



What Works for
**Children's
Social Care**

Evaluation of the No Recourse Early Action model

Pilot evaluation report

November 2022





What Works for Children's Social Care

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Contents

Abbreviations and acronyms	1
Executive Summary	2
Introduction	2
Research questions	2
Methods	3
Findings, discussion and recommendations	3
1 Introduction	
1.1 Project background	5
2 Methods	
2.1 Research questions	13
2.2 Protocol registration and ethical review	14
2.3 Research design	14
3 Findings	
3.1 Did the programme reach the intended families and what support did it offer?	21
3.2 What were the strategies used to reach the target population?	28
3.3 Was the programme delivered as intended, what adaptations were made and why?	37
3.4 Was the programme acceptable to and appropriate for parents/carers, staff and the LA?	41
3.5 What is the indicative evidence of impact?	44
3.6 What do we know about resource and cost?	52
4 Conclusions and recommendations	
4.1 Further reflections	63
4.2 Limitations	65
4.3 Conclusions and recommendations	65
References	69
Appendix A: Additional tables	72
Appendix B: Evaluation survey data demographics	83
Appendix C: NOREAM Theory of Change	85

Acronyms and abbreviations

CEI	Centre for Evidence and Implementation
CFIR	Consolidated Framework for Implementation Research
CPEC	Care Policy and Evaluation Centre
LA	Local Authority
MAP	Migrant aware practice
NOREAM	No Recourse Early Action Model
NRPF	No recourse to public funds
Section 17	Section 17 of the Children Act 1989 places duties on all local authorities to “safeguard and promote the welfare of children within their area who are in need”
SWEMWBS	The Short Warwick-Edinburgh Mental Wellbeing Scale
ToC	Theory of Change
WWCSC	What Works for Children’s Social Care

Executive summary

Introduction

This report presents the findings of a pilot evaluation of the No Recourse Early Action Model (NOREAM), an early intervention approach aiming to support families with precarious immigration status and “No Recourse to Public Funds” (NRPF) immigration conditions. Driven by early action principles, the model aims to prevent families from experiencing destitution by assisting them to progress across support domains relating to housing security, immigration status, income and employment, as well as health, care and wellbeing. The NOREAM programme was delivered by social workers through Hackney Local Authority’s (LA) Children and Families’ Social Services provision. In addition to the support offered by LA social workers, an integrated housing and immigration advisor provided specialist guidance to families who engaged with the programme with relevant needs. Over a 12-month period, 29 families received support from the NOREAM programme.

NOREAM adopted multiple activities which aimed to improve the outcomes of NRPF families across the borough. First, the programme undertook outreach activities to encourage families with NRPF to engage with support offered by Hackney LA. Second, social workers worked closely with families to set goals and signpost to appropriate services – this included onward referrals to the embedded NOREAM immigration advisor and/or housing advisor depending on family need. Finally, to promote change more widely across the LA delivery context, regular multi-agency conferences were held to advise practitioners across children’s social services on suitable support pathways for NRPF cases.

NOREAM was delivered during the COVID-19 pandemic, which impacted on the recruitment of families as well as programme delivery more generally. While the pandemic presented challenges to the programme, the programme reached a high-need population, was generally implemented as intended, and presented evidence of promise during interviews with families engaged with the programme as well as staff delivering it.

Research questions

1. **Theory of Change** – What was the Theory of Change of the NOREAM programme?
2. **Implementation of the programme** – How has the NOREAM programme been implemented?
3. **Indicative evidence of impact** – How do targeted outcomes change over time for families participating in the NOREAM programme?
4. **Resource use and costs** – What are the service use and costs associated with the NOREAM programme?
5. **Readiness for trial** – Overall, what is the readiness of NOREAM to be tested in a rigorous, experimental trial involving its delivery in multiple sites?

Methods

The study involved:

- Framework analysis of interviews with ten parents/carers receiving support, key delivery staff, and a diverse range of external stakeholders exploring perspectives on the NOREAM programme. Over two data collection points, a total of 27 interviews took place.
- Development of a Theory of Change through a series of three ToC workshops, two with programme staff and one with the programme Steering Group.
- Analysis of a pre/post short survey for NOREAM participants. The survey brought together two standalone validated outcome measures – Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and KIDSCREEN-10 – and measures from other scales including the USDA Household Food Security scale and (Social) Welfare at a Distance to look at relevant support domains and demographics.
- Analysis of administrative cost and programme data provided by the LA finance team and NOREAM delivery team, including a self-completed outcome measure capturing the perceived levels of need among parents/carers across the NOREAM support domains at two competition points – at the first session with a social worker and then three months later: 24 families fully completed the first administrative data collection activities, and 17 families completed the follow-up activities.

Findings, discussion and recommendations

From the administrative data, survey data and interviews, there was a clear unmet need from migrant families who engaged with the programme – especially in domains of housing, immigration, food security and health, care and wellbeing. The NOREAM programme served as an early help model to work in a flexible, relationship-based manner to assist families with varying needs. The programme was able to be implemented in adherence to its principles and achieved a collaborative approach across both the delivery team and the LA more widely.

There was evidence of promise for parents/carers who received NOREAM support. A key strength of the programme was its ability to support families to navigate through welfare services and provide grants in a flexible, person-centred way. While long-term outcomes – for instance resolving immigration status issues – were dependent on external organisations such as the Home Office, there were instances where families had the NRPF condition lifted as a direct result of support. Overall, parents who participated in interviews expressed a high level of satisfaction with the programme.

More fundamental questions were posed by some interviewees in relation to the model. While the programme's focus on early intervention was widely perceived as a strength, some questioned if social workers were best positioned to deliver this type of support. Specifically, it was felt that historical tensions between social services and the local community and the mandatory reporting of undocumented individuals receiving statutory support to the Home

Office could undermine the programme's ability to engage with families prior to reaching the point of crisis. A diverse group of migrant families were reached, but the programme may have been limited in reaching the most vulnerable and more undocumented families due to the reluctance of families to engage with the local authority. In contrast, others felt that the programme could take an active role in realigning frontline delivery with the person-centred principles underpinning social work practice, and in reaching new populations without the confines of statutory reporting and obligations. Additional concerns were raised that delivering an early intervention service which sits outside of statutory provision could create a false dichotomy and, in turn, discourage statutory services from taking an upstream approach. This view was balanced by others who felt that NOREAM delivery offered a pragmatic solution to support families who are often not prioritised or assisted within overstretched statutory services.

A total of six families (21%) who engaged with NOREAM were eventually supported through statutory section 17 NRPF provision. A further two families were escalated to section 17 safeguarding assessments. Delivery staff and external stakeholders felt that the programme should not seek to decrease the number of families overall receiving section 17 support. Specifically, the programme's ongoing community outreach activities were likely to result in more families engaging with LA support who had the potential to eventually meet statutory support thresholds. Additionally, concerns were raised that incentivising a reduction in section 17 provision could result in a culture shift among frontline practitioners, leading to increased gatekeeping which would be in conflict with the rights-based approach promoted by the model.

We recommend that following further refinement of NOREAM, the programme should be taken to scale and delivered across a number of suitable LAs as a waitlist RCT. LAs should have a significant number of families with NRPF within the area and have a pre-existing network of services which provide migrant-focused support. If the model is to be taken to scale, it will be critical to establish further learnings through an implementation, impact and process evaluation.

For a more detailed summary of the study's key findings in response to the leading research questions, please refer to Table A1 in the appendices.

1. Introduction

1.1 Project background

Families who have “No Recourse to Public Funds” (NRPF) as part of their immigration conditions are excluded from most mainstream welfare provisions, including Universal Credit, Pension Credit, Child Benefit and housing assistance. The NRPF population includes those who have temporary leave to remain with NRPF conditions and irregular or undocumented migrants, such as those who stay past their visa, or who are not legally entitled to seek paid employment (Jolly, 2018). While the exact number of children and families with NRPF is not publicly available, it is estimated that more than 100,000 children in the UK have NRPF on the basis of their immigration conditions (Pinter et al., 2020). There are also an estimated 215,000 undocumented migrant children in the UK, all of whom are subject to NRPF conditions and approximately 107,000 of whom are thought to live in London (Jolly et al., 2020). Children with NRPF are disproportionately from Black and South Asian communities (Price & Spencer, 2015). While the full extent of the impact of COVID-19 on families with NRPF is not known, data from the Home Office reveals that applications for suspensions of the NRPF condition increased eightfold between the first and second quarters of 2020, suggesting a substantial increase in destitution¹ among this group of people during the pandemic (Pinter & Leon, 2020).

One of the few statutory entitlements for families with NRPF are services provided under section 17 of the Children Act 1989 which places a duty on local authorities to safeguard and promote the welfare of “children in need”.² By providing accommodation and subsistence support to families under section 17, local authorities play a vital role in preventing destitution among this vulnerable group (NRPF Network, 2018). In London alone it is estimated that £53.7 million is spent annually by LAs to support those families subjected to the NRPF condition (London Councils, 2018). Currently, however, local authorities do not have a statutory responsibility to support families who do not meet the threshold for support under section 17. Thus, there is no financial incentive or legal obligation for local authorities to assist families with NRPF who do not meet the threshold for section 17 support (Glanville, 2020). Additionally, local authorities are legally required to inform immigration authorities if any undocumented individuals approach them for statutory support, such as section 17 support (British Association of Social Workers, 2020). Many families with NRPF are reluctant to approach local authorities for support and often go without assistance if they do so due to increasingly high statutory support thresholds (British Association of Social Workers, 2020).

¹ Section 95 of the Immigration and Asylum Act 1999 states that a person is destitute if they do not have adequate accommodation or any means of obtaining it (whether or not other essential living needs are met); or if they have adequate accommodation or the means of obtaining it, but are unable to meet other essential living needs. See <https://www.legislation.gov.uk/ukpga/1999/33/section/95>

² See <https://www.legislation.gov.uk/ukpga/1989/41/contents>

The NOREAM pilot programme

The NOREAM intervention piloted a new approach to working with families with NRPF through LA provision. The model involved applying the principles of early intervention in a NRPF setting, supporting families to resolve problems before they fall into crisis. The NOREAM approach is centred on the hypothesis that applying early intervention principles to work with migrants will both improve outcomes for children and provide better value to local authorities. The project aimed to develop a coherent, transferable and scalable model of “migrant aware practice” for children and families with NRPF and to develop interdisciplinary and multi-agency practice both within the local authority and with local partners. By identifying families earlier and providing a holistic targeted intervention, NOREAM initially aimed to prevent families needing more intensive support later, including through section 17 provision, and to improve outcomes for children and families. The final Theory of Change (ToC) is provided in Appendix C, and the programme is summarised below and also described in the TIDieR framework.³

The programme worked through several areas of activities. First, the programme undertook outreach activities to encourage families with NRPF who may benefit from support but are reluctant to engage with the local council to do so. Given that NOREAM was not offering statutory support, it was determined that there was no obligation to report undocumented families to immigration officials, unless there were follow-on statutory services such as child protection services or section 17 support. Second, during initial intervention sessions social workers worked with families to determine initial levels of need across immigration, housing, income and employment, and health care and wellbeing domains. The family needs and goals informed subsequent support interactions and shaped personalised delivery. In line with family needs, programme social workers signposted or referred families to existing resources, including other members of the NOREAM early action team specialising in housing and immigration support. Immigration advice was a major concern, and most families would meet with the immigration advisor for an advice session. Third, case consultations were led by NOREAM social workers for LA staff within children’s social care who were working with NRPF families. During consultations, practitioners received specialist NRPF-focused social work, housing and immigration advice to shape the support they were providing.

The manual for the NOREAM programme (used by social workers in their sessions with families) provides additional clarity on both the principles and activities of the programme. The programme was centred on the following seven PERSPEC principles rooted in Social Work England professional standards and Professional Capabilities Framework:

1. **Person-centred**
2. **Early action focused**
3. **Rights anchored**
4. **Strengths centred**

³ The Template for Intervention Description and Replication (TIDieR) checklist provides guidelines to improve completeness in the reporting of interventions in research studies.

5. Partnership based
6. Evidence led
7. Compassion grounded.

Each family was supported to address needs relating to seven key support domains: immigration status; health and wellbeing; housing; food security; income and employment; education, training and leisure; and support networks. These key support domains were worked on over a varied number of sessions depending on family need – often three sessions were held, but many more sessions were available. The first session involved creation of scaling, goal setting, and deciding on which of the seven support domains to focus on for further sessions.⁴ The manual provided the delivery staff with suggested material for sessions along these domains and guidance for emergency grants. At the point of conclusion or three months into receiving support from the programme there was a review and action planning session for each family. If there were no improvements made across the domains of the intervention, then the family either stayed with the programme for an additional three months or the family was referred onto section 17 support. Social workers discussed with families any duties to report undocumented family members to the Home Office under section 17 support.

NOREAM: Description

This section follows the TIDieR framework to describe the NOREAM programme as intended, and the modifications made in implementation (Hoffman, 2014).

Table 1.1. NOREAM description

	NOREAM – No Recourse Early Action Model
Why: Rationale, theory or goal of essential elements	NRPF families are at heightened risk of destitution as they are excluded from most mainstream welfare provisions, including housing assistance and other benefits. Upstreaming the point of intervention through NOREAM support attempts to prevent families falling into destitution, improve their mental wellbeing and decrease demand on statutory service through section 17 provision.
What (materials): Materials used in delivery or training and location	The background to NOREAM as well as practice guidance for social workers are comprehensively covered in the programme manual, established by the programme designer (Jolly, 2021). An informative website (https://www.noream.org) was also created to aid the promotion of the programme across local community organisations. Families also received supporting documents throughout NOREAM delivery.

⁴ A culturagram was also created at times. The culturagram, developed by Elaine Congress (1994), was initially used by social workers as a family assessment tool which recognised cultural diversity of the families receiving support. It is designed to guide an interview in order to understand a family's situation and to identify further areas for exploration or support.

<p>What (procedures): Procedures, activities and processes used, including enabling and support activities</p>	<p>NOREAM initially took an active role in establishing and improving relationships with differing services within the LA and relevant organisations across the borough more widely. This included leading presentations outlining the aims of the programme and hosting ongoing meetings within the LA.</p> <p>Initially it was envisaged that families would receive ten support sessions, but prior to launch this was adapted to reflect the varied needs of families receiving support. In practice, NOREAM offered between three and ten support sessions and text message contact communication to enable progress across the support domains. Onward referrals would be made to either the housing advisor or the immigration advisor depending on the circumstances of families. Support sessions held both in person and remotely, typically consisted of goal settings across support domains as well as practical guidance to aid families' progress.</p> <p>A more detailed summary of session delivery content can be referred to in the NOREAM delivery manual (Jolly, 2021).</p>
<p>What (procedures): Recruitment of families</p>	<p>Multiple referral routes were established to reach the programme's target population. This included establishing relationships with local third sector organisations which worked with migrant families. Pre-existing relationships with healthcare services and education providers were also used to increase referral numbers. All referrals went through the Hackney Borough Council First Access Screening Team (FAST). An initial projection was made that 45 families would receive support during the delivery period.</p> <p>The eligibility criteria initially aimed to primarily support families with NRPF conditions. The eligibility criteria were being a family (with care of a child under 18 years of age) with a member affected by the NRPF condition and residents of Hackney. Support and advice were offered to asylum-seekers and families who may have recently secured recourse but still faced challenges due to the fragmented nature of welfare provision.</p>
<p>Who provided: Expertise, background and specific training of providers</p>	<p>The NOREAM programme was designed and developed by Dr Andrew Jolly who was initially working out of the Institute for Community Research and Development at the University of Wolverhampton and moved to the University of Plymouth, in collaboration with Hackney Council. A steering group comprising partners in the voluntary sector and families with experience of having NRPF, helped to shape the design of the programme as well as the content of the delivery manual.</p>
<p>How: Modes of delivery</p>	<p>NOREAM was initially intended to be delivered face-to-face. Due to the pandemic, the programme adapted to offer families both in person and remote support depending on the preferences of</p>

	parents/carers. Families received support primarily online and by phone.
Where: Types of locations including infrastructure	NOREAM was delivered in a range of contexts. Support sessions were held online, in person through home visits and by phone. Families used their own phones to engage with NOREAM staff.
When and how much: Number of times delivered, over what period	Initially NOREAM delivery was suggested for ten sessions over a ten-week period, but this was changed prior to launch to be approximately three to ten sessions in line with the principles of the programme and advice by social workers. Alongside ongoing support sessions, fortnightly check-ins by phone, text or email were suggested to ensure that families were making progress across the support domains.
Tailoring: Any plans for personalising or adaptation	Social workers delivering NOREAM were explicitly asked to take a person-centred approach as outlined in the PERSPEC seven principles informed by the social work Professional Capabilities Framework. Due to the diverse nature of the support domains of NOREAM the programme was able to respond to a diverse range of needs.
Modifications: Changes made during the course of the study	Changes were made to the initial process following ongoing consultation between NOREAM developers and delivery staff. Notably, elements such as the culturagram were dropped from the assessment and revisions were made to the domain scoring system. These changes were made to streamline and simplify the initial sessions for families receiving support. Additionally, NOREAM was delivered in a variable number of sessions, with often around three more formal conversations with the social worker and appropriate referrals made, in a person-centred approach. It was noted that the number of sessions was to be determined by the needs of the families and could change significantly on a case-by-case basis. In practice, support was provided to families in a relatively “light touch” manner, consisting of check-ins to track the progress of wider service engagement, from anywhere between one week and three months depending on case circumstances.
How well (planned): Assessment and maintenance of fidelity or adherence	While there were no rigid fidelity criteria for the delivery or the programme, the underpinning PERPEC principles were expected to shape the support provided to families and were adhered to according to interviews. In addition, the pre-determined support domains established a clear framework to focus goals set with clients. Administrative data provided by the NOREAM delivery team enabled insights to be provided into how families were both assessed and supported across support domains. The data outlined both initial assessment and follow-up contact with families.

	<p>Additionally, monthly meetings were held between NOREAM developers and delivery staff to ensure that shifts in practice were openly communicated and reflected in the programme design. A reflexive relationship was established between NOREAM delivery and design meaning that parameters of fidelity were not rigid and were in fact continually re-defined through programme delivery.</p>
<p>How well (actual): Extent to which delivered as planned</p>	<p>Twenty-nine families were referred to the service and engaged with social workers and completed initial assessment registration. Twenty-four of the 29 families fully completed the initial assessment tasks of the rating scales. Twenty-one families were reached for follow up assessments following three months of support to complete a further assessment of progress across support domains, with 17 families fully completing the assessment tasks. The follow-up data provided insights into families' progress in line with goals that were set at initial sessions.</p>

Pilot context

NOREAM was piloted throughout 2021 and into 2022 within Hackney London Borough Council's children's services. Hackney has an existing No Recourse to Public Funds team working with children and families who are subject to the NRPF conditions and meet the threshold for section 17 support. The borough has one of London's highest numbers of children with NRPF receiving support (Jolly et al., 2020). The NRPF team offers support to families through section 17 provision which creates a clear distinction in terms of the NOREAM offer which sought to intervene prior to the section 17 threshold being met. According to the Children Act 1989, section 17 support should be provided to "children in need". The legislation (at para 10) states that a child shall be taken to be in need if:

- a. *s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;*
- b. *her/his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or*
- c. *s/he is disabled⁵*

The section 17 duty often applies to families who are subjected to the NRPF condition when their circumstances push them towards destitution and children may have needs unmet. Guidance from a charity focused on ending child poverty suggests that the threshold for triggering section 17 duties is low and the only way LAs can refuse to assess children is if

⁵ See <https://www.legislation.gov.uk/ukpga/1989/41/section/17>

there is no realistic prospect that the child is in need.⁶ In practice, the section 17 threshold is often only triggered at the point of destitution and/or homelessness.

