



Evaluating the delivery by *Action for Children*, of targeted family support

Background

Early intervention has been identified as the key building block in service systems for delivering enhanced outcomes for vulnerable children and their families. *Action for Children* delivers an extensive range of family support services through approximately 300 projects across the United Kingdom, including local authority-commissioned Children's Centres. *Action For Children* is now in the process of establishing an explicit continuum of cost effective services to meet the needs of children most at risk of poor outcomes, ranging from short term, time limited, intensive interventions, to long term support which can meet multiple and complex needs. This evaluation of provision was commissioned from Synergy Research and Consulting Ltd in December 2007. It has explored the extent to which *Action for Children* projects contribute, through their delivery of targeted family support, to improved child and family level outcomes; and identifies some key implications for strategic and operational service development. Based on a review of relevant research and policy literature, the field work, in 4 projects across England, Wales and Scotland, was undertaken in the first half of 2008.

Key Messages

- Intensive support can make a positive difference to the lives of children and their families in even the most challenging circumstances.
- Targetted support is not seen as stigmatising by parents and young people, who welcome a *personalised* approach to their problems in order to produce *personalised* outcomes
- There is a vital need to ensure that *bridges* to service access are constructed between different levels of need.
- Robust outreach, whereby project staff make individual contact with families in the community- in their own homes in the first instance- is essential to make a reality of access for those families who are seen as being the most "hard to reach".
- Workers with a wide range of skills and professional backgrounds can work together to deliver a high quality family support service.
- Intensive family support based on sustained professional relationships is particularly effective in cases of neglect.
- *Effective family support* encompasses services which deliver both practical help and emotional support.
- The measurement of an individual child level outcome needs to allow for the concept of *added value*, given the complex needs of many families in receipt of targetted services. A genuinely preventive approach seeks- at every point- to prevent "something worse" happening, whatever that may be.
- It is a mistake to view the "revolving door" as an indicator of a service deficit. On the contrary the "open door" approach sustained across the projects was likely to maximise positive outcomes, given that it facilitated early access at whatever stage of the problem.

Aims of the study

The overall aim was to identify the role of targeted family support in increasing the reach and impact of *Action for Children* services for children and families, and to ascertain:

- the extent to which this approach contributes to improved child and family level outcomes;
- the costs of the services/service packages, including value for money issues;
- the range of approaches adopted by agencies, including Action for Children, to provide access to and to deliver community based family support services;
- the existing patterns of service usage by families of Action for Children community based family support projects;
- the extent to which the individuals and groups who currently use these services reflect the wider population of children in need in the area;
- the referral routes by which members of this group have come to the services;
- the views of those who use services.

Methodology

The study, involved a mix of methods:

- An analysis of national, local, and *Action for Children* policy documentation and monitoring data for each of the 4 projects.
- A retrospective analysis of a purposive sample of approximately 200 files, chosen by the projects themselves as broadly representative of overall referral characteristics. In each of the 4 projects, the file data recorded at 2 points in time was analysed by the researchers. The first point was taken as the initial referral point, whenever that was; the second point was the point at which we read the files. Given the different project structures, in three centres the sample was selected from the *total population* of centre users. In the fourth, we were given access to data on a group of families (approximately 10% of the overall population of 600 or so families using the centre), who were currently in receipt of targeted family support services. In the data collection process we recorded all of the needs which were apparent at the point of referral, rather than prioritising only one.
- A set of interviews with key stakeholders, including parents and project staff, exploring *overall* issues about the projects' aims; organisational structure; and service delivery.

A conceptual framework was designed by the research team, derived from the existing knowledge base around family support provision. To capture the service inputs of the respective projects, and take account of the limited timetable for the evaluation, a specific set of research tools was used. Based substantially on the aspirations of the Every Child Matters framework, a template was designed for exploring *the nature and level of need which a child/family had brought initially to the respective projects*; and for identifying *stages in progress* towards positive outcomes at the time of the file study.

Overview of the 4 Projects

The study focussed on four projects: two in England, Exeter and Bayswater; one in South Wales, Pontlottyn; and one in the North of Scotland, Moray.

