closing on 'educational review data' for: 'attendance' and 'attainment' provided by parent	3	Difference in hourly pay between those with 5 A*-C grades at GCSE and those with no qualifications (£1.75) * average number of working hours per year, UK 2013 (1669)	2,920.75	ONS earnings by qualification (2011); OECD iLibrary	40%	10%
Demonstrated engagement in positive social behaviour	Progress at least one point between opening and closing on 'outcome star (child support)' for: 'positive behaviour', 'made friends' and 'involved in positive activities'	2	Value of 'go to youth clubs' from Social Value Bank for person <25, living outside of London	2,464	Title: Community investment values from the Social Value Bank Authors: HACT and Daniel Fujiwara (www.hact.org.uk / www.simetrica.co.uk) Source: www.socialvaluebank.org	70%	10%
Healthier physically and mentally	Number of self-report in interviews and corroborated by parent testimony	7	Value of 'good overall health' from Social Value Bank for person <25, living outside of London	16,412	Title: Community investment values from the Social Value Bank Authors: HACT and Daniel Fujiwara (www.hact.org.uk / www.simetrica.co.uk) Source: www.socialvaluebank.org	80%	20%

Table b. The outcomes for parents (n=89), their value and levels of deadweight and attribution applied.

Outcome	Indicator	N	Financial Proxy	Value(in£)	Source of financial proxy	Deadweight: What would have happened without the activity?	Attribution: Who else contributed to the change?
Able to control personal life (e.g. deal with finances and maintain daily routines)	Progress at least one point between opening and closing on 'ability' assessment for: 'economic wellbeing', 'positive contribution'	40	Value of 'feel in control of life' from Social Value Bank for person of unknown age, outside of London	12,454	Title: Community investment values from the Social Value Bank Authors: HACT and Daniel Fujiwara (www.hact.org.uk / www.simetrica.co.uk) Source: www.socialvaluebank.org	20%	30%
Healthier physically and mentally	Progress at least one point between opening and closing on 'ability' assessment for: 'housing support needs', 'stay safe', 'improvement in confidence'	44	Value of 'good overall health' from Social Value Bank for person of unknown age, outside of London	19,913	Title: Community investment values from the Social Value Bank Authors: HACT and Daniel Fujiwara (www.hact.org.uk / www.simetrica.co.uk) Source: www.socialvaluebank.org	70%	30%
Motivation and interest in own education/employment	Progress at least one point between opening and closing on 'ability' assessment for: 'enjoy and achieve', 'be healthy'	35	Average value of 'regular volunteering' (£2,307) and 'employment training' (£647) from Social Value Bank for person of unknown age, outside of London	1,477	Title: Community investment values from the Social Value Bank Authors: HACT and Daniel Fujiwara (www.hact.org.uk / www.simetrica.co.uk) Source: www.socialvaluebank.org	10%	10%

Table c. The outcome for the family unit (n=89), the value and levels of deadweight and attribution applied.

Outcome	Indicator	N	Financial Proxy	Value(in£)	Source of financial proxy	Deadweight: What would have happened without the activity?	Attribution: Who else contributed to the change?
Spend more quality time together	Number of interviewees that stated family outings were a result of the family staying together	6	Cost of a day out in Southport for a family of 1 adult and 2 children including travel (Merseytravel Saveaway day ticket), Southport Pleasureland (Funcard loaded with min spend of £5 per person) and lunch (£5 per person); based on two trips per year	81	http://www.merseytravel.gov.uk/Tickets/compare-tickets/Pages/Saveaway.aspx; http://southportpleasureland.com/	50%	15%

Table d. The outcome for the local authority, the value and levels of deadweight and attribution applied.