Initially, two social workers within the NRPF team delivered NOREAM alongside the support they provided to families through section 17. Over time this was adapted so that one social worker focused solely on the delivery of NOREAM. Hackney also commissioned external immigration and housing advice support for the NOREAM programme.

The COVID-19 pandemic context

One of the key components of NOREAM at the point of design was community outreach. Not only was community outreach a strategy in reaching the target population, but also it was seen as an approach that could, in time, encourage a more collaborative relationship between Hackney LA and the local community. NOREAM went live as a programme in the second week of February 2021. This coincided with England's third national lockdown in response to the COVID-19 pandemic which was enforced from 4 January. Even after Step 4 of the easing of lockdown being implemented on 19 July 2021, "business as usual" was heavily impacted by the hesitancy for people to mix in person. The Plan B measures following the spread of the Omicron variant came into place on 8 December 2021 and record rates of infection were recorded in January and February 2022 when the pilot finished.

The pandemic impacted upon the programme's ability to increase its level of reach across the community in multiple ways. First, delivery staff felt that to challenge negative perceptions of LA provision and establish collaborative relationships with third sector organisations, in-person meetings were critical to build a connection in a way online meetings did not replicate.

"I think the biggest difference was to do with the pandemic and to do with not being able to meet people in person. So the initial plan at the planning stage, the vision was to have more of a – I guess you could almost call it a community development model." (Staff member)

More generally, delivery staff stated that LA services more widely had experienced a decrease in new demand during the pandemic. Specifically, policies such as "everyone in",⁷ which placed duties on LAs to house all people experiencing homelessness, were seen to reduce the need for families to approach the LA's to address unmet needs.

"When we first started, there was still the 'everybody in' policy in place, so I think, probably, people who were likely to be homeless at least, were already housed, so I think there was probably maybe a cohort of people who probably would have been referred but had been housed." (Staff member)

⁶ Project 17 is an NGO that works to end destitution among migrant children. The organisation works with families experiencing poverty to improve their access to local authority support. See <https://www.project17.org.uk>

⁷ "Everyone in" refers to the government response to people experiencing rough sleeping in the context of the COVID-19 pandemic. Led by Dame Louise Casey, the policy aimed to safeguard vulnerable people from the virus (Hall, 2020).

Additionally, the programme's shift to delivering support remotely, resulted in what many of the delivery staff related to as a barrier to delivering the person-centred support model. One interviewee highlighted how this barrier shaped the programme's ability to be delivered in a "fluid" manner.

"Think the other thing that I, it's just life, is that we've been doing it all remotely. That's another, I think, like, it's been like a barrier. I suspect things would've been a bit more fluid if we'd have been meeting regularly and having those catch ups face-to-face a bit more regularly." (Staff member)

Interviewees discussed various factors that affected how meaningful support was for families. COVID-19 placed greater pressures on families and delivery staff and impacted on delivery. The pandemic led to staff absences and challenges to deliver the service in a way that was person-centred and relationship-based.

"Social workers probably need to talk more about trying to support, continuing to try and give so much emotional labour as we do in our jobs, every single day, in the midst of a pandemic, is also really, really hard." (Staff member)

"I think it's much harder to build that relationship on the phone. I think when thinking about working with families, it's much harder to connect with a child and hear their views or their voices!" (Staff member)

In light of these factors, the programme had to adapt to continue to deliver meaningful support to families. In terms of the evaluation, greater emphasis was placed on the findings established through qualitative interviews due to limited completion of surveys.

Context of Hackney LA data context

In addition to the challenges caused by the COVID-19 pandemic, Hackney Borough Council was subjected to a data hack in October 2020 which had a significant impact on the LA's ability to capture, share and report on client data. This presented challenges to the programme's delivery in terms of capturing details on referrals and also meant that the data that was on hand was less comprehensive than it would typically be.

Recruitment challenges

The NOREAM project benefited in general from staff consistency, but there were staff capacity challenges in initially securing immigration support. Additionally, a key member of staff went on maternity leave in mid-July and had temporary cover until a placement was found in September 2021.

2. Methods

2.1 Research questions

The NOREAM pilot evaluation aimed to investigate the following five research questions, addressing considerations of intervention feasibility and acceptability, promise, readiness for trial, and indicative evidence of impact.

1. **Theory of change** – What is the theory of change of the NOREAM programme?
 - Which aspects are considered essential by staff for fidelity?
2. **Implementation of the programme** – How has the NOREAM programme been implemented?
 - What is the reach of the programme? How many people have participated in the programme? What kind of activities have they participated in? What type of referrals have taken place and been followed up?
 - What factors seem to facilitate or inhibit the implementation of the programme and the achievement of the intended outcomes?
 - What adaptations have been made to the manual? How have these helped to meet the needs of populations?
 - What are the experiences of staff, parents and carers, and children and young people who are involved in the programme? What results do they think it has had? How acceptable and appropriate do they find the programme?
3. **Indicative evidence of impact** – How do targeted outcomes change over time for families participating in the NOREAM programme?
4. **Resource use and costs** – What are the service use and costs associated with the NOREAM programme?
 - What are the resources required to adapt and deliver the NOREAM model?
 - Examining historical data, what are the services used by a family with NRPF receiving section 17 support, and what are the associated costs?
 - How does the NOREAM programme change service use and associated costs?
5. **Readiness for trial** – Overall, what is the readiness of NOREAM to be tested in a rigorous, experimental trial involving its delivery in multiple sites?

The first question is addressed in Appendix C which outlines the NOREAM Theory of Change developed by programme delivery staff. The second, third and fourth sets of questions, addressing programme implementation, indicative evidence of impact and resource use and cost, are addressed in the substantive sections below. The final question, addressing readiness for trial, is addressed in the discussion section and conclusion.

Despite the COVID-19 pandemic, it was agreed that experiences of delivering NOREAM would be relevant to future delivery of the programme and could in fact present unique opportunities for learning. In our analysis, we aim to distinguish between factors that pertain to COVID-19, and those that may persist under other conditions, although this is not always feasible. Ascertaining the challenges faced specifically due to the COVID-19 pandemic were drawn from qualitative interviews with key delivery staff, parents/carers receiving support and external stakeholders.

2.2 Protocol registration and ethical review

Ethics were an integral part of the NOREAM pilot evaluation and key ethical considerations were addressed throughout the research process and considered in regular team meetings. A protocol was developed for the evaluation which outlined ethical considerations, and the protocol and a separate ethics application was submitted to the What Works for Children's Social Care Research Ethics Committee (WWCSC REC) in January 2021 and approved shortly thereafter. As a research team, we decided not to collect data directly from children given ethical concerns and burdens. Survey and administrative data was pseudonymous, and for the interviews, the evaluation team had clear consent processes which outlined safeguarding obligations, and interviews took place remotely given COVID-19 risks and preferences of the adults in the families. The final version of the [pilot evaluation](#) protocol was published on the WWCSC website and further ethical information is available upon request.⁸

2.3 Research design

The pilot evaluation took a mixed-methods, formative approach. The evaluation aimed to align with the approach of the NOREAM programme by incorporating the voices of families with lived experience of NRPF in activities from the Theory of Change to data collection. At the same time, demands on participants were made as low as possible while building the evidence base, in order to focus the programme activities on building trust with families with NRPF. Research activities included an iterative approach to refining the Theory of Change, analysis of programme implementation, examination of indicative evidence of impact, cost analysis, and an analysis of readiness for a trial. Overall, the pilot evaluation took a flexible, partnership approach which embedded learning into the model. Research activities involved:

- An iterative approach to refining the Theory of Change through two workshops with key staff at both the beginning of NOREAM delivery and towards the end, and a workshop with the Programme Steering Group. The Theory of Change was also revisited in interviews and in light of programme materials.

⁸ See <https://whatworks-csc.org.uk/research-project/no-recourse-to-early-action-model-a-pilot-evaluation/>

- Qualitative interviews with parents/carers, delivery staff, programme designers and external stakeholders.
- Analysis of administrative data collected by the programme delivery team.
- Analysis of cost data provided by the finance team.
- A pre/post survey of parents/carers to understand the population receiving services and capture in parent and child mental wellbeing, housing, food security, financial security and confidence in immigration advice.

The evaluation design was informed by implementation science, a field of study which aims to close the gap between research and practice and promote the uptake of evidence-informed programmes and practices into “business as usual” to improve service quality, by understanding implementation in the context of organisations and service systems (Eccles & Mittman, 2006; Glisson et al., 2012). Proctor et al.’s (2009, 2011) conceptual model of implementation outcomes played a critical role in shaping the research design. Specifically, the evaluation focused on the following lead implementation indicators: feasibility, appropriateness and acceptability.

Table 2.1. Research questions and methods

Research question	Output, analysis or indicator	Method
Theory of Change What is the ToC of the NOREAM programme?	Theory of Change table and/or diagram	ToC workshops, interviews with participants and staff confirms or modifies.
	Creation of a description of core components (what is fidelity)	ToC workshops, with developers identifying core components.
Programme implementation, evidence of feasibility, and evidence of promise How has the NOREAM programme been implemented?	Indicator of uptake (reach and adoption). Numbers of families reached and NOREAM programme activities undertaken.	Local authority administrative data for reach and activities undertaken.
	Perceptions of acceptability (staff, stakeholders, and family participants perceive the NOREAM model as acceptable, agreeable and satisfactory)	Interviewees’ (NOREAM staff, stakeholders, and family participants in the programme) experiences of the programme.
	Perceptions of appropriateness (the perceived fit and compatibility of NOREAM with the local context of delivery)	Interviews with participants, NOREAM staff and stakeholders.

	Perceptions of feasibility (NOREAM viewed as possible to be carried out successfully within current structures. Including integration of migrant aware practice)	Interviews with staff and stakeholders.
	Perceptions of fidelity to core components and adaptations	Interviews with staff.
	Perceptions of sustainment	Interviews with participants, staff and stakeholders. The cost analysis aims to provide long-run marginal opportunity (“steady state”) costs.
	Perceptions of barriers and facilitators, informed by the Consolidated Framework for Implementation Research (CFIR)	Interviews with participants, staff and stakeholders.
Indicative Evidence of Change and Impact How do targeted outcomes change over time for families participating in the NOREAM programme?	The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) for adult wellbeing; KIDSCREEN-10 index parental report of child wellbeing; index of access to education, training, doctor surgery, and leisure services; access to reliable immigration advice; measures of financial security from the Welfare at a (Social) Distance survey; and measures of food security from the USDA Household Food Security scale. Local authority domain ratings on six-point scale	Surveys with participants. Analysis of local authority administrative data on the change in the six-point rating scales across the different domains.
Resource use and costs How do targeted outcomes change over time for families participating in the NOREAM programme?	Intervention cost analysis, including set-up costs and long-run marginal opportunity costs.	Survey (intervention provider).
	Historical service use and costs, including section 17 support	Local authority administrative data (if feasible) and/or vignette study (intervention provider).
	Change in service use and costs	Local authority administrative data (if

		feasible) and/or vignette study (intervention provider).
<p>Readiness for trial</p> <p>Overall, what is the readiness of NOREAM to be tested in a rigorous, experimental trial involving its delivery at multiple sites?</p>	<p>The assessment considered the dimension for readiness for a trial, particularly:</p> <ul style="list-style-type: none"> ● if there is a clear description of the intervention, its implementation, and its theory of change ● if the intervention is perceived to be acceptable, appropriate and feasible ● if there are any ethical queries raised about the programme (e.g. reporting of families to immigration authorities) ● if there are any recommendations for the further development and use of NOREAM based on the evaluation. 	<p>Synthesis analysis, considering all of the above.</p>

Data collection

Qualitative interviews and Theory of Change working groups

Qualitative interviews were held with parents/carers receiving support, key delivery staff, and a diverse range of external stakeholders. The interviews were semi-structured and encouraged interviewees to explore both experiences of and perspectives on the NOREAM programme. Additionally, two working groups were held with key staff to inform the development of the Theory of Change, one at the beginning of NOREAM delivery and one towards the end.

Survey data collection

A short survey was developed for NOREAM participants. It was anticipated that this survey would be completed at the families' first support session and three months post referral or at the point of case closure (if earlier). The survey brought together standalone validated outcome measures and measures from other surveys, which all had relevance to the NOREAM target population. Specifically, the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) and KIDSCREEN-10 were used in their entirety, and measures from the USDA Household Food Security scale and Welfare at a (Social) Distance Survey were used to develop understandings of participants' progress in line with relevant outcomes. This

survey focused on what services participants had received, acceptability and indications of change over time as per the Theory of Change. The survey was designed in consultation with the programme staff and piloted by a mother with lived experience with NRPF. Families receiving support were asked to complete the survey by their NOREAM social worker. A link to receive a £20 voucher was provided in the follow-up survey.

Administrative programme data

Data collected by the NOREAM delivery staff was shared with the research team for analysis. This data included a bespoke self-completed outcome measure capturing parents'/carers' perceived levels of need across NOREAM support domains. This was completed at two points, first at the initial assessment session with the social worker and then at closure or three-months later a follow-up. The administrative data also provided family demographic information and key service delivery activities. The research team had active discussions with the programme team about what administrative data collection would be ideal from an evaluation perspective and feasible from a practitioner perspective, which involved iterating and providing four different lists of proposed items over time.

Table 2.2 outlines the specific data collection timelines and outlines the number of people who participated in each element.

Table 2.2. Data collected in this pilot evaluation

Data collection type	Sample size	Collection timeline
Surveys for participating families	T1: 15 T2: 6	T1: April–September 2021: at point of referral T2: July–December 2021: Rolling three months post referral (or at point of case closure if before)
Interviews with key staff	T1: 6 T2: 6	T1: March–April 2021 T2: November 2021–March 2022
Interviews with stakeholders (other staff, management and partner)	5	T1: November 2021–March 2022

Interviews with (randomly selected) participating families	10	T1: November 2021–March 2022
Local authority administrative data	T1: 24 T2: 17	Administrative data work – data collection ongoing February 2021–February 2022 Analysis: February–April 2022 Cost analysis: April–May 2022

Sample recruitment and selection criteria

Survey recruitment

Families eligible for the pilot evaluation survey were all families participating in the pilot intervention (that is, receiving support through the NOREAM programme during the pilot intervention). Participating adults from each family were asked if they wished to complete the survey. Consent information was provided each time before a survey was completed using clear and concise language. A £20 voucher was offered for each family that completed the follow-up survey.

Qualitative interviews

Ten families completed qualitative interviews, which aligned with our target numbers. The NOREAM social workers offered support in connecting with these families by providing them with an information sheet inviting them to participate in an interview and gathering consent to pass along the contact information to the evaluation team. The information made clear that the evaluation was independent from the NOREAM programme. Due to the lower number of participants in NOREAM than initially envisioned, randomisation was not possible and social workers were encouraged to reach out to all participants who may be willing to speak to the evaluation team. Furthermore, due to the hard-to-reach nature of the participants and small number of total participants, it was not feasible to take a purposive sampling approach. A diverse group of interviewees were gathered. A £20 voucher was offered to families for time spent on interviews. Parents or carers choose to do the phone interview at the time of their choosing, generally this was when older children were at school, and we offered to call another time if they had infants needing attention or other caring responsibilities at the time of the interview. Informed consent was obtained and recorded verbally and/or in writing prior to interview, and an interpreter was used when interviewees wanted. Due to the sensitive nature of the interviews with parents, full ethical considerations were taken to ensure that

first, families felt comfortable in speaking to a member of the research team, and second, they understood that they were able to disclose as much or as little about their circumstances as they chose.

Data management and processing

Data protection was covered in detail in the protocol and data collection documents, and a Data Protection Impact Assessment and appropriate data protection measures were put in place with access to data only to the evaluation team. Interviews were digitally recorded and transcribed verbatim. The surveys were administered using Qualtrics and downloaded into Excel for data management and analysis. Survey participants who had opened the survey but not answered any questions after the consent question were excluded from the analysis. To link survey responses across waves, parent/carers were asked to provide the first two letters of their first name and the last two letters of their surname.

Analysis

Qualitative data analysis

Qualitative data was analysed using the Framework Method: a matrix-based approach that enables deep data interrogation and comparative analysis to answer the specific questions (Gale et al., 2013) in which a series of thematic matrices were drawn up for each study population, with columns representing sub-topics and rows representing individual participants. The thematic matrices were drawn primarily from inductive themes (themes stemming from the research questions), but also influenced from deductive themes (themes emerging from the data and first round of analysis). Data from different study elements were triangulated, and compared with the Theory of Change, to identify consistencies and variation.

Quantitative data analysis

The pre/post surveys were analysed descriptively. Relative measures and changes for outcomes of interest (e.g. wellbeing) were compared with any relevant comparisons for standardised measures. Due to the small sample size, analysis of changes of time was not deemed to be appropriate in this instance. Excel was used to describe key patterns emerging from the data.

3. Findings

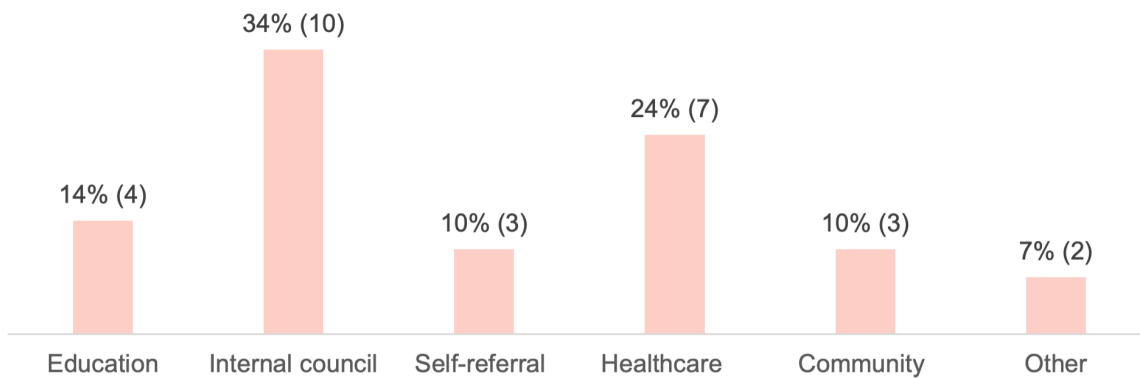
3.1 Did the programme reach the intended families and what support did it offer?