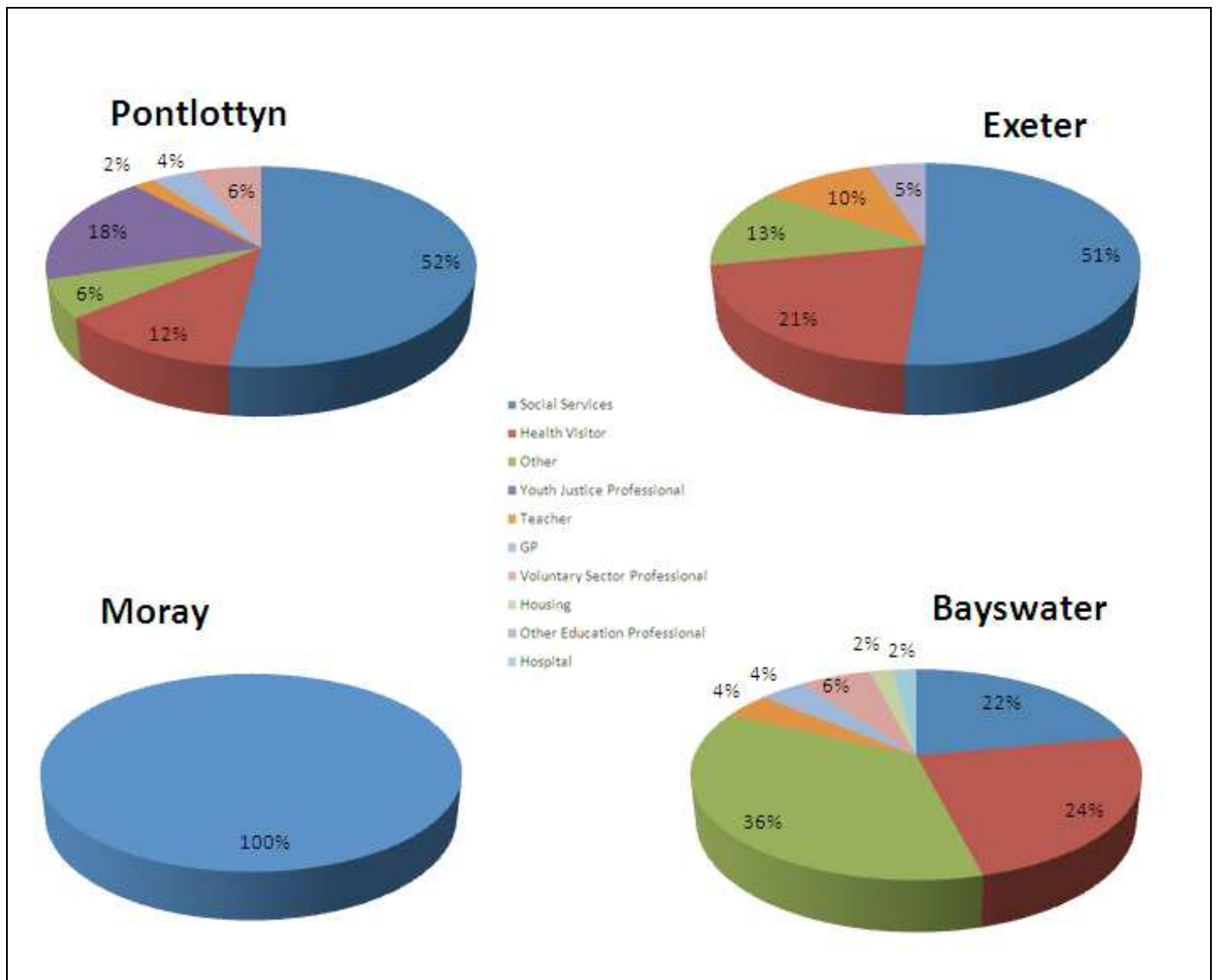
- The projects are distributed across a service continuum from a conventional *children's centre* with a range of services as well as extensive drop in provision and day care (Exeter) to a neighbourhood based *family centre* (Bayswater), which provides open access to emergency support and welfare advice. Between these two projects were two referral based centres (Moray and Pontlottyn) which provide a mixture of outreach and centre based support
- The demography of the four project locations varies considerably in terms of ethnicity, culture, levels of poverty etc. and each of the projects designed their services accordingly.
- There are marked differences in physical access to the projects, associated both with their respective locations and the availability of public transport.
- There is wide variation in the extent of service provision by other statutory and voluntary agencies in each of the areas, including by children's services departments and by health.
- Differing 'historical' relationships with the local authority have produced considerable diversity in commissioning practice across the four areas.
- A different *workforce mix* in each of the projects included family support workers, social workers, early year's practitioners and therapists.