Outcome	Indicator	N	Financial Proxy	Value(in£)	Source of financial proxy	Deadweight: What would have happened without the activity?	Attribution: Who else contributed to the change?
Avoidance of children being taken into care	Number of families who mentioned this would have happened if it was not for Shelter	2	Child taken into care - average cost across different types of care setting, England, per year	64,819	Greater Manchester CBA tool unit costs database	10%	15%

Figure A: Parent economic wellbeing

Figure B: Parent positive contribution

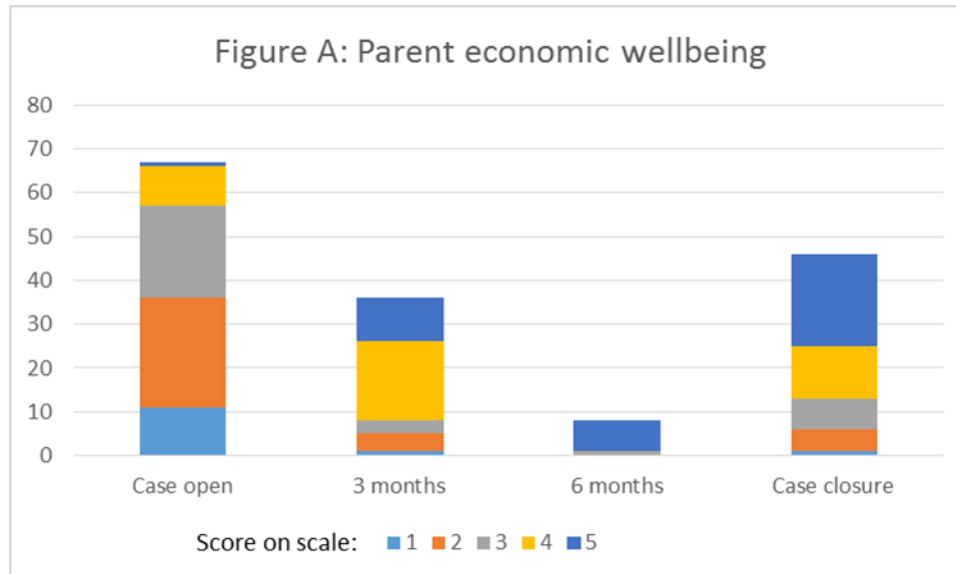Figure C: Parent housing support needs

Figure D: Parent stay safe
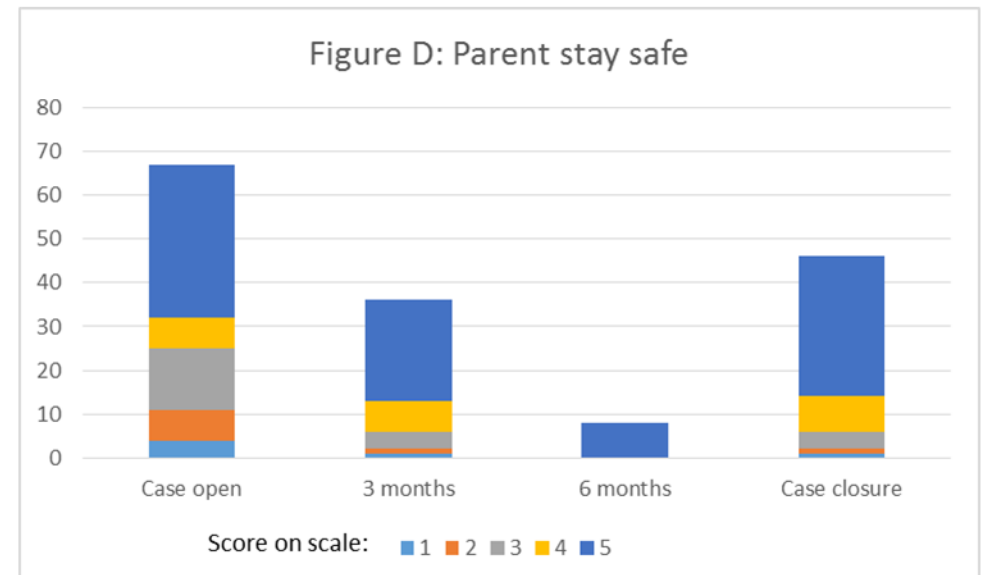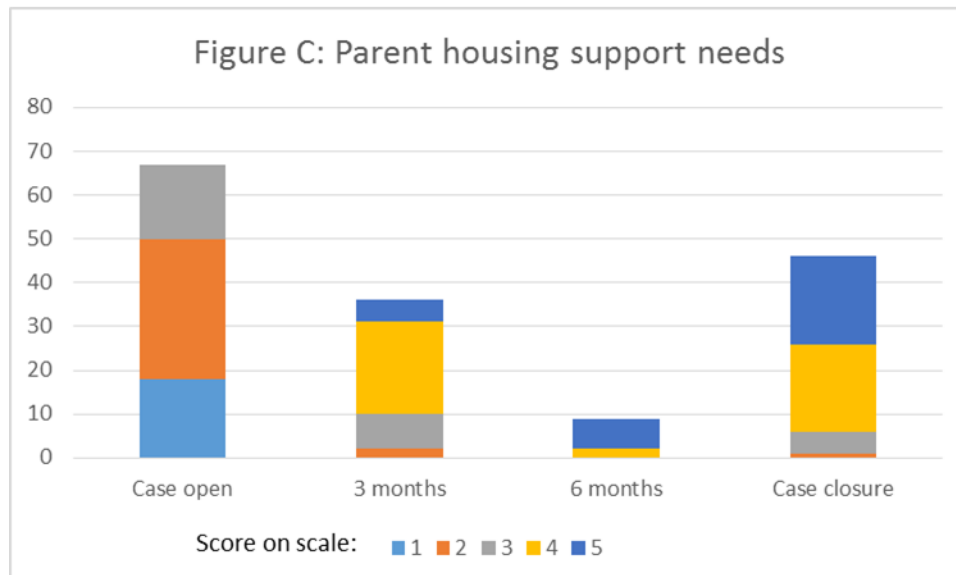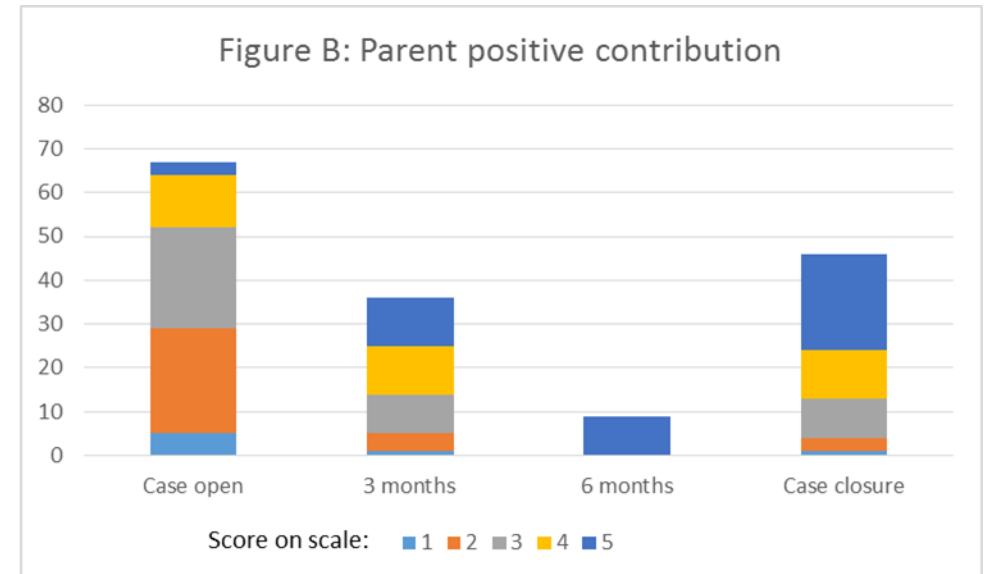
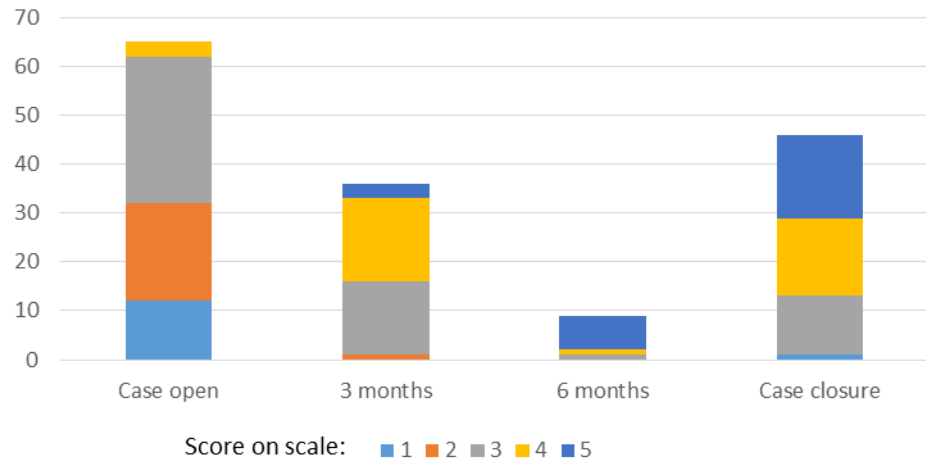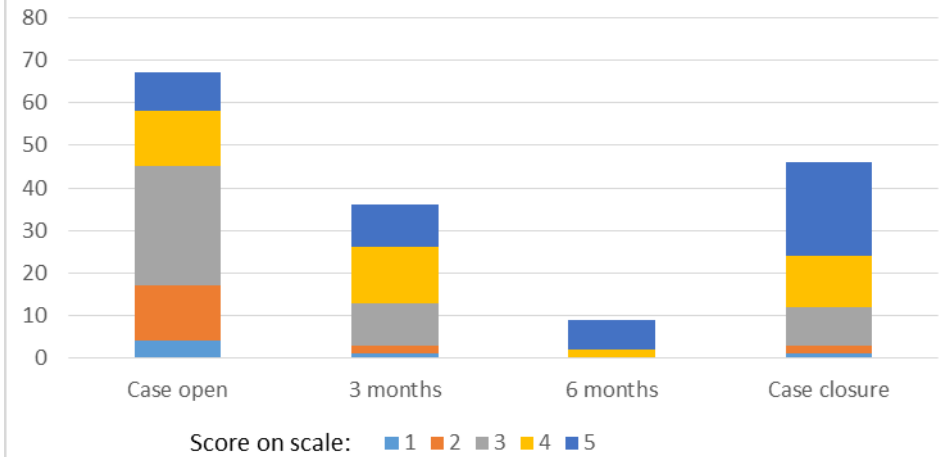Figure E: Parent improve in confidence