NOREAM was delivered from mid-February 2021 through to mid-February 2022. A total of 29 families attended at least one support session with a NOREAM social worker, 16 families less than the initial estimates of 45 families made prior to the start of the programme. Staff noted referrals were down in general during this time across the borough and that COVID-19 affected the outreach to families (Begum et al., 2022). There was a varied level of engagement with the programme; 21 families received ongoing support which included an assessment of their needs at the point of referral, goal setting in line with support domain needs, and signposting to relevant services. Some of the 29 families engaged with support for a very short period of time for a range of reasons. Notably, in the development phase, the model moved from a ten-week fixed delivery model to a flexible, person-centred model, based on the voluntary consent of families; some families indicated that they wanted to focus only on certain practical domains, and referrals allowed cases to be closed in a relatively short time frame. One family attempted to engage with the programme but were not residents of Hackney so were not eligible for support. Eight families who attended initial appointments were unreachable for closing domain score assessments and referral outcome updates.

Referrals

Referrals were made into the programme from a wide range of sources across Hackney. Over a third came from the LA's internal referral service (FAST), seven referrals were made directly from healthcare providers and four were made from education providers. Three referrals were made from within the community (friends and family members) suggesting that NOREAM had begun to establish itself within communities in Hackney in a relatively short delivery period. The diverse range of referral points established suggests that despite the barriers that the programme faced, strategies resulted in the engagement of a range of relevant services across the borough.

Figure 3.1 Referral sources of families supported



Source: Programme administrative data

Base: Referral sources of families referred to the programme (Total = 29)

Support offered

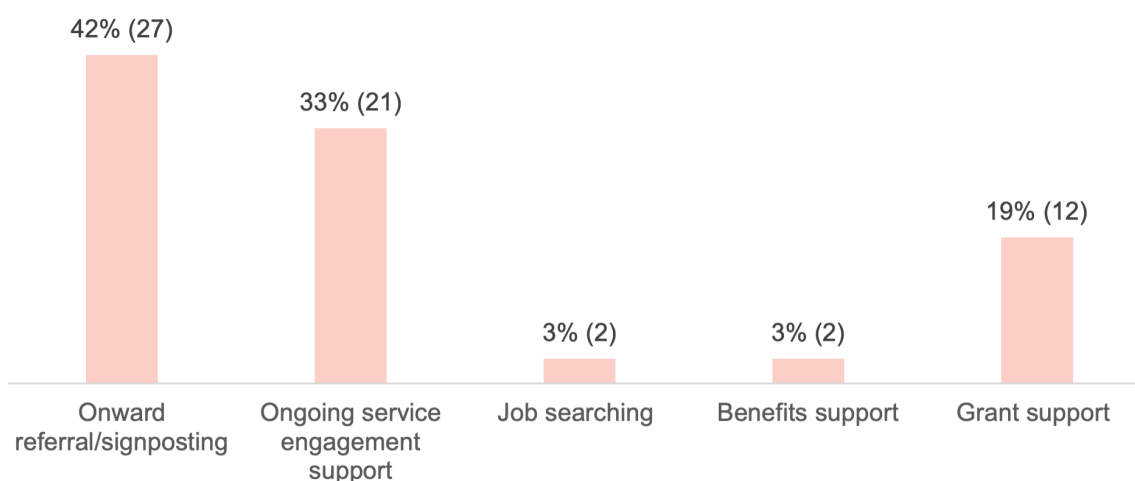
The support that was provided to families varied significantly depending on individual needs as well as parental/carer preference. Practical steps were taken to help families to progress across the support domains. The administrative data provides an understanding of some of the differing ways in which NOREAM social workers aimed to empower families to improve their situations. Specifically, social workers recorded the goals that were set with participating families following the initial assessment. It's important to note that the following goal data was only available for 24 out of the 29 families that received support.

At the point of initial assessment, social workers worked closely with parents/carers to set anywhere between one and four goals. The goals that were set responded to the support domains discussed collaboratively during the first session. While the specific nature of the goals varied significantly, they could largely be categorised in line with the four most prevalent support domains. Of the 64 goals that were set with 24 families for which there is goal data, 25% of goals (16) responded to an immigration need, 25% (16) responded to a housing need, 26% (17) focused on improving families' income and employment and 23% (15) responded to health, care and wellbeing issues. The relatively even distribution of goals across the four most prevalent support domains affirms the programme's aspiration to provide holistic support: typically, family's needs transcended the boundaries of support domains and were not experienced in siloes; those who had insecure immigration status typically experienced interrelated need, including financial marginalisation, housing insecurity and low wellbeing.

By categorising the way in which the goals aimed to support families it was also possible to gain a sense of how the programme was delivered in practice. Of the 64 goals that were set with families, 42% (27) involved onward referrals to relevant support agencies, 33% (21) were focused on providing ongoing support with programme engagement, 25% (16) were focused on improving families' financial stability through job searching, applications for benefits and provision of grants. These insights demonstrate the primary ways in which the

NOREAM model translated into meaningful support to families. The most dominant component of the programme focused on connecting families to available services that responded to their domain needs. Second, once families had been connected to services, ongoing support was provided to encourage meaningful engagement with external agencies. Finally, grants were offered to provide immediate relief for ongoing financial hardship. It's important to note that goal data was only available for 24 out of the 29 families that received support.

Figure 3.2. Type of goals set with parents/carers



Source: Programme administrative data

Base: Goals set with 24 families receiving support (Total = 64 goals)

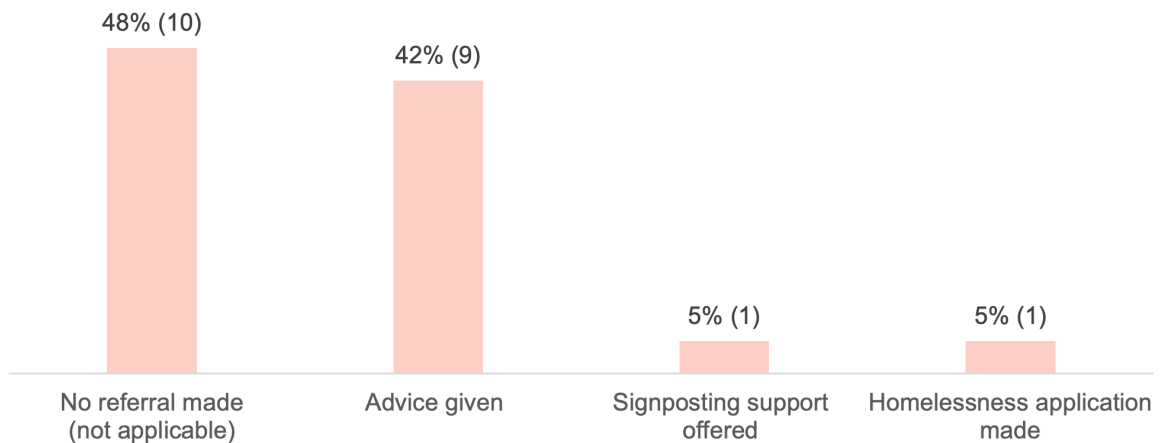
Internal referral outcomes

One of the core components of the NOREAM programme was the provision of an embedded housing and immigration advisor for families receiving support. Specifically, when the programme was designed, it was felt that having a multi-disciplinary team would promote holistic solutions to families' needs. Additionally, through ongoing consultations there was an expectation that increased knowledge sharing between professionals would drive better family outcomes. The administrative data provided suggests that there was varied engagement with the embedded advisors during NOREAM support, resulting in contrasting outcomes.

Of the 21 families who completed their follow-up assessments with NOREAM social workers, 52% (11) attended advice sessions with the embedded housing advisor. Forty-two per cent (9) received advice to address their housing need, one family received signposting to a relevant agency, and another was supported in making a homelessness application at Hackney housing options team. The remaining ten were not deemed suitable for referral to the embedded housing advisor due to their immigration status and the NRPF condition. Delivery staff communicated in interviews that there was limited support that could be offered for NRPF families from the housing advisor, specifically due to the fact that the advice

provided was typically focused on making statutory homelessness applications which families with NRPF are unable to make.

Figure 3.3 Embedded housing advisor outcomes

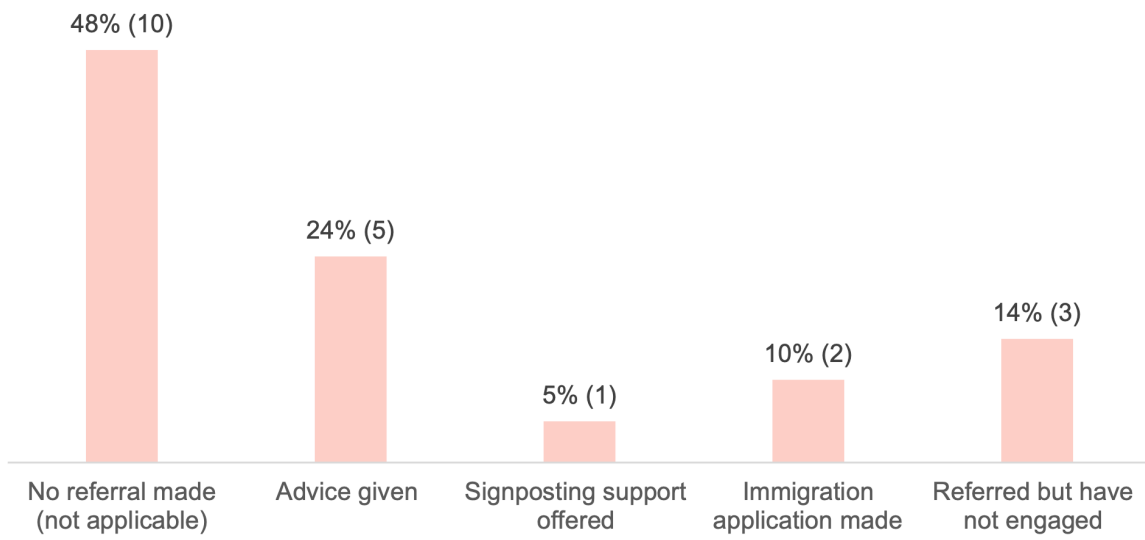


Source: Programme administrative data

Base: Housing referral outcomes of families at follow up assessment (Total = 21)

Generally, the data followed a similar pattern for families' level of engagement with the embedded immigration advisor. The advice provided included a needs assessment to determine suitable pathways to lift the NRPF condition or stabilise families' immigration status depending on their circumstances. Forty-eight per cent (ten) of families who completed follow-up assessments were not referred to the immigration advisor as they were deemed not to be in need of advice from the embedded immigration advisor. Several of these families already had legal representation responding to their immigration needs, and others were awaiting outcomes for pre-existing applications made with the Home Office. Of the families referred to the immigration officer, 24% (five) of families received advice from the immigration advisor, 10% (two) were supported to make applications and one family received signposting support. Fourteen per cent (three) of those who completed follow-up assessments with the NOREAM social workers were referred for immigration support but did not engage with the support. While it was unclear why these families did not engage with immigration support, it will be critical for further developments of the model to encourage heightened levels of engagement in immigration support.

Figure 3.4 Embedded immigration advisor outcomes



Source: Programme administrative data

Base: Immigration referral outcomes of families at follow up assessment (Total = 21)

Section 17 escalation

While the programme aimed to support families to prevent destitution and therefore reduce the demand on section 17 provision, this was not always possible. The challenges faced by families were not always able to be resolved through the mechanisms of change available to the delivery team. Specifically, interviews consistently highlighted how the ongoing wait for resolutions to immigration conditions from the Home Office resulted in families experiencing continued hardship. From the administrative data, six families who engaged with NOREAM were eventually supported through section 17 NRPF support provision. This represents 21% of the 29 families who engaged with the service. A further two families were escalated to section 17 safeguarding assessments. While on one hand this demonstrates the limitations of the service in terms of ability to prevent section 17 provision, it equally shows how NOREAM may play a vital role in ensuring that vulnerable families receive critical statutory support, and NOREAM may go on to decrease the duration of section 17 support by providing support earlier. While there is no evidence to establish what may have happened to those families who were not escalated to section 17 support, it is possible that without NOREAM intervention their circumstances would have worsened.

Participating families

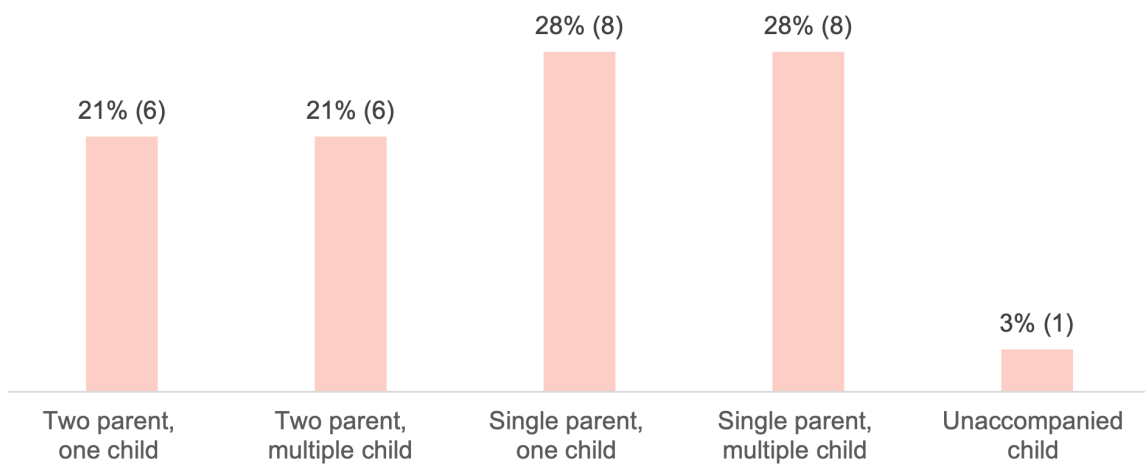
The administrative data provided by the NOREAM delivery team outlined demographics about the families engaged with the programme. Reflecting the borough more widely, there was a great level of diversity seen across the 29 families who received support. Data on family composition, nationality and immigration status, demonstrates how the programme was able to reach a range of differing families. Including parents and children a total of 95

family members were in receipt of NOREAM provision to some degree. Further discussion in the findings chapter presents more insights on the needs of these families. Notably, due to the data hack experienced by Hackney LA and the tension between building a remote relationship with a migrant family and collecting data, the data provided a less detailed picture of the families' demographics than would normally be available through LA data.

Family composition

The family composition of those receiving support was varied. Fifty-six per cent (16) of those supported were single parent families, all of whom were single mothers. Two parent families made up 42% (12) of those who received support. One unaccompanied child, who was residing with extended family, was referred to the programme directly by the Home Office.

Figure 3.5 Family composition of those supported



Source: Programme administrative data

Base: Family composition of those referred to the service (Total = 29)

Nationality

The nationalities across the 29 families also reflected the diverse nature of Hackney. Twenty-eight per cent (8) of the families who received support had the same nationality between differing family members, the remaining 69% (20) were mixed national families. Many of the mixed national families had British children, and parents who held citizenship from a different country. In total, there were 15 nationalities present across all 95 family members who engaged with the programme. When breaking down the nationalities of all family members by region, 38% (36) were British, 7% (seven) were from EEA nations, 39% (37) held an African nationality, 6% (six) held an East Asian nationality, 3% (three) held a Middle Eastern nationality, one family member held a Caribbean nationality, and another held a Central Asian nationality. More detailed information on nationality can be found in Table A1 in Appendix A.

Immigration status

In addition to the varied nationalities among family members who engaged with support, there were also a range of differing immigration status across the NOREAM cohort. While the service initially aimed to specifically focus on families subjected to the NRPF condition, a more diverse range of vulnerable migrant families came forward than planned, and, following NOREAM principles, a purposeful decision was made to work with these families due to their vulnerabilities. Families frequently had mixed immigration status within one family.

Twenty-three per cent (22) of family members were subjected to the NRPF condition, 19% (18) were seeking asylum, 11% (ten) were undocumented, 13% (12) were EEA nationals with settled status, 29% (28) had British citizenship and one person had refugee status.

Table 3.1. Immigration status of family members supported

Immigration status	Mother	Father	Child
Limited leave to remain with NRPF	8	2	5
Seeking asylum	8	3	7
EEA National Settled	4	0	8
Undocumented	4	1	5
Application for leave pending with NRPF	3	0	4
Refugee status	1	0	0
British citizen	0	6	22
Unknown	0	0	4
Totals	28	12	55

Source: Programme administrative data

Base: Immigration status of family members receiving support (Total = 95)

3.2 What were the strategies used to reach the target population?

NOREAM utilised a range of strategies to reach families with insecure immigration status and NRPF. Recognising the wider challenges LA's typically face in engaging with families at an earlier point of intervention the strategies included:

- **Use of a steering group** – The steering group was made up of: professionals across both third sector and statutory services, academics specialising in NRPF issues, and people with lived experience of immigration insecurity. The quarterly meeting facilitated improved networking, collective goal setting and local knowledge sharing.
- **Outreach to community organisations** – Social workers contacted prominent third sector support agencies, as well as embedded community health care and education providers, in order to improve awareness of the service.
- **Increased engagement with LA services** – Social workers also drew on pre-existing internal networks across LA services to increase referral pathways. Monthly case consultations also provided an opportunity to raise awareness of the service.
- **Web-based presence** – A website was developed and shared with relevant stakeholders to encourage wider dissemination of the programme. Direct referrals could also be made through this website.

It was hoped that these activities would establish a diverse range of referral points for the programme, resulting in increased engagement of families who are often considered to sit within a “hard to reach” population and may otherwise be unknown to LA services.

More practically, the developers of NOREAM as well as programme delivery staff, disseminated materials to stakeholders across the borough throughout the 12-month delivery period. The website was shared through online professional networks and provided a medium to communicate the aims of the programme and provide guidance on referrals in an accessible format. Additionally, active steps were taken by NOREAM social workers to contact community organisations who may have typically held oppositional relationships to LA services. Specifically, in an attempt to create more collaborative working relationships with community organisations, NOREAM staff delivered presentations and facilitated discussions to raise the profile of the programme and encourage professionals across the borough to consider how the support offer may be relevant to the families that they worked with.

Enablers of reach

Interviewees identified the key drivers which facilitated greatest reach to the target population. Specifically, there was a consensus among key delivery staff that without the proactive approach taken to engage with pre-existing services across the borough,

NOREAM would have struggled to reach families. When asked to reflect on the key facilitators of reach, interviewees reflected on the practical steps that were taken to connect with community organisations across the borough.

“We did some presentations to community groups. Basically, any of our partner agencies that we work with, we tried to get the message out.” (Staff member)

“There weren’t many referrals in the voluntary sector, but I think there would have been fewer if we weren’t able to talk through what NOREAM was ... just to let people know that the programme exists, and explaining a little bit about what we do, I think, really, really helped.” (Staff member)

The active steps by NOREAM social workers to connect with a diverse range of services across the borough were also seen as aligning LA provision towards a more collaborative model. Interviewees articulated that LA provision was typically offered to those who were proactive in engaging with services meaning that the most marginalised often failed to receive support. One interviewee felt that the NOREAM model could support LAs to harness expertise held across the third sector to achieve improved client outcomes.

“The council taking a step back and empowering other organisations to lead on that front, and acting in more as the role of facilitator or overall oversight.” (External stakeholder)

When thinking about longer-term drivers of reach, one interviewee reflected on how NOREAM could help to shift community perceptions of LA provision. In time, this could create a culture across the borough where families and third sector organisations looked to LA services less often as a last resort and more often as a partner in enabling families to take steps away from destitution.