Key Findings

1. Gateways to the projects

The sample data collected on referrals showed a range of referral routes including *self referral* and/or *referral to the project by children's services or by another statutory agency*. Figure One shows that the proportion of families in the sample referred by children's social care varied from 100% in one project, to 22% in another. Conversely self-referrals constituted 36% of referrals in the sample in one project, and only 13% in another. The obvious explanation for this variation appeared to be the requirements of the service level agreement between each project and its respective 'host' local authority. By comparison, high levels of self-referral were associated with multiple funding streams. However self-referral could also reflect the common circumstances of many of the users of the projects, including in London for example, homelessness and problematic immigration status.

Figure 1: the sample family referral routes;

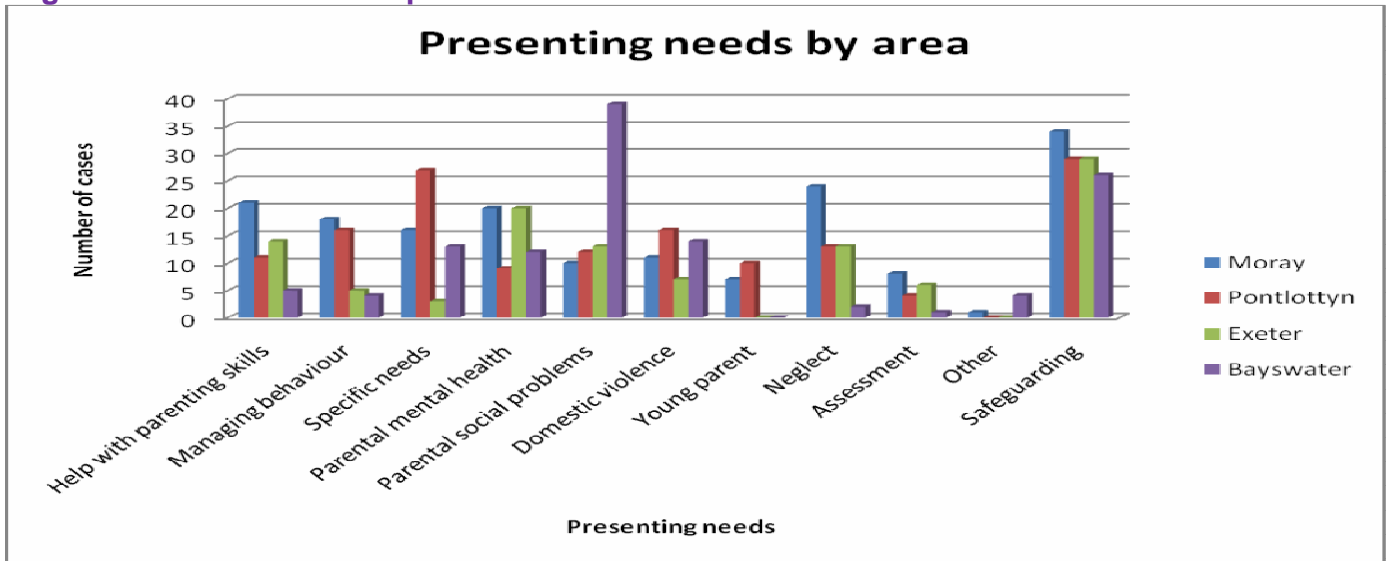


2. What sorts of needs did children and families bring to the projects?

There was an inevitable relationship between the source of referral and the way in which need was categorised at the point at which a family reached the project. Where study families came through a referral by social care, there was an emphasis on the parent's capacity to care for their children, usually expressed in concerns around safeguarding and neglect. For example in the one project, all of whose families reached them via a social care referral, over 80% of cases involved safeguarding concerns for the referrer. Of these, nearly half entailed explicit concerns on the part of the referrer

around neglect. At the other end of the spectrum, there was a positive association between self-referral and serious social problems such as homelessness and poverty. Neither of the two projects in question could be described as conventional children’s centres, in that they offered either little or no open access to day care provision. Rather they exemplified Holman’s two models of *family centre: client-focused*; and *neighbourhood*.¹ The project closest in design to a children’s centre model, Exeter delivered universal services to over 600 local parents *as well as* providing personalised support for 50 families whose circumstances were examined in the study. The needs of these 50 families were indistinguishable from those of families using the other three projects.

