Evaluation of Action for Children’s
Intensive Family Support Services

June 2013
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1. Executive Summary

1.1 Action for Children delivers 45\(^1\) Intensive Family Support (IFS) Services across the UK, with the majority located in the North of England. Although services are commissioned differently according to local need and local priorities, IFS services target families with complex and multiple needs where there is a real risk of poor life outcomes for children and young people in those families. Typically, IFS services offer support to families where children are on the edge of care as a result of safeguarding concerns, or where there is crime or anti-social behaviour issues that are isolating the family from their local community. Often families have started to disengage with other agencies including education, and therefore children are at risk of poor educational outcomes and adults in the household have limited access to adult education or employment. Other negative factors are sometimes present in families that Action for Children work with such as risk of homelessness, domestic violence, mental or physical ill-health, substance misuse, poverty or neglect.

1.2 The purpose of the evaluation is to understand more about the effective features of Intensive Family Support, and to understand how the model has changed and evolved from the original Family Intervention Project Model that was pioneered some 17 years ago with families in Dundee. Originally, FIPs were designed to meet the needs of families involved in crime and anti-social behaviour, where there was a real risk of prosecution and homelessness as a result of negative behaviours. In recent years, there has been a shift in emphasis – families engaged with IFS still have multiple and complex needs but more commonly, they are families where children are at real risk of admission to care and intensive help is needed to avoid this. In some cases, IFS services are undertaking preventative work or work to rehabilitate children safely home from care.

1.3 Therefore, the evaluation looked specifically at the impact that Action for Children’s IFS services are making in relation to:

- Keeping children safely out of care
- Improving children’s educational attendance, behaviour and attainment
- Reducing crime and anti-social behaviour in the family
- Improving employment outcomes for young people and parents

1.4 The evaluation focused upon 4 well established, Action for Children Intensive Family Support services – 2 in England, one in Scotland and one in Wales, to find that there is consistent practice that could form the basis for a definable Intensive Family Support model. Service delivery roots are firmly based upon the original FIP model, but over time the Action for Children approach has matured and developed additional useful features. IFS services build confidence and responsibility in parents, with the use of effective modelling, gradually handing over responsibility to parents in a stepped down approach. Relationships with other agencies are strong and well-developed and Action for Children works ‘side by side’ with partners to improve outcomes for children and young people.

1.5 Action for Children consistently tracks 6 outcomes for children and young people in receipt of IFS services, and the organisation experiences a high level of success in achieving stability or improvement against those outcomes. There is substantial data to confirm that positive change in families takes place as a direct result of Action for

\(^1\) 45 IFS services - correct at July 2012.
Children IFS services. The most consistent changes are in relation to keeping children safely out of care, via improved parenting and family relationships, improved mental/emotional health and improved educational outcomes.

1.6 The evaluation found that caseloads in some services are increasing as commissioning becomes more streamlined and budgets tighten – there is a danger that services will lose capacity to intervene intensively if caseloads rise any further.

1.7 Over recent years, there has been a shift away from the concept of sanctions for families and in most cases, changes in behaviour appear to be more strongly associated with the building of effective relationships, resulting in the ability for the worker to motivate and influence parental behaviours. All service users interviewed for this study identified an increase in confidence as a major factor in changing their behaviour, confidence that had grown gradually as a result of improved knowledge around parenting and the development of a positive relationship with their worker.

1.8 The evaluation makes recommendations in two key areas. First, that in the immediate future, Action for Children IFS services select and track a consistent set of outcomes that enables the realisation of organisational impact across the UK, and more specifically, impact in relation to the 'Troubled Families’ agenda for sharing with local authority commissioners and DCLG. Secondly, that a further piece of work takes place with IFS managers to clearly define the IFS model and to recognise and articulate the evidence base to underpin this – a Randomised Control Trial would assist to this end. Within this work, a consistent set of outcomes measuring tools will need to be agreed to support the gathering of evidence. Action for Children should seek support from Government to do this work, in order that all intensive family support services within the children's sector can benefit from a recognised, evidenced based model that enables services to demonstrate improved outcomes for children.
2. Introduction

2.1 The UK Government has made considerable investment into a policy that aims to turn around the lives of 120,000 ‘Troubled Families’ by the end of this Parliament. The Department for Communities and Local Government defines troubled families as households who:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have an adult on out of work benefits
- Cause high costs to the public purse

Families that fall into this group usually have other long-standing problems which can lead to their children repeating the cycle of deprivation. Government estimates are that in over a third of troubled families there are child protection concerns and over half of all children who are permanently excluded from school in England come from these families, as do one in five young offenders.

2.2 Action for Children developed and ran the first UK Family Intervention Programme aimed at reducing anti-social behaviour. The service was established in 1995 in Dundee and based upon the original FIP model; Action for Children has developed and delivered a range of Intensive Family Support Services across the UK. This model of working has been adapted over recent years to respond to the changing needs of commissioners and the complexity of families requiring support. The organisation currently delivers 45 services throughout the UK that are intensive and designed to support families with often multiple and complex needs. These services sit within each of the 4 nations however the majority are located within the North of England.

2.3 The model has come to demonstrate effectiveness in dealing with antisocial behaviour, youth crime, and reducing unnecessary entry to care for teenagers and Action for Children is keen to further develop that evidence base and understand the common characteristics of effective, intensive family support. This evaluation seeks to do the following:

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2 The figure comes from Cabinet Office indicators and is based upon families having five or more of the following vulnerabilities:

- worklessness (where no family member is in work);
- housing (where the family lives in poor quality and/or overcrowded housing);
- qualifications (where no parent in the family has any academic or vocational qualifications);
- mental health (where the mother has mental health problems);
- illness/disability (where at least one parent has a limiting long-standing illness, disability or infirmity);
- low income (where the family's income is below 60% of the median); and
- material deprivation (where the family cannot afford a number of food and clothing items).