A further driver of improved reach was the ability of the service to respond to a diverse range of family needs. In contrast to statutory services across LAs, which were seen to have rigid eligibility criteria which excluded many families from receiving support, the NOREAM programme had greater flexibility about who could be supported, which was seen as a strength. This meant that the programme was able to offer personalised support to a wider range of families, promoting inclusivity and greater reach simultaneously.

Barriers to recruiting families

Despite the perceived benefits of the programme, the initial projection of 45 families engaging with NOREAM support was not met. Due to the reduced number of families receiving support, NOREAM staff had to continue to take active steps to reach eligible families throughout the programme’s delivery.

Interviewees felt that a lack of awareness of NOREAM among families with NRPF and relevant community organisations resulted in low referrals. Additionally, concerns around

Home Office reporting duties⁹ and increased family potential scrutiny from children's social care were also identified as barriers to reach. The concerns around Home Office reporting duties resonate with wider evidence highlighting how the increased influence of immigration policies on social work practice has created ethical tensions and damaged relationships with local communities (Farmer, 2021; Wroe, 2019; Humphries, 2004).

Negative perceptions of LA provision

Negative perceptions of local authority provision across the local community was seen as a barrier to reach. While NOREAM attempted to deliver a model which challenged some of the issues relating to LA provision, there was a sense that it would take time for partner agencies and families across the borough to become more open to actively engaging with the service. Overall, the barriers faced aligned with the well-documented challenges of interagency work due to contrasting professional identities and diverging relationships with the wider policy context (Moran et al., 2004; Sharley, 2020).

Interviewees reflected on multiple reasons why mistrust may have developed over an extended period of time between the LA and the local community. Specifically, instances of practitioners unlawfully excluding families from statutory provision and experiences of discrimination within LAs were viewed as drivers of the fractured relationship.

"I don't think we can really divorce from this whole conversation just how the council as a whole is perceived as the institutionalised racism that does exist, and the experiences that people might or would have with the council, and that idea of trust." (External stakeholder)

In relation to the NOREAM population, this was particularly identified as an issue due to the perceived likelihood of child protection interventions through social services provision. Parents' perspectives on social services provision resonated with the critiques offered by external stakeholders and key delivery staff.

"I think the social worker is always the last option when you have a problem." (Parent/Carer)

"If they feel like you're not fit to be a mother, they will take the children away or they will put you on a watch list." (Parent/Carer)

It's important to note that while there was a focus on how historical social work practice, perceptions of social work, and the constraints of social work practice (e.g. mandatory reporting) may present a barrier to wider engagement with the service, this was often balanced by interviewees noting that there were many instances of empowering social work provision across LA services. Interviewees also reflected on how wider structural policies had a trickle-down impact on the way services were delivered in practice – meaning that while Hackney LA could take steps to challenge poor practice and promote migrant aware

⁹ Schedule 3 of the Nationality, Immigration and Asylum Act (2002) places duties on LAs to share information regarding families' immigration status with the Home Office. See <https://www.legislation.gov.uk/ukpga/2002/41/schedule/3>

practice (MAP), there was a limit to how effective these efforts would be unless there were wider shifts across the socio-political environment addressing funding issues within the LA and policies such as the hostile environment.¹⁰ The hostile environment was identified as having a notable ability to shape people's experiences of LA provision, resulting in a misguided practitioner perspective by some that those with NRPF could not receive LA provision at all.

"They have no recourse and are unable to be supported due to the hostile environment, but a tendency for local authorities to see, okay, equating no public funds with, oh, also no public support. Really trying to change that perspective."
(External stakeholder)

LA connection to the Home Office

In addition to the fears of child protection interventions and receiving any support, concerns were also raised in relation to the connection local authorities held with the Home Office. Specifically, interviewees raised concerns around the legal duties LAs had to meet to notify the Home Office of people who may be undocumented and therefore unlawfully residing in the UK. As part of the theory of change involved establishing trust with families with precarious immigration status, Home Office reporting had the potential to undermine the programme's way of working as well as creating hesitancy among the local community to engage with the service.

"It would be a bit difficult for us because we can't be seen to be attached with any organisation who are reporting these vulnerable families to the Home Office." (External stakeholder)

Over an extended period of time, the programme confirmed that it did not need to report families receiving non-statutory services to the Home Office, but this remained a concern as families moved from NOREAM to section 17 or statutory child protection support did require reporting to the Home Office. One external stakeholder called the reporting of people without immigration status to the Home Office by local authorities, "an absolute barrier for early engagement" and NOREAM staff noted it as a barrier for referrals as well as relationship-building.

What were the characteristics of participating families?

Following early action principles shaping the design of NOREAM, the programme set out to reach families prior to the point of crisis. This approach sought to enable families to progress goals across the support domains, leading to improved family wellbeing as well as decreasing the level of demand on existing statutory provision. Insights established throughout the evaluation evidenced a high level of unmet need across the NOREAM cohort. Specifically, housing, immigration, as well as income and employment were all areas where families were experiencing significant levels of marginalisation. The findings suggest that

¹⁰ The "hostile environment" refers to a range of immigration policies embedded in UK social welfare provision that excludes those with insecure immigration status from key services and results in an increased likelihood of deportation for undocumented people (Liberty, 2019).

while many families may not have been at the point of destitution, they were facing severe levels of poverty as a result of the NRPF condition. The level of need experienced by the NOREAM cohort led to wider questions being raised in relation to the appropriate support offer for families with NRPF. Specifically, there seemed to be a level of ambiguity when distinguishing between which families occupied the early intervention space and were suitable for NOREAM support and which families were at the point of crisis and therefore met the threshold for statutory provision. NOREAM staff communicated varying levels of need of families who took part, with some of the most vulnerable families including asylum-seeking families.

Families who reflected on their initial engagement with the service commonly articulated an acute level of need present across multiple support domains. Outlining the critical role that the programme played in supporting those who may have otherwise not received support through statutory provision, parents and carers often referred to a level of desperation driving their initial engagement with the programme and also frequently framed NOREAM provision as a last option to resolve the ongoing issues that they faced.

“I desperately needed help, so I accepted her help because I did not have anywhere else to turn to.” (Parent/Carer)

“I didn’t have money, nothing. I was just struggling. I wanted help for the Home Office and financial help as well, so that’s why I contacted them.” (Parent/Carer)

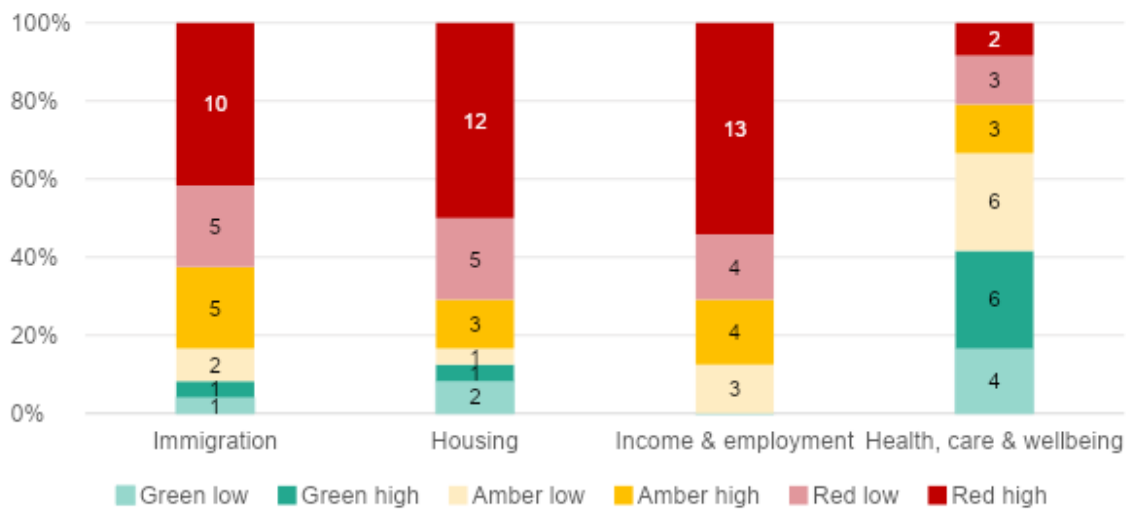
Understanding levels of need across NOREAM support domains

At the initial point of assessment families were asked to categorise their own level of need across the key support domains outlined in the NOREAM user manual. Parents identified their family needs according to six-tiered categories, ranging from green low need, representing the least severe level of need, to red high need, representing the most severe. Social workers were also asked to independently complete these domain ratings as part of the service in line with their professional perspectives of families’ circumstances. The categorisation of a family’s needs is subjective and reflects the perspective of the parents at the point of approach. This aligns with general modes of subjective self-reporting. Data should be treated with caution as these are non-validated measures used by the NOREAM programme.¹¹

In total, 83% (24) of families engaging with the programme were able to fully complete the baseline self-assessment. It was clear from the self-assessments that many families were experiencing high levels of need in relation to the key support domains. While the diverse nature of families’ circumstances drove differing levels of need, typically due to the interrelated nature of the domains, the challenges faced by the NOREAM cohort were not experienced in silo. The following discussion outlines the key insights taken from the data and also highlights some of the key ways that the support domains interacted with one another.

¹¹ The use of validated measures by social workers was discussed in the development of the programme, but social workers felt that these subjective assessments aligned more closely with the PERSPEC model and their relationship-based approach.

Figure 3.6. Families' self-assessment of needs at initial point of engagement



Source: Programme administrative data

Base: Families who completed initial needs assessment (Total = 24)

The immigration domain was found to be the third highest need area across the NOREAM cohort. Of the 24 families who completed the baseline assessment 63% (15) felt their circumstances placed them in a position of high need. Only 8% (two) placed themselves in the lower need grouping and the remaining 29% (seven) felt they had a moderate immigration need. Interviews with the programme delivery team suggested that some families had pre-existing legal representation responding to their immigration issues which may explain why this was a low need for families. Many interviewees reflected on how high levels of immigration need often played a primary role in families' experiences of poverty and destitution. For many, immigration insecurity resulted in them being unable to address wider issues relating to other key domains. Interviewees reflected on how addressing immigration needs shaped initial support priorities and had a causal relationship with driving progress across the other domains.

“So that’s a really key one, which interlinks with all the others, but it’s almost like a prerequisite for the other things. Whether there’s a way that we can conceptualise that immigration is the key, I don’t know.” (Staff member)

“We felt that if we could get a bit more immigration support then that could possibly open other doors, and then we could access other services.” (Parent/Carer)

Looked at from an integration perspective, rights and citizenship is often considered the foundation of integration for migrants; the domains of employment, housing, education and health are considered markers and means of integration that build upon immigration rights (Ager & Strang, 2008). Additionally, in a US context, irregular immigration has been conceptualised as “master status” due to predominance it holds over other aspects of people’s lives (Gonzales & Ruszczyk, 2021).

Housing was identified as the second most prominent support need of the families who engaged with the programme. Seventy-one per cent (17) of those who completed the baseline assessment felt that their circumstances placed them in a position of high housing need. Only 12% (three) of families placed themselves in the low need category, the remaining 17% (four) reported experiencing moderate need. Housing was frequently reflected on as a dominant factor in families' experiences of poverty. Specifically, overcrowding, imminent threat of eviction and poor living conditions were identified as common factors in relation to the cohort's housing need. Further demonstrating the interconnected nature of support needs, many families who engaged with support aimed to access alternative housing through LA provision but were unable to do so due to being subjected to the NRPF condition. One parent reflected on how the overcrowding her family was experiencing had resulted in the need for additional mental health provision.

"She figured that we needed mental support. There's overcrowding in the property. There's six of us living in a two-bedroom flat." (Parent/Carer)

In addition to the lived experience of families who had received support through the programme, external stakeholders and delivery staff also reflected on how acute housing need was prevalent across families subjected to the NRPF condition.

"Some families live in really poor housing, really, really poor housing ... We get loads of very desperate referrals around housing. I think the housing stock is really inadequate." (External stakeholder)

"Overcrowding in general is probably the most common factor of clients with no recourse. I think it's two-fold. One is because in London they can't really afford much more than a room on their salary." (Staff member)

Parents' responses to the income and employment assessment suggested that this domain was the highest need area. Of the 24 families who completed the needs assessment, 71% (17) felt that their circumstances placed them in the high need category and a further 29% (seven) felt that they were experiencing moderate need in relation to the domain. Across all of the four key domains, income and employment was the only support area where no families felt that they were in the low need category. The impact of income and employment often fed into concerns around food security and debt. In the evaluation survey, of the 12 families that answered the food security questions, five sometimes worried that their food would run out before they had enough money to buy more, four rarely worried about this, and three never worried about this. These responses support wider evidence that suggests food insecurity has a strong statistical association with irregular immigration status (Jolly, 2020). Additionally, in response to how much they agreed with the statement "I/we can keep up with bills and regular debt payments", the ten respondents in the evaluation survey were evenly split with four agreeing or disagreeing with the statement and two respondents preferring not to respond.

Demonstrating the notable impact that the NRPF condition and migrant status can have on families' ability to achieve financial stability, many interviewees reflected on how exclusion from the benefit system shaped their experiences of poverty. Even in the rare case when

one partner was eligible for benefits such as Universal Credit, issues with this access resulted in families being exposed to insecurity.

“I wasn’t getting any benefits, nothing, and I was – I have children, and I was pregnant.” (Parent/Carer)

“They didn’t tell me anything for a long time, and Universal Credit stopped my money because ... for four months up to a year. So I was looking for help, someone to help me with ... I didn’t have money, nothing. I was just struggling.” (Parent/Carer)

The levels of poverty experienced by families demonstrated the significant impact of the NRPF condition and of living with asylum-seeker support which is less than Universal Credit. The economic exclusion and low-level support experienced by asylum seekers and those with irregular immigration status has been argued to keep many families below the poverty line (Fitzpatrick et al., 2015). Others have suggested that the NRPF condition amounts to a form of “statutory neglect” which is misaligned with underpinning social work values that seek to promote social justice (Jolly, 2018). Building on the experiences of families/carers who participated in interviews, an external stakeholder outlined the causal relationship held between income and employment needs and low child outcomes.

“The effect of living on low income all together, it’s not as if only destitution has a negative impact on children’s outcomes. We know living on low income has hugely detrimental effects on a range of children’s outcomes.” (External stakeholder)

Offering the most varied responses, the final domain related to families’ perception of their health, care and wellbeing.¹² Of the 24 families who completed assessments 21% (five) placed themselves as high need, 38% (nine) as moderate need and 42% (ten) as low need. When reflecting on the varied levels across this domain when compared to the others, delivery staff identified two potential reasons. First, there was a sense that the low scoring was testament to the families’ levels of resilience in response to the challenges that they faced. Additionally, there was a sense that families typically approached the NOREAM programme to resolve issues that were practical in nature. As such, parents were not always open to addressing these issues with social workers. While the level of need was comparatively lower to the other support domains there were still 59% (14) of families who placed themselves in either high or the intermediate category. Interviewees frequently articulated the likely impact immigration insecurity was likely to have on the NOREAM cohort’s wellbeing.

“I think it’s quite common for them to have mental health issues about their living situation, like depression or anxiety. Especially for the ones who have children because they’re not so much worried for themselves, they’re worried about the impact the living situation’s having on their children.” (Staff member)

¹² The entitlement to free National Health Service (NHS) care is complex, but generally migrants with NRPF conditions on their visa pay an Immigration Health Surcharge to be entitled to health care, and undocumented migrants are not entitled to free health care unless they qualify for exemptions.

The association between the NRPF condition and low parental wellbeing was reflected in the evaluation's survey as well as through qualitative interviews. Of the 15 parents that answered the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), seven parents (47%) had "low" wellbeing versus 15% of the general adult population, and the average score (transformed) was below the population average with 22.14 versus 23.61. Of the seven parents/carers who completed the KIDSCREEN-10 for their eldest child aged 8 to 16, they generally rated their child's quality of life as fairly high across the domains, with ratings of health all falling into good, very good or excellent; parents/carers in the interviews discussed trying to protect their children from the stress of their immigration status. Notably from the SWEMWBS, roughly a third of parents felt rarely able to deal with problems and rarely felt relaxed. A perceived strength of NOREAM support was taking away the feeling of powerlessness and the flexibility to respond to the main concerns of the family.

The distinction between families accessing NOREAM and section 17 support

Due to the early action focus of the programme, there was an expectation among delivery staff that the NOREAM cohort's support needs would be less acute when compared to those receiving section 17 provision. The high level of need present in the NOREAM cohort raised questions around the threshold for section 17 support and the subjectivity of assessment. At times, staff members differed in their assessment of whether families should be supported under section 17 instead. There was a sense among interviewees that the level of need was often not that different between section 17 families and NOREAM families.

"I think the boundaries between section 17 and this early help project are a bit unclear for me. I think that should have been more clear from the beginning. Sometimes it does feel like we're doing section 17 work and not necessarily early help." (Staff member)

Overall, risk of homelessness was typically identified as the key threshold that pushed families into section 17 provision. However, there was an understanding that needs may shift and families receiving NOREAM support could quickly need section 17 support.

"If they were at risk of homelessness, like soon, the NOREAM won't work for you. You're going to need accommodation at some point very soon, so that's section 17." (Staff member)

External stakeholders also challenged practices on thresholds with the belief that more families should be eligible for section 17 support, as highlighted further in the discussion.

COVID-19 as a driver of additional need

COVID-19 was also identified as a driver of need. Specifically, interviewees reflected on how the pandemic had impacted on the employment sector and the knock-on impact this had on families with NRPF. Many felt that the target population was disproportionately impacted by employment sectors being shut down during lockdowns (e.g. hospitality, food), and migrant families with NRPF who had been in employment may have been pushed towards destitution.

“Lot of families who were ticking along and had no recourse to public funds, but had jobs and it wasn’t a problem, and so as a result of COVID lost jobs, and then fell into quite precarious situations.” (External Stakeholder)

“During that time, it was the height of the pandemic, and we were at [an overcrowded] home and didn’t have much money. We had to be choosing between the heating or food at times.” (Parent/Carer)

Covid may have resulted in the level of need in the service increasing during the pandemic. Additional ‘shocks’ such as increased inflation or a downturn in the job market could drive heightened need in the future.

3.3 Was the programme delivered as intended, what adaptations were made and why?

What is the expected delivery, and how was it assessed in the evaluation?

NOREAM was designed to have a high level of flexibility and adaptability in terms of programme delivery. The programme created space to ensure that both formal and informal experiences and learnings were prioritised, drawing on the benefits of reflective practice (Knott & Scragg, 2010). While there were some key components of the programme which were fundamental to the design of the service and therefore remained relatively consistent throughout the pilot period, the reflexive relationship between design and delivery meant that other components shifted. Due to this level of flexibility, the evaluation sought to capture and report on the key changes and adaptations that were made throughout the delivery of the programme.