Figure 2: needs in the sample families



Families could have more than one presenting need therefore the data illustrated in Figure 2 will not correspond exactly to the number of respondents

3. What services did children and families receive from the projects?

The services that the study families received reflected the different project models, although there were some obvious similarities. All the projects:

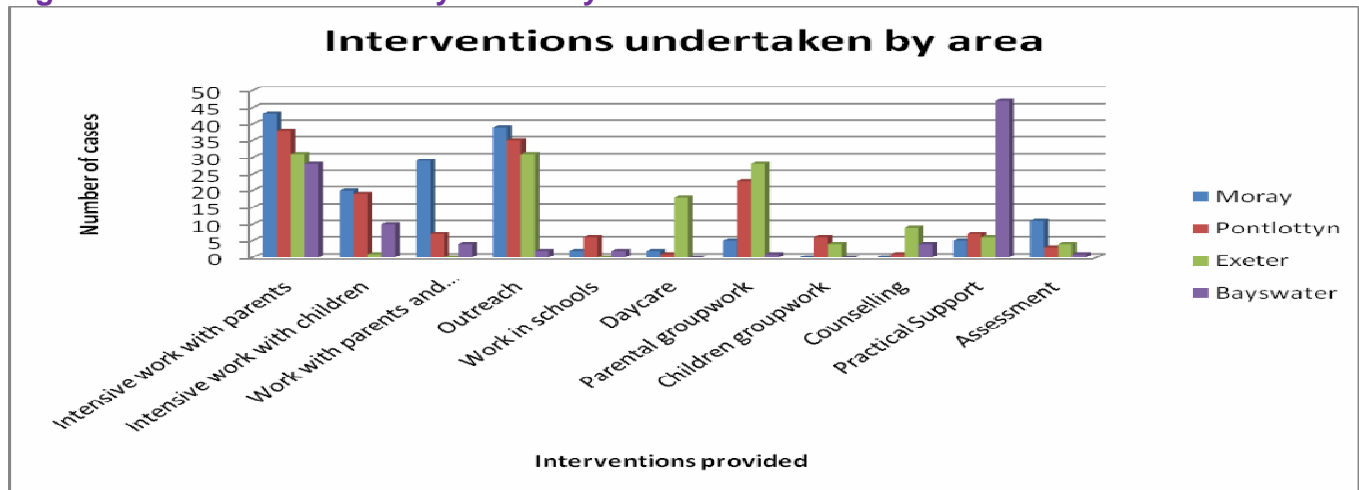
- Offered service packages, not stand-alone services
- Worked actively with parents to support them in their parenting roles
- Were committed to facilitating the earliest possible engagement with families, even though this was sometimes outside their control
- Adopted an ecological approach to understanding the challenges which parents face and in shaping service responses to help them in meeting these challenges
- Recognised poverty was integral to family stress and responded accordingly
- Had developed a multi-disciplinary staff group who were actively encouraged to work collaboratively with each other

Three of the projects provided very good examples of the value of packaging a discrete time limited service such as a Webster Stratton parenting programme or a series of classes designed to address the challenge of parenting teenagers, within a wider service context. This configuration of *general* and

¹ Holman, B (1987) 'Family centres' in *CHILDREN & SOCIETY* vol 2, 157-173

specific appeared from the interviews we carried out with parents, to have the merit of building an ongoing trusting relationship them and the project. This enabled them to derive maximum benefit and indeed enjoyment, from participating in the specific manualised parenting interventions available in the projects.

Figure 3: services received by the study families



Families might be offered more than one intervention therefore the data illustrated in Figure 3 will not correspond exactly to the number of respondents

There were marked differences between the 4 projects in terms of the service packages that were offered. On the one hand Moray was committed to delivering a mix of *case work* with individual families, which entailed a tailored combination of individual and joint work with parents, children and young people. In order to ensure the take-up of these various packages, project staff undertook extensive outreach work.

The Bayswater borough project focussed on working intensively with parents, largely in response to their adverse personal circumstances, which frequently involved acute and serious social and practical difficulties. The project was heavily involved in delivering welfare rights and housing advice; advocacy; and quite often, extremely practical help in the form of food parcels for children and parents.