3 The Troubled Families Programme Financial Framework, Department for Communities and Local Government 2012
Evaluation of Action for Children’s Intensive Family Support Services

- Update Action for Children’s understanding of the impact of and outcomes achieved by Intensive Family Support services i.e. keeping children safely out of care, improving educational attendance, behaviour and attainment, reducing incidents of anti social behaviour and supporting employability opportunities.

- Enable Action for Children to develop a deeper understanding of its IFS services leading to the development of a clearly defined Intensive Family Support model offer that is successful in effecting and sustaining change for children and families.

2.4 This evaluation is one strand of a wider work programme to evaluate Action for Children’s Intensive Family Support Services and will sit alongside a commissioned Cost Benefit Analysis Study that has been undertaken by the Centre for Child and Family Research at Loughborough University during 2012. The Cost Benefit Analysis provides a deeper understanding of the financial cost brought about by troubled families, and the real cost savings associated with intensive interventions.

3. Methodology

3.1 The original scope and terms of reference for the evaluation was jointly developed by the organisation’s Policy and Research Team and Practice Improvement, and this formed the basis for the evaluation plan. The plan was shared with Action for Children’s Intensive Family Support Growth Strategy Group whose members signposted the evaluator to 4 projects across the UK that were considered suitable to be involved in the evaluation. Decisions in relation to the sample were influenced by the maturity of the service, the service/commissioner relationship and their capacity to give access to data that would help Action for Children to understand the features of effective Intensive Family Support.

3.2 Data has been gathered from the following sources:

- Referral and Outcomes data collected from Action for Children’s e-Aspire recording system in relation to the 4 IFS services - Services A, B, C and D
- Qualitative individual and group interviews with staff groups within the 4 IFS projects (22 staff members)
- Qualitative individual interviews with partner agency staff from the 4 project areas (4 partner agency representatives)
- Qualitative individual interviews with service users from each of the 4 projects (8 service users)

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4 e-Aspire is the electronic recording system in use across Action for Children services that captures service user data, assessment, plan, review and outcomes data.
5 Service A - England
Service B - England
Service C - Scotland
Service D - Wales
4. Findings

What are the consistent components of the Action for Children’s Intensive Family Support Model in use across the UK and how does the model compare with the original FIP model of intervention?

4.1 Three out of the four intensive family support services that were interviewed as part of the evaluation had originally been established as FIPs, and over time they had matured and adapted to meet the changing priorities of the commissioner, but they had retained the most distinct features of the original FIP model.

Recruitment and retention of high quality staff

4.2 The 4 staff teams comprise staff from varied professional, academic and experiential backgrounds and although most came from a social work/social care/early years background, all teams except Service D (Wales) also had workers from other disciplines such as Education, Police, CAMHS, Art, Drugs, Housing etc. Most staff had been in post for a minimum of 2 years (many had been in post since the inception of the service) and all services reported that recruitment and retention rates within their service was good. Therefore, this resulted in a highly experienced workforce with the skills to assess, plan and intervene with families with complex needs.

4.3 Staff are recruited to Action for Children’s IFS Services with a range of existing professional and academic qualifications. They continue to professionally develop during their time in post. All services spoke positively about the training and development opportunities that had been made available to them and described the positive take up of a range of training opportunities that had been offered by Action for Children, Local Safeguarding Children’s Board, partner agency training and bespoke training delivered in house by their service. In the main, staff and managers feel that they are able to access appropriate training to meet their own professional development and the needs of the service – this positively influences job satisfaction levels and manifests in good staff retention rates.

“We have some staff that have been here for years……since the start of the service and others who are equally very experienced that have transferred across from other IFS services……we do use agency staff too, but generally we feel that across the staff team there is a wealth of skill, knowledge and experience that is needed for working with families with such complex and diverse needs”

Staff member - Service B

“As the focus of our work leans towards families with children on the edge of care as opposed to families involved in ASB, we are tending to recruit staff from a social care background rather than other disciplines……”

Staff member - Service D
Key worker model

4.4 All services employed a key worker model, with the IFS staff member case holding and coordinating a support plan around the family, and individual family members. This involves undertaking assessment, planning and intervening intensively over a specific period of time. During the period of involvement, the key worker will introduce the service user to a range of wider support services, coordinating a plan of intervention, advocating and enabling access to services.

“One of the main tasks is to help the family to build a support network around them, so that when our involvement ends, they know where to go for help and they can navigate their way through……..even when things get difficult.”

Staff member – Service A

Small case loads

4.5 Case loads for all services are relatively small with each worker holding anywhere between 4-8 families on caseload at any given time, depending on the number of children in each family and the complexity of the case. Services felt under increasing pressure from the commissioners to increase caseloads and they were seeing a gradual rise, with Service A typically holding 7-8 cases per worker, albeit some of those cases were close to closure and did not require the full intensity that they had needed in the early stages of involvement. In Service A, it was also felt that the level and complexity of cases was particularly high, and this was due mainly to their referral system, whereby all referrals go directly to the commissioner who allocates the cases at highest risk and in most need of support. Service C had also seen increases to caseloads over recent years but in this particular case there had been a recent culture shift towards preventative work, with referrals reaching them at an earlier stage – this was evidenced by the average age of children within families, who were mainly pre-school. The slight increase in caseload was not seen as problematic in services A and C and workers felt that caseloads were still manageable, but they stressed that if caseloads increased any further, then the intensity of the work could not be maintained and this would ultimately impact upon outcomes for children and families.

Whole family approach

4.6 Each child within the family has a separate case file and therefore an individual assessment and care plan. Outcomes for children are also selected and tracked on an individual basis and this ensures that the needs of individual children and young people within the families are met. There was evidence that although referrals usually related to one specific issue, such as a teenager behaving anti-socially and putting the family at risk of losing their tenancy, the needs of other children in the household were also recognised. In some cases, the needs of the wider family members were addressed in acknowledgement that they had a role to play in supporting the family – examples of this include parents living outside the household, grandparents, aunts and uncles.

“My baby went to live with my aunt and uncle as soon as he was born, but the plan always was that we would work towards him coming home to us……. It was very difficult because they were family and obviously, they became very attached to him……so the IFS workers
needed to work with them as well as us…… but somehow it all worked out…… he is home now…..”