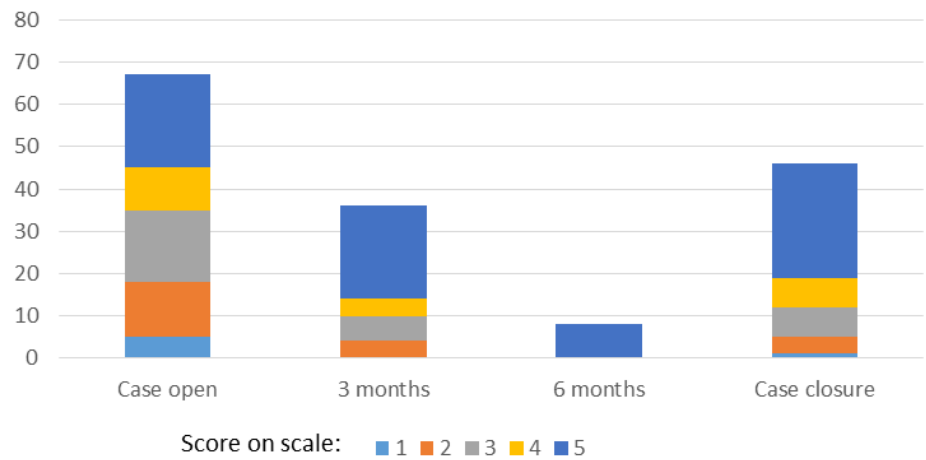Figure F: Parent enjoy and achieve

Figure G: Parent be healthy

Figure H: Child attendance at school (provided by parent)
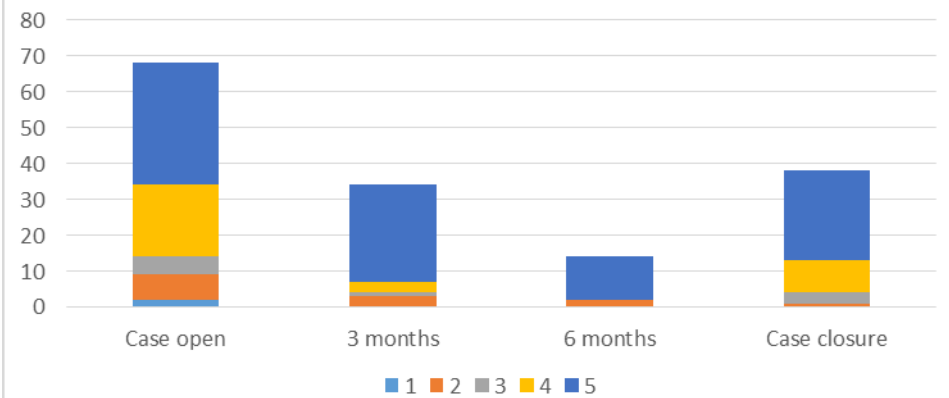
Score on scale: ■1 ■2 ■3 ■4 ■5
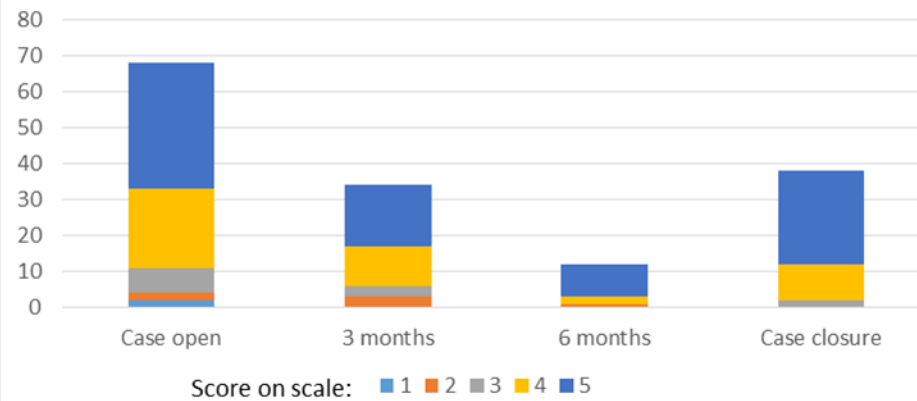