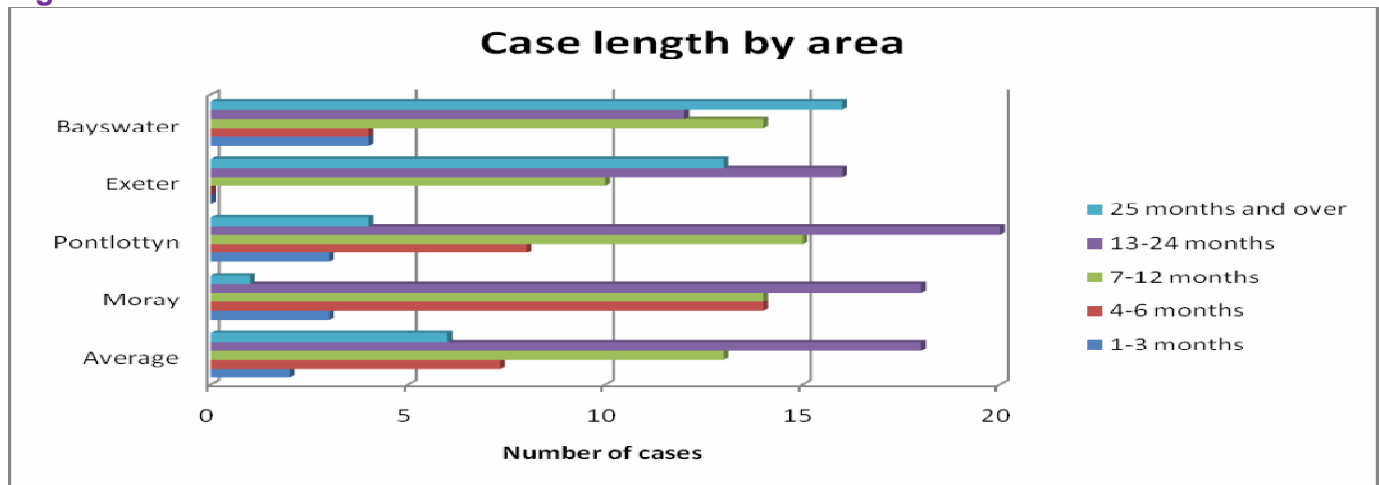
Between these two ‘extremes’, Exeter and Pontlottyn were delivering a mixture of group work and individual work, the exact balance of which was determined to a large extent, by their respective ‘organisational identities’.

The Exeter project, located in brand new purpose-built children’s centre premises, was able to offer a much wider ‘menu’ of universal and targeted services, alongside the intensive case work provided by the project social workers. This range meant staff could work purposively to ensure families were offered and took up, access to services at different Tiers. Study families who might be finding their parenting role particularly challenging, or where there were safeguarding concerns identified, could be ‘bridged’ into the universal parenting groups for example, as well as receiving a tailored case work response. The resulting “diversity of parenting group membership” was achieved without any apparent evidence of a sense of stigma for anyone. Group members to whom we spoke characterised their parenting capacity in very similar terms and nobody either described themselves, or was described by anyone else, as “a problem parent”.

Pontlottyn offered a similar mix of services, albeit from rather less well furnished premises. While they lacked the range and capacity of the universal services in Exeter, they sought to facilitate access for parents and young people to lower tier services, even if initial involvement with the project was initiated by a social care referral around safeguarding concerns. Even where families were in receipt of services focussed squarely on perceived parenting difficulties, the project engaged them in group work, delivered on the basis of the same qualities which characterised the open access groups. Parents who were interviewed reported that unlike the contact they had had with children’s services, they felt no sense of stigma at all in using the centre’s services.

4. How long were study families in touch with projects?

Figure 4



A striking feature of this evaluation was the length and durability of the relationships between the projects and families in our sample. In all the 4 projects it appeared from the files we read that the majority of the families who used the services did so for at least a year and in many cases considerable longer. For example in Moray and Pontlottyn just over three-quarters of the total number of cases reviewed were still open (i.e. the clients were still receiving a service). In Pontlottyn on average, most clients had been receiving a service for between 7 months and two years. In Moray on average, most clients had been receiving a service for between one and two years. In Exeter one-third of clients had been receiving a service for over two years. In one case in Exeter a client had been receiving a service for over five years.

The variation between average length of engagement between families in the sample and each of the four projects inevitably relates to requirements set down by commissioners and/or the nature of service funding streams. It is important to acknowledge therefore that the “recorded sheet” and indeed the inclusion of a date for case closure may not accurately reflect the reality of the relationship between the family and the project.

For example even where file documentation provided a picture of long term involvement our conversations with project staff indicated that formally recorded contact was often underpinned by the implicit (and times explicit) offer of access to services. Project staff were unanimous in articulating their professional doubts about the usefulness of arbitrary time limits on service access. In no way should this be equated with a lack of clarity regarding their basis of involvement or with a “woolly” reluctance to “let families go”. Rather it reflected their insight into challenges faced by families living in poverty and/or experiencing other forms of stress. They understood that families often have

fluctuating needs and value the fact that they know they can approach the projects.