Parent Service User – Service D

**Stay involved as long as necessary**

4.7 Services A, B, and C felt that they were able to stay involved with families long enough to influence behaviours and bring about change. For those services, intervention with a family typically lasts between 6-12 months but can extend beyond this timeframe, should additional support be required.

“Our family was in a very bad place a year ago……I was drinking heavily, I had no control in the house and I wasn’t caring for the kids, a lot has happened in a year, I have stopped drinking and I have changed a lot about the way that I am with the kids….sometimes we go two steps forward and one step back but at least we are on the right road now…..It has been 12 months since we started getting support, but things are turning a corner…….I don’t think that we are ready to go it alone yet…”

Parent service user – service B

4.8 Although commissioners are closely monitoring intervention time lines, it was generally felt that commissioners respected the assessment of the service in cases where they were proposing longer periods if intervention for families whose needs were complex and challenging. Generally, services felt that commissioners recognised the need to intervene for longer periods in some cases, to effect positive change and outcomes.

4.9 The one exception to this was service D that was commissioned specifically as an intensive short term service supporting families for up to 12 weeks. Although the period of intervention here is time limited, there is still strong evidence from outcomes data and from discussion with staff, referrers and service users that this relatively short burst of intensive intervention is still effective in bringing about change in the short term.

“We refer families to Action for Children because they have the capacity to work with families intensively, and for a 12 week timeframe – this is substantial in comparison to what we could offer. Workloads within the local authority are high and the extent of the support that we can offer is limited……we refer families when we know that they need a high level of support – usually at the point of crisis when they are most likely to be responsive to change…….”

Social Work Practice Manager (referrer) – Site D

**Use of sanctions with support**

4.10 This was the area in which services had seen the most significant change, in the past 2-3 years services have seen a shift in focus. Previously the target group was families involved in anti-social behaviour, crime and usually at risk of homelessness as a result of their behaviours. In recent years, commissioners have become more concerned with
vulnerable children on the edge of care or in need of safeguarding. It is apparent that for some parents, the fear and threat of their child being made subject to a safeguarding plan or being removed from their care is a driving factor in changing their parenting behaviour.

“A year ago I was at real risk of losing the children into care, at risk of getting an ASBO and at risk of losing my tenancy……. things are not totally sorted but at least we have a chance of staying together as a family now………..”

Parent service user – Service B

“There are still sanctions but these have changed……it is not about whether they will lose their home any more ….for the families that we work with now, they are at risk of losing their children so that is the motivation for them to change – they know that they are in a very risky place… “

IFS staff member – Service B

4.11 For some parents, the fear of a sanction was clearly not the driving factor in changing their behaviour and improving parenting. For some, the ‘worst’ such as losing their home, their child, their job for example had already happened and therefore the sanctions as previously understood will not necessarily impact on a family in these circumstances. In some of the families interviewed, a child in the household had already been accommodated by the local authority at the parent’s request, following relationship breakdown with the child or young person. At the point of IFS involvement the parent was reluctant to have the child back, but with support from the IFS Service, successful rehabilitation had been achieved. In these cases the instigator for change appears to be connected to the establishment of an effective relationship between the IFS worker and the parent, which results in the ability for the worker to motivate and influence parental behaviours. This finding concurs with the final study report into Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People commissioned by Action for Children and conducted by York Consulting6. All service users seen identified an increase in confidence as a major factor in changing their behaviour and confidence which had grown gradually as a result of improved knowledge around parenting.

“It is a difficult thing to say…… but I was actually relieved when my son went in to care because I couldn’t cope any more and I didn’t want him to come home………. he is back at home now and things are very different…… I am not sure whether the changes will last, but I really hope so …..I just wish this type of support had been there earlier when things started to go wrong……it is a shame that you have to be at breaking point before you can get help…..”

Parent service user – Service A

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6 Final Study Report, Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People, York Consulting, August 2011
The recently concluded ‘Evaluation of Action for Children Neglect Project’ undertaken by Salford University considered the circumstances in which families are referred for intervention and the wide-ranging assessment of family needs and problems; the interventions applied; and the outcomes for children. The evaluation found that the ability and willingness on the part of parents to engage with services was a crucial factor in deciding whether progress would be made.

Scope to use resources creatively

4.12 Intervention styles are clearly based upon the widely adopted social care model of ‘Assess, Plan, Intervene and Review’, and within this, staff teams utilise solution focused approaches. The overall impression is that staff are able to use resources creatively, and adapt interventions to meet the diverse needs of the family and the individuals within families.

“We see families at breakfast time, at any point during the day and in the evenings to get a full picture of family life…This helps us to identify the ‘Flash points’ for a family that they need support with….”

IFS staff member – Service C

4.13 There were many other examples of the service using resources creatively for example - a make over session with a lone, female parent as part of a wider strategy to increase her confidence and self esteem, support with home improvements to enhance the living and garden environment for a family, recreational activities for a family, offering them the opportunity to experience engaging together in a relaxed environment, away from the family home.

Effective multi-agency relationships

4.14 This is the area in which there has been the most significant progress since the inception of the FIP and IFS services. All the services visited as part of the evaluation spoke consistently about the value of mature relationships with partner agencies such as Children's Social Care, Education, Housing, CAMHS, adult mental health services and drugs agencies, for example. Although multi-agency working had been a feature of their work from the inception of FIPs, all services felt that over recent years relationships with partners had developed considerably and not only was the service understood and recognised by others, the service was valued and more importantly respected as a service that could form accurate assessments (particularly around risk and safeguarding) and intervene appropriately to effect positive change for children and families.

“We feel respected by Children’s Social Care…they know that we have a good understanding of the family and the risks involved…when it comes to decisions about safe care at home or admission to care we are listened to…………..”

Staff member service D
“We have a very good relationship with our local service.....there is never enough resource to go round and therefore we need to talk and plan together to make sure that we prioritise the families that need support the most.....we work together to decide this based on the information that both our services have and this makes sure that we prioritise cases effectively.........”