Figure I: Child attainment at school (provided by parent)

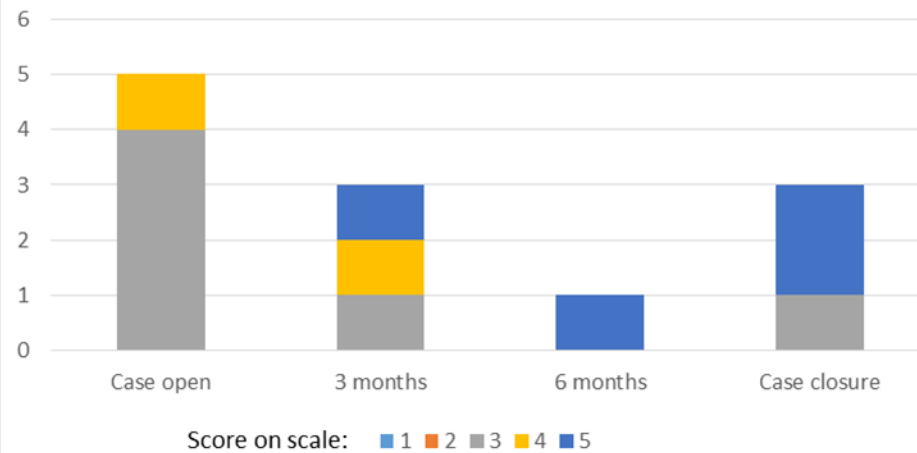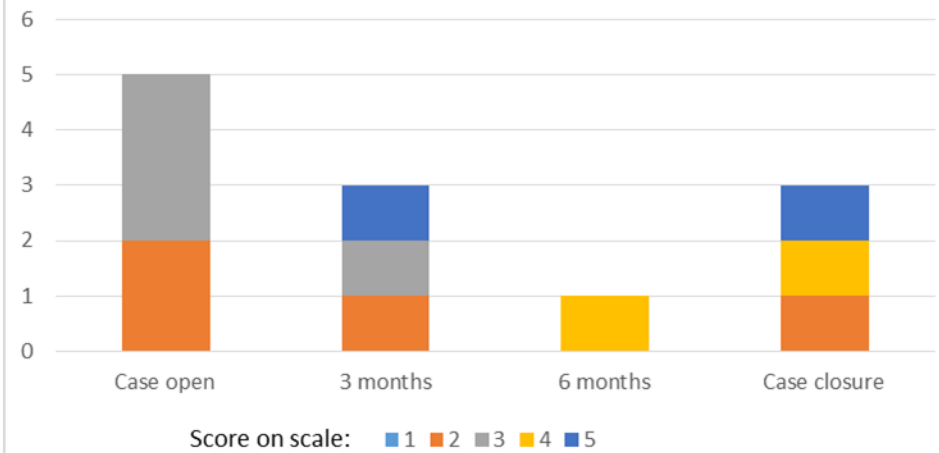Figure J: Child positive behaviour
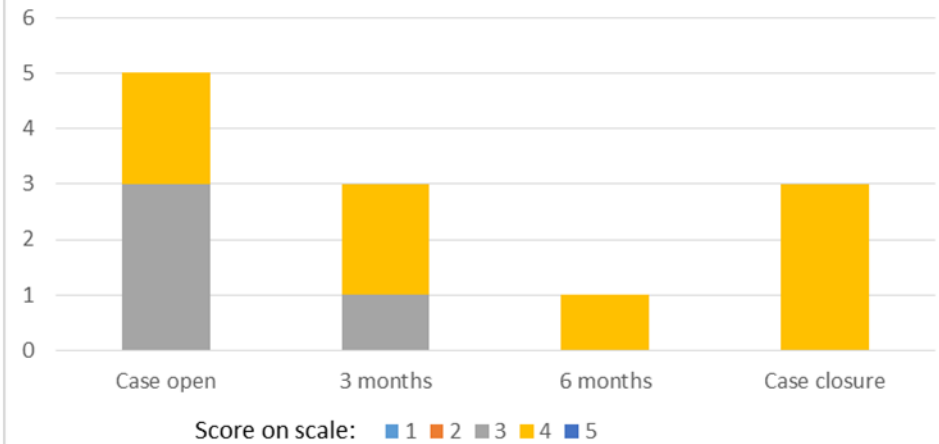
Figure K: Child makes friends