It is a mistake therefore to view the “revolving door” as an indicator of a service deficit. On the contrary the “open door” approach sustained across the projects was likely to maximise positive outcomes, given that it facilitated early access at whatever stage of the problem. In all 4 projects some cases open for extended periods reflected the episodic involvement on the basis of a continuing low level relationship with the project.

5. The relationship between children’s needs and outcomes

In order to understand the range and nature of needs presented to the 4 projects by children and their families we drew on the Tiered Model of Need². In this model there are four tiers. Children at Tier 1 are those whose needs are met through *universal* services. Such services are designed to meet the needs of all citizens who choose to use them (e.g. GP services) on the basis of a particular need e.g. schools for those of compulsory school age; or midwifery services for expectant mothers. Tier 2 are *vulnerable* children i.e. disadvantaged children who have *additional* level of need and require extra help involving an individual agency response. Problems associated with services at this level are either short-lived or relatively mild in nature. Tier 3 includes children with *complex* needs where there is a high risk of impairment to health or development. Tier 4 represents vulnerable children who are in *acute need* including, for example, children who are looked after, or who are in need of safeguarding services

The timescale for the project precluded the research team from adopting a conventional model whereby need is measured at one point in time (T1) and then re-measured at a subsequent point in time (T2). In spite of the constraints of the study timescale, we were keen to provide the baseline of *need* with which families came to the projects. However we also wanted to capture the *progress towards better outcomes*, which were recorded in the case files which we read. The concept of improved outcomes for children is embedded across all of the legislative frameworks across the UK. In this study we therefore took a broad and inclusive view as to what might constitute *an outcome*. In other words we tried to disaggregate the individual steps towards an outcome, by identifying what may appear to be relatively “un-dramatic” events in the life of the child and her/his family. Whilst being very important for these individual children of course, such events are also likely to reflect an *upward positive trajectory* --even if progress appears to be slow. Such subtle but often highly important events/ experiences could have been overlooked had we simply measured the Tier of Need at T1 and T2 in the file analysis which we undertook.

We therefore decided to use a four point rating scale for measuring progress to end outcome as can be seen in figure 5. This four point rating scale should not be confused with the afore-mentioned Tier Model. A rating of **4** may therefore reflect any of the following types of scenarios:

- Safeguarding concerns were raised with regard to a young parent shortly after the birth--with intensive, support these concerns subsequently diminished.
- A family with very long term concerns around neglect remained fully engaged with the project

² E.g. as used in the guidance accompanying the common Assessment Framework in England and Wales

and made some small but significant progress, such as increased school attendance

- Older children came into care in a planned way, maintaining close links with both birth family and the centre

A rating of **3** may therefore reflect scenarios such as the following:

- Progress had been very fragile for a family where a parent had a mental health difficulty and was still in an unstable situation. There may have been progress with the children there may also have been some setbacks such as regular and disruptive hospital admissions
- A parent struggling in their relationship with a teenage child. Although the family attend services and remain engaged there are frequent crises

A rating of **2** may therefore reflect the types of following scenarios:

- A young mother with serious drug misuse problems where engagement had only been very partial and significant problems remain
- Parents struggled with a volatile adolescent who continued to experience frequent crises but the centre were still able to periodically engage and make some progress. Parents attended sessions but the young person refused to attend and is excluded from school