Children’s Social Care Manager (referrer) – Site A

“In the early days, it did sometimes feel like we were the last stop for families and once they were taken on by us, the other agencies used to back off completely .......it feels totally different now, we work side by side with other agencies and it feels like a partnership approach.....although we tend to do the coordinating.”

Staff member service B

4.15 The features outlined so far in this report were all present in the original service model that has formed the basis for workforce development and agendas around FIPs/IFS but Action for Children has identified additional features that it considers integral to current IFS work:

**Relationship based**

4.16 Staff and service users identify effective relationships as key to underpinning effective interventions, with the worker adapting a respectful and honest approach towards the service user. With the effective relationship comes the power to influence behaviour and bring about changes in parenting and family life.

“She tells it like it is....she is straight talking and I appreciate that because when you are in a bad place you don’t want to face up to things. She doesn’t judge me in the way that others have in the past – nothing shocks or embarrasses her and I feel that I can talk to her honestly whereas before, I would bottle things up like my drinking....and not caring for the kids properly....”

Parent service user – service B

“The main difference is that the IFS service can intervene intensively and we don’t have the capacity to do that....and with that intensity comes effective relationship building and the ability to influence change in the family.....”

Children’s Social Care Manager (referrer) – Site A

**Consistent as well as persistent**

4.17 A persistent approach was a feature of the original FIP model, but alongside this, consistency of approach was also seen as vital in supporting families. This is achieved partly via effective team working and information sharing within the service and with partner agencies, so that all those in contact with the family respond consistently to the same end.
“It is important to give consistent messages ….. we share information with others (with the consent of the family) so that we are all supporting the family to move in the same direction as planned out by their key worker ……..planning is very important…….so is having regular times to visit, keeping to these arrangements and not letting families down because something else has come up…….”

Family Support Worker – Service A

**Assessment based**

4.18 Action for Children services undertake an assessment of need prior to intervention, the assessment leads to the development of a plan that is outcome focused.

“It is crucial to get your assessment of the situation right. Often the family comes with an existing assessment from the referring agency, and that is very helpful, but the more that you get to know the family the better that you can build that assessment, so that the plan that is developed is relevant to both you and to the family…….”

IFS staff member – Service C

“We have a range of things to help us to assess and measure change – the MAST paperwork that’s been adapted from CAF, Outcomes Star, Scaling Questionnaires, SDQs etc – different workers use different things but they all help us to form a judgement and realise the change that is happening in families…..”

IFS Staff member – Service B

It is clear that families receiving IFS have multiple and complex problems and therefore the assessment assists the worker to understand the complexity of the problem. A thorough assessment leads to a deeper understanding of the many facets of family life and the intergenerational cycles that need to be broken for the family to move forward.

**A strength based approach**

4.19 In discussion with all 4 staff teams, overwhelmingly there was a sense of positivity, with the workers clearly communicating their focus upon the family strengths. This appears to be the key to building confidence in family members who have typically experienced difficult relationships with other agencies when accessing support for problematic behaviours such as substance use, crime, ASB or risky parenting. Action for Children IFS workers are not ignoring the problematic behaviours, and are clearly responding to safeguarding issues and prioritising the needs of the child, but alongside this they are balancing their responses to families with positive reinforcement when they do behave in a way that enables healthy and safe family life.
Choice and empowerment

4.20 For many families, at the time they are referred to an IFS service, they are subject to enforcement activity from other agencies in relation to crime, anti-social behaviour or inadequate parenting, and therefore decisions are being made ‘for’ them as opposed to ‘with’ them. For some families, they do not recognise that they have a choice to behave differently, thus impacting on potential enforcement actions. The Action for Children approach is to communicate and offer choices to the family, helping them to problem solve and work out solutions that are achievable. This would typically start with simple and less consequential decisions, such as the time and location of appointments, but over time, families are becoming more experienced at considering information, and making decisions with support from their key worker. Ultimately, this approach appears to generate a sense of empowerment and a move closer towards parents taking responsibility for their own decision making and actions. Families that were spoken to as part of the evaluation reported that they felt better able to communicate with other agencies such as schools, Police, housing agencies and benefits agencies.

The main developments in IFS delivery in recent years

Preventative approaches and children on the edge of care

4.21 There has been a shift towards using IFS for preventative activity although families at crisis point with complex needs still feature within the target groups. All the services visited for the purpose of the evaluation had taken on a broader focus than crime, ASB and housing and they were now explicitly commissioned to prevent admissions to care and to rehabilitate children and young people home from care. In services except service D they do still target families involved in ASB. At present, commissioners of Action for Children IFS services have not included educational or employment outcomes within commissioning agreements, and therefore these outcomes are not consistently tracked in the services.

Increasing caseloads and closer monitoring of capacity

4.22 Caseloads in the England services are increasing as commissioning becomes more streamlined and commissioner expectations increase. One service has seen a rise from 4-5 cases per FTE worker up to 7-8 cases at any given time. Also, in England the two commissioning LAs have introduced new referral systems whereby the LA is the point of referral, taking on a screening and allocation role. With this change, for one service this has meant a much closer monitoring of workload and a constant pressure to exit families at the earliest opportunity and work at capacity.

“Caseloads have increased and in some families there can be 7-8 children and this is a real challenge when you are trying to support intensively………there is a danger that the work could become diluted if caseloads increase any further…..”

Staff member service A

Sanctions

4.23 There has been a shift away from the concept of ‘sanctions’ for families with the loss of ASBOs and ABCs, but written agreements are still put in place with families. The
consequence of failing to engage tends to be around the threat of a child being made subject to a Safeguarding Plan, or admitted to care but this is rarely written into the agreement – the agreement usually sets out the role of each party in their involvement in the support plan and the nature of the relationships. There is substantial qualitative evidence from the interviews that families are engaging and effecting positive change not as a result of the fear of a sanction, but rather as a result of increased confidence and increased ability to the parent brought about by the benefits of a positive and empowering relationship with an IFS worker.