The programme theory, principles, structure and domain assessment tools were outlined in the manual. Prior to delivery of the programme, significant work was put into the development of the delivery manual. This was shared with the delivery team and informed the structure, approach and content of the programme. The manual did not specify the number of meetings with families, as it was assumed that this would be determined by the needs and goals of individuals established during the initial assessment. Fortnightly check-in calls by telephone, text message or email were recommended within the manual as a way to build rapport. There were no fidelity measures, measures for delivery as intended or monitoring the quality of the programme. In delivery of the programme, frontline workers were expected to adjust activities, outreach steps, resources and support provision based on the individual needs of families, drawing on their own professional judgement as well as the content outlined within the manual.

As this was a pilot programme, adaptations to the manual were made, informed by programmed delivery experience, especially in the early stages. In addition to the delivery manual, there were also ongoing consultations held between the delivery team and the developers of the programme. This created a space to discuss delivery of NOREAM, ensuring that the model was being delivered in the way that aligned with intended principles

and adaptations were discussed in a structured environment. Reflections on the process of delivery resulted in a journal article (Begum et al., 2022).

Adherence to the delivery of the model was initially expected to be monitored through the analysis of administrative data provided by the programme delivery team (e.g. goals, number and types of sessions) as well as through interviews and surveys. Due to limitations with the data, interviews with parents and delivery staff were drawn on as the main source of data around fidelity.

Was the NOREAM model delivered as intended?

Interviews with key staff members, including the integrated housing and immigration advisors, confirmed that the NOREAM programme was being implemented largely in keeping with the principles and the structure outlined in the manual. The intervention was described by those involved broadly as being an early-help, preventative intervention based on parental consent. The voluntary, non-statutory nature of the programme was contrasted with statutory services affirming the different approach taken by the model. The intervention was described broadly as two-months, which was slightly shorter than anticipated in early elaborations of the model. Reflecting the initial design of the service, key delivery staff identified the following key components when describing delivery: receiving and triage of referrals to either NOREAM or section 17 support; engaging with families and obtaining consent for the intervention; gathering information; making onward referrals to integrated services (immigration and housing) and where appropriate to other non-integrated services such as youth worker interventions; and provision to some families of a one-off grant to meet immediate needs. The intervention was described as being largely oriented to working with parents, rather than children.

The multi-disciplinary make-up of the NOREAM programme team and mechanisms in place for regular contact between services (i.e. through case consultations, steering group meetings, and regular meetings with the programme developer, consultant social worker(s), immigration advisor and housing worker) were seen as a key part of implementation and were evident in delivery (Begum et al., 2022). This affirmed wider evidence identifying multi-agency steering groups as a facilitator to delivering multi-agency support to families effectively (Sloper, 2004). The embedding of the immigration advisor in the multi-disciplinary team had been slightly delayed due to challenges within the immigration agency around recruitment and a case backlog. These issues were resolved, but led to delays in families receiving immigration advice.

Embedding of the immigration advisor was seen as particularly important as immigration advice was identified as key to understanding how to proceed with other aspects of support (e.g. assessment of the likelihood of obtaining immigration status determined how to proceed with regards to housing support and onward referral to other services).

The linked services (immigration and housing) were described as aligning with the family's needs. The domains of support were supported by findings from the baseline survey around the key concerns of families participating in NOREAM. However, the initial assessment data and external survey did raise some concerns around the level of need indicated by some

families (i.e. there were some families who indicated concerns around having stable housing within the next two months and concerns around food security which arguably trigger statutory services that sit outside of the scope of NOREAM intervention). In response to this, the programme team noted that it was not uncommon for social worker and family views to diverge on level and urgency and need. Additionally, there was general agreement that the thresholds between NOREAM and section 17 support were highly subjective and not standardised across cases. The grant scheme was delayed but delivered in line with principles and seen as a particularly useful component of the NOREAM intervention; it was viewed as both a mechanism for meeting immediate needs as well as of building trust with families for whom mistrust of social services had typically been a barrier to engagement.

With regards to the feasibility of implementing NOREAM within the local setting (Hackney London Borough Council), delivery staff and external stakeholders who participated in interviews felt there was a strong alignment in priorities and in values. Work to strengthen practice with migrant populations was seen as a priority locally. Challenges in implementation centred around the high level of need locally relative to the resource available; issues in prioritising low-intensity interventions within the NRPF team where families receiving section 17 support were seen as having higher levels of need; and challenges around data infrastructure since internal data systems were still not available following a data hack. The programme also worked with the FAST team to help ensure NOREAM families were being passed along to the NOREAM team quickly for assessment, rather than being delayed in assessment versus other families in the FAST team who were viewed as “higher risk”.

Staff felt that attempting to embed migrant aware practice (MAP) was challenging as it was unclear on the ways in which it could add to and support pre-existing practice present across the borough. Specifically, it was felt that third sector organisations were already promoting this agenda and it was unclear how the NOREAM offer would differ in terms of the aims and approaches present within these organisations (Begum et al., 2022).

Content

The NOREAM user manual provided an outline of the ideas and principles of the programme, but great flexibility was placed on the nature of discussions. The interviews held with delivery staff and parents suggests that NOREAM provision was delivered in a way that was widely in keeping with the user manual. Notably, the support domains provided a framework that was typically relevant to family needs and worked as a steering framework to inform NOREAM provision. From the perspectives of practitioners, key components included:

“Consultation, advice, advocacy, reassurance that there’s someone there that’s going to help push things for them, and they’re not doing it alone.” (Staff member)

Adaptations

While NOREAM was largely implemented in line with the initial design of the service there were a significant number of adaptations made to the programme. The adaptations varied in level of significance but were typically made to ensure that the service was able to strive towards a delivery model which was person centred and promoted the needs of families receiving support. Families consistently highlighted the individual nature of support and the positive, comfortable relationship with NOREAM staff. Adaptions made to the service throughout the delivery period included:

- **Change to staffing structure** – The staffing structure of the programme was changed to respond to capacity challenges. Initially, two full-time social workers split their time between NOREAM and section 17 support. In order to address prioritisation, this was adapted to one social worker delivering NOREAM on a full-time basis.
- **Streamlining the assessment content** – Interviewees thought that the initial assessment process laid out in the manual did not feel appropriate to the needs of the families receiving support. The initial assessment was streamlined to ensure that the frontline experience was agile and fast paced; the culturagram was generally not used nor any of the optional domain assessment tools. The assessment focused the goal-setting grid and strengths as well as what was not going so well.
- **Remote delivery** – One of the key elements of delivery which was impacted by the pandemic was the way in which delivery had to adapt to be offered to families remotely. This included supporting families directly by phone and also by text.
- **Case consultations** – Case consultations began part-way into delivery and were viewed positively by delivery staff. Consultations were led by NOREAM social workers and also attended by the embedded housing and immigration advisor. Practitioners across the LA were able to raise queries in relation to NRPF cases. Initially it was anticipated consultations would be attended by frontline delivery staff across a range of services but due to limited engagement with the consultations across wider LA services the consultations were only held with children’s social care.
- **Grants as unconditional cash transfers** – In addition to targeted grant supports, grants were given as unconditional cash transfers to each family with the communication that they should spend the money to benefit their children.
- **Goals surrounding section 17** – At the initial point of design, NOREAM aimed to reduce the number of families receiving section 17 support through children’s social care. During the delivery of the evaluation this objective was reviewed, and it was challenged as an appropriate measure of successful delivery. More detail is provided on this adaption in the findings discussion.

3.4 Was the programme acceptable to and appropriate for parents/carers, staff and the LA?

Acceptability

The interviews held with parents and carers suggested a high level of acceptability of NOREAM delivery. It is important to note that those who engaged in interviews were initially contacted by social workers given data protection regulations, meaning that interviewees were likely to have positive pre-existing relationships with social workers. However, the perspective of parents indicated that the support offered by the NOREAM social workers was both empowering and meaningful to families receiving support. The experiences of the families who engaged with NOREAM supported the views of delivery staff who felt that the programme had provided meaningful support to vulnerable families who may have normally not received provision.

“The discussion with my social worker was very clear, and she was very sympathetic. I felt that she really wanted to help me. That’s why I decided to go ahead in that process, yes.” (Parent/Carer)

“Everything was helpful. [The social worker] in her own self, I don’t know what magic wand she waved, but everything went smoothly.” (Parent/Carer)

The social workers who delivered NOREAM were held in high regard by the families that received support. None of the parents who were interviewed critiqued the way in which support was delivered. When asking parents to highlight the specific aspects of support which made them relate to it positively, many reflected on the interpersonal strengths of the social workers:

“She was very calm, even when I was breaking down, even when I was getting really upset, she was always still there listening. Yes, she would still listen to me, always tell me it’s okay, she never gave up.” (Parent/Carer)

“She was talking nice, smile and she was good, yes. I feel comfortable with her when she came at home. Even on the phone, yes, before I saw her and when she comes where she was talking nice.” (Parent/Carer)

“She understood everything that I was saying and how things were. Whether or not she could change that, I still felt as if she empathised with my concerns.” (Parent/Carer)

One interviewee made a direct comparison between their experience of NOREAM and alternative social service provision through Hackney LA. Specifically, the interviewee reflected on how the programme felt more informal, reaffirming the positive impact of the interpersonal skills of the social workers.

“NOREAM programme it felt less formal. It’s like when you’re dealing with the social services it just felt a bit – it feels a bit tight; it feels a bit uncomfortable.”
(Parent/Carer)

Appropriateness

Due to the person-centred nature of support and diverse needs of the families/parents engaging with support, there was a view that the programme domains aligned with their needs, but there were mixed views about whether it was able to meet their needs.

“We talked about the problems I was going through at that time. My immigration, my finances. That was the things we talked about. My ambitions.” (Parent/Carer)

Parents/carers reported a high level of satisfaction in relation to the style of the support offered by the social workers, but some parents/carers were frustrated that they had approached the LA for support and had engaged meaningfully but still faced unresolved issues – especially around immigration conditions and accompanying restrictions on housing and income support -- which were driving experiences of poverty and destitution.

“I wasn’t happy at all. What I was expecting, I couldn’t get it, so I wasn’t that happy – but there’s nothing she can do.” (Parent/Carer)

“I can’t say that I was not unhappy because I think they tried to help me, but, you know ... They just couldn’t because of ... Especially concerning my immigration situation. They really tried to help me but, unfortunately, they couldn’t.”
(Parent/Carer)

Delivery staff and stakeholders reflected on why expectations of the programme may be misaligned with the outcomes it set out to achieve. Specifically, there was a sense that families receiving support from NOREAM were unclear on the structural constraints. For example, some families conflated local government with central government and held a lack of awareness that specific outcomes were dependent on national legislation and responses from the Home Office were out of NOREAM’s remit, and in working with them, NOREAM staff had to reiterate the constraints of what they could do.

“I think they see local authority as part of central government.” (Staff member)

The understandable confusion migrant families may have when trying to understand English welfare provision reaffirms the aims of the service to provide families with greater clarity and to support them by establishing a pathway to progress towards relevant outcomes.

Critical reflections

Besides the inability of the service to achieve prompt outcomes in relation to families’ housing and immigration needs, parents were satisfied overall with the support received. In contrast, key delivery staff and external stakeholders provided more critical insights into the appropriateness of the service. These perspectives were driven by a more detailed understanding of local welfare provision as well as a wider awareness of the different ways

the wider community perceives social work provision across Hackney. One of the NOREAM delivery staff questioned whether the programme's initial plan for social workers to establish positive relationships with children within families was appropriate.

"Is it really in their interests having a new person in their life and being confused? The word social worker is quite alarming for a child. They might think there's something wrong." (Staff member)

This perspective exposes the ongoing conflict that the programme seems to face. On one hand, there is a drive to push the social work delivery model towards a more person-centred approach and less driven by statutory frameworks. On the other hand, the pre-existing negative perspectives of social work provision, may in fact create a barrier to achieving more positive relationships with families, driving distance between delivery staff and potentially undermining the programme's aims. Reflecting on this tension, one social worker reflected on how the role may be better suited to family support workers.

"This role would be better suited to family support workers, and that for them to follow a clear manual and do that work with families in that way, rather than holding statutory cases and doing the work at the same time. Trying to do social work with them, when actually, that's not what the project is about." (Staff member)

Despite questions about who the primary worker with families should be, the positive response to the ways of working of the NOREAM social workers highlighted the way in which social work practice can actively take an early intervention, non-statutory approach in alignment with the principles of PERSPEC and Social Work England. There remains a question for scale-up across multiple LA contexts about who the most effective person is to implement NOREAM. This pilot evaluation was unable to answer this question, and this could be made as a values judgement call on who should be doing this type of work or evaluated through an implementation or hybrid trial (i.e. implementation and effectiveness trial).

Practically, the view was also expressed that the initial assessment may have not aligned with the needs of families at the point of support. Specifically, there was a sense that the domain scoring and questionnaire was in fact too detailed and was not agile enough for relationship-based work and to respond to the needs of families. One staff member felt that this responded to the needs of the professionals involved in the delivery of the model as opposed to the families receiving support.

"I don't think that's helpful for them. It's more data entry really. Then the follow-up to that as well, it's not necessary in the beginning, it's not necessary at the end. That's how I see it. It doesn't help them. It helps us." (Staff member)

This tension around assessment and data collection exists in all social care studies, and any future evaluation should reiterate the value of data while ensuring that it is appropriate and of a suitable size.

3.5 What is the indicative evidence of impact?

To inform the discussion of NOREAM potential to improve families' wellbeing, this chapter draws on available data from the administrative data collected by the programme delivery team, the parent/carer survey, and qualitative interviews that were held with parents/carers, delivery staff and external stakeholders. The initial findings suggest evidence of promise among those who engaged with the programme meaningfully and for whom data was collected. Parents/carers identified how the programme had provided critical support during transitional times, delivering clarity around relevant service provision, establishing pathways to greater stability, and relieving the immediate risk of destitution through unconditional financial grants. While these critical mechanisms of support did not always result in immediate outcomes in relation to immigration insecurity or housing need, there was a sense among interviewees that the model played a critical role in improving mental wellbeing and providing a pathway forward in navigating support. The wider structural constraints of immigration processes and rules around benefits presented significant challenges to families' progress. Many still experienced high levels of need following NOREAM support.

What evidence is there that outcomes changed over time for children and families?

For quantitative measures of child and family wellbeing, of the 29 families who engaged with the programme, only seven completed the follow-up survey and only five (17%) provided requested linking information at both time points to indicate change over time for wellbeing, food security, housing and confidence in immigration advice. Due to the limited number of families completing the outcome measures and the selection bias of who may have completed the survey, we were unable to look quantitatively at changes over time for wellbeing.

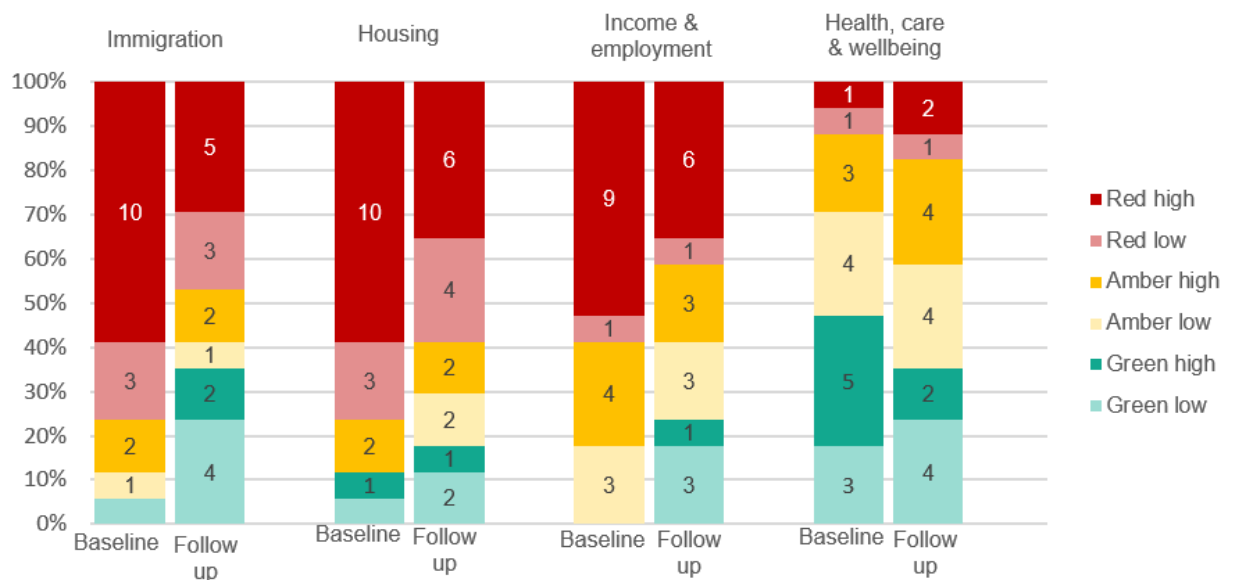
For all measures in this pilot, it is important to reiterate that there were no equivalent comparison groups, so it is impossible to tell what would have changed in the absence of NOREAM. For example, if wellbeing decreased for a family, it could have decreased even more without NOREAM. All data sources reiterated the wider context of poverty, restrictive immigration conditions and delays in responses, and statutory constraints in eligibility for benefits for migrants played a significant role in the domains that NOREAM was aiming to influence.

The section below presents findings from in-depth qualitative interviews with families and administrative data on perceived impacts of NOREAM. This data should be treated cautiously due to sample sizes and the nature of the subjective measures using non-validated scales for the administrative data. This data nonetheless suggests that the NOREAM model was one influential factor shaping the wellbeing of parents, and that positive changes to immigration status and housing security or seeing a path towards resolving these issues may have played a significant role in improving wellbeing. The qualitative findings discussed below establish a more nuanced understanding of how the programme did impact on parents/carer's sense of wellbeing regardless of the wider contextual factors which no doubt shaped their sense of stability.

What perceived impacts were identified by parents/carers and by NOREAM staff?

As part of the NOREAM programme, parents/carers completed a baseline and follow-up needs assessment with social workers. The initial assessments, which have previously been discussed, encouraged parents to self-determine their level of need in relation to the key support domains of the programme. Following support, parents were contacted by social workers to complete a follow-up assessment. The following key domains have been reported on to explore what changes over time: immigration, housing, income and employment, and health, care and wellbeing. Importantly only 17 families had comparable data at both baseline and follow-up in relation to these domains. This represents 59% (17) of the overall NOREAM cohort. The data available does provide an indicative idea of how the programme may result in shifts across the support domains, particularly when explored alongside the insights taken from the qualitative interviews.

Figure 3.7. Families' self-assessment of needs at initial point of engagement



Source: Programme administrative data

Base: Families who completed initial needs assessment and follow up assessment (Total = 17)

Due to lack of availability of immigration advice services across Greater London, it was anticipated that NOREAM's embedded immigration advisor would be a key component of the support offer (Wilding et al., 2021). Overall, there were positive shifts experienced by families in relation to the immigration domain. Of the 17 families who completed both baseline and follow-up needs assessments, 11 parents reported reduction in the severity of their need. A total of five families experienced change moving from the high need category to the low need category. As a key targeted outcome area of the programme, the positive changes experienced by parents suggest that NOREAM delivery may play a role in supporting families to address their immigration issues. The role the programme played in

addressing families' immigration issues was highlighted through interviews with parents. Specifically, NOREAM was able to support multiple families to apply to the Home Office successfully to "lift the NRPF condition", meaning they were able to access benefits and in turn address needs in relation to housing and income and employment in order to alleviate destitution and homelessness. Parents tended to focus on the practical support the embedded immigration advisor had provided when reflecting on progress they had made in relation to their immigration status.