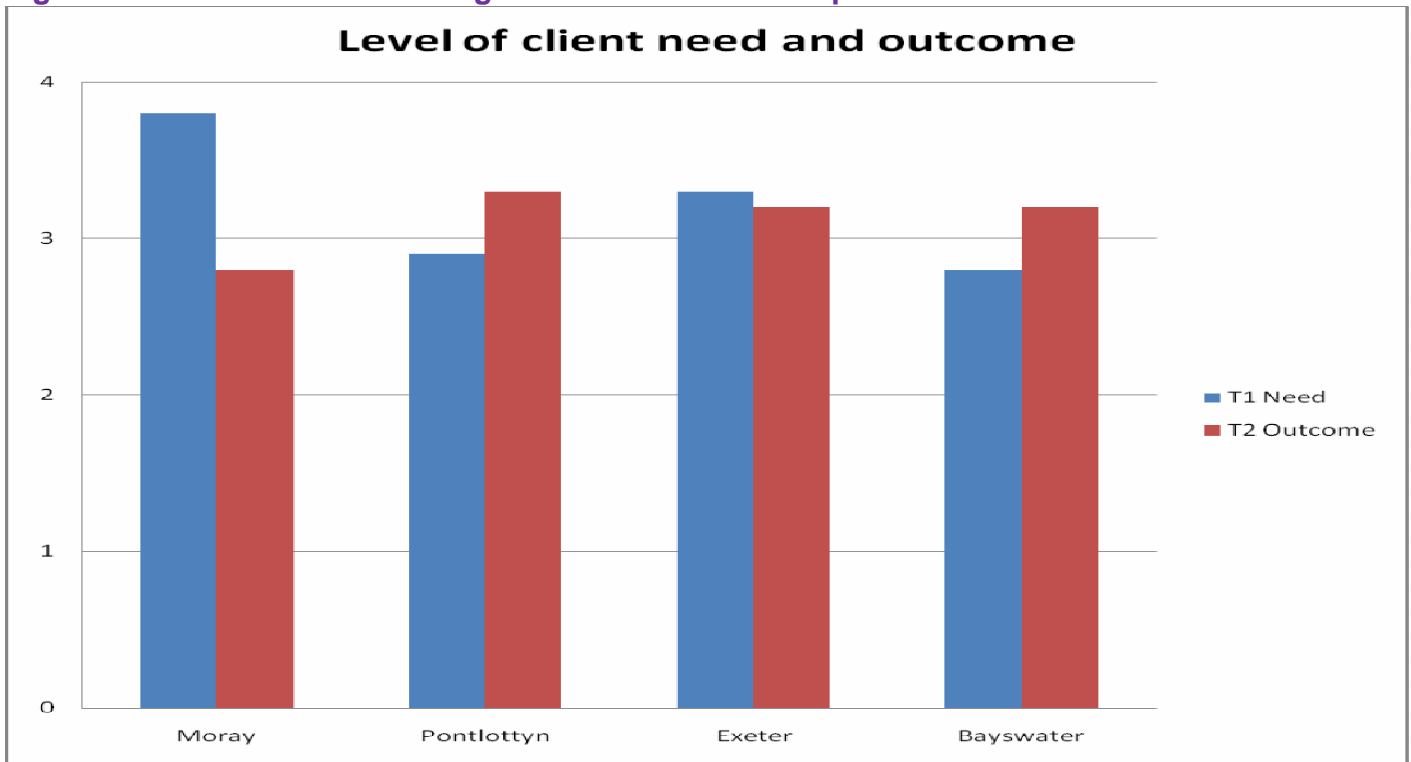
A rating of **1** may therefore reflect the types of following scenarios:

- A family with concerns around neglect where problems had increased with no significant progress and parents had disengaged
- A family where there were concerns regarding domestic violence but engagement was only very partial and inconclusive. Father made threats to staff.

Our theoretical framework drew on the increasing literature on *prevention* which was developed initially in the context of public health, and is becoming highly influential in the sphere of social care. This enabled us to incorporate the idea of “adding value”, which arises from the emphasis placed originally by Roy Parker³, amongst others, on the imperative to prevent, at *every stage* of an individual’s development, ‘something worse happening’. This is a very helpful concept in understanding both the importance of *early intervention*, and of *sustained service access*. To put it another way, in some cases we read, this progress took the form of children and their families moving from using one tier of service to using a lower tier of service. (E.g. from tier 3 to tier 2). For the families there were advantages in the form of reduced stigma, and the sense of empowerment, to which the parents we interviewed referred. There were also resource management benefits, in that using lower tier services could help avoid problems more serious or permanently entrenched.

³ Parker, R.A (1980) **Caring for separated children: plans, procedures and priorities**. London. Macmillan

Figure 5 :level of need and rating of outcome in the sample families



Note: the blue column reflects level of need on family entry to projects; and the red column the outcome rating we attributed at the point of file –analysis.

As can be seen in this table, all four projects were achieving positive outcomes for the families whose files we analysed: i.e. all in excess of a rating of **2**; and three in excess of a rating of **3**. None of the projects, however complex the family needs presented, failed to make significant improvements in the lives of the majority of these families. As we stress above, account must be taken of the respective project characteristics and the differences in their respective target populations.

Bayswater was working with a diverse group of families where the majority had serious *practical social problems* but where relatively few had *parenting* problems. Only 25% of the Bayswater sample could be seen as having more complex needs. Nevertheless it was clear that the project’s holistic and welfare services were making a positive difference.

In **Exeter** the proportion of families using the centre and in receipt of a targeted support service (approx 10% of the total) were achieving high level outcomes associated with the service mix across the universal and targeted services which the centre could offer.

In **Pontlottyn** the long standing strategic “effort” deployed by the centre to facilitate earlier referral by children’s social care, is a factor in the high outcomes that they were achieving for families with complex needs.