“We still use behaviour contracts with parents and these are useful in setting out what we expect but they are not like the old Acceptable Behaviour Contracts or the ASBOs’……our way of working feels more mutually respectful and this approach works…”

Staff member – Site A

Relationships with Partners

4.24 The most significant development appears to be the strengthening of multi-agency relationships and working. The original FIP model was always a multi-agency one which relied on the input of partners, but over recent years, multi-agency practice has become more embedded and there is clearly a ‘side by side’ approach. The assessments of the IFS workers are highly valued by Children’s Services and there is a high level of respect for the service, its contribution to improving outcomes for children.

How do services impact on specific outcomes for children and young people?

4.25 Action for Children has an Outcomes Framework that consists of 20 separate Outcomes Measures. IFS workers will select outcomes that are most relevant to the child that they are working with, based upon their assessment of need, and report against these outcomes at review stage, and at the end of the intervention period. Outcome judgements are assisted by the use of assessment tools such as Strength and Difficulties Questionnaire, CAF, Outcomes Star and other grading and scaling questionnaires, alongside feedback from partner agencies, children, young people and parents themselves.

4.26 For some families, having been referred to the project at a stage of crisis, with fear of further decline in family relationships or ability to safely care, it is important to acknowledge that stabilisation of their family situation is a positive outcome. In many cases the worker’s assessment of ‘no change’ is a significant achievement, as the reason for the referral was the risk of further deterioration. Sometimes the situation is assessed to have deteriorated since referral to the service and this usually reflects that the worker has developed a deeper understanding of the family problems that were not realised at the outset, in these cases, things haven’t necessarily got worse – they have remained the same, but the extent of the problems are more fully understood.

“We track a consistent set of outcomes for all our families……..we know what the commissioner wants and broadly
speaking, our outcomes framework collects the same data. The two do not conflict.”

IFS staff member – Service A

“Our service is outcome focused….we get the assessment right and we focus on the things that are important and need to change – Action for Children’s Outcomes Framework helps us to do this, as does Getting it Right for Every Child. The two frameworks do fit together.”

IFS staff member - Service C

In considering cases closed during 2011/12 across the 4 projects, there are 6 Outcomes that have been consistently selected and tracked for children across the 4 sites visited:

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<thead>
<tr>
<th></th>
<th>Outcomes Description</th>
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<tbody>
<tr>
<td>3</td>
<td>There is an improvement in the mental health of parents or carers and concerns about neglect or abuse of a child are reduced</td>
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<tr>
<td>7</td>
<td>Child or young person lives safely in family or family network</td>
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<td>8</td>
<td>The child or young person maintains or forms a supportive relationship with significant other/s</td>
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<tr>
<td>9</td>
<td>Relationships between child/ren and young people and parents/carers improve so that there is a reduced risk of family breakdown; this includes evidence of reduced behavioural challenge by a child or young person</td>
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<tr>
<td>11</td>
<td>The child or young person achieves in a learning environment to the best of their ability or achieves readiness for school</td>
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<tr>
<td>17</td>
<td>There is an improvement in a child or young person’s emotional or mental wellbeing</td>
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8 Getting it Right for Every Child (GIRFEC) – Scotland’s approach to supporting children and young people
A further 4 outcomes were selected and tracked within some services, but not consistently across all services were:

1. Early or later indicators of neglect are addressed and concern about a child or young person is
2. The child or young person engages safely in a leisure activity of their choice
3. The young person reduces offending or anti-social behaviour
4. The young person/family improves financial or practical life skills

Safety Outcomes

4.27 **Outcome 3** was selected and tracked for 542 children and in 89% of cases there was improvement or no change in the mental health of parents or carers resulting in reduced or unchanged risk in relation to concern about neglect or abuse of the child. Deterioration was seen in only 11% of cases.

4.28 For 796 children, services were seeking to retain the child living safely within the family or family network (Outcome 7) and in 77% of cases the child’s situation was assessed to have stayed the same or improved. Deterioration against the safety outcome was recorded in 23% of cases, but it is likely that this is partly due to the increased observations of the family and a fuller understanding of the risks posed to the child, as well as an actual increase in risk in some cases.

4.29 For 593 children **Outcome 8** was selected and tracked and this showed that in 85% of those cases, the child had maintained or seen improvement in their supportive relationships with others.
4.30 Similar success was seen against Outcome 9 with 81% of the 782 children for whom this outcome was tracked, experienced an improvement or no change in relationships with their families. Deterioration in family relationships as a result of the child’s behavioural challenge was experienced in only 19% of cases. Some, but not all of this increase is likely to be associated with children moving into adolescence within the period of intervention and the expected increase in challenging behaviour that this human developmental phase brings.

4.31 For 403 children Outcome 2 was selected and tracked and for 87% of those children and young people, the early or later indicators of neglect were addressed and concern about a child or young person was reduced or they experienced no change in this area – the situation deteriorated in only 13% of cases and for some families, this will have resulted in Action for Children escalating concerns within the local authority to ensure safeguarding of those children.

**Educational Outcomes**

4.32 For 367 children, Outcome 11 was selected and tracked and 89% of those children experienced improvement or no change in their achievement at school. Only 11% of children experienced deterioration in this area. It was clear from the evaluation interviews that service staff saw a link between the child or young person’s social inclusion in positive activities, often linked to school and this was a way of reengaging a child and getting them back on track with their education. Action for Children does not routinely collect data in relation to school behaviour or attendance, but we know that achievement rates are likely to be influenced by levels of improved attendance and improved behaviour in school.

“……..I have 7 children altogether, 3 went into care a long time ago but I have 3 left at home they are aged 10, 13 and 16 years. They had stopped going to school and they were looking after me – it was all the wrong way around but I couldn’t see it at the time and I put all my troubles on to them…….a year on things are very different – the younger two go to school regularly now, and I have a better relationship with school…….If they don’t arrive in school they ring me or I ring them…….we both know what’s going on whereas before, the kids did as they liked……”

Parent Service User – Service B

4.33 Of the 367 children for whom Outcome 15 was selected, 89% saw an improvement or no change in their safe engagement in a leisure activity of their choice. Action for Children works with other agencies and voluntary sector providers within the community, to ensure that families maximise the range of supportive or positive low/no cost leisure activities within their local area

**Health Outcomes**

4.34 Outcome 17 was selected and tracked for 767 children and for 84% of those children there was either improvement or no change to their emotional or mental well-being. Deterioration was seen in only 16% of cases. Although a physical outcome
indicator was not consistently tracked in the 4 services visited, it is a reasonable conclusion to draw that children’s physical health will see improvement as a result of safer, less neglectful parenting.