"Yes, she guided me through it, helped me draft what to tell my friends, to put in the letters, and everything and then in the end everything came out positive and then I got the lift of the no recourse to public funds, I got it lifted." (Parent/Carer)

"I was happy (with immigration support) ... The main focus was to get the no recourse removed and after that there was nothing else." (Parent/Carer)

While there was evidence to suggest that the programme was able to provide families with support in relation to the immigration domain, other families articulated unresolved needs. This was reflected in the administrative data with three families stating that their immigration needs had worsened over the period of support. Specifically, the continued wait for immigration outcomes exacerbated ongoing need across other support domains resulting in a heightened focus of the negative impact of applications with the Home Office. Highlighting the prominent structural barriers that the programme faced in achieving its primary outcomes, many families were still awaiting decisions from the Home Office and felt that they were still left in challenging circumstances.

"I haven't got any support, to be honest. I'm still waiting to get a reply from the Home Office. I was given six months and I think it's seven now." (Parent/Carer)

"My case has been there for a long time now. I believe that it's been overlooked. It frustrated me, depresses me." (Parent/Carer)

As outlined in the cohort characteristics discussion, housing was identified as the second highest need support domain by NOREAM families. Mirroring the shifts seen across the immigration domain, nine families reported positive changes following support in relation to their housing need. At the point of the follow-up assessment, six families reported shifts from the high need category to either the low need or intermediate need categories. The role of the embedded housing advisor was viewed as a key strength of the programme in supporting families towards housing security. The support offered varied depending on families' circumstances. For those subjected to the NRPF condition, advice was provided more generally. For those who had the condition lifted, more significant steps were taken to support families to make homelessness applications with Hackney LA. The proactive actions of the embedded housing advisor were reflected on as a driver in improving family circumstances.

"We were familiar with Shelter, and we know how hard they would work. The situation with our current position, due to the fact that we had no recourse, housing is not in a position to offer us a bigger property... we're trying to explore

different ways with them, but yes, they were pretty proactive, and they got back with as much information as they could.” (Parent/Carer)

Again, while there was evidence of promise in relation to the housing domain, the positive shifts experienced were also countered by many families still reporting a high level of need following support. A total of ten families still felt that they were experiencing high housing need and four reported intermediate housing need. Six families stated that their housing need had worsened during their engagement with NOREAM. The challenges the programme faced in delivering more widespread outcomes for families in relation to their housing need again highlighted the structural barriers presented to the programme. The ongoing challenges families faced in relation to their housing were often articulated by parents.

“If she could provide me with a studio, at least a one-bedroomed house I live with my children.” (Parent/Carer)

“What I’m really worried about is the housing. Yes, I’m just worried about it ... I’m just hoping everything will come through quickly from the Home Office so I can get a house.” (Parent/Carer)

Parents and carers also reported high levels of need on the income and employment domain at the baseline needs assessment. Of the ten families who placed themselves in the high need category during the initial assessment four felt that their circumstance had improved following programme support, two parents reporting shifts from high need to low need and two from high need to moderate need. While there was no specific benefits advisor embedded within the NOREAM programme, guidance on access to benefits was referenced as a key aspect of the support available to families. This was typically offered by either a NOREAM social worker or the embedded housing advisor demonstrating the holistic approach offered during support.

“She sent me an email telling me how to go about my housing application, my homelessness application, and my application for Universal Credit, and then we spoke after that again.” (Parent/Carer)

“Even though it’s not permanent, we’ve got a place of our own and also we were able to get help, like housing help, with benefits to pay top-ups with the rent. So it’s very helpful.” (Parent/Carer)

Notably, seven families still felt that they were experiencing high need at NOREAM closure in relation to income and employment with one parent stating that their circumstances had worsened. Nine parents felt their level of need had remained static following support. NRPF families experience financial pressures on multiple fronts, not only are they excluded from key benefit provision, but families are also frequently personally funding immigration applications with the Home Office. Applications for leave to remain in the UK on private life grounds costs £2,593 per person and to register a child as a British Citizen is £1,012 (Jolly & Hunt, 2022). Legal fees with solicitors and immigration advisors add significantly to these expenses. For many, there were still notable challenges to overcome even when the NRPF condition had been lifted. For many families the lifting of the NRPF condition was often the first step in a long journey towards improved financial stability. For example, families were

often left waiting for benefits to be awarded, so they continued to experience financial hardship. Even for those who had secured income from state benefits, the disparity between the cost of living and benefit entitlement resulted in ongoing pressures.

Due to the financial hardship experienced by families subjected to the NRPF condition, grants were offered to families receiving support in an attempt to prevent experiences of destitution. Families who meaningfully engaged with the programme received one-off, unconditional grants of around £500 per child and occasionally additional time-limited support for specific purposes. Interviewees highlighted the benefit the financial relief provided when reflecting on the use of the grants.

“I’ve got a debt at hospital, as well, that I’m paying – because I had a miscarriage, and because of my immigration status, I was charged. I’m paying that back.” (Parent/Carer)

“My younger son, he managed to secure work experience ... He needed a suit, and stuff like that, so we explained all of that to [the social worker], and we managed to get some money to push him through that. That was quite big for him.” (Parent/Carer)

“She managed to secure her chosen course at [X] University. She’s studying criminology, but we got some support in order to help her out with, oh gosh, with travel, help her out with just gathering her stuff for university. Her loan didn’t come through on time.” (Parent/Carer)

Other interviewees highlighted the benefits of using the grants to pay for rent arrears to allow them to move to a new place or provide housing stability and to purchase school clothing, school meals, food for the family, football boots for a child, and toys for the children. While the grants were used in a diverse range of ways, many parents and carers outlined how the financial support had led to an improvement of the wellbeing of their children by directly paying for something they would enjoy or by reducing parental and household stress which allowed them to better care for their children. In turn, this led to an improved sense of wellbeing within family units as parents felt that they were able to meet their children’s needs.

“It’s going to put a beautiful smile on my children’s faces, and even me as well, because when they smile, I smile. If they’re happy, I’m happy, so this is really going to go a long way.” (Parent/Carer)

Overall, all interviewees spoke positively of the grants. Delivery staff and external stakeholders reflected on how the financial assistance offered critical support to families experiencing challenging transitions. Additionally, interviewees felt that the grants demonstrated the programme’s aim to shift the relationship between migrant families and LA provision from one of “gatekeeping” to one driven by empathy, support and trust. While there was general support for the grants, one stakeholder raised concerns that without addressing the underlying drivers of families’ insecurity, then the grants only provided a temporary fix.

“I guess the problem is, that £500, it’s a one-off. So it has to be for a one-off need, rather than pushing that need down the line.” (External stakeholder)

The final domain, health, care and wellbeing, suggested notably different levels of need when compared to the other support domains. Two families placed themselves in the high need category, seven families reported moderate need and eight families felt that they were in the low need category at the point of initial assessment. Of all the domains explored, health, care and wellbeing was the most static in terms of change over time. Families’ level of need remained, in the main, stable from baseline to follow-up. This could be because fewer families placed themselves in the high need category at the initial assessment meaning that there was less space for positive change. Equally, outcomes relating to immigration status and **housing** were often communicated as a higher priority for families. Affirming the idea that it was not a primary focus for the NOREAM cohort, families typically referred to issues around wellbeing indirectly and it was often embedded in reflections on issues relating to housing and immigration.

“When I met with [the social worker], I feel like I have a support behind me that whenever I have a difficult thing, I have where I can turn to and improve my situation.” (Parent/Carer)

Reflecting on the domain scores at baseline and follow up provides evidence of the programme empowering families to achieve positive shifts in relation to the support domains. Interview with parents begins to establish the causal relationship NOREAM support played in driving these shifts. Notably, for many parents it seemed that the programme was able to offer meaningful support in relation to housing, immigration and financial need. Considerable limitations were placed on families’ ability to progress due to the structural (outer) context within which the programme was delivered.

Establishing a pathway through the welfare state

While the ways in which NOREAM supported families differed in response to their support needs, the overriding strength of the programme was its ability to guide marginalised families through the English welfare state. Specifically, social workers were able to work with a diverse group of families, identify their support needs, and identify pathways to relevant services (e.g. through lifting NRP conditions, gaining entitled asylum-seeker, survivor of domestic violence, or other support, or onward section 17 support if they were determined to be at that level through working with them). For many families, gaining an initial understanding of the actions they needed to take in response to the issues they faced was a critical first step. Delivery staff and external stakeholders, reflected on how migrant families struggle to navigate the welfare state or know what services are available to offer support.

“There’s so many things happening that loads of people don’t know about, even though it could be helpful” (Staff member)

“How is a family who have just moved into the borough or just come to the UK, how have they got a chance at working out what services could suit them?” (External stakeholder)

Families who engaged with NOREAM reflected on how social workers had directly responded to this need, supporting them to establish a “pathway” to progression through wider engagement with available services.

“The NOREAM programme did actually give you a pathway. It could give you a stepping stone, like instead of you trying to burst your brain to try and do all of this on your own, there’s a pathway out there that you could actually see.”
(Parent/Carer)

“She was so kind and able to direct me in any way like I can get help so I’m happy in the end.” (Parent/Carer)

“It is not good when you live in a place that you don’t know where you can go for help. So now at least I have plan, I can ask [the social worker] for help whenever I have anything, any difficulty, any problem, I can ask [the social worker] and [the social worker] can find me where to go.” (Parent/Carer)

This delivery attribute spoke to the ability of the service to support families during highly pressured times which were often driven by a sense of uncertainty. NOREAM was viewed as playing a role in stabilising families and identifying when there was a child protection concern or families met the threshold for section 17. Without the provision, families expressed that they would be unsure on how to resolve their issues and equally would be unaware of the steps they may have to take to progress across the relevant support domains.

Evidence to support the outcomes and mechanisms of change in the Theory of Change

NOREAM’s key mechanisms of change were both established and refined during ToC workshops with the programme developers and key delivery staff. The mechanisms of change included:

- Embedded immigration advisor assisting in regularising immigration status.
- Better coordination of support, led by the social worker, for people with NRPF across the different council services.
- Embedded housing officer improving access to and take-up of secure and suitable housing.
- Onward referrals to other appropriate services depending on needs, including welfare and benefit advice and food security services.
- Improved multi-agency support for children and families with NRPF, including through case consultations.

The findings discussed suggest that the mechanisms of change were able to play a role in supporting families towards improved outcomes in relation to the support domains. Specifically, there is evidence to suggest that families were connected to additional services

through improved social work coordination and that both the embedded housing and immigration advisor supported some families to lift the NRPF condition and take steps towards stable accommodation. The support, to some extent, resulted in improved relative wellbeing for some families. However, as highlighted within the main discussion, the wider policy, funding and regulation context played a dominant role in families' ability to achieve a sense of stability and avoid having to resort to section 17 support. Fundamentally, it was felt that family outcomes were in fact dependent on external services and while NOREAM could help people identify pathways to improvements in immediate conditions, the mechanisms of change were limited in what they could achieve due to the need to wait on outcomes from the Home Office or in some cases Housing Options teams.

Evidence of potential unintended consequences or negative effects

Overall, the impact of NOREAM was largely in line with the expectations of how the service may work at the outset, and there was no evidence of negative effects. There were, however, some unintended consequences during the delivery of the service that will need to be carefully considered when thinking about taking it to scale.

Shifting perceptions of section 17 provision

The evaluation explored the implications of the programme on section 17, partially through individual families' trajectories and outcomes over time. In developing the Theory of Change, it became clear that NOREAM may not result in an overall reduction of the number of families receiving section 17 support but may still result in reduced costs by preventing certain families needing section 17 support or by decreasing the duration of time that families are provided section 17 support by responding to issues such as immigration insecurity earlier. Of the 29 families who engaged with NOREAM support, five received section 17 NRPF assistance and two were assessed for support through section 17 safeguarding assessments. The additional involvement of social workers through NOREAM delivery may have detected safeguarding concerns that would be otherwise undetected.

The numbers of section 17 referrals were decided not to be used as an evaluation measure in the pilot for several reasons. First, in the context of increased need due to COVID-19 outlined in the background section of this evaluation report (see Section 1.1), there may be more families that need section 17 support. Additionally, the outreach activities provided by NOREAM may mean that more families came forward for support who met the threshold for section 17 support. Finally, the pilot evaluation timescale and sample size make it hard to rigorously understand the net changes in section 17 provision, duration on section 17 support, and allow enough time to see an impact on re-referrals. The cost evaluation section further details how the study explores implications of the programme on statutory services (see Section 3.5).

Highlighting section 17 threshold inconsistency and equity concerns

Ambiguity around the threshold of when families shift from the early intervention space and should be escalated to receive section 17 support presented challenges to the programme.

There were suggestions during some interviews by delivery staff that there was a marginal difference between families supported through NOREAM and those experiencing section 17 provision. This lack of clarity has the potential to result in some families experiencing delays in receiving entitled statutory provision. This potential unintended consequence was identified by external stakeholders who had experience working with families with NRPF.

“Is that just another way to not put families on to section 17 support who need section 17 support? Is it another gatekeeping barrier?” (External Stakeholder)

Without further clarity, there were concerns that the model could be used as an additional barrier to families receiving statutory provision. Further work should be taken to ensure that there is a more systematic way of determining whether families are suitable for NOREAM or entitled to section 17 support. Onward referrals for section 17 support should also be considered carefully due to the LA’s duty to inform the Home Office about these families. For those with irregular immigration status this could be a significant concern, as involvement with the NOREAM team could involve onward referrals to section 17 or other statutory support, mandatory reporting to the Home Office, and eventual deportation. Concerns over mandatory reporting to the Home Office could result in equity concerns as the programme reaches those with regularised immigration status and not the more vulnerable irregular migrants.

Unmet expectation

Additionally, as previously discussed, families engaged with NOREAM delivery without understanding of the limitations of the service. During pilot delivery, this resulted in some families having expectations that the service could support them in either stabilising their housing or resolving their immigration status immediately. While there is evidence to suggest that NOREAM can facilitate families’ progression towards their goals and communicate the limitations of the programme, the model could lead to unmet expectations which could have a negative impact on family wellbeing and potentially negatively impact dynamics of trust between families and state support agents – although at least in this pilot, the latter does not appear to have been the case.

3.6 What do we know about resource and cost?

Changes from original plan

At the outset, the plan for the economic analysis entailed two components:

- High-level analyses of intervention costs
- Preliminary cost-offset analyses.

Over the course of the project, it became apparent that adaptations to the programme, including further development of the Theory of Change and decisions around firm measures

of outcome, would be necessary to facilitate cost-offset analyses. Therefore, these have not been performed.

The original research questions are listed below, alongside an explanation of how these questions were addressed in response to limited data availability.

- What are the resources required to adapt and deliver the NOREAM model?

The adaptation of the programme continued over the course of the pilot evaluation. At the same time, this evolution of the programme is more fundamental than an adaptation that would perhaps be necessary to facilitate roll-out in a specific local authority by adapting the intervention to local circumstances. Therefore, analysis of resources required to adapt the intervention has not been undertaken. A questionnaire has been developed to collect this information down the line, should a further, fuller evaluation be commissioned in future.

Intervention delivery: This was investigated as planned.

- Examining historical data, what are the services used by a family with NRPF receiving section 17 support, and what are the associated costs?
- How does the NOREAM programme change service use and associated costs?

The comparison between section 17 support and support through NOREAM was predicated on the assumption that the aim of NOREAM is to prevent families from having to rely on section 17 support. However, stakeholder input challenged this early assumption, as it still may be desirable for families to be able to access section 17 support, in addition to or following NOREAM.

Our data mapping showed that detailed use of services is not recorded on a routine basis. Collecting data on service use (within the NOREAM programme as well as for external services) was considered by the research team but thought to be infeasible given the known difficulties faced with participant engagement and low response rates to core surveys.

Recording of the number and duration of contacts by the social worker was also considered, but given the often-low level and frequent contact (e.g. WhatsApp messages), this was deemed to be infeasible. A future evaluation may consider implementing a schedule for tracking contacts with services such as housing officers and immigration support, and a sampling approach to data collection via a social worker time use study (diary for a seven-day period or similar). Given that only one social worker was providing support via NOREAM, this approach carried the risk of seeming coercive within this pilot setting and was therefore not implemented.

Therefore, a decision was made to focus the analysis on the existing finance data that is routinely collected by Hackney Council.

Costs of the intervention

Data on core social worker (SW) salary, on-costs and overheads were available from the LA finance team. There are no systems in place to record SW activity, and the diverse and often ad hoc nature of contact with families (e.g. via WhatsApp, short phone calls) did not lend itself to recording activity in detail; moreover the burden on the SW to do so would have reduced the resources available to support families in the pilot. However, a list of activities as part of NOREAM was compiled by the research team and discussed with the SW, who provided best estimates of time and resources required for a “typical” contact. No such data is available for integrated services (immigration support, housing officer), so these were drawn from publicly available sources. No detailed information was available for non-integrated services, and these contacts were not included in the analysis.

For each professional, an hourly unit cost was estimated based on the available data. We employed a long-run marginal opportunity cost approach and bottom-up costing, following best practice for micro-costing. Unit costs include salary, on-costs, overheads and annual working hours. Additional cost categories, such as travel and materials, are not included in our estimates.

For each type of client contact under NOREAM, we consider the approximate duration and professionals involved to arrive at an estimate of the cost per contact. Where there is uncertainty about a parameter, sensitivity analysis was undertaken to provide a range of estimates.

Estimating overheads

A flat overhead percentage for 1.0 full-time equivalent permanent member of staff (social worker on the NRPF team) was estimated from the total budgeted overhead figure of £59,011 provided by the Hackney finance team. The total combined figure for salaries and on-costs was £327,359 for 5.8 FTE staff. The overhead percentage is therefore around 18%.

This is significantly lower than the figures quoted in the volume “Unit Costs of Health and Social Care 2021” (Jones & Burnes, 2021:p.123), where direct overheads above amount to 29% of salary and on-costs, with an additional 16% for indirect overheads and a fixed amount of £3,191 for capital overheads. Unit costs were therefore calculated using both figures, providing a range of plausible costs.

Unit costs

Social worker

A typical SW in the NRPF team in Hackney was at grade SS6C 36, with an annual salary of £42,609. To arrive at an hourly cost, assumptions about working time are required. We use the assumptions provided in the PSSRU unit cost volume of 40.9 working weeks per year and 37 working hours per week, equating to 1,513 hours per year. Table 3.2 shows the

calculations, arriving at a unit cost per hour of £43–55, depending on assumptions about overheads.