Moray was working with families presenting the highest level of need across the four projects. They were often engaging with families where there was a history of professional involvement and in many the problems were entrenched. Nevertheless, it can be seen they still achieved considerable

success overall, and real progress for some individual children. They were attempting to enhance these achievements by working with the local authority to encourage the making of early referrals to the project

6. Exploring value for money

While the scale and time frame of the evaluation preclude the drawing of definitive conclusions about cost-effectiveness, there are some clear indications that the projects represent good value for money and are using their resources in a way that makes a genuine difference to the lives of families using services.

Action for Children have developed systems for calculating the cost of services, both on a per session and a per user basis. These systems have been applied to two of the projects involved in this study (and will be extended to the others in due course). This enables comparisons to be made with benchmarks across both local authority and voluntary sector provided services.

It is not possible to definitively identify *immediate* savings as a result of the services delivered at the two centres where there is cost information. However, it is worth recalling that the average cost of a foster care placement in 2006/07 was £521 a week.⁴ Where family circumstances are such that foster care is the best option, the research evidence suggests that if a looked after child retains contact with his or her family their long-term outcomes in terms of mental health, educational achievement and employment prospects are considerably improved.⁵ Thus, interventions that improve relationships within families with very complex needs can be cost-effective even where the immediate outcomes are not apparently successful.

Based on the limited cost data available to us, there was evidence that less complex need is likely to be less entrenched and therefore easier to resolve. Unsurprisingly there was evidence that when services were delivered to families at this level of need they led to reductions in the level of need. Nevertheless even families with needs assessed as being at tier 3 or tier 4 could be helped and their needs stabilised by the inputting of relatively inexpensive services. In fact these were the same services which were designed for families with less complex needs. Overall, the services at both centres for which we had data appear to be providing good value for money.

⁴ Personal Social Services Research Unit (2007) *Unit Costs of Health and Social Care 2007*. PSSRU University of Kent

⁵ Sellick, C., Thoburn, J. and Philpot, T. (2004) *What works in adoption and foster care?* Barnardo's; Wilson, K. Foster Family Care in the UK in McAuley, C., Pecora, P. and Rose, W. *Enhancing the well-being of children and families through effective interventions: International evidence for practice*. London: Jessica Kingsley Publishers

7. Implications for service delivery and commissioning

- **The necessity for families to have access to a service continuum.** There are clear advantages at both the level of child outcomes *and* value for money in being able to offer families in the locality, variety of services. These may take the form of targeted services embedded within universal services. However even when the *need profile* of families using a service is exclusively at the higher threshold, there is still a powerful case for providing a range of interventions and services. Multi-faceted interventions are necessary to address multi-faceted problems.
- **What is a “service base”?** The base/s from which services are delivered can be single or multiple. Children’s centres can be very attractive and accessible places from which to deliver the full range of services. However an absence of purpose built premises need not preclude the maximising of service access by families, as long as robust effort is put into outreach activity to support the centre based service delivery.
- **The role of outreach work in *bridging* families into services.** Outreach activity is most likely to be successful if outreach workers can offer a genuine “menu” of services to families, ranging from drop-in activities, fun days to individual sessions with a caseworker. Even families who are reluctant to use services can be successfully engaged through such a personalised approach. Once engaged, the possibility arises of “bridging” the families into the full range of services that can support their needs, develop parenting capacity and enhance childhood resilience.
- **The art of *integration*: stigma is not a given.** Assumptions are sometimes made that families with ‘straightforward needs’ will be deterred from using services, in the same physical service context, e.g. a group, as those who are coping with complex problems. Of course families with complex problems can themselves be deterred if they are treated insensitively. However neither of these are inevitable and indeed there is great positive value to be derived from integrating families with different levels of need. Skilled facilitation, including the clarification of ground rules in groups is the key to successful integration. This can work to the benefit of everyone.
- **The value of a skills mix.** Professionals from a range of disciplines are not only capable but are essential for providing a comprehensive range of attractive and responsive services. The key to such an approach is strong and sensitive professional leadership delivered within a culture of mutual respect.
- **Early referral pays dividends.** Commissioners are faced with a perennial tension between “net widening” and “gatekeeping”, i.e. restricting resources to those with the most acute needs. This can take the form of a late referral in the chronology of a family problem. However this delay means not only that the problem becomes entrenched but that the benefits of *integration* into the wider group of families are difficult, if not impossible to deliver. Such a strategy of postponement is therefore false economy and conversely early referrals can pay dividends.