“For our project, health outcomes are massive…..we see children that are not registered with a dentist and don’t have up to date immunisations….these very basic things have a significant impact on a child’s life……”

Staff member service B

Crime and ASB Outcomes

4.35 In tracking Outcome 13 - the young person reduces offending or anti-social behaviour – 89% improvement or no change was recorded in the cases of 368 young people. Although Action for Children tracks change in relation to the criminal or anti-social behaviour of young people, there is no consistent approach to capturing or consolidating data in relation to adults in the family, but the interviews with service staff and service users indicated that IFS services do impact upon adult offending and ASB in some cases:

“We had one family where the dad was constantly in and out of prison for offences of shoplifting. We did some work on budgeting and we supported him to access substance misuse appointments and he has been at home with the family for more than 12 months now…his confidence has improved and he knows how to avoid crime and where to get the support he needs ….this is a big lifestyle change for him and this impacts massively on family life for the children…….”

Staff member service A

Employability Outcomes

4.36 Outcome 12 – A young person remains in ETE post 16, surprisingly was not a commonly selected outcome. It was selected in only 37 cases that were closed during the 2011/12 period. In those 37 cases improvement or no change was seen in 100% of cases but it is possible that this outcome was selected for young people that were already NEET and therefore the ‘no change’ indicates no progress here. Improvement against this outcome stands at 55%, showing that when we do select this outcome for young people, we can report positive progress for the majority – a significant achievement given the current economic climate and labour market.

4.37 Action for Children does not hold quantitative data in relation to employability outcomes for adults, and therefore there is no robust evidence to show the extent to which IFS services contribute to the employability agenda, although qualitative interviews with service users and staff indicate that families do sometimes take positive steps towards becoming work ready as a result of their changed perspectives and behaviour by the end of their IFS experience...

“I am aware of many cases where the IFS staff have supported parents to attend the job centre or helped them on to training
courses and for some parents this has resulted in them successfully completing a qualification and getting ready for work………the real barrier to work is that most of the families that we refer have a number of children, so there is often a financial barrier to working, as the income from work will usually not match the benefit payments……”

ASB Worker (referrer) – Site B

“In some cases a parent becoming ‘work ready’ is a positive by-product of the work we do…..when we first meet them their situation is so chaotic that work is a distant consideration, but with support to get the family functioning in a routine there is suddenly more space in their lives and their new found confidence enables them to take the first steps into employment.”

IFS staff member - Service B

“There is fear and confusion amongst many parents around losing benefits and this is the biggest barrier to getting ready for work.”

IFS staff member - service C

“Around half the families that we work with have a parent already in work, but this is at risk due to the chaotic family life that means that they are absent from work on a regular basis…..when family life becomes more stable, this must support the parent’s ability to hold down their job…..”

IFS staff member – service A

“If there are problems with the child getting constantly excluded from school, this makes it impossible for the parent to keep a job…….Lena for example is now actively looking for a college course because things are settled at home and her boys are settled in school…..”

IFS staff member - service C

“……...For most families, there are so many underlying problems that the idea of work is a long way away….we need to get the basics sorted before they can even contemplate education or employment but for some parents, they become ready as their confidence grows ……….. we have links with a local college and they have a programme that helps adults to get back to work”

IFS staff member - service D

Wider impact identified via qualitative interviews with workers and families:

4.38 Interviews with project staff, partner agencies and service users identified wider impact, and more detail of this can be found in annex 4 - Service User Perspectives.
The wider impact is summarised below:

- Confidence in parents is built considerably and this results in aspiration and motivation to get ready for employment. For example, attending vocational training or basic numeracy and literacy courses.
- Aspirations are generally raised and family members demonstrate a positive outlook
- The family develops routine and puts boundaries in place at home
- The child is better supervised and therefore safer
- The family are able to budget and the stress and fear of debt is reduced
- The relationship between the family and other agencies improve – families’ re-engage with universal and other support services
- There is improved take up of medical appointments and immunisations

**Enabling as opposed to fostering a culture of dependency**

4.39 The evaluation has sought to explore the nature of IFS staff and service user relationships, and a deeper understanding of how families are enabled to change and sustain that change. Families engaged with IFS services have typically experienced failed relationships with many other agencies, with the community and their own family relationships are at real risk of breakdown. Given the level of vulnerability, the complexity of need, and the intensity of support, it is vital that relationships are handled professionally and sensitively, with the worker challenging, advocating and befriending without becoming a crutch upon which the family can lean. This complexity of relationship building requires a workforce with skill and experience and Action for Children IFS services appear to be staffed by workers who have those qualities and are able to forge, build, sustain and develop relationships with families that are enabling rather than reliant.

“We tend to do ‘with’ the family and not ‘for’ the family…gradually handing over tasks that they would have been daunted by before ……this grows confidence and encourages them to become independent rather than dependent on us…………We start with high intensity support and then gradually wean off by giving the family manageable tasks to do for themselves, so that they are learning to stand on their own two feet…………We are very explicit with families about roles and responsibilities from the start, and periodically we revisit these. Parents are often very vulnerable and for some of them this is the first time that someone has given this level of intensive support to them and we need to keep reminding them so that they don’t become over dependent or expect us to collude with them……we have a very clear line on this but sometimes parents just need a reminder…”

Staff member - service B
5. Conclusions

5.1 Action for Children does have consistent practice that could form basis for a definable Intensive Family Support model, its roots are firmly based upon the original FIP model, but over time this has matured, strengthened and developed additional features. In the development of the model, it would be of value to identify and articulate the evidence base that underpins the Intensive Family Support approach and a Randomised Control Trial would assist to this end.