Table 3.2. Social worker total costs and unit costs (per hour)

	NOREAM data	PSSRU volume
A) Salary	£42,609	£42,609
B) On-costs	£12,550	£12,550
C) Total salary costs	£55,159	£55,159
D) Direct overheads	£9,929	£15,996
E) Indirect overheads		£8,825
F) Capital overheads	£3,191 ¹³	£3,191
G) Total overheads	£13,120	£28,012
Grand total (C + G)	£65,088	£83,171
Hourly cost	£43	£55

Housing officer and immigration advisor

Salary information for the housing officer and immigration advisor were not available, and were therefore estimated based on information researched online.¹⁴ We assume that these roles would, in a roll-out scenario, be based permanently in-house, and subject to the same assumptions around overheads and working hours. Salary on-costs were estimated based on the percentage calculated from the Hackney finance data (approximately 30% for employer contributions to pensions and national insurance). The resulting calculations are

¹³ Taken from PSSRU volume.

¹⁴ See <https://uk.talent.com/salary?job=immigration+consultant> and <https://uk.talent.com/salary?job=housing+officer>. Note that these are UK averages, and we have not accounted for the likely higher salaries achieved in an inner London Borough.

shown in Table 3.3 and Table 3.4. The estimated hourly unit costs for a housing officer within the context of the NOREAM project is therefore between £31–37, and the cost for an immigration advisor (per hour) is between £37–45. Note that there is a large amount of uncertainty around these estimates.

Table 3.3. Housing officer unit cost (per hour)

	NOREAM data	PSSRU volume
A) Salary	£28,256	£28,256
B) On-costs	£8,336	£8,336
C) Total salary costs	£36,592	£36,592
D) Direct overheads	£6,586	£10,611
E) Indirect overheads		£5,854
F) Capital overheads	£3,191	£3,191
G) Total overheads	£9,777	£19,657
Grand total (C + G)	£46,369	£56,248
Hourly cost	£31	£37

Table 3.4. Immigration advisor unit cost (per hour)

	NOREAM data	PSSRU volume
A) Salary	£34,500	£34,500
B) On-costs	£10,178	£10,178
C) Total salary costs	£44,678	£44,678

D) Direct overheads		£12,956
E) Indirect overheads	£8,042	£7,148
F) Capital overheads	£3,191	£3,191
G) Total overheads	£11,233	£23,295
Grand total (C + G)	£55,910	£67,973
Hourly cost	£37	£45

Table 3.5 provides an overview of the estimated unit cost associated with NOREAM activities. Where the estimated approximate duration of the contact is a range, the lower bound of the range is the lower bound of the estimated duration times the lower unit cost estimate, while the upper bound of the range is the upper bound of the estimated duration times the higher unit cost estimate.

Table 3.5. Estimated unit cost of NOREAM core activities (internal only)

Activity	Professionals involved	Approximate duration	Estimated cost
Triage and referral	SW	30-40 mins	£22-37
Assessment	SW	40-75 mins	£37-69
Appointment ¹⁵ with Social Worker (home visit)	SW	120 mins or more (60 mins minimum, plus travel time)	£86-110
Immigration support	Immigration advisor	Assuming 60 mins	£31-37

¹⁵ Note that this can include a visit with the purpose of conducting the initial assessment. Due to the pandemic, in practice these sessions were happening remotely.

Housing support	Housing officer	Assuming 60 mins	£37-45
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Comparison of expenditure (NOREAM grants vs section 17)

Expenditure data (other than costs associated with local authority staff) were analysed for section 17 data between April 2021 and March 2022, and for NOREAM grants for the period between February 2021 and April 2022. There is a slight mismatch in these time periods due to a difference between the financial year and the NOREAM intervention period.

Costs were summarised and described by programme (NOREAM vs section 17), and a group of participants receiving support from both was highlighted.

Note that this is not intended as a like-for-like comparison, as it is not possible to determine the underlying needs profile of those receiving NOREAM vs section 17 from the available data, and it would in fact be expected that the two groups should be quite different.

Data on expenditure on NOREAM grants and section 17 provision were available from Hackney Council. There were 93 unique IDs in the dataset, representing 93 children. This includes three lines of expenditure with a missing ID, which were treated as unique cases. There were 74 unique IDs in the NOREAM data set, and 37 unique IDs in the section 17 data, with 18 IDs appearing in both tables. About half the recipients of section 17 therefore also benefited from NOREAM.

Table 3.6 shows summary statistics of the expenditure on grants via NOREAM vs section 17. As expected, both median and mean amounts under NOREAM are much smaller than under section 17.

Table 3.6. Summary of amounts by programme

Programme	N	Median	Mean	SE	Min	Max	Total
NOREAM	74	£500	£610	£95	£9	£3,070	£43,909
Section 17	37	£11,273	£12,777	£1,496	£287	£28,558	£472,763
All	93						£516,671

The type of expenditure under each programme is very different, as illustrated in Figure 3.8: while NOREAM covers mainly grants (86.6% of expenditure under NOREAM) and small amounts to cover administrative expenses (e.g. passport application fees, cost of translation) or fees such as nursery/play schemes and gifts to clients, section 17 provides for accommodation (80.4%) and subsistence (19.6%).

Figure 3.8. Breakdown of expenditure categories in NOREAM vs section 17 (February 2021–February 2022)

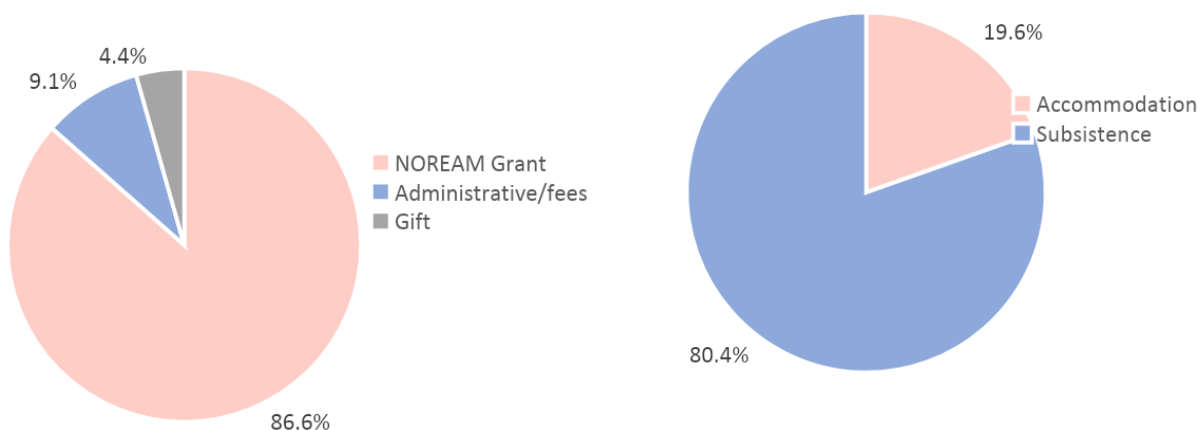


Table 3.7 shows the same information as Table 3.6, this time separating out those in receipt of both section 17 support and NOREAM funds. Median and mean expenditure for those receiving both is almost three times as high as for those receiving section 17 support only – despite the average amount of NOREAM funding going to this group being relatively small (£59, see Table 3.8).

Table 3.7. Summary of amounts by programme, including those receiving both

Programme	N	Median	Mean	SE	Min	Max	Total
NOREAM only	56	£500	£765	£114	£9	£3,070	£42,852
Section 17 only	19	£5,261	£9,721	£2,082	£287	£28,558	£184,690
Both	18	£15,450	£16,063	£1,924	£807	£28,135	£289,129

Table 3.8. Mean amount from each programme, by programmes accessed

	Mean NOREAM	Mean Section 17
NOREAM only	£765	£0
Section 17 only	£0	£9,721
Both	£59	£16,004

We can see that both programmes fund very different expenditure categories (as intended and expected). There seems to be an indication that those who receive NOREAM as well as section 17 are moved on from NOREAM fairly quickly, signified by the low average NOREAM expenditure on these cases.

Note that the above figures do not include estimates of costs associated with SW time or other services, so that total costs in the NOREAM group will be significantly higher than shown here.

Feasibility of economic evaluation of NOREAM

Any economic evaluation is built on the main outcomes evaluation. This means that without outcomes measurement, economic evaluation in the stricter sense is not possible. To enable economic evaluation, there needs to be clarity around the outcomes NOREAM is intended to improve, and these need to be measured in a sufficient number of participants to allow conclusions to be drawn. Further, there is a need for a counterfactual, either in the form of a direct comparison group, or in a non-randomised design. An economic modelling approach that draws on existing literature and data, outside of the NOREAM evaluation, is also a possibility, but scoping work is necessary to determine if these sources of information exist.

Availability of financial data was very good, and the level of detail in the routinely collected data sufficient for economic analysis. However, there is a need to record contacts with social workers and other support at the individual/family level. The often-low level contacts of short duration (e.g. WhatsApp messages) that is driven by the intended flexibility of the programme will make it potentially challenging and onerous to accurately capture activity at the desired level of detail. The need to accurately estimate activity and service inputs therefore need to be balanced with the burden that this places on the social worker. A short-term time use study or diary approach may provide a compromise.

Overall, there is a good potential for an economic evaluation as part of a future trial, assuming the issues with outcome data collection can be addressed. However, the analysis would likely be limited to costs directly associated with the programme, and not consider wider service use.

4. Discussion

Overall, the NOREAM programme shows initial promise in supporting families subjected to the NRPF condition. The high level of unmet need present across families who received support suggests that an early intervention model could provide a critical provision for families who may not meet the high thresholds for statutory support. Without NOREAM support, families' circumstances may have deteriorated, resulting in greater risk of destitution and worsened wellbeing. While the sample sizes were small, there was data to suggest that families who engaged with the programme experienced improvements across key support domains, and interviews with parents/carers, delivery staff and external stakeholders also suggested NOREAM improved the lives of families, potentially prevented some from needing section 17 support, and increased the identification of families eligible for statutory support.

The delivery of the model raised questions relating to the programme's design. Specifically, there were questions around programme optimisation and whether it could be delivered outside of social work provision and/or outside of a LA service. These questions could be further justified for the programme or examined in an implementation evaluation.

Prior to a more discursive reflection on some of the challenges NOREAM may face if the programme were taken to scale, the barriers and facilitators of the implementation of the programme will be reflected upon following the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009; Keith et al., 2017). The CFIR framework highlights five key domains which influence a programme's ability to be implemented successfully. Within each domain there are a range of constructs which frame key intervention characteristics. Table 4.1 briefly summarises learnings taken from NOREAM delivery which have varied relevance to some of the constructs outlined in the framework.

Table 4.1. Understanding NOREAM through the CFIR framework

	CFIR framework domains
Intervention characteristics	NOREAM was designed to be an adaptable programme which responded to the needs of families engaging with the programme. This aided the implementation of the programme by ensuring that barriers and challenges to delivery could be responded to and overcome in a timely manner. The reflexive relationship between the developers and frontline practitioners also resulted in a programme which was driven by social work values, resulting in wider support from external stakeholders and within the LA delivery context.
Inner setting	There was a sense among delivery staff and external stakeholders that the inner setting of Hackney LA aided the implementation of the programme (Begum et al.,

	<p>2022). Specifically, there was a preception that the LA was forward thinking, progressive and well positioned to respond to the needs of diverse communities in an empowering way. These cultural characteristics aligned with the programme model and therefore meant that there was limited pushback within the immediate delivery structure. Without this alignment between NOREAM and the delivery LA, the programme could have faced additional barriers to delivery.</p>
<p>Outer setting</p>	<p>As has been discussed throughout the report, the wider structural environment played a significant role in shaping the implementation of NOREAM. There was an ongoing conflict between the programme’s aims and objectives and what was possible within the wider policy context. This resulted in significant limitations in relation to families achieving outcomes. The hostile environment was also seen to be in conflict with migrant aware practice resulting in wider shifts across the LA being difficult to achieve. Additionally, requirements on LAs to report to the Home Office were seen to undermine the attempts of the programme to establish improved relationships within the community.</p>
<p>Characteristics of individuals involved</p>	<p>The individuals supporting families and social workers were seen to have attributes which aligned with the ethos of the model. There was a sense that the empathetic nature of the social workers’ delivery was crucial to ensuring the programme’s success.</p>
<p>Implementation process</p>	<p>There was a sense among those who delivered the programme that more planning and clarity could have been provided prior to the delivery of NOREAM. Specifically, there seemed to be ambiguity of core intervention components at the start of the delivery of the programme, with the grants and case consultation beginning months after the launch of the programme due to planning difficulties. Concomitantly, it was viewed as a strength that the programme was flexible, iterative, and driven by ongoing learning with regular team meetings including the developer.</p>

4.1 Further reflections

While the NOREAM model displays evidence of promise, the evaluation has raised several issues about its optimal form and delivery which need to be carefully considered when thinking about taking the programme to scale.

Clarifying the model's relationship with section 17 provision

Since NOREAM is delivered alongside pre-existing LA services, it is important to consider how the model may inadvertently impact upon wider provision. The delivery of NOREAM has specifically raised multiple questions relating to section 17 support.

First, without further clarity on what specific circumstances result in the threshold for section 17 being met, there were concerns that the model could be used as an additional barrier to families receiving statutory provision. Further work should be taken to ensure that there is a more systematic way of determining whether families are suitable for NOREAM or entitled to section 17 support.

Additionally, considerations should be taken to ensure that NOREAM delivery does not entrench the position of section 17 provision as a crisis intervention offer. There were concerns among external stakeholders that delivering a programme which sits outside of the statutory framework and is specifically characterised as an early intervention model could create a false dichotomy between services. If section 17 were to take a more upstream approach, the need for a model such as NOREAM could become less clear. Due to the current structural conditions of funding cuts and reduced LA capacity, delivery staff were sceptical about how feasible shifting section 17 support to cover more families would be. Additionally, NOREAM staff highlighted the benefits in being able to work with families in a more collaborative and flexible way due to the absence of statutory frameworks.

Finally, clarity needs to be provided as to whether the overriding objective of NOREAM is to decrease the demand of section 17 referrals through early intervention. While there was indicative evidence to suggest that NOREAM may have the capacity to help families take steps away from destitution, there was also evidence to suggest that through effective community outreach, more families may seek LA support which could consequently result in greater section 17 applications. If the programme is to be taken to scale this will need to be carefully considered before the number of section 17 referrals, length of time on section 17, or re-referrals is identified as the primary metric of delivery success.

Organisational context and roles in delivery

The developers of NOREAM designed the programme specifically to be delivered by social work practitioners. Due to the disconnect from the pre-existing statutory framework, there was a sense that NOREAM could encourage a revised approach that was more closely aligned to the core principles of the Social Work England professional standards and Professional Capabilities framework. Based on the experiences of the families who participated in interviews, there is evidence to suggest that delivery staff were able to deliver

a programme that was influenced by these principles, indicating the potential of the model. Notably, the programme seemed able to offer person centred, holistic support in a way that was beneficial to families with precarious immigration status.

If the model is to be taken to scale, the barriers to reach that were faced through NOREAM delivery in Hackney are likely to be faced in the majority of LA contexts. These barriers create a tension between negative perceptions of social work delivery across local communities and the model's ability to achieve positive outcomes for families through a collaborative approach. Interviewees communicated that overcoming the negative perceptions of the local community and third sector organisations was a complex, resource-intensive challenge for which different implementation strategies were used. Given this challenge, and the fact that NOREAM is not anchored to a statutory framework, there was a sense that delivery of the model could sit outside of social work provision and could be offered by delivery partners who are already well positioned to work in a more collaborative way with the local community and key third sector organisations. The contrasting perspectives on the issues around staffing are evident more widely, with some feeling that the support role could be delivered by a lower-paid family practitioner and others feeling that the NOREAM model could play a role in "reclaiming a broader, more person-centred vision of social work" (Begum et al., 2022:p.5). This pilot evaluation did not produce enough evidence for a recommendation on the primary NOREAM practitioner, but this should be considered carefully, and potentially tested in future evaluations.

Identifying the programme's intended outcomes

NOREAM set out to support families across a range of differing needs. It was envisaged that by intervening early and supporting families holistically, they would be less likely to experience destitution and in turn depend on section 17 provision. However, many pathways away from destitution were dependent on external services such as the Home Office and housing options departments. NOREAM social workers were therefore limited in their ability to immediately affect the progress of families.

The model's strength was attributed to providing clarity on the steps and providing resources and developing a relationship to respond to the needs of families while they were awaiting outcomes from other services. This poses questions as to how to measure the impact of the programme itself. For example, families may receive beneficial support from the social workers but equally not have their housing issue resolved due to the NRPF condition not being lifted. In these circumstances, NOREAM provision may be beneficial but overall family welfare may not significantly improve. Careful consideration should be taken when thinking about how this could be meaningfully measured when thinking about change over time.

A robust way of measuring outcomes should be determined prior to taking the model to scale. This could be focussed on key service outputs in relation to onward referrals to key provisions as well as measures that seek to capture shifts in family and child wellbeing as a result of the programme provision.

4.2 Limitations

There were a number of limitations to the NOREAM evaluation:

- The parents/carers who participated in the qualitative interviews were those who were engaged with the service and typically had positive connections with their social workers. The views and perspectives of parents/carers who disengaged from the programme did not feed into the evaluation findings. Language barriers, cultural hesitancy to criticise, and working through interpreters or in a second language may have further limited the sharing of perspectives.
- There was limited completion of the outcome measures and the survey. This meant that indicative evidence of impact was limited, and qualitative interviews played a more dominant role in shaping the research findings.
- The administrative data provided by the delivery team was limited meaning that insights into outputs of the programme were not possible to obtain, neither were detailed understandings of client demographics. Consequently, the cost analysis was relatively light touch and was unable to give a comprehensive understanding of the associated costs of NOREAM delivery.
- While the evaluation attempted to understand the impact of NOREAM on the wellbeing of children receiving support, the voice of the child/young person was not viewed as ethical to collect in this instance and was not incorporated into the research design, resulting in conclusions being drawn from parental accounts.

4.3 Conclusions and recommendations

Overall, given the ongoing challenges faced throughout delivery, the programme was perceived to provide meaningful support to a range of migrant families prior to them reaching section 17 thresholds or enabling the identification of reaching section 17 thresholds. With all the necessary caveats placed on the findings, the experiences of families receiving support provides initial evidence of promise to meet critical needs for families facing serious challenges in various domains.

The needs and experiences of the families suggest policy change is needed, particularly within the Home Office, so that migrant families do not reach destitution, high levels of food insecurity and homelessness. This project and others suggest access to public funds would prevent these outcomes and that long and unclear immigration processes severely impact children and families.

In the absence of policy change, there is a clear need for early intervention with these families prior to currently interpreted section 17 thresholds. There are decisions to be made before further development and testing of NOREAM, including:

- Whether to use a metric around section 17 as an impact measure (e.g. duration on section 17, re-referrals) given learnings around potential increased referrals due to improved community outreach and greater understanding of families' needs
- The most appropriate way of capturing intermediate measures, which highlight the service's ability to connect families to relevant services relating to their support needs
- Whether the programme should continue to be delivered through social work provision given evidence relating to the barriers of reach, particularly when positioned as a LA service
- How to clearly distinguish the programme from pre-existing LA provision for NRPF families, including the development of clear thresholds between NOREAM provision and section 17 support which can be universally applied in practice.