Figure L: Child involved in positive activities

Appendix 4. Deadweight and attribution justifications

Table e. Justification for deadweight

Outcome	Deadweight	Indicators for justification	Benchmark	Source	Location
Better educational engagement and achievement (Stakeholder: children)	40%	Knowsley local authority (state-funded schools only) % achieving 5+ A*-C GCSEs or equivalent including English and Maths	2011: 40.8%, 2012: 40.9%, 2013: 43.7%, 2014: 35.4%	Department of Education.2014. Knowsley Secondary School Performance tables	Knowsley
		Percentage in Knowsley achieving Level 4+ in all of reading, writing and maths	2013: Knowsley: 76% National average: 75% (excluding independent schools)	Department of Education.2013. Knowsley Primary School Performance tables	Knowsley & National
		Absenteeism in Knowsley	2012: Rate: 9.1%	Merseyside: Knowsley Children & Young People's emotional health and wellbeing needs assessment. 2012.	Knowsley
Demonstrated engagement in positive social behaviour (Stakeholder: children)	70%	Having three or more close, same-sex friends	2010: Over 85% (unchanged value from 2006-2010)	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National
		Peer relationship at school: perception of peers being kind and helpful	2010: 57% represents decrease from 2006 when 70% (15 year olds)	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National
		Peer relationship at school: feel they have not been bullied	2010: 70% (across all ages)	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National
		First time entrants to the Youth Justice System	2007: 1928.5, 2012: 606.6 (per 100, 000: fallen significantly in line with regional and national trends, aged 10-17)	Knowsley Needs Assessment. 2014	Knowsley
Healthier physically and mentally (Stakeholder: children)	80%	Life satisfaction (being relatively positive by score 6 and above)	2010: 83% (slight decrease since 2006)	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National