5.2 Action for Children experiences a high level of success in achieving stability or improvement against the outcomes that we select and track for children and young people living in families with multiple and complex needs. There is substantial data to confirm that positive change in families takes place as a direct result of Action for Children IFS services. The most consistent changes are in relation to keeping children safely out of care, via improved parenting and family relationships; improved mental and emotional health of parents and children; improved educational outcomes as a result of improved attendance at school.

5.3 Some families also see positive change in relation to offending and anti-social behaviour, improvement in practical and financial life skills and better access to positive activities for children and young people.

5.4 There is only limited statistical data to suggest that young people are supported to remain in Education, Training or Employment post 16 years, and there is no statistical data for parents, however interviews suggest that IFS services do make a contribution to the employability agenda, the extent to which this occurs is still unclear.

5.5 It is also difficult to draw conclusions around sustainability. Action for Children only collects and collates data in the present, and therefore there is an absence of data to support the drawing of conclusions in relation to long term impact for children, once the family exits the service. The case file is closed and although the service may still know of the family or have occasional contact via them dropping in to the service, or through hearsay from other agencies, services do not record progress or sustainment of change. It would be helpful to capture quantitative data in relation to sustainment in the parallel cost effectiveness study undertaken by Loughborough University.

5.6 Outcomes selection via Action for Children’s electronic case recording system - e-Aspire is clearly influenced by the expectations of the commissioner and the reporting that they require. The evaluation found that the Action for Children framework, Outcomes Framework, is reasonably compatible with the commissioner’s outcomes frameworks, allowing meaningful reporting and an understanding of impact by the project and the commissioner. Although there are some outcomes that are selected by individual projects, in response to the needs of their service user group and commissioners, there are 6 outcomes that are consistently selected and tracked across the services.

5.7 There is an abundance of evidence to show that Action for Children IFS services build confidence and responsibility in parents, with the use of effective modelling, and gradually handing over responsibility in a step down approach towards the end of the intervention.
5.8 Relationships with other agencies are strong and well-developed and Action for Children works ‘side by side’ with partners to improve outcomes for children and young people.

5.9 Caseloads in some services are increasing as commissioning becomes more streamlined and budgets tighten – there is a danger that services will lose capacity to intervene intensively if caseloads rise any further.

5.10 Action for Children is not using a consistent set of outcomes measuring tools but all services are using a form of scaling questionnaire that has been adapted or designed to meet the particular needs of their service users – there is scope to develop something more uniform and consistent here.

5.11 Over recent years, there has been a shift away from the concept of sanctions for families and in most cases changed behaviour appears to be more strongly associated with the building of effective relationships with the IFS worker and the parent, resulting in the ability for the worker to motivate and influence parental behaviours. All service users seen identified an increase in confidence as a major factor in changing their behaviour, confidence that had grown gradually as a result of improved knowledge around parenting.

Lisa Hewitt-Craft

Improvement and Consultancy Manager

Practice Improvement

Action for Children
Appendix

Service User Perspectives

*Note to the reader

All names and identifying features of family members have been changed. Family members were interviewed between April and June 2012 and gave their consent for their perspectives to be communicated in the report on the understanding that they cannot be identified by the reader. All written summaries have been sent to participants to check for accuracy and confirm their approval for content.

Anthea and Tyrone

“I was referred to the project by my social worker around 6 months ago when my 14 year old son Tyrone went into voluntary accommodation with the local authority. It is a difficult thing to say but I was actually relieved when my son went in to care because I couldn’t cope any more and I didn’t want him to come home. He was drinking and using drugs at the time, he wasn’t going to school and he was getting involved in crime.

Kate my worker was brilliant….she wasn’t just interested in Tyrone, she was interested in me and my other two younger children…..she helped us all to work things out. I was expecting to be judged and looked down on but Kate is non judgemental and it feels friendly, although I know that she is doing a job and that she is not my friend……..

Over the past 6 months I’ve had a bit of everything really – 1-1 work, emotional support, practical support…she even helped me to sort out a bus pass for Tyrone so that he could get to school. I’ve tried to get support from others such as social services and the YOT but it didn’t help and there wasn’t enough of it.

Tyrone is back at home now and things are very different. Kate has done some 1-1 work with Tyrone and 1-1 work with me. We’ve also had some sessions together and it has really helped. Tyrone is growing up now and is becoming more sensible, he has stopped the drinking, drugs and crime but he is still smoking…….he is going to an alternative education placement that Kate helped us to sort out and things are much better. I am not sure whether the changes will last, but I really hope so….. I just wish this type of support had been there earlier when things started to go wrong…..it is a shame that you have to be at breaking point before you can get help….."

Barbara, Dylan and Emma

“I have two older children in care and 6 year old twins at home. I referred myself to the project as I knew that I needed help to keep my children. I gave up my home to live in the Core House linked to the FIP.

I used to have a mentally abusive partner, and I have suffered from mental health problems for years - they suspect that I have bi-polar but I’m not sure about that.

I think that the main change in me is my ability to cope now. Cope with the kids……cope with money….. cope with my illness. The main difference is my confidence level. When I moved into the core house I had no idea what to expect… I was isolated and afraid and I didn’t care about anything because I was ill. Gradually my worker Eleanor has built my confidence and she has
worked with me on ways to cope with life …..budgeting, planners etc. She even got me onto a ‘Ready for Work’ course so I have a CV now and I am actively looking into work. The twins are in school and are attending regularly so their maths and English is really improving. Eleanor puts me at ease – it feels friendly and comfortable with her.

A big thing that I’ve learned is how to enjoy time with my kids – the project offers support with the cost of leisure activities and I’ve had free and low cost tickets that have allowed me to do nice things with the kids that I just wouldn’t have done before.