Then, taking the model of delivery decided upon, we recommend that the programme is tested further, including indicators surrounding the development of:

- Increased engagement of community organisations, including relevant third sector services, as well as education and health care providers
- Improved level of community outreach with the target population, including level of engagement across differing demographic groups
- Heightened appropriateness of the programme delivery materials, including the delivery manual, to provide a guiding framework to measure the fidelity of programme delivery
- A clarified strategy to evidence how migrant aware practice can become actioned and implemented in a measurable way across the LA context, as well as within direct NOREAM support provision.

Directions for future research

While this evaluation establishes evidence of promise, the findings also highlight aspects of the programme which require refinement to ensure that NOREAM's aims, approaches and targeted outcomes are clear, relevant and measurable. Following WWCS's Outcomes Framework (2022a), careful consideration needs to be given to how the next steps of the programme will capture outcomes in relation to children and young people in an ethical manner. We would suggest that the focus should be on family, parental and children's outcomes. It is also suggested that workforce outcomes (e.g. social worker retention and satisfaction) are captured due to the underpinning objectives of the programme and the ways in which it aims to ensure social work principles and values are foregrounded to ensure the quality of services and initial indicators that this improves social worker satisfaction.

After carefully considering the potential risk in line with the WWCS evaluation pipeline (2022b), we recommend that the optimal next step is to amend the programme considering

the learnings provided throughout this report, identify LA contexts which are most likely to benefit from NOREAM delivery, and to test the revised model as a pilot waitlist RCT. Delivery across multiple LA contexts will require an extended inception phase to ensure that the model is delivered in line with the recommendations in this report.

Multisite pilot RCT recommendations

The NOREAM model is an early help programme outside of statutory obligations. Although social workers may be hesitant to have a waitlist, especially given the high level of needs demonstrated by NOREAM families and relationship-based work, “practice as usual” often creates a natural waitlist as statutory cases are prioritised, and the bespoke funding offers the opportunity to examine the impact and work with the population and see if it is better than “business as usual”. The following recommendations relating to delivery of the multisite RCT have been informed by the learnings taken from this evaluation.

- **Completion of outcome measures** – A challenge throughout the evaluation was the difficulty in engaging the NOREAM cohort in external survey completion despite close work with social workers and incentives for follow-up surveys. If impact is to be captured through validated outcome measures, careful consideration should be taken in relation to completion, particularly for those families who may be allocated to the control group. We recommend that validated outcome measures, such as the WEMHWBS and KIDSCREEN-10, are completed by parents/carers with social workers as an embedded element of the programme.
- **Considering appropriate local context** – It is recommended that the model is trialled across LAs that have a high number of families subjected to the NRPF condition. Our learnings suggest that reaching families can be challenging and the trial will be dependent on high numbers of referral number across each delivery LA.
- **Waitlist control group monitoring** – A process should be established to ensure that families who are randomised into the waitlist control group are not prevented from receiving statutory provision should their circumstances worsen.
- **Section 17 threshold** - A clear threshold which can be objectively determined should be established across all delivery LAs. The threshold should outline key contextual factors which lead to families automatically being referred to children’s services for section 17 support. This will not only ensure that the NOREAM model can continue to be delivered in an early help context but will also prevent potential gatekeeping practice.

Outcome areas

In line with the findings of this evaluation we recommend that the outcomes measures in relation to the NOREAM model are both clarified and diversified. We recommend the following three outcome areas are considered to capture the programme’s outcomes and impact:

1. **Child and parent wellbeing** – Improvements to family’s overall wellbeing should be identified as the priority outcome when attempting to measure the impact of the model. Our findings suggest that families who were unable to change their immediate circumstances still experienced positive shifts to wellbeing as a result of support, contrastingly, those who had NRPF conditions lifted may still have seen levels of decline due to wider issues. Capturing these subjective shifts are likely to provide the most meaningful way of measuring impact if the model is taken to scale. Parental wellbeing and mental health is known to be related to child wellbeing, and even abuse and neglect, and is important to measure as well as child wellbeing.
2. **Statutory service demand** – It is suggested that the length of time on section 17 support and re-referrals to section 17 are examined as secondary outcomes. Both the overall numbers of families receiving section 17 support across the borough should be measured as should be comparative numbers of escalation to section 17 between the control and intervention group. These outcomes should be carefully framed; while there are economic benefits as a result of a reduction in families receiving section 17 support, the programme’s right-based approach encourages the receipt of these services for the duration of eligibility, and it is necessary to ensure measures do not conflict with the principles of the programme.
3. **External service connection** – One of the key attributes of the model was its ability to connect families with pre-existing services that responded to their needs. While these may not always result in material improvement to families’ circumstances, strengthening support networks through this approach should be captured as a meaningful outcome of the model.

For further detail on the measures suggested in relation to each outcome area please refer to Table A5 in Appendix A.

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Appendices

Appendix A: Additional tables

Table A1. Summary of study findings

	Question	Findings
Establishing a Theory of Change	What were the key changes to the NOREAM Theory of Change in line with programme delivery?	Despite the challenges presented by the COVID-19 pandemic, the NOREAM Theory of Change remained largely consistent throughout delivery. There were some key adaptations to the service – in response to the challenges of balancing statutory cases with early intervention cases, the staffing structure changed resulting in one full-time social worker delivering NOREAM as opposed to two part-time social workers. Additionally, the service supported a more diverse range of immigrant families than initially planned, including asylum seekers. The revised Theory of Change reflects these changes, but the core aspects of the model remain consistent. The Theory of Change should be reviewed with any scale-up.
Implementation	Was it feasible to implement NOREAM?	Overall, it was found to be feasible to deliver NOREAM in line with the core principles and intentions of the delivery, as articulated in the manual. Many families received meaningful support, guided by the delivery manual, and reported improved outcomes. There were, however, implementation challenges due to the COVID-19 pandemic, resistance in engagement with LA provision and ambiguity around the relationship between the delivery model and existing statutory services.

	<p>Did the programme reach the intended families and what implementation strategies were used?</p>	<p>The programme faced multiple barriers when attempting to reach the target population of migrant families with “No Recourse to Public Funds” (NRPF) conditions. Delivery staff noted that they experienced limited collaboration from charities, community organisations and individuals due to concerns that engagement may trigger child safeguarding interventions from children’s services and reporting families with irregular immigration status to the Home Office. Additionally, the programme’s attempts to take a proactive approach to community engagement through increased collaboration with third sector and community-based organisations were stalled due to the restrictive impact of multiple lockdowns and remote ways of working. Despite these challenges, the programme did reach a number of families with a variety of precarious immigration statuses.</p>
	<p>Was the programme delivered as intended, what adaptations were made and why?</p>	<p>Overall, the programme was delivered largely as intended: person-centred support was offered to families subjected to the NRPF condition across the predetermined support domains. Social workers took active steps to establish relationships with community organisations and migrant aware practice was promoted across the borough. Adaptations were made to the staffing structure of the service in response to capacity challenges of social workers. Additionally, a broader range of families were provided support than initially anticipated.</p>

	<p>Was the programme acceptable to and appropriate for parents/carers, staff and the LA?</p>	<p>The feedback provided by parents/carers was positive. Programme staff also articulated a high level of acceptability and appropriateness when reflecting on the programme. Some external stakeholders felt the delivery of NOREAM could discourage statutory services from taking an early intervention approach but widely supported the underlying principles of the model. The resistance faced by the programme, due to historic tensions between LA provision and community-based organisations, suggested a varied level of acceptability across the wider delivery context.</p>
<p>Evidence of impact</p>	<p>What evidence is there that NOREAM can have a positive impact on family wellbeing?</p>	<p>Evidence suggests that NOREAM has the potential to enable families to progress across a range of support domains. Qualitative interviews with parents/carers suggested that this progress often resulted in the improved wellbeing of participating families.</p> <p>The programme social workers struggled to support families to complete the outcome measures independently online, resulting in limited quantitative insights. This was due to varied IT literacy among families receiving support as well as varied levels of engagement due to COVID-19 restrictions. Furthermore, social workers delivering the programme took time to integrate this new element of delivery into their practice. It is suggested that validated outcome measures are embedded into the delivery model and completed directly with families by social workers if the programme is taken to scale through a RCT.</p>

	<p>What perceived impacts were identified by parents/carers and by NOREAM staff?</p>	<p>Parents/carers reflected on multiple perceived impacts. The most notable impact was the ability of the service to help families navigate and coordinate across disconnected services. Specifically, families were signposted to new services and saw improved outcomes from engagement with external services as a result of NOREAM staff support. Many parents/carers identified the ability of the social workers to empathise with the challenges that they faced and develop a clear pathway to respond to their needs as a key driver of improved wellbeing. Additionally, the one-off grants of around £500 per child provided to the families by the service were found to offer families critical financial support when facing food insecurity alongside other challenges.</p>
	<p>Is there evidence to support the outcomes and mechanisms of change in the Theory of Change?</p>	<p>There is evidence to suggest that NOREAM has the potential to support families in line with the outcomes established in the Theory of Change. The embedded immigration advisor supported families to lift the NRPF condition, onward referrals were made to services responding to families' needs and social workers took a leading role in coordinating a holistic support offer. Additionally, there were some instances of improved housing stability.</p>

	<p>Was there any evidence of potential unintended consequences or negative effects?</p>	<p>There was a perspective among some external stakeholders that the delivery of NOREAM may be used as a means to prevent families from accessing statutory support. Specifically, concerns were raised that those meeting the threshold for section 17 provision could be assisted through the model to reduce demand. Additionally, interviewees were concerned that delivering an early intervention model sitting outside of statutory provision could prevent statutory services from taking an early intervention approach. There was, however, no evidence to suggest that the delivery of NOREAM negatively affected families' experience of statutory provision.</p>
<p>Resource and cost</p>	<p>What are the resources required to adapt and deliver the NOREAM model?</p>	<p>The adaptation of the programme continued over the course of the pilot evaluation. Additionally, significant adaptations would perhaps be necessary to facilitate roll-out in a specific local authority to respond to local circumstances. Therefore, analysis of resources required to adapt the intervention has not been undertaken. A questionnaire has been developed to collect this information down the line, should a further, fuller evaluation be commissioned.</p> <p>Cost analysis relating to delivery staff wages have been completed and provides an initial overview of programme-related costs.</p>

	<p>Examining historical data, what are the services used by a family with NRPF receiving section 17 support, and what are the associated costs?</p>	<p>Data mapping showed that detailed use of services is not recorded on a routine basis. Collecting data on service use (within the NOREAM programme as well as for external services) was considered by the research team but thought to be infeasible given the known difficulties faced with participant engagement and low response rates to core surveys.</p>
	<p>How does the NOREAM programme change service use and associated costs?</p>	<p>To understand the associated costs of NOREAM delivery, recording the number and duration of contacts by the social worker was considered, but given the often-low level and frequent contact (e.g. WhatsApp messages), this was deemed to be infeasible. A future evaluation may consider implementing a schedule for tracking contacts with services such as housing officers and immigration support, and a sampling approach to data collection via a social worker time use study (diary for a seven-day period or similar).</p>
<p>Readiness for trial</p>	<p>What if any further work is required for NOREAM to be ready for trial?</p>	<p>When thinking about further developments of the model, it will be important to clarify the space NOREAM occupies in relation to wider LA service delivery, how it interacts with existing NRPF teams and the threshold between early intervention and section 17 support. Additionally, further nuance is needed when measuring the service's impact on statutory demand. While the programme's support offer may prevent some families from engaging with statutory services, its potential to reach unmet need could lead to increases in families receiving section 17 support.</p>

	<p>Can NOREAM be delivered consistently across differing local authorities?</p>	<p>The manual and implementation structures facilitate NOREAM being implemented with consistent principles and approaches. It will be important to carefully consider which LAs are appropriate for NOREAM delivery if the model is taken to scale. Hackney was seen to have natural alignment with the model's aims which aided its delivery. Specifically, the LA was viewed as holding a progressive delivery culture and a commitment to develop migrant aware practice (MAP) more broadly. Pre-existing services for migrant families across the borough also facilitated the delivery of the model. These key contextual factors should be carefully considered if the model were to be delivered elsewhere.</p>
	<p>Are any changes needed to the NOREAM materials, resources and implementation strategies including training?</p>	<p>The NOREAM manual and further guidance documents should be made as accessible as possible to ensure that they are read by social workers and inform practice. During the pilot, the length of the manual presented barriers to implementation due to social workers not having capacity to follow the guidance closely. Local authorities should also take active steps to promote a cross-borough MAP strategy to ensure the service can fulfil its potential and be implemented as intended.</p>
	<p>What aspects of the NOREAM delivery should be addressed in fidelity criteria?</p>	<p>Key areas would be adherence to programme structure: including the social work support focus on predetermined support domains; level of engagement with wider community through increased outreach; and delivery of a wider MAP strategy across LA provision.</p>

Table A2. Nationalities of family members supported

Nationality	Mother	Father	Child
Afghan	1	0	0
British	3	1	32
Congolese	1	1	0
French	1	0	0
Gambian	1	0	0
German	0	0	1
Ghanaian	6	1	9
Iranian	1	1	0
Israeli	1	0	0
Jamaican	1	0	0
Moroccan	1	0	0
Nigerian	5	1	4
Spanish	1	0	4
Sudanese	1	1	5
Vietnamese	4	2	0
Unknown	0	4	0

Totals	28	12	55
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Source: Programme administrative data

Base: Nationality of 29 families receiving support

Table A3. Families' self-assessment of needs at initial point of engagement

Level of need	Immigration	Housing	Income and employment	Health care and wellbeing
Red high need	10 (42%)	12 (50%)	13 (54%)	2 (8%)
Red low need	5 (21%)	5 (21%)	4 (17%)	3 (13%)
Amber high need	5 (21%)	3 (13%)	4 (17%)	3 (13%)
Amber low need	2 (8%)	1 (4%)	3 (13%)	6 (25%)
Green high need	1 (4%)	1 (4%)	0 (0%)	6 (25%)
Green low need	1 (4%)	2 (8%)	0 (0%)	4 (17%)

Source: Programme administrative data

Base: 24 families who completed self-assessment domain scores at initial assessment

Table A4. Families' self-assessment of needs at initial point of engagement

Level of need	Immigration baseline	Immigration follow-up	Housing baseline	Housing follow-up	Income and employment baseline	Income and employment follow-up	Health care and wellbeing baseline	Health care and wellbeing follow-up
Red high need	10 (59%)	5 (29%)	10 (59%)	6 (35%)	9 (53%)	6 (35%)	1 (6%)	2 (12%)

Red low need	3 (18%)	3 (18%)	3 (18%)	4 (24%)	1 (6%)	1 (6%)	1 (6%)	1 (6%)
Amber high need	2 (12%)	2 (12%)	2 (12%)	2 (12%)	4 (24%)	3 (18%)	3 (18%)	4 (24%)
Amber low need	1 (6%)	1 (6%)	0 (0%)	2 (12%)	3 (18%)	3 (18%)	4 (24%)	4 (24%)
Green high need	0 (0%)	2 (12%)	1 (6%)	1 (6%)	0 (0%)	1 (6%)	5 (29%)	2 (12%)
Green low need	1 (6%)	4 (24%)	1 (6%)	2 (12%)	0 (0%)	3 (18%)	3 (18%)	4 (24%)

Source: Programme administrative data

Base: 17 families who completed self-assessment domain scores at initial assessment and follow-up

Table A5. Measures for outcome areas

Measure	Outcome
SWEMWBS	Family wellbeing – parental wellbeing
KIDSCREEN-10	Family wellbeing – child wellbeing
Engaged with S17/47 (y/n)	Statutory service demand
Length of time engaged with S17/47	Statutory service demand
Engaged with housing options	Statutory service demand
Immigration status	External service outcomes
Immigration application status	External service outcomes
Level of external service engagement	External service outcomes
Benefits secured	External service outcomes
Housing status	External service outcomes
Housing application status	External service outcomes

Appendix B: Evaluation survey data demographics

Table B1. Age of respondents to baseline parent/carer survey

Age of respondents	Number of respondents
18–24	1
25–34	3
35–44	7
45+	0
Blank / prefer not to say	4
Total	15

Table B2. Gender of respondents to baseline to parent/carer survey

Age of respondents	Number of respondents
Female	10
Male	1
Transgender or other	0
Blank / prefer not to say	4
Total	15

Table B3. Ethnicity of respondents in the 2018 child and young person survey

Ethnicity of respondents	Number of respondents
Asian or Asian British (including Vietnamese)	1
Black, African, Caribbean or Black British	6
Mixed or multiple ethnicity	0
White or White British	0
Other ethnicity (including Arab)	3
Prefer not to say	0
Total responses	15

Appendix C: NOREAM Theory of Change

Population and problem	Inputs/ resources	Outputs/ activities	Outcomes	Impact
<p>Target population Families with NRPF or other immigration issues who are at risk of destitution.</p> <p>Problem Families with NRPF do not receive support in line with their needs and often experience destitution.</p> <p>There is a lack of integration for families with NRPF in universal and targeted services.</p> <p>Many families experiencing issues with immigration status do not approach LA due to fears</p>	<p>Programme staffing, including 1 full-time Social Worker, 1 Immigration Advisor & 1 Housing Officer.</p> <p>Wider professional support from 1 Advisory Research Fellow and 1 Managerial Social Worker.</p> <p>Unconditional one-off grants for families receiving support.</p> <p>Appropriate space and resources (phone, computer) for meeting and communicating with families accessing support.</p> <p>Informative website and explanatory documents for</p>	<p>Outreach to third sector organisations to establish referral pathways.</p> <p>Social worker delivers an individualised, solution-focused intervention to families.</p> <p>Families meet with Immigration Advisor and/or Housing Officer when relevant to needs.</p> <p>Monthly multi-agency consultations to advise on complex cases.</p> <p>Regular support and guidance from Managerial Social Worker/ Consultant.</p>	<p>Increased regularised immigration status, NRPF conditions removed, or resolving of other legal issues.</p> <p>Better understanding and coordination of support, led by social worker, for people with NRPF across the different council services.</p> <p>Improved access to and take-up of secure and suitable housing.</p> <p>Better access to and experiences of support for families experiencing NRPF conditions, including onward referral to welfare and benefit</p>	<p>Increased number of families with NRPF have support needs met by LA.</p> <p>Improved adult and child mental and social wellbeing for families with NRPF.</p> <p>Increased value for money to local authorities through prevention of statutory provision.</p> <p>Improved use of evidence in social work in relation to migrant aware practice.</p> <p>Reduction in likelihood of children and adults experiencing harm or neglect due to NRPF status.</p>

<p>of Home Office connection, gatekeeping practice and child protection interventions.</p>	<p>families receiving support and wider stakeholders. Delivery manual focusing on key domains of support.</p>	<p>Monthly meetings between delivery team and NOREAM model developer/ academic.</p>	<p>advice and to food security services as needed.</p>	
<p>Contextual assumptions</p>		<ul style="list-style-type: none"> ● Families with NRPF, including undocumented families, will be willing to access support from local authorities. ● Third sector NRPF agencies in the borough will work collaboratively with the programme to ensure that families are able to receive support and achieve positive outcomes in relation to housing, immigration status and healthcare and wellbeing to prevent escalation to section 17 provision. ● Families are hesitant to access support that is available and often wait until crisis point before reaching out to children's social services for support. 		



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