		Proportion of children (10-15 years) with medium/ high level of life satisfaction	2012: 74.5%, 2013: 76.7%	Children's Society: ONS: Measuring National Well-being: Children's Well-being, 2014	National
		Proportion of children (10-15 years) with medium/ high level of happiness yesterday	2012: 74.5%, 2013: 74.1%	Children's Society: ONS: Measuring National Well-being: Children's Well-being, 2014	National
		Proportion of children (10-15 years) with medium/ high level of worthwhileness	2012: 74.5%, 2013: 75.3%	Children's Society: ONS: Measuring National Well-being: Children's Well-being, 2014	National
		Emotional wellbeing: 'Low grade' poor mental health (regularly feel low, sad or down)	30% of young people low grade	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National
		Proportion who have participated in any sport in the last week (11-15 years)	2011-12: 86.6%, 2012-13: 89.1%	Office for National Statistics ONS. 2011/12: Taking Part, Department for Culture, Media and Sport: Measuring National Well-being: Children's	National
		High self-esteem scores in primary school sample	2010: 55% of boys, 44% of girls	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National
		General health (Children 0- 15 years)	Very good/good health: 2003: 94.2%, 2004: 94.2%, 2005: 95.0%, 2006: 94.1%, 2007: 94.1%, 2008: 94.4%, 2009: 95.1%, 2010: 94.2%, 2011: 94.0%, 2012: 95.2% 2013: 95.6%	Health Survey for England - 2013, Trend tables (children). 2014	National
Able to control personal life (e.g. deal with finances and maintain daily routines) (Stakeholder: parents)	20%	Profile of families in the borough by behaviour and need	2010: Around 30% of families are judged to be 'thriving'. Around 15% are 'coping'- vulnerable to economic changes but resilient, with	Knowsley Metropolitan Borough Council. Just Coping: A New Perspective on Low Income Families as cited in unlocking the potential in young people in	Knowsley

			good social networks and extended family. 45% just coping, 10% chaotic.	Knowsley. 2010	
		Young people's perception of parental support	2010: 88% of young people report that they feel well supported by their parents. 2010: 95% of young people reported that they are encouraged by their parents to do well at school	Health Behaviour in School-aged Children (HBSC) 2010 findings from England survey	National
		Proportion of children (0-19 years) living in households with less than 60% of median income	2001/2002: 23%, 2011/2012: 17%	Office for National Statistics ONS. 2014: Household Below Average Income, Department for Work and Pension	National
Healthier physically and mentally (Stakeholder: parents)	70%	General health	Very good/ good health: 2003: 75%, 2004: 75%, 2005: 75%, 2006: 76% 2007: 75%, 2008: 76%, 2009: 76%, 2010: 76% 2011: 76%, 2012: 76%, 2013: 76%	Health Survey for England - 2013, Trend tables (adults)	National
		Wellbeing mean score	2010: 51.0% 2011: 51.6% 2012: 52.3% 2013: 51.6%	Health Survey for England - 2013, Trend tables (adults)	National
Motivation and interest in own education/ employment (Stakeholder: parents)	10%	Proportion of children (10-15 years) living in workless households	2002: 16.5%, 2013: 13.6%	Office for National Statistics ONS. 2014. Labour Force Survey	National
		Effects of youth unemployment on educational attitudes	1995- 2010: increased unemployment rates reduce educational aspirations among 11-15 year-olds with less educated parents	Understanding Society study. 2014. Insights findings from the largest longitudinal study of UK households	National

		Unemployment/ job seeking rates	Unemployment rate: 2013: National 7.7% (May-July 0.1% drop). Number seeking Job Seekers Allowance: 2013: Knowsley 5.4% (Jan- Aug 1% drop)	Knowsley Labour Market Bulletin. 2013. Headlines	Knowsley & National
Spend more quality time together (Stakeholder: family unit)	50%	Would sit and talk to family at least once a week	2013: Among 11 and 13 year olds, 73-75% said that they would sit down and talk with their family at least once a week, compared to 56% of boys and 62% of girls at age 15 (significantly at age 15)	Understanding society: ONS: Measuring National Well-being: Children's Well-being, 2014	National
		Proportion of children (10-15 years) who talk to a parent about things that matter more than once a week (mother/father)	2002: 51.3% - mother, 31.3% - father 2011/2012:63.4% - mother, 39.6% - father	Understanding society: ONS: Measuring National Well-being: Children's Well-being, 2014	National
Avoidance of children being taken into care (Stakeholder: Local Authority)	10%	Children looked after by the Local Authority and through an agreement with their parents 2009- 2013	Rates per 10,000: 2009: 54, 2010: 57, 2011: 58 2012: 59, 2013: 60	Children in Care in England: Statistics 2014	National
		Being looked after by the Local Authority	31 March 2014, 262 children are being looked after by the local authority (a rate of 78.7 per 10,000 children). This is a 10.5% increase from 237 (73.1 per 10,000 children) at 31 March 2013	Ofsted Report. 2014. Knowsley Council Inspection of services for children in need of help and protection	Knowsley