Because my confidence has improved I am happier and we are all settled……really settled. I am a better parent and I have more control over the kids ……things won’t end up like they did before….I am stronger now and I can cope…”

**Beverley, Steve and Justin**

“My baby was removed from my care at birth for reasons that I still don’t fully understand or agree with. I was very young and social workers didn’t think that he was safe with me and Justin’s dad – Steve. He was placed with foster carers at first but soon went to stay with my aunt and uncle who became his full-time carers. This was a really hard time for us all because we just had contact with him and it was hard to bond properly.

We had two workers – Sam and Jane and they were both absolutely brilliant……they always made us feel welcome at contact and talked to us in a supportive way, not judging or accusing. We covered loads with them – 1-1 work, cooking lessons, healthy eating, weaning, safety, how to play at home, learning how to interact with Justin has helped us to build a bond with him.

The main change is that Justin has been able to come home to live with us and this is working out, he’s been at home for a year now and we are all very happy. I don’t need the intensive support any more but I keep in touch with the service and I call in from time to time, – having Justin at home with us is the best outcome ever and we are so grateful for the support………”

**Jean**

“We’ve been receiving support from Andrea, our Family Support Worker for just over a year now. Our family was referred by a Parenting Practitioner who was worried about my ability to cope at that time. I was drinking heavily and I wasn't looking after my kids properly…….I have 7 children altogether, 3 went into care a long time ago but I have 3 left at home they are aged 10, 13 and 16 years. They had stopped going to school and they were looking after me – it was all the wrong way around but I couldn’t see it at the time and I put all my troubles on to them….I had built up a wall and I didn’t want to change but slowly, Andrea helped me to take down my wall. A year ago I was at real risk of losing the children into care, at risk of getting an ASBO and at risk of losing my tenancy. I’ve had lots of help from other people in the past….mainly social workers …but they came in and out and nothing changed very much…………this support is different….Andrea is straight forward, straight talking and honest with me, she doesn’t ‘tell me’ like the other social workers did…..

I have started to take back the power as the parent in the house, we have a family routine again and the kids are going to school. With support, I have stopped drinking and although I have had relapses, I am determined to keep off the booze and I know that I can do it with support from Andrea…..
The kids worry about me a lot less now and they feel safer because I can protect them properly and I don’t have other people in the house drinking with me at all hours. There are house rules and a routine in place and we are all sticking to them ………things are not totally sorted but at least we have a chance of staying together as a family now……….."

**Jemma, Lauren and Thomas**

“Not long ago my family looked completely different and I had a supportive husband and a nice home. Things started to go wrong for us around a year ago when my marriage broke down and our family home was repossessed by the bank.

I reacted very badly and had a nervous breakdown, eventually taking an overdose and ending up in hospital with severe health problems. Thomas is only 9 years old and he has developed behavioural problems in school and at home. Lauren is 16 years and is just studying for her GCSEs and the upheaval has affected her emotionally.

Annie, my Family Support Worker has done sessions with us all individually and she has also done some work with my estranged husband around contact and emotional support for the children – we have had a bit of everything really – home visits, help with rules for the kids, parenting support etc – she has a very reassuring approach and I feel like I can talk to her – she is always there if I need to ring her or she gets straight back to me.

I had no idea what to expect from the service, and I hadn’t had any previous support from any other agencies, as my situation came completely out of the blue……..If it hadn’t been for the support from Annie, I’m not sure where we would have been now…..I don’t think our family would have been together now. We are a much calmer household and we are all pulling together now. There is light at the end of the tunnel….“

**Karen and Callum**

“I started receiving family support from Action for Children around 9 months ago at a very difficult time when my 13 year old son’s behaviour was spiralling out of control….. Callum kept getting excluded from school because he was abusive to others…….he was also abusive at home to both me and the neighbours. He had terrible mood swings and was destructive and I had no control at all – things were unbearable and the anti-social behaviour team referred us to Action for Children’s Intensive Family Support Service.

I had a job at that time, but I was constantly getting called out of work when he was excluded from school and my job was at risk. I was fearful of losing my job and then losing our home on top. Things came to a head when I hit Callum and I was frightened that I would do it again so I rang Children’s Services for help.

Sue, my worker from Action for Children saw me quite a bit at first – she helped me to understand my strengths as a parent and I focused upon them – Sue was non-judgemental, nothing that I said shocked or worried her. During the first few months Sue supported me to make lots of changes and I started to get my bond back with my son……Callum now has a diagnosis of ADHD and Sue helped me to sort out issues such as his school placement, his medication and his CAMHS sessions.

Once my confidence had built up a bit, she talked to me about attending a ‘Strengthening Families’, and I was really dubious about this because Callum was my 4th child and I hadn’t needed help with the others, I couldn’t imagine that a parenting course would be of any use to me but it was and I learned a lot….I would recommend it to others.
Almost a year on, I have a much better relationship with my son, I have taken control back and I have managed to hold down my job…just knowing that she was at the end of the phone helped a lot because when you are down like I was, you feel very alone and it is important to have someone who is easily contactable to talk things through.

I would like to use my experience to help others and have put my name down to be a volunteer parent on a future Strengthening Families course………………"

**Leah and Morag**

"I've had support on and off for the past 4 years, not so much these days but it was very intensive at first. My social worker referred me to the project when my baby, Morag was around 12 months old. There were accusations from my family members that I was taking drugs and not looking after Morag properly – that wasn't true but I was happy to get support from the service anyway.

I found it very embarrassing at first because I couldn't read or write but once I told my worker Jean, she fully understood and it wasn't a problem. She supported me with parenting advice, communicating with Morag, getting her into nursery….I realise now that Morag did have some behavioural problems but I couldn't see that and I used to defend her. This caused problems with school, with friends, family and neighbours. At times I would get very low and depressed, I didn't go out of the door, didn't brush my hair – things were bad for me and Morag. Jean helped me to see things differently and built my confidence. She talked me in to doing a basic literacy and numeracy course and I am hoping to move onto a hair dressing course from September this year. I would like to be able to provide for me and Morag.

Morag was on the Child Protection Register, but her name has come off now and it feels like such a relief. Morag is happier than she was, she plays confidently with other children and she is loving school."