Table f. Justification for attribution

Outcome	Attribution	Agencies accessed by Knowsley Shelter service users*	
		Multi-agencies checklist	Medium level child support agencies involved
Better educational engagement and achievement (Stakeholder: children)	10%	▪ Support with children (non-statutory) (n=12/89) ▪ Support within school (child) (n=9/89) ▪ Support with education/ employment (adult) (n=10/89) ▪ Parenting support (n=7/89)	▪ Additional education support
Demonstrated engagement in positive social behaviour (Stakeholder: children)	10%	▪ Support with children (non-statutory) (n=12/89) ▪ Support within school (child) (n=9/89) ▪ Support with education/ employment (adult) (n=10/89) ▪ Parenting support (n=7/89)	▪ Additional education support ▪ Stronger Families ▪ Family First
Healthier physically and mentally (Stakeholder: children)	20%	Greater percent as greater number of agencies involved with more intensive involvement: ▪ Support with children (non-statutory) (n=12/89) ▪ Support within school (child) (n=9/89) ▪ Support with education/ employment (adult) (n=10/89) ▪ Parenting support (n=7/89) ▪ Specialist housing advice (n=5/89) ▪ Mental health services (child) (n= 1/89) ▪ Disability services (child) (n=2/89)	▪ Additional education support ▪ Children's services ▪ Family First ▪ Home Start ▪ KDVSS ▪ Stronger Families
Able to control personal life (e.g. deal with finances and maintain daily routines) (Stakeholder: parents)	30%	Greater number of agencies involved for parents than children: ▪ Financial/ debt advice (n= 10/89) ▪ Parenting support (n=7/89) ▪ Specialist housing advice (n=5/89) ▪ Support with children (non-statutory) (n=12/89) ▪ Support within school (child) (n=9/89) ▪ Support with education/ employment (adult) (n=10/89) ▪ Mental health services (adult) (n= 5/89) ▪ Substance misuse service (adult) (n=1/89) ▪ Disability services (adult) (n=2/89) ▪ KDVSS (n=5)	▪ Children's services ▪ Family First ▪ Home Start ▪ KDVSS ▪ Stronger Families

Healthier physically and mentally (Stakeholder: parents)	30%	Greater number of agencies involved for parents than children: ▪ Financial/ debt advice (n= 10/89) ▪ Parenting support (n=7/89) ▪ Specialist housing advice (n=5/89) ▪ Support with children (non-statutory) (n=12/89) ▪ Statutory children's social care (n=5/89) ▪ Support within school (child) (n=9/89) ▪ Support with education/ employment (adult) (n=10/89) ▪ Mental health services (adult) (n= 5/89) ▪ Substance misuse service (adult) (n=1/89) ▪ Disability services (adult) (n=2/89) ▪ KDVSS (n=5)	▪ Children's services ▪ Family First ▪ Home Start ▪ KDVSS ▪ Stronger Families
Motivation and interest in own education/ employment (Stakeholder: parents)	10%	Schools are the only other service able to claim a little attribution: ▪ Support with education and employment (adult) (n=10/89)	▪ Additional education support
Spend more quality time together (Stakeholder: family unit)	15%	Fairly low for other agencies, Shelter takes most of the claim* ▪ Social services: Statutory children's social care (n=5/89)	▪ Children's services
Avoidance of children being taken into care (Stakeholder: Local Authority)	15%	Fairly low for other agencies, Shelter takes most of the claim* ▪ Social services: Statutory children's social care (n=5/89)	▪ Children's services

*Shelter can claim for the referrals it makes to these agencies and for overall case management

Appendix 5. Glossary of Shelter 'ability' assessments

Economic Wellbeing: Improvement in stability and quality of housing.

Enjoy and Achieve: Increased motivation to acquire new skills, knowledge and experience, and to broaden horizons.

Be Healthy: Increased confidence and self-esteem.

Stay Safe: Provision of safe home and stability.

Positive Contribution: Understanding of rights and choices, opportunities to voice views and wishes.

Improvement in confidence: to access local agencies/